

CHILD HEALTH AND NUTRITION



Introduction

The word health refers to a state of complete physical, mental and social well-being¹. Health is a resource to support an individual's function in wider society, rather than an end in itself. A healthful lifestyle provides the means to lead a full life with meaning and purpose. A child's health is the foundation of all growth and development and it includes more than physical growth. Some other important parts of your child's health include their cognitive (learning and thinking) development, social and emotional growth, and mental health all aspects of health and development work together to form your child's overall well-being.²

Globally, it is estimated that 50 million children under five are wasted. Tragically, most of these deaths are preventable with technologies that are currently available and recommended for universal implementation.³

Pakistan is the sixth most populous country of the world and 64% of its population lives in rural areas. Every year approximately 476,000 children under five years of age die of preventable causes, and 14000 women die from preventable complications related to pregnancy and childbirth⁴.

According to Pakistan Economic Survey, National health security is increasingly threatened in Pakistan due to population growth, rising urbanization, environmental pollution and change in lifestyle of people, among other factors⁵.

¹ https://www.medicalnewstoday.com/articles/150999#what_is_health

² <https://childcare.gov/index.php/consumer-education/your-childs-health>

³ <https://books.google.com.pk/books?>

⁴ <https://www.unicef.org/pakistan/media/1276/file/National%20Vision%202016-2025.pdf>

⁵ https://www.finance.gov.pk/survey/chapters_21/11-Health.pdf

COVID-19 and Mental Health Concerns

Globally, at least one in seven children have been directly affected by lockdowns⁶. The World Health Organization (WHO) declared the emergence of the novel coronavirus (2019-nCoV) a Public Health Emergency of International Concern (PHEIC) in January, 2020. In Pakistan, the first case of COVID-19 was confirmed on 26, February 2020. The government announced a second wave of COVID-19 on 28 October, 2020. The third wave of COVID-19 in Pakistan started on 17 March, 2021. Punjab has recorded the most number of cases i.e, 341,390 followed by Sindh with a number of 321,425 cases, Khyber Pakhtunkhwa 133,746 and Balochistan 25,476 cases⁷.

According to UNICEF's Annual Report 2020 the pandemic severely disrupted essential health and nutrition services in 2020, exacerbating inequalities and threatening to reverse decades-long improvements. By the end of October 2020, around one third of countries faced declines of 10 per cent or more in-service coverage for routine immunizations, outpatient care for childhood infectious diseases, and maternal health services compared to 2019⁸.

According to The State of the World's Children report 2021, the COVID-19 pandemic has raised concerns about the mental health of a generation of children. As we enter the third year of the pandemic, the disruption to routines, education, recreation, as well as concern for family income and health, is leaving many young people feeling afraid, angry and concerned for their future⁹.

Women and children in Pakistan require urgent support due to COVID-19 pandemic, an ongoing nutrition emergency and recurrent disasters.

⁶ <https://www.unicef.org/media/108161/file/SOWC-2021-full-report-English.pdf>

⁷ https://www.finance.gov.pk/survey/chapters_21/11-Health.pdf

⁸ https://www.unicef.org/reports/state-worlds-children-2021?gclid=EAlaIqobChMIj9PZn9qA9AIVW0vtCh2cDwknEAAAYASAAEgltGfD_BwE

⁹ <https://www.unicef.org/reports/state-worlds-children-2021>

There are now 346,000 confirmed cases of COVID-19 and the global acute malnutrition rate is 18 percent¹⁰.

Child Health and Nutrition

Everyone deserves access to healthy, affordable food and quality nutrition care. This access is hindered by deeper inequities that arise from unjust systems and processes that structure everyday living conditions. One in every nine people in the world is hungry, and one in every three is overweight or obese. More and more countries experience the double burden of malnutrition, where under-nutrition coexists with overweight, obesity and other diet-related non-communicable diseases.

In Pakistan, the nutritional status of children under five years of age is extremely poor. National nutrition survey-2018 has shown that 23.3 and 45.5% of children are wasted and stunted in Pakistan¹¹.

Global Nutrition Targets

In 2012, the World Health Assembly Resolution 65.6 endorsed a Comprehensive Implementation Plan on Maternal, Infant and Young Child Nutrition, which specified six global nutrition targets for 2025¹².

¹⁰ <https://reliefweb.int/report/pakistan/humanitarian-action-children-2021-pakistan>

¹¹ <https://bmcnutr.biomedcentral.com/articles/10.1186/s40795-021-00455-x>

¹²

file:///C:/Users/Research%20Team/Downloads/WHO_NMH_NHD_14.2_eng.pdf



Pakistan is 'on course' to meet two targets for maternal, infant and young child nutrition (MIYCN). No progress has been made towards achieving the target of reducing anemia among women of reproductive age, with 52.1% of women aged 15 to 49 years now affected. Meanwhile, there is insufficient data to assess the progress that Pakistan has made towards achieving the low birth weight target, nor is there adequate prevalence data. Pakistan is 'on course' for the exclusive breastfeeding target, with 47.5% of infants aged 0 to 5 months exclusively breastfed. Pakistan has made some progress towards achieving the target for stunting, but 37.6% of children less than 5 years of age are still affected, which is higher than the average for the Asia region (21.8%). Pakistan has also made some progress towards achieving the target for wasting but 7.1% of children under 5 years of age are still affected, which is lower than the average for

the Asia region (9.1%). The prevalence of overweight children under 5 years of age is 2.5% and Pakistan is 'on course' to prevent the figure from increasing.

Pakistan has shown limited progress towards achieving the diet-related non-communicable disease (NCD) targets. The country has shown no progress towards achieving the target for obesity, with an estimated 11.3% of adult (aged 18 years and over) women and 6.0% of adult men living with obesity. Pakistan's obesity prevalence is higher than the regional average of 8.7% for women but is equal to the regional average of 6.0% for men. At the same time, diabetes is estimated to affect 12.1% of adult women and 12.6% of adult men.

Pakistan is facing a chronic nutrition emergency. The national global acute malnutrition rate is nearly 18 per cent, exceeding the internationally agreed emergency threshold of 15 per cent¹³.

Importance of child health

Protecting and improving the health of children is of fundamental importance. The world is facing a double mandate. More than half of child deaths are due to conditions that could be easily prevented or treated given access to health care and improvements to their quality of life. At the same time, children must also be given a stable environment in which to thrive, including good health and nutrition, protection from threats and access to opportunities to learn and grow. Investing in children is one of the most important things a society can do to build a better future.

¹³ <https://reliefweb.int/report/pakistan/humanitarian-action-children-2021-pakistan>

UNCRC The global goals (SDG'S)

Nearly all the countries in the world have promised to improve the planet and the lives of its citizens by 2030. They've committed themselves to 17 life-changing goals, outlined by the UN in 2015. These Global Goals, also known as the Sustainable Development Goals (SDGs), include ending extreme poverty, giving people better **healthcare** and achieving equality for women¹⁴.

SDG Goal 3

Ensuring healthy lives and promoting well-being at all ages is essential to sustainable development.



SDG Goal 3 Targets

- By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births.
- By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming 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.

¹⁴ <https://www.sightsavers.org/policy-and-advocacy/global-goals/>

- By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.
- By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being.
- Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol.
- By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.
- Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.
- By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.
- Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate.
- Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries.

- Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks¹⁵.

Pakistan’s rank in Global Hunger Index

In the 2020 Global Hunger Index, Pakistan ranks 88th out of the 107 countries with a score of 24.6, Pakistan has a level of hunger that is serious¹⁶.

≤ 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 2020

Infant Mortality in Pakistan

Out of every 1,000 babies born in Pakistan, 42 die before completing the first month of life, and 74 will not live to see their fifth birthday. Each year about 91,000 children in the country die from pneumonia and 53,300 from diarrhea. Millions of young lives could be saved every year if mothers and babies had access to affordable, quality health care, good nutrition, and clean water. In Pakistan, however, these necessities are out of reach for mothers and babies who need them most. These deaths result from poor access to immunization and low quality maternal and newborn care services. 75% of newborn deaths are caused by three preventable and treatable conditions – complications due to premature birth, complications during labour and delivery, and infections such as sepsis, meningitis, and pneumonia¹⁷.

¹⁵ <https://www.un.org/sustainabledevelopment/health/>

¹⁶ <https://www.globalhungerindex.org/pakistan.html>

¹⁷ <https://www.unicef.org/pakistan/health>



Polio

This year only one case of WPV1 and eight cases of cVDPV2 was reported in Pakistan. The third nation wide polio campaign for 2021 commenced in Khyber Pakhtunkhwa on 17th September and on 20 September, for the rest of the Nation. Over 40 million children under five years of age will be vaccinated with the polio vaccine, along with a supplementary dose of Vitamin A capsule during the campaign. Research also shows approximately 50% of all children are vitamin-A deficient in Pakistan, so a supplementary dose of Vitamin A will be included providing protection against various infections and diseases like diarrhea, pneumonia, measles, and night blindness¹⁸.

Pakistan and Afghanistan are the only two countries in the world where polio cases are still reported. The virus has been eradicated in all other countries of the world, attesting to the safety and efficacy of the vaccine.

¹⁸ <https://www.endpolio.com.pk/images/polio-briefer/Pakistan-Polio-Update-August-2021.pdf>

Maternal and New born Health

According to UN Report, Disruptions in health services due to COVID-19 “may have contributed to an additional 239,000 child and maternal deaths in South Asia”¹⁹.

Millions of young lives could be saved every year if mothers and babies had access to affordable, quality health care, good nutrition, and clean water. In Pakistan, however, these necessities are out of reach for mothers and babies who need them most.

Pakistan’s health indicators reflect a poor state of mother and child health. The current report of UNICEF on child mortality highlights early death risks faced by newborns in developing countries. Unfortunately, Pakistan stands first in this list with highest newborn mortality rate where newborns face one in 22 chance of dying in the first month of their birth²⁰.

As numerous studies have illustrated, a child’s health depends on how healthy the mother is. These deaths are preventable if women’s, particularly rural women’s, health crises are addressed by being sensitive towards women’s nutrition, their access to healthcare and quality services and ensuring skilled birth attendance. Pakistan has made improvements to healthcare services over the recent past such as the country’s commitment of meeting SDGs, introduction of basic health units and rural health centres in order to reach out to the rural population are evident. Mother’s health as well as the opportunities she has for safe motherhood are important determinants in relation to the baby’s survival. There are great disparities in health when it comes to the rural urban divide. Women living in rural and remote areas face several challenges such as poverty ridden life which makes them work longer than men. Dominance of male power results in gender inequality and denies them access to the social sphere, giving them less access to healthcare. Furthermore, accessing quality healthcare in a place where they suffer from food insecurity, walk

¹⁹ <https://www.unicef.org/rosa/media/13066/file/Main%20Report.pdf>

²⁰ <https://blogs.lse.ac.uk/southasia/2018/07/09/maternal-and-newborn-health-in-pakistan-risks-challenges-and-the-way-forward/>

miles to fetch water and produce energy from cow dung to light the stove seems more like a privilege than a basic right

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 nationwide²¹

Health Budget 2021-22

The federal budget 2021-22 has seen an increase of 11pc relative to the previous year. In nominal terms, the health budget has gone up from around Rs25.5 billion to Rs28.3bn though it is still a mere 0.4pc of the total budget. The federal development budget (PSDP) has a “particular focus on strengthening the health sector” and it has seen an increase of 49.6pc i.e from Rs14.5bn in 2020-21 to Rs21.7bn, including Rs5.6bn for the Sehat Sahulat Programme. One of the government priorities for the current fiscal year is impact mitigation of Covid-19. Rs100bn is dedicated only for Covid-19 related expenditures i.e. almost four times the budget for routine healthcare.

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<https://www.sparcpk.org/SOPC2019/Child%20Health%20and%20Nutrition.pdf>

- **Punjab**, which comprises almost half the population of Pakistan, has increased its budget by a gargantuan 134pc — from Rs156.7bn in 2020-21 to Rs370bn. Likewise, the development programme budget has seen a huge increase of 182pc. Out of Rs96bn of the development budget, Rs78bn is allocated for tertiary and only Rs19bn for primary and secondary care. The province aims to provide social health insurance to the whole population by the end of 2021, an ambitious and misplaced target. Rs80bn have been allocated for this purpose and Rs106bn have been put aside for mitigating the effects of Covid-19.
- **Khyber Pakhtunkhwa** increased its health allocation in the provincial budget 2021-22 to Rs142bn from Rs124bn. The Annual Development Plan (ADP) allocation for health in KP this financial year is Rs22.4bn. KP has led social health insurance development in the country. This year the province also announced providing universal health insurance (Sehat Plus Card), which is debatable for various reasons. They have also added organ transplantation and outpatient health services in the insurance coverage.
- **Sindh** increased its budget allocation by 29.5pc i.e from Rs132.8bn last year to Rs172bn but also announced a 30pc increase in the health budget in 2022-23. For the new financial year, Sindh also pitched Rs18.5bn as its ADP budget for health. This is the only province which has opted out of the Sehat Sahulat Programme primarily for political reasons, which is sad.
- **Balochistan** has increased its budget by Rs13.2bn (42pc) i.e from Rs31.4bn in 2020-21 to Rs44.6bn in the current year. The ADP for 2021-22 is Rs11.8bn. Balochistan had not been able to introduce social health insurance under the current government but finally an amount of Rs5.9bn has been allocated to introduce the Balochistan Health Card to provide financial protection to 1,875,000 families²².

²² <https://www.dawn.com/news/1639082>

Recommendations

- Health should be put at the top of the political priority list to improve the current situation of child health in Pakistan.
- For ensuring a livable environment to newborns, rural women's health crises must be addressed. An enhanced budget for health, on nutrition interventions, well integrated programs for mothers and newborns, provision of safe and clean drinking water, skilled birth facilities and access of midwives and trained practitioners to remote areas are mandatory in this regard.
- Integrate mental health services into social protection and community care systems.
- In order to improve indicators on maternal and child mortality and malnutrition increased recruitment, training and deployment of Lady Health Workers is necessary.
- 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.

