

Pakistan's Progress Toward SDG 3: Good Health and Well-Being

A Focus on Balochistan Province

Abstract

Sustainable Development Goal 3 (SDG 3) commits United Nations member states to ensuring healthy lives and promoting well-being for all at all ages by 2030. Pakistan, as a signatory to the 2030 Agenda, has undertaken a range of policy, institutional, and programmatic measures to advance this goal, including the adoption of the National Health Vision 2016–2025, the expansion of the Sehat Sahulat Programme (universal health insurance), the scale-up of the Expanded Programme on Immunisation, and the continued deployment of Lady Health Workers in underserved communities. These efforts are contextualised within the framework of the 18th Constitutional Amendment, which devolved health governance to the provinces, placing primary responsibility on sub-national governments. This monograph examines these national steps and situates them specifically within Balochistan—Pakistan's largest but most health-deprived province—where geographic remoteness, chronic underfunding, insecurity, and low institutional capacity severely constrain SDG 3 progress. Provincial-level responses, including the Balochistan Health Sector Strategy 2019–2024 and the World Bank-financed Balochistan Human Capital Investment Project, are critically assessed. The monograph concludes that while the policy architecture is broadly aligned with SDG 3 targets, the implementation gap in Balochistan remains profound, and meeting the 2030 deadline will require equity-focused resource allocation, improved community outreach, and sustained political commitment.

Keywords: *SDG 3, Pakistan, Balochistan, universal health coverage, maternal health, immunisation, health policy*

Introduction

Sustainable Development Goal 3 (SDG 3), adopted under the United Nations 2030 Agenda for Sustainable Development, calls on all nations to "ensure healthy lives and promote well-being for all at all ages" (United Nations, 2015, p. 14). For Pakistan, a lower-middle-income country with a population exceeding 220 million, achieving this goal represents one of the most formidable governance and public health challenges of the twenty-first century. Nationally, health indicators such as maternal mortality, infant mortality, and communicable disease burden remain significantly above the targets stipulated in the SDG framework. Within Pakistan, no province embodies this challenge more acutely than Balochistan—the largest province by area but the most sparsely populated and the least served by health infrastructure (Government of Pakistan, 2021). This monograph examines the systematic steps Pakistan has taken at the national level to advance SDG 3, situating those efforts within the provincial context of Balochistan, where structural, geographic, and socioeconomic constraints compound the difficulties of health sector reform.

National Policy and Institutional Framework for SDG 3

Pakistan's commitment to SDG 3 is institutionally anchored in the SDGs Support Unit, established within the Ministry of Planning, Development and Special Initiatives in 2016. This unit is responsible for mainstreaming the 2030 Agenda into national planning documents, including the National Development Framework and annual public sector development programmes (Ministry of Planning, Development & Special Initiatives, 2020). The National Health Vision 2016–2025, adopted by the Ministry of National Health Services, Regulations and Coordination, explicitly aligns its strategic pillars with the SDG 3 targets, prioritizing universal health coverage (UHC), maternal and child health, and the reduction of communicable diseases (Ministry of National Health Services, 2016).

A landmark institutional step was the 18th Constitutional Amendment of 2010, which devolved health responsibilities to the provinces, granting each provincial government significant autonomy over health policy design and implementation. Consequently, while the federal government sets strategic direction and manages international health commitments, the practical delivery of SDG 3 targets is largely a provincial function (Nishtar et al., 2013). This devolution is critical to understanding Balochistan's situation, as it meant that a resource-constrained province inherited enormous responsibilities without commensurate fiscal and technical capacity.

Key National Interventions Targeting SDG 3

One of the most significant national interventions is the Sehat Sahulat Programme (SSP), the federal government's flagship health insurance initiative. Launched in phases and scaled up considerably after 2018, the SSP now provides free inpatient care to all citizens under a government-financed health insurance model (Government of Pakistan, 2021). In Balochistan, the programme's extension has enabled many citizens in peri-urban areas to access secondary and tertiary care facilities. However, its impact in remote districts remains limited due to low enrollment awareness and the absence of empanelled hospitals within reasonable distances (Pakistan Bureau of Statistics, 2017).

Pakistan has also pursued significant gains in child immunisation under the Expanded Programme on Immunisation (EPI), a programme operational since the 1970s but substantially revitalised after the adoption of the SDGs. The introduction of new antigens—including the Pneumococcal Conjugate Vaccine (PCV) and Rotavirus vaccine—was supported by Gavi, the Vaccine Alliance, and directly addresses SDG 3.2, which targets the elimination of preventable deaths among newborns and children under five (World Health Organization, 2022). Balochistan remains the province with the lowest immunisation coverage nationally, with EPI outreach

severely hampered by difficult terrain, insecurity in certain districts, and a shortage of Lady Health Workers (LHWs), who constitute the front-line immunisation cadre (UNICEF Pakistan, 2020).

The Lady Health Worker Programme, initially introduced in the 1990s, has been repeatedly strengthened as a mechanism for delivering primary health care, antenatal care, and family planning services to rural women—targets directly linked to SDG 3.1 (reduction of the maternal mortality ratio) and SDG 3.7 (universal access to sexual and reproductive health care). Balochistan has the lowest LHW density in the country, with chronic vacancies attributed to insecurity, socio-cultural restrictions on female mobility, and inadequate incentive structures (Nishtar et al., 2013).

Balochistan-Specific Efforts and Provincial Initiatives

The Government of Balochistan, cognisant of its unique challenges, adopted the Balochistan Health Sector Strategy 2019–2024, which maps provincial health priorities onto the SDG 3 targets. The strategy prioritises upgrading Basic Health Units (BHUs) and Rural Health Centres (RHCs), increasing the doctor-to-population ratio, and deploying mobile health units in remote areas (Government of Balochistan, 2019). The Pakistan Demographic and Health Survey (PDHS) data confirm that Balochistan has a maternal mortality ratio nearly double the national average, reinforcing the urgency of these interventions (Pakistan Bureau of Statistics, 2017).

International development partners have played a meaningful supplementary role. UNICEF and the World Health Organization support health system strengthening in Balochistan through technical assistance, supply chain management for essential medicines, and capacity building for district health officers (UNICEF Pakistan, 2020; World Health Organization, 2022). The World Bank's Balochistan Human Capital Investment Project (BHCIP), launched in 2020, invests in both health and education outcomes and is explicitly linked to SDG 3 and SDG 4 objectives (World Bank, 2020). Under this project, incentive-based performance transfers are

provided to health facilities meeting quality benchmarks, creating accountability mechanisms largely absent before.

Communicable disease control is another area where both national and provincial action have been visible. Pakistan is one of the two remaining countries where wild poliovirus transmission has not been interrupted. Balochistan, particularly the Quetta Block, has been the persistent reservoir of poliovirus owing to population mobility, vaccine refusal, and cross-border movement with Afghanistan (World Health Organization, 2022). Special Emergency Operations Centres (EOCs) have been established in each province, including Balochistan, under the National Emergency Action Plan for Polio Eradication, directly supporting SDG 3.3 (ending epidemic diseases). Despite multiple national immunisation days and house-to-house campaigns, complete elimination has remained elusive, illustrating the limits of programmatic interventions in conflict-affected and hard-to-reach environments.

Persistent Challenges and Gaps

Notwithstanding the above initiatives, Pakistan's trajectory on SDG 3—and Balochistan's in particular—remains deeply concerning. Structural underfunding of the health sector, with Pakistan's public health expenditure consistently below 1.5% of GDP, limits the implementation fidelity of even well-designed programmes (Ministry of Planning, Development & Special Initiatives, 2020). Balochistan's own provincial health budget has historically been heavily skewed toward salaries, leaving minimal capital for infrastructure, equipment, and medicine procurement. The province's Human Development Index score remains the lowest in Pakistan, reflecting interlocking deprivations in health, education, and income that resist single-sector solutions (Government of Pakistan, 2021).

Conclusion

Pakistan has taken measurable and, in some cases, substantive steps toward SDG 3 through legislation, institutional reform, flagship health programmes, and development partnerships. The 18th Amendment, the National Health Vision, the Sehat Sahulat Programme, and the EPI scale-up collectively demonstrate a policy architecture oriented toward universal health coverage and disease elimination. In Balochistan, these national commitments are mediated by the Balochistan Health Sector Strategy and supported by multilateral investments under the BHCIP. Yet the gap between policy intent and health outcomes in Balochistan remains one of the starkest in South Asia. Meeting SDG 3 by 2030 will require not only continued programmatic investment but also a fundamental political commitment to equity-based resource allocation, conflict resolution in insurgency-affected districts, and community engagement strategies that are culturally grounded and locally owned (Nishtar et al., 2013; UNICEF Pakistan, 2020).

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