Introduction

Pakistan being a signatory to the Sustainable Development Goals (SDGs), is obligated to use these to frame its development agendas and socio-economic policies, during the set time frame leading up to 2030. Pakistan has incorporated 169 targets under the SDGs into national long-term planning frameworks such as Vision 2025 and the National Health Vision 2016-2025. Of particular relevance in this case, the National Health Vision 2016-2025[1], formulated in view of SDG attainment must be commended for its sector-wide strategic direction and its emphasis on improved governance to facilitate improved health-centric measures. Based on achieving the goals of improved health, responsiveness, social protection, and efficiency, it provides a general framework for achievement of policy targets by emphasizing better utilization of funds, equitable distribution of resources and regulation of services. The document does however, fall short on account of proposing specific targets and indicators of success, which is left for the provinces to formalize, given the devolved responsibilities of the health sector after the 18th Amendment.

As per the SDGs, by 2030, Pakistan is supposed to "end hunger and ensure access for all, especially for the poor and vulnerable, to nutritious and sufficient food the year round – Goal 2." In order to achieve this Herculean target, the government needs to end malnutrition by targeting food insecurity and poverty. Similarly, with respect to Goal 3 –which seeks to promote good health and well-being, challenges for Pakistan abound with high maternal and infant mortality rates. The country also faces a significant Burden of Disease, which includes but is not limited to communicable and non-communicable diseases. Poor immunization coverage and adequate access to healthcare remain endemic problems, making prevention and eradication of these diseases difficult. Low budgetary allocations for health at the provincial and federal level and poor regulation and monitoring mechanisms, further compromise the quality of healthcare available to certain vulnerable groups.

[1]National Health Vision Pakistan 2016-2025, Ministry of National Health Services, Regulation and Coordination, 2016:http://www.nationalplanningcycles.org/sites/default/files/planning_cycle_repository/pakistan/national_health_vision_2016-25_30-08-2016.pdf

This chapter will provide an overview of the health sector in Pakistan, while specifically focusing on children's health in the country. In this context, the chapter will highlight the recent 2017-2018 provincial and federal level budgetary allocations for health. It will further highlight the impact of poor child and maternal nutrition, child and maternal mortality and preventable diseases on child health in Pakistan and how the country has fared thus far, in light of meeting national and international commitments.

Budget Allocation

Federal Budget Allocation for Health

The federal government earmarked PKR 54 billion for the Health Ministry in the budget for the fiscal year 2017-18, which is an increase of 80% from the PKR 30 billion allocated for the ministry last year[2]. Under the head of Health Affairs and Services, a total allocation of PKR 12.8 billion has been made in the budget estimates for 2017-18, which is higher by 6.1% and 3.8% when compared with budget and revised estimates 2016-17, respectively. The allocation for Hospital Services forms the major component under this classification[3].

With polio, being one of the major issues still plaguing the country, the government has allocated PKR 7.4 billion for the Expanded Programme on Immunisation (EPI) under the Public Sector Development Programme (PSDP). The National Programme for Family Planning and Primary Healthcare is set to get around PKR 16.4 billion, while the National Maternal, Neonatal and Child Health Programme (MNCH) will get around PKR 1.04 billion.

The government has pledged a further PKR 684 million for the PM's programme to prevent and control malaria, while PKR 3 million has been set aside for the PM's National Health Programme. Funds worth PKR 7.705 billion have been set aside for the Population Welfare Programme of provinces[4].

[2] "Health Budget Up by 80% in 2017-18": https://tribune.com.pk/story/1420327/health-budget-80-budget-fiscal-year-2017-18/
[3] Federal Budget in Brief 2017-18, Government of Pakistan, Finance Division, Islamabad, June 2017.
[4] "Health Budget Up by 80% in 2017-18": https://tribune.com.pk/story/1420327/health-budget-80-budget-fiscal-year-2017-18/

A new programme for hospitals will receive PKR 8 billion, PKR 12.5 billion are to be allocated to “Clean Drinking Water for All” and the Ministry of National Health Services, Regulations and Coordination is to receive PKR 49 billion[5].

Punjab

In the Health Sector, an amount of PKR 226.7 billion has been allocated in Punjab for the F.Y. 2017-18, a hefty amount which surpasses allocations made by all other provinces in absolute terms. Of this, the current revenue expenditure for Health is PKR 111 billion which makes it 10.88% of the total budget, while the development expenditure amounts to PKR 42 billion.

The allocations made to the Health Department show an increase of 58.4% over the F.Y. 2016-17 allocations going up from PKR 70 million to PKR 111 million.

In order to improve service delivery, Government of Punjab bifurcated the Health Department into two separate departments; (i) Specialized Health Care and Medical Education Department (SH&ME) and (ii) Primary and Secondary Healthcare Department (P&SH) in 2016-17.

Following this, an allocation of PKR 51.808 billion has been made for the Primary and Secondary Healthcare Department, of which PKR 25 billion is development and PKR 26 billion is non-development expenditure. The revenue component of P&SH is 81%, while major targets and new initiatives for the year have included: revamping of all DHQ (District Headquarter) Hospitals in Punjab; revamping of all THQ (Tehsil Headquarter) Hospitals in Punjab; establishment of Punjab Health Information System; purchase of Mobile Health Units; focusing on preventive and promotive care, efforts to initiate and effectively implement programmes to control infectious diseases.

For SH&ME 2017-18, the total allocation of PKR 108 billion is made, of which the development budget is PKR 25 billion, while the non-development stands at PKR 82 billion. For Population Welfare Development, the total allocation is PKR 5.6 billion was made for the

[5] “PML-N Government Outlays Budget 2017-18”: https://www.dawn.com/news/1335556

C.F.Y., while other important initiatives involved an allocation of PKR 25 billion for Clean Drinking Water Project (Punjab *Saaf Pani* Programme) and improved water availability. Besides this, the Provincial Government has also initiated a comprehensive Health Insurance Scheme with an allocation of PKR 2 billion along with a substantial allocation of PKR 20 billion for the provision of free medicines in public sector hospitals[6].

Sindh

An allocation of PKR 100.32 billion was proposed as against an allocation of PKR 79.88 billion during the C.F.Y in Sindh, which is an increase of 26% from the F.Y. 2016-17. This includes an allocation of PKR 85.3 billion on revenue expenditure and PKR 15.4 billion (an increase of 7%) on development expenditure[7].

Other important measures include increase in budgets of the National Institute of Cardiovascular Diseases (NICVD) and for several other cardiac hospitals, namely Faryal Talpur Cardiac Surgery Complex Larkana, Benazir Bhutto Cardiac Hospital, Tando Mohammad Khan, to improve provision of services for underprivileged patients. With specific regard to children's health PKR 2.4 billion has been allocated for reduction of stunting and malnutrition through an Accelerated Action Programme called "*Sehatmand Sindh*". This aims to reduce stunting from 48% to 30% in the next 5 years. PKR 690.14 million has been allocated for strengthening and expanding the Extended Program for Immunization (EPI), PKR 900 million for Hepatitis Control Programme[8] and PKR 375 million for Mobile Health Care Units.

In order to improve the efficiency of grassroots health service delivery the Sindh government has allocated a supplementary PKR 2.4 billion to the Lady Health Workers (LHWs) Program and initiated an expansion of the program to spread it to hitherto uncovered areas with deployment of more than 2100 LHWs[9].

[6] White Paper Budget 2017-18, Government of the Punjab – Finance Department, June 2017.
[7] Sindh Budget 2017-18, Government of Sindh – Finance Department, June 2017: http://fdsindh.gov.pk/site/userfiles/Budget%202017-18/VOLUME%20I%202017-18/VOLUME%20I.pdf
[8] "Education and Health Sectors Given a Boost in Sindh Budget: https://www.dawn.com/news/1337629
[9] Sindh Budget Speech 2017-18, Government of Sindh.

Other initiatives include the establishment of Health Management Information System (HMIS) in hospitals to improve and regulate the systems for increased efficiency, monitoring and accountability.

Khyber Pakhtunkhwa (KP)

Allocation in budget estimates 2017-18 for Health Department in KP have also been increased by about 39% going from PKR 25 billion to PKR 35 billion. In addition, a sum of PKR 13 billion has been transferred to the district health offices. The current expenditure of PKR 35.5 billion constitutes PKR 23.6 billion allocated to the salaried component and PKR 11.9 billion to the non-salaried, while the developmental expenditure amounts to PKR 16.47 billion[10].

Based on directly trackable budget data from district current budget, an estimated PKR 53 million will be spent for providing mother and child health services during FY 2017-18. This accounts for 0.4% of the overall district health budget, while approximately 24% of the Annual Development Program is allocated to improve maternal and child health services amounting to PKR 4.18 billion. It is seen that primary and preventive care assumes the highest share (61%) in the total development budget, while PKR 913 million has been allocated to procure medicines for FY 2017-18[11]. In addition the amount of "*Sehat Insaaf*" cards has also been increased to provide coverage to 70% of the province's population[12].

KP government is giving special importance for development works in Public Health Engineering Department to improve and expand coverage of clean drinking water and sanitation facilities throughout the province. An allocation of PKR 5.1 billion has been made for current and future projects which propose new water supply schemes and rehabilitation of dilapidated pipe lines in villages[13].

[10] KP White Paper 2017-18, Government of KP – Finance Department, June 2017.
[11] Budget Brief 2017-18, Health Department, Government of KP: http://www.healthkp.gov.pk/wp-content/uploads/2017/11/Health-Budget-Brief-FY2017-18-DoH.pdf
[12] "KP Health Budget Increased by 39%": https://www.pakistantoday.com.pk/2017/06/07/kp-health-budget-increased-by-39pc/
[13] Ibid.

Balochistan

The budget estimates for the health department in Balochistan witnessed a meagre increase of 3.15% for FY 2017-18 with the total allocation amounting to PKR 18 billion.

Expenditures on Health Services relate to the government's commitment towards provision of primary, secondary and tertiary health care services to the masses through various types of health facilities, such as Basic Health Units, Rural Health Centers, and Civil Hospitals, District and Divisional Headquarter Hospitals and Tertiary hospitals. Current Revenue Expenditure in this sector also includes allocations for provision of medicine, purchase of machinery, running of preventive programs and increased health professional allowance of doctors[14].

Sustainable Development Goals

Specific goals and targets of the SDGs which pertain to health are highlighted in this section along with Pakistan's progress during the year 2017-18 towards achieving them.

Goal 2: Zero Hunger

"End hunger, achieve food security and improved nutrition, and promote sustainable agriculture".

In 2017, Pakistan was ranked 77th out of 113 countries on the Global Food Security Index, moving up by 2 points from its previous position of 79th[15]. In spite of this modest progress the report highlighted that Pakistan spends only around 3.7% of its national budget on nutrition interventions, despite having around 52% of its population affected by micronutrient deficiencies. Further discouraging trends noted that the country had not made any progress in reducing anemia, under-5 stunting, wasting, and obesity[16]. These can be attributed significantly to the fact that two-thirds of Pakistanis cannot afford a balanced diet.

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[14] Baluchistan White Paper Budget 2017-18, Government of Baluchistan – Finance Department, June 2017.
[15] Global Food Security Index: http://foodsecurityindex.eiu.com/Country/Details#Pakistan
[16] "Children in Pakistan, Not Properly Nourished": https://www.dawn.com/news/1377535/6pc-children-in-pakistan-not-properly-nourished-report

This unfortunate scenario hampers the attainment of the requisite targets of Goal 2, in particular, Target 2.2 which stands to “end malnutrition by 2030 and achieve the international targets of stunting and wasting in children of under 5 years, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons”.

Malnutrition

Malnutrition ranges from severe undernutrition to being overweight and obese. It can be a reflection of deficiencies in macronutrients, (carbohydrates, fats or proteins) or micronutrients (vitamins and minerals). It can be acute – resulting from an immediate crisis in food accessibility, inadequate nutrient intake and/or infection – or chronic, with cumulative deleterious effects over sustained periods. On the other hand, an excessive intake of food and calories and/or limited energy expenditure results in increased body weight and fat accumulation, can lead to diet-related non-communicable diseases and other health problems[17].

Maternal Health Indicators in Pakistan

Essential nutritional indicators for maternal health show that 52% of women between the ages of 15-49 have a prevalence of anemia, 5% of women of reproductive age are of short stature, 14% of over-20 women have a BMI[18] lower than the absolute minimum of 18.5, while 21% are overweight and 12% are obese[19]. If a pregnant woman is malnourished, in addition to this being detrimental to her life, her child is also likely to be born underweight, making her or him susceptible to infections, malnourishment, and eventual death. This anomaly can also contribute to fetal growth restriction (small size of the baby during pregnancy) which in turn, multiplies the risk of growth faltering and stunting in childhood.

[17] FAO, IFAD, UNICEF, WFP and WHO. 2017. The State of Food Security and Nutrition in the World 2017. Building resilience for peace and food security. Rome, FAO. Accessed at: http://www.fao.org/3/a-I7695e.pdf

[18] Body Mass Index: The Body Mass Index (BMI) is a value derived from the mass and height of an individual, while taking the age into consideration to determine whether the individual is in a healthy weight range.

[19] Countdown to 2030 Maternal, Newborn and Child Survival, Country Profile – Pakistan, “Women’s and Children’s Nutrition”: http://profiles.countdown2030.org/#/PAK

Maternal malnourishment also impacts breastfeeding practices. Inadequate feeding of infants can reduce their chances of survival, especially during the critical period from infancy to two years. According to UNICEF, ideally, infants should be breastfed within one hour of birth, breastfed exclusively for the first six months of life and continue to be breastfed up to 2 years of age and beyond. Breastfeeding supports infants' immune systems and may protect them later in life from chronic conditions such as obesity and diabetes. Beyond 6 months it can prevent under nutrition and reduce risk of diseases such as diarrhea and pneumonia[20].

Data from the Pakistan Demographic and Health Survey – PDHS (2012-2013) suggests that immediate breastfeeding is initiated in only 18% of all births, whereas exclusive breastfeeding is carried out for only 38% of infants younger than six months[21]. These statistics show the poor breastfeeding practices that persist in the country and can be said to have a correlation with the high prevalence of diseases (discussed below).

Child Nutritional Indicators in Pakistan

Stunting (chronic malnourishment) is defined as abnormally low height with a corresponding age cohort, and is the result of deprivation of micro-nutrients. When children are stunted before the age of 2, they are at higher risk of illness and are more likely to develop poor cognitive skills and learning abilities in later childhood and adolescence. This can later affect labour productivity, income-earning potential and social skills later in life, with consequences beyond the individual level[22]. According to the National Nutrition Survey 2011, one-third of all children are underweight, nearly 44% are stunted[23]. Provincial breakdown of stunting suggests approximately 40% of children in Punjab are stunted, 50% in Sindh,

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[20]UNICEF, Infant and Young Child Feeding: https://data.unicef.org/topic/nutrition/infant-and-young-child-feeding/

[21]"Malnutrition and Stunting in Pakistan", DAWN, Feb 10th, 2017: https://www.dawn.com/news/1296918

[22]FAO, IFAD, UNICEF, WFP and WHO. 2017. The State of Food Security and Nutrition in the World 2017. Building resilience for peace and food security. Rome, FAO. Accessed at: http://www.fao.org/3/a-I7695e.pdf

[23] Bhutta, Z., Soofi, S., Zaidi, S., Habib, A., Hussain, m. (2011). Pakistan National Nutrition Survey, 2011. Available at: http://ecommons.aku.edu/pakistan_fhs_mc_women_childhealth_paediatr/262

48% in Khyber Pakhtunkhwa, 52% in Balochistan, 58% in FATA, 32% in AJK and 51% in Gilgit[24].

Wasting (acute malnourishment) usually results from low birth weight, inadequate diet, poor care practices and infections and it can heighten the possibility of disease and death. Childhood obesity, or being too heavy for one's height, reflects a chronic process of excessive weight gain. Overweight children are at a higher risk of developing serious health problems, including Type 2 diabetes, high blood pressure, asthma and other respiratory problems, sleep disorders and liver disease. It can also increase the risk of diet-related non-communicable diseases, premature death, and disability in adulthood[25]. 11% children in Pakistan are wasted, while 5% are reported to be overweight[26].

Goal 3 – Good Health and Well-Being

The overall goal is to ensure healthy lives and promote wellbeing for all at all ages. The goals within the goal focus on reducing maternal mortality, neonatal and under 5 mortality and eradication of communicable and non-communicable diseases. Each relevant target is taken here individually to highlight Pakistan's progress through most recent available indicators.

Target 3.1: "By 2030, reduce the global maternal mortality ratio to less than 70 per 100 000 live births"

Maternal Mortality

Maternal mortality refers to deaths due to complications from pregnancy or childbirth. South Asia with a maternal mortality ratio of 182, or 66,000 maternal deaths a year, accounts for 22% of the global total. The Maternal Mortality Ratio (MMR) for Pakistan, as of 2015, stood at 178 per 100,000 live births[27]. There has been a decline of

[24] UNICEF, *Progress Report, Results for Children in Pakistan 2013-15 Stop Stunting*, July 2015: https://www.unicef.org/pakistan/Stop_Stunting.pdf

[25] FAO, IFAD, UNICEF, WFP and WHO. 2017. The State of Food Security and Nutrition in the World 2017. Building resilience for peace and food security. Rome, FAO. Accessed at: http://www.fao.org/3/a-I7695e.pdf

[26] Countdown to 2030 Maternal, Newborn and Child Survival, Country Profile – Pakistan, "Women's and Children's Nutrition": http://profiles.countdown2030.org/#/PAK

[27] WHO. World Health Statistics 2017 – ANNEX A Summaries of Selected Health-Related SDG Indicators: http://www.who.int/gho/publications/world_health_statistics/2017/EN_WHS2017_AnnexA.pdf?ua=1

about 4% in the average annual rate of MMR reduction between 1990 and 2015[28]. It was further reported that the Adolescent Birth Rate (per 1,000 women between the ages of 15-19) was 48. More worrisome statistics suggest regional and socio-economic disparities. A provincial breakdown of MMR in 2012 levels suggests, Punjab stands at 189, Sindh at 214, KP at 206 and Balochistan at a dismaying level of 999[29]. In addition, variations are found in urban and rural areas and within rich and poorer households.

Skilled Birth Attendance

According to UNICEF, a critical strategy for reducing maternal morbidity and mortality is ensuring that every baby is delivered with the assistance of a skilled birth attendant which generally includes a medical doctor, nurse or midwife. Worldwide, about one in four births (25%) take place without the assistance of a skilled birth attendant[30].

In Pakistan, only 52% of births are carried out by skilled attendants[31], with 71% of this being in urban areas and 44% in rural areas[32]. The data also shows that only 29% of the births with skilled attendants occurred in the lowest wealth quintile, while 85% occurred in the highest wealth quintile. 59% of newborns in the richest households receive Postnatal Care (PNC) within 2 days after birth, compared to 27% among the poorest households[33]. This suggests people belonging to the lowest income groups and in rural areas either do not have access to hospitals or there are social and cultural concerns which might be preventing the presence of skilled attendants.

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[28] UNICEF. Maternal and Newborn Health Disparities in Pakistan: https://data.unicef.org/wp-content/uploads/country_profiles/Pakistan/country%20profile_PAK.pdf
[29] Sattar, Wazir and Sadiq. *Prioritizing Family Planning for Achieving Provincial Maternal Child Health and Development Goals*. A Study Funded by The Maternal and Newborn Health Programme Research and Advocacy Fund (RAF) and Implemented by The Population Council. March 2014. http://www.popcouncil.org/uploads/pdfs/2014RH_PrioritizingFP_RAF-Report.pdf
[30] UNICEF, Maternal Health, Delivery Care: https://data.unicef.org/topic/maternal-health/delivery-care/
[31] Countdown to 2030 Maternal, Newborn and Child Survival, Country Profile – Pakistan, "Women's and Children's Nutrition": http://profiles.countdown2030.org/#/PAK
[32] UNICEF. Maternal and Newborn Health Disparities in Pakistan: https://data.unicef.org/wp-content/uploads/country_profiles/Pakistan/country%20profile_PAK.pdf
[33] Ibid.

Accordingly a direct correlation is seen between a mother's education level and the likelihood of delivery by a skilled attendant; in samples of women with higher education, 92% of the births were by skilled attendants while only 38% of deliveries among mothers with no education had a skilled attendant at birth[34].

Target 3.2 By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1000 live births and under-five mortality to at least as low as 25 per 1000 live births.

Child Mortality

Pakistan is one of the toughest places for children to survive. As per the Pakistan Demographic and Health Survey (PDHS)[35] 2012-13, 1 in every 14 Pakistani children dies before reaching the age of one. 1 in every 11 does not survive to his or her fifth birthday.

Given this progress the targets set in the SDGs become even more ambitious, which state lowering the under-five mortality to 25 deaths per 1,000 live births by 2030. According to WHO estimates, in Pakistan, Under 5 Mortality Rate is at 81.1 as per 1,000 live births while Neonatal Mortality Rate (NMR) stands at 45.5%[36], while NMR in rural areas is 62 per 1000 live births and 47 per 1000 in urban areas. Similar disparities are seen in wealthy and poor households.

Still birth rate (per 1,000 total births) is 43 and Under-5 deaths that are newborn is 57%[37]. However, it should be noted that these trends have been in consistent decline over the years; Infant Mortality Rates stood at 106.1 in 1990 and Under 5 Mortality Rates were at 138.6. Pakistan is still ranked among the countries with the highest stillbirth

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[34] Ibid.

[35] National Institute of Population Studies (NIPS) [Pakistan] and ICF International. 2013. Pakistan Demographic and Health Survey 2012-13. Islamabad, Pakistan, and Calverton, Maryland, USA: NIPS and ICF International.

[36] WHO. World Health Statistics 2017 – Annex B Tables of Health Statistics by Country, WHO Region and Globally: http://www.who.int/gho/publications/world_health_statistics/2017/EN_WHS2017_AnnexB.pdf?ua=1

[37] UNICEF. Maternal and Newborn Health Disparities in Pakistan: https://data.unicef.org/wp-content/uploads/country_profiles/Pakistan/country%20profile_PAK.pdf

rates, largely due to delays in receiving appropriate care from a skilled health worker[38].

Some of the factors which are shown to reduce child mortality include higher levels of the mother's education, preceding birth interval, size of child at birth, and family size. Child mortality is found to be significantly higher in Balochistan as compared to other regions, while child survival is found to be significantly higher for children who have been breastfed as compared to those who have not[39].

Target 3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases

HIV/AIDS

Country Factsheet	
PAKISTAN ǀ 2016	
HIV and AIDS Estimates	
Adults and children living with HIV	130 000 [120 000 - 150 000]
Adults aged 15 and over living with HIV	130 000 [110 000 - 150 000]
Women aged 15 and over living with HIV	40 000 [35 000 - 45 000]
Men aged 15 and over living with HIV	91 000 [80 000 - 100 000]
Children aged 0 to 14 living with HIV	3300 [2900 - 3800]

Source: UNAIDS – Country Factsheet Pakistan 2016 “HIV and AIDS Estimates”.

According to estimates given by UNAIDS, there are approximately 130,000 people living with HIV in Pakistan. Out of the total estimate, women aged 15 and above constitute 40,000 while men aged 15 and above make up 91,000, and children between 0-14 form 3300 of

[38]Save the Children Global Report “Ending Newborn Deaths: Ensuring Every Baby Survives” February 2014

[39] Ahmed, Kamal and Kamal, *Statistical Analysis of Factors Affecting Child Mortality in Pakistan*, Journal of the College of Physicians and Surgeons Pakistan 2016, Vol. 26 (6): 543-544. https://www.jcpsp.pk/archive/2016/Jun2016/24.pdf

these estimates[40]. The SDG target requires party states to end AIDS by 2030, which given the present trend does not seem achievable.

According to a nationwide survey of HIV/AIDS patients, it was shown that the number of HIV/AIDS patients in Pakistan increased by 39,000 since the last year[41]. A provincial breakup in the survey showed Pakistan's most populous province, Punjab, with the highest number of HIV/AIDS patients of 60,000, 52,000 patients were reported in Sindh and 11,000 in Khyber-Pakhtunkhwa, while 3 cases were reported in Balochistan. In the federal capital Islamabad, there were found to be 6,000 registered HIV/AIDS patients[42].Furthermore, only 8,888 of these registered patients were found to be receiving treatment, as of December 2016[43].

Populations at increased risk and vulnerability to HIV include prisoners, street children, migrant workers, truck drivers and specific occupational groups, and male and transgender sex workers. The highest prevalence rate is in fact found in the transgender community, which stands at 7.1%, with an even higher figure for transgender sex workers at 7.5%[44].

In Pakistan Children Affected by HIV and AIDS (CHABA) are defined by three criteria: 1) Children living in or coming from a family where one or more parents or primary caregivers are HIV positive, 2) Children who have lost one or more parents or primary caregivers due to AIDS, and 3) Children under 18 who are HIV positive.

Vulnerabilities which further increase the probability of children being susceptible to HIV/AIDS include children in institutional care, children whose parents are sex workers, drug addicts or in jail, children who are physically abused, exploited or neglected and children who have certain disabilities in a poor setting[45], while it is

[40] Pakistan UNAIDS. Country Factsheet 2016. HIV and AIDS Estimates: http://www.unaids.org/en/regionscountries/countries/pakistan
[41] "People Living with HIV/AIDS in Pakistan Survey, Tribune: https://tribune.com.pk/story/1520077/132000-people-living-hivaids-pakistan-survey/
[42] Ibid.
[43] "Resurgence of HIV in Pakistan", DAWN, Oct 5th, 2017: https://www.dawn.com/news/1361879
[44] Ibid.
[45] National AIDS Control Programme Federal Ministry of Health. 2010. *National Guidelines for the Care and Support of Children Affected by HIV and AIDS in Pakistan*: http://www.nacp.gov.pk/library/reports/Technical%20Guidelines/National%20Guidelines%20for%20C&S%20Children%20Affected%20by%20AIDS.pdf

further found that most of the children are reported to be infected by their mothers or through unsafe blood transfusions. There are no official figures for children affected by HIV/AIDS in Pakistan. UNAIDS estimates, however can be relied upon for an accurate picture to develop and implement necessary policy measures.

Tuberculosis (TB)

Tuberculosis (TB) is one of the top ten causes of death worldwide. Six countries account for 60% of the total TB cases worldwide, with India leading the count followed by Indonesia, China, Nigeria, Pakistan and South Africa. Pakistan, ranking fifth among high-burden countries worldwide, accounts for 61% of the TB burden in the WHO Eastern Mediterranean Region. The country is also estimated to have the fourth highest prevalence of MDR-TB[46]globally.

According to most recent available statistics Pakistan has an estimated TB incidence of 518,000 which includes 51,000 people under the age of 14 and 467,000 people over the age of 14, while estimated MDR/RR-TB cases number 15,000 [47]. Some of the major factors responsible for drug resistance form of TB include delays in diagnosis, unsupervised, inappropriate and inadequate drug regimens, poor follow-up and lack of a social support programme for high-risk populations.

Given Pakistan's pledge as per the SDGs Agenda, the National TB Control Program in Pakistan (NTP) aims to achieve 50% reduction in the prevalence of TB in the general population by 2025 in comparison with 2012. However, current reports of notified cases and treatment facilities seem bleak at best.

Under the NTP more than 3 million TB cases had been diagnosed & treated free of cost in 1,300 public sector TB care facilities during

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[46] Multi-**drug-resistant tuberculosis** (**MDR-TB**) is a form of **tuberculosis** (**TB**) infection caused by bacteria that are resistant to treatment with at least two of the most powerful first-line anti-**TB** medications (drugs), isoniazid and rifampin.

[47] WHO. Pakistan Tuberculosis Profile 2016. Data are as reported to WHO. Estimates of TB and MDR-TB burden are produced by WHO in consultation with countries. https://extranet.who.int/sree/Reports?op=Replet&name=%2FWHO_HQ_Reports%2FG2%2FPROD%2FEXT%2FTBCountryProfile&ISO2=PK&LAN=EN&outtype=pdf

2001-2015[48]. However, in recent years according to the NTP there has, worryingly been a decline in the number of notified cases vis-à-vis the previous year, while there is a decrease in the proportion of population previously treated in Punjab, KP, Balochistan and GB. A Senate sub-committee was recently informed that TB diagnostic services and essential medication for treating the disease were unavailable in hospitals in Balochistan and KP. Senators were also told that not even 1 out of 95 TB diagnostic mobile vans earmarked for both provinces was operational[49].

Malaria

In addition to the SDG commitments, the targets of the Global Technical Strategy for Malaria 2016–2030 (GTS) are

- to reduce malaria incidence and mortality rates globally by at least 90% compared with 2015 levels;
- to eliminate malaria from at least 35 countries in which malaria was transmitted in 2015;
- to prevent re-establishment of malaria in all countries that are malaria free.

Pakistan's national goals as per the Directorate for Malaria Control are to reduce the malaria burden by 75% in high and moderate endemic districts/agencies and eliminate malaria in low endemic districts of Pakistan, by 2020.

Pakistan's performance lags considerably in the proportion of population in malaria risk areas using malaria prevention and treatment measures as per Malaria Incidence (per 1000 population at risk), which stands at 8.6[50]. Sleeping under insecticide-treated mosquito nets (ITNs) on a regular basis is one of the most effective ways to prevent malaria transmission and reduce malaria related deaths, however it is reported that less than 1% of households own insecticide-treated nets in the country[51].

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[48] Pakistan Wins US Award for Combatting TB. DAWN, March 9th 2016: https://www.dawn.com/news/1246687
[49] "Fighting TB". DAWN. October 23rd 2017: https://www.dawn.com/news/1365558
[50] WHO. World Health Statistics 2017 – Annex B Tables of Health Statistics by Country, WHO Region and Globally: http://www.who.int/gho/publications/world_health_statistics/2017/EN_WHS2017_AnnexB.pdf?ua=1
[51] UNICEF. Pakistan Key Demographic Indicators: https://data.unicef.org/country/pak/

Malaria transmission in Pakistan traditionally follows a seasonal unstable pattern. According to the Directorate for Malaria Control, factors which further exacerbate the problem are the low immune status of the population in the lowest endemicity areas, poor socioeconomic conditions, poor water and sanitation facilities, mass population movements inter and intra country, natural disasters including floods and heavy rain fall in a few areas, lack of access to quality assured care at the most peripheral health settings, low antenatal coverage and internally displaced population (IDPs) crises in the agencies and districts along the western border[52].

Data obtained from the Directorate of Malaria Control shows the trend of prevalence of malaria in the country from the years 2009-2016.

Cases of Malaria Reported							
Province	Punjab	Sindh	KPK	FATA	Baloc histan	AJK	Pakistan
2009	4695	32403	25636	22056	45435	264	130489
2010	29046	69340	54278	32518	66241	316	251739
2011	19699	93306	75384	46149	84579	475	319592
2012	17522	114651	63494	30948	63733	433	290781
2013	9295	70269	98137	34116	69678	260	281755
2014	4993	47640	118512	35978	67836	190	275149
2015	3230	44728	65369	40494	48021	171	202013
2016	2868	63109	94100	88850	74858	239	324024

Source: Directorate of Malaria Control

In 2016, 324,024 confirmed malaria cases were reported through the National Malaria Disease Surveillance System. However, during the same period 3.1 million cases were clinically diagnosed and treated at public sector outpatient facilities and 34 deaths due to malaria were reported in 2016. The highest prevalence rates for the year 2016 appear to be in the region of Khyber Pakhtunkhwa (KP) (29%), followed by Federally Administered Tribal Areas (FATA) (27.4%) and Balochistan (23%)[53].

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[52] Directorate of Malaria Control. Ministry of National Health Services, Regulation and Coordination:
http://dmc.gov.pk/index.php?option=com_content&view=article&id=84&Itemid=84

[53] Ibid.

Immunization

Immunization is one of the most cost-effective public health interventions, which if availed has the potential of saving millions of lives and protecting countless children from illness and disability. Pakistan is to found to have the highest infant mortality rate (IMR) in South Asia due to low immunisation and vaccination coverage, which leads to numerous preventable deaths for under-5 year olds. Immunization coverage for Pakistan stood at 72% in 2016 for diphtheria-tetanus-pertussis (DTP3) vaccine, which left an estimated 1.4 million children unvaccinated[54].

During 2012-13 the Pakistan Demographic Household Survey (PDHS)[55] found that only 53.8% of children were fully vaccinated (i.e. immunized against all 9 VPDs[56]), with striking regional and provincial variations in provinces; ICT Islamabad had the highest percentage of children who were fully immunized (74%), Punjab showed an immunization coverage of 65.6%, Sindh of 29.1%, KP of 52.7% and Balochistan of an appalling 16.4%. The survey further highlighted that children residing in urban areas are more likely to be fully immunized (66%) than children in rural areas (48%).

Punjab, the most populous province in the country has taken the lead in driving the EPI programme forward. Independent surveys in the province show a 22% increase in immunised children over the past two years, from 65% (PDHS 2012/2013) to close to 90% today[57].

Sindh which has lacked far behind, mostly due to bad governance and poor planning, has recently shifted focus to improved child health and lower mortality. The scale-up is supported by WHO-Pakistan and Global Alliance for Vaccines and Immunisation which if implemented in its entirety could help reduce child mortality from

[54] UNICEF. Child Health "Immunization": https://data.unicef.org/topic/child-health/immunization/#
[55] National Institute of Population Studies (NIPS) [Pakistan] and ICF International. 2013. Pakistan Demographic and Health Survey 2012-13. Islamabad, Pakistan, and Calverton, Maryland, USA: NIPS and ICF International.
[56] Vaccine Preventable Diseases
[57] Khawar, Huma. *Shots in the Dark*. Newsline Magazine, Health/Medicine, September Issue 2017. http://newslinemagazine.com/magazine/shots-in-the-dark/

vaccine preventable diseases by improved data collection and monitoring of immunization[58].

Taking a step in the right direction the Khyber Pakhtunkhwa Provincial Assembly passed an amendment to make vaccination against all preventable diseases compulsory and establish a mechanism to persuade parents for the immunisation of their children. Similarly, the Mandatory Vaccination and Protection of Health Workers Act, 2015 was tabled in the National Assembly, which, once enacted could make complete vaccination of children mandatory[59] in the ICT area.

Pneumonia

According to the Ministry of National Health Services, the estimated figures reflected in many Pakistani studies state that the annual incidence of ARI (Acute Respiratory Infection) in Pakistani children aged less than five years is 4%. With this figure it can be concluded that this leads to approximately 15 million episodes of ARI every year among under-five year olds[60].

ARIs kill more children under age 5 than any other infectious disease, and the children most vulnerable to infection include those with low birth weights and those whose immune systems have been further weakened by malnutrition or other disease[61]. Accounting for 91,000 deaths in Pakistan pneumonia remains a predominant concern, further exacerbated by the fact that only 64% of children under 5 with symptoms of pneumonia are taken to appropriate health providers[62].

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[58] "Digital Registry Launched to Scale Up Immunization Coverage in Sindh". DAWN. October 4th, 2017: https://www.dawn.com/news/1361518
[59] "Health: The Case for Immunization". DAWN. June 11th 2017: https://www.dawn.com/news/1338694
[60] The Expanded Program on Immunization (EPI). Ministry of National Health, Services, Regulation and Coordination: http://epi.gov.pk/?page_id=63
[61] National Institute of Population Studies (NIPS) [Pakistan] and ICF International. 2013. Pakistan Demographic and Health Survey 2012-13. Islamabad, Pakistan, and Calverton, Maryland, USA: NIPS and ICF International.
[62] Countdown to 2030 Maternal, Newborn and Child Survival, Country Profile – Pakistan, "Coverage – Pneumonia Treatment": http://profiles.countdown2030.org/#/PAK

Wave of Pneumonia Hits Rawalpindi

During December, 2017 pneumonia was reported to severely impact the child population in Rawalpindi, with hospitals receiving well over 130 child patients with severe pneumonia per day on average.

Data collected on 26th December, 2017 revealed that out of a total 1,000 to 1100 child patients visiting pediatrics outpatient departments of the three teaching hospitals in town daily, nearly 600 to 700 are being reported with respiratory tract infections and of these, 120 to 140 are reported with severe pneumonia with the symptoms of fast breathing and lower chest wall in-drawing.

Of the three teaching hospitals in town, Holy Family Hospital and Benazir Bhutto Hospital, that operate complete pediatrics departments, had to admit 60 to 70 child patients with pneumonia per day. The more alarming fact is that a majority of child patients being taken to allied hospitals with pneumonia are infants below one year of age. The incidence of both the upper and the lower respiratory tract infections is on the rise among children, as nearly 60-70% of all cases being reported at the pediatrics departments are with respiratory tract infections.

Diarrheal Diseases

Diarrhea also remains a leading killer of children, accounting for approximately 8% of all deaths among children under age 5 worldwide. This translates to over 1,200 young children dying each day, or about 450,000 children a year, despite the availability of simple, effective treatment. Diarrhea is a major cause of mortality and morbidity among Pakistani children, despite decades of concerted efforts and special programs.

Each year approximately 53,300 children in the country die from diarrhea[63], while only 38% children under 5 receive oral rehydration salts (ORS)[64] for its treatment. Diarrhea often causes nutritional problems and severe dehydration thereby creating risks of

[63] National Institute of Population Studies (NIPS) [Pakistan] and ICF International. 2013. Pakistan Demographic and Health Survey 2012-13. Islamabad, Pakistan, and Calverton, Maryland, USA: NIPS and ICF International.
[64] Ibid.

malnutrition and serious non-intestinal infections. According to the World Health Organization (WHO), children who die from diarrhea often suffer from underlying malnutrition, which makes them more vulnerable to diarrhea. Each diarrheal episode, in turn, makes their malnutrition even worse, thus making a vicious, life-threatening cycle.

The foremost cause for prevalence of diarrhea is known to be unsafe drinking water, poor hygiene and sanitation, but the problem is further compounded in instances where the patient might already be suffering from malnutrition. Its incidence can be reduced drastically at no-cost measures by instituting, at the household level, practices of breastfeeding, which can provide nutrient-rich diet to an infant, hand washing with soap and improved household water treatment and sanitation.

Securing access of safe drinking water and sanitation facilities also forms part of the SDGs with **Target 6.1** stating, **"By 2030, achieve universal and equitable access to safe and affordable drinking-water for all".** Achievement of this related target could go a long way in reducing illness and death, especially among children.

According to the Pakistan Demographic Health Survey[65] (2012-13) only 64% of Pakistan's population uses improved sanitation, with a wide disparity between urban (83%) and rural areas (51%). Only 13% (8% rural, 65% urban) of the poorest have access to improved sanitation compared to 80% (68% rural, 85% urban) among the richest.

With regard to safe drinking water WHO revealed in a report that only 36% of the Pakistani population on average, including 41% in urban areas and 32% rural areas, had access to safe drinking water[66].

Polio

During the year 2017, Pakistan attained a 97% reduction in polio cases from 2014 dropping progressively from 306 in 2014 to only 8 reported cases in 2017. The performance improvements achieved

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[65] Ibid.
[66] "WHO Report Deems Safe Drinking Water a Luxury for Numerous Pakistanis". Pakistan Today. November 6th, 2017. https://www.pakistantoday.com.pk/2017/11/06/who-report-deems-safe-drinking-water-a-luxury-for-numerous-pakistanis/

since the beginning of 2015 are now clearly visible in the declining number of wild poliovirus (WPV) cases. The core reservoirs of Peshawar-Khyber, and Karachi have not seen a case in the past 12 months, while only one case – in Killa Abdullah in December 2016 – was reported from the Quetta block. The two cases confirmed in 2017 were both isolated from Lodhran district in Punjab and Diamir district in Gilgit Baltistan[67].

Across Pakistan, the proportion of those vaccinated increased from 85% in August 2016 to 92% in May 2017. Consistent performance was observed in Punjab where coverage stood at or above 90%. In Khyber Pakhtunkhwa, consistent performance gains improved coverage from 83% in August 2016 to 94% and 95% during the April and May 2017. A high performance gain was also achieved in Sindh, where coverage increased from 77% in August 2016 to 93% by May 2017. FATA was the only region to achieve the target of 95% in at least three Supplementary Immunization Activities (SIAs). However, coverage consistently remained below the 90% mark in Balochistan, Islamabad, Azad Jammu and Kashmir (AJK), and Gilgit Baltistan[68].

Eradication efforts have been on the rise and the program seems on track for reaching the goal. Key areas of focus of the Polio Program in the upcoming year have been identified in Karachi, Killa Abdullah, Pishin, Quetta, Islamabad and Rawalpindi where the virus continues to circulate[69]. Killa Abdullah in Balochistan, remains the most challenging polio environments in the whole world, in no less measure due to the prevailing volatile security situation, which makes access and reach of polio workers to the area an insurmountable challenge. Karachi, which was free of poliovirus for parts of 2016 was again re-infected and is responsible for being a source of intense transmission, given the massive population inflows and outflows that the city experiences. The third hotspot for Polio is found to be

[67] National Emergency Operations Center, Islamabad, Pakistan. 2017. *National Emergency Action Plan for Polio Eradication 2017-18.* http://www.endpolio.com.pk/images/Stories/NEAP-2017-2018-LR.pdf

[68] Ibid.

[69] End Polio Initiative. *Pakistan Polio Update*. December 2017. http://www.endpolio.com.pk/images/polio-briefer/Pakistan-Polio-Update-DECEMBER-2017.pdf

Islamabad/Rawalpindi, particularly the slum areas in the outskirts of the two cities where polio programmes have been unable to reach[70].

Pakistan has been lauded for its commitment and efforts towards eradication of polio. An array of approaches and tools are being used to bring Pakistan to the finishing line, including tailoring vaccination approaches to children in high-risk mobile populations, Emergency Operations Centres to coordinate the programme effectively, and a National Emergency Action Plan with a strong accountability framework, improved surveillance, fewer unvaccinated children and fewer strains of the virus.

The overall goal of the National Emergency Action Plan (2017-18) for Polio Eradication has been to stop Wild Poliovirus (WPV) transmission within the next low transmission season.

National Emergency Action Plan (2017-18) for Polio Eradication: Strategic Objectives
1. Stop poliovirus transmission in all reservoirs. 2. Detect, contain and eliminate poliovirus from newly infected areas. 3. Maintain and increase population immunity against polio throughout Pakistan. 4. Stop the international spread of WPV by closely coordinating strategies and response across the common transnational reservoirs. 5. Sustain polio interruption through increased routine immunization coverage in core reservoirs[71].

[70] Independent Monitoring Board of the Global Polio Eradication Initiative. *Every Last Hiding Place*. 15th Report, December 2017. http://www.endpolio.com.pk/images/Stories/15th-IMB-Report-FINAL.pdf

[71] National Emergency Operations Center, Islamabad, Pakistan. 2017. *National Emergency Action Plan for Polio Eradication 2017-18.* http://www.endpolio.com.pk/images/Stories/NEAP-2017-2018-LR.pdf

Target 3.A Strengthen the implementation of the WHO Framework Convention on Tobacco Control in all countries, as appropriate

Tobacco Use in Pakistan

Pakistan is one of fifteen countries worldwide with a heavy burden of tobacco-related ill health. Based on World Health Organization's (WHO) 2013 standardized estimate of smoking prevalence, 31.8 % of men, 5.8 % of women, and 19.1% of Pakistan's adult population currently use tobacco in one form or another, while 10.7% youth (13.3% of boys, and 6.6% of girls) use tobacco products[72]. It is further suggested that around 1200 Pakistani children between age of 6 & 15 start smoking every day[73]. Given that Pakistan's population consists of 60% people younger than the age of 25, these are alarming numbers of young people getting themselves addicted and putting themselves at risk of tobacco related diseases.

Similarly, second-hand smoke is deemed equally dangerous for youths. Worldwide it is estimated that 40% of children up to age 14 are exposed to second-hand smoke. About 28% of the 600,000 deaths a year caused by second-hand smoke occur in children, with most of those deaths resulting from lower respiratory disease[74].

While tobacco product sales are banned to minors in Pakistan, lax measures of checks and accountability at the Points-of-Sale (POS) prevent effective monitoring of the practice. To make matters worse, the recent decrease in prices of tobacco by the Federal Board of Revenue has not only increased the number of smokers in the country, but the cut inevitably encourages youth to take up smoking[75].

Tobacco Control Cell, placed within the Ministry of National Health Services, Regulation and Coordination in Pakistan, is mandated to achieve the target set in the SDGs i.e. to strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control (WHO FCTC). Implementing the FCTC framework convention, protocols and covenants are legally binding on Pakistan but, unfortunately, despite the introduction of

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[72] WHO, CDC and Ministry of National Health. 2013. *Global Youth Tobacco Survey Factsheet Pakistan*
http://www.emro.who.int/images/stories/tfi/documents/GYTS_FS_PAK_2013.pdf?ua=1&ua=1
[73] Ibid.
[74] WHO. Tobacco Free Initiative: http://www.who.int/tobacco/control/populations/youth/en/
[75] "Number of Smokers Reaches 25 Million in Pakistan". Pakistan Today. December 7th, 2017. https://www.pakistantoday.com.pk/2017/12/07/number-of-smokers-reaches-25-million-in-pakistan-health-ministry/

certain commendable legislations, loopholes exist which allow for tobacco products to be easily accessible to minors. This includes no checks at POS and easy availability of cigarettes near schools and colleges. Of particular importance here is the low taxation rates levied on tobacco products and the prevalence of a two-tier taxation system which makes the lower slab brands cigarettes affordable to minors. The tax regime in Pakistan thus needs to be reviewed to discourage the production and sales of tobacco and cigarettes. While there is political will to stop the use of tobacco, the economic interests of the government and the influential tobacco industry are known to become hurdles.

WHO's MPOWER Policy and Pakistan's Implementation Level

In order to holistically achieve the guidelines outlined in FCTC, WHO introduced the MPOWER measures, which assist in the country level implementation of effective interventions for reduction in tobacco consumption. Pakistan's current status of the MPOWER policies is outlined below:

The MPOWER measures that Pakistan is currently implementing at the highest level of achievement are: **M (Monitoring tobacco use and prevention policies) and P (Protecting people from tobacco smoke)**[76]

According to WHO's report on the Global Health Epidemic, 2017 Pakistan's country profile remains lacking on **O (Cessation Programmes), W (Health Warnings), E (Advertising Bans) and R (Taxation).**

(O: Cessation Programmes) There is smoking cessation support available in some hospitals, clinics and primary care facilities while the national health insurance or service cover only partially covers the cost of this support. Given the rampant illiteracy and unawareness among the lower-middle income classes in the country, it is unlikely that these partial facilities are easily available or accessible to them.

[76] WHO. WHO Report on the Global Tobacco Epidemic – Country Profile Pakistan, 2017. http://www.who.int/tobacco/surveillance/policy/country_profile/pak.pdf?ua=1

(W: Health Warnings) It is seen that the warning on the cigarette packs occupy 40% of the pack front and back while it has been recommended that the warnings cover 85% of the packet. Pakistan's Ministry of National Health Services and Regulations issued its order requiring an increase in the size of pictorial health warnings on cigarette packaging to 50% however, these and similar orders have been passed in the past without any concrete steps taken towards implementation.

(E: Advertising Bans) Pakistan has no comprehensive legislative ban on Point-of-Sale (POS) advertisement. In a study conducted by The Network in 2016 for 6 cities, it was seen that 83% shops had Power walls/Cigarettes behind the cash counter, 52 % shops had cigarettes inside Glass Counters, 50% Shops placed Cigarettes with candies/snacks, 14% Shops gave "Limited time Offers" or "Free gifts on purchase of cigarettes and 89% shops did not Display " NO sale to MINORS signage"[77].

(R: Taxation) An analysis of cigarette packs revealed that current average FED on each pack was 57.5% falling much below the 70% FED recommended by WHO FCTC. Therefore, it is imperative to raise the FED and to remove the tier taxation system to reduce the availability and access of cigarettes to minors. It is argued that this measure if applied can help curtail tobacco consumption by 8.5%[78].

It is now time for Pakistan to fully implement MPOWER Strategies and commit to raising tobacco taxation in line with FCTC and MPOWER requirements, in order to ensure its commitments to the SDGs and to protect its population, in particular its youth.

Recommendations

Below are some recommendations regarding the necessary steps that can be taken to improve the state of healthcare in Pakistan, especially child and maternal health.

[77] Network for Consumer Protection. 2016. *Monitoring of Tobacco Advertising, Promotion, Sponsorship and Point of Sale Advertising.*
[78] Network for Consumer Protection. 2017. *Tobacco Taxation in Pakistan.*

- Increasing health financing, at federal and provincial levels, with a greater allocation for primary and preventive healthcare could work towards improving the healthcare system. Similarly, pro-poor measures (social protection health initiatives) could improve the prevalent inequalities in access to health by certain vulnerable groups which could go a long way in improving national health indicators.
- Efforts could be made towards building synergies with the private sector particularly in preventive and curative care to increase outreach to the poorest segments of the population.
- There is a need to strengthen the provision of public healthcare services with specific regard to management, staffing, equipment, performance accountability to create efficiency and improve quality of services.
- There is a need to take immediate action to tackle infant and maternal mortality rates, through accelerating service provision to far-flung areas, training and deployment of Lady Health Workers, Midwives to facilitate births by skilled birth attendants.
- Improvements need to be made in the coverage and functionality of primary and promotive health services, including but not limited to family planning, maternal and child nutrition and health and disabilities. Similarly, urgent action needs to be taken to improve coverage of immunization for children to reduce the incidence of preventable diseases.
- In order to bring improvements to the health sector and make it a dynamic force the quality of medical education both in public and private sectors also needs to be addressed.
- There is a need to enforce public health laws particularly with regard to smoking, food and drug safety and for ensuring minimal standard of delivery of medical services.
- Increased efforts need to be made to involve community members, in particular women, through training programs for community service providers to achieve health targets in a holistic and inclusive manner.
- Facilitating the integration of vertical health programmes, such as (Family Planning and Primary Healthcare, Maternal and Child Health Program, EPI, Malaria Control, TB Control and HIV/AIDs Control Program) at the provincial level can help improve performance through optimal and efficient resource.

- Pursuing additional avenues of cooperation and assistance, such as collaborations with WHO and UNICEF can further work towards improvement of child health.

Conclusion

The state of healthcare in Pakistan can be assessed by a visit to any hospital in the country. While public hospitals are overcrowded, private healthcare is too expensive to afford for most people in the country. The lack of resources allocated for healthcare, and the gap in the industry can be identified by the disturbing number of reports of women giving birth outside public hospitals[79].

Despite being extremely expensive, private healthcare facilities are also marred by malpractice, where the life of a patient is often seems to be of little value.

It is worth pointing out that the aforementioned situation is from the Federal Capital, where healthcare facilities are far better than most parts of the country. One can only imagine the state of healthcare facilities in rural and remote areas of Pakistan, many of which barely (if at all) have a Basic Health Unit. Despite the need for emergency measures needed to provide adequate healthcare facilities, the budgetary allocation for healthcare expenditure (as a percentage of GDP) over the years has been below 1%.

While 60% of children in the country suffer from malnutrition[80], women are forced to give birth outside hospitals, and the under-five infant mortality rate is as high as 79 per 1000[81] and neo-natal mortality rate stands at 46 per 1000[82], most lawmakers in the country prefer going abroad for medical treatment at the expense of the Pakistani tax payers. Who are left to languish outside overcrowded public hospitals or to fall prey to unregulated private sector medical facilities. In the wake of the apathy of lawmakers perhaps the only way to improve healthcare facilities in Pakistan is to make it mandatory for lawmakers to undergo treatment within the country.

[79] Woman gives birth outside Raiwind hospital after being refused entry by staff: https://www.dawn.com/news/1364394

[80] National Nutrition Survey, 2011, Key Findings: http://www.resdev.org/files/policy_brief/41/Policy%20Brief%2041%20-%20Nutritional%20Status.pdf

[81] https://data.unicef.org/country/pak/

[82] IBID

Pakistan is currently suffering from what can only be best described as a healthcare emergency. This consists of multiple red lines that have already been crossed, including a malnutrition emergency where 60% of the children in the country stand the risk of suffering from major physical and mental disabilities or other health related issues. If not addressed, the need for increased medical care in the country will continue to rise, as a vast majority of the populace may suffer from irreparable damage to their health due to malnutrition, dearth of quality healthcare facilities, and the lack of knowledge to address deficiencies and early symptoms of diseases.