

Table with multiple columns and rows of numerical data, likely representing investment figures by level and kind.

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HEALTH



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HEALTH

Similar to other social sectors the country inherited very limited resources both interms of infrastructure as well as manpower in the health sector at the time of its creation. The needs for health services were high because of mass migration of Muslims from India to their new home land. Infection diseases were wide spread with poor sanitation and acute housing shortage. Besides, injuries and deaths were also high among the refugees due to Hindu-Muslim riots. The available health manpower and material resources were meger to tackle all these problems. The Government had taken the responsibilities to provide primary health care services free to the citizens. The health programme in the public sector is decentralized i.e. the implementation and supervision of the health policies and programmes are the responsibility of the provincial governments, whereas, at the federal level the Ministry of Health has overall responsibility for formulating policies, plans and ensure its implementation.

During the last 50 years, the country has generally progressed well in establishment of health facilities and training institutions, development of health manpower, initiation and implementation of priority health programmes and establishment of standards of health care according to global commitments.

HEALTH ESTABLISHMENTS

1947 At the time of independence there were 292 hospitals in the country, providing medical treatment for serious illness and emergency care. The dispensaries normally supervised by a MBBS doctor and supported by a Lady Health

Vistor, Midwife, Aya, Chowkidar and Sweeper. There were 722 dispensaries in 1947. There were 91 MCH centres. There were about 14 thousand beds in the hospitals and dispensaries in 1947 i.e. one bed for about two thousand five hundred population in the country.

- 1949 Institute of Hygiene and Preventive Medicine, Lahore.
- 1962 College of Physicians and Surgeons, Karachi (a leading research institute and a hospital including one for children and training of doctors, nurses and other para-medical staff.
- 1966 Federal Government Services Hospital, Islamabad (offers training and health facilities).
- 1967 National Institute of Health, Islamabad Departments of Biological Production, Vaccines and sera, Nutrition, Drugs Control & Traditional Medicine, Clinical Research, Public Health and College of Medical Laboratory Technology.

Some major public health programs, Expanded Program of Immunization (EDI), Control of Diarrhoeal Diseases Program (CDD), and AIDS Control Program.

1970's Nationwide network of health infra-structure initiated. To establish at least 1 basic health facility at each union council.

1980's Expansion policies resulting in first level care facilities at community/gross root level

(Basic Health Units, Rural Health Centers etc), Tahsil/District Headquarters Hospitals.

Teaching Hospitals and specialized centers (Public, Private) developed in big cities.

1985 Pakistan Institute of Medical Sciences (PIMS), Islamabad (800-bed hospital including one of children's and post-graduate training institute).

1990's

- Health Services Academy (for the training of mid-level managers and other health professionals.
- Provincial Health Development Centers and District Health Development Centers: focal points for in service training of health personnel.
- One medical college of each province: Pilot Project on community oriented medical education.
- Prime Minister's Programmed for Family Planning & Primary Health Care: 43000 Lady Health Workers trained & deployed in rural and under served urban areas.
- Institute of Public Health in Balochistan: To strengthen the training of doctors, nurses and para medical staff.

1996 The number of hospital in 1996 became 866 where as dispensaries increased to 4545. Their were 864 MCH centres. There was more than 6 times increase in availability of beds in hospitals and dispensaries during last 49 years in the country i.e. the number raised to more than ninty thousand in 1996.

Table 13.1 HEALTH FACILITIES

YEAR	HEALTH FACILITIES (No)
1947	1108
1961	2040

1971	3714
1981	6017
1991	10924
1997	12000

(Health facilities include hospitals, dispensaries, MCH Centres, RHCS, BHUs and TBCs).

DOCTORS AND NURSES

At the time of independence, there were only two medical colleges and a handful of qualified medical doctors and nurses in the country. In 1997, there are 72410 doctors and 25000 nurses serving the nation. Currently there are 18 medical colleges in public sector for training of doctors. Numerous medical colleges have been opened in the private sector. First Nursing School was established in 1948 at the Sir Ganga Ram Hospital, Lahore. The Post-Graduate Jinnah College of Nursing, Karachi came into existence in 1956. Another Post-Graduate nursing institute was established in 1985 at the Pakistan Institute of Medical Sciences. In 1988, the Agha Khan University started B.Sc nursing program. A number of nursing schools were established during these 50 years and were attached to all the medical colleges and selected District Headquarters.

There were 233 registered dentists in 1967 i.e. one dentist for about 235 thousand population, the number of registered dentists increased to 2938 in 1996 which means one dentist for about forty five thousand population the number registered dentists increased at an annual growth rate of 9.1 percent during 1967-1996. At present there are 83 recognized Homeopathic Medical Colleges and 22 Tibia Colleges in the country. There are 64,994 registered Hemopathies and 45000 registered Tibias.

Table 13.2 DOCTORS AND NURSES

Year	Doctors	NURSES
1947	48	186
1951	548	1539
1961	4394	-
1971	11782	4480
1981	23188	10570
1991	62504	19973
1997	72410	25000

EXPENDITURES ON HEALTH

The Government expenditures on health were Rs. 65.7 million in 1960, which raised to Rs. 18,343 million in 1986 i.e. 279 fold increase during 36 years. Per capita Government health expenditure were only Rs. 1.46 in 1960 which increased to Rs. 139 in 1996. If the government expenditures on health compared with GNP, it were 0.39 percent in 1960, which increased to 3.26 percent in 1960, which increase to 3.26 Percent in 1996

PERFORMANCE OF HEALTH SECTOR THROUGH INDICATORS AND PROGRAMS

Health Indicators

Health sectors has seen since 1947 a slow but steady improvement, life expectancy has increased from 33.8 years in 1951 to 63 years in 1996. The infant mortality rate has come down from 220 to 101 per 1000 live births in 1994.

Health Programme and Projects

- From the beginning, emphasis was given to preventive aspects of medicine particularly environment, sanitation, organizing material and child health services, family planning, nutrition and control of communicable disease.

- Eradication programmes against malaria, small pox, leprosy, trachoma, mental diseases and mal-nutrition.
- Provision of manufacturing of vaccines and sera was made at the Bureau of Laboratories at Karachi. National Institute of Health assumed the leading role in its production as well as a reference laboratory.
- After the Alme Atta Declaration of 1978 Govt has committed itself to the goal of HEALTH FOR ALL by the year 2000.
- Prime Minister's Programme for Family Planning & Primary Health Care. Lady Health workers with a minimum of 8 years of education and residing in the same area are implementing the programme. Most of the services are focused on women and young children.

- Out of 121 districts, the programme is being currently implemented in 113 districts in all areas of the country. More than 42000 LHWS have been trained and deployed in the field. The Programme has shown very encouraging and good results in the areas of Malir, Chakwal and Mastung.

Table 13.3 LADY HEALTH WORKERS PRESENTLY DEPLOYED UNDER PM'S PROGRAM AND FAMILY PLANNING AND PRIMARY HEALTH CARE, 1997.

Province/area	Punjab	Sindh	NWFP	Baloch.	AJK	FANA	FATA	ICT
LHWS Working (No)	17148	90608	4157	1669	1621	740	232	223

Maternal and Child Health

MCH Centers and special programmes have catered to the needs of antenatal care, safe deliveries, child care and nutritious since 1947.

- Dai Training Program started in 1954

- Traditional birth attendants, 46000 trained since 1988
- Deliveries attended by trained personals are 35%

Child Survival Project, 1990's.
Special emphasis to maternal
and child health

TB Organizations, directly observed
therapies of short duration (DOT-S).

Malaria Control Programme

- 1960 Pakistan joined WHO sponsored malaria eradication campaign (Inter Malaria Control Program)
- 1973 Incidence of malaria was 13 per 1000 population
- 1996 Incidence of malaria was less than 1 per 1000 population

Nutrition Programme

Major Problems: Protein energy, Malnutrition, Iron deficiency Anaemia, Iodine deficiency disorders.

- 1960 Establishment of Directorate of Nutrition Survey. Later food, water and drugs analysis laboratories were created.

Successful Nutrition Interventions:

Use of Iodized salt; Iron and folic acid supplements to pregnant women; growth monitoring; promotion of breast feeding; focus on nutrition of young girls.

TB Control Programme:

Started in 1962, established TB Centers, hospitals, sanatoria, outpatient treatment, voluntary

Small Pox:

Pakistan was the first country to eradicate small pox in the sub-continent (1976). In 1947, 1950's & 1960's, Small Pox was an epidemic disease. In 1968 eradication programme with WHO assistance was started. Zero target (last case on 16-10-1974) was achieved in 1974. Pakistan was declared as small pox free (18-12-1976) in 1976.

Table 13.4 ERADICATION OF SMALL POX

Year	Cases of SP	Deaths due to SP
1947	21319	8377
1951	42237	32453
1958	82545	61128
1967	12732	4521
1971	5832	1123
1973	8258	1122
1974	7868	420
1975	0	0

Extended Programme of Immunization

Extended Programme of Immunization (EPI) was launched in 1979. Objectives of EPI are to reduce morbidity and mortality resulting from six target diseases i.e., Polio, Diphtheria, Whooping Cough, Tetanus, Measles and TB, through immunization of children less than one year of age, and immunization of all women of child bearing age.

Table 13.5 COVERAGE OF CHILDREN(%) BY IMMUNIZATION(MEASLES)

Year	1982	83	84	85	86	87	88	89	90	91	92	93	94	95	96
Coverage	5	11	34	24	41	53	55	64	76	77	76	71	65	53	78

Control of Diarrhoeal Diseases (CDD)

The programme for the control of Diarrhoeal Diseases started in 1983 at national level. Currently it is being implemented with the

expanded program of immunization at National Institute of Health (NIH). It reduces child morbidity & mortality through improved case management and use of ORS. ORS

(Nimkol) production unit was set at NIH in 1981.

Guinea Worm Disease

Guinea worm eradication programme was conceived in 1986. Transmission of disease stopped in 1993 which was a result of better AIDS Prevention and Control Programme

health education, chemical treatment of contaminated ponds and now Pakistan is declared as guinea worm disease free country by WHO.

AIDS was first identified in Pakistan in 1987 and currently, there are over 1000 HIV positive cases.

Table 13.6 REPORTED CASE OF AIDS AND HIV+

Year	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996
HIV+	12	-	2	29	31	59	485	150	211	51
AIDS	1	5	7	7	4	8	12	8	9	15

OTHER PROGRAMMES

1989 Acute Respiratory Infection (ARI) control programme launched to reduce mortality of children due to pneumonia and rationalize the use of antibiotics and other drugs.

1992 Health Information System from limited database to a modern Health Management Organization.

1959 National Bureau of Health Education was established for Public Health Education. Health Education units in all provinces at divisional level (at district level in NWFP and Sindh) are working. Effectiveness demonstrated in EPI, CDD and anti-smoking campaigns.

is producing some 10,500 formulation (including injectable, tablets, syrups, suspensions, ointments and creams etc.).

1964 National Pharmacopeia was prepared listing 1036 drugs including indigenous products.

1965 Drugs Control Administration was set-up.

1971 Peoples Health Scheme: Reforms introduced including Fair Price Drug Stores.

1976 Pakistan was first developing country to introduce Good Manufacturing Practices as a mandatory requirement.

1997 First ever National Drug Policy announced.

PROGRESS OF PHARMACEUTICAL SECTOR.

Pharmaceutical industry has shown unprecedented progress. With hardly any unit worth the name in 1947, today over 300 pharmaceutical manufacturing units, including 27 of the multinationals, are producing drugs worth one billion US dollars and meet about 75% of the country's requirements. Presently the industry

Unani System of Medicines (Hakeems)

The Unani system of medicines is one of the most popular of the traditional medicines in the east, commonly known as the Tibbi System in the Indo-Pak sub-continent and its practitioners are called as tabib/hakeem. The matabs/clinics provide health guidance and services

to about 25% population in the country.

Realizing the importance of hakeems in providing health facilities, Government of Pakistan has introduced Tibbi Act, 1965. Under this act Hakeems were registered, whereas, Tibbia Colleges, which were nine in number at that time also recognized. A Tibbi Board was established for the administration of Tibbia Colleges, registration of hakeems and provision and approval of curriculum for Tibbia Colleges.

At present there are about 45000 male Hakeems and 5000 lady Hakeems in Pakistan. There are 23 Tibbia Colleges, from which 2000 students are become qualified every year after studying four years course of "Fazil-e-Tibb-Wal-Jarahat". At the time of independence there were 1500 registered Hakeems, their number become 50,550 in 1997 indicates about 34 fold increase in 50 years for registered Hakeems.

Voluntary Organizations

These Organizations have been active partners in delivering health care and emergency services.

- Pakistan Hilal-e Ahmar (formerly Pakistan Red Cross Society, 1947)
- Pakistan Medical Association (1948)
- Public Health Association of Pakistan (1964)

Numerous important voluntary organizations are serving in the field of MCH, family planning, primary health care and social welfare.

International Collaboration

Successful collaboration with international donors and agencies: WHO, UNICEF, UNDP, UNFPA, USAID, CIDA, JICA, CENTO, SEATO, RCD, GTZ,

A comparison of basic demographic health indicators of some Asian countries in 1997 indicates that infant mortality rate is higher in Pakistan as compared to other countries, even higher than Bangladesh, Nepal and India. Maternal death per 100,000 live births were 340 in Pakistan, which was however, lowest as compared to Bangladesh, Nepal, India and Indonesia. The life expectancy at birth was also slightly higher than India, Bangladesh and Nepal, however, it is lower than Turkey, Iran, Sri Lanka, Thailand, Indonesia and China.

Detailed health facilities available through the period under reference are given in table 13.7.

Table 13.7 HEALTH FACILITIES

Year	Hospitals	Dispensaries	Maternity and Child Welfare Centre	Beds in Hospitals and Dispensaries	Population per Bed	Expenditure (Rs. Million)	
						Development	Non-Development
1947	292	722	91	13769	2564		
1948	300	741	963	14177			
1949	301	769	102	14180			
1950	304	807	107	14524	2431		
1951	306	823	110	14741	2454		
1952	311	860	153	15324	2419		
1953	320	889	177	15872	2393		
1954	319	928	183	17092	2277		
1955	333	984	198	19197	2077		
1956	335	980	224	19398	2106		
1957	336	1053	257	19640	2132		
1958	338	1112	284	21169	2027		
1959	337	1155	349	21658	2029		
1960	342	1195	348	22100	2038	8.70	57.00
1961	341	1251	422	22394	2063	21.13	69.00
1962	361	1374	449	22775	2087	34.10	78.00
1963	365	1514	488	23429	2088	34.55	80.00
1964	365	1626	524	23664	2126	75.22	78.00
1965	379	1695	554	25603	2022	46.47	84.00
1966	389	1754	558	26200	2033	35.31	86.00
1967	391	1834	650	27291	1678	70.80	92.00
1968	398	1751	650	27112	2079	59.79	99.00
1969	405	1846	668	27618	2100	67.99	128.00
1970	411	1875	668	28976	2061	61.70	151.70
1971	495	2136	631	30969	1986	57.62	141.10
1972	496	2137	675	35337	1792	95.55	171.90
1973	521	2566	662	35699	1846	175.67	210.10
1974	517	2836	690	33866	2005	363.00	278.00
1975	518	2908	696	37776	1852	629.10	360.64
1976	525	3063	715	39129	1843	540.00	439.20
1977	528	3220	726	40518	1834	512.00	558.60
1978	536	3206	748	42469	1804	569.00	641.59
1979	550	3367	772	44367	1779	717.00	661.89
1980	602	3466	812	47412	1716	942.00	974.82
1981	600	3478	823	48441	1731	1037.00	993.10
1982	613	3457	817	50335	1717	1183.00	1207.00
1983	626	3351	794	52161	1708	1526.00	1564.90
1984	633	3386	767	53603	1714	1587.00	1785.12
1985	652	3415	778	55886	1695	1881.50	2393.81
1986	670	3441	773	57709	1692	2615.00	3270.00
1987	682	3498	798	60093	1678	3114.41	4064.00
1988	710	3616	998	64471	1610	2802.00	4519.00
1989	719	3659	1027	66375	1636	2681.00	4537.00
1990	756	3795	1050	72997	1535	2741.00	4997.00
1991	776	3993	1057	75805	1500	2402.00	6126.65
1992	778	4095	1055	76938	1525	2152.31	7452.31
1993	799	4206	849	80047	1509	2875.00	7680.00
1994	822	4280	853	84883	1466	3589.73	8501.00
1995	827	4253	859	85805	1492	5741.07	10613.75
1996 p	858	4513	853	86454	1488	6485.40	11857.43

" Not available P Provisional