

# Health and Nutrition

Access to good health can contribute positively to the economic and social development of a country. Thus, key issues that impact the health status of people ought to be addressed through a diverse set of policy tools comprising short and long term measures to secure better health outcomes.

The people of Pakistan have grown healthier over the past three decades. The vision for the health sector comprises a healthy population with sound health, enjoying good quality of life through the practice of a healthy life style. In order to achieve this vision, significant measures have been taken toward disease prevention, health promotion, greater coverage of immunization, family planning, and provision of female health worker services.

This chapter is structured as follows: the next section presents the National Health Policy and its primary objectives, followed by an overview of the state of health indicators, expenditures, and

facilities in Pakistan. The targets and accomplishments for the 2011-12 are then described, followed by a discussion of the government's special focus on cancer treatment and the response waged to counter dengue outbreaks. The chapter then focuses on the challenges of narcotics trafficking and the burdens of growing incidence of drug addiction in Pakistani society. The government's efforts at augmenting food security and enhancing the availability and uptake of nutrients are examined before presenting conclusions.

## National Health Policy

In light of the health related MDGs, reducing child and maternal mortality by 2015 is a high priority for the government of Pakistan. Health spending has increased progressively over the years as the National Health Policy adopted in 2009 focuses on making the population healthier. Some of the important targets of the policy are summarized in the table below:

**Table:11.1 National Health Policy 2009 Health Sector Indicators (Baseline, Benchmarks and Targets)**

Indicators		Baseline	Benchmarks and Targets					
		2006-07	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15
I	<5 mortality rate (per 1000 lb)	94	78	73	68	65	60	55
II	Infant mortality rate (per 1000 lb)	78	66	62	58	55	48	43
III	Maternal mortality ratio (per 100,000 lb)	276	240	220	200	175	165	150
IV	% of children (12-23 months) fully immunized (disaggregation by gender and income)	76 (47)	78	80	82	84	84	85
V	TB - Case detection rate (SS+) - %	51	74	77	79	80	83	84
VI	TB - Treatment success rate - %	87	87	88	88.5	89	90	91

Source: National Health Policy 2009

Note: lb refers to Live Births

The objectives of the health policy are being achieved through the following targeted interventions.

- i. Making the health system more responsive and accountable
- ii. Introducing reforms in the health sector to make pragmatic progress in meeting MDG targets and tackling effectively newly emerging and re-emerging health issues
- iii. Effectively engaging private health sector and civil society organizations to improve health outcomes
- iv. Prioritizing vulnerable and disadvantaged groups in society as recipients of social uplift programmes.

Despite these positive efforts, the health indicators have been slow to improve due to various external and natural factors. Communicable diseases still account for a major cause of death. Maternal health problems are widespread and the current infant mortality at 63/1000 is the highest in South Asia.

Analysis suggests that:

- (i) Infectious and nutritional deficiency related diseases dominate the causes of mortality in the country.

(ii) Health status varies between urban-rural locations and by economic status.

(iii) Health achievements in Pakistan contrast sharply with those of its neighbours.

Special efforts and considerable resources are required to achieve the desired health outcomes.

### Health Indicators

The most recent data on health performance of other South Asian countries suggest that Pakistan lags behind in infant mortality rate (at 63 per 1000 live births) and the under 5 years mortality rate (at 86.5 per 1000 live births). These indicators continue to remain high mainly on account of unhealthy dietary habits, water borne diseases, malnutrition and rapid population growth. However, the average life expectancy at 66 years compares well with India, Nepal and Bangladesh. Pakistan is committed towards achieving the MDGs. The MDGs 4, 5 and 6 relate to child mortality, maternal health and combating HIV & Aids, Malaria and other diseases. Considerable efforts and immense resources are required to achieve the desired health outcomes.

**Table 11.2: Regional Human Development Indicator**

Country	Life Expectancy 2011	Mortality Rate under 5 per 1000 2010	Infant Mortality Rate per 1000 2011	Population Growth Rate (%) 2011
Pakistan	<b>65.99</b>	<b>86.5</b>	<b>63.26</b>	<b>2.03</b>
India	66.80	62.7	47.57	1.34
China	74.68	18.4	16.06	0.49
Indonesia	71.33	35.3	27.95	1.07
Bangladesh	69.75	47.8	50.73	1.57
Sri Lanka	75.73	16.5	9.70	0.93
Malaysia	73.79	6.3	15.02	1.58
Nepal	66.16	49.5	44.54	1.60
Thailand	73.60	13.0	16.39	0.57
Philippines	71.66	29.4	19.34	1.90

Source: World Development Report 2011

## Health Expenditure

To maintain the expansion of health facilities, the financial allocation for the health sector has been increasing steadily. However, the massive floods of 2010 caused a significant downwards rationalization of health and nutrition expenditures which had to be diverted to the relief and rehabilitation effort. Total health expenditures

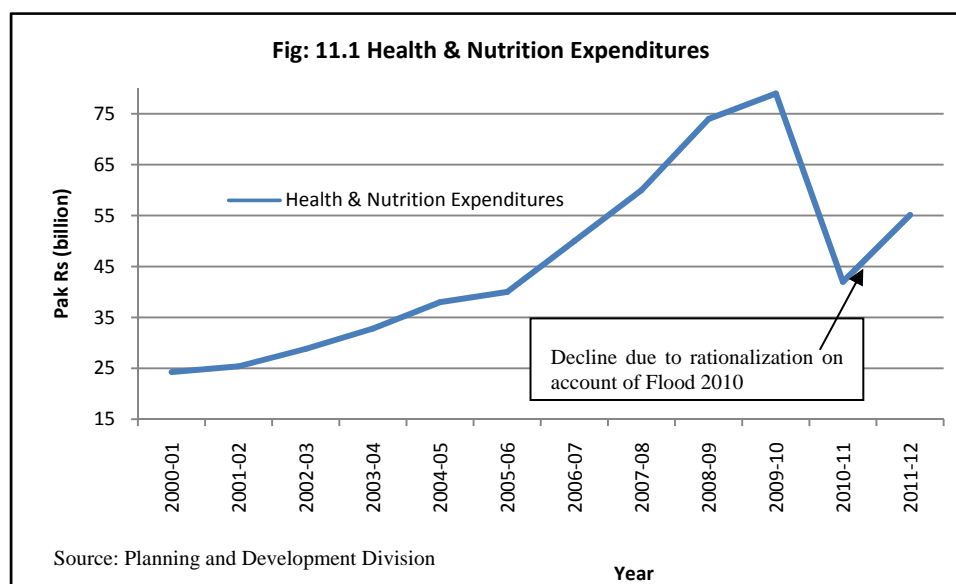
(federal and provincial) declined from Rs. 79 billion in 2009-10 to Rs 42 billion in 2010-11. For 2011-12 these have been increased to Rs 55.12 billion; comprising Rs 26.25 billion as development expenditure and Rs 28.87 billion as non-development (current) expenditure. Rs 15.72 billion has been provided in the federal PSDP for 2011-12.

**Table 11.3: Health & Nutrition Expenditures (2000-01 to 2011-12)**

(Rs. Billion)

Fiscal Years	Public Sector Expenditure (Federal and Provincial)			Percentage Change	Health Expenditure as % of GDP
	Total Health Expenditures	Development Expenditure	Current Expenditure		
2000-01	24.28	5.94	18.34	9.9	0.72
2001-02	25.41	6.69	18.72	4.7	0.59
2002-03	28.81	6.61	22.21	13.4	0.58
2003-04	32.81	8.50	24.31	13.8	0.57
2004-05	38.00	11.00	27.00	15.8	0.57
2005-06	40.00	16.00	24.00	5.3	0.51
2006-07	50.00	20.00	30.00	25.0	0.57
2007-08	60.00	27.22	32.67	20.0	0.57
2008-09	74.00	33.00	41.10	23.0	0.56
2009-10	79.00	38.00	41.00	7.0	0.54
2010-11	42.00	19.00	23.00	(-47)	0.23
2011-12	55.12	26.25	28.87	31.24	0.27

Source: Planning & Development Division



## Health Facilities

The health facilities and health related manpower have expanded substantially due to the greater focus on health sector programmes over the last

three decades. This has resulted in the establishment of a large network of health facilities with 108,137 hospital beds, 149,201 doctors, 10,958 dentist and 76,244 nurses by 2011. The current position of health personnel is as follows:

**Table 11.4: Healthcare Facilities**

<b>Health Manpower</b>	<b>2009-10</b>	<b>2010-11</b>	<b>2011-12</b>
Registered Doctors	139,555	144,901	149,201
Registered Dentists	9,822	10,508	10,958
Registered Nurses	69,313	73,244	76,244
Population per Doctor	1183	1,222	1,206
Population per Dentist	16914	16,854	16,426
Population per Bed	1592	1,701	1,665

Source: Planning &amp; Development Division

Insufficient health spending and rapid population growth have contributed to continuing low facilities to population ratios particularly in the case of dentists, nurses and hospital beds. The potential pay off of investing in and improving the overall health services is enormous.

The health care system in Pakistan comprises both public and private health facilities. The public sector until recently was under the domain of the Ministry of Health. However, under the 18<sup>th</sup> amendment of the constitution of Pakistan, the Ministry of Health has been devolved in June 2011 and the functions of the ministry have been transferred to provincial health departments. The provinces are now responsible for developing their own strategies, programmes and interventions based on their local needs.

The private health system now stretches across the spectrum from primary to tertiary care and exists all over the country in both urban and rural areas. This sector provides varying levels of care and constitutes a diverse group of doctors, nurses, pharmacists, traditional healers and laboratory technicians. The services they provide include hospitals, nursing homes, and maternity clinics. The private sector has developed considerably by capitalizing on the existing demand. The majority of the private sector hospitals in Pakistan follow either a sole proprietorship or a partnership model organization. People sometime prefer private health services over public health care due to concerns about quality of care in public facilities.

Given the complex nature of the healthcare delivery system in Pakistan and the limited resources available to the health care sector, concerted efforts are required through inter-

sectoral collaboration focusing on the disadvantaged segment of population.

Health insurance is one of the complementary interventions for the safety net beneficiaries with the purpose of improving their access to health care services and reducing income loss due to catastrophic shocks. An important consideration in social insurance relates to the extent of health cover to be provided. Zakat, Bait-ul-Mal, Workers Welfare Fund, Employees Old Age Benefit and Workers Participation Fund are all forms of social security. These funds provide assistance in a limited number of cases to cover medical treatment costs.

#### **Targets and Achievements during 2011-12**

The targets for the health sector during 2011-12 included establishment of 10 rural health centres (RHC), 50 basic health units (BHUs) and renovation of 20 existing RHCs and 50 BHUs. The manpower targets include the addition of 5,000 doctors, 500 dentists, 4,000 nurses, 5,000 paramedics and 550 traditional birth attendants. Under the preventive program, about 7.5 million children were targeted to be immunized and 22 million packets of oral rehydration salt (ORS) were to be distributed during 2011-12.

The achievements in the health sector during 2011-12 included the establishment of 7 rural health centres (RHCs), 30 basic health units (BHUs) and renovation of 15 existing RHCs and 35 BHUs and addition of 4,000 hospital beds. The manpower development achievements include entry of 4,300 new doctors, 450 Dentists, 3,000 nurses and completion of training for 9,500 Lady Health Workers (LHWs). 60 percent of the set target was

achieved in the case of BHUs and 95 percent in the case of training of Lady Health Workers. Under the preventive program, about 7 million children

were immunized and 20 million packets of ORS were distributed till March, 2012.

**Table: 11.5 Physical achievements 2011-12**

Sub Sectors	Targets (Number)	Estimated achievements (Numbers)	Achievement (%)
<b>A. Rural Health Programme</b>			
New BHUs	50	30	60
New RHCs	10	7	70
Strengthening/ Improvement of BHUs	50	35	70
Strengthening/ Improvement of RHCs	20	15	75
<b>B. Hospital Beds</b>	5000	4000	80
<b>C. Health Manpower</b>			
Doctors	5000	4300	86
Dentists	500	450	90
Nurses	4000	3000	75
Paramedics	5000	4500	90
TBAs	550	500	91
Training of LHWs	10000	9500	95
<b>D. Preventive Programme</b>			
Immunization ( Million Nos)	7.5	7	93
Oral Rehydration Salt (ORS) (Million Packet)	22	20	91

Source: Planning & Development Division

## Health Programs

In pursuance of the 18<sup>th</sup> amendment to the constitution of Pakistan, the health sector has been devolved to the provinces and the federal Ministry of Health has been abolished. However, national planning in the health sector and cooperation with the provinces and international development partners is vested with the Planning and Development Division. All the vertical health programs have also been devolved to the provinces. However, upon request of the provinces, the Council of Common Interests (CCI) in its meeting held on 28<sup>th</sup> April 2011 decided that the federal government (Planning and Development Division) shall fund these programs till currency of the 7<sup>th</sup> NFC award at a predefined share. Accordingly, the following national health programmes continue to be financed by the federal government in the post devolution scenario till 2014-15.

### 1. National Program for Family Planning and Primary Health Care

The program has recruited more than 103,000

LHWs as of March 2012. More than 60 percent of the total population and 76 percent of the target population is covered by LHWs. Out of 30 million children, about 16 million were immunized by LHWs during National Immunization Days (NIDS). Similarly, in high risk districts out of 5 million target women, 4.5 million were vaccinated by LHWs.

### 2. Expanded Program on Immunization

The National EPI Program provides immunization against the seven killer diseases - childhood tuberculosis, poliomyelitis, diphtheria, pertussis, neonatal tetanus, measles and hepatitis B. Initiated in 1978, the EPI programme is an effective public health intervention that has a great impact on the health of the population. By reducing the cost of treating diseases, immunization offers opportunities for poverty reduction. Every year a nation wide National Immunization Day (NID) is carried out to give polio vaccine to all children below 5 years of age. The mass immunization campaign has gained a great deal of acceptance across the country.

### 3. Malaria Control Program

Malaria is the second most prevalent and devastating disease in the country and has been a major cause of morbidity in Pakistan. More than 90 percent of the disease in the country is in the 56 highly endemic districts, mostly located in Balochistan (17 districts), FATA (7 agencies) and Sindh (12 districts). More than 40 percent of the reported cases from these districts are due to flaciparum malaria which is the more dangerous form of malaria. The Federally Administrated Tribal Areas (FATA) is the second highest malaria affected belt of the country accounting for 12-15 percent of the total case load of the country.

The National Strategy for Malaria Control is based on the following six key Roll Back Malaria (RBM) elements.

- 1) Early diagnosis and prompt treatment.
- 2) Multiple prevention
- 3) Improved detection and response to epidemic
- 4) Developing viable partnership with national and international partners
- 5) National commitment
- 6) Intensive and comprehensive public education activities to enhance public awareness of malaria, treatments and prevention

### 4. National TB Control Program

Pakistan is sixth amongst the top 22 high disease burden country. National Tuberculosis Control Programme (NTP) has achieved 100 percent Directly Observed Treatment System (DOTS) coverage in the public sector; in the last five years NTP and partners have provided care to more than half a million TB patients in Pakistan. Despite this the global target of 70 percent case-detection has not been achieved. There are certain areas where there is room for the NTP to further improve such as, at the client level - suspect management, contact management, quality bacteriology services; at the community level, the NTP can strengthen engagement with all care providers through public private

partnership and inter-sectoral collaboration, monitoring and supervision, research for evidence based planning and Advocacy, Communication and Social Mobilization (ACSM). The prevalence rate of TB is nearly 300 per 100,000 of population whereas the absolute number of cases is 211,500 and the treatment success rate is 91 percent. The percentage of TB case-detection rate is 80 percent and cure rate is 74 percent.

### 5. HIV/ AIDS Control Program

The government is implementing an HIV/ AIDS Control Programme since 2003 at a cost of Rs 2.9 billion for five years. The major focus is on Behaviour Change Communication (BCC), services to high-risk population groups, treatment of Sexually Transmitted Infections (STIs), supply of safe blood and capacity building of various stakeholders. A total of 4,500 HIV positive cases have been reported to the national and provincial AIDS Control Programmes. These include 2,700 full blown AIDS. Around 1,030 patients are receiving free treatment through 12 AIDS Treatment Centers.

### 6. National Maternal and Child Health Programme

National Maternal and Child Health Programme has been launched in order to improve maternal and neonatal Health services for all, particularly the poor and the disadvantaged, at all levels of the health care delivery system. It aims to provide improved access to high quality mother and child health and family planning services, train 10,000 community health and nutrition women workers, provide Comprehensive Emergency Obstetric and National Care (EMONC) service in 275 hospitals/ health facilities, provide basic EMONC services in 550 health facilities, and family planning services in all health outlets.

### 7. National Programme for Prevention and Control of Blindness

The National Programme for Prevention and Control of Blindness (NP-PCB) was launched by the federal Ministry of Health in 2005. The Program is in line with "VISION 2020", the

global initiative of WHO for elimination of preventable causes of blindness by the year 2020. An allocation of Rs. 246.9 million was made for this program during 2011-12.

### **Cancer Treatment**

The Pakistan Atomic Energy Commission (PAEC) is playing a vital role in the health sector by using nuclear and other advanced techniques, for diagnosis and treatment of cancerous and allied diseases, as well as national cancer awareness and prevention programmes.

Presently the PAEC is operating 14 modern cancer hospitals in the country while four others are in the final stages of completion and are expected to start functioning by June 2012. These hospitals are manned by skilled teams of more than 2,000 professionals; including doctors, engineers, scientists, paramedical, technical and other supportive staff. These hospitals bring facilities for early diagnosis and treatment of cancer within the reach of a very large proportion of the population of the country. The major services provided at these hospitals are diagnostic and therapeutic nuclear medicine, hormonal assays, radiotherapy, chemotherapy, indoor/wards facilities, breast care clinics, biochemistry, ultrasonography, color Doppler, diagnostic radiology, histopathology, hematology, molecular based diagnostics and cancer prevention and awareness programmes. About 527,633 patients were treated from July to March 2012. Work continues in the following areas:

- Research continued on various International Atomic Energy Agency (IAEA) TC/Regional Cooperative Agreement (RCA) projects and others in collaboration with different international/ national organization.
- The cancer awareness and prevention/control campaign was launched especially for early diagnosis of breast cancer and treatment leading to better prognosis through arranging lectures, seminar, and workshops in remote areas, and through print and electronic media and mobile breast care clinics.

- Provision of state of the art treatment (radiation therapy) facility at Atomic Energy Medical Centre (AEMC), Karachi.

In order to provide better treatment facilities to the patients at their door steps, the PAEC continued working on the following projects:

- ▶ 4 Hospitals (3 in KPK and 1 in Sindh province) have almost been completed and out patient departments have started working. These hospitals are expected to start functioning at full capacity by June 2012.
- ▶ Addition of latest and advanced diagnostic and therapeutic facilities on par with international standards is also underway and Positron Emission Tomography- Computed tomography (PET/ CT) facility at the PAEC Cancer Hospital Institute of Nuclear Medicine and Oncology (INMOL) in Lahore has been added and patients throughout Pakistan are benefitting from these facilities.
- ▶ PAEC Cancer Registry Programme (PCRP), started in 2007, is now in completion phase and is expected to be completed in August 2012.
- ▶ Patients in remote areas also benefited with mobile breast care clinics being arranged on fortnightly and monthly basis for awareness, diagnosis and treatment of patients.

### **Dengue Epidemic and Control Programme**

In Pakistan, the outbreak of Dengue Hemorrhagic Fever (DHF) was first reported in Karachi in 1994, followed by outbreaks in 2005, 2008, and most recently in 2011. Heavy monsoon rains in Punjab provided ideal conditions for dengue-bearing mosquitoes to thrive in stagnant water. Although the disease spread in all provinces, Punjab was badly affected.

21,292 confirmed cases of dengue were reported in Punjab in 2011, 352 of these cases were fatal. No deaths have been reported so far in 2012. In order to prevent the dengue epidemic, the following steps have been taken:

- ▶ The Punjab government has established a provincial task force headed by the Chief Minister of Punjab.
- ▶ A provincial steering committee headed by the Chief Secretary of the province has been constituted.
- ▶ District implementation committees headed by DCOs are operational.
- ▶ Chief Minister (CM's) Dengue Research and Development (R&D) cell was established to carryout applied and operations research on dengue.
- ▶ Emphasis is placed on utilizing latest technology for combatting dengue epidemics. A system has been developed and put in place for online dengue case surveillance, while Global Positioning System (GPS) mapping of cases, vector, and digital monitoring of dengue prevention and control activities are being carried out.
- ▶ Environmental management measures have also been taken including proper disposal of waste water, de-silting operations, supply of safe water, time repair of leaks in plumbing systems, use of water filters, management and regulation of used tyres, and cleanliness drives in eateries.
- ▶ All teaching hospitals have established isolation wards and high dependency units with all facilities. On the average 200 extra beds were allocated for dengue patients in each teaching hospital. About 10,000 bed nets treated with insecticide were provided to each hospital for dengue isolation wards.
- ▶ For the arrangements of platelets, cell separator machines with platelet kits were made available on an urgent basis at the Institute of Blood Transfusion Services, Jinnah Hospital Lahore, Children's Hospital Lahore and Lahore General Hospital. In other hospitals centrifuge machines have been provided for platelet segregation.
- ▶ Delegates of dengue experts from Sri Lanka and Indonesia also visited Pakistan to review the strategies and provide guidance on larva surveillance and capacity building on vector control and case management. Job positions

of 875 sanitary patrols, 337 CDC supervisors, 292 LHW's and 66 data entry operators were created. The creation of 718 positions of lady sanitary patrols is under process.

In Khyber Pakhtunkhwa a total of 386 confirmed cases with 7 deaths were reported from Peshawar, Abbotabad, Mansehra, Haripur, Mardan, Swat and Nowshera. Rs 55 million was released for purchase of larvicides, insecticides, spray machines, foggers, and social mobilization activities. To address future dengue outbreaks a scheme at a cost of Rs 265.7 million has been approved. The scheme will be implemented in all 25 districts of the province for three years. Main components of the scheme include institutionalization, advocacy, social mobilization and communication, vector control and surveillance, disease management and surveillance, and research and development.

In Sindh, a total of 1,547 suspected cases were reported out of which 1,326 were from Karachi and 221 were from the rest of Sindh. 18 of these cases were fatal, 16 from Karachi and 2 from the rest of Sindh. Sindh's response to this outbreak includes detailed situation analysis (need assessment and gap analysis) of epidemiology and entomology of transmitting vectors. Provincial Strategic planning for sustained control of vector borne diseases involve:

- ▶ Adopting integrated diseases control for dengue, malaria and leishmaniasis
- ▶ Restructuring of vector control programme to fill existing planning
- ▶ Capacity building of care providers for clinical management of dengue cases using guidelines specific to Pakistan
- ▶ Development of coordination and collaboration with UN Agencies, other line department and development partners for resource mobilization and technical assistance

The incidence of dengue in Balochistan was much less compared to other provinces. However, the government of Balochistan also



took necessary measures to overcome any emergency situation related to dengue.

### Drug Abuse

Illicit drug consumption, production and trafficking have emerged as a serious global issue. Drug abuse has also affected Pakistan in many ways. Proliferation of drugs and psychotropic substances within Pakistani society and the subsequent increase in number of drug addicts are emerging challenges.

A Drug Control Master Plan (2010-14) has been prepared to reduce the health, social and economic cost associated with drug trafficking and substance abuse in Pakistan. The plan includes short, medium and long term initiatives for implementation of the National Anti-Narcotics Policy 2010. The Ministry of Narcotics Control in collaboration and cooperation with the provincial governments and other stakeholders, is taking measures to effectively implement the policy.

Currently, there are 16 ongoing development projects being implemented at a total cost of Rs.4.67 billion including local cost of Rs.2.13 billion and foreign aid of Rs.2.52 billion.

**Table: 11.6 Drug Seizures**

S.No.	Kind of Narcotics	Quantity of Drugs Seized (in Kgs)
i	Opium	8,725.006
ii	Morphine	1,249.000
iii	Heroin	1,641.014
iv	Hashish	65,445.850

Source: Narcotic Control Division

Pakistan is one of the top three countries where the confiscation rate, seizure of narcotics, drugs and precursor chemicals is high. The seizures of narcotics by the Anti-Narcotics Force (ANF) during the period July 2011 – 15<sup>th</sup> February, 2012 are given in the table 11.6:

### Food and Nutrition

The links between malnutrition, ill health and poverty are well known. Disease contributes to poverty due to the costs of illness and reduces earning capacity during and after illness. Good health is a first step towards prosperity and reduction of poverty. It is therefore, critical to move towards a system which will address health challenges and prevent households from falling into poverty due to poor health. In Pakistan, health sector investments are viewed as part of the government's poverty alleviation endeavors.

Food security is a national priority. According to the recent National Nutrition Survey (NNS) 2011, about 32 percent children under the age of five years and 15 percent mothers are underweight. About 30 percent babies have low birth weight, reflecting the poor nutritional status of mothers.

The national food availability estimated through food balance sheets, has been satisfactory for major food items during the fiscal year 2011-12. The average calories estimated based on food availability has been 2,430 per capita per day. The overall food availability trend of essential food items for the last five years is given in the following table.

The consumption of essential food items shows slight improvement in calorie intake from 1,650 to 1,700 and protein from 44 to 46gm per capita per day in 2010-11 compared to data from the HIES 2007-08. The change in food consumption between 2007-08 and 2010-11 has mainly been through increase in cereals: wheat 3 percent, rice 12 percent, pulses 30 percent, vegetable ghee and oil 8 percent, meat 5 percent, fruits and vegetables 11 percent. Consumption decreased for sugar (1 percent) and milk (3 percent). Food consumption remained lower than food available and the minimum food basket<sup>1</sup>

<sup>1</sup> Planning and Development Division 2012

**Table:11.7 Food Availability per capita**

Items	Year/ units	2006-07	2007-08	2008-09	2009-10	2010-11 (E)	2011-12 (T)
Cereals	Kg	151.1	158.1	160.3	158.8	158.7	160.0
Pulses	Kg	7.7	7.2	5.8	6.8	6.7	7.0
Sugar	Kg	30.3	30.0	25.6	26.1	26.5	29.5
Milk	Ltr	164.7	165.4	167.2	169.1	169.8	170.0
Meat	Kg	19.2	20.0	20.0	20.5	20.9	21.5
Eggs	Dozen	5.4	5.5	5.6	5.8	6.0	6.0
Edible Oil	Ltr	12.8	12.8	12.5	12.6	12.6	13.0
Calories per day		2398	2410	2425	2415	2420	2430
Protein per day (gm)		69.0	72.0	72.5	71.5	72.0	72.5

Source: Planning &amp; Development Division

E: estimated T: targets

The cost of the food basket for the fiscal year 2011-12 (July- March) fluctuated and a cumulative increase of about 1 percent from Rs.1,745 to Rs.1,767 was noted. The change in cost among provinces has been highest in Khyber Pakhtunkhwa with a 5 percent increase owing to lower availability with respect to demand and lowest in Punjab where there was a 2 percent decrease.

The nutrition related activities/programmes are summarized below:

- ▶ Food security and social safety net measures especially for poor households continued to be in place to combat the impact of food inflation. The Benazir Income Support Program (BISP) and Pakistan Bait-ul-Mal's Food Support Program for poorest of the poor households continued to provide cash incentive support during the year throughout the country.
- ▶ Food quality control is also an important food security concern. A reference food laboratory for strengthening of food quality control system at the Nutrition Division of the National Institute of Health (NIH), Islamabad was completed during the year and is currently operational.
- ▶ Nutrition improvement through micronutrient supplementation to address anemia, and vitamin-A deficiency in children under five

and women of child bearing age continued along with growth monitoring, counseling of breastfeeding and weaning practices and raising awareness through 98,000 Lady Health Workers in primary health care (PHC) continued across the country to cover more than 60 percent of the total population.

- ▶ Micronutrient Deficiency Control Program to address major micronutrient deficiencies of iodine, iron and vitamin-A& D are being addressed through food fortification in the public and private sector. The emphasis during the fiscal year remained on improving the quality of fortified products.

### Conclusion

This chapter discussed the state of health and nutrition in Pakistan. An overview of the National Health Policy and its primary objectives are presented, followed by a discussion of the state of health indicators, expenditures, and facilities in Pakistan. The targets and accomplishments for the 2011-12 are described, followed by a special focus on cancer treatment and the government's response to dengue outbreaks. The chapter highlights the challenges of narcotics trafficking and growing incidence of drug addiction in Pakistani society. Finally the chapter documents the government's efforts at augmenting food security and enhancing the availability and uptake of nutrients.