Pakistan

Country overview

Malnutrition burden

Pakistan is on course to meet the global targets for under-five overweight and infant exclusive breastfeeding, but is off course to meet the targets for all other indicators analysed with adequate data. There is insufficient target data to assess Pakistan’s progress for low birth weight.

Although it performs relatively well against other developing countries, Pakistan still experiences a malnutrition burden among its under-five population. As of 2018, the national prevalence of under-five overweight is 2.5%, which has decreased slightly from 4.8% in 2013. The national prevalence of under-five stunting is 37.6%, which is greater than the developing country average of 25%. Conversely, Pakistan’s under-five wasting prevalence of 7.1% is less than the developing country average of 8.9%.

In Pakistan, 47.5% of infants under 6 months are exclusively breastfed, this is well below the Southern Asia average of 53.9%. There is insufficient data on low birth weight.

Pakistan’s adult population also face a malnutrition burden. 52.1% of women of reproductive age have anaemia, and 12.6% of adult men have diabetes, compared to 12.1% of women. Meanwhile, 11.3% of women and 6% of men have obesity.


Notes: Data on the adult indicators are based on modelled estimates.

Progress against global nutrition targets 2019


Notes: WRA = Women of a reproductive age; NA = not applicable. The methodologies for tracking differ between targets. Data on the adult indicators are based on modelled estimates.
Child (under-five) nutrition status

Coexistence of wasting, stunting and overweight


Notes: Percentage of children under-five years of age who experience different and overlapping forms of malnutrition.

Low birth weight

Child (under-five) nutrition status over time

Wasting by gender

Stunting by gender

Overweight by gender

Wasting by location

Stunting by location

Overweight by location

Wasting by income

Stunting by income

Overweight by income
Wasting by mother’s education

Stunting by mother’s education

Overweight by mother’s education

Wasting by age

Stunting by age

Overweight by age

Infant and young child feeding over time

Exclusive breastfeeding by gender

Continued breastfeeding at 1 year by gender

Minimum acceptable diet by gender

Intro. to solid, semi-solid, soft foods by gender

Exclusive breastfeeding by location

Continued breastfeeding at 1 year by location

Minimum acceptable diet by location

Intro. to solid, semi-solid, soft foods by location

Exclusive breastfeeding by income

Continued breastfeeding at 1 year by income

Minimum acceptable diet by income

Intro. to solid, semi-solid, soft foods by income

**Infant and young child feeding**

**Wealth quintiles (%)**
- Continued breastfeeding at 2 years
- Continued breastfeeding at 1 year
- Minimum acceptable diet
- Minimum dietary diversity
- Minimum meal frequency
- Intro. to solid, semi-solid, soft foods
- Exclusive breastfeeding
- Early initiation

**Urban/rural (%)**
- Urban
- Rural

Child and adolescent (aged 5-19) nutrition status

Underweight by gender

Overweight by gender

Obesity by gender

Sources: NCD Risk Factor Collaboration.
Adult nutrition status

Diabetes by gender

Sources: NCD Risk Factor Collaboration.

Overweight by gender

Obesity by gender

Raised blood pressure by gender

Anaemia in WRA

Salt intake (grams per day)

Sources: NCD Risk Factor Collaboration.

Source: WHO Global Health Observatory.

Notes: WRA = women of reproductive age.

Source: Global Burden of Disease, the Institute for Health Metrics and Evaluation.
Dietary needs
Consumption of food groups and components, 2016

Sources: Global Burden of Disease, the Institute for Health Metrics and Evaluation.
Notes: TMREL = theoretical minimum risk of exposure level. Men and women aged 25 and older.

<table>
<thead>
<tr>
<th>Midpoint of TMREL</th>
<th>%/g of TMREL</th>
<th>200% of TMREL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calcium</td>
<td>1.3g</td>
<td></td>
</tr>
<tr>
<td>Fruit</td>
<td>250g</td>
<td></td>
</tr>
<tr>
<td>Legumes</td>
<td>60g</td>
<td></td>
</tr>
<tr>
<td>Milk</td>
<td>435g</td>
<td></td>
</tr>
<tr>
<td>Nuts and seeds</td>
<td>20.5g</td>
<td></td>
</tr>
<tr>
<td>Omega 3</td>
<td>0.3g</td>
<td></td>
</tr>
<tr>
<td>Polyunsaturated fat</td>
<td>11%</td>
<td></td>
</tr>
<tr>
<td>Processed meat</td>
<td>2g</td>
<td></td>
</tr>
<tr>
<td>Red meat</td>
<td>22.5g</td>
<td></td>
</tr>
<tr>
<td>Salt</td>
<td>2g</td>
<td></td>
</tr>
<tr>
<td>Saturated fat</td>
<td>7%</td>
<td></td>
</tr>
<tr>
<td>Sugar-sweetened beverages</td>
<td>2.5g</td>
<td></td>
</tr>
<tr>
<td>Trans fat</td>
<td>0.5%</td>
<td></td>
</tr>
<tr>
<td>Vegetables</td>
<td>360g</td>
<td></td>
</tr>
<tr>
<td>Whole grain</td>
<td>125g</td>
<td></td>
</tr>
</tbody>
</table>

Notes: NA = not applicable. Data is compiled using STATcompiler and taken from country Demographic and Health Surveys for 2005-2018.

Intervention coverage

<table>
<thead>
<tr>
<th>Coverage/practice indicator</th>
<th>Total (%)</th>
<th>Boy (%)</th>
<th>Girl (%)</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children 0-59 months with diarrhoea who received zinc treatment</td>
<td>12</td>
<td>13</td>
<td>12</td>
<td>2017</td>
</tr>
<tr>
<td>Children 6-59 months who received vitamin A supplements in last 6 months</td>
<td>75</td>
<td>75</td>
<td>75</td>
<td>2017</td>
</tr>
<tr>
<td>Children 6-59 months given iron supplements in past 7 days</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>2017</td>
</tr>
<tr>
<td>Women with a live birth in the five years preceding the survey who received iron tablets or syrup during antenatal care</td>
<td>58</td>
<td>NA</td>
<td>NA</td>
<td>2017</td>
</tr>
<tr>
<td>Household consumption of any iodised salt</td>
<td>No data</td>
<td>NA</td>
<td>NA</td>
<td>No data</td>
</tr>
</tbody>
</table>
Determinants

Undernourishment

Source: FAOSTAT 2018.

Gender-related determinants

Early childbearing births by age 18 (%)\(^1\) 8 2013

Gender Inequality Index (score \(^2\)) 0.54 2017

Gender Inequality Index (country rank)\(^2\) 133 2017

Sources: \(^1\) UNICEF 2018; \(^2\) UNDP 2018.

Notes: *0 = low inequality, 1 = high inequality.

Food supply

Source: FAOSTAT 2018.

Female secondary education enrolment (net, % population)


Drinking water coverage (% population)


Sanitation coverage (% population)

Resources, policies and targets

Development assistance

- Basic nutrition ODA received
- % of total ODA

Sources: Development Initiatives based on OECD Development Assistance Committee (DAC) Creditor Reporting System (CRS).

Notes: ODA = official development assistance. Amounts based on gross ODA disbursements, constant 2017 prices. Figure includes ODA grants and loans, but excludes other official flows and private grants.
**National policies**

<table>
<thead>
<tr>
<th>Policy</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mandatory legislation for salt iodisation</td>
<td>No</td>
</tr>
<tr>
<td>Sugar-sweetened beverage tax</td>
<td>No</td>
</tr>
<tr>
<td>Food-based dietary guidelines</td>
<td>No data</td>
</tr>
<tr>
<td>Policy to reduce salt consumption</td>
<td>No</td>
</tr>
<tr>
<td>Operational policy, strategy or action plan to reduce unhealthy diet</td>
<td>No</td>
</tr>
<tr>
<td>related to NCDs</td>
<td></td>
</tr>
<tr>
<td>Operational, multisectoral national NCD policy, strategy or action</td>
<td>No</td>
</tr>
<tr>
<td>plan</td>
<td></td>
</tr>
<tr>
<td>Operational policy, strategy or action plan for diabetes</td>
<td>No</td>
</tr>
<tr>
<td>Policy to reduce the impact on children of marketing of foods and</td>
<td>No</td>
</tr>
<tr>
<td>beverages high in saturated fats, trans-fatty acids, free sugars or</td>
<td></td>
</tr>
<tr>
<td>salt</td>
<td></td>
</tr>
<tr>
<td>Policy to limit saturated fatty acids and virtually eliminate</td>
<td>No</td>
</tr>
<tr>
<td>industrially produced trans-fats</td>
<td></td>
</tr>
</tbody>
</table>


Notes: NA = not applicable; NCD = non-communicable disease.
<table>
<thead>
<tr>
<th>Stunting</th>
<th>Anaemia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Low birth weight</th>
<th>Child overweight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Exclusive breastfeeding</th>
<th>Wasting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Salt intake</th>
<th>Overweight adults and adolescents</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Multisectoral comprehensive nutrition plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

Economics and demography

Poverty rates (%) and GDP (PPP$)

Notes: PPP = purchasing power parity.

Under-five mortality (per 1,000 live births)

Source: UN Inter-agency Group for Child Mortality Estimation 2018.

Government revenues ($m)

Source: IMF Article IV staff reports (country specific) and IMF World Economic Outlook Database (April 2019).

Income inequality

<table>
<thead>
<tr>
<th>Gini index score</th>
<th>Gini index rank</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>34</td>
<td>47</td>
<td>2015</td>
</tr>
</tbody>
</table>

Sources: World Bank 2019.
Notes: \(^1\) 0 = perfect equality, 100 = perfect inequality. \(^2\) Countries are ranked from most equal (1) to most unequal (159).

Population

Population (thousands) 212,215 2018
Under-five population (thousands) 27,668 2019
Rural (%) 63 2018
>65 years (thousands) 9,361 2019

Sources: World Bank 2019, UN Population Division Department of Economic and Social Affairs 2019.

Population density of health workers per 1,000 people

Physicians 0.98 2015
Nurses and midwives 0.5 2015
Community health workers 0.09 2015

Sources: WHO’s Global Health Workforce Statistics, OECD, supplemented by country data.