

Chapter**19****Health and Nutrition****19.1 Health****Sectoral Policy**

Pakistan has a reasonable availability of physical facilities in the Health Sector. The problems relate to their utilization and institutional capacity to ensure desired outcomes. The Health Plan in the MTF period identifies policies and suggests allocation of resources to address these issues in the context of Millennium Development Goals.

Health is a major intervention for human development and poverty reduction. The major thrust of PSDP is to help in achieving the Millennium Development Goals through national programs of EPI, Lady Health Workers, Maternal Neonatal and Child Health, T.B. Control, Roll Back Malaria, Prevention and Control of Hepatitis, HIV-AIDS, Control of Blindness, and control of Avian Influenza. Investment in Women and Child Health Programs are meant to reduce maternal mortality, child mortality, infant mortality and morbidity rates which continue to pose a health challenge for the country. A balance is being struck by investing in prevention and control of both communicable and non-communicable diseases in order to have an impact in the scenario of double burden of disease in the country. An effective fight has been launched against global epidemics like HIV/AIDS, Tuberculosis and Malaria.

The focus is on improving surveillance and health information system. In this regard, a project "Strengthening of National Health Information Resource Center" (NHIRC) has been approved at a cost of Rs 290 million.

It is planned to strengthen and upgrade Public Health Laboratory system and Bio-safety of Clinical Labs. System. A Task Force is in place for the purpose.

Attention is given to improvement of health infrastructure facilities both rural and in the tertiary sector. Some notable projects in this regard are Construction of two new Medical Towers at JPMC, Karachi and PIMS, Islamabad for upgradation of tertiary care facilities.

Sheikh Khalifa Bin Zayed (SKBZ) Federal Hospital at Quetta which was constructed in 1998, is now functional. The 225-bedded hospital will provide state of the art medical care services in the areas of Traumatology, Cardiology, Gastro and Malaria. It will also train nurses and medical technicians. Visible improvements have taken place in PIMS, and FGSH, Islamabad, JPMC, NICH and NICVD at Karachi, and Shaikh Zayed at Lahore.

In the future years, it is planned to integrate health initiatives with community approaches both through LHWs and other interventions aiming at participatory community mobilization. In this regard, the use of micro-credit and community health

insurance will also receive due attention. Alternative delivery systems are already in vogue. A further fillip will be provided to this strategy

The strengthening of the health system is a central strategy so that the benefits of service delivery can be received by the majority of population. The linkage between health and social protection is envisaged for the future. A Social Protection Strategy has been approved in order to extend coverage to the vulnerable and the poor.

Strategy

A balanced approach between preventative, promotive and curative interventions will be followed, keeping in view the needs of population especially Women and Children. Attention will be paid to the epidemiological transition and the emergent double disease burden.

- Primary Health Care will be strengthened with necessary back up support in rural areas where all the outlets will function as focal points for PHC and Family Planning Services.
- Training and availability of Medical Staff at all levels will be improved by investing in the tehsil and district level hospital, especially for Emergency Obstetric Care.
- Continuing stress on achievement of MDGs especially related to MMR, IMR, CMR and the global epidemics (TB, Malaria and HIV AIDS).

Review of PSDP 2006-07

An amount of Rs 11.0 billion is provided in PSDP 2006-07 to different preventative and curative programs in health sector for achievement of MDG targets. According to the 3rd Quarter PSDP Review Rs 5.0 billion (45 percent of PSDP allocation) was utilized till the end of March, 2007. Following are some of the major programs under implementation in the country:

The Lady Health Worker Program

The program has recruited more than 95,000 LHWs to date. More than 60 percent of total population and 76 percent of target population stands covered by LHWs. Out of 30 million children, about 16 million are immunized by LHWs during (NIDS) National Immunization Days) Similarly, in high risk districts out of 5 million target women, 4.5 million are vaccinated by LHWs) through 40,000 trained LHWs. Their role in improving mother and child health is by now well recognized. Innovative approaches are being tested. The stipend of LHWs has been raised i.e. Rs 1800.0 to Rs 2300.0 per month, under the directive of the Prime Minister.

Malaria Control Program

Malaria is a major public health problem in Pakistan threatening millions of people. It accounts for 12.5 percent of overall disease burden of the country as per Health Information Management System (HIMS) 2006. During 2005 LHWs treated 4.3 million malaria cases. The disease is emerging as a significant health problem in Balochistan and FATA. National strategy for Malaria Control is based on the following 6 key RBM elements.

- Early diagnosis and prompt treatment;
- multiple prevention;
- improved detection and response to epidemics;
- developing viable partnerships with national and international partners;
- focused operational research and;
- national commitment.

The prevention and control of malaria through the Roll Back Malaria Program has improved the diagnosis of the cases and, treatment provide accordingly. Comparison of three years data shows that the parasites incidences have decreased in the period of August – October 2006. Comparison of the parasite incidences during the last three years on monthly basis is reflected in figure 19.1.1 whereas, annual parasite incidences 2000-05 are shown in figure 19.1.2.

Figure 19.1.1 Malaria Month-Wise Caseload

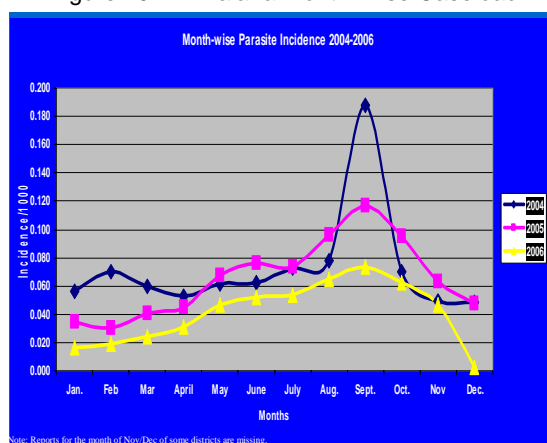
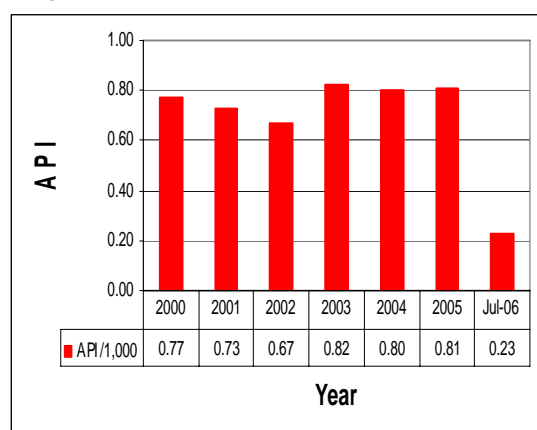


Figure 19.1.2 Malaria Annual Parasite Incidence



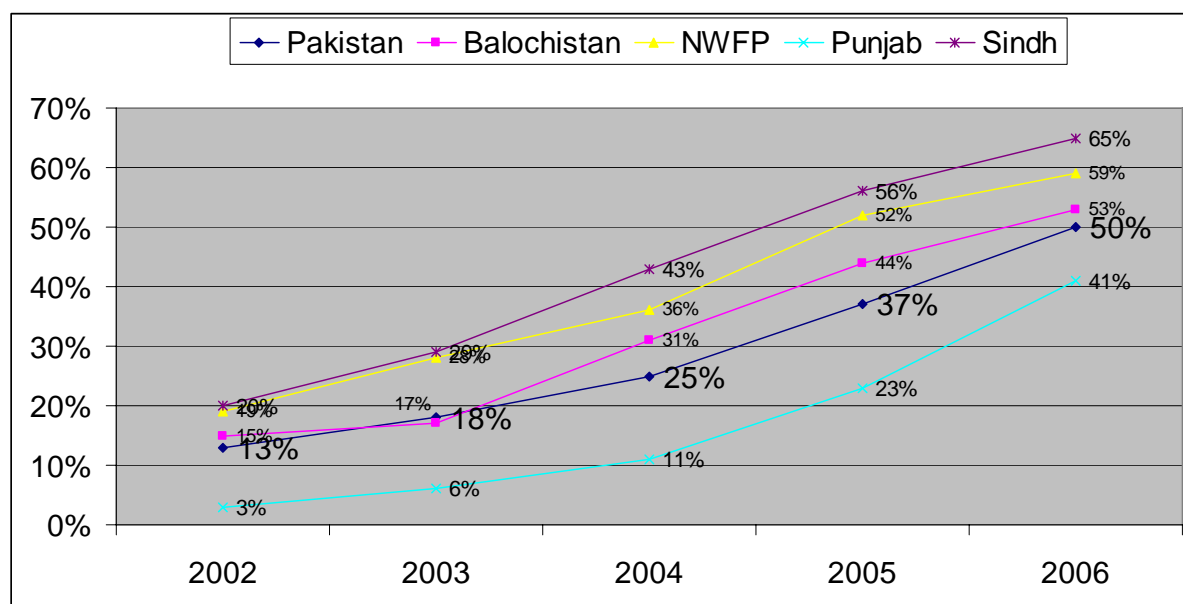
Some achievements and innovations of the malaria program are outlined as under:

- Development of National Strategic Plan and national malaria policy.
- Development of Case Management Guidelines, Microscopy Guidelines, Vector Control Guidelines, Quality Assurance Guidelines for malaria microscopy, IEC material.
- Capacity building of 5000 health personals (EDOs, DOHs, M.Os, Entomologist & Paramedics).
- Capacity building of Malaria Microscopists (300+).
- Introduction and adaptation of Rapid Diagnostics Tests (RDTs)
- Introduction of ACTs as first line treatment in confirmed falciparum malaria
- Long Lasting Insecticide Nets (LLINs), especially for infants and pregnant women.
- Enhanced Monitoring & Evaluation through concrete surveillance mechanism
- Quality Assurance (QA) in diagnosis and treatment

TB Program

Pakistan is 6th amongst 22 high disease burden countries. National TB Control Program (NTP) has achieved 100 percent DOTS coverage in public sector and in the last five years, NTP and partners, have provided care to more than ½ million TB patients in Pakistan. Although the global target of 70 percent case detection is not achieved, all Provinces have made significant progress/ improvement in case finding as shown in figure 19.1.3.

Figure 19.1.3 Case Finding Rate by Province (2002-2006)



There are areas where NTP has to work further like suspect management, contact management, quality bacteriology services, engaging all care providers through public-private partnership and inter-sectoral collaboration, monitoring and supervision, research for evidence based planning and ACSM (advocacy communication and social mobilization).

In recognition of the soundness of the national strategy, the Global Fund to Fight AIDS, TB & Malaria (GFTAM) has recently approved a grant of US \$ 56 million for 5 years. The emphasis will be on public-private partnerships and Inter-sectoral collaboration.

HIV/AIDS Control Program

The government is implementing HIV/AIDS Control Program since 2003 at a cost of Rs 2.9 billion for five years. The major focus is on the behavior change communication, services to high-risk population groups, treatment of sexually transmitted infections (STIs), supply of safe blood and capacity building of various stakeholders. The Number of reported cases testing HIV/AIDS has increased from 1886 in year 2001 to 2431 cases reported until end December 2004. However, based on the surveillance data and computer modeling, UNAIDS has estimated that there are about 70,000-80,000 HIV positive people. Their recent studies have indicated that the prevalence of HIV infection among IDUs in Karachi has gone up to 27 percent. This level of infection reflects the stage of concentrated level of epidemic.

The program is proceeding on sound basis to counter the risks, including free treatment of HIV/AIDS patients through the Screening and Surveillance Centres and Treatment Centres. In this regard, eight centre have been established in tertiary care hospitals where. Anti Retroviral therapy (ARV) is being initiated to 250 patients out of 650 registered patients.

National Maternal & Child Health Program

National Maternal & Child Health Program has been recently launched by the government in order to improve MNH services for all, particularly the poor and the disadvantaged at all levels of health care delivery system. It aims to provide improved access to high quality MCH and FP services, train 10000 community. Health and Nutrition women health workers, comprehensive EmONC services in 275 hospitals /health facilities, provide basic EmONC services in 550 health facilities, and family planning services in all health outlets.

The Expanded Program on Immunization

The National EPI Program provides immunization against the 7 killer disease i.e. childhood tuberculosis, poliomyelitis, diphtheria, pertussis, neonatal tetanus, measles and hepatitis B. New vaccines would also be considered for introduction in due course.

During the year 2006, 5.6 million children of 0-11 months and 6.5 million pregnant ladies were targeted for immunization. Routine coverage is regarded as the basis of child protection.

As far as the polio eradication campaign is concerned it is under implementation in full swing. National Immunization Days (NIDS) and Sub National Immunization campaign are being carried out and in every round of NID more than 25 million children of 15 years and below are given polio drops. Because of this intense exercise cases of polio are reducing yearly and restricted to a few districts in the country.

The figure 19.1.4 shows that out of the seven EPI vaccines almost all are provided to more than 70 percent population. Whereas figure 19.1.5 indicates that only 14 percent of the districts in the country are having 60 percent coverage, while 86 percent have achieved more than 50 percent coverage.

Figure 19.1.4 EPI Coverage 2001-06

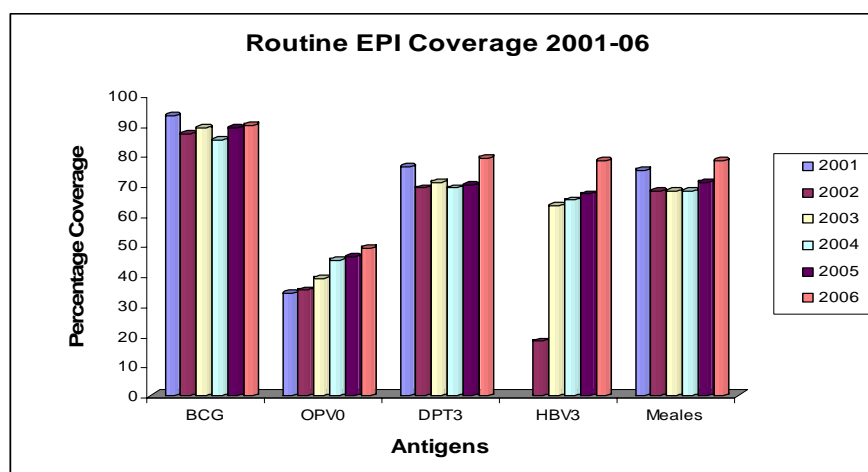
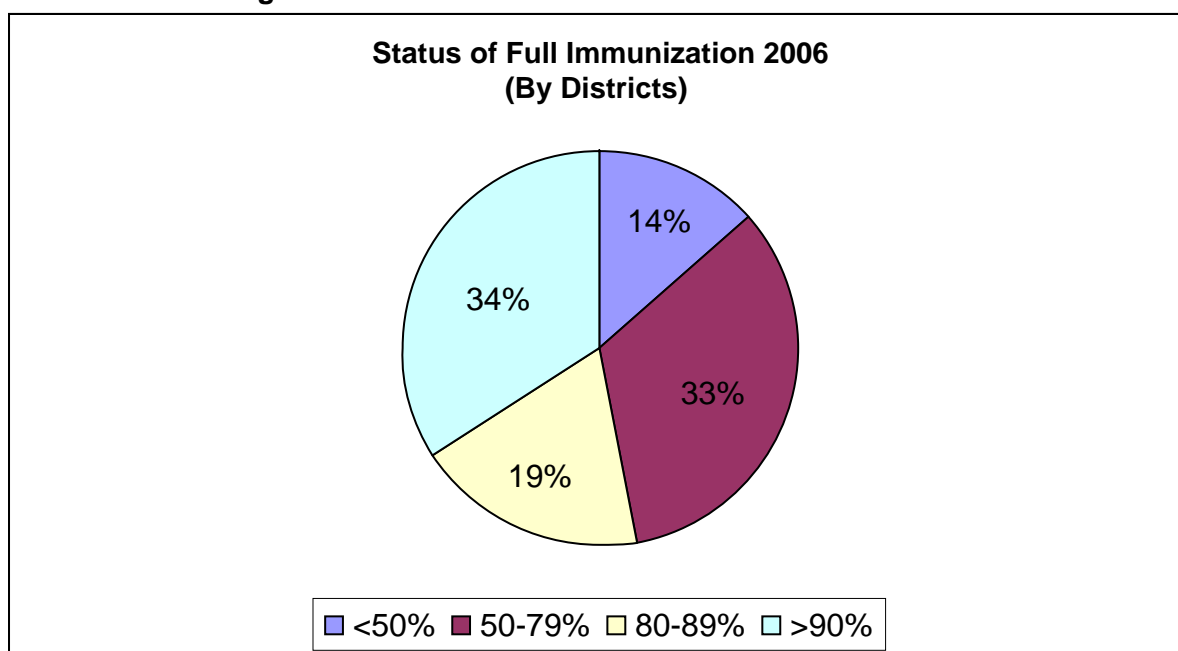


Figure 19.1.5 Status of Full Immunization 2006



Prime Minister Program For Prevention and Control of Hepatitis in Pakistan (2005-10)

The Program was launched in 2005; by the Prime Minister to meet the challenge posed by the high prevalence of viral hepatitis in the country. The program aims at 50 percent reduction in new cases of hepatitis B and C by 2010 through advocacy and behavior change communication, hepatitis B vaccination of high risk groups, establishment of screening, diagnosis and treatment facilities in 150 teaching and DHQ hospitals, Safe Blood transparent and prevention of hepatitis A and E.

Significant progress has been made to prevent and control hepatitis in the country. 1000 patients of hepatitis B and 10,711 patients of hepatitis C were treated. Provision of hepatitis B vaccine for 399,600 high risk personnel and arrangements for free of charge molecular diagnosis of patients at Centre of Excellence in Molecular Biology (Ministry of Science & Technology), Lahore have also been made. Targets and achievements of the treatment of the HBV and HCV patients for the FY 2005-06, 2006-07 are presented in figures 19.1.6 and 19.1.7.

Figure 19.1.6 Treatment of Hepatitis B Patient

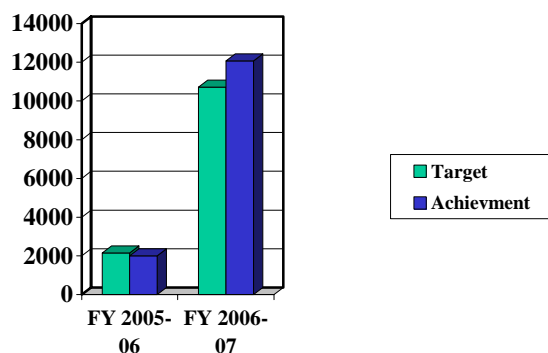
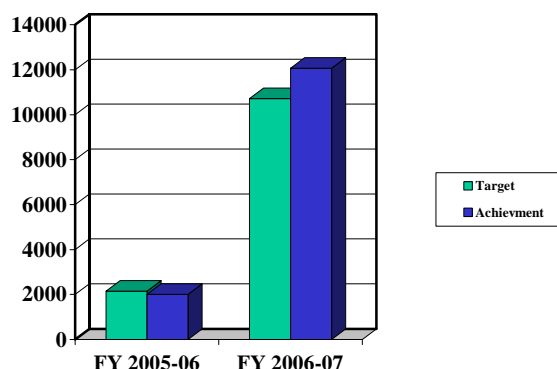


Figure 19.1.7 Treatment of Hepatitis C Patient



Cancer Treatment Program

In the area of Health Care, Pakistan Atomic Energy Commission's (PAEC) 13 Cancer Hospitals in all four provinces are already providing diagnosis and treatment facilities to cancer patients. 9 new cancer hospitals are in the process of construction. Breast care clinics have been established at all the nuclear medical centers.

PSDP 2007-08

An amount of Rs 13.5 billion has been proposed for Health Sector at federal level in PSDP 2007-08. It includes Rs 1.6 billion foreign aid for procurement of contraceptives to strengthen the family planning services through LHWs program in the country.

Targets

The targets for 2007-08 include deployment of full strength of 100,000 LHWs in the field. The rural health program includes construction of 40 BHUs, 10 RHCs and up gradation of 15 RHCs and 40 BHUs during the next financial year. The immunization coverage will be improved to 85 percent whereas 20 million ORS packets will be distributed to prevent and treat diarrhoeal diseases.

19.2 Nutrition

The incidence of malnutrition is a direct consequence of inadequate food intake, besides poor environment, health, feeding practices and family size. Persistent malnutrition leads to ill health, poor education performance, low labour productivity and poverty, thus an important denominator of social development goals across sectors. The progress in MDGs is directly related to nutritional improvement in the country. The MTDF objectives and targets have been aligned to MDGs giving emphasis to nutritional improvement. The MTDF policy directly addresses nutritional adequacy through food security at household level and specific nutrition interventions.

Sectoral Policy

The overall MTDF 2005-10 envisages improvement of nutritional status for maintenance of good health of population leading to an active and vibrant socio-economic life.

Plan Strategy

Food security and nutritional adequacy at household level through food self-sufficiency and appropriate nutritional interventions to address various forms of malnutrition is the major objective. In line with this the MTDF strategy envisages interventions relevant to segments of the population groups and regions to ensure reduction in malnutrition, following a life cycle approach. The interventions would include;

- Food and Nutritional Security at Regional/Household level
- Control Energy and Micronutrient Deficiencies with priority to Infants and Children

- Food safety and quality
- School-Community Based Nutrition Program
- Awareness Program.

Issues, Constraints and Measures

The important nutrition policy issue is lack of capacity, ownership and incorporation of nutrition considerations in the allied sectors: Health, Agriculture, Food, Education, Mass Media and Private Sector at Federal, Provincial and District level.

Following measures are proposed to address the constraints:

- The Planning Commission and Department to play a proactive role to support Ministries and Departments to incorporate nutrition issues in to the plans.
- Build institutional capacity through a network of training institutes for project planning and nutritional activities.
- Studies on the economic and health consequences of malnutrition and identification of underlying causes.

Review (2006-07)

Financial

Rs 108 million were allocated for the year 2006-07, out of which Rs 88 million are expected to be utilized. The major programs are:

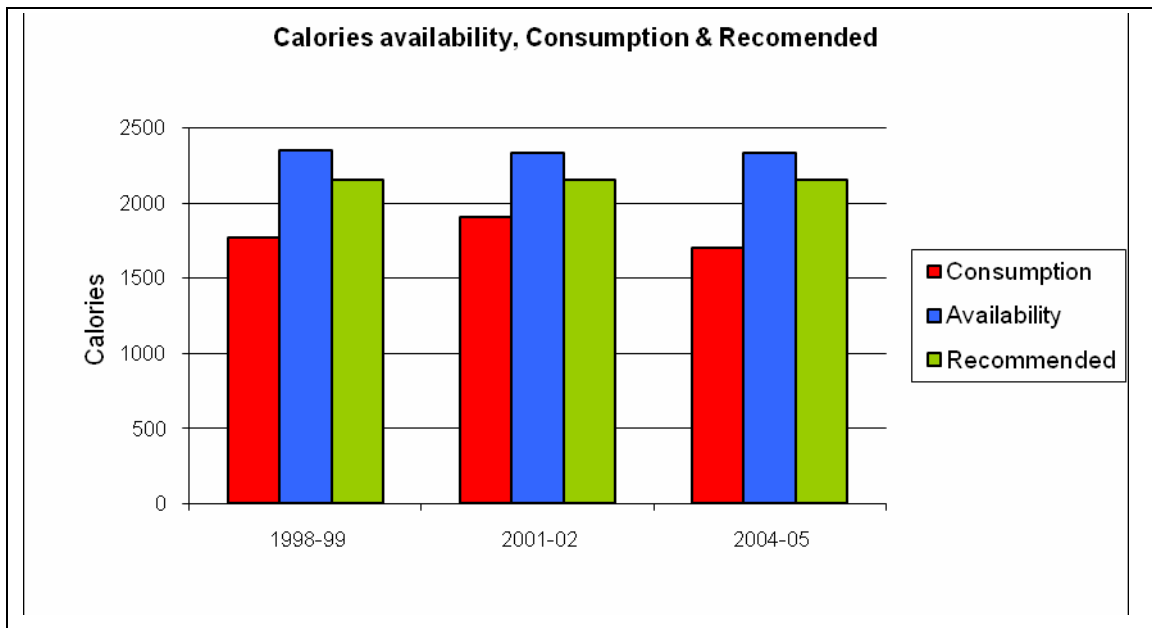
- Tawana Pakistan Project, Nutrition Package for Primary School Girls
- Improvement of Nutrition through Primary Health Care and
- Establishment of Reference Laboratory for Strengthening of Food Quality Control System.

Physical Achievements

Food Availability

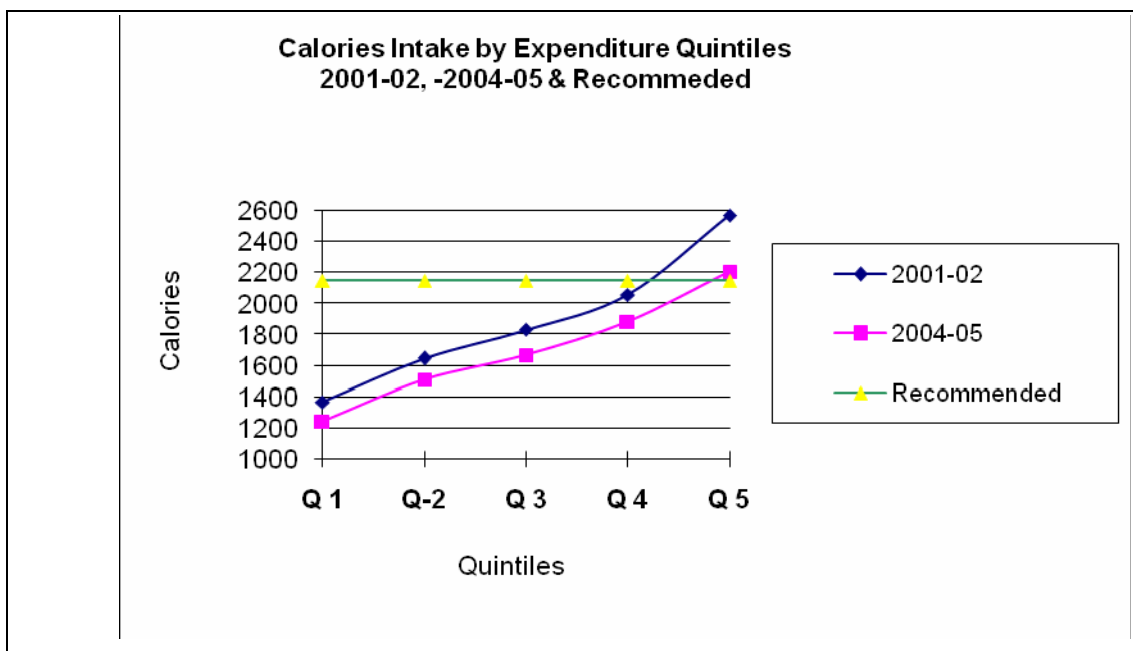
The food availability in the country was adequate during 2006-07 to meet the overall national requirement across all regions. An increased supply was recorded in wheat, rice, sugar, meat and milk while decline was observed in pulses, vegetables and ghee/oil. The average availability of calories remained at 2425 and protein 69.5 gms per capita/day. The food availability overtime remained well above consumption and recommended intake as given by calories. Average calories availability based on food supply is higher by 21 percent over consumption and 8 percent over recommended calories intake. However, there is considerable variability in actual consumption of food across provinces and across rural and urban divide. Comparison of calories availability, consumption and recommended intake over different point of times is presented in figure 19.2.1.

Figure 19.2.1 Calories availability, Consumption & Recommendation



The consumption of calories and protein however may be much less than the overall availability and highly dependent on the income levels and indigenous household food production. The intake of calories by 5 quintiles divided equally by 20 percent expenditure groups gives a more clear picture are intake of calories by population groups. Three lower quintiles (60 percent of population) are below average intake of 1700 calories (Figure 19.2.2). The proportionate expenditure on major food items is high. However, four lower quintiles spend 90 percent of food expenditure on wheat, milk, vegetables and sugar.

Figure 19.2.2 Calories Intake by Expenditure Quintiles



Nutritional Interventions are briefly outlined as under:

- About 96,000 Lady Health Workers outreaching 50 million population specifically provide nutrition targeted interventions such as anaemia control, growth monitoring, counseling on breastfeeding and weaning practices. They coordinate with EPI for vitamin A supplementation to children under 5 years of age and Micronutrient supplementation to women of child bearing age.
- A Reference Laboratory to Strengthen Food Quality Control System is being established at Islamabad.
- Girls Primary Schools Nutrition programs are on the anvil.
- Food support was provided to 1.46 Million poor households through Pakistan Bait-ul-Mal.

Proposed PSDP 2007-08

Rs 677 million have been proposed in PSDP 2007-08 for the ongoing and new programs in nutrition by different ministries. Some of the important interventions are outlined as under:

- The overall availability of essential food items will be maintained to meet the nutritional needs of the population in terms of caloric, protein and other essential nutrient availability.
- School Nutrition Program for feeding girls primary schools will be expanded.
- Establishment of food quality control laboratory at Islamabad will be completed
- Development of low cost supplementary and weaning foods based on local recipes for infants and children will be initiated
- Financial assistance will be provided to 1.46 million poor households for food support through Pakistan Bait-ul-Mal.
- Nutrition activities at first level health care facilities would be expanded and manpower training institutes would be set up for training in nutrition program.
- National Centre of Excellence for Food and Nutrition would be set up to coordinate core nutrition policy concerns.