

# Health and nutrition assignment



**ASSIGN  
BUSTER**

Zamia Hyatt, for their kind guidance encouragement, continual guidance and simulate discussion on all aspects nickering this thesis during my studies. I would like to give my heartfelt appreciation to my parents, who brought me up with their love and encouragement me to pursue advanced degrees. Last but not least I am thankful to my whole family. I would like to give my heartfelt appreciation to my friends who accompanied me with their love, unlimited patience, understanding, helping and encouragement. Without their support, I would never be able to accomplish this work.

And all the teachers in my university and my coworkers because without their prayers and help I could have never been able to do anything in my life. Hafiz Sofia Raman I Dedicated this Humble Effort TO “ MY LOVELY PARENTS” Who introduced me to the Joy of reading from birth, for their love, endless support and encouragement And Introduction Most people want to lead healthy lifestyles. There is much that people can do individually to protect their health including driving safely, wearing stables, avoiding tobacco smoke and air pollution, exercising regularly, eating healthy food and having regular checkups.

But many health risks are also influenced by community factors, including transportation and land use planning decisions. Health plays the key role in determining the human capital. Better health improves the efficiency and the productivity of the labor force, ultimately contributes the economic growth and leads to human welfare. Access to good health can contribute positively to the economic and social development of a country. Thus, key issues that impact the health status of people ought to be addressed through a diverse

set of policy tools comprising short and long term measures to secure better health outcomes.

The people of Pakistan have grown healthier over the past three decades. The vision of the health sector comprises a healthy population with sound health, enjoying good quality of life through the practice of a healthy life style. In order to achieve this vision, significant measures have been taken toward disease prevention, health promotion, and greater coverage of immunization, family planning, and provision of female health worker services.

To attain better, more skillful, efficient and productive human capital resources, governments subsidize the health care facilities for its people. In this regard, the public sector pays whole or some part of the cost of utilizing health care services. The size and distribution of these in-kind transfers to health sector differs from country to country but the fundamental question is how much these expenditures are productive and effective? It very much depends on the volume and the distribution of these expenditures among the people of different areas of the country.

Besides the nature of the existing circumstances of the human resource, any marginal change in public sector spending on health services may have positive impact on the human capital and economic growth. Health generates positive externalities for the society as a whole, as well as the equity concerns that the public sector financial support only the wealthy segment of the population would be able to afford reasonable health care services. Lamellar, et al. 2005) argued that social health protection is an

important instrument aiming at fair burden sharing and reducing barrier underlining access to health care services. Another good reason for the government spending in delivering basic health care services is to reduce burden of the diseases (BODY) in the productive years of the life. The social rate of return and the BODY force the policy-makers to transfer the public resources towards basic health care facilities. According to the Economic Survey of Pakistan (2005-06), the government spent 0.5 percent of GAP on health sector in order to make its population more healthy and sturdy. In this regard, a number of vertical and horizontal programmers regarding health facilities are operative in Pakistan. The Malaria Control Programmer; Tuberculosis and HIVE/AIDS Control Programmer; National Maternal and Child Health Programmer; the Expanded Programmer on Immunization; Cancer Treatment Programmer; Food and Nutrition Programmer, and; the Prime Minister Programmer for Preventive and Control of Hepatitis A & B.

To effectively dress the health problems facing Pakistan, a number of policies emphasis better health care services. These include: Health related Millennium Development Goals; Medium Term Development Framework; Poverty Reduction Strategy Papers; National Health Policy, and; Vision 2030. In spite of these policies, to overcome the health related problems in Pakistan seems suspicious and distrustful. The communicable diseases are still a challenge and the statistics reveal that the nutrition and reproductive health problem in communicable diseases are still liable for the 58 percent of the BODY in Pakistan.

Non-communicable diseases (NC), caused by sedentary life styles, environmental pollution, unhealthy dietary habits, smoking etc. Account for <https://assignbuster.com/health-and-nutrition-assignment/>

almost 10 percent of the BODY in Pakistan. Social Policy Development Centre (SPEC), 2004, demonstrates that out of every 1 , OHO children who survive infancy, 123 die before reaching the age of five. A large proportion of those who surviving suffers from malnutrition, leading to impaired immunity and higher vulnerability to infections. Malnutrition is big problem in Pakistan.

Human Conditions Report (2003) clearly points out that about 40 percent children under 5 year of age are malnutrition. About 50 percent of deaths of children under 5 years old children are due to malnutrition. POLICIES EMPHASIZING HEALTH CARE SERVICES IN PAKISTAN Pakistan is in the middle of epidemiological transition where almost 40 percent of total burden of disease (BODY) is accounted for by infectious/communicable diseases. These include diarrhea diseases, acute respiratory infections, malaria, tuberculosis, hepatitis B&C, and unimaginable childhood diseases.

Another 12 percent is due to reproductive health problems. Nutritional deficiencies particularly iron deficiency anemia, Vitamin-A deficiency, iodine deficiency disorders account for further 6 recent of the total BODY. Non-communicable diseases (NC), caused by sedentary life styles, environmental pollution, unhealthy dietary habits, smoking etc. Including cardiac vascular diseases, cerebra-vascular accidents (hemophilia), diabetes and cancers account for almost 10 percent of the BODY in Pakistan.

With the increase in life- expectancy, diseases/disabilities of old age especially eye problems, paralysis and bone diseases are also on rise. The drug addiction problem is growing especially in the youth. There are approximately 5 million addicts out of which 50 percent are heroin addicts.

The growing threat of injecting drug users poses a great challenge when one considers the hidden cases of HIV/AIDS and hepatitis-C amongst the addict population [MOTIF (2005-10)]. In Pakistan, the probability of dying under-five child mortality is at 101 per 1, 000 live births with a life expectancy of 62 years.

It can be seen that child mortality remains the major problem facing Pakistan. In 2004, figures on immunization of children under 12-months-age show that 33 percent did not get immunization against measles and 20 percent did not receive immunization against tuberculosis in Pakistan. The immunization includes treatment against Berlusconi, diphtheria, pressures, tetanus, polio and measles. Immunization is the most cost-effective and highest-impact health intervention that reduces under-five MUG Report (2006)].

REVIEW OF LITERATURE A comprehensive review of literature, research materials, articles and evaluation reports is done to assess the existing situation and policy debate. This includes documents and reports available from World Health Organization (WHO), United Nations Children’s Fund (EUNICE), Asian Development Bank (ADS), Centre for Poverty Reduction and Income Distribution (CRIED), Poverty Reduction Strategy Papers PREPS), Ministry of Health (Islamabad) and Member LU Has Human Development Centre. A large number of the studies have employed the Benefit Incidence Approach (BIB) on household data for their analysis.

Findings reveal that public sector expenditures are either progressive or regressive and the share of the different income group differs depending

upon the delivery of the benefits of the public expenditures across region, caste, religions, gender etc. , see Christian (2002), Erasmus, et al. (2001), younger (1999), Jorge (2001), Roberts (2003), Hymn (2006), David, et al. (2000), Guppy, et al. 1998, 2002), Lamellar, et al. (2005), SPEC (2004), Norman (1985), Castro, et al. (2000), Humid, et al. (2003), Salubrious and Patriots (2004) and Shania (2001).

The studies which exhibit public sector expenditures are progressive such as Younger (1999), in Ecuador used combination of benefit and behavioral approaches showed that public expenditures improves the health indicators in the developing countries. In cross country analysis, Guppy, et al. (2002) used 56 country data and concluded that the increase in public expenditures on health reduces the mortality rates in infants and children. Study by Door and Butt (2005) shows that socio-economic factors play an important role in determining the health care expenditure in Pakistan.

The share of health expenditure in total public sector expenditure is the most significant variable affecting health status in a country. Moreover, literacy rate and GAP growth are also essential variables, which illustrate a positive relationship with health care expenditure. Other set of studies that establish the responsiveness of incidence of public sector spending such as Norman (1985) concluded that increased government expenditure on health services eventually benefits more to the upper income than the lower income groups.

Castro- Lea, et al. (2000) analyses the public spending on curative care in several African countries and found that the public sector spending favors mostly the better-off rather than the poor. Humid, et al. (2003) study covers

56 countries analysis from the period 1960-2000 in which benefit incidence approach (BIB) was used, resulted in, on average spending on health is pro rich particularly in sub-Sahara Africa but is well targeted and progressive only in the western hemisphere.

Some points need rather consideration; the first point about the impact of the level of public expenditures on human capabilities is a debated point, because not all studies have found an empirical link between the two. The connection between lucratively addressing poverty issues and spending is not first and foremost a function of the percent of GAP that is committed to total spending on health and, but depends on mortality rates become lowest in countries with high shares of health care spending devoted to primary (preventive) health care facilities.

Second, the fiscal policy-makers meet head- on the nature and magnitude of fiscal incidence. The policy choices necessitate the knowledge about which groups are prone to pay for and which groups are expected to benefit more from public sector expenditure. Policy-makers have many questions concerning how to alleviate the burden of taxation for the poor and about how to increase the efficiency and efficacy of the public sector spending on health? How to target public spending in order to improve the conditions of the poor?

The incidence analysis provides some critical information to facilitate policy-makers regarding equal distribution of income and improvement of efficiency and efficacy of the public policy. Ample literature is available to understand the questions regarding the nature of incidence of the public sector



expenditure in developing as well as developed countries. Most of the studies have been conducted on old data-sets taken from household surveys which have not been updated. These studies are deficient in comparisons of incidence among the cross countries on one hand and in-comparability of the cross country results on the other hand.

Moreover, the impact on different groups such as gender and region has not been taken into consideration in the case of Pakistan, as emphasized by Seldom and Washables 1992). Nevertheless, the literature considering the incidence of the public sector expenditure and its distribution in Pakistan is scarcely available. The current study is being initiated to explore the nature of incidence of public sector expenditures in Pakistan on health sector by using the primary data of the Pakistan Social and Living Standards Measurement Survey (PSALM), 2004-05, collected and published by the Federal Bureau of Statistics, Pakistan.

By using current data, the current research highlights the present scenario of incidence of the public spending on health and indirectly provide the guideline to what extent health policy targets have been successfully achieved, who benefit how much, which kind of inequalities exist in distribution of benefits of government expenditure on health, region and income wise. Additionally, by calculating the inequalities in the distribution of the benefits of expenditures, the study provides policy recommendations to enhance the effectiveness and efficacy.