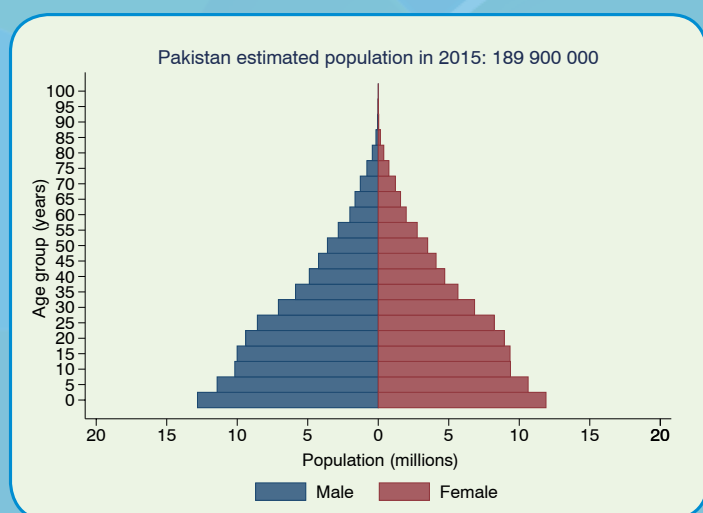




Universal health coverage

Primary health care facilities per 10 000 population (2013)	0.5
Hospital beds per 10 000 population (2013)	6.3
Modern contraceptive prevalence rate (2015)	28
Antenatal care visits (4+ visits) (2013)	36.6
Measles immunization coverage among 1-year olds (%) (2016)	83
Tuberculosis treatment success rate of new bacteriologically confirmed cases (%) (2015)	93
DTP3-containing vaccine / Pentavalent coverage among 1-year olds (%) (2016)	86
General government expenditure on health as % of GDP (2014)	0.9
General government expenditure on health as % of total government expenditure (2014)	4.7

Estimated population in 2015



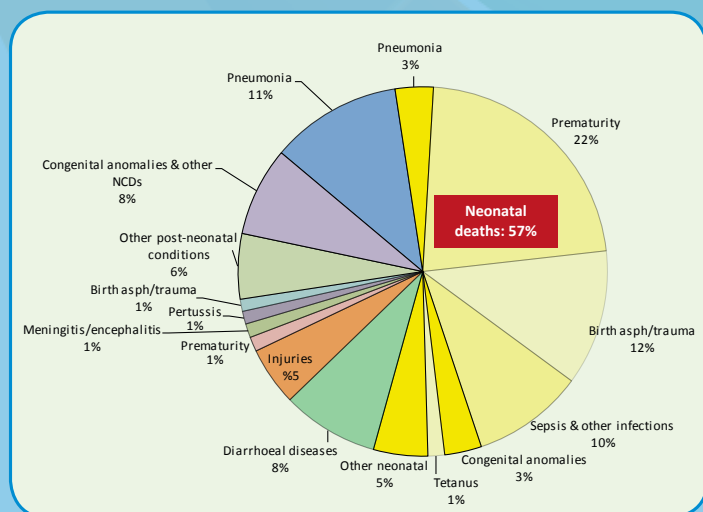
Selected determinants of health

Population living in urban areas (%) (2015)	38
Annual GDP growth (%) (2016)	5.7
Number of refugees ^a (2016)	1 352 551
Number of internally displaced persons ^b (2016)	448 956

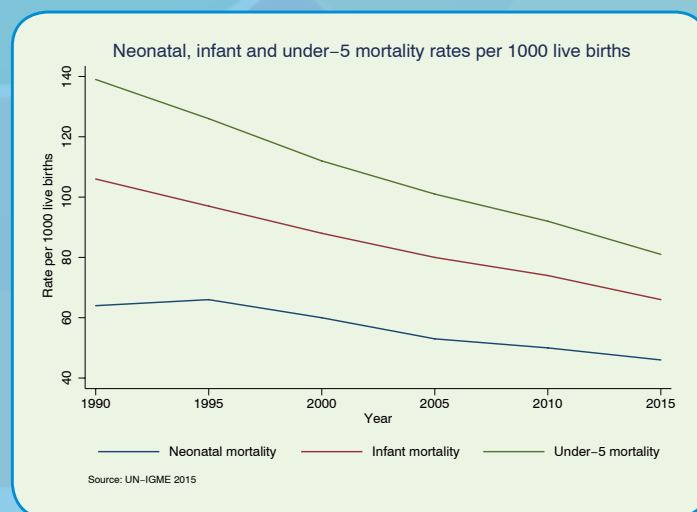
^a Including persons forcibly displaced from their country of origin due to persecution, war, or violence, as recognized and reported by UNHCR.

^b Including persons forcibly displaced due to conflict, remaining in their own country, as recognized and reported by UNHCR.

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



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



Selected SDGs health-related indicators*

1 NO POVERTY

Population below the international poverty line (2015) % 21.0

Proportion of employed population below the international poverty line (ILO estimate, 2016)

Male %	7.3
Female %	8.7

2 ZERO HUNGER

Children under 5 who are (2014)

stunted (2013)	%	45.0
wasted	%	11.0
overweight (2012)	%	6.4

4 QUALITY EDUCATION

Literacy rate (15-24 years) (2015)

Total %	58
Male %	68
Female %	45

Net primary school enrolment ratio per 100 school-age children (2015)

Total ratio	67
Male ratio	60
Female ratio	53

5 GENDER EQUALITY

Demand for family planning satisfied with modern methods (UN Population Division estimate, 2015) % 65.2

6 CLEAN WATER AND SANITATION

Access to improved drinking water (World Health Statistics, 2015) % 91

Access to improved sanitation facilities (World Health Statistics, 2015) % 64

8 DECENT WORK AND ECONOMIC GROWTH

Unemployment rate (15+ years) (ILO estimate, 2014)

Total %	5.6
Male %	4.6
Female %	8.9

11 SUSTAINABLE CITIES AND COMMUNITIES

Concentrations of fine particulate matter (PM2.5) (WHO/CEHA, 2014)

Total	59.8
Urban	67.7

16 PEACE, JUSTICE AND STRONG INSTITUTIONS

Estimated direct deaths from major conflicts (per 100 000 population) (WHO Global Health Observatory, 2011-2015) 4.2

*Because of the scarcity of data, the above presentation is limited. Where available, information is obtained from the Regional Core Indicators Programme

Key health indicators

Indicator	Male	Female	Total
Life expectancy at birth in years (2015)	65.5	67.5	66.4
Maternal mortality ratio (deaths per 100 000 live births) (UN-MMEIG 2015 estimate)	—	—	178
Neonatal mortality rate (deaths per 1000 live births) (UN-IGME 2015 estimate)	...	...	46
Infant mortality rate (deaths per 1000 live births) (UN-IGME 2015 estimate)	...	...	56
Under-five mortality rate (deaths per 1000 live births) (UN-IGME 2015 estimate)	...	...	81
Tobacco use among persons 15+ years (%) (2015)	29.5	2.3	16.2
Overweight (18+ years) (%) (2014)	...	...	23.0
Obesity (18+ years) (%) (2014)	...	...	5.4
Raised blood pressure among persons 18+ years (%) (2014)	...	...	23.0
Raised blood glucose among persons 18+ years (%) (2014)	...	...	10.8
Raised cholesterol among persons 18+ years (%)	...	...	...
Mortality between ages 30 and 70 from cardiovascular disease, cancer, diabetes, chronic respiratory disease per 10 000 (2015)	...	...	25
Cancer incidence per 100 000 (2012)	...	...	111.8

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 Sustainable Development Goal 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 inter-sectoral action. All countries can and must advance towards UHC by year 2030, if not earlier.

3 GOOD HEALTH AND WELL-BEING



ENSURE HEALTHY LIVES
AND PROMOTE WELL-BEING
FOR ALL AT ALL AGES

Voluntary National Review

N/A

National Focal Point for 2030 Agenda

Mr Jawed Ali Khan, Director General, Ministry of Environment

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

Dr Malik Muhammad Safi/ Director programs, Ministry of National Health Services, Regulations and Coordination

1. How is Pakistan incorporating the 2030 Agenda into its development policy and planning?

Vision 2025, formulated in 2014, is a comprehensive long-term strategy for achieving inclusive growth and sustainable development. In 2016, Pakistan adopted the SDGs as a national development agenda through a parliamentary resolution which was passed unanimously. Vision 2025, which takes into account expected changes and trends, will be implemented in harmony with the SDGs. In addition, Pakistan has been declared as the first country to launch the SDGs locally. Responsibility for implementation and monitoring falls under the Planning Commission, where SDG cells have been established to work in partnership with federal ministries and provinces to review the progress on a quarterly basis. A National Parliamentary SDG Taskforce was launched in February 2016 to provide support and oversight to SDG implementation, and at provincial level SDG secretariats have been established. The Vision 2025 is available here: <http://www.governanceforum.pk/wp-content/uploads/2015/12/Pakistan-Vision-2025.pdf>

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

Pakistan's National Health Vision 2016-2025 reflects true alignment to the SDGs. It presents a national directive for health which is in harmony with the country's Vision 2025 and concurrently addresses international health priorities, yet is based on provincial realities within the framework of the post 18th Amendment. The intended monitoring and evaluation mechanism for the National Health vision is also directed towards SDG reporting. Given that the delivery of quality health care services is a provincial responsibility, the priority actions and operational plans and strategies emanating from the vision document are well aligned with provincial needs, expectations and priorities.

The National Health Vision 2016-2025 is available here: http://www.nationalplanningcycles.org/sites/default/files/planning_cycle_repository/pakistan/national_health_vision_2016-25_30-08-2016.pdf

3. Are there any major partnerships in Pakistan for advancing the 2030 Agenda?

A Memorandum of Understanding (MoU) was signed between Planning Commission of Pakistan and UNDP to support the government in localizing the SDG agenda and creating an enabling environment for implementation. This "National Initiative on SDGs" includes a multitude of activities at national, provincial, and district level involving multiple stake holders and facilitating vertical and horizontal policy coherence. The UN Country Team has set up an SDG taskforce to harmonize the inter-agency approach to mainstreaming the 2030 Agenda, to maximize effectiveness and reduce duplication of UN efforts. Pakistan is a ONE UN country, and the first draft of the new UNDAF (2018-2022) has been finalized and renamed the United Nations Sustainable Development Framework (UNSDF), a medium-term strategic planning document declaring to pursue the national priorities enshrined in Pakistan's Vision 2025, and the localization of the SDGs framed by the 2030 Agenda.

4. Are there any major partnerships in Pakistan for advancing the health-related SDGs?

The National Health and Population Consortium led by the Ministry of National Health Services Regulation and Coordination (co-chaired by WHO) is currently providing direction to partners to streamline support to the health-related SDGs. Furthermore, an inter-ministerial forum for health was established with designated technical focal points for the National Health Vision in each province. The government aims to promote cross-sectoral action for advancing health, through concepts of "One Health" and "Health in all policies". WHO has provided support to the Federal Health Ministry and Provincial Health and Planning Departments to launch and advocate for SDG 3 in 2016-17 through a number of events at national and provincial level. One of the key objectives of these events was to identify synergies and partnerships for building collective commitment and harnessing resources for SDG 3 implementation in Pakistan. Key outcomes of these various events were declarations of commitments to work on SDG 3 and integration in policy frameworks.

5. Has Pakistan reoriented its National Health Policies, Strategies, and Plans to incorporate Universal Health Coverage?

The National Health Vision explicitly mentions three important national priorities in the context of the SDGs, while prioritizing Universal Health Coverage (UHC); 1) Reorienting health policies, strategies and plans towards UHC, 2) Investing in health system strengthening, and 3) Ensuring policy coherence within and across sectors. The strategic vision is geared towards improving the coverage and functionality of primary and promotive health services, while ensuring the widening of essential service packages by introducing family medicine, newborn survival, birth spacing and contraceptives supply, non-communicable diseases, mental health, under-nutrition, disabilities, problems of the ageing population as well as other issues. Quality of health services will be ensured by implementing Minimal Standards for Delivery of Integrated Health Services at all levels.