

STUNTING IN PAKISTAN

A Trends Analysis of Underlying Factors By 2030

KEY OBSERVATIONS



The government of Pakistan and its partners in nutrition set the target of reducing stunting prevalence from 44 to 34% by 2017, and to end hunger by 2030 through a holistic approach.



Statistical analyses have established significant relationships linking stunting rates to the following key factors Pakistan: prenatal care, households' assets, maternal and paternal schooling, fertility and open defecation.



Socio-economic challenges are likely to jeopardize the objective of reducing chronic malnutrition in the country by 2030.



By strategically focusing on reducing disparities between genders and improving institutions' accountability, nutrition-focused actions would likely make the most impactful contribution to stunting reduction in Pakistan by 2030.

Direct causes of chronic malnutrition include:

Poor maternal health condition



Inadequate feeding and care practices



Infections



Underlying factors include:

Access to healthcare



Inadequate dietary intake and diseases



Unhealthy household environments



Household food insecurity



Qualified healthcare providers



Availability of supplies, infrastructure, and healthcare systems and policies.



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GLOBAL STUNTING STATISTICS

159 million under-5-year-olds stunted in 2015, the majority of which live in Asia.

15% Drop in global stunting between 1990 and 2013 (40% -> 25%)

49% Drop in Asia over the same time period, from 190 million children in 1990 to 100 million in 2010.

PAKISTAN

44% Pakistan has the third highest stunting rate in the world. The government has pledged to reduce the rate from 44% to 34% by 2017 (equivalent to 1.9 million fewer children).

50%+ Pakistan is one of the ten countries in the world where more than half of the under-five year old population suffers from either stunting or wasting, or both.

3.3%+ Increase in stunting rates in Pakistan since 2001.

By 2030 The Pakistani government has endorsed the Sustainable Development Goals to "end hunger and ensure access for all, especially for the poor and vulnerable, to nutritious and sufficient food the year round".

DRIVERS



Healthcare



Fertility



Sanitation & open defecation



Poverty



Parental Education



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IN RECENT YEARS, PAKISTAN HAS DEMONSTRATED INCREASED COMMITMENT TO SOCIAL DEVELOPMENT, BY SUCCESSFULLY COMBATting POLIO, INCREASING ROUTINE IMMUNIZATION, AND DECREASING THE NUMBER OF OUT-OF-SCHOOL CHILDREN.

PROGRESS IN STUNTING REDUCTION, HOWEVER, PRESENTS MIXED RESULTS.



DRIVERS OF STUNTING IN PAKISTAN

HEALTHCARE



The impact of healthcare on stunting reduction is becoming more widely acknowledged

149th out of 179 countries, on the Maternal Mortality Ratio Index. Pakistan slipped from 147th in 2014.

170 maternal deaths /100,000 live births maternal mortality rate in Pakistan. It is 30/100,000 in Sri Lanka.

85.5/1000 live births under-5 mortality rate, nearly twice India's rate.

0.6% of GDP average national spend on health. Only two countries in the world, the Democratic Republic of Congo and Bangladesh, have a lower ratio of GDP to health spending.

<0.2% of donor funding spent on national health expenditure.

Pakistan has one of the lowest doctors, dentists, nurses and paramedics to population ratios and the health system is riddled by:

- Maldistribution of resources
- Retention issues
- Brain Drain
- Low work-place satisfaction levels
- Sub-optimal alignment of education curriculum with modern pedagogic techniques, international standards and local requirements
- Inadequate system of licensing of health practitioners
- Apparent stagnancy in the coverage of community health workers

The government's National Health Vision, which has the objective of increasing health spending to 3% of GDP, is part of a number of political initiatives aimed at improving healthcare nationally.

Making healthcare a national priority and increasing funding are two necessary conditions, but significant improvement by 2030 will require a structural reform of the health sector.

POVERTY



Economic wealth is a second major underlying driver for sustained nutritional change.

11.2 million people living below the US\$1.90 a day poverty line in Pakistan in 2013.

53 million Poor people (29%) in 2013, according to national standards.

7x The consumption of the richest 20% of the Pakistani population is now 7 times that of the poorest 20%

Price of goods have been increasing and the wealth inequality varies greatly across regions:



URBAN

54.6% multidimensionally poor



RURAL

9.4% multidimensionally poor

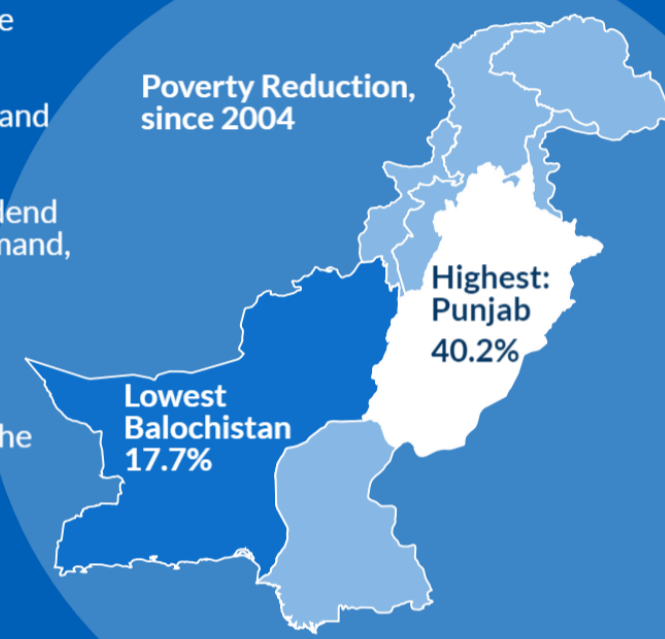
Sustained improvement in household wealth by 2030 will depend on three factors:

- Providing even access to primary and secondary education
- Harvesting the demographic dividend and continuing to fuel domestic demand,
- Tackling growing inequalities.

This will require addressing two of the country's biggest challenges:

Institutionalised corruption and Governance Reform.

Poverty Reduction, since 2004



PARENTAL SCHOOLING

With every year of maternal schooling, the likelihood of a child being stunted decreases. The mechanisms through which parental schooling translates into child health outcomes:

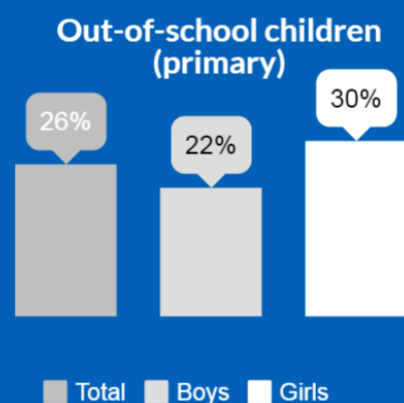
- Greater household income
- Labour market participation
- Exposure to media
- Later marriages
- Health knowledge
- Literacy
- Maternal empowerment within the home

Parental education is low in Pakistan and little progress has been made to close the gender gap in education attainment in the last decade. There is a persistent perception of low returns on girls' education is particularly evident in rural areas.

The necessary reform of the education system will be difficult for 3 reasons:

- Minimal public spending on education expenditures
- poor standards in policy implementation
- a daunting war on education under the Taliban's rule in the country.

By 2030, it is unlikely that Pakistan will achieve its SDG of 'education for all'



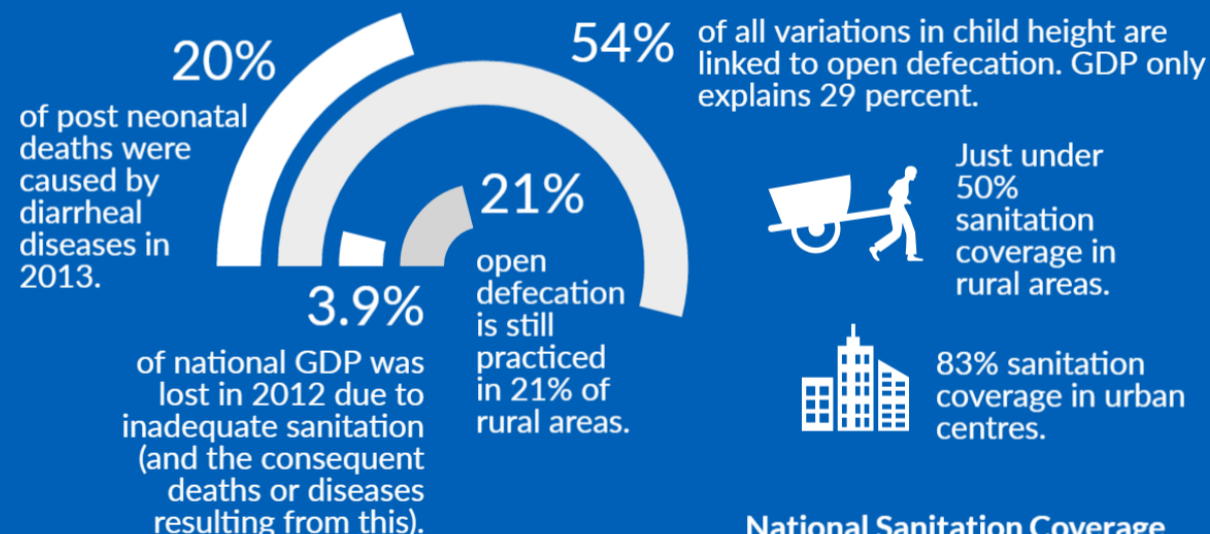
2.5% of GDP was spent on education in 2014.

SANITATION & OPEN DEFECTION

Poor sanitation is a major public health concern linked to several health outcomes, including childhood stunting.

68 million Pakistanis without access to adequate sanitation.

25 million practicing open defecation in 2015.



In 2015, Pakistan was one of the 95 countries to achieve its MDG on sanitation.

National Sanitation Coverage



Total access to sanitation will be difficult to achieve by 2030.

FERTILITY & DEMOGRAPHY

The age of the mother, birth spacing, and the intention of parents to have a child have an impact on the occurrence of stunting.

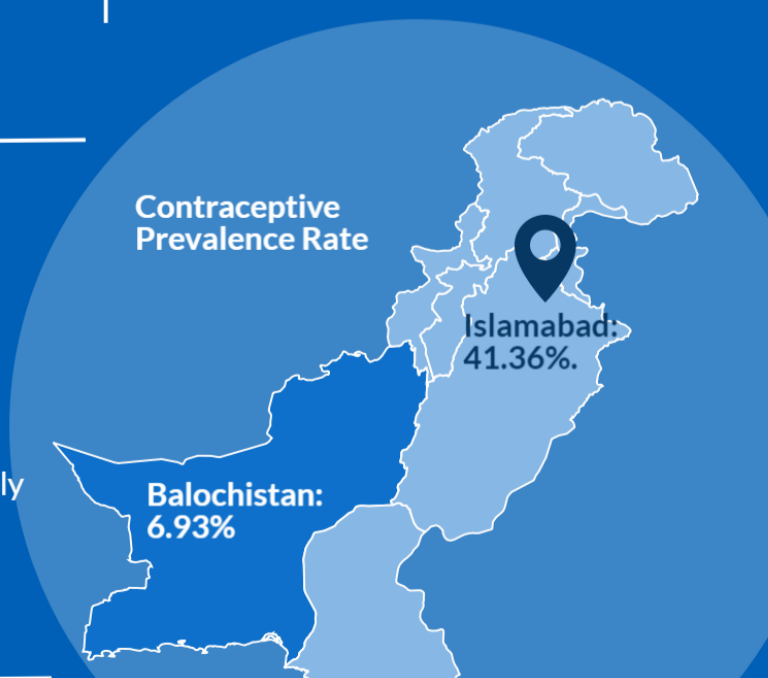
342 million Pakistan's projected population for 2050, would make it the 6th most populous country worldwide.

In South Asia, Pakistan has the highest population growth rate, birth rates, fertility rates, and the smallest average birth intervals. These are very unlikely to change before 2030 without clear policy and social change.

CONCLUSION

The poor state of Pakistan's healthcare and education systems are two major hindrances to stunting reduction in the country. These two sectors inherit decades of low public spending, weak management, as well as a lack of professional training, and both present huge disparities across Pakistani provinces.

The five drivers discussed here present strong interrelations, but a focus on the transversal goal of closing the gender gap within nutrition-oriented policies would best ensure effective stunting reduction by 2030.



IN 2015, PAKISTAN OBTAINED THE WORST GENDER GAP RANKING AFTER SYRIA. THIS IS BASED ON MEASUREMENTS OF GENDER-BASED VIOLENCE, THE LACK OF WOMEN'S ECONOMIC AGENCY AND ACCESS TO EDUCATION.