

Health



Introduction

Health, as defined by the World Health Organization, is "a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity."¹

Ensuring child health, wellbeing, nutrition, and protection from harm, is not just the obligation of the State, but is also the responsibility of the child's parents or guardians, family, community, teachers, and society at large.

Small children (infants, toddlers, pre-schoolers) are voiceless and powerless to comprehend or express their needs, or exercise their fundamental rights – hence it is the joint obligation of all to ensure that child rights are adhered to, and not violated, especially children's rights to: adequate age-specific food and nutrition; immunization for communicable diseases, and all the components of mental and emotional health, including treatment, rehabilitation or mainstreaming and re-integration, wherever required.

The global indicators used worldwide to quantify the status of child health are life expectancy at birth, infant mortality rate, under-five mortality rate, neo-natal mortality, maternal mortality rate, child morbidity, still-birth rate, and smoking and drug addiction trends among children, in addition to other indicators.²

Hunger, malnutrition, low birth weight among newborns, lack of breastfeeding, proportion of children under five years who are wasted and stunted, overweight or obese children, prevalence of anaemia, and a number of water and food borne diseases, are some indicators of children's nutritional health status.³

Other indicators of child health include child births attended by skilled service providers, immunization coverage, and protection from

¹<https://www.who.int/about/mission/en/>

²https://www.who.int/healthinfo/indicators/2015/100CoreHealthIndicators_2015_infographic.pdf?ua=1

³https://www.who.int/healthinfo/indicators/2015/100CoreHealthIndicators_2015_infographic.pdf?ua=1

diseases including polio, pneumonia, malaria, diarrhoea, diphtheria, pertussis, typhoid, cholera, tuberculosis, HIV/AIDS, mental health disorders, and other communicable or neglected diseases.⁴

Within the overall category of children, there are specific sub-groups requiring special focus, care and attention with regard to health and nutrition, including, but not limited to the following:

- Differently-abled children (CWDs);
- The Girl Child;
- Ethnic and religious minority children;
- TGI children;
- Mentally, psychologically and emotionally disturbed children;
- Children in poverty and those living in especially difficult circumstances (e.g. street children, trafficked/sold children, working children, imprisoned children, child survivors of many forms of violence; among others).

Pakistani children fare badly on almost all the above indicators of physical and mental health, as well as nutrition. Throughout 2018 we continued to see the horrific scenes of hundreds of newborn babies dying in the Mithi Civil Hospital and other hospitals in Tharparkar, of under/malnutrition, hunger-related diseases, pneumonia and gastroenteritis, among others.

Their impoverished, underfed mothers were unable to breastfeed them. The provincial and federal governments were both found to be unresponsive. When there was a public outcry, they took notice and scrambled with half-hearted measures – but too little, and too late.

⁴https://www.who.int/healthinfo/indicators/2015/100CoreHealthIndicators_2015_infographic.pdf?ua=1

The hundreds (perhaps thousands) of babies who never made it to a hospital went unregistered, unrecorded and unlamented by the political parties in power, government bureaucracy, legislators, and almost everyone else, except a handful of philanthropists and civil society humanitarian workers and rights activists; as well as a miniscule section of the print and electronic media. The subject simply was not a television ratings-pull or a commercially viable topic.

Pakistan is participating in the Sustainable Development Goals (SDGs) –a universal call for action for human development in 2015, following the failure of the Millennium Development Goals (MDGs), previously set by the world community.⁵

Goal 3 of the SDGs aims to ensure healthy lives and promote wellbeing at all ages. The target # 3.2 aims to: end preventable deaths of newborns and children under 5 years of age; reduce neonatal mortality to at least as low as 12 per 1,000 live births; and under-5 mortality to at least as low as 25 per 1,000 live births.⁶

It also aims to combat neglected tropical diseases and increase access to clean water and sanitation through multiple interventions. Moreover, it aims to integrate reproductive health services into national health strategies; and also to strengthen implementation of tobacco control programmes.

Having adopted the SDGs in 2015, Pakistan was and is obliged to make national laws and policies in harmony with the global SDGs, and to have already selected its country-specific and province-disaggregated indicators/objectives for programming and budgeting purposes.

Next, it should have developed, formulated and set in place by now its child health specific programmes and interventions up to 2030. However, in Pakistan, even our international commitments and obligations become highly politicized and personalized by each successive government.

⁵<http://www.undp.org/content/undp/en/home/sustainable-development-goals.html>

⁶<https://www.who.int/topics/sustainable-development-goals/targets/en/>

Pakistan is a State Party to the UNCRC (United Nations Convention on the Rights of the Child). Article 24 stipulates that every child has a right to the best possible health status, health services and information that will help her/him to stay well physically, mentally and emotionally.

Hunger and Nutrition

In the 2018 Global Hunger Index (GHI), Pakistan is ranked at 106 out of 119 countries. Currently, we are witnessing a serious level of hunger in Pakistan, as per the evidence from both public nutrition surveys and research studies carried out by NGOs and the United Nations.⁷

Pakistan scores 32.6 (in the “Serious” category), where 50 is an extremely alarming situation.⁸ The indicators used to measure global hunger include; prevalence of child wasting and stunting, undernourishment and infant/child mortality rates.

Low	Moderate	Serious	Alarming	Extremely Alarming
≤ 9.9	10.0 – 19.9	20.0 - 34.9	35.0 – 49.9	≥ 50.0

Source: GHI Severity Scale

In 2018, the fifth National Nutrition Survey Report’s Key Findings were published by the Government of Pakistan, with support from UNICEF, UK-Aid and the Aga Khan University.⁹ Amongst a wealth of important data, it found, alarmingly, that 4 out of 10 under-5 children are stunted – that is 40% of all Pakistani children.

The UN FAO launched a study on Food Security and Nutrition in Pakistan, in cooperation with the Swiss Agency for Development and Cooperation (SDC), research institutions and technical experts. The findings are expected to be published in 2019.

⁷See a number of UN FAO/WFP and SDPI surveys and studies.

⁸<https://www.globalhungerindex.org/pakistan.html>

⁹<https://www.unicef.org/pakistan/reports/national-nutrition-survey-2018-key-findings-report>

Child Mortality Trends in Pakistan

According to the findings of the Pakistan Demographic Health Survey (PDHS) 2018, there are large variations by region of childhood mortality across Pakistan. Contrary to general perceptions, the rate is highest in Punjab and lowest in the Newly-Merged Districts of ex-FATA.¹⁰ Over the past three decades, a decreasing trend in the childhood mortality rates has been observed across Pakistan: per 1,000 live births, there were 42 neonatal deaths, 62 infants and 74 deaths of children under the age of 5.¹¹

Mortality Estimates	Neonatal Mortality	Post-Neonatal Mortality	Infant Mortality	Under-5 Mortality
Punjab	51	22	73	85
Sindh	38	23	60	77
Balochistan	34	32	66	78
Khyber Pakhtunkhwa	42	11	53	64
Islamabad	24	19	44	49
Ex-FATA	18	11	29	33
AJK	30	16	47	53
GB	47	16	63	76

Source: Pakistan Demographic Health Survey, 2018

Nutrition Status of Children under 5 years of age

In Pakistan, four out of ten children under five years of age are stunted while 17.7% suffer from wasting. The double burden of under/malnutrition is becoming increasingly apparent, with almost one in three children underweight (28.9%), contrasting along with a high

¹⁰<https://dhsprogram.com/pubs/pdf/FR354/FR354.pdf>

¹¹<https://data.unicef.org/country/pak/>

prevalence of overweight children(9.5%) in the same age group.¹² The trends show that the health of children under 5 living in urban areas is somewhat better than the ones residing in rural areas of Pakistan.

Nutrition Status	Stunted	Wasted	Underweight	Overweight
Punjab	36.4%	15.3%	23.5%	9.9%
Sindh	45.5%	23.3%	41.3%	5.2%
Balochistan	46.6%	18.9%	31.0%	16.7%
Khyber Pakhtunkhwa	40.0%	15.0%	23.1%	12.9%
KP-NMD	48.3%	23.1%	33.7%	18.6%
ICT	32.6%	12.1%	19.2%	5.8%
GB	46.6%	9.4%	21.3%	12.2%
AJK	39.3%	16.1%	21.9%	13.4%

Source: National Nutrition Survey, 2018

Nutrition Status	Sex		Location		Total
	Boys	Girls	Rural	Urban	
Stunted	40.9%	39.4%	43.2%	34.8%	40.2%
Wasted	18.4%	17.0%	18.6%	16.2%	17.7%
Underweight	29.3%	28.4%	31.6%	24.0%	28.9%
Overweight	9.7%	9.2%	9.4%	9.6%	9.5%

Source: National Nutrition Survey, 2018

¹²<https://www.unicef.org/pakistan/media/1951/file/Final%20Key%20Findings%20Report%202019.pdf>

Adolescent Nutrition Status (10-19 years of age)

Some of the key findings of the Pakistan National Nutrition Survey (2018) are shown in the Table below, with regard to adolescent boys' and girls' weight.

Region	Underweight		Obesity		Overweight	
	Boys	Girls	Boys	Girls	Boys	Girls
Punjab	18%	10.5%	7.5%	5.5%	10.5%	12.1%
Sindh	30.6%	16.6%	4.7%	3.1%	7.4%	7.9%
Balochistan	12.2%	12.2%	17.2%	9.1%	16%	13.6%
Khyber Pakhtunkhwa	13%	6.2%	11.9%	8.5%	14.7%	15.3%
KP-Newly Merged Districts	7.8%	6.8%	27.9%	17.5%	12.6%	18.1%
Islamabad- ICT	20%	8.9%	6.5%	7.3%	8%	11.2%
Gilgit- Baltistan	7.8%	6%	3.9%	2.3%	9.9%	9.6%
AJK	19.6%	12.1%	4.3%	4.3%	9.5%	10.1%

Source: National Nutrition Survey, 2018

Micronutrient Deficiencies in Children

The findings of the National Nutrition Survey (2018) show that more than half (53.7%) of Pakistani children are anaemic; 5.7% are severely anaemic; and 48% have moderate anaemia.

Its prevalence is slightly higher amongst boys than girls and a similar pattern has been observed among rural and urban areas of Pakistan. Among adolescent girls, over half (56.6%) are anaemic, of whom 0.9% have severe anaemia. Based on observation and experience, the latter appears to be a conservative figure.

Micro-Nutrients	Deficiency Rate/Prevalence among children under 5
Iron Deficiency Anaemia	28.6%
Zinc Deficiency	18.6%
Vitamin A	51.5% (severely deficient: 12.1%)
Vitamin D	49.5% (severely deficient: 13.2%)

Source: National Nutrition Survey, 2018

Deworming

Only 13.1% children aged between 24-59 months were reported to have been given deworming medication, according to the National Nutrition Survey (2018). Surprisingly, the coverage was stated to be the highest in Gilgit-Baltistan and lowest in Islamabad, ICT.¹³

Region	Deworming Coverage
Punjab	14.1%
Sindh	13.2%
Balochistan	9.8%
Khyber Pakhtunkhwa	11.4%
KP-Newly Merged Districts	6.7%
Islamabad, ICT	6.5%
Gilgit-Baltistan	14.2%
AJK	10.2%

Source: National Nutrition Survey, 2018

¹³<https://www.unicef.org/pakistan/media/1951/file/Final%20Key%20Findings%20Report%202019.pdf>

Immunization and Vaccinations

According to the World Health Organization (WHO)'s immunization guidelines, children are considered immunized when they receive the specified doses of BCG against tuberculosis, DPT against diphtheria, pertussis and tetanus, OPV, polio and measles vaccines.

The 2018 PDHS reveals that overall 66% of the children aged 12-23 months had received all basic vaccines.¹⁴ The patterns of immunization in Pakistan show that 71% of children from urban areas received all the basic vaccines, as compared to their rural counterparts(63%).

Girls are slightly less likely to receive all the basic vaccines than boys, at 63% and 68%, respectively. The Table below indicates the regional variations in basic vaccine coverage.

Region	Vaccination Coverage
Punjab	80%
Sindh	49%
Balochistan	29%
Khyber Pakhtunkhwa	55%
KP-Newly Merged Districts	30%
Islamabad-ICT	68%
Gilgit Baltistan	57%
AJK	75%

Source: Pakistan Demographic Health Survey, 2018

¹⁴<https://dhsprogram.com/pubs/pdf/FR354/FR354.pdf>

Polio

Pakistan is one of the three remaining polio-endemic countries in the world, along with Afghanistan and Nigeria¹⁵. Pakistan through intensive planning and coordination; has no doubt made a tremendous progress towards polio eradication, with lowest ever number of confirmed wild poliovirus (WPC) cases reported last year¹⁶.

Polio in Pakistan is a highly infectious viral disease which mainly affects young children¹⁷. The polio virus is transmitted by person to person through the faecal-oral route or contaminated water or food and thereafter the virus multiplies and cause paralysis¹⁸. There is no cure for polio and it can only be prevented through immunization.

Since the launch of the Pakistan's Polio Eradication Programme in 1994, there has been a massive decline in polio cases in Pakistan from approximately 20,000 every year in the early 1990s to only eight cases in 2017¹⁹. The polio programmes conduct vaccination campaigns to reach the vulnerable children across the country through enhanced surveillance and dedicated frontline workers.

Pakistan Polio Eradication Program also vaccinated children who were travelling or on the move, through permanent transit points nationwide which vaccinated a total of around 1.7 million children²⁰. The program also coordinated with Afghan polio eradication program to synchronize immunization activities because of the frequent population movements²¹.

In April 2018, Government launched a nationwide polio vaccination drive to reach 38.7 million children to eradicate the paralyzing and potentially deadly virus²². Still eight poliovirus cases were reported

¹⁵ <http://www.endpolio.com.pk/polioin-pakistan>

¹⁶ <http://www.endpolio.com.pk/images/Stories/NEAP-2018-2019.pdf>

¹⁷ <http://www.endpolio.com.pk/polioin-pakistan>

¹⁸ <http://www.endpolio.com.pk/polioin-pakistan>

¹⁹ <http://www.endpolio.com.pk/polioin-pakistan>

²⁰ <http://www.endpolio.com.pk/polioin-pakistan/eradication-strategy>

²¹ <http://www.endpolio.com.pk/polioin-pakistan/eradication-strategy>

²² <https://tribune.com.pk/story/1732361/1-pakistan-fails-achieve-polio-free-target-2018/>

in 2018 out of which three were from Dukki district (Balochistan), one from Charsadda district (KPK), three from Bajaur tribal district (KPK) and one from Gadap Town (Karachi, Sindh)²³. It must be taken in to account that Balochistan is the very province where the vaccination teams have been attacked several times and one of them was gun downed in 2018 too.

Our highest acknowledgement and commendation goes to the brave women and men who work in the polio eradication programme all over Pakistan, despite the life-threatening risks they face or number of their colleagues who have laid down their lives over and above the call of duty.

Pakistan Polio Eradication Initiative at a glance:

No. of Children reached (under the age of 5)	38.6million
Frontline workers engaged	260,000
Social Mobilizers engaged	2100

Region	No. of Wild Polio Cases	No. of Infected Districts
Punjab	0	3
Sindh	1	11
Balochistan	3	5
KP	1	6
KPTD	3	2
GB	0	0
Islamabad	0	1

Source: Pakistan Polio Update – October, 2018²⁴

²³ <http://www.endpolio.com.pk/polioin-pakistan>

²⁴ <http://polioeradication.org/news-post/pakistan-polio-update-october-2018/>

HIV/AIDS

According to the UNAIDS 2018 data, of the estimated 37.9 million people living with HIV worldwide in 2018, 2.8 million were children aged 0-19.²⁵ Each day in 2018, approximately 980 children became infected with HIV and approximately 320 children died from AIDS-related causes, mostly because of inadequate access to HIV prevention, care and treatment services.²⁶

The table below shows UNAIDS 2018 estimates of HIV and AIDS prevalence in Pakistan during 2018.

Adults aged 15 and over living with HIV	160,000
Children aged 0 to 14 living with HIV	5,500
Children aged 0 to 14 newly infected with HIV	1,400
Deaths due to AIDS among adults aged 15 and over	5,600
Deaths due to AIDS among children aged 0 to 14	<1,000

Source: UNAIDS Country Factsheets Pakistan 2018

Tuberculosis:

Tuberculosis (TB) is one of the top ten causes of death worldwide²⁷. According to Global Tuberculosis Report 2018, an estimated 10 million people fell ill with TB in 2017 and 1.6 died of the disease. In the same year, 1 million children below the age of 15 were estimated to become ill with TB out of which 0.23million children died of the disease²⁸.

Pakistan has been ranked fifth among B high-burden countries worldwide and the country has also been estimated to have the fourth highest prevalence of multidrug-resistant TB (MDR-TB) globally²⁹. In Pakistan, 0.5 million TB cases have been reported to emerge every year³⁰.

²⁵<https://data.unicef.org/topic/hivaids/global-regional-trends/>

²⁶<https://www.unaids.org/en/regionscountries/countries/pakistan>

²⁷ <https://www.who.int/en/news-room/fact-sheets/detail/tuberculosis>

²⁸ <https://www.tbfacts.org/tb-children/>

²⁹ <http://www.emro.who.int/pak/programmes/stop-tuberculosis.html>

³⁰ <http://www.emro.who.int/pak/programmes/stop-tuberculosis.html>

The National TB Control Program of Pakistan, in line with WHO's End TB Strategy has developed a strategic plan 2017 – 2020 with innovative methodologies, expanding partnerships, and multi sectoral approaches by engaging the different stakeholders. Ending the TB epidemic by 2030 is among the health targets of the Sustainable Development Goals too which Pakistan is a signatory to.

The people with compromised immune system, malnutrition, diabetes or people who use tobacco are have a much higher risk of falling ill³¹. The source of TB infection among children is usually an adult in their house who either has active TB or infectious coughing and also through communal settings like schools³². Children with severe malnutrition, HIV infection, under 5 years of age and living in the same household as a person with smear positive TB which can be treated by the use of BCG vaccine³³.

According to National TB Control Program's Tuberculosis Surveillance Review of 2017's fourth quarter, the percentage of children among all TB incident cases was 12% and was highest among GB with 47%³⁴. The childhood incident TB was lowest among ICT, AJK and Punjab with 6% and was 15%, 16%, 30% and 32% in Balochistan, Sindh, FATA and KP respectively³⁵.

Estimated TB incidences by Age and Sex, 2017

Age	Gender	
	Females	Males
0-14 years	27000	30000
> 14 years	207000	261000

Source: WHO's Tuberculosis Country Profile, Pakistan – 2017³⁶

³¹ <https://www.who.int/en/news-room/fact-sheets/detail/tuberculosis>

³² <https://www.tbfacts.org/tb-children/>

³³ <https://www.tbfacts.org/tb-children/>

³⁴ http://ntp.gov.pk/uploads/pi/NTP_Data_Q4_2017.pdf

³⁵ http://ntp.gov.pk/uploads/pi/NTP_Data_Q4_2017.pdf

³⁶ https://extranet.who.int/sree/Reports?op=Replet&name=%2FWHO_HQ_R eports%2FG2%2FPROD%2FEXT%2FTBCountryProfile&ISO2=PK&LAN =EN&outtype=html

Estimates of TB burden, 2017

TB Burden	Number of People Affected
Mortality (excludes HIV + TB)	54000
Mortality (HIV + TB only)	2200
Incidence (includes HIV + TB)	525000
Incidence (HIV + TB only)	7200
Incidence (MDR/RR-TB)	26000

Source: WHO's Tuberculosis Country Profile, Pakistan – 2017

Diarrhoea

The PDHS 2018 data shows a decline in the prevalence of childhood diarrhoea in the past five years: 19% among children under the age of 5, and an improved trend of parents seeking treatment for their child's diarrhoea (71%).

The prevalence of diarrhoea among children under 6 months of age is 21%, among children aged between 6-11 months it is 31%, and it decreases after the first year (9%).

Diarrhoea is far more prevalent among children living in households with unimproved sanitation and inadequate, shared toilet facilities, than among children with better toilet facilities and sanitation.

According to the PDHS 2018 data, the prevalence of diarrhoea is higher in Punjab and Khyber Pakhtunkhwa (21% each) and lower in Sindh (14%).

The percentages of children said to be receiving treatment for diarrhoea in rural and urban areas were 69% and 75% respectively.³⁷

³⁷<https://dhsprogram.com/pubs/pdf/FR354/FR354.pdf>

Pneumonia:

Pneumonia remains the leading infectious cause of death among children under five, killing approximately 2400 children a day. It accounted for approximately 16% of the 5.6 million under-five deaths, killing around 0.8 million children in 2016 where most of the victims were less than 2 years old³⁸.

According to World Health Organization's estimates, 99% of children who die of pneumonia live in developing countries³⁹. No disease kills more children aged less than five years than pneumonia⁴⁰.

On World Pneumonia Day 2018 it was flagged that despite of the free vaccination in Pakistan, Pneumonia kills as many as 92000 children under the age of five, every year⁴¹. The estimated figures reflected in many Pakistani studies tell us that the (annual) incidence of ARI (Acute Respiratory Infection) in Pakistani children aged less than five years is 4% in the community a group constituting roughly 22% of the country's population of 160 million. Taking this 4% figure, we can calculate that there are 15 million episodes of ARI every year among under-fives⁴².

Pakistan was the first South-Asian country to introduce Pneumococcal Conjugate Vaccine in Pakistan's Expanded Program on Immunization (EPI) in 2012 to prevent people from pneumonia and reduce children's death toll⁴³.

³⁸ <https://data.unicef.org/topic/child-health/pneumonia/>

³⁹ <https://www.thenews.com.pk/print/392512-pneumonia-kills-92-000-pakistani-children-every-year>

⁴⁰ <http://www.epi.gov.pk/vaccine-preventable-diseases/pneumonia/#heading-4>

⁴¹ <https://www.thenews.com.pk/print/392512-pneumonia-kills-92-000-pakistani-children-every-year>

⁴² <http://www.epi.gov.pk/vaccine-preventable-diseases/pneumonia/#heading-4>

⁴³ <https://www.thenews.com.pk/print/392512-pneumonia-kills-92-000-pakistani-children-every-year>

Fever

Fever is a major manifestation of *inter alia*, malaria, pneumonia, acute respiratory and other infections in children.⁴⁴ During the PDHS survey process in 2017-18, around 38% children under the age of 5, were reported to have fever, of whom 81% were reported to have received treatment from a health facility and 39% were said to have received antibiotic drugs.⁴⁵

Substantial improvement is seen from the previous PDHS data, in the percentage of children for whom advice or treatment for fever was sought from a health facility or service provider. The trends also show that prevalence of fever among children under 6 months of age is 34%, 6-11 months is 48%, and it declines thereafter.⁴⁶

The prevalence of fever is similar in both rural and urban areas; however urban children are slightly more likely to receive treatment (85%), as compared to children living in rural areas (80%). The latter figure appears to be somewhat optimistic, given the observable state of rural health facilities and service providers.

Tobacco:

According to the findings of Global Health Tobacco Survey, 2014 in Pakistan daily around 1200 children daily start smoking. Pakistan ranks 54th amongst 84 countries with high prevalence of Tobacco smoking, said Minister for National Health Services, Regulations and Coordination Ms. Saira Afzal Tarrar in a session with Senate⁴⁷. The Tobacco Atlas Factsheet shows that each year more than 0.16 million people are killed by Tobacco-caused illness. Still more than 0.12million children aged between 10-14 years and around 14million adults aged 15 years and above continue to use tobacco each day⁴⁸.

⁴⁴<https://dhsprogram.com/pubs/pdf/FR354/FR354.pdf>

⁴⁵https://www.nips.org.pk/abstract_files/PDHS%20-%202017-18%20Key%20indicator%20Report%20Aug%202018.pdf

⁴⁶https://www.nips.org.pk/abstract_files/PDHS%20-%202017-18%20Key%20indicator%20Report%20Aug%202018.pdf

⁴⁷ <https://www.pakistantoday.com.pk/2018/04/12/pakistan-ranked-54th-in-terms-of-high-tobacco-smoking-senate-told/>

⁴⁸ <https://tobaccoatlas.org/country/pakistan/>

In Pakistan, more than 12.9 million (20.6%) men above the age of 15 years smoke cigarettes each day; however 86.5 thousand (0.86%) boys between the ages of 10 – 14 years smoke cigarettes each day, making it an ongoing and dire public threat⁴⁹. Moreover 1.2million (2%) females above the age of 15 and 0.42% females between the ages of 10 – 14 years, smoke cigarettes each day⁵⁰. Other than cigarettes the tobacco is consumed in the form of cigars, e-cigarettes (vapes), pipes (hookah and sheesha) and snuff (naswaar), pan and ghutka etc as smokeless tobacco⁵¹.

Ministry of National Health Services Regulations & Coordination has recently initiated a strategy to enhance efforts to reduce the prevalence of tobacco use in any form in the country by urging all tobacco manufacturers to print new Pictorial Health Warning (PHW) on cigarette packs and outers⁵². The size of new warning has been increased to 60% and it will be printed on both sides of the cigarette pack and outers, the youth of Pakistan is being targeted with this strategy of implementing Pictorial Health Warning.

The government is also committed to fulfill its international commitment by taking demand and supply reduction measures as more than five thousand Pakistani are admitted in to hospitals everyday because of the tobacco use⁵³.

Pakistan's Prohibition of Smoking and Protection of Non-smokers Health Ordinance 2002, includes measures to stop people from smoking on public places, ban on access to tobacco products near educational institutes, restriction on sale of loose cigarettes and sale to those who are under 18⁵⁴. Pakistan is also a signatory to the World Health Organization's Framework Convention on Tobacco Control since 2005 (FCTC), under which it took a pledge to ensure smoke-free

⁴⁹ <https://tobaccoatlas.org/country/pakistan/>

⁵⁰ <https://tobaccoatlas.org/country/pakistan/>

⁵¹ <https://www.fda.gov/consumers/consumer-updates/recognize-tobacco-its-many-forms>

⁵² http://www.finance.gov.pk/survey/chapters_19/11-Health%20and%20Nutrition.pdf

⁵³ <http://www.tcc.gov.pk/fact.php>

⁵⁴ http://www.senate.gov.pk/uploads/documents/1468938142_989.pdf

public places, reduce tobacco advertising and promotion and to raise tobacco taxation and pricing.

Breastfeeding

A common cause across all forms of malnutrition is a suboptimal diet (including inadequate breastfeeding for babies). Global Nutritional Report – 2019 assessed 194 countries for analysis out of which only 31 were on track for increasing the rate of exclusive breast feeding for the babies under six months old and 13 other countries somehow showed some progress.⁵⁵ However the data of 130 countries was totally missing and some 20 countries were showing no progress in fact the situation was even worsening in most of them. It has been reflected that in different countries access of children to nutritious diet varies according to their settlements; rural and urban and income groups.

Breastfeeding not only improves health of the child but mothers also; by decreasing the risk of developing breast cancer, ovarian cancer, type 2 diabetes and also boosts the cardiovascular health⁵⁶. It has been estimated that breast feeding not only aids in birth spacing but increased breastfeeding could also avert 20,000 maternal deaths around the world each year by due to breast cancer⁵⁷.

In Pakistan, *Protection of Breastfeeding and Child Nutrition Ordinance, 2002* exists that provides protection and promotion of breastfeeding and nutrition for infants and young children⁵⁸. In 2015, the KP assembly has also enacted the *Khyber Pakhtunkhwa Protection of Breastfeeding and Child Nutrition Act, 2015* to ensure safe and adequate nutrition for infants and young children and regulate and restrict marketing and inappropriate promotion of products like breast

⁵⁵ https://www.who.int/nutrition/globalnutritionreport/2018_Global_Nutrition_Report.pdf?ua=1

⁵⁶ <https://www.nytimes.com/2018/10/26/well/family/breast-feeding-is-good-for-the-mother-and-not-just-the-baby.html>

⁵⁷ <https://www.who.int/nutrition/publications/infantfeeding/global-bf-scorecard-2018.pdf>

⁵⁸ <http://www.helpngo.org.pk/legislation/ordinance-2002.pdf>

milk substitutes⁵⁹. However the country does not have compliance with ILO's *Maternity Protection Convention, 2000 (C183)*⁶⁰ and *Maternity Protection Recommendation, 2000 (R191)*⁶¹ which if ratified, could help in improving the nutrition and well being of women and children in Pakistan and reducing the overall health burden.

According to UNICEF and WHO's collective Global Breastfeeding Report 2018, 28.7% of districts in Pakistan implement community based nutrition, health or other programs with IYCF (Infant and Young Child Feeding) counselling and 21.9% of primary health care facilities offer individual IYCF counselling⁶². However hospitals and maternities that were considered to be baby friendly and have enabling environment for birth were 31.3%⁶³.

Early Initiation <1 hour	19.60%
Rates of Exclusive breastfeeding at 0 – 5 months	47.50%
Rates of continued breastfeeding at 1 year	69.60%
Rates of continued breastfeeding at 2 years	53.40%
Births in Baby Friendly Hospitals & Maternities	31.3%
Districts implementing community programs	28.7%
Primary healthcare facilities with individual IYCF counseling	21.9%

Source: Global Breastfeeding Scorecard - 2018

⁵⁹ <http://kpcode.kp.gov.pk/homepage/lawDetails/840>

⁶⁰

https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:C183

⁶¹

https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100::NO:12100:P12100_ILO_CODE:R191:NO

⁶² https://www.unicef.org/nutrition/index_100585.html

⁶³ https://www.unicef.org/nutrition/index_100585.html

As a percentage of the GDP, health expenditure has improved very slightly – from 0.91% in FY2016-17, to 0.97% in FY2017-18. During FY2018-19(July-March) it increased by 0.53%, compared to 0.49% during the corresponding period in the previous fiscal year.⁶⁹

Federal Expenditures

The federal government's total public health sector expenditure during FY2018-19 (July-March) was PKR12.4 billion, which shows a decrease of 10% in health expenditure as compared to FY2017-18.⁷⁰

Punjab

The Punjab government's total public health sector expenditure during FY2018-19 (July-March) was PKR90.1 billion, which shows a decrease of 8.2% in Punjab's health expenditure as compared to the previous fiscal year.⁷¹

Out of the PKR2026.51 billion Punjab budget for public service delivery and investments, PKR284.6 billion was allocated for the Health sector, of which PKR134.4 billion was earmarked for specialized healthcare and medical education, and PKR123.8 billion for primary and secondary health services.⁷²

Key health initiatives in Punjab include⁷³:

- 1) Health Insurance Programme: expansion of geographic spread and coverage to provide free treatment to the lowest income and poor strata, in both public and private hospitals – it was PKR40 billion in FY2018-19.
- 2) Strengthening the Extended Programme of Immunization: PKR 4.3 billion in FY2018-19.
- 3) Programmes for prevention of non-communicable diseases.

⁶⁹http://finance.gov.pk/survey/chapters_19/Economic_Survey_2018_19.pdf

⁷⁰http://finance.gov.pk/survey/chapters_19/Economic_Survey_2018_19.pdf

⁷¹http://finance.gov.pk/survey/chapters_19/Economic_Survey_2018_19.pdf

⁷²<https://finance.punjab.gov.pk/system/files/cb2018192.pdf>

⁷³<https://finance.punjab.gov.pk/system/files/cb2018192.pdf>

Country Pakistan

GLOBAL BREASTFEEDING COLLECTIVE



Pakistan

Breastfeeding Outcome



Enabling environment and reporting



Donor Funding (USD) Per Live Birth:
\$0.52 was allocated per child by donor funding in 2013.



Legal Status of the Code:
Full provisions in law: countries have enacted legislation or adopted regulations, decrees or other legally binding measures encompassing ..



Compliance with C183 and R191:
Legislation mandates 12 weeks of maternity leave with 100% of previous earnings paid for by employer funds.



% Births in Baby Friendly Hospitals and Maternities:
31.3% of births occur in Baby Friendly Hospitals and Maternities.



% Primary Healthcare Facilities with Individual IYCF Counselling:
21.9% of primary healthcare facilities offer individual IYCF counselling.



% Districts Implementing Community Programs:
28.7% of districts implement community-based nutrition, health, or other programs with IYCF counseling.



Most Recent WBTi Breastfeeding Program Assessment:
The most recent WBTi assessment of the overall breastfeeding program was in 2009.



Most Recent Exclusive BF report:
Exclusive breastfeeding rates were last measured in 2018.

To download the Scorecard, methodology and references, please visit:
<https://www.who.int/nutrition/publications/infantfeeding/global-bf-scorecard-2019/e...>

Budgetary Allocations

Pakistan was placed at 150 among 189 countries in the UN's 2018 Human Development Index (HDI)'s annual rankings.

The HDI is measured by combining indicators of life expectancy, health and nutrition, educational attainment and income.⁶⁴ Pakistan's spending on health has been less than one percent of its GDP over the past several decades.⁶⁵

According to the Pakistan Economic Survey (2018), the infant, maternal and under-five mortality rates have slightly decreased over the years; however the population growth rate has remained high at 2.4% per annum, as per the 2017 census results.⁶⁶

Cumulative health expenditures by the federal and provincial governments during FY2018-19 increased to PKR203.74 billion, which is much higher than the corresponding period in the previous fiscal year, which was recorded at PKR97.25 billion.⁶⁷

The current expenditure rate increased by 19.84%, from PKR149.97 billion to PKR179.72 billion, while the development expenditure rate **decreased** by 49.19%, from PKR47.28 billion to PKR24.03 billion.

The federal and provincial break-up of expenditures demonstrates that during July 2018 to March 2019, the Federal and Punjab health expenditures **decreased** by 10.0% and 8.2%, respectively, over the same period in the previous fiscal year.⁶⁸

On the other hand, Sindh, Balochistan and Khyber Pakhtunkhwa health expenditures **increased** by 22.2%, 18.4% and 10.5%, respectively.

⁶⁴<https://www.thenews.com.pk/print/369247-pakistan-ranks-150-in-un-s-human-development-index>

⁶⁵http://finance.gov.pk/survey/chapters_19/Economic_Survey_2018_19.pdf

⁶⁶http://finance.gov.pk/survey/chapters_19/Economic_Survey_2018_19.pdf

⁶⁷http://www.finance.gov.pk/survey/chapters_19/11-Health%20and%20Nutrition.pdf

⁶⁸http://www.finance.gov.pk/survey/chapters_19/11-Health%20and%20Nutrition.pdf

- 4) Integrated reproductive maternal, newborn and child health and nutrition programme: PKR2.0 billion.
- 5) Chief Minister's Stunting Reduction programme for 11 southern (Seraiki) districts of Punjab.
- 6) TB control and infection control programmes: PKR1.2 billion.
- 7) Prevention and control of Hepatitis: PKR1.0 billion.
- 8) Enhanced HIV/AIDS Control Programme in Punjab.
- 9) Launch of project for revamping of Emergency wards in 13 hospitals.
- 10) Upgradation of District Headquarters Hospitals (DHQs) at Dera Ghazi Khan, Gujranwala, Sialkot and Sahiwal.
- 11) Provision of dialysis machines in hospitals.
- 12) Procurement of MRI machines, ventilators and ICU equipment.

Sindh

The Sindh government's total public health sector expenditure during FY2018-19 (July-March) was PKR62.5 billion. This allocation to the Health sector shows an increase of 22.2% over the FY2017-18 allocation of PKR51.1 billion.⁷⁴

The provincial government allocated PKR96.38 billion for the health sector for FY 2018-19 for the following projects: PKR12.5 billion for overall development of the health sector; and PKR50 billion were

⁷⁴http://finance.gov.pk/survey/chapters_19/Economic_Survey_2018_19.pdf

earmarked separately as a block allocation in the Annual Development Plan (ADP) for new projects.

During 2018, the government completed 68 new infrastructure projects at a cost of PKR5.12 billion, including Rural Health Centres (RHCs), Trauma-cum-Emergency Centres; construction of warehouses at all Divisional headquarters for provision of cold storage facilities; four RHCs upgraded to THQ Hospitals and the establishment of a Cancer Ward at the Nuclear Institute of Medicine and Radiotherapy (NIMRA) at Jamshoro, at a cost of PKR1.086 billion.

Khyber Pakhtunkhwa

Khyber Pakhtunkhwa increased its Health sector allocation by 10.5%, to PKR23.5 billion during FY2018-19 (July-March).⁷⁵

The government improved the health insurance scheme “SehatSahoolat” cards, by expanding service delivery to 2.4 million households, with claims of provision of free health services to 70% of the low income population of the province.

106 public and private hospitals are participating in the health insurance programme, with PKR 2.64 billion spent under the category of “free health services provision”.

The government undertook improvements in healthcare service delivery by increasing the number of healthcare service providers in the public sector. During FY2018-19, 8,800 new medical personnel were recruited, with around 930 doctors in the district hospitals, 500 managers and 400 dental surgeons.

Balochistan

The Balochistan government’s public health sector expenditure during FY2018-19 (July-March) was PKR15.2 billion, which shows an increase of 18.4% over the previous FY2017-18 expenditure.⁷⁶

⁷⁵http://finance.gov.pk/survey/chapters_19/Economic_Survey_2018_19.pdf

⁷⁶http://finance.gov.pk/survey/chapters_19/Economic_Survey_2018_19.pdf

The health sector in Balochistan is still struggling to provide adequate healthcare services in the rural areas, due to a chronic shortage of service providers, who prefer to work in the provincial capital Quetta, and are unwilling to work and live in the rural areas. This negatively impacts the health status of the rural population, especially children and women.

The provincial Health Department's Health Sector Strategy (2013-2018) ended in mid-2018.

In August 2018, the post-elections newly established provincial government decided to take strategic initiatives to address the challenges of healthcare service delivery, quality of care, lack of adequately trained and skilled health workforce, aiming to ensure adequate health coverage for the rural poor and vulnerable population in the province.

Overall Health Services and new Programmes

Two new documents were prepared and approved by the federal Ministry of National Health Services, Regulations and Coordination (MoNHSRC):

1. Action Plan (2019-2023).
This Plan prioritizes strategic actions to address the grave challenges in the Health sector of Pakistan, enunciating health sector reforms. It also aims at progress towards achieving the health-related Sustainable Development Goals (SDGs), Universal Health Coverage (UHC) and International Health Regulations (IHR).
2. Islamabad/ICT Health Strategy (2019-2023).
This is an Islamabad-specific health strategy, aimed at the provision of quality, integrated health services in the ICT over the next 5 years.

Conclusion

It remains to be seen how much and how many of all the above new health initiatives, plans, strategies, projects, programmes, and budgetary allocations are specifically focused on children, especially on child nutrition and mental health.

Rural children require particular attention, as do differently-abled children (CWDs), TGI children, and children with special needs in Pakistan.

It is imperative for improving child health and nutrition status in Pakistan, that provincial Population policies, laws, plans and programmes are implemented in coordination and cooperation with those in the Health sector. Preferably, they need to be merged together at all tiers of the primary, secondary and tertiary service provision outlets, as well as through the rural outreach personnel. This will require extraordinary political will and bureaucratic cooperation. But it can be done.

Improving Pakistani child survival, health and nutrition status, needs everyone's urgent attention, expert inputs, earmarked budgets, and sustained political commitment. All of us need to accord it the highest priority and focus of our attention.