

Health Sector Profile

Summary

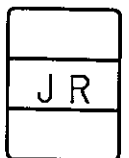
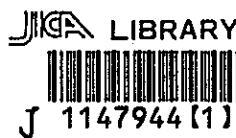
Pakistan

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1	HEALTH ADMINISTRATION AND PLAN	1
1.1	NATIONAL HEALTH ADMINISTRATION AND PLAN	1
1.1.1	<i>National Health Administration Organs</i>	1
1.1.2	<i>National Health Plan</i>	1
1.2	PROVINCIAL HEALTH ADMINISTRATION AND PLAN	2
1.2.1	<i>Provincial Health Administration Organs</i>	2
1.2.2	<i>Provincial Health Plan (1992 - 1993)</i>	2
2	DEMOGRAPHY	3
2.1	POPULATION TOTAL, GROWTH RATE, DISTRIBUTION BY AGE	3
2.2	POPULATION DISTRIBUTION BY REGION.....	3
2.3	FERTILITY	3
2.4	MORTALITY	3
3	EPIDEMIOLOGY	5
3.1	OVERVIEW	5
3.2	MORBIDITY.....	5
3.2.1	<i>Child Health</i>	6
3.2.2	<i>Women's Health</i>	6
3.2.3	<i>Adult's health</i>	6
3.3	INFECTIOUS DISEASES.....	6
3.3.1	<i>Immuno- Preventable Diseases</i>	6
3.3.2	<i>Diarrhoeal Disease</i>	6
3.3.3	<i>Acute Respiratory Infection(ARI)</i>	7
3.3.4	<i>Tuberculosis</i>	7
3.3.5	<i>Leprosy</i>	7
3.3.6	<i>Malaria</i>	7
3.3.7	<i>Parasitic infections</i>	7
3.3.8	<i>HIV/AIDS</i>	7
3.3.9	<i>Other Infectious Diseases</i>	8
3.4	NON-COMMUNICAL DISEASES AND INJURIES	8
3.4.1	<i>Malnutrition</i>	8
3.4.2	<i>Chronic degenerative Diseases and Adult Illness</i>	8
3.4.3	<i>Mental Disorder</i>	8
3.4.4	<i>Injuries and Accidents</i>	8
4	HEALTH PROGRAMS AND MEASURES	9
4.1	PRIMARY HEALTH CARE (PHC)	9
4.2	EXPANDED PROGRAM ON IMMUNIZATION (EPI)	9
4.3	NUTRITION.....	9
4.4	MATERNAL AND CHILD HEALTH (MCH)	9
4.5	FAMILY PLANNING	10
4.6	MALARIA CONTROL.....	10
4.7	HIV/AIDS CONTROL	10
4.8	CONTROL OF DIARRHOEAL DISEASES (CDD).....	10
4.9	MEASURES AGAINST OTHER INFECTIOUS DISEASES.....	10
4.9.1	<i>Control of Acute Respiratory Infection (ARI)</i>	10
4.9.2	<i>Tuberculosis Control</i>	10
4.9.3	<i>Parasite Control</i>	11
5	HEALTH SERVICE PROVISION	12
5.1	HEALTH FACILITIES	12
5.1.1	<i>Public Sector</i>	12

5.1.2	<i>Private Sector, Missionaries and NGOs</i>	12
5.2	LOGISTICS.....	13
5.2.1	<i>Issues of Public Sector Pharmaceutical Supply</i>	13
5.3	UTILIZATION OF HEALTH SERVICES.....	13
5.3.1	<i>Perspective of Community Residents</i>	13
5.3.2	<i>Traditional Medicine</i>	14
5.4	HEALTH MANAGEMENT INFORMATION SYSTEM.....	14
5.5	MEDICAL INSURANCE SYSTEM.....	14
5.6	EMERGENCY MEDICAL SYSTEM.....	14
5.7	RESEARCH INSTITUTIONS.....	14
6	HEALTH MANPOWER.....	15
6.1	STATISTICS CONCERNING VARIOUS MEDICAL PERSONNEL.....	15
6.2	HUMAN RESOURCE DEVELOPMENT.....	15
7	ENVIRONMENTAL AND OCCUPATIONAL HEALTH.....	16
7.1	ENVIRONMENTAL SANITATION.....	16
7.1.1	<i>Potable Water</i>	16
7.1.2	<i>Sanitary Facilities</i>	16
7.1.3	<i>Housing</i>	16
7.1.4	<i>Pollution</i>	16
7.2	OCCUPATIONAL HEALTH.....	16
7.2.1	<i>Labor Law</i>	16
7.2.2	<i>Social Security System</i>	17
8	INTERNATIONAL HEALTH COOPERATION.....	18
8.1	COOPERATION BY DONORS.....	18
8.1.1	<i>International Organizations</i>	18
8.1.2	<i>Bilateral Support</i>	18
8.1.3	<i>NGOs</i>	19
8.2	COOPERATION BY JAPAN.....	19

1 Health Administration and Plan

1.1 National Health Administration and Plan

1.1.1 National Health Administration Organs

Ministry of Health, Special Education and Social Welfare (MOH) and Ministry of Population Welfare (MPW) are the relevant national organizations. MPW was spun off in 1990 from the Population Welfare Section of the Ministry of Planning and Development, and was established as an independent unit.

1.1.2 National Health Plan

(1) Eighth Five Year Plan (1993 - 1998)

One comprehensive goal is to improve the welfare of the citizens through promotion of economic growth and population stabilization. Various projects have been established to achieve this goal.

(2) Social Action Programs (1992 - 96)

Social Action Program (SAP) was started in 1992 with a goal of improving the social indices of Pakistan. Basically, the following four areas are the key priority areas.

- Education (Primary education with particular emphasis on girl's education)
- Healthcare and medical services (Emphasis on PHC and nutrition)
- Population welfare services
- Rural water supply/sanitation

(3) Population Welfare Plan (1993 - 98)

A target has been set to reduce population growth from 3.2% in 1992 to 2.7% in 1998 and further to 2.6% in 2000.

(4) Prime Minister's Program for Family Planning and Primary Health Care (Lady Health Worker Training Program) (1994 - 98)

This program to train female workers who work in the community to develop health awareness and to conduct educational activities.

A target has been established to train 100,000 lady health workers nationwide by June 1998.

1.2 Provincial Health Administration and Plan

1.2.1 Provincial Health Administration Organs

(1) Provincial Government Health Bureaus

Provincial government Secretaries of Health is held responsible for health services provided by provincial governments. A Director of Health service is appointed under the Secretary in Shindu and North West Frontier Provinces while a Director General is appointed in Punjab and Baluchistan Provinces to supervise and administer actual services.

(2) Provincial Government Population Welfare Bureaus

Four provincial government population welfare bureaus provide program services through the service offices established in each bureau. Execution of services is the responsibility of the Director of Health Services of the provincial government.

1.2.2 Provincial Health Plan (1992 - 1993)

Health programs which have been established by the Ministry of Health, Special Education, Social Welfare are being executed in each province using methods which are most suited to conditions in each province.

2 Demography

2.1 Population Total, Growth Rate, Distribution by Age

In the 1994-95 survey, the population of Pakistan was estimated at about 140 million, which is the seventh largest in the world.

Population growth from 1980 to 1995 was 3.3%; assuming this growth rate to continue, the total population is expected to reach about 150 million by the year 2000.

Looking at population by age, the ratio of population below age 15 exceeds than 40% and women of child-bearing-age (15 - 49) account for about 48% of the total female population (1995). Pakistan's sex ratio is such that in all age groups except 5 - 9 age group, the male population exceeds the female population.

2.2 Population Distribution by Region

More than half of the nation's entire population (56%) is concentrated in Punjab Province representing an area only one-fourth of the entire nation. On the other hand, Baluchistan Province with the largest area (44%) has only 5% of the national population, indicating a highly concentrated in population distribution. The average population density in Pakistan shows an increasing trend from 43/km² (1951) to 106/km² (1981) and to 145/km² (1991).

2.3 Fertility

(1) Crude Birth Rate

According to "The State of the World's Children 1997" released by UNICEF, the total number of births in 1995 was 5,513,000 with a national average crude birth rate of 39 per 1,000.

(2) Total Fertility Rate (TFR)

According to a Pakistan Demographic and Health Survey (PDHS) conducted in 1991, the Total Fertility Rate (TFR) which was 6.3 - 6.5 per 1000 in 1970s declined to 5.4 in 1990, but is still at high level.

2.4 Mortality

The mortality rate of the population below one year of age in 1991 was 144.5 per 1,000 for males and 140.0 per 1,000 for females, which was the highest among all age groups. Moreover, in the 5 - 30 age group, the mortality rate of the

female population is consistently higher, than the mortality rate of the male population though only by a slight margin.

The infant mortality rate (IMR) showed a substantial improvement from 126.7 in 1984 to 78.0 in 1995.

3 Epidemiology

3.1 Overview

The infant mortality rate of the total population of Pakistan is considerably higher than neighboring nations. Although, there is little difference between male and female infant mortality rates, the female mortality rate is significantly higher than the male mortality rate for the population of child-bearing-age (15 - 49). Of all the adult diseases, diseases of the circulatory organs appears to cause a considerably large number of deaths. However, these diseases appear to be related eating habits rather than drinking habits because since the general population abstains from drinking alcohol due to religious beliefs.

The table below is a list of major diseases causing death in Pakistan.

Table 3-1 Major diseases causing death in 1991

National Rank	Cause of Death
1	Certain diseases common among children Scarlet fever Diphtheria Whooping cough Measles Mumps
2	Congenital anomaly and diseases peculiar to early infancy
3	Diarrhoea and enteritis
4	Other infectious diseases commonly arising in intestinal tract
5	Chronic rehumatic heart disease
6	Pnumonia
7	All other respiratory diseases
8	Avitaminosis and other deficiency states
9	Hypertensive disease
10	Tubrculosis, other forms
11	Other diseases of digestive system

3.2 Morbidity

There are some discrepancies of disease statistics between teaching hospitals and other state-owned medical health organizations. For teaching hospitals, the incidence of infectious diseases and parasitic diseases are ranked highest (14.7%), followed by urinary and sex organ diseases (11.3%), injuries, poisoning and other diseases caused by external effects (10.0%), digestive system diseases (9.6%), and respiratory diseases (8.1%), with these accounting for more than 50% of the total. On the other hand, for other state-owned medical health organizations, infectious diseases and parasitic diseases top the list (21.3%), followed by respiratory diseases (19.0%) and digestive system diseases (10.5%), with these accounting for 50% of the total.

3.2.1 Child Health

According to the UNICEF Pakistan office, the annual number of deaths for children under age five reaches 700,000, more than 250,000 of which are estimated to have resulted from diarrhoeal disease caused by unsafe water, and improper sanitary conditions and habits. Other major causes of infant death are reportedly Acute Respiratory Infections (ARI) and other infectious diseases, which are preventable by proper immunization. The number of infants dying from ARI is estimated to reach about 250,000 every year.

3.2.2 Women's Health

The national Maternal Mortality Rate (MMR) is quite high at about 500 per 100,000 births.

Main causes for maternity deaths are puerperal septicemia, anemia, toxemia, and obstetric haemorrhages.

3.2.3 Adult's health

Infectious diseases such as diarrhoeal disease, digestive system infections, pneumonia, tuberculosis, hypertension, respiratory diseases other than pneumonia, and adult diseases such as digestive system diseases other than intestine infections, and diseases such as rheumatic heart disease and microdose nutrient deficiency are the main causes of death for adults and the elderly.

3.3 Infectious Diseases

3.3.1 Immuno- Preventable Diseases

Pakistan is known to have a very high rate of polio with WHO indicating that 22% of all the polio cases reported in the world in 1993 occurred in Pakistan. However, thanks to expanded programs on immunization which have been carried out in the last 10 years, the incidence of infectious disease has been reduced substantially, and emphasis is being shifted currently to countermeasures for measles and for newborn tetanus.

3.3.2 Diarrhoeal Disease

Diarrhoeal disease ranks third among the causes of death and, according to UNICEF, is estimated to be the leading cause of death for children under the age of five. This is because, in spite of efforts by UNICEF and others to promote Oral Rehydration Therapy (ORT) in which Oral Rehydration Salts (ORS) are administered to prevent death caused by dehydration from diarrhoeal disease, proper application and dissemination of ORS is still insufficient.

3.3.3 Acute Respiratory Infection(ARI)

According to the UNICEF Pakistan office, Acute Respiratory Infections (ARIs) are estimated to be the second highest cause of death for children under the age of five. The solution to this problem requires that the mothers have knowledge as to what stage the children should be taken to the hospital.

3.3.4 Tuberculosis

Tuberculosis ranked 10th among the causes of death in 1991, owned accounted for 3.4% of total deaths, with a higher ratios in rural than urban areas.

3.3.5 Leprosy

There are 12 facilities with a total of 601 beds and 63 clinics nationwide for treatment of Leprosy.

Only one case was reported of a Leprosy patient who was treated and hospitalized by a government-owned teaching hospital in 1992. However, according to hospitalization statistics of major hospitals other than teaching hospitals, Leprosy accounts for about 0.1% of total hospitalizations with 58 cases reported among the 1 - 14 age group, 115 cases reported among the 15 - 44 age group and 44 cases reported for the 45 and above age group (Table 4 - 7).

3.3.6 Malaria

Since 1960, the Pakistan government has been carrying out a malaria elimination campaign with assistance from WHO. As a result, the annual morbidity rate was reduced from 13 per 1,000 in 1973 to 0.85 per 1,000 in 1992.

However, in the North-West Frontier Province, the number of patients is increasing again due to an influx of refugees from Afghanistan.

3.3.7 Parasitic infections

Eighty-four cases of hydatidosis, 7,388 cases of hookworms disease, 1,742 cases of other line worms, 200 cases of other cestodiasis, and 1,012 cases of ascariasis have been reported.

3.3.8 HIV/AIDS

As of the end day of 1995, 1,000 cases of HIV positive patients and 55 cases of confirmed AIDS cases have been reported. However, it is estimated that about 50,000 - 80,000 HIV carriers exist.

3.3.9 Other Infectious Diseases

(1) Mycete/viral Infections

The number of mycete patients being admitted to hospitals yearly is about 40, the number of outpatients infected by viruses yearly is 374,151, and the number of patients infected by viruses being admitted to hospitals yearly is 20,640.

(2) Sexually Transmitted Diseases (STDs)

Syphilis and gonorrhoea are the most common sexually transmitted diseases (STD) other than HIV/AIDS. The number of outpatients suffering from sexually transmitted diseases for the year is 136,626.

3.4 Non-communical Diseases and Injuries

3.4.1 Malnutrition

Malnutrition of infants is a serious problem. This is due largely to lack of knowledge about nutrition by the mothers, which is closely related to the common occurrence of diarrhoeal disease and to unavailability of opportunity to gain basic education. Frequently occurring diarrhoeal disease prevents absorption of nutrients, causing malnutrition. Moreover, about 30% of infant deaths are related to nutrition problems such as deterioration of physical strength and immune system due to an unbalanced diet.

3.4.2 Chronic degenerative Diseases and Adult Illness

Chronic rheumatic heart disease and hypertension are the main causes of death by chronic degenerative diseases. According to 1992 statistics, of chronic rheumatic heart disease cases, 1832 inpatients and 195,662 outpatients were reported. Moreover, 7,467 inpatients and 246,969 outpatients of hypertension were reported.

3.4.3 Mental Disorder

According to 1992 statistics, out of patients reported to have received psychiatric treatment, 12,308 were inpatients, and 191,724 were outpatients

3.4.4 Injuries and Accidents

According to 1992 patient statistics, 1,837,754 outpatients and 111,848 inpatients were reported to have suffered from injuries or illness such as broken bones, sprains, burns, food poisoning caused by external factors.

4 Health Programs and Measures

4.1 Primary Health Care (PHC)

Training of Lady Health Workers (LHW) is one of the major programs of the Prime Minister's Program for Family Planning and Primary Health Care, while improvement in functions of Basic Health Units (BHU) and Rural Health Center (RHC) are the main components of the PHC plan of the Social Action Program (SAP).

4.2 Expanded Program on Immunization (EPI)

Vaccine immunization rates against measles and newborn tetanus for 1944 was quite low with measles coverage 65% and tetanus toxoid coverage at 42%. The government, being well aware of the importance of countermeasures against these diseases, established a goal to reduce the incidence of measles and to annihilate new born tetanus.

According to the self-evaluation by the Expanded Program on Immunization Cell, the following results have been achieved through EPI activities in recent years.

For polio, 22% of all the reported cases of polio in the world in 1993 occurred in Pakistan. The Pakistan Government is making earnest efforts to annihilate polio by implementing since 1994 "National Immunization Day."

4.3 Nutrition

Since 1976, the Ministry of Health has been participating in the World Food Program with the goals of reducing infant mortality and of eliminating malnutrition of pre-school age children. In line with WFP the ministry has been carrying out nationwide programs to ensure necessary levels of nutrition for pregnant women, nursing mothers and pre-school age children.

Insufficient levels of proteins and calories are not the only cause for oritotrophy and malnutrition, but lack of microdose nutrients and vitamins is also a serious cause; hence, the government is conducting an iodine deficiency control program.

4.4 Maternal and Child Health (MCH)

(1) Pakistan Child Survival Project

The "Pakistan Child Survival Project" was carried out during 1988 - 94 with a 45 million-dollar granted by USAID.

(2) Basic Health Service Cell (BHS Cell) Program

The program is conducted by the Ministry of Health under cooperation of WHO with the goals of improving maternal and child health in villages, better utilizing health facilities throughout the nation, and expanding utilization of human resources facilities and equipment.

4.5 Family Planning

The "Population Welfare Plan (1993 - 98)" has been implemented with a goal of reducing the population growth rate to 2.7% by 1998.

4.6 Malaria Control

A malaria control campaign is being carried out from 1994 - 98 mainly by provincial governments with assistance from the WHO and USAID.

4.7 HIV/AIDS Control

AIDS control in Pakistan was started in the latter half of the 1980s and currently various activities are being conducted through technical assistance from UNAIDS and under the umbrella of National AIDS Prevention and Control Program (NAPCP).

4.8 Control of Diarrhoeal Diseases (CDD)

The Control of Diarrhoeal Diseases (CDD) Program was conducted by UNICEF, the Ministry of Health and each Provincial Health Cell from 1988 -91, and was continued from 1992 - 1996.

4.9 Measures against Other Infectious Diseases

4.9.1 Control of Acute Respiratory Infection (ARI)

This program is designed to promote early detection of ARI and to avoid administration of inappropriate antibiotics and has been implemented by the Ministry of Health and each provincial health bureau with assistance from UNICEF.

4.9.2 Tuberculosis Control

Surveys relating to tuberculosis and workshops on tuberculosis by RHC physicians are being conducted.

4.9.3 Parasite Control

The Guinea worm eradication plan was conducted during 1992 -96 with successful results.

5 Health Service Provision

5.1 Health Facilities

5.1.1 Public Sector

Medical facilities in Pakistan (1991) included 810 hospitals, 4,244 clinics, 3,786 Basic Health Units (BHU), 483 Reproductive Health Services Centers, 1,090 Maternal and Child Health Centers (MCHC), 260 tuberculosis centers and 75,852 hospital beds.

(1) Referral System

A referral system was organizationally established but, in reality, the system does not function satisfactorily.

(2) Family Planning Services

The government family planning services are provided by the Family Welfare Centers and by the Reproductive Health Service Centers, both of which are under the umbrella of the Ministry of Population Welfare and are supervised by provincial governments.

5.1.2 Private Sector, Missionaries and NGOs

(1) Private Sector

There are 520 small to midsize private hospitals (16,000 beds), hospitals operated by religious organizations, and clinics which specialize in treatment by traditional medicine.

(2) NGO Related

In 1990, 8,380 NGOs were registered, most of which are engaged in activities related to health services, welfare, education, such as women and children and socially vulnerable.

5.2 Logistics

5.2.1 Issues of Public Sector Pharmaceutical Supply

(1) Basic Pharmaceutical Products

The basic policy of the government pharmaceutical supply emphasizes the importance of free supply of high quality basic pharmaceutical products.

However in reality, in many medical health facilities, about 75% of the pharmaceutical are being supplied by provincial Medical Store Depots (MSD) with the remaining 25% purchased from the domestic market. Abundant types and amounts of pharmaceutical products, including products from overseas, are available in the private market; however, quality control during transport and storage are quite poor.

(2) Oral Rehydration Salts (ORS)

Oral Rehydration Salts used for diarrhoeal disease control are administered by the National Institute of Health (NIH) as part of the EPI/CDD program by the national government.

(3) EPI Vaccine

The national government in its annual budget appropriates, required funds to maintain the necessary flow of EPI vaccines.

(4) Contraceptives

Supplies of contraceptive pills, IUDs and condoms for used in family planning are made available for to the control government through the assistance of international organizations such as UNFPA.

5.3 Utilization of Health Services

5.3.1 Perspective of Community Residents

Health services providing facilities which community residents may most conveniently utilize include Basic Health Units, Rural Health Centers, Maternal and Child Health Centers, Family Welfare Assistants (FWAs) and the like. However, according to the "Health Facility Survey 1993," only 25% of the citizens make use of the public medical services.

5.3.2 Traditional Medicine

(1) Homeopathy

The Pakistan Government encourages traditional private medical treatment such as Unani, Ayurveda and homeopathy, which have existed from ancient times and has established a clinical registration system in 1965 for these practices.

5.4 Health Management Information System

USAID was involved in the partial installation of a Health Management Information System (HMIS), but the program has come to a halt with the withdrawal of USAID.

5.5 Medical Insurance System

The social security system for laborers is the main force of the medical insurance system. Execution of the program hinges heavily on the coordination between public health services and the social welfare system.

5.6 Emergency Medical System

The emergency medical program is partially run by the Pakistan Red Crescent Society. The Islamabad Capital Territory branch office has two ambulances that ran a total of 1,991 km and transported 86 emergency patients in 1994, and transported 100 patients in 1995.

5.7 Research Institutions

Following institutions are the major research institutions in Pakistan;

- The National Institute of Health
- The Pakistan Institute of Medical Science
- The Pakistan Medical Research Council
- The Jinnah Postgraduate Medicine Center
- The National Institute of Cardiovascular Disease
- The Population welfare Research Center
- The Institute of Radiotherapy and Nuclear Medicine
- The Pakistan Medical Research

6 Health Manpower

6.1 Statistics Concerning Various Medical Personnel

The total number of registered physicians in 1993 was 63,653, or one physician per 1,898 people, the total number of dentists is 2,402, or one dentist per 50,292 people, and the total number of nurses, male and female, is 20,245, or one nurse per 5,967 people. Comparatively speaking there is a smaller number of nurses than physicians in Pakistan.

6.2 Human Resource Development

(1) Physicians

Prerequisites for taking the entrance examination for medical school are 10 years of basic education and two years of secondary education. The length of medical school is five years, after which one year of practical training is required. After learning theory in one of 17 medical colleges nationwide, a medical student receives practical training in one of 20 training hospitals in major cities.

(2) Dentists

There are four dental schools offering four years of dental program training.

(3) Nurses

After 10 years of basic education, a student enters a four-year nurse training school and receives a license upon successfully passing graduation examinations. A licensed nurse is registered in the Pakistan Nursing Council and becomes a registered nurse.

(4) Pharmacists

There are seven pharmacology schools, which produce a total of 600 graduates yearly in Pakistan.

7 Environmental and Occupational Health

7.1 Environmental Sanitation

7.1.1 Potable Water

According to reports by UNICEF, 89% of the urban population are able to obtain safe drinking water, but the figure drops to a very low 54% in rural areas. Even in urban areas, eroded pumps are often contaminated by infectious substances.

7.1.2 Sanitary Facilities

Ratio of the population that owns a toilet is 62% in urban areas and 19% in rural areas. Slum areas of cities are reportedly suffering from sanitary conditions worse than rural areas, reflecting problems in garbage treatment and sanitary awareness by residents, which need to be tackled.

7.1.3 Housing

Middle class families who cannot afford to purchase a single family home live in public or private housing complexes. Most of these complexes are built with reinforced concrete without a steel framework, making them susceptible to collapse. Old housing complexes in the cities are gradually deteriorating and becoming slums. In rural areas, most dwellings are constructed of brick made from dried mud, and many houses are without electricity.

7.1.4 Pollution

In Pakistan, environmental degradation is progressing as deforestation is advancing in the highlands, irrigation and water storage is increasing the risk of flooding, and damage from salivation occurs. Moreover, rapid industrialization is spreading water pollution and soil contamination in urban and rural areas.

7.2 Occupational Health

7.2.1 Labor Law

Labor standards such as plant regulations and mining regulations are being established in order to protect the safety and health of laborers.

7.2.2 Social Security System

The social security system requires a company with 10 or more employees to pay 7% of wages as tax to provincial governments. Moreover, a company must guarantee an employee of at least 3,000 Rupee per month as minimum wage.

8 International Health Cooperation

8.1 Cooperation by Donors

8.1.1 International Organizations

(1) United Nations Children's Fund (UNICEF)

UNICEF, with its main goal to control children's diseases and to provide diversified and tailored support for improvement in children's health, plans to strengthen monitoring, supervision and guidance of 160 projects.

(2) United Nations Population Fund (UNFPA)

Most of the assistance provided by UNFPA is related to training of human resources and to operation of related provincial facilities.

(3) World Health Organization (WHO)

WHO has conducted surveillance and supplied safe blood since establishment in 1987 of the national HIV/AIDS prevention/control program as well as provided guidance in the EPI program.

(4) World Bank

Through establishment of facilities and technical assistance for developing human resources, the World Bank aims to improve the overall foundation of health, population and family services.

(5) Asian Development Bank (AsDB)

The AsDB, together with the Pakistan Government and WHO, will conduct a study on the situation of domestic production of biological products including vaccines, and depending on the results of the study, may offer assistance for the full-fledged production.

8.1.2 Bilateral Support

(1) United States Agency for International Development (USAID)

More than half of the total bilateral assistance in the field of health during 1976 - 87 was accounted by USAID, with a large flows going to EPI related

programs, diarrhea disease control, maternal and child health programs, malaria control and the like. However, the decision of the US government to discontinue assistance as of October, 1990, resulted in financial difficulties for many NGOs involved in family planning and related programs who had been receiving US funds.

(2) United Kingdom Overseas Development Administration (UK ODA)

UK ODA supports in the field of primary health care and provides assistance to the Family Health Programs and Population Programs.

(3) Canadian International Development Agency (CIDA)

Since 1980, CIDA has provided various bilateral assistance including the Oral Polio Vaccine (OPV) Production Project, the EPI Enhancement Project, and OPV Inoculation Promotion Project.

(4) Deutsche Gesellschaft Fur Technische Zusammenarbeit (GTZ)

With the goal of contributing to training of human resources in the field of health in Pakistan, GTZ established the Islamabad Health Service College.

8.1.3 NGOs

The Family Planning Association of Pakistan (FPAP), the Maternal and Child Welfare Association of Pakistan (MCWAP), and Rotary International are among the major non-governmental organizations active in Pakistan.

8.2 Cooperation by Japan

Japan cooperates actively with Pakistan. In 1995, Japan provided a total of 241 million US dollars in assistance to Pakistan. In recent years, there has been no direct loan assistance provided in the field of health; however, commodity loans were supplied as emergency flood relief in fiscal 1992, a loan was provided for the public sector adjustment plan in fiscal 1993, and a loan was also provided for environmental projects in conjunction with the "Karachi Water Supply Improvement Project" in fiscal 1994. Grant aid was provided to the Project for Improvement of Medical Equipment for the Bolan Medical College at Quetta and technical assistance was given to the Islamabad Pediatric Hospital.

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