



منسٲری آف ہیلتھ سروسز  
ریگولیشن اینڈ کوارڈینیشن



# SDG 3 Localization in Pakistan

**Assessment on the Status of Health Indicators and targets for SDG 3 and health related Goals localization in Pakistan**



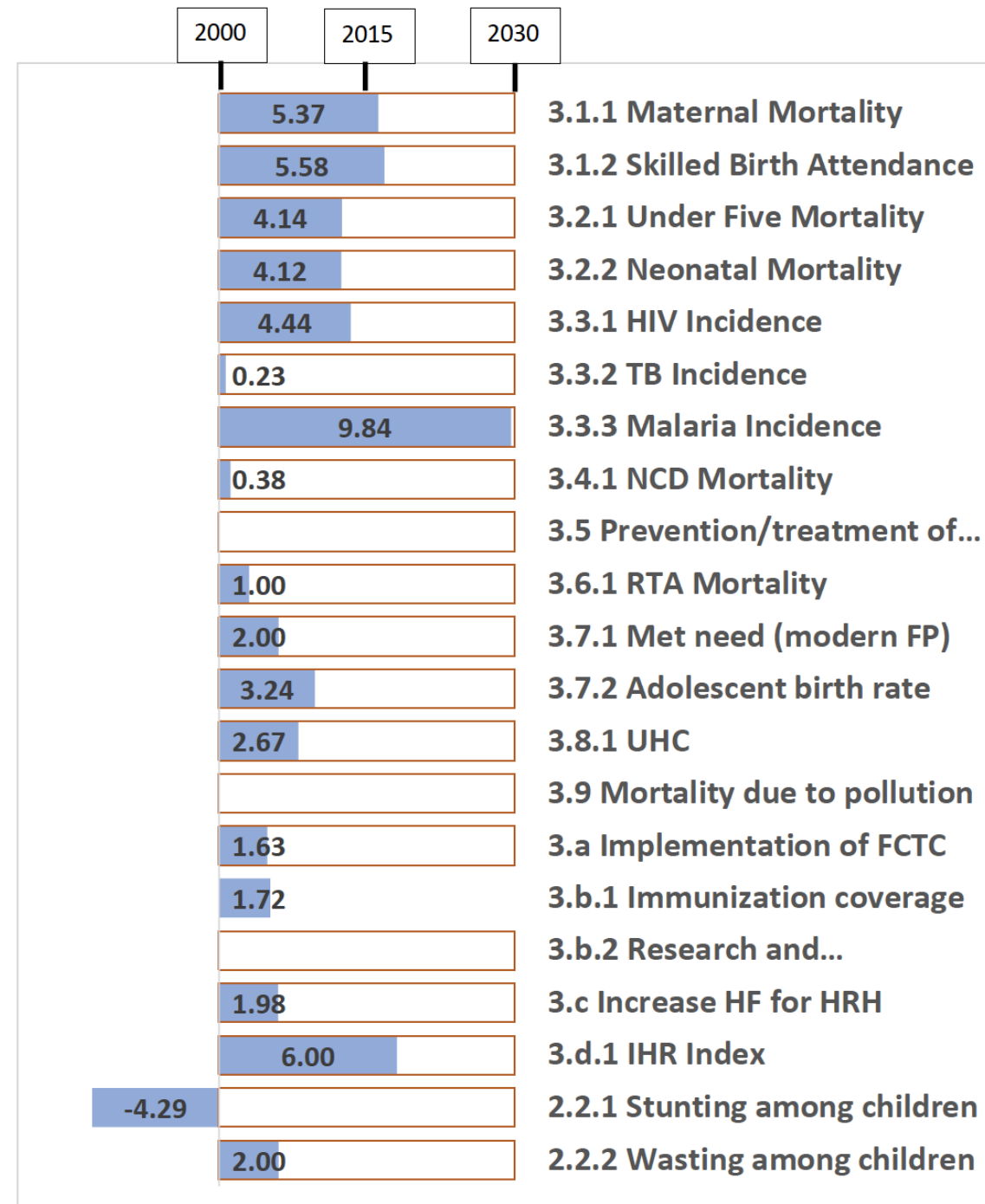
# SDG 3 Localization in Pakistan

- **SDG 3 localization** - adaptation and integration of global goals into the local development processes (context, situation, and needs for development).
- **Aim** - address and identify gaps in the development processes and monitoring mechanisms for gauging progress to achieving the SDGs at the country level.
  - Ownership of local stakeholders and communities
  - Setting up local/country specific milestones and indicators to achieve global targets; standards to follow and to be maintained;
  - After localization, agreed milestones, standards and indicators are to be integrated into planning, policies & strategies, systems to deliver services
- Current assessment an endeavour to assess where Pakistan positions itself almost two years since SDGs adoption in its national development agenda

# SDG 3 Indicators Overview and Trends in Pakistan

# BASELINE AND PROGRESS OF PAKISTAN IN SDG 3

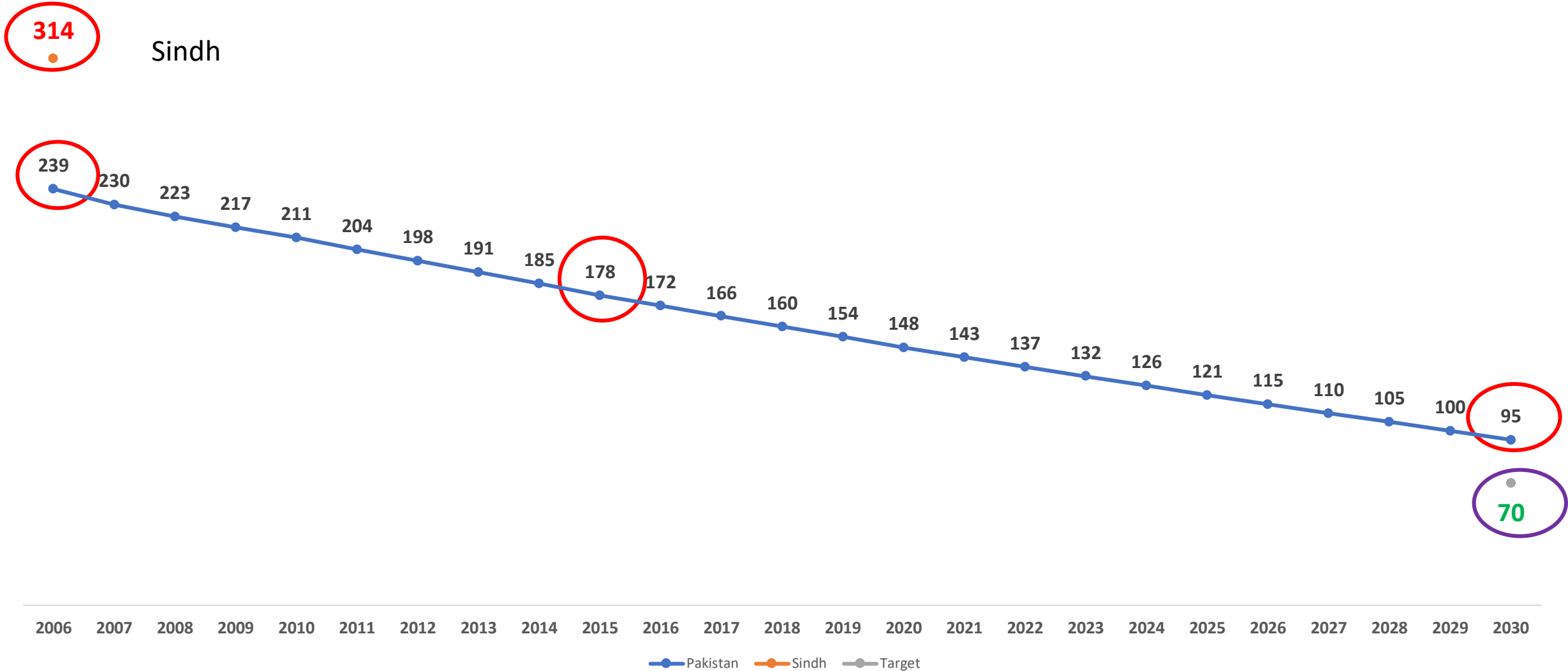
- Positive progress in four areas between 2000 and 2015
  - Reduction in maternal mortality - reduced from 294 to 178
  - Skilled birth attendance improved from 23% to 52%
  - Control of malarial infections – 44.8 to 8.56
  - Health emergency preparedness (IHR index – 19 core capacities)
- Progress was slow or stagnant between 2000 and 2015 in
  - Child mortality (under 5 and neonatal)
  - Incidence of Tuberculosis, HIV/AIDS, NCDs, RTA
  - Met need for modern contraceptives
  - Universal Health Coverage
- Regression in child stunting between 2000 and 2015



# SDG 3 Indicators – Trends and Projections



# Trends in Maternal Mortality Ratio in Pakistan



## 3.1.2 Proportion of births attended by skilled birth attendants

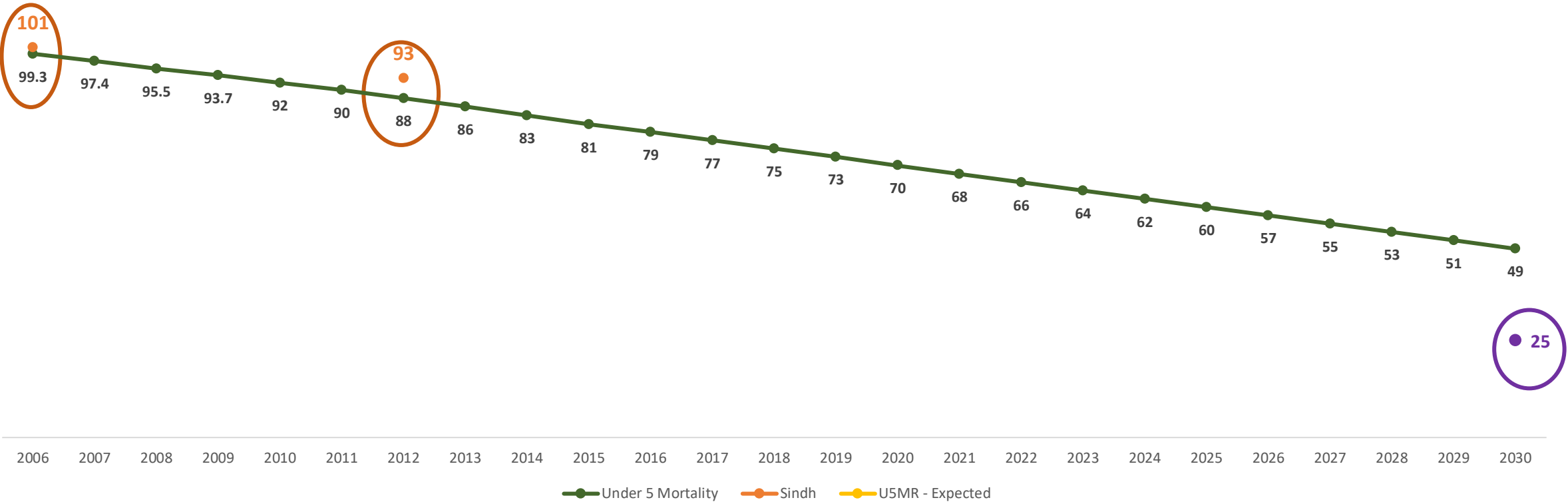
	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2030	
<b>3.1.2 Proportion of births attended by skilled health personnel</b>																Expected	Targets
<b>National</b>	--	23	--	--	31	38.8	38.8	--	41	--	43	51	52.1	--	--	75	> 90
<b>Sindh</b>						44.4						60.5				71	



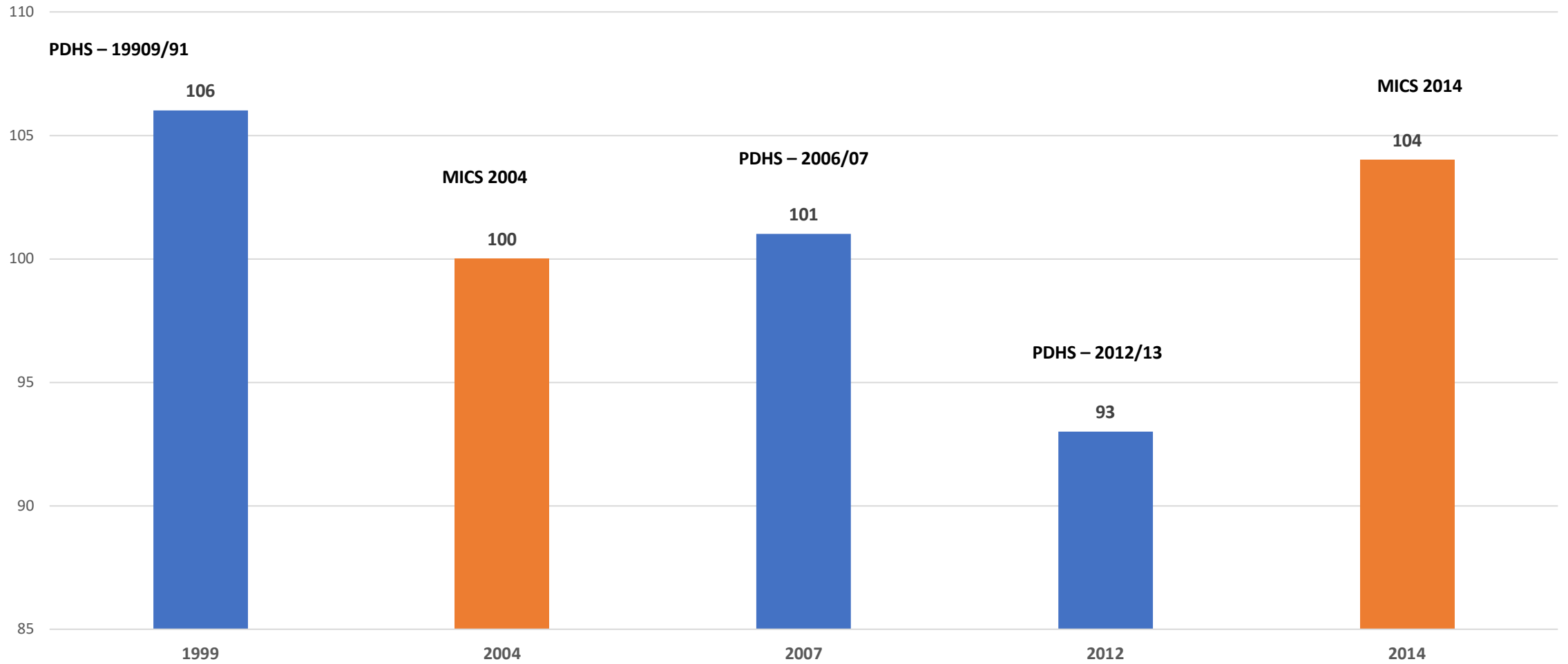


# SDG 3.2: End Preventable Deaths Of New-Borns And Children Under 5 Years Of Age

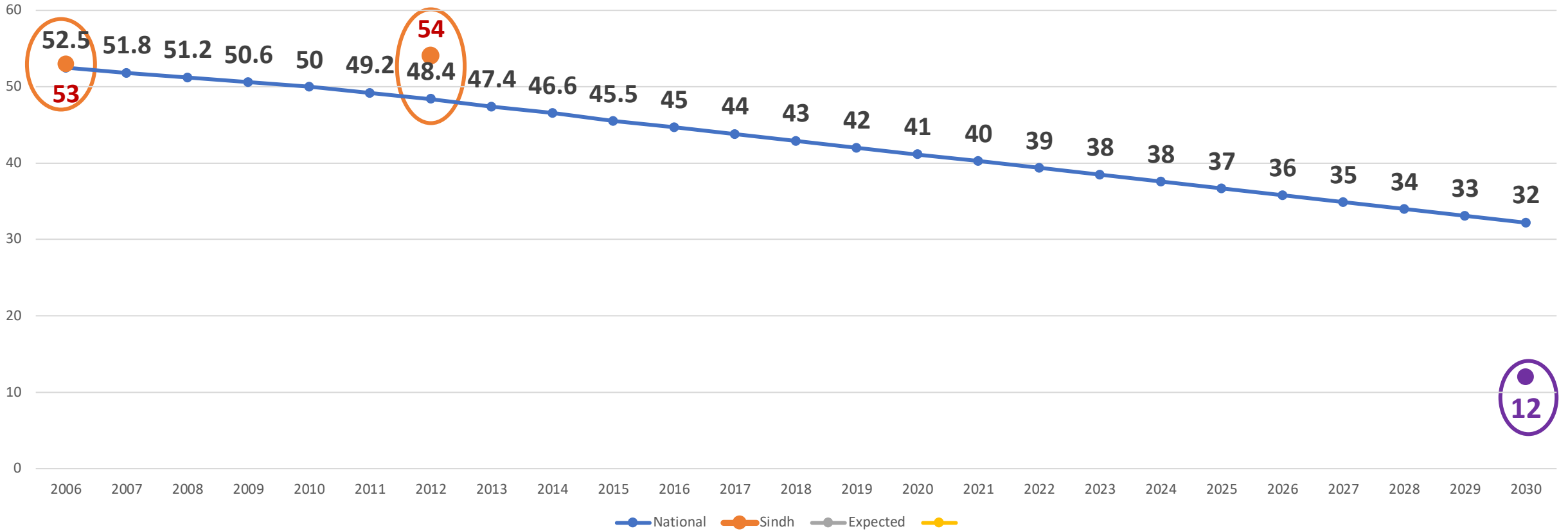
## 3.2.1 Under-five mortality rate



## Under 5 Mortality – Which survey to use?/Problems with multiple surveys

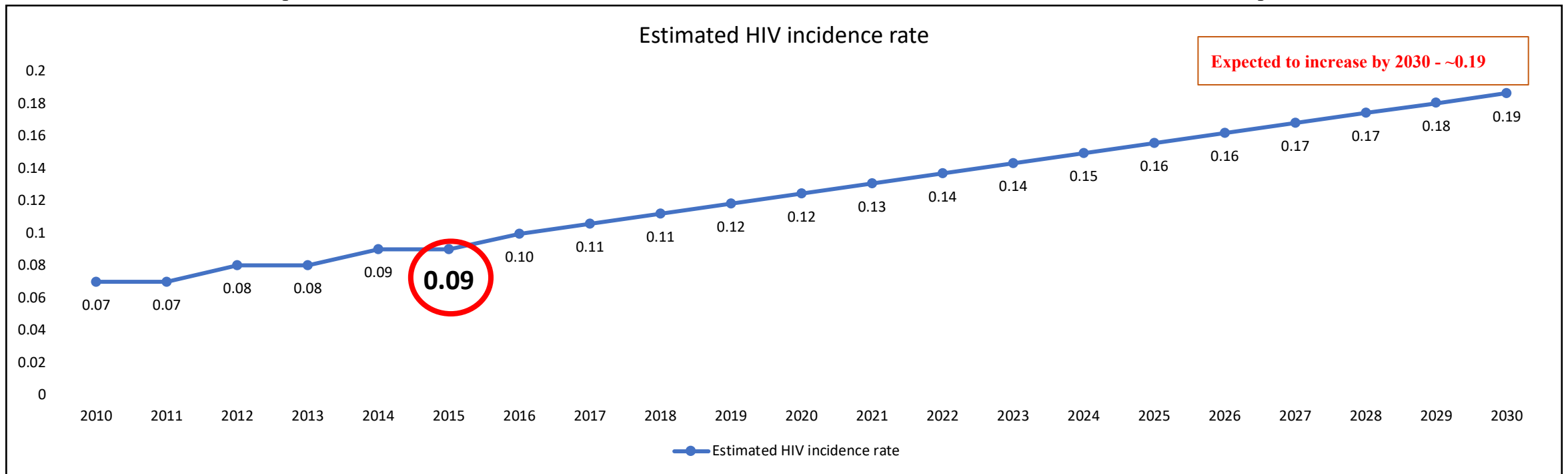


### 3.2.2 Neonatal Mortality Rate

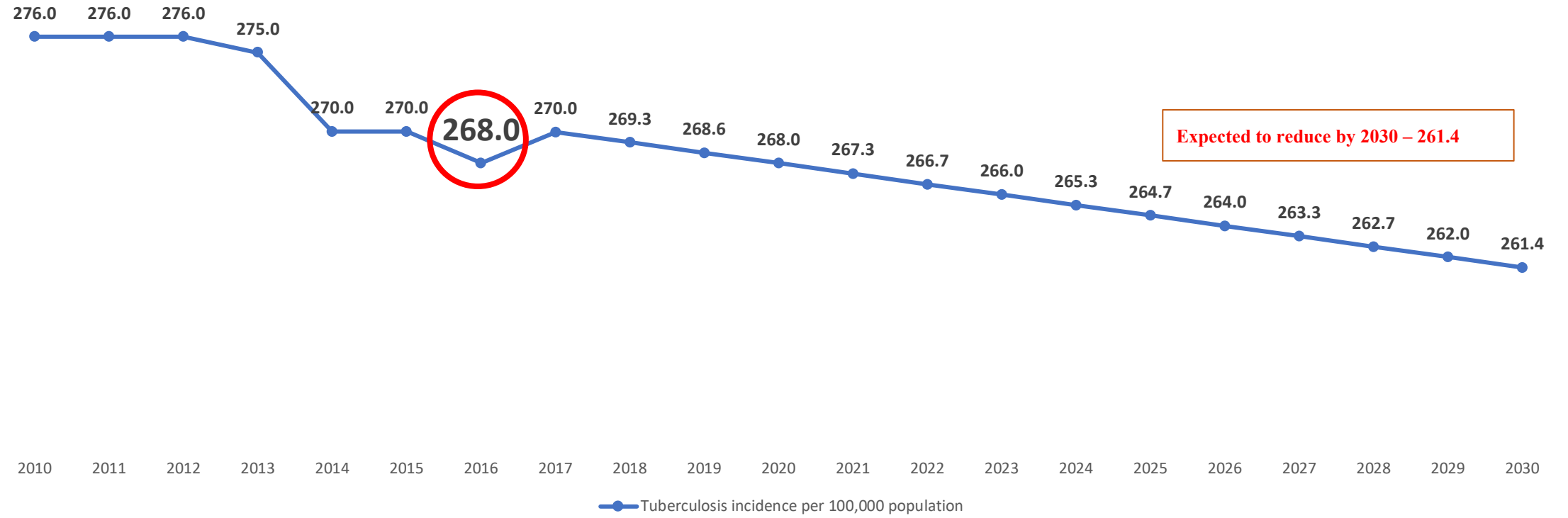


# SDG 3.3: By 2030, End the Epidemics of AIDS, Tuberculosis, Malaria and Neglected tropical diseases and combat Hepatitis, Water-borne diseases and Other Communicable diseases

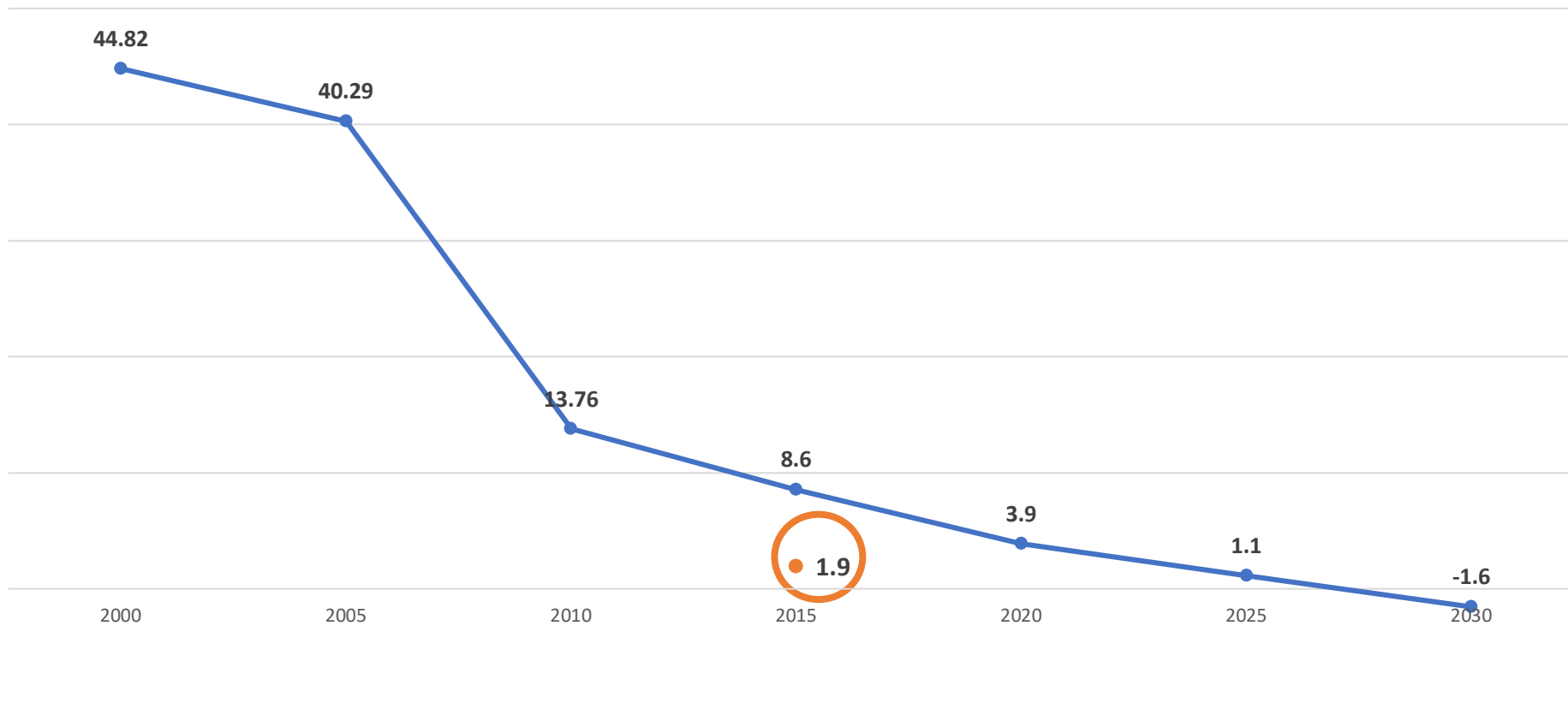
## • 3.3.1 End epidemic of HIV - Number of new HIV infections per 1,000



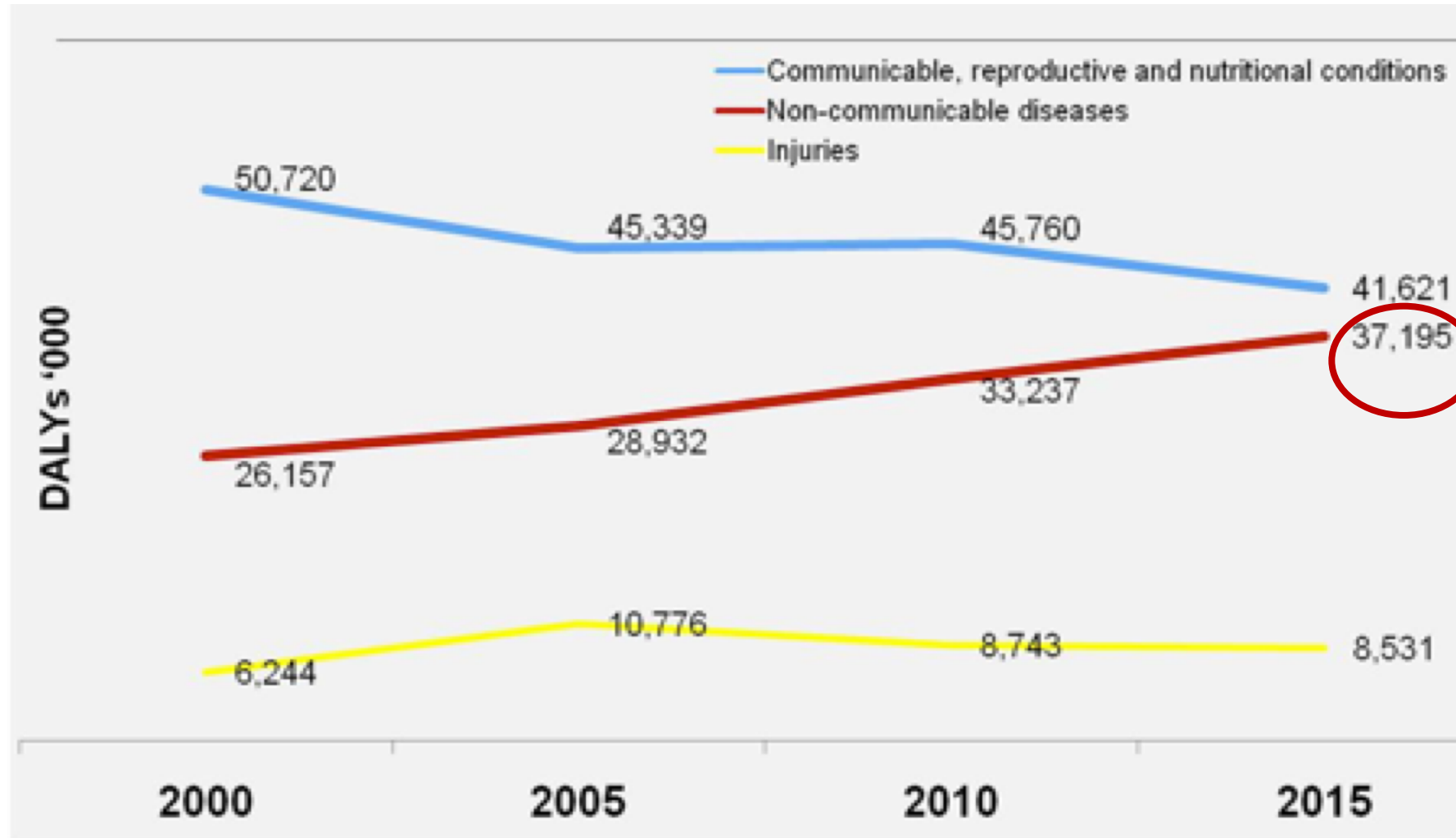
### 3.3.2 Tuberculosis incidence per 100,000 population



- **3.3.3 Malaria incidence per 1,000 population**



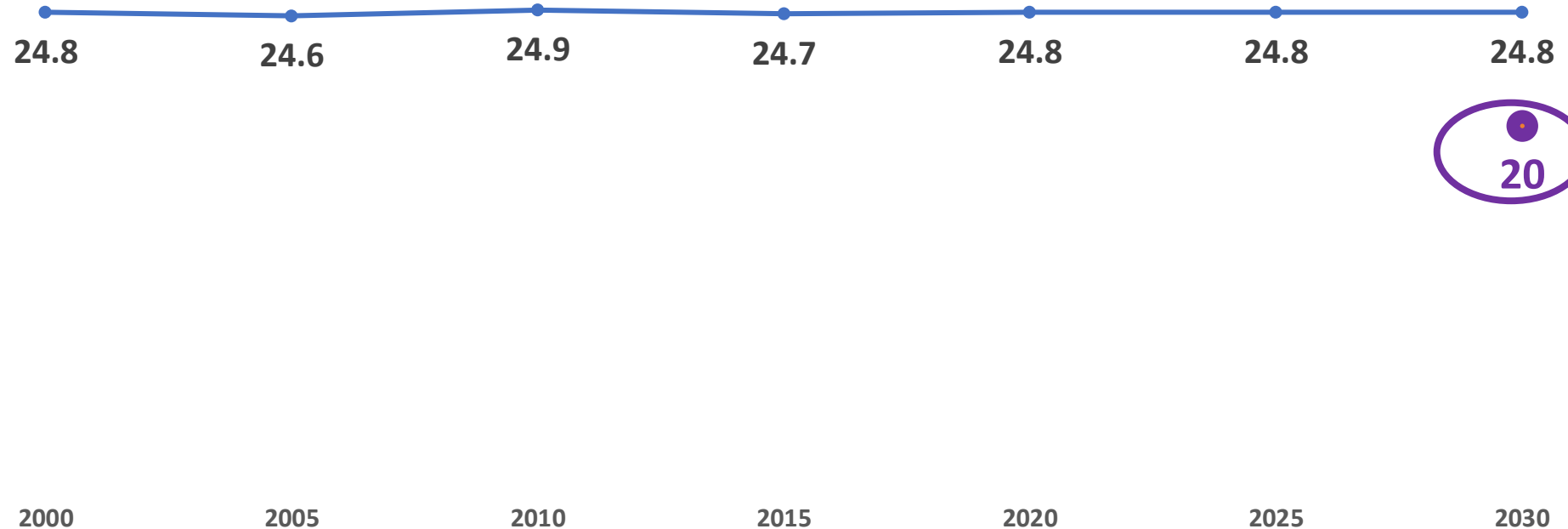
# SDG 3.4: Non-Communicable Diseases



# SDG 3.4: By 2030, REDUCE BY ONE THIRD PREMATURE MORTALITY FROM NON-COMMUNICABLE DISEASES

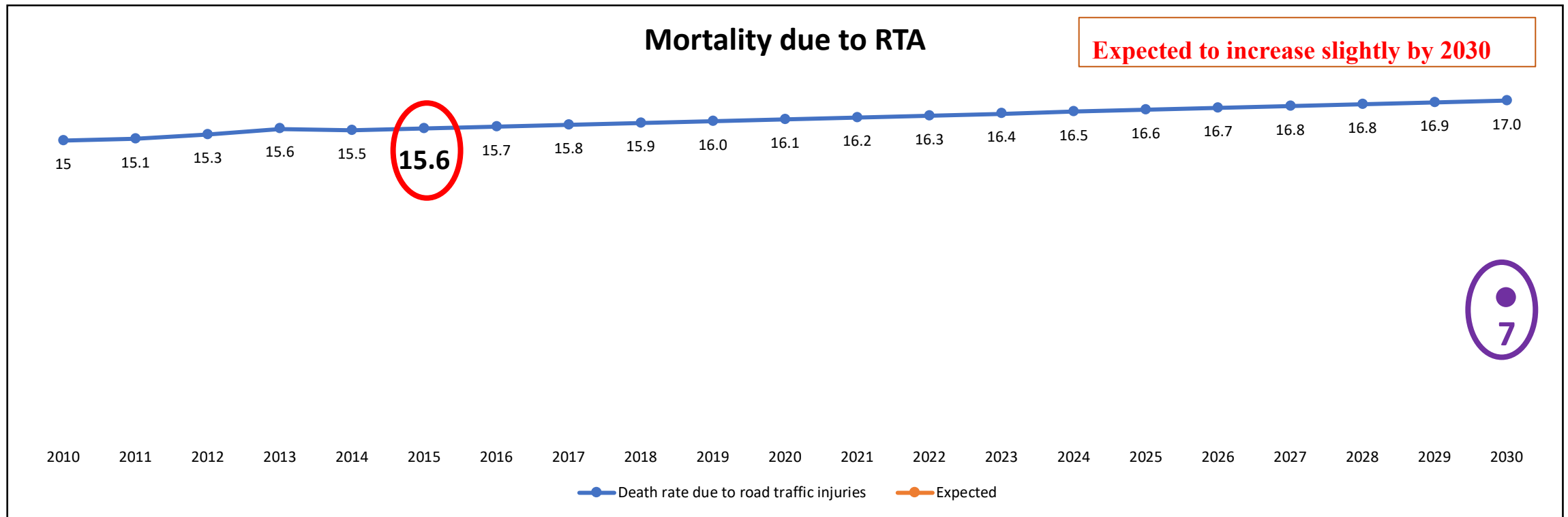
Premature mortality from NCDs

Expected to remain almost same by 2030





# SDG 3.6: BY 2030, HALVE THE NUMBER OF GLOBAL DEATHS AND INJURIES FROM ROAD TRAFFIC ACCIDENTS

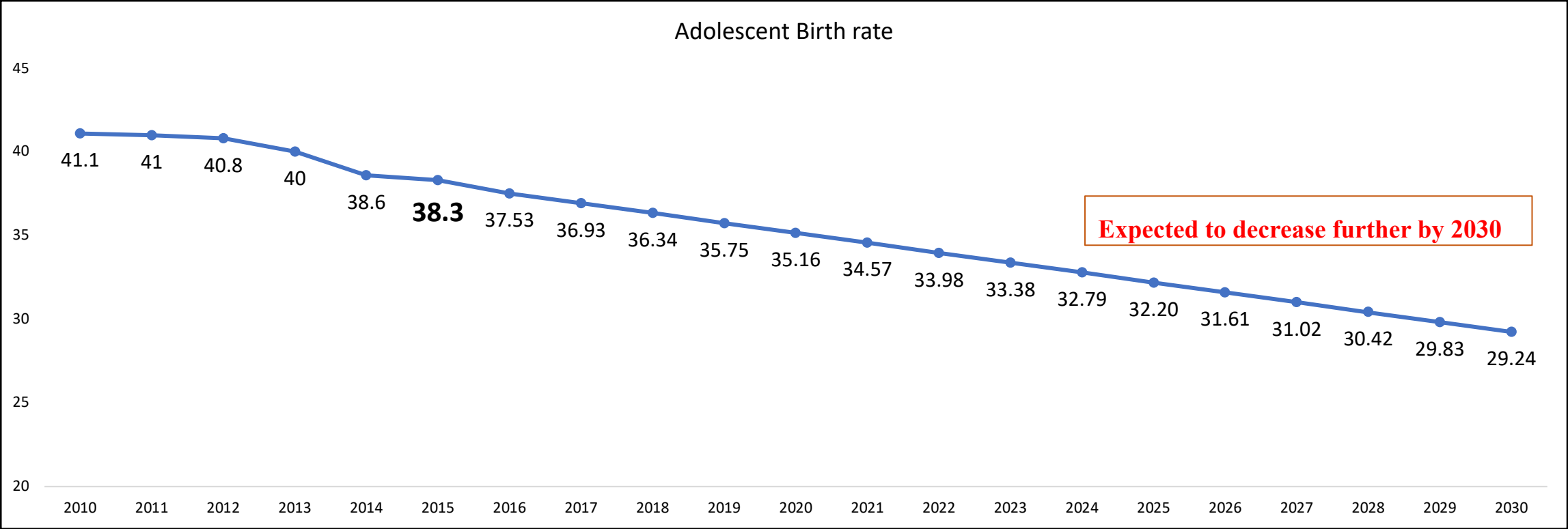


# SDG 3.7: BY 2030, ENSURE UNIVERSAL ACCESS TO SEXUAL AND REPRODUCTIVE HEALTH-CARE SERVICES, INCLUDING FOR FAMILY PLANNING, INFORMATION AND EDUCATION

- **3.7.1 Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods**

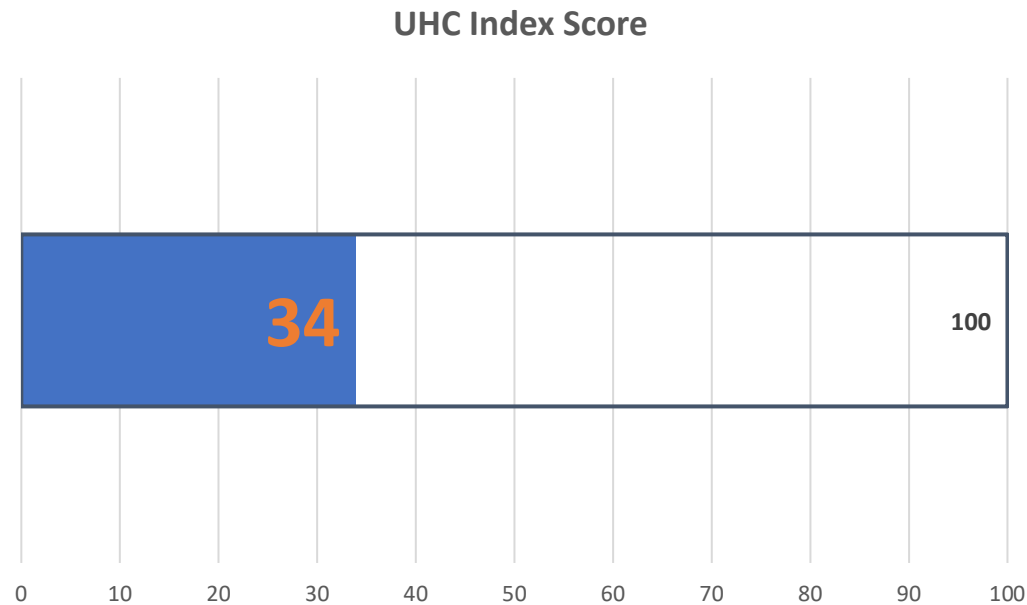


- **3.7.2 Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group**

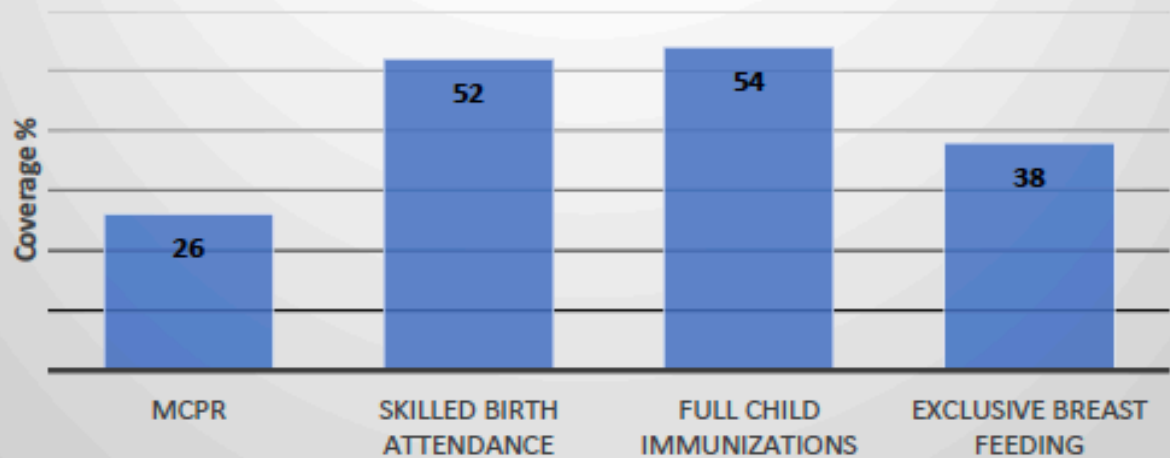


## SDG 3.8: Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all

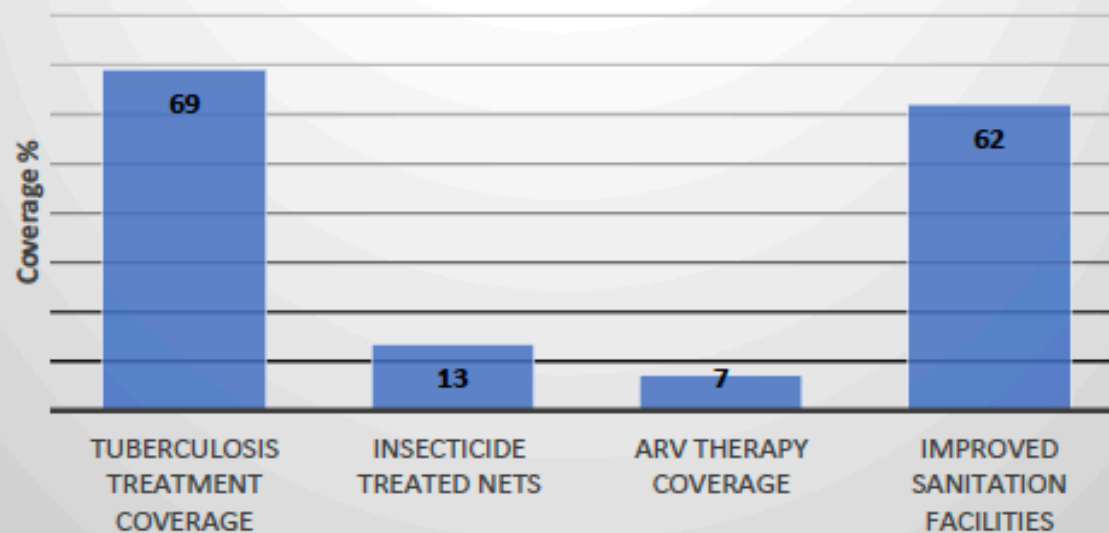
- UHC index for Pakistan has been computed by averaging service coverage values across the 16 tracer indicators.
- The UHC coverage index ranges from 0% to 100%, with 100% implying full coverage across a range of services.



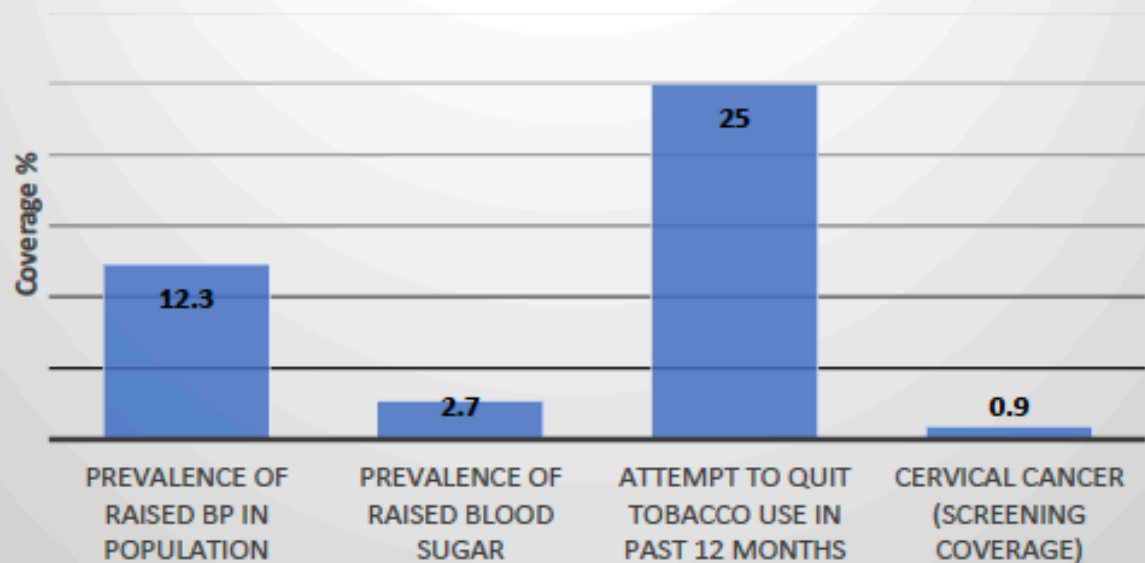
## Reproductive, maternal, newborn and child health



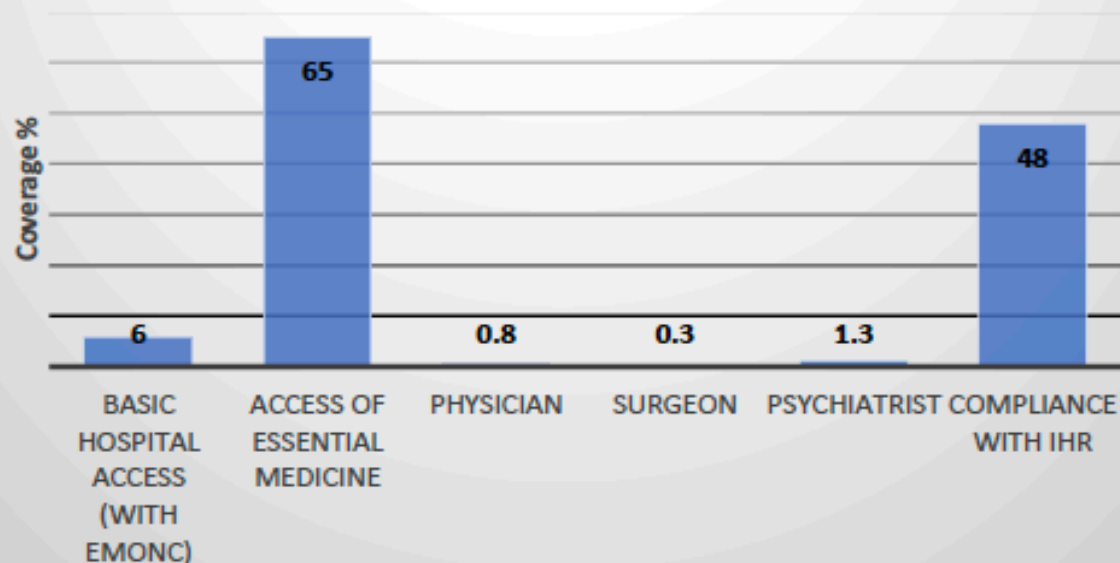
## Infectious Diseases



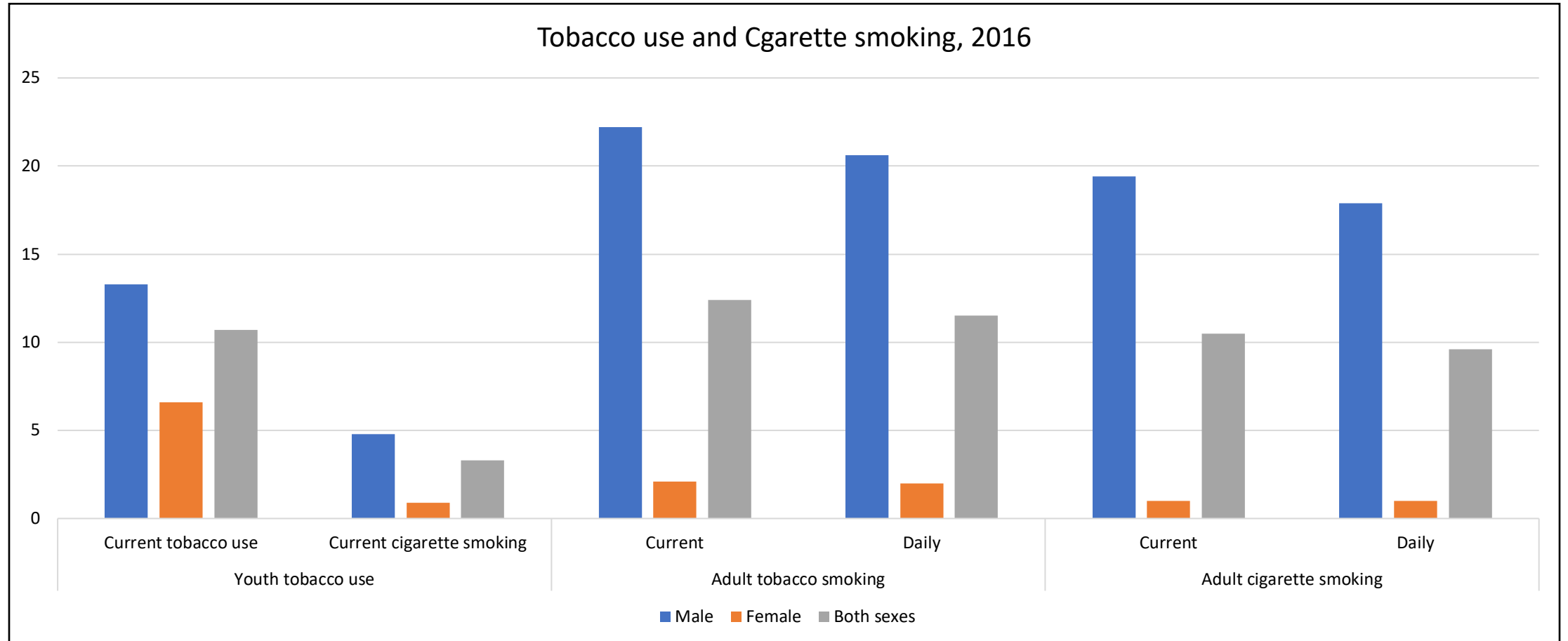
## Non-Communicable Diseases



## Service Capacity and Access

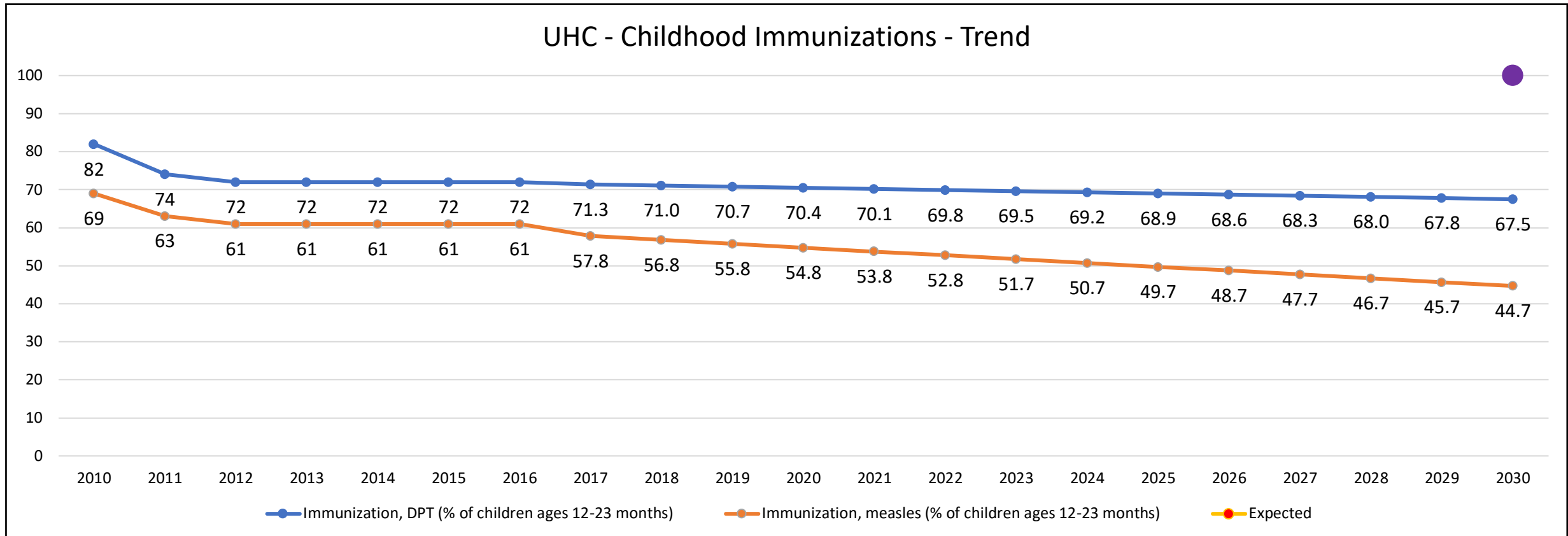


# SDG 3.A: Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control



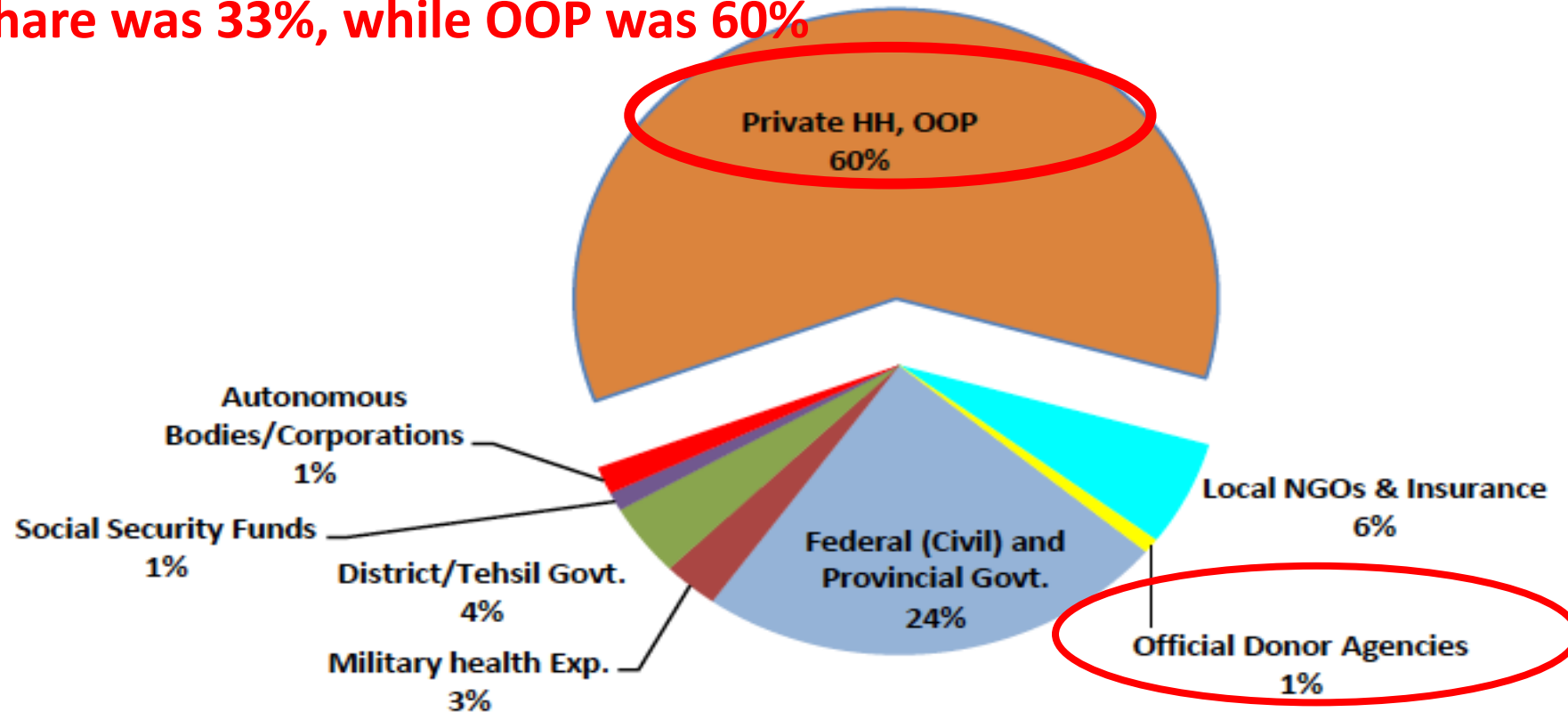
# SDG 3.B: SUPPORT THE RESEARCH AND DEVELOPMENT OF VACCINES AND MEDICINES FOR THE COMMUNICABLE AND NON-COMMUNICABLE DISEASES

- **3.b.1 Proportion of the target population covered by all vaccines included in the national programme**



- **3.b.2 Total net official development assistance to medical research and basic health sectors (NHA 2013-14)**

**Total health Expenditure (THE) was 3.68% of GDP, in 2013. Government share was 33%, while OOP was 60%**





# SDG 3.C SUBSTANTIALLY INCREASE HEALTH FINANCING AND THE RECRUITMENT, DEVELOPMENT, TRAINING AND RETENTION OF THE HEALTH WORKFORCE

Region	Population	Physicians/1000	Dentist/1000	Nurses + Midwives + LHV/1000	
<b>Health worker density/1000 population, by cadre</b>					
Pakistan	213,774,520	0.98	0.10	0.49	
Punjab + ICT	112012442	0.83	0.08	0.59	
KP + FATA	35523371	0.76	0.09	0.39	
Balochistan	12344408	0.50	0.05	0.2	
Sindh	47886051	1.55	0.16	0.45	
<b>Total Health care worker density/1000 population *</b>				<b>Doctor nurse ratio</b>	<b>1 : 0.5</b>
Pakistan	1.46				
Punjab + ICT	1.42				
KP + FATA	1.14				
Balochistan	0.72				
Sindh	<b>2.0</b>				
* WHO Recommended HCW Density/10,000 population: <u>4.45</u> per 1000 population; Doctor nurse ratio – 1:4					

## SDG 3.D: STRENGTHEN THE CAPACITY OF ALL COUNTRIES, IN PARTICULAR DEVELOPING COUNTRIES, FOR EARLY WARNING, RISK REDUCTION AND MANAGEMENT OF NATIONAL AND GLOBAL HEALTH RISKS

- **3.d.1 International Health Regulations (IHR) capacity and health emergency preparedness**

Pakistan is in the process of implementing HR related recommendations laid out in IHR and Joint External Evaluation; the cumulative score on the index is 48% (116 out of a maximum score of 240).

Capacities	Score	Maximum Score
National legislation, policy and financing	2	10
	3	
IHR coordination, communication and advocacy	3	5
Antimicrobial resistance	1	20
	1	
	1	
	1	
Zoonotic diseases	3	15
	3	
	2	
Food safety	2	5
Biosafety and biosecurity	2	10
	2	
Immunization	2	10
	4	
National laboratory system	4	20
	3	
	2	
	2	
	2	
Real-time surveillance	3	20
	2	
	2	
	4	
Reporting	2	10
	2	
Workforce development	3	15
	3	
	2	

Preparedness	1	10
	1	
Emergency response operations	2	20
	2	
	3	
	2	
Linking public health and security Authorities	3	5
Medical countermeasures and personnel deployment	4	10
	4	
Risk communication	1	25
	2	
	2	
	3	
Points of entry (PoE)	2	10
	2	
Chemical events	2	10
	2	
Radiation emergencies	5	10
	5	
Total Score	116	240
IHR compliance Index	48%	

48%

# WAY FORWARD

## ➤ Raising awareness of the SDGs and their place in Provincial development

*The Planning Commission and Provincial Planning and Development Departments to formulate and **implement strategies aimed at increasing awareness of the SDGs within all sectors**, including institutions in government, the private sector and civil society, as well as policy-makers.*

## ➤ Improve the institutional arrangements for SDG 3 coordination and monitoring

*Develop and endorse **Provincial milestones**, with aim to develop strategic plans for increased domestic investments to achieve targets/milestones*

# Group work

## **Groups – 4, divided as follows**

- Group A – RMNCH (Dr. Saima Hamid)
- Group B – Communicable Diseases (Dr. Mariyam Sarfraz)
- Group C – Non-Communicable Diseases (Dr. Hassan Hamza)
- Group D – Health Systems and Financing (Dr. Raza Zaidi)

SDG Indicators	Baseline		Current Data sources	Target 2030		Comparable estimates required for monitoring at		Proposed Data Sources at		Assumptions
	2000	2015		Expected	Required	Provincial Level	National Level	Provincial	National/Provincial/District or Constituency wise	
<b>3.1.1 Maternal Mortality Ratio</b> (per 100,000 live births)							6 years		ONE Nat Survey with provincial estimates	