Health and the SDGs **2021**

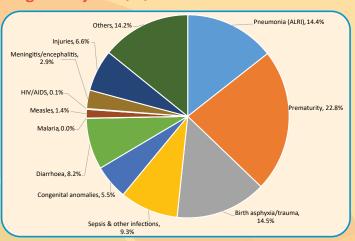
Pakistan



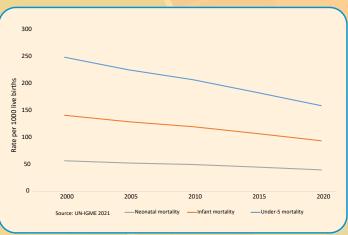
Universal health coverage

UHC service coverage index (2021)	45.0
Primary health care facilities per 10 000 population (2021)	0.6
Hospital beds per 10 000 population (2021)	10.1
Demand for family planning satisfied with modern methods (%) (2021)	52.0
Antenatal care visits (4+ visits) (2018)	51.4
Measles immunization coverage among 1-year olds (%) (2021)	81.0
Tuberculosis treatment coverage rate (2021)	55.0
DTP3-containing vaccine/pentavalent coverage among 1-year olds (%) (2021)	83.0
Out-of-pocket expenditure as p <mark>ercentage of current health expenditure (2017)</mark>	56.0
Domestic general government health expenditure as % of general government expenditure (2021)	5.0

Distribution of causes of death among children aged < 5 years (%)



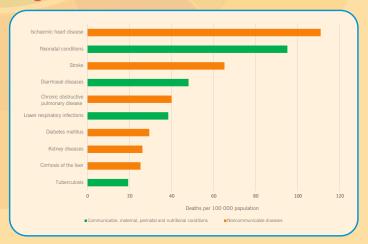
Neonatal, infant and under-5 mortality rates per 1000 live births



Selected determinants of health

Population living in urban areas (%) (2021)	37.0
Annual GDP growth (%) (2021)	6.5
Population growth rate (%) (2020)	2.0
Children aged < 5 years with pneumonia symptoms taken to a health care provider (%) (2018)	71.0

Top 10 causes of death for both sexes and all ages (2019)







Selected health-related SDG indicators

NO POVERTYPopulation below the international poverty line (2017) (%)Proportion of employed population below the international poverty line 15+ (%) (ILO modelled estimate, 2019)	Male Female	37.0 3.3 4.0	2 ZERO HUNGER () Children under 5 (%) who are (2018) stunted wasted overweight	37.6 7.1 2.5
4 QUALITY EDUCATION IIII	Total Male Female Total ratio Male ratio Female ratio	72.0 79.0 65.0 64.0 68.0 60.0	7 AFFORDABLE AND CLEAN ENERGY	49.3
6 CLEAN WATER OF CLEA	ices (%) 20) ng safely (%)	36.0	B DECENT WORK AND CONOMIC GROWTH Unemployment rate (15+ years) (%) (ILO estimate, 2021) Total Male Female	6.3 5.5 9.2
11 SUSTAINABLE CITIES AND COMMUNITIES ▲ Concentrations of fine particulate matter (PM2.5) (µg/m ³) (WHO Global Health Observatory, 2019)	Total Urban	50.1 51.6	16 PEACE, JUSTICE AND STRONG INSTITUTIONS EStimates of rate of homicides (per 100 000 population) (WHO Global Health Observatory, 2019)	6.0

Key health indicators

Indicator	Male	Female	Total
Life expectancy at birth in years (2019)	64.6	66.7	65.6
Healthy life expectancy (HALE) at birth (years) (2019)	56.9	56.8	56.9
Healthy life expectancy (HALE) at 60 (years) (2019)	12.6	12.5	12.6
Maternal mortality ratio (deaths per 100 000 live births) (UN-MMEIG 2020 estimate)	—	—	154.0
Neonatal mortality rate (deaths per 1000 live births) (UN-IGME 2021 estimate)			39.4
Infant mortality rate (deaths per 1000 live births) (UN-IGME 2021 estimate)	57.4	47.8	52.7
Under-5 mortality rate (deaths per 1000 live births) (UN-IGME 2021 estimate)	67.5	58.8	63.3
Tobacco use among persons 15+ years (%) (2019)	34.3	7.8	21.0
Overweight (18+ years) (%) (2016)			41.3
Obesity (18+ years) (%) (2016)			14.9
Raised blood pressure among persons 18+ years (%) (2017)			46.2
Raised blood glucose among persons 18+ years (%) (2017)			26.3
Raised cholesterol among persons 18+ years (%) (year)			
Mortality between exact ages 30 and 70 from cardiovascular disease, cancer, diabetes or chronic respiratory disease (%) (2019)	31.8	26.8	29.4
Cancer incidence per 100 000 (2020)	107.0	113.7	110.4

Universal health coverage (UHC) means provision of quality services to everybody without discrimination of any kind and without exposing people to financial hardship. UHC is one of the targets of SDG 3, and attaining UHC will also contribute directly or indirectly to achieving the other SDGs. Achieving UHC means ensuring healthy lives and promoting well-being for all at all ages with explicit affirmative action for vulnerable populations including refugees and migrants. Thus, disaggregated data will be necessary to assess and address inequities in health. UHC requires intersectoral action. All countries can and must advance towards UHC by 2030, if not earlier.

Availability of data for each SDG 3 indicator: no data, one and at least two data points, 2014–2019

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 No data 		3.1 2.2 1 Hodor E month	3.2.2 Neonatal mortality	3.3.1 Numbe		3.3.3 Malaria incidence (per 1	3.3.4 Hepatitis B virus prevalence among	3.3.5 Number of people requiring interventions	lity of dying between age 30 and exact age 70 from CVD,	3.4.2 Suicide mortality rate (deaths per	3.5.2 Alcohol consumption per capita (age	3.6.1 Death rate from road traffic	3.7.1 Demand for family planning satisfied w	3.7.2 Adolescent fertility (15–19 years)	3.8.1 UHC ser	expenditures on health as a share of total household e	3.9.1 Mortality rate attributed to household and a	tality rate attributed to unsafe water, unsafe sanitation a	3.9.3 Mortality rate attributed to uninte	3.a.1 Tobacco use (aged 15 ye	3.b.1 Vaccin	3.b.1 Vaccine	3.b.1 Vaccir	3.b.2 Total net ODA	b.3 Availability of selected essential medicines (public	3.c.1 Physicians pe	3.c.1 Nursing and midwifery per	3.c.1 Pharmacists per	3.c.1 Dentists per	3.d.1 IH	3.d.2 Percentage of bloodstream infections d	3.d.2 Percentage of bloodstream infect	
 No data 		3.1 2.1 Index E model	3.2.2 Neonatal mortality	3.3.1 Numbe		3.3.3 Malaria incidence (per 1	3.3.4 Hepatitis B virus prevalence among	3.3.5 Number of people requiring interventions	ability of dying between age 30 and exact age 70 from CVD,	3.4.2 Suicide mortality rate (deaths per	3.5.2 Alcohol consumption per capita (age	3.6.1 Death rate from road traffic	3.7.1 Demand for family planning satisfied w	3.7.2 Adolescent fertility (15–19 years)	3.8.1 UHC ser	rge expenditures on health as a share of total household ϵ	3.9.1 Mortality rate attributed to household and a	Aortality rate attributed to unsafe water, unsafe sanitation a	3.9.3 Mortality rate attributed to uninte	3.a.1 Tobacco use (aged 15 ye	3.b.1 Vaccin	3.b.1 Vaccine	3.b.1 Vaccir	3.b.2 Total net ODA	3.b.3 Availability of selected essential medicines (public health facilities) (%)	3.c.1 Physicians pe	3.c.1 Nursing and midwifery per	3.c.1 Pharmacists per	3.c.1 Dentists per	3.d.1 IH	3.d.2 Percentage of bloodstream infections d	3.d.2 Percentage of bloodstream infect	
 No data 		3.1 2.1 Index E modul	3.2.2 Neonatal mortality	3.3.1 Numbe		3.3.3 Malaria incidence (per 1	3.3.4 Hepatitis B virus prevalence among	3.3.5 Number of people requiring interventions	robability of dying between age 30 and exact age 70 from CVD,	3.4.2 Suicide mortality rate (deaths per	3.5.2 Alcohol consumption per capita (age	3.6.1 Death rate from road traffic	3.7.1 Demand for family planning satisfied w	3.7.2 Adolescent fertility (15–19 years)	3.8.1 UHC ser	Large expenditures on health as a share of total household e	3.9.1 Mortality rate attributed to household and a	2 Mortality rate attributed to unsafe water, unsafe sanitation a	3.9.3 Mortality rate attributed to uninte	3.a.1 Tobacco use (aged 15 ye	3.b.1 Vaccin	3.b.1 Vaccine	3.b.1 Vaccir	3.b.2 Total net ODA	3.b.3 Availability of selected essential medicines (public	3.c.1 Physicians pe	3.c.1 Nursing and midwifery per	3.c.1 Pharmacists per	3.c.1 Dentists per	3.d.1 IH	3.d.2 Percentage of bloodstream infections d	3.d.2 Percentage of bloodstream infect	
No data		3.1 2.1 Index Emotion	3.2.2 Neonatal mortality	3.3.1 Numbe		3.3.3 Malaria incidence (per 1	3.3.4 Hepatitis B virus prevalence among	3.3.5 Number of people requiring interventions	1 Probability of dying between age 30 and exact age 70 from CVD,	3.4.2 Suicide mortality rate (deaths per	3.5.2 Alcohol consumption per capita (age	3.6.1 Death rate from road traffic	3.7.1 Demand for family planning satisfied w	3.7.2 Adolescent fertility (15–19 years)	3.8.1 UHC ser	2.2 Large expenditures on health as a share of total household e	3.9.1 Mortality rate attributed to household and a	.9.2 Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene	3.9.3 Mortality rate attributed to uninte	3.a.1 Tobacco use (aged 15 ye	3.b.1 Vaccin	3.b.1 Vaccine	3.b.1 Vaccir	3.b.2 Total net ODA	3.b.3 Availability of selected essential medicines (public	3.c.1 Physicians pe	3.c.1 Nursing and midwifery per	3.c.1 Pharmacists per	3.c.1 Dentists per	3.d.1 HI	3.d.2 Percentage of bloodstream infections d	3.d.2 Percentage of bloodstream infect	
No data		3.1 2.1 Index Emotion	3.2.2 Neonatal mortality	3.3.1 Numbe		3.3.3 Malaria incidence (per 1	3.3.4 Hepatitis B virus prevalence among	3.3.5 Number of people requiring interventions	3.4.1 Probability of dying between age 30 and exact age 70 from CVD,	3.4.2 Suicide mortality rate (deaths per	3.5.2 Alcohol consumption per capita (age	3.6.1 Death rate from road traffic	3.7.1 Demand for family planning satisfied w	3.7.2 Adolescent fertility (15–19 years)	3.8.1 UHC ser	3.8.2 Large expenditures on health as a share of total household expenditure (>10%)	3.9.1 Mortality rate attributed to household and a	3.9.2 Mortality rate attributed to unsafe water, unsafe sanitation a	3.9.3 Mortality rate attributed to uninte	3.a.1 Tobacco use (aged 15 ye	3.b.1 Vaccin	3.b.1 Vaccine	3.b.1 Vaccir	3.b.2 Total net ODA	3.b.3 Availability of selected essential medicines (public	3.c.1 Physicians pe	3.c.1 Nursing and midwifery per	3.c.1 Pharmacists per	3.c.1 Dentists per	3.d.1 HI	3.d.2 Percentage of bloodstream infections d	3.d.2 Percentage of bloodstream infect	
 No data 		0.1 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	3.2.2 Neonatal mortality	3.3.1 Numbe		3.3.3 Malaria incidence (per 1	3.3.4 Hepatitis B virus prevalence among	3.3.5 Number of people requiring interventions	3.4.1 Probability of dying between age 30 and exact age 70 from CVD, cancer, diabetes, CRD	3.4.2 Suicide mortality rate (deaths per	3.5.2 Alcohol consumption per capita (age	3.6.1 Death rate from road traffic	3.7.1 Demand for family planning satisfied w	3.7.2 Adolescent fertility (15–19 years)	3.8.1 UHC ser	3.8.2 Large expenditures on health as a share of total household e	3.9.1 Mortality rate attributed to household and a	3.9.2 Mortality rate attributed to unsafe water, unsafe sanitation a	3.9.3 Mortality rate attributed to uninte	3.a.1 Tobacco use (aged 15 ye	3.b.1 Vaccin	3.b.1 Vaccine	3.b.1 Vaccir	3.b.2 Total net ODA	3.b.3 Availability of selected essential medicines (public	3.c.1 Physicians pe	3.c.1 Nursing and midwifery per	3.c.1 Pharmacists per	3.c.1 Dentists per	3.d.1 IH	3.d.2 Percentage of bloodstream infections d	3.d.2 Percentage of bloodstream infect	

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Source: Progress on the health-related Sustainable Development Goals and targets in the Eastern Mediterranean Region, 2020. Cairo: WHO Regional Office for the Eastern Mediterranean; 2022.
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Health and the SDGs at a glance in **Pakistan**



Voluntary National Review

Completed in 2019: https://hlpf.un.org/countries/pakistan/voluntary-national-review-2019

Completed in 2022: https://hlpf.un.org/countries/pakistan/voluntary-national-review-2022

National Focal Point for 2030 Agenda

Mr Ali Kemal, Chief SDGs, Federal SDGs Support Unit, Ministry of Planning, Development & Special Initiatives

National Focal Point in the Ministry of Health for health-related SDGs

Dr Sabeen Afzal,

Deputy Director, Ministry of National Health Services, Regulation and Coordination

1. Summarize efforts at the national level in setting targets for health-related SDGs.

Health-related SDG targets have been locally set at national, provincial and district levels through an extensive multistakeholder consultative process, and integrated in national public health policy and planning documents. A digital monitoring and reporting system, aligned with the various health management and non-health ministry information systems, has been established and a national progress report on SDG-3 and the other health-related SDGs is being developed. A mobile and web-based application on SDG-3 and the health-related SDGs was launched in 2021 and the SDG-3 Global Action Plan for Healthy Lives and Well-being for All is being implemented through an intersectoral road map.

2. How is Pakistan incorporating SDG 3 targets in health policy, strategy and planning?

Locally-adapted targets, indicators and milestones for SDG-3 are incorporated in key health policy, strategy and planning documents, including the national health vision (2016–2025) and action plan (2019–2023) and different frameworks and strategies for digital health, human resources for health, noncommunicable diseases and mental health, immunization, AIDS, malaria, tuberculosis, infection prevention and control, and an essential package of health services and universal health coverage.

3. Are there any major partnerships for advancing the health-related SDGs?

Key partnerships for advancing the health-related SDGs include those for the SDG-3 Global Action Plan for Healthy Lives and Well-being for All and for the World Bank and Multi-donor Trust Fund-supported National Health Support Programme 2022– 2027, as well as with USAID for supply chain, the UK Foreign, Commonwealth & Development Office for universal health coverage reforms and UNFPA, UNICEF and WHO for a range of activities.

4. Describe a success story or an opportunity for strengthening the health system for COVID-19 that supports efforts towards achieving one or more of the SDG health-related targets.

Pakistan responded to the COVID-19 pandemic through a wholeof-government approach within a devolved national context. The response was an opportunity for health system strengthening and contributing towards multiple health-related SDGs targets. It involved developing and disseminating standard operating procedures for health and front-line workers, the general public, and the public and private sectors, including clinical, vaccination and travel guidelines. Recording and reporting mechanisms were established or strengthened and access to testing and treatment massively expanded. This included providing COVID-19 testing at 180 laboratories in the public and private sector, enabling around 100 000 tests per day, expanding ICU bed allocation, oxygen supply and cold chain capacity, and vaccinating around 124 million people or 80.6% of the eligible population.

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