

Health at Risk, Economy at Stake: Pakistan's Disease Burden Across Age and Gender

Introduction

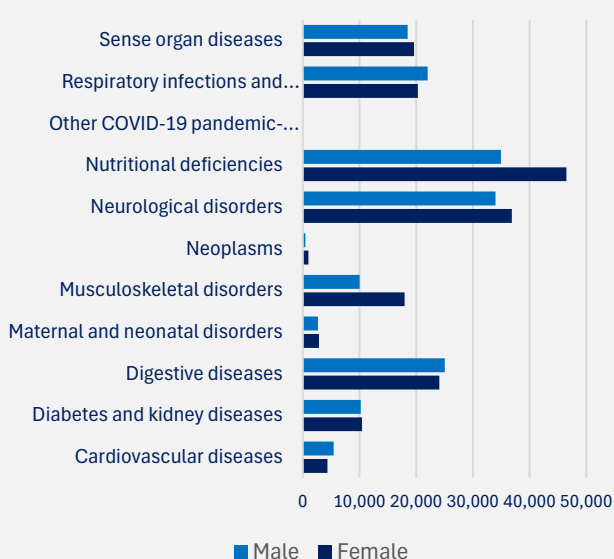
In Pakistan's disease burden is no longer just a health challenge—it is a growing economic risk. A significant share of illness occurs during early life and peak working years, reducing healthy life expectancy and weakening workforce productivity. These patterns are further shaped by persistent gender disparities, with women consistently experiencing higher health burdens across multiple conditions.

Without targeted, age- and gender-responsive policies, Pakistan risks locking in a cycle of poor health and reduced economic performance.

Health at Risk: Disease Burden

- **Women carry a higher burden:** Nutritional deficiencies are 33% higher among women (46,498 per 100,000) than men (34,952 per 100,000).
- **NCDs dominate adulthood:** Cardiovascular disease prevalence rises nearly fivefold, from ~3,200 per 100,000 (ages 30–39) to over 18,500 (ages 60–69).
- **Early-life disadvantage:** Nutritional deficiencies peak early, reaching ~22,000 per 100,000 among children under two, before declining with age.
- **Gender gap is persistent, not marginal:** NCDs account for 51.5% of women's and 52.1% of men's disease prevalence, but women experience consistently higher rates across categories (see Fig 1).

Figure 1: Gender Comparison of Disease Burden (Prevalent Cases), Pakistan 2021



Key Recommendations

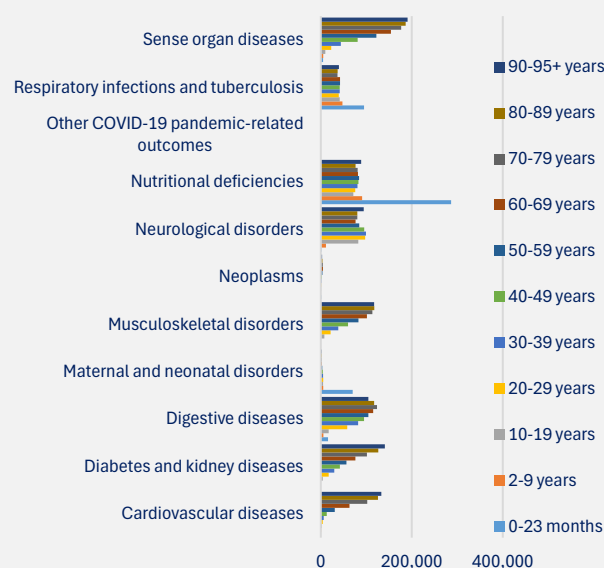
- **Embed disease burden into economic planning:** Integrate DALY- and QALY-linked GDP losses into national and provincial budgeting, while aligning health, labor, and education policies to protect workforce productivity
- **Prioritize prevention during productive years:** Target youth (21–35) and adults (30–50) through early NCD prevention to reduce long-term productivity losses
- **Focus on high-impact, high-inequality areas:** Prioritize women's nutrition and early-life interventions, where disease burden is highest and long-term economic returns are greatest.

Economy at Risk: Financial Implications of Disease Burden

Adolescent NCDs alone cost Pakistan PKR 447 billion (~USD 1.6 billion) annually.

Population aged 21–35—the core labor force—accounts for 15–20% of Pakistan's total disease burden, **costing peak productivity years**. Comparable evidence from Asia shows diabetes alone can reduce productivity-adjusted life years by 17% in men and 27.8% in women, translating directly into lower GDP.

Figure 2: Disease Burden by Age (Prevalent Cases), Pakistan 2021



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