

# Child Health and Nutrition

## **Introduction**

A child's health include physical, mental and social well-being and not merely absence of disease or infirmity<sup>1</sup>. Children especially infants are at higher risk of serious health problems. To protect the children from diseases and improve their health, growth and development, it is important that nutrition, diet, medication, sleep, exercise, vaccination and most importantly health services are given due consideration.

According to UNICEF's estimate on January 01, 2019, more than 15112 babies were expected to be born in Pakistan on the very first day of the year, that accounts for 4% of all the babies born on the same day<sup>2</sup>. Considering the estimated average, more 5.1million childbirths are expected throughout the year in the country.

The State of World's Children Report – 2019, shows the annual number of births in 2018 around 5.9 million with an average 67 years of life expectancy at birth.

Current population of Pakistan is more than 212 million out of which under 18 population is 88 million and population under the age of five years is 27.291 million<sup>3</sup>.

## **Global Trends of Child Health at a glance**

Globally, at least 1 in 3 children under 5 is not growing well due to malnutrition in its more visible forms: stunting, wasting and overweight.

149 million children under 5 are stunted, almost 50 million children under 5 are wasted and 40 million children under 5 are overweight<sup>4</sup>.

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<sup>1</sup><https://www.pakistantoday.com.pk/2018/10/22/health-policy-reforms/>

<sup>2</sup><https://www.unicef.org/pakistan/press-releases/new-years-babies-over-15000-children-will-be-born-pakistan-new-years-day-unicef>

<sup>3</sup><https://www.unicef.org/media/63016/file/SOWC-2019.pdf>

<sup>4</sup><https://www.un.org/sustainabledevelopment/hunger/>

Globally, at least 1 in 2 children under 5 suffers from hidden hunger due to deficiencies in vitamins and other essential nutrients.

In 2018, almost 200 million children under 5 suffered from stunting or wasting while at least 340 million suffered from hidden hunger.

Only 2 in 5 infants under six months of age are exclusively breastfed, as recommended. Breastfeeding could save the lives of 820,000 children annually worldwide<sup>5</sup>.

### **Child Health and Nutrition in Pakistan**

Article 24(3-a) (e-i) of Constitution of Pakistan discusses public health and medical aid<sup>6</sup> but it does not explicitly recognize the right to health.

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<sup>5</sup><https://www.unicef.org/media/63016/file/SOWC-2019.pdf>

<sup>6</sup>[http://www.na.gov.pk/uploads/documents/1333523681\\_951.pdf](http://www.na.gov.pk/uploads/documents/1333523681_951.pdf)

# UNCRC

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 43-54 HOW THE CONVENTION WORKS	<h1>CONVENTION ON THE RIGHTS OF THE CHILD</h1>					

The four core principles of UNRCR include a child's right to life, survival and development<sup>7</sup>. Article 24 bounds state parties to recognize the right of a child to enjoy good standard health and provide health care facilities for treatment and rehabilitation<sup>8</sup>. The right includes appropriate measures against child mortality and malnutrition and provision of medical assistance and health care, adequate nutritious food, clean drinking water. The article also incorporates pre and post- natal health care for mothers and awareness on health, hygiene, nutrition and well-being<sup>9</sup>.

### SGDs



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<sup>7</sup><https://www.unicef.org.uk/what-we-do/un-convention-child-rights/>

<sup>8</sup>[https://www.unicef.org.uk/wp-content/uploads/2010/05/UNCRC\\_summary-1.pdf](https://www.unicef.org.uk/wp-content/uploads/2010/05/UNCRC_summary-1.pdf)

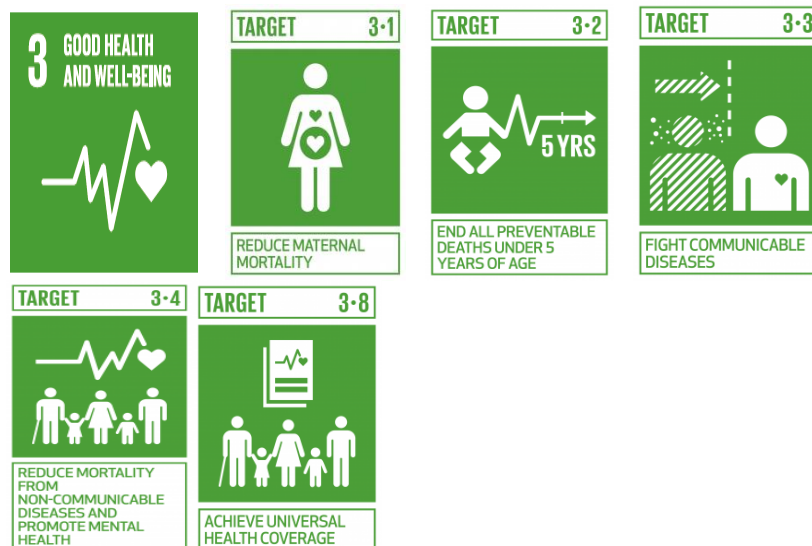
<sup>9</sup><https://www.ohchr.org/documents/professionalinterest/crc.pdf>

## Zero Hunger - SDG Goal:2



The SDG goals 2.1 and 2.2 aim to eliminate hunger and malnutrition by 2030 and achieving internationally agreed targets on stunting and wasting in children under 5 years of age and addressing the needs of adolescent girls, pregnant and lactating mothers<sup>10</sup>.

## Good Health and Well-being – SDG Goal:3



<sup>10</sup><https://www.un.org/sustainabledevelopment/hunger/>

The goal 3.1 aims to reduce global maternal mortality ratio to less than 70 per 100,000 live births and 3.2 aims to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births by 2030<sup>11</sup>. Not only this, 3.3 aims to end epidemics of AIDS, tuberculosis, malaria, hepatitis, water-borne diseases and other communicable diseases by 2030<sup>12</sup>. Not only the rampant diseases, SDGs in its goal 3.4 also mentions premature mortality and non-communicable diseases giving due consideration to promotion of mental health and well-being<sup>13</sup>.

Not only prevention from diseases, SDG's goal 3.8 aims to provide access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all<sup>14</sup>.

As a demonstration of political commitment and ownership, Pakistan integrated the SDGs into its national development agenda in February 2016. Pakistan was first such country to do so<sup>15</sup>. A National SDGs Framework was launched in 2018 envisaging a national vision, plan and strategy to optimize, prioritize and localize the full potential of SDGs in Pakistan.

In terms of institutional arrangement, task forces in the National and Provincial Parliaments have been established to review progress and facilitate legislative support for implementation. Seven SDGs Support Units instituted at Federal and Provincial Government levels facilitate vertical and horizontal coordination among the stakeholders. Notwithstanding economic and financial challenges, Pakistan will continue to work towards achieving the SDGs through innovative, targeted and focused implementation strategies in the social, economic and environmental fields. A key aspect of implementation strategy is strengthening of the existing and forging new alliances, leveraging technology and mobilizing finance. Partnership and close collaboration with a broad array of

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<sup>11</sup><https://www.un.org/sustainabledevelopment/health/>

<sup>12</sup><https://www.un.org/sustainabledevelopment/health/>

<sup>13</sup><https://www.who.int/sdg/targets/en/>

<sup>14</sup><https://www.who.int/sdg/targets/en/>

<sup>15</sup><https://sustainabledevelopment.un.org/memberstates/pakistan>

governmental, private, civil society and media actors, supplemented by regional and international support, will continue to be a major feature<sup>16</sup>.

## **Eliminating hunger and improving health**

Reductions in stunting and malnutrition have taken place - over the period 2013-2018 by 6 and 9 percentage points, respectively. Recognizing the persistent challenge, greater focus and allocation of resources is being made. The prevalence of skilled birth attendance has improved by 17 percentage points while neonatal mortality rate has fallen by 10 percentage points during the same period. The Lady Health Workers Programme, with its grassroots presence, has been instrumental in achieving this improvement. A new universal health coverage initiative – the *SehatSahulat* Program - has been launched in 2019 to provide health insurance coverage for those in need. Health Sector reforms are underway, entailing a centralized integrated disease surveillance system and strong inter-provincial information sharing mechanism.

<https://sustainabledevelopment.un.org/memberstates/pakistan>  
[https://sustainabledevelopment.un.org/content/documents/233812019\\_06\\_15\\_VNR\\_2019\\_Pakistan\\_latest\\_version.pdf](https://sustainabledevelopment.un.org/content/documents/233812019_06_15_VNR_2019_Pakistan_latest_version.pdf)  
<https://dailymtimes.com.pk/228998/pakistan-achieving-the-sdgs/>  
<http://www.un.org.pk/pakistans-challenges-sustainable-development-goals-2015-2030/>

## **Pakistan's score in Global Childhood Report**

According to Global Childhood Report -2019, Pakistan scored 626 out of 1000 where the measuring indicators were child mortality, malnourishment, out of school children, children who have been a victim of violence, child marriage and children involved in labour. Among 176 countries examined in End of Childhood Index, Pakistan

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<sup>16</sup><https://sustainabledevelopment.un.org/memberstates/pakistan>



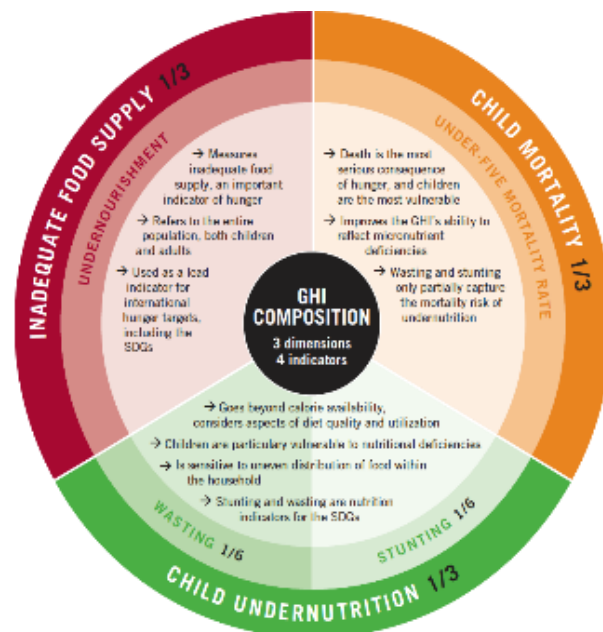
ranked 149 falling in the category of “many children missing out on childhood”<sup>17</sup>.

## Pakistan’s rank in Global Hunger Index

In the 2019 Global Hunger Index, Pakistan ranked 94<sup>th</sup> out of 117 qualifying countries with a score of 28.5, falling in the category of serious level of hunger<sup>18</sup>. The values of the country are based on the indicators like undernourishment, child wasting, child stunting and child mortality<sup>19</sup>.

≤ 09.9	10.0 – 19.9	20.0 – 34.9	35.0 – 49.9	≥ 50.0
Low	Moderate	Serious	Alarming	Extreme Alarming

Source: Global Hunger Index 2019



<sup>17</sup>[https://campaigns.savethechildren.net/sites/campaigns.savethechildren.net/files/report/global\\_childhood\\_report\\_2019\\_ENGLISH.pdf](https://campaigns.savethechildren.net/sites/campaigns.savethechildren.net/files/report/global_childhood_report_2019_ENGLISH.pdf)

<sup>18</sup><https://www.globalhungerindex.org/pakistan.html>

<sup>19</sup><https://www.globalhungerindex.org/about.html>

## Child Mortality in Pakistan

According to UNICEF's State of World's Children Report – 2019, Pakistan stands third on highest burden of deaths among children under five years of age, with an annual number of 409,000 deaths during the year 2018<sup>20</sup>. The number of deaths of children aged between 5 to 14 years was 46,000 throughout the year however the annual number of neo natal deaths was 251,000<sup>21</sup>.

The average rate of under-five mortality was 69 (per 1000 live births) in 2018, the death rate among males and females being 74 and 65 respectively<sup>22</sup>. During the same year, the average rate of infant mortality was 57 and neo natal mortality was 42 per 1000 live births. According to the Pakistan Demographic Health Survey – 2018, the child mortality rates were highest in Punjab and lowest in FATA. The other child mortality trends reflected in PDHS – 2018 were:

- Boys were more likely than girls to die in the first month as the mortality rates were 52 deaths per 1,000 live births among male neonates and 33 deaths per 1,000 live births among female neonates.
- Childhood mortality rates were higher in rural areas than in urban areas by 10 deaths per 1,000 live births.
- Mortality rates were higher among children born fewer than 2 years after a previous birth than among children born two or after a previous birth<sup>23</sup>.
- Childhood mortality rates decreased uniformly as mother's education increased.
- Also the mortality rates were less among children born to women living in highest wealth quintile as compared to the children born to women in low wealth quintile<sup>24</sup>.

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<sup>20</sup><https://www.unicef.org/media/63016/file/SOWC-2019.pdf>

<sup>21</sup><https://www.unicef.org/media/63016/file/SOWC-2019.pdf>

<sup>22</sup><https://www.unicef.org/media/63016/file/SOWC-2019.pdf>

<sup>23</sup><https://dhsprogram.com/pubs/pdf/FR354/FR354.pdf>

<sup>24</sup><https://dhsprogram.com/pubs/pdf/FR354/FR354.pdf>

Child Mortality Rates in different Regions of Pakistan:

<b>Mortality Estimates</b>	<b>Neonatal Mortality</b>	<b>Infant Mortality</b>	<b>Under-5 Mortality</b>
Punjab	51	73	85
Sindh	38	60	77
Balochistan	34	66	78
Khyber Pakhtunkhwa	42	53	64
Islamabad	24	44	49
Ex-FATA	18	29	33
AJK	30	47	53
GB	47	63	76

Source: Pakistan Demographic Health Survey – 2018

Neonatal mortality - The probability of dying within the first month of life.

Infant Mortality - The probability of dying between birth and the first birthday.

Under 5 Mortality - The probability of dying between birth and the fifth birthday<sup>25</sup>.

## **Maternal and New born Health**

Maternal mortality refers to deaths due to complications from pregnancy or childbirth<sup>26</sup> and the maternal mortality ratio (MMR) is defined as the number of maternal deaths during a given time period per 100,000 live births during the same time period. Maternal deaths are the annual number of female deaths from any cause related to or

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<sup>25</sup><https://dhsprogram.com/pubs/pdf/FR354/FR354.pdf>

<sup>26</sup><https://data.unicef.org/topic/maternal-health/maternal-mortality/>

aggravated by pregnancy or accidental or incidental causes during pregnancy and childbirth or within 42 days of termination of pregnancy<sup>27</sup>.

According to the key findings of Pakistan Demographic Health Survey 2018, 69% of the baby deliveries were conducted by skilled birth attendants, and 66% of deliveries took place in a medical facility<sup>28</sup>. 86% of the women who gave birth to babies in five years before the survey, received antenatal (prenatal) care from a skilled provider however only 6 in 10 mothers and newborns received a postnatal care check within two days of baby's births. And nearly 7 in 10 women reported at least one problem in accessing health care services for themselves or babies<sup>29</sup>.

High levels of disparity were reflected in PDHS 2018, according to mother's educational status, wealth quintile to which they belong and age. The proportion of deliveries taking place at a health facility was more than twice as high in ICT Islamabad as in Balochistan (84% versus 35%).

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<sup>27</sup><https://data.unicef.org/topic/maternal-health/maternal-mortality/>

<sup>28</sup><https://dhsprogram.com/pubs/pdf/FR354/FR354.pdf>

<sup>29</sup><https://dhsprogram.com/pubs/pdf/FR354/FR354.pdf>

<b>Regions</b>	<b>Percentage of babies delivered in a health facility</b>	<b>Percentage of Women receiving Antenatal Care from a Skilled Provider*</b>	<b>Percentage of babies delivered by a skilled provider*</b>	<b>Percentage of Women (mothers) with a Postnatal check during the first 2 days after birth</b>	<b>Percentage of Births (newborns) with a Postnatal check during the first 2 days after birth</b>
<b>Punjab</b>	68.9	92.3	71.3	66.4	69.0
<b>Sindh</b>	71.8	85.7	74.8	71.0	75.1
<b>Khyber Pakhtunkhwa</b>	61.8	80.1	67.4	43.0	43.3
<b>Balochistan</b>	34.6	55.5	38.2	37.9	34.3
<b>ICT</b>	84.0	93.6	86.8	78.1	77.0
<b>FATA</b>	49.1	71.0	52.1	31.8	38.6
<b>AJK</b>	62.3	89.6	64.1	57.7	59.9
<b>GB</b>	62.3	79.6	64.4	39.6	38.9

\*Skilled provider includes doctor,nurse, midwife or lady health visitor.

Source: Pakistan Demographic Health Survey – 2018

According to trends in estimates of Maternal Mortality Ratio, compiled by UNICEF, WHO, UNDP and World Bank Group in 2019 the maternal deaths per 100,000 live births in Pakistan in 2017 were 140 which has been decreased from 154 maternal deaths per 100,000 live births as estimated in 2015<sup>30</sup>. The number of maternal deaths estimated in Pakistan during the same year was 8300<sup>31</sup>, as reported by State of World's Children Report – 2019.

<sup>30</sup>[https://data.unicef.org/wp-content/uploads/2015/11/MMR-trend-estimates-2000-2017\\_MMEIG-2.xlsx](https://data.unicef.org/wp-content/uploads/2015/11/MMR-trend-estimates-2000-2017_MMEIG-2.xlsx)

<sup>31</sup><https://www.unicef.org/media/63016/file/SOWC-2019.pdf>

In Pakistan, the adolescent birth rate (birth per 1000 women aged 15 – 19) from 2013 to 2018 was 46, however the percentage of births by age 18 from 2013 to 2018 was 7%<sup>32</sup>. In Pakistan, 23% of the women of reproductive age (15 to 19 years) having their need for family planning are satisfied with the modern methods<sup>33</sup>.

## **Nutritional Status of Children & Adolescent**

Every four in ten under five children are stunted according to the National Nutritional Survey 2018 and nearly two out of every ten children under five suffer from wasting<sup>34</sup>. Nearly 13 per cent of children between the ages of two and five years suffer from some form of functional disability. The survey pointed out that one in every eight adolescent girls and one in every five adolescent boys suffers from being underweight. Over half of the adolescent girls in Pakistan were reported to be anemic<sup>35</sup>.

Over 44 percent children under five years are stunted in Pakistan due to chronic malnutrition<sup>36</sup>. Health experts say that stunted children suffer delayed growth and their brains do not develop, as they should. Stunted children have an average seven-month delay in starting school while they have lower IQ and are more likely to repeat a grade of school<sup>37</sup>.

Pakistan Demographic Health Survey 2018 defines stunting as low height for age, wasting as low weight for age and overweight/obesity as high weight for height<sup>38</sup>. PDHS 2018's findings show that 38% of

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<sup>32</sup><https://www.unicef.org/media/63016/file/SOWC-2019.pdf>

<sup>33</sup>[https://www.who.int/healthinfo/indicators/2015/chi\\_2015\\_74\\_family\\_planning.pdf](https://www.who.int/healthinfo/indicators/2015/chi_2015_74_family_planning.pdf)

<sup>34</sup><https://www.unicef.org/pakistan/press-releases/4-out-10-under-5-children-are-stunted-says-national-nutrition-survey-2018>

<sup>35</sup><https://www.unicef.org/pakistan/press-releases/4-out-10-under-5-children-are-stunted-says-national-nutrition-survey-2018>

<sup>36</sup><https://www.pakistantoday.com.pk/2019/03/08/over-44-children-in-pakistan-suffering-from-chronic-malnutrition/>

<sup>37</sup><https://www.pakistantoday.com.pk/2019/03/08/over-44-children-in-pakistan-suffering-from-chronic-malnutrition/>

<sup>38</sup><https://dhsprogram.com/pubs/pdf/FR354/FR354.pdf>

children below the age of five are stunted, 7% are wasted, 23% of them are underweight and 2% are overweight<sup>39</sup>. National Nutritional Survey of Pakistan - 2018 shows that every four out of ten children under five years of age are stunted, one in every three children is under-weight while 17.7% are suffering from wasting and there is a prevalence of 9.5% among the children of same age<sup>40</sup>.

Stunting was observed to be high among children belonging to lowest wealth quintile (57%) as compared to those from high wealth quintile (22%) besides FATA having highest proportion of stunted children (52%) while ICT having the lowest (24%)<sup>41</sup>.

Stunting is a sign of chronic undernutrition that reflects failure to receive adequate nutrition over a long period<sup>42</sup>. According to National Nutritional Survey Report 2018, malnutrition exists more in boys as compared to girls. Also children living in rural areas suffer more from wasting and stunting than children of urban areas. 40.9% boys under the age of five are stunted as compared to 39.4% girls of the same age. Similarly 18.4% boys in comparison to 17.0% girls are wasted<sup>43</sup>. Wasting is a measure of acute under nutrition that represents a failure to receive adequate nutrition that may have been resulted from inadequate food intake or from a recent episode of illness causing weight loss<sup>44</sup>. Among adolescents aged between 10 – 19 years old 21.1% boys and 11.8% girls were under weight, as reflected in the findings of NNS 2018.

Over weight and obesity results from an imbalance between energy consumed and energy expended<sup>45</sup>. Among children aged below five years 10.2% and 11.4% girls are over weight. 10.2% adolescent boys and 11.4% girls between the ages of 10 – 19 were reported to be

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<sup>39</sup><https://dhsprogram.com/pubs/pdf/FR354/FR354.pdf>

<sup>40</sup><https://www.unicef.org/pakistan/media/1951/file/Final%20Key%20Findings%20Report%202019.pdf>

<sup>41</sup><https://dhsprogram.com/pubs/pdf/FR354/FR354.pdf>

<sup>42</sup><https://dhsprogram.com/pubs/pdf/FR354/FR354.pdf>

<sup>43</sup><https://www.unicef.org/pakistan/media/1951/file/Final%20Key%20Findings%20Report%202019.pdf>

<sup>44</sup><https://dhsprogram.com/pubs/pdf/FR354/FR354.pdf>

<sup>45</sup><https://dhsprogram.com/pubs/pdf/FR354/FR354.pdf>

overweight however 7.7% boys and 5.5% girls of the same age were reported to be obese<sup>46</sup>.

Nutritional status of children under 5 and adolescents aged 10 – 19 years by province/region, is given below:

Regions	Nutritional Status of children under 5			
	Stunting	Wasting	Underweight	Overweight
Punjab	36.4%	15.3%	23.5%	9.9%
Sindh	45.5%	23.3%	41.3%	5.2%
KP	40.0%	15.0%	23.1%	12.9%
Balochistan	46.6%	18.9%	31.0%	16.7%
ICT	32.6%	12.1%	19.2%	5.8%
GB	46.6%	9.4%	21.3%	12.2%
AJK	39.3%	16.1%	21.9%	13.4%
KP-NMD	48.3%	23.1%	33.7%	18.6%

Source: National Nutritional Survey Pakistan - 2018

Regions	Adolescents' Nutritional Status (aged 10-19years)					
	Underweight		Overweight		Obesity	
	Girls	Boys	Girls	Boys	Girls	Boys
Punjab	10.5%	18.0%	12.1%	10.5%	5.5%	7.5%
Sindh	16.6%	30.6%	7.9%	7.4%	3.1%	4.7%
KP	6.2%	13.0%	15.3%	14.7%	8.5%	11.9%
Balochistan	12.2%	12.2%	13.6%	16.0%	9.1%	17.2%

<sup>46</sup><https://www.unicef.org/pakistan/media/1951/file/Final%20Key%20Findings%20Report%202019.pdf>



ICT	8.9%	20.0%	11.2%	8.0%	7.3%	6.5%
GB	6.0%	7.8%	9.6%	9.9%	2.3%	3.9%
AJK	12.1%	19.6%	10.1%	9.5%	4.3%	4.3%
KP-NMD	6.8%	7.8%	18.1%	12.6%	17.5%	27.9%

Source: National Nutritional Survey - 2018

## Pneumonia:

Pneumonia remains the leading infectious cause of death among children under five, killing approximately 2400 children a day. It accounted for approximately 16% of the 5.6 million under-five deaths, killing around 0.8 million children in 2016 where most of the victims were less than 2 years old<sup>47</sup>.

According to World Health Organization's estimates, 99% of children who die of pneumonia live in developing countries<sup>48</sup>. No disease kills more children aged less than five years than pneumonia<sup>49</sup>.

On World Pneumonia Day 2018 it was flagged that despite of the free vaccination in Pakistan, Pneumonia kills as many as 92000 children under the age of five, every year<sup>50</sup>. The estimated figures reflected in many Pakistani studies tell us that the (annual) incidence of ARI (Acute Respiratory Infection) in Pakistani children aged less than five years is 4% in the community a group constituting roughly 22% of the country's population of 160 million. Taking this 4%

<sup>47</sup> <https://data.unicef.org/topic/child-health/pneumonia/>

<sup>48</sup> <https://www.thenews.com.pk/print/392512-pneumonia-kills-92-000-pakistani-children-every-year>

<sup>49</sup> <http://www.epi.gov.pk/vaccine-preventable-diseases/pneumonia/#heading-4>

<sup>50</sup> <https://www.thenews.com.pk/print/392512-pneumonia-kills-92-000-pakistani-children-every-year>

figure, we can calculate that there are 15 million episodes of ARI every year among under-fives<sup>51</sup>.

Pakistan was the first South-Asian country to introduce Pneumococcal Conjugate Vaccine in Pakistan's Expanded Program on Immunization (EPI) in 2012 to prevent people from pneumonia and reduce children's death toll<sup>52</sup>.

## **Fever**

Fever is a major manifestation of *inter alia*, malaria, pneumonia, acute respiratory and other infections in children.<sup>53</sup> During the PDHS survey process in 2017-18, around 38% children under the age of 5, were reported to have fever, of whom 81% were reported to have received treatment from a health facility and 39% were said to have received antibiotic drugs.<sup>54</sup>

Substantial improvement is seen from the previous PDHS data, in the percentage of children for whom advice or treatment for fever was sought from a health facility or service provider. The trends also show that prevalence of fever among children under 6 months of age is 34%, 6-11 months is 48%, and it declines thereafter.<sup>55</sup>

The prevalence of fever is similar in both rural and urban areas; however urban children are slightly more likely to receive treatment (85%), as compared to children living in rural areas (80%). The latter figure appears to be somewhat optimistic, given the observable state of rural health facilities and service providers.

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<sup>51</sup> <http://www.epi.gov.pk/vaccine-preventable-diseases/pneumonia/#heading-4>

<sup>52</sup> <https://www.thenews.com.pk/print/392512-pneumonia-kills-92-000-pakistani-children-every-year>

<sup>53</sup> <https://dhsprogram.com/pubs/pdf/FR354/FR354.pdf>

<sup>54</sup> [https://www.nips.org.pk/abstract\\_files/PDHS%20-%202017-18%20Key%20indicator%20Report%20Aug%202018.pdf](https://www.nips.org.pk/abstract_files/PDHS%20-%202017-18%20Key%20indicator%20Report%20Aug%202018.pdf)

<sup>55</sup> [https://www.nips.org.pk/abstract\\_files/PDHS%20-%202017-18%20Key%20indicator%20Report%20Aug%202018.pdf](https://www.nips.org.pk/abstract_files/PDHS%20-%202017-18%20Key%20indicator%20Report%20Aug%202018.pdf)

## **Tobacco:**

According to the findings of Global Health Tobacco Survey, 2014 in Pakistan daily around 1200 children daily start smoking. Pakistan ranks 54<sup>th</sup> amongst 84 countries with high prevalence of Tobacco smoking, said Minister for National Health Services, Regulations and Coordination Ms. Saira Afzal Tarrar in a session with Senate<sup>56</sup>. The Tobacco Atlas Factsheet shows that each year more than 0.16 million people are killed by Tobacco-caused illness. Still more than 0.12million children aged between 10-14 years and around 14million adults aged 15 years and above continue to use tobacco each day<sup>57</sup>.

In Pakistan, more than 12.9 million (20.6%) men above the age of 15 years smoke cigarettes each day; however 86.5 thousand (0.86%) boys between the ages of 10 – 14 years smoke cigarettes each day, making it an ongoing and dire public threat<sup>58</sup>. Moreover 1.2million (2%) females above the age of 15 and 0.42% females between the ages of 10 – 14 years, smoke cigarettes each day<sup>59</sup>. Other than cigarettes the tobacco is consumed in the form of cigars, e-cigarettes (vapes), pipes (hookah and sheesha) and snuff (naswaar), pan and ghutka etc as smokeless tobacco<sup>60</sup>.

Ministry of National Health Services Regulations & Coordination has recently initiated a strategy to enhance efforts to reduce the prevalence of tobacco use in any form in the country by urging all tobacco manufacturers to print new Pictorial Health Warning (PHW) on cigarette packs and outers<sup>61</sup>. The size of new warning has been increased to 60% and it will be printed on both sides of the cigarette pack and outers, the youth of Pakistan is being targeted with this strategy of implementing Pictorial Health Warning.

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<sup>56</sup> <https://www.pakistantoday.com.pk/2018/04/12/pakistan-ranked-54th-in-terms-of-high-tobacco-smoking-senate-told/>

<sup>57</sup> <https://tobaccoatlas.org/country/pakistan/>

<sup>58</sup> <https://tobaccoatlas.org/country/pakistan/>

<sup>59</sup> <https://tobaccoatlas.org/country/pakistan/>

<sup>60</sup> <https://www.fda.gov/consumers/consumer-updates/recognize-tobacco-its-many-forms>

<sup>61</sup> [http://www.finance.gov.pk/survey/chapters\\_19/11-Health%20and%20Nutrition.pdf](http://www.finance.gov.pk/survey/chapters_19/11-Health%20and%20Nutrition.pdf)

The government is also committed to fulfill its international commitment by taking demand and supply reduction measures as more than five thousand Pakistani are admitted in to hospitals everyday because of the tobacco use<sup>62</sup>.

Pakistan's Prohibition of Smoking and Protection of Non-smokers Health Ordinance 2002, includes measures to stop people from smoking on public places, ban on access to tobacco products near educational institutes, restriction on sale of loose cigarettes and sale to those who are under 18<sup>63</sup>. Pakistan is also a signatory to the World Health Organization's Framework Convention on Tobacco Control since 2005 (FCTC), under which it took a pledge to ensure smoke-free public places, reduce tobacco advertising and promotion and to raise tobacco taxation and pricing.

## **Breastfeeding**

A common cause across all forms of malnutrition is a suboptimal diet (including inadequate breastfeeding for babies). Global Nutritional Report – 2019 assessed 194 countries for analysis out of which only 31 were on track for increasing the rate of exclusive breast feeding for the babies under six months old and 13 other countries somehow showed some progress.<sup>64</sup>. However the data of 130 countries was totally missing and some 20 countries were showing no progress in fact the situation was even worsening in most of them. It has been reflected that in different countries access of children to nutritious diet varies according to their settlements; rural and urban and income groups.

Breastfeeding not only improves health of the child but mothers also; by decreasing the risk of developing breast cancer, ovarian cancer, type 2 diabetes and also boosts the cardiovascular health<sup>65</sup>. It has

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<sup>62</sup> <http://www.tcc.gov.pk/fact.php>

<sup>63</sup> [http://www.senate.gov.pk/uploads/documents/1468938142\\_989.pdf](http://www.senate.gov.pk/uploads/documents/1468938142_989.pdf)

<sup>64</sup> [https://www.who.int/nutrition/globalnutritionreport/2018\\_Global\\_Nutrition\\_Report.pdf?ua=1](https://www.who.int/nutrition/globalnutritionreport/2018_Global_Nutrition_Report.pdf?ua=1)

<sup>65</sup> <https://www.nytimes.com/2018/10/26/well/family/breast-feeding-is-good-for-the-mother-and-not-just-the-baby.html>

been estimated that breast feeding not only aids in birth spacing but increased breastfeeding could also avert 20,000 maternal deaths around the world each year by due to breast cancer<sup>66</sup>.

In Pakistan, *Protection of Breastfeeding and Child Nutrition Ordinance, 2002* exists that provides protection and promotion of breastfeeding and nutrition for infants and young children<sup>67</sup>. In 2015, the KP assembly has also enacted the *Khyber Pakhtunkhwa Protection of Breastfeeding and Child Nutrition Act, 2015* to ensure safe and adequate nutrition for infants and young children and regulate and restrict marketing and inappropriate promotion of products like breast milk substitutes<sup>68</sup>. However the country does not have compliance with ILO's *Maternity Protection Convention, 2000 (C183)*<sup>69</sup> and *Maternity Protection Recommendation, 2000 (R191)*<sup>70</sup> which if ratified, could help in improving the nutrition and well being of women and children in Pakistan and reducing the overall health burden.

According to UNICEF and WHO's collective Global Breastfeeding Report 2018, 28.7% of districts in Pakistan implement community based nutrition, health or other programs with IYCF (Infant and Young Child Feeding) counselling and 21.9% of primary health care facilities offer individual IYCF counselling<sup>71</sup>. However hospitals and maternities that were considered to be baby friendly and have enabling environment for birth were 31.3%<sup>72</sup>.

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<sup>66</sup> <https://www.who.int/nutrition/publications/infantfeeding/global-bf-scorecard-2018.pdf>

<sup>67</sup> <http://www.helpngo.org.pk/legislation/ordinance-2002.pdf>

<sup>68</sup> <http://kpcode.kp.gov.pk/homepage/lawDetails/840>

<sup>69</sup>

[https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100\\_ILO\\_CODE:C183](https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:C183)

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[https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100::NO:12100:P12100\\_ILO\\_CODE:R191:NO](https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100::NO:12100:P12100_ILO_CODE:R191:NO)

<sup>71</sup> [https://www.unicef.org/nutrition/index\\_100585.html](https://www.unicef.org/nutrition/index_100585.html)

<sup>72</sup> [https://www.unicef.org/nutrition/index\\_100585.html](https://www.unicef.org/nutrition/index_100585.html)

Early Initiation <1 hour	19.60%
Rates of Exclusive breastfeeding at 0 – 5 months	47.50%
Rates of continued breastfeeding at 1 year	69.60%
Rates of continued breastfeeding at 2 years	53.40%
Births in Baby Friendly Hospitals & Maternities	31.3%
Districts implementing community programs	28.7%
Primary healthcare facilities with individual IYCF counseling	21.9%

**Source: Global Breastfeeding Scorecard - 2018**

## **National Health Policy/Vision 2016-2025**

The National Health Vision Pakistan 2016-2025 (NHV) was launched, based on an intensive consultative exercise at the national level. The National Health Vision enables provincial health departments to contextualize their policy frameworks with a view to achieving universal health coverage. To this end, supportive provincial legislation has been introduced, including the Punjab Hepatitis Act 2018, the Sindh Occupation Safety and Health Act 2017, the Khyber Pakhtunkhwa Public Health (Surveillance and Response) Act 2017, the Khyber Pakhtunkhwa Mental Health Act 2017, and the Balochistan Juvenile Smoking Act 2018. Legislative frameworks have also sought to support training and research, such as the Pakistan Health Research Council Act 2016 and the Khyber Pakhtunkhwa Medical Teaching Institutions Reforms Act 2016. Alongside legislative initiatives, multiple actions have been taken by Pakistan’s federal and provincial governments to advance health nationwide<sup>73</sup>.

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<sup>73</sup>[https://sustainabledevelopment.un.org/content/documents/233812019\\_06\\_15\\_VNR\\_2019\\_Pakistan\\_latest\\_version.pdf](https://sustainabledevelopment.un.org/content/documents/233812019_06_15_VNR_2019_Pakistan_latest_version.pdf)

## **Health related Legislation**

The Punjab Reproductive, Maternal, Neonatal and Child Health Authority Act 2014<sup>74</sup>

The Sindh Protection of Breastfeeding and Child Nutrition Act, 2013  
The Khyber Pakhtunkhwa Protection of Breastfeeding and Nutrition Bill 2014

Balochistan Protection and Promotion of Breastfeeding and Child Nutrition Act 2014<sup>75</sup>

The Punjab Hepatitis Act 2018<sup>76</sup>

The Sindh Occupation Safety and Health Act 2017

The Khyber Pakhtunkhwa Public Health (Surveillance and Response) Act 2017

The Khyber Pakhtunkhwa Mental Health Act 2017

The Balochistan Juvenile Smoking Act 2018

Legislation supporting training and research

Pakistan Health Research Council Act 2016

The Khyber Pakhtunkhwa Medical Teaching Institutions Reforms Act 2016

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<sup>74</sup>SOPC 2013, pg no. 124

<sup>75</sup>SOPC 2013, pg no. 126

<sup>76</sup>[https://sustainabledevelopment.un.org/content/documents/233812019\\_06\\_15\\_VNR\\_2019\\_Pakistan\\_latest\\_version.pdf](https://sustainabledevelopment.un.org/content/documents/233812019_06_15_VNR_2019_Pakistan_latest_version.pdf)

## **Recommendations**

- Strengthen the primary health care system in terms of staffing, equipment and medical supplies.
- A major reform is needed to enhance the overall efficacy of health systems.
- There is a dire need of pediatricians and child specialists in the far-flung areas of Pakistan.
- In order to improve indicators on maternal and child mortality and malnutrition increased recruitment, training and deployment of Lady Health Workers is necessary.
- Integration of current vertical programs within the framework of a needs-based comprehensive primary health care system is another necessary step.
- Make the health care system more gender-sensitive through appropriate training programs for the service providers along with community-wide participation in decision-making processes
- Federal and provincial governments need to determine governance structures and accountability mechanisms for health programs in order to ensure governance and oversight, implementation mechanisms and coordination.
- Health should be put at the top of the political priority list. Seeking help and collaborating with UNICEF and WHO initiatives could improve the current situation of child health in Pakistan.