

Editorial **High MMR in Mothers & Children – A major Role of Malnutrition & Micronutrient Deficiencies – NNS 2011**

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Editor

National Nutrition Survey (NNS) 2011 suggests malnutrition plays a substantial role in Pakistan's high child morbidity and mortality rates

"Well fed people can enhance their dignity, their health and their learning capacity. Putting resources into social programs is not expenditure. It is investment", Luiznacio Lula da Silva, former President of Brazil.

Finally, the federal government has launched the long-awaited National Nutrition Survey (NNS) 2011 in Islamabad. Findings of the NNS 2011 are depressing and clearly depicts how neglected the subject is in Pakistan. There has been no improvement in nutrition indicators for the last almost four decades and Minister Ahsan Iqbal rightly lamented the fact that the last decade following NNS 2001 has been totally lost as no tangible steps have been taken to improve the situation. Federal Minister for Planning and Development and the Minister of State for Health Services Regulations and Coordination with the respective secretaries, representatives of the Provincial Governments and the Planning Commission of Pakistan, Donors, UN Agencies and civil society were present at the launching ceremony.

The NNS 2011 was the largest nutrition survey in the history of Pakistan conducted by the Aga Khan University's Division of Women and Child Health, Ministry of Health and UNICEF with the financial support of Aus AID and DFID. The NNS 2011 covered all provinces, Azad Jammu and Kashmir (AJK), Gilgit Baltistan and the Federally Administered Tribal Areas (Fata). This included 1,500 enumeration blocks (EBs)/villages and 30,000 households with a 49 per cent urban and 51 per cent rural distribution.

Results from the NNS 2011 indicated little change over the last decade in terms of core maternal and childhood nutrition indicators.

With regard to micronutrient deficiencies, while iodine status had improved nationally, vitamin A status has had deteriorated and there had been little or no improvement in other indicators linked to micronutrient deficiencies.

The NNS 2011 revealed that the nutritional status has not changed much over the past decade. The anthropometry of children under 5 revealed that 43.7 per cent were stunted (too short for her/his age/low height for age) in 2011 as compared to 41.6 per cent in 2001 NNS. Similarly, 15.1 per cent children were wasted (weight that is too low for her/his height) compared to 14.3 per cent in 2001. As per World Health Organization's standards, a national average of 15 per cent or above is labelled as an "Emergency".

The NNS 2011 indicates that stunting, wasting and micronutrient deficiencies are endemic in Pakistan. These are caused by a combination of dietary deficiencies; poor maternal and child health; a high burden of morbidity; and low micronutrient content in the soil, especially iodine and zinc. Most of these micronutrients have profound effects on immunity, growth and mental development. They may underline the high burden of morbidity and mortality among women and children in Pakistan.

Malnutrition plays a substantial role in Pakistan's high child morbidity and mortality rates. Due to its correlation with infections, malnutrition in Pakistan currently threatens maternal and child survival and an estimated 35 per cent of all under 5 deaths in the country are linked with malnutrition. It is imperative to respond to the situation if Pakistan has to be on track to achieve Millennium Development Goal (MDG) 4; about two third reduction in under 5 mortality.

More than 1.5 million children in Pakistan are currently suffering from acute malnutrition, making them susceptible to infectious diseases which may even lead to death. Long-term (chronic) malnutrition undermines both physical and mental development; nearly half of Pakistan's children are chronically malnourished, and have their brain development and immune systems impaired, with life-long consequences.

Most of the irreversible damage due to malnutrition happens during conception and in the first 24 months of life meaning that risk begins from the day of conception to up to two years of age also referred to as the first 1000 days.

It was encouraging to listen to the Federal Minister for Planning and Development Ahsan Iqbal, during the launch of the NNS 2011, who was very clear that it is time for retrospection and that the issue is not going to be resolved through routine approach and all the stakeholders should respond to the situation as an emergency.

Besides, the launch of the NNS 2011 another positive development is Pakistan's joining of the Scaling Up Nutrition (SUN) initiative at the global level in April 2013. More than 40 countries have joined the SUN Movement so far, Pakistan being the largest country. The SUN is an opportunity which the government should utilise effectively and gear up to improve the situation of nutrition in the country. Key donors, UN Agencies, National and International NGOs are there to support the federal and provincial governments to scale up efforts for nutrition in a coordinated and efficient manner.

