Pakistan Nutrition at a Glance

**The Costs of Undernutrition**
- Over one-third of child deaths are due to undernutrition, mostly from increased severity of disease.²
- Children who are undernourished between conception and age two are at high risk for impaired cognitive development, which adversely affects the individual’s learning ability, the efficiency of the country’s investments in education and skills development and national productivity and development.
- The economic costs of undernutrition include direct costs such as the increased burden on the health care system, and indirect costs of lost productivity.
- Childhood anemia alone is associated with a 2.5% drop in adult wages.⁵

**Where Does Pakistan Stand?**
- 42% of children under the age of five are stunted, 31% are underweight, and 14% are wasted.³
- One-third of infants are born with a low birth weight.²
- Pakistan has achieved high rates of vitamin A supplementation: 97% of children 6–59 months of age receive the recommended two doses of vitamin A approximately six months apart.³ Full coverage can decrease the risk of mortality by 23%.⁶
- National policy on zinc supplementation for the treatment of diarrhea has been enacted.⁷ Zinc supplementation during diarrheal episodes can reduce morbidity by more than 40%.⁸

As shown in **Figure 1**, although the overall prevalence of stunting and underweight has been decreasing over the past two decades Pakistan will not meet MDG 1c (halving 1990 rates of child underweight by 2015) with business as usual.⁹

As seen in **Figure 2**, Pakistan performs better than some of its neighbors in the South Asia region. Compared to income peers in Africa, however, stunting rates in Pakistan are worse.

**Key Actions to Address Malnutrition:**
- Further develop the stewardship role of government, particularly for the nutrition programs that are currently at scale (including vitamin A supplementation, salt iodization and wheat flour fortification).
- Improve infant and young child nutrition, focusing on improving early and exclusive breastfeeding during the first 6 months and appropriate complementary feeding from 6 to 24 months.
- Ensure good nutrition for women during pregnancy to improve birth outcomes and protect the health of the mother.

**Country Context**
- **HDI ranking:** 141st out of 182 countries¹
- **Life expectancy:** 67 years²
- **Lifetime risk of maternal death:** 1 in 74²
- **Under-five mortality rate:** 89 per 1,000 live births²
- **Global ranking of stunting prevalence:** 28th highest out of 136 countries²

**Technical Notes**

Stunting is low height for age.

Underweight is low weight for age.

Wasting is low weight for height.

Current stunting, underweight, and wasting estimates are based on comparison of the most recent survey data with the WHO Child Growth Standards, released in 2006. They are not directly comparable to the trend data shown in **Figure 1**, which are calculated according to the previously-used NCHS/WHO reference population.

Low birth weight is a birth weight less than 2500g.

The methodology for calculating nationwide costs of vitamin and mineral deficiencies, and interventions included in the cost of scaling up, can be found at: [www.worldbank.org/nutrition/profiles](http://www.worldbank.org/nutrition/profiles)

Annually, Pakistan loses nearly US$3 billion in GDP to vitamin and mineral deficiencies.³ ⁴ Scaling up core micronutrient interventions would cost less than US$83 million per year. (See Technical Notes for more information.)

Most of the irreversible damage due to malnutrition in Pakistan happens during gestation and in the first 24 months of life⁶

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**FIGURE 1** Pakistan’s Progress Toward MDG 1 is Insufficient

<table>
<thead>
<tr>
<th>Year</th>
<th>Stunting</th>
<th>Underweight</th>
</tr>
</thead>
<tbody>
<tr>
<td>1985</td>
<td>70%</td>
<td>50%</td>
</tr>
<tr>
<td>1990-91</td>
<td>60%</td>
<td>40%</td>
</tr>
<tr>
<td>2001-02</td>
<td>50%</td>
<td>30%</td>
</tr>
</tbody>
</table>

**FIGURE 2** Pakistan has Higher Rates of Stunting than many Income Peers

Source: Stunting rates were obtained from WHO Global Database on Child Growth and Malnutrition. GNI data were obtained from the World Bank’s World Development Indicators.
Solutions to Primary Causes of Undernutrition

Poor Infant Feeding Practices
- Fewer than 1 in 3 newborns receive breast milk within one hour of birth.1
- Only 37% of infants under six months are exclusively breastfed.2
- During the important transition period to a mix of breast milk and solid foods between six and nine months of age, about two-thirds of infants are not fed appropriately with both breast milk and other foods.2

Solution: Support women and their families to practice optimal breastfeeding and ensure timely and adequate complementary feeding. Breast milk fulfills all nutritional needs of infants up to six months of age, boosts their immunity, and reduces exposure to infections.

High Disease Burden
- 15% of deaths of children under 5 are due to pneumonia.9
- Undernourished children have an increased risk of falling sick and greater severity of disease.
- Undernourished children who fall sick are much more likely to die from illness than well-nourished children.
- Parasitic infestation diverts nutrients from the body and can cause blood loss and anemia

Solution: Prevent and treat childhood infection and other disease. Hand-washing, deworming, zinc supplements during and after diarrhea, and continued feeding during illness are important.

Limited Access to Nutritious Food
- Close to 1 in 4 households is food insecure.10
- Achieving food security means ensuring quality and continuity of food access, in addition to quantity, for all household members.
- Dietary diversity is essential for food security.

Solution: Involve multiple sectors including agriculture, education, transport, gender, the food industry, health and other sectors, to ensure that diverse, nutritious diets are available and accessible to all household members.

Vitamin and Mineral Deficiencies Cause Hidden Hunger
Although they may not be visible to the naked eye, vitamin and mineral deficiencies impact well-being, and are prevalent in Pakistan, as indicated in Figure 3.

![Figure 3 High Rates of Vitamin A and Iron Deficiency Contribute to Lost Lives and Diminished Productivity](image)

- **Vitamin A:** 13% of preschool aged children and 10% of pregnant women are deficient in vitamin A.13
- **Iron:** Current rates of anemia among preschool aged children and pregnant women are 51% and 39%, respectively.12 Iron-folic acid supplementation of pregnant women, deworming, provision of multiple micronutrient supplements to infants and young children, and fortification of staple foods are effective strategies to improve the iron status of these vulnerable subgroups.

- **Iodine:** It is estimated that only 17% of households consume iodized salt, and over 4 million infants remain unprotected from iodine deficiency disorders,9 although these figures may have changed due to recent programmatic activity.

World Bank Nutrition-Related Activities in Pakistan
Projects: The Government of Pakistan is currently preparing an Enhanced Nutrition for Women and Children project for financing from the World Bank and other donors. The project aims to improve nutritional outcomes pregnant women and children under five. The World Bank will oversee assessments to fill existing knowledge gaps in the design of the project. These assessments will be financed by the Japan Trust Fund for Scaling-Up Nutrition.

Analytic Work: Several policy notes have been completed in past years examining Pakistan’s progress towards meeting the health MDGs (and indicators related to nutrition); monitoring disease surveillance; and evaluating overall health system performance. A comprehensive health sector review is scheduled to be delivered next fiscal year.

Addressing undernutrition is cost effective: Costs of core micronutrient interventions are as low as US$0.05–3.60 per person annually. Returns on investment are as high as 8–30 times the costs.13

References