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SUSTAINABLE DEVELOPMENT GOALS

Building Momentum in South Asia



Pakistan Country Study

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Table of Contents

List of Acronyms	iv
Executive Summary	1
Chapter 1: Introduction.....	3
1.1 Overview and Background	3
1.2 Country Profile and Health System in Pakistan.....	3
1.2.1 Health Status and Demographic Trends	3
1.2.2 Health System in Pakistan.....	6
1.2.3 Health Financing	7
1.3 Transition from MDGs to SDGs.....	8
1.4 Rational and Objective of the Study.....	11
1.4.1 Objectives of the Study	12
Chapter 2: Methodology	14
2.1 Methodology and Key Variables	14
2.1.1 Methodology.....	14
2.1.2 Work plan	14
2.1.3 Desk review	15
2.1.4 Key variables.....	15
2.1.5 Key Informant Interviews	16
2.1.6 Stakeholders Consultation.....	17
2.2 Analytical Framework	17
Chapter 3: National-Level Institutional Arrangements for SDGs	19
3.1 National Level Arrangements for SDGs in Pakistan.....	19
3.1.1 Role of SDGs Secretariat and Task Forces.....	20
3.1.2 Role of SDGs Unit.....	21
3.1.3 Ministries and Departments	25
3.2 Institutional Arrangements for Health related SDGs	25
3.3 Role of Stakeholders	27
3.3.1 Think tanks	27
3.3.2 Academia.....	30
3.3.3 NGOs/CSOs.....	32
3.3.4 Donors/ Development Partners	35
3.3.5 Media	37
Chapter 4: Potential Role of Policy Research Institutes for achieving the health related SDGs	39
4.1 Relevance and Capacity of PRIs in context of health related SDGs	39

4.2	How PRIs can work to fill the gaps and accelerate implementation of the SDGs	40
4.3	Challenges faced by PRIs	41
Chapter 5: Conclusion and Key Findings		43
5.1	Key Findings: Role of PRIs in Accelerating Progress on Health related SDGs	43
5.2	Key Findings: Role of Other Stakeholders.....	44
5.3	Limitations and Challenges of Study.....	45
Chapter 6: Recommendations		46
Annexure 1: Work Plan		48
Annexure 2: Stakeholders Consultation on Health related SDGs, at Karachi		49
Annexure 3: Stakeholders Consultation on Health related SDGs, at Islamabad.....		49
Annexure 4: Government of Pakistan: a List of Federal Ministries and Divisions		50
Annexure 5: Summary of responses from NGOs.....		51

List of Acronyms

ADP	Annual Development Plan
AusAID	Australian Agency for International Development
BHUs	Basic Health Units
CBOs	Community Based Organizations
CDWP	Central Development Working Party
CIDA	Canadian International Development Cooperation
CMHCI	Chief Minister's Health Care Initiatives
CMHs	Combined Military Hospitals
CPHSP	Center for Population, Health and Social Policy
CSOs	Civil Society Organizations
CUP	Community Uplift Program
DFID	Department for International Development
DHQ	District Head Quarter
ECD	Early Childhood Development
ECHO	European Commission Humanitarian Organization
EPI	Extended Program of Immunization
EU	European Union
FCPS	Fellowship of the College of Physicians and Surgeons
FPMA	Faculty of Paramedical & Allied Health Sciences
GIZ	Gesellschaft für Internationale Zusammenarbeit
GoP	Government of Pakistan
HHF	Helping Hands Foundation
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
HPSIU	Health Planning, Systems Strengthening and Information Analysis Unit
HRH	Human Resources for Health
HSA	Health Services Academy
IDRC	International Development Research Centre
INGOs	International Non-Governmental Organizations
JICA	Japan International Cooperation Agency
KPIs	Key Performance Indicators
LEAD	Leadership for Environment and Development
LHWs	Lady Health Workers
LUMS	Lahore University of Management Sciences
MAPS	Mainstreaming, Acceleration Policy Support
MDGs	Millennium Development Goals
MEDVC	Medical Entomology & Disease Vector Control
MHRC	Mahbub ul Haq Research Centre
MICS	Multiple Indicator Cluster Survey
MMR	Maternal Mortality Rate
MoF	Ministry of Finance
MoNHSRC	Ministry of National Health Services, Regulations and Coordination

MoPDR	Ministry of Planning, Development and Reforms
MSc	Master of Science
MSPH	Master of Science in Public Health
MTEF	Medium Term Expenditure Framework
NCDs	Non-communicable Diseases
NGOs	Non-Governmental Organizations
NHA	National Health Accounts
NIH	National Institute of Health
NIPS	National Institute of Population Studies
NSC	National Steering Committee
PB	Project Board
PC	Planning Commission
PC-I	Project Cycle-I
PCP	Pakistan Centre for Philanthropy
PDHS	Pakistan Demographic and Health Survey
PEMRA	Pakistan Electronic Media Regulation Authority
PG Cert	Postgraduate Certificate
PHRC	Pakistan Health Research Council
PIDE	Pakistan Institute of Development Economics
PMSDGP	Prime Minister's Sustainable Development Goals Program
PPHA	Pakistan Public Health Association
PPHI	Peoples Primary Health Care Initiatives
PPP	Public Private Partnership
PRCS	Pakistan Red Crescent Society
PRIs	Policy Research Institutes
PSLM	Pakistan Social and Living Standards Measurement Survey
RHCs	Rural Health Centers
RMNCAH	Reproductive, Maternal, Neonatal, Child, and Adolescent Health
SACHET	Society for the Advancement of Community, Health, Education and Training
SDC	Sustainable Development Conference
SDGs	Sustainable Development Goals
SDPI	Sustainable Development Policy Institute
SDSN	Sustainable Development Solutions Network
SIDA	Swedish International Development Cooperation Agency
SPDC	Social Policy and Development Centre
TB	Tuberculosis
TFR	Total Fertility Rate
THQ	Tehsil Head Quarter
UN	United Nations
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations International Children's Emergency Fund
USAID	United States Agency for International Development
WHO	World Health Organization

Executive Summary

Health plays a crucial role in achieving sustainable development by ensuring healthy lives and promoting well-being for all. Despite making some improvements in global health indicators such as increasing life expectancy, reducing Malaria, Tuberculosis, etc., a lot more efforts are required to tackle various immense health issues (United Nations, 2017). The health-related Sustainable Development Goals (SDGs) are extensive in nature in a way that they cover all aspects ranging from health service provision to the prevalence of health issues. The complex nature of the health SDGs require efforts from all stakeholders such as government, policy research institutions (PRIs)/think tanks, academia, NGOs, and private sector. The lack of literature on the role of stakeholders in achieving health related SDGs is one of the major concern that need to be addressed in order to successfully implement Agenda 2030. This study fills the gap by identifying institutional arrangements, key stakeholders and their role through a mapping exercise to improve the health targets under Agenda 2030 in Pakistan.

Government of Pakistan is playing the leading role in SDGs implementation and established the SDGs unit at Federal and provincial levels to coordinate the SDGs related activities with all other relevant institutions. Furthermore, parliamentary task force has been established to oversight and monitor the SDGs' implementation process in Pakistan. The alignment of Vision 2025 and National Health Vision 2016-2020 with the SDGs is an example of the policies alignment with SDGs. Apart from implementing the SDGs, Government is the main service provider of healthcare in Pakistan. In addition to the government, policy research institutions including think tanks possess an important position in promoting SDGs through evidence generation, research based policy recommendations, advocacy as well as the capacity building of other stakeholders on SDGs. Though the number of health-related policy research institutions is not much in Pakistan, their contribution in evidence generation and policy guidance to the government is significant in Pakistan as the policy recommendations given by them are becoming part of the policies and strategies.

Other important stakeholders such as non-government organizations (NGOs), development partners, media, etc. are also contributing in promoting SDGs in different ways. Academia is an important contributor in promoting knowledge of SDGs as well as producing quality research on new themes of health SDGs. NGOs are playing their role in service provision to the masses, they can also effectively create awareness among public on health issues as they are working closely with the public. In terms of awareness raising, media and academia can also contribute as they have direct influence on general public and specifically youth. Development partners are also important actor of influencing the adaptation and implementation of SDGs in Pakistan as they are working with the government in terms of providing technical assistance and policy guidance to the government.

There are certain challenges that are being faced by the aforementioned stakeholders in extending their efforts to promote SDGs in Pakistan. The key challenges include the lack of coordination, among different stakeholders, lack of funds for research, and absence of national framework for action on SDGs. Though SDGs Units have been established by the government, the pace of work is comparatively slow and needs to be expedited specially in two provinces namely Khyber Pakhtunkhwa and Balochistan.

The role of different stakeholders need to be enhanced and improved such as prioritization of SDGs, localization of SDGs and development of a national framework for SDGs by the government in consultation with all relevant stakeholders is direly needed. Moreover, the culture of research needs to be promoted and it is important to allocate funds for research and involvement of policy research institutions by the government while developing the evidence based policies. Enhanced coordination among all stakeholders is need of the hour to build synergies among efforts by different stakeholders. It is necessary to avoid duplication of efforts and work in collaboration to make the efforts more cost effective. Enhanced resource allocation is required for the planning, implementation and monitoring of SDGs since all stakeholders reported the lack of finances as a limitation to accomplish the SDGs targets.

The key recommendations include but not limited to enhance the coordination among different stakeholders may be through a network or a forum; policy research institutions should focus on providing the research in a language and manner which is easily understandable by the policy makers; academia should also focus on indigenous solutions as well as innovations for promoting the healthy lives and development in general; capacity building of local government to plan, implement and monitor SDGs is required; public expenditure tracking for social sector at provincial and federal level as tool for social audit to monitor progress needs to be developed. On the data front it was identified that a lot of data is missing for monitoring of SDGs and the involvement of think tanks, academia and NGOs will be helpful in this regard. At the same time the existing data which is not being reported needs to be analyzed and published. The availability of disaggregated data is another important factor for progress on SDGs and need to be focused. Setting up standard data protocols and developing coordination mechanisms between Federal and Provincial Statistical Bureaus is also required.

Chapter 1: Introduction

1.1 Overview and Background

Health is an important determinant of economic and social prosperity of a country and a key to development. Hence it is crucial to improve the health related indicators to achieve the SDGs. While taking into account the health related SDGs it is important to note that it requires the efforts beyond providing the services in medical terms and also necessitates inclusion of the social services. SDGs are taking care of all those aspects which are reflected in 13 targets under Health Goals and in all other related goals. This is quite an ambitious agenda to achieve and requires efforts from all the stakeholders including but not limited to government, academia, think tanks, research organizations, civil society organizations, communities, and private sector. SDGs are very complex and multi-sectoral by nature, therefore it's important to have different views, perspectives and roles played by a variety of stakeholders. However, a very limited literature (almost non-existent) is available on the role of stakeholders in improving the health related indicators and targets therefore it is of prime importance to explore the relevance of different stakeholders and identify their existing and potential roles for accelerating the growth on health related SDGs.

In this regard Sustainable Development Policy Institute (SDPI) with the support of IDRC held the first South Asian Regional Consultation on Health policy research institutions in Islamabad on Dec 5th 2016. It was third regional consultation around the world following the South American and African regional consultations, supported by IDRC. The consultation on health policy research institutions was attended by the seven countries in the region namely Afghanistan, Bhutan, Bangladesh, India, Nepal, Pakistan and SriLanka along with the experts from Iran and IDRC Ottawa and India. Taking forward the recommendations of Consultation, SDPI has conducted a study on "Policy Research Institutes and the Health SDGs: Building Momentum in South Asia" with the support of IDRC with the objective of mapping the health policy research institutions and stakeholders, foremost to understand the current situation of these seven countries and institutions within and where they stand in regards to implementing health-related SDGs. The study has been conducted with the support of partner organization in each of the respective country whereas the study in Pakistan has been conducted by SDPI. This report is based on the Pakistan Country Study.

1.2 Country Profile and Health System in Pakistan

1.2.1 Health Status and Demographic Trends

Pakistan has the second highest population growth rate in South Asia of 1.86 following Afghanistan. Whereas the life expectancy at birth is 66.4 years which a second lowest in the region. Total population is 199.1 million¹ making Pakistan the sixth most populated country in the world with fertility rate at 3.1; sex ratio at 106; dependency ratio at 58 and index of aging at 12.8².

¹ Government of Pakistan. (2017). Economic Survey of Pakistan 2016-17. Ministry of Finance. Islamabad

² Government of Pakistan. (2016). Social Indicators of Pakistan, 2016. Bureau of Statistics. Islamabad

Though the population growth rate is at decline in Pakistan from 1.92 in 2015 to 1.86 in 2017 the overall population is high as compare to the resources. Crude Birth Rate has been marginally improved from 26.1 per thousands in 2015 to 25.6 per thousand in 2016 and 25.2 in 2017. While the Crude Death Rate has declined from 6.8 per thousand in 2015 to 6.6 per thousand in 2017 and the average life expectancy is also increasing which also results in rise in dependent population. In addition to that urbanization is also on increasing trend; from 1950 to 2011 the urban population of Pakistan witnessed an increase by seven folds which is due to overall population growth, rural to urban migration, and refugees' migration; making Pakistan the second most urbanized country in South Asia. The table 1 shows some of the important demographic trends in Pakistan.

Table 1: Demographic Indicators of Pakistan

Demographic Indicators	2015	2016	2017
Total Population (Million)	191.71	195.4	199.1
Urban Population (Million)	75.19	77.93	80.72
Rural Population (Million)	116.52	117.48	118.38
Total Fertility Rate (TFR)	3.2	3.1	3
Crude Birth Rate (Per thousand)	26.1	25.6	25.2
Crude Death Rate (Per thousand)	6.8	6.7	6.6
Population Growth Rate (Percent)	1.92	1.89	1.86
Life Expectancy (Year)			
- Females	67.3	67.7	68.2
- Males	65.2	65.5	65.8

Source: Pakistan Economic Survey 2016-17, Ministry of Finance, Government of Pakistan

Due to this high population there is a pressure on education, health system and food supply in the country. In terms of health care needs the 10.9 % of population is between the ages of 0-4 years and 21.2 % is between 5-14 years requiring the child and adolescent health services. 61.4 % population is in the age group of 15-59 requiring the reproductive health care services.

The table 2 shows the health status of population of Pakistan. The relatively high levels of Maternal Mortality Rate, Infant Mortality Rate and Under-5 Mortality Rate; low nutritional status and disparities in immunization rates in Pakistan are deeply associated with the social status and education of women in the society. The total literacy rate in Pakistan is 57.95 (population of age of 15 and over who can read and write). As per estimate of 2015 literacy rate among males is 69.5% and among females is 45.8%. Various studies have established that better educated people have lower morbidity rates from the most common acute and chronic diseases as well education might have a direct effect on health and healthy behaviors, because people may learn about the consequences of unhealthy behaviors at school, college or university. Another important factor which contributes to poor health especially of children is the water and sanitation; 86 % of population has access to improved water sources whereas the 76% population has access to sustained sanitation facilities. Similarly the poverty can cause the low health status and push people into health-poverty nexus and vice versa. The headcount ratio of multi-dimensional poverty is 38.8% in

Pakistan³. According to studies almost 4-6 % of population is being pushed into poverty due to catastrophic health expenditures in Pakistan⁴. Expenditure on health by households in rural areas is almost 53% more than the expenditure on health in urban areas out of their total household expenditures⁵.

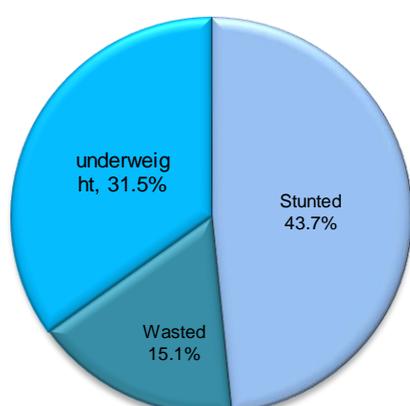
Table 2: Health Status

Indicators	Total	Punjab	KP	Sindh	Baluch.	Islamabad
Sickness and Injuries	12	5.9	9.1	6.3	4.7	4.4
Immunization (12-23 Months Based on recall and record in %)	82	70	58	45	27	90
Diarrhea Prevalence children under 5 in % (last 30 days)	9	9	10	6	11	5
Pre Natal Consultation in %	73	78	64	72	47	95
Tetanus Toxic Injection During Pregnancy in %	75	84	67	69	31	94
Skill Birth Attendant in %	58	47	44	53	23	
Post Natal Care in %	29	84	67	69	31	94
Maternal Mortality rate per 100000*	170					
Infant Mortality Rate Per 1000**	66					

Source: PSLM 2014-15, Pakistan Bureau of Statistics, * Pakistan Economic survey 2016-2017, **World Bank

Food security is another factor that is linked to the health. The results of National Nutrition Survey 2011 revealed that 58% of households were food insecure at the national level. 28.4% were food insecure without hunger, 19.8% were food insecure with moderate hunger and 9.8% were food insecure with severe hunger. Rural household were more food insecure (60.6%) as compared to urban households (52.4%). Malnutrition in under five children is quite high in Pakistan; 44% children are stunted, over 15% is the wasted and 31.5% are underweight.

Figure 1: Malnutrition in Children under 5 in Pakistan



Source: National Nutrition Survey 2011

³<http://www.pk.undp.org/content/pakistan/en/home/presscenter/pressreleases/2016/06/20/pakistan-s-new-poverty-index-reveals-that-4-out-of-10-pakistanis-live-in-multidimensional-poverty.html>

⁴ Government of Pakistan. (2007). National Health Policy Unit. Ministry of Health. Islamabad

⁵ Government of Pakistan. (2016). HIES, 2015-16. Pakistan Bureau of Statistics

1.2.2 Health System in Pakistan

Pakistan has a fairly good health infrastructure and a booming private health sector. Though, due to the high levels of poverty and illiteracy, frequent natural disasters and the tense security situation population has to face the challenges of accessing good quality and equitable health services. Pakistan has a mixed health system, mainly financed by government with a limited private insurance and rather recently introduced national health insurance in some of the target districts. Out of pocket expenditures are quite high and mainly spend through private health care facilities whereas only 25 % population is utilizing the public facilities for seeking health care services.

The health services through public health facilities are being provided at federal, provincial, district and sub district levels through a well-established three tier (primary, secondary and tertiary) network of basic health units (BHUs), rural health centers (RHCs), dispensaries, district and tehsil head quarter hospitals (THQ, DHQs) and tertiary care hospitals. The national health infrastructure comprises of 1201 hospitals, 638 RHCs, 5518 BHUs, 5802 Dispensaries, 731 Maternal & Child Health Centers and 347 TB centers with the total availability of beds in these health facilities at 123,394⁶. However there is still a deficiency of health care facilities coupled with the issues of quality of care. In terms of human resources for health (HRH), the doctor population ratio stands at 1: 997, dentist to population ratio at 1: 10658 and hospital bed ratio 1:1584 despite the fact that private medical colleges are increasing and respective production of doctors.

The Ministry of National Health Services Regulation and Coordination had a number of vertical public health programs such as Extended Program of Immunization (EPI), Family Planning & Primary Health Care (commonly known as lady health workers program), National Tuberculosis Control Program, National Aids Control Program, National Malaria Control Programs etc. which are funded by the federal government but their implementation is carried out at the provincial and district levels and after the devolution the provincial PC1 have been developed and programs are being executed at provincial level.

The federal government has launched “Prime Minister’s National Health Insurance Program” to improve the health status of the population in the country by ensuring access to quality health care especially enhancing coverage and access to secondary and priority treatments of the poor and vulnerable population.

In addition to the public civilian health infrastructure the military health infrastructure is also providing the services to general population in their catchment areas though mainly focused to military professionals and their families but civilian can also access the services. At the primary level, Medical Battalion and Field Medical Units are there, at secondary level, Combined Military Hospitals (CMHs) which are further categorized as Class “A”, Class “B”, Class “C” as well as Class “D” hospitals depending upon the number of beds and facilities available are providing the health care services. The tertiary care facilities include some state of the art institutes with modern health care facilities (Armed Forces Institute of Cardiology, Armed Forces Institute of Urology, Armed Forces Institute of Dentistry etc.)

⁶ Government of Pakistan. (2016). Economic Survey of Pakistan 2015-16. Ministry of Finance. Islamabad

The private sector is growing without any regulation and the health facilities are quite diverse in terms of quality and costs. Private sector health facilities varies from state of the art hospitals to the traditional health care providers (Hakeem/ Tabeeb)/spiritual healers and quacks, including hospital with different specialties (small and large), solo clinics, laboratories, MNCH centers, ambulatory health services, pharmacies and sellers of medical goods and patient transport services. The private sector also include the not for profit sector which is consist of health care facilities and services being provided by NGOs, trusts and philanthropic organizations. Therefore the costs also varies and different segment of population seek health services from different providers as per their affordability.

Despite having the extensive health infrastructure, the health care service delivery is suffering from major barriers like high population growth, uneven distribution of health professionals, deficient workforce, insufficient funding and limited access to quality health care services.

1.2.3 Health Financing

Health, a basic human right, is not only central to poverty reduction but is crucial for socio-economic development of a country⁷. Health status can be affected by a variety of factors that lie outside the domain of the health sector. Social position and the underlying inequality have a direct impact on health of a society. There is an established correlation between social inequality and health inequality⁸. There is enough evidence demonstrating that investing in health sector of country upshots the economic development.

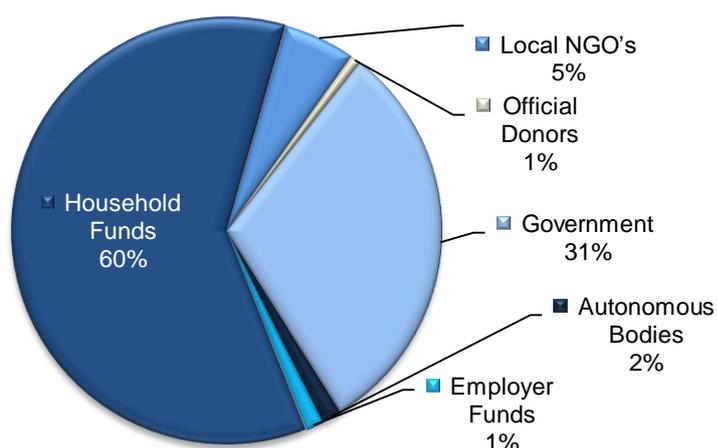
The total health expenditures in Pakistan amount to PKR 757196 million in 2013-14 according to the national health accounts estimates. Out of the total health expenditures 60 % is through out of pocket expenditures and 33 % is by the government (including military setup and autonomous bodies). Whereas local NGOs are spending almost 5 % and official donor agencies are spending only 1 % of total health expenditures. Out of total private expenditures about 90% is out of pocket expenditures and 8 % is through local/ national NGOs. Out of total out of pocket expenditures almost 81 % is through private service providers. Here it is important to note that expenditure on medical education, professional training and research is not part of total health expenditures estimate by national health accounts (NHA) as per NHA classification whereas in the subsequent discussion on health expenditures by government includes these expenditures as well.

The per capita health expenditures are 39.5 USD whereas the WHO recommendation is 86 USD for developing countries. Total health expenditures for 2013-14 are 3.0% of GDP whereas the total government health expenditures are 9.3 % of total government expenditures.

⁷World Health Organization. (2005). Macroeconomic Commission on Health. Available at <http://who.int/macrohealth/en/>

⁸ Daniels, N., & Kennedy B, K. (n.d.). Why Justice is Good for our Health. (S. Anand, & F. Peter, Eds.) Volume on Equity in Health.

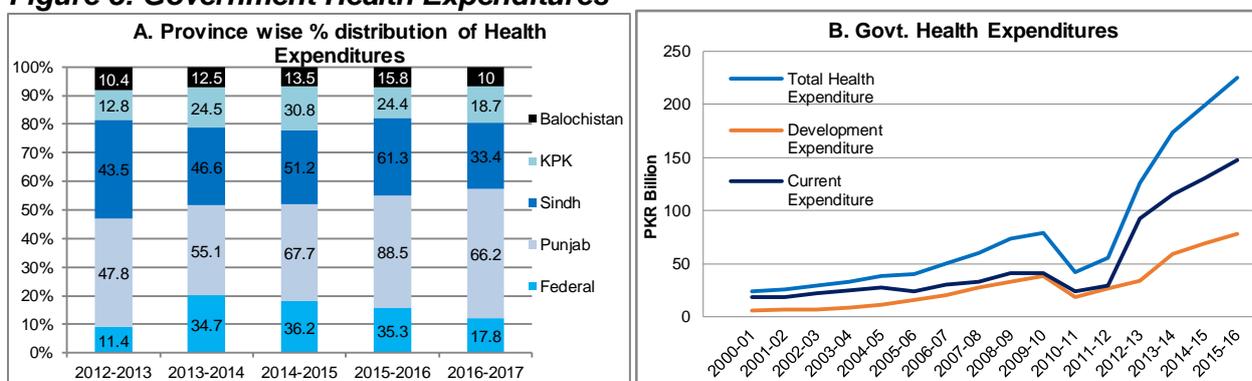
Figure 2: Distribution of Total Health Expenditures 2013-14



Source: National Health Accounts 2013-14, Pakistan Bureau of Statistics, Govt. of Pakistan

Over the last 10 years the public health expenditure as % of GDP remained in the range of 0.5 to 0.8 %. During 2015-16, total expenditure increased by 13 % over 2014-15, and during current fiscal year (July -March) 2016-17, the expenditures remained at 145.97 billion showing an increase of 9 percent over the same period of last year.

Figure 3: Government Health Expenditures



Source: Pakistan Economic Survey, 2015-16, Ministry of Finance, Govt. of Pakistan

Over the years the total government health expenditures has been increased from PKR 24.3 billion in 2000-01 to PKR 225.3 billion in 2015-16. The proportion of increase in current and development expenditures is keep on varying from time to time. After devolution (as per 18th constitutional amendment) in 2011 the total expenditures observe a down fall but after that during last few years there is a sharp trend of increase in expenditures as it can be shown in figure 3.

1.3 Transition from MDGs to SDGs

The United Nations General Assembly adopted new development agenda in November 2015 “Transforming our World: the 2030 Agenda for Sustainable Development Goals.” The SDGs is an extension of MDGs unfinished work, while MDGs focused more on the developing world the SDGs are global in nature and

require input from developed and developing world alike⁹. There were 8 Millennium Development Goals¹⁰ including eradication of poverty and hunger, universal primary education, promote gender equality and women empowerment, reduce child mortality, improve maternal health, combat HIV/AIDS, malaria and other diseases, ensure environment sustainability, and develop a global partnership for development. Pakistan also adopted the MDGs and put its efforts to achieve the 16 targets and 41 indicators over the period of 15 years. As per data available for 33 indicators, Pakistan's progress is on track for 9 indicators and off track for 24 indicators. However Pakistan lagged behind in achieving the MDGs 4 and 5 related to child and maternal health mainly due to the challenges in implementation, governance and monitoring in the health sector.

Table 3: Status of MDGs in Pakistan

Indicators	National Value	Target	Status
MDG4			
Under 5 Mortality Rate (Deaths per 1000 Live Births)	89	52	Off Track
Infant Mortality Rate (Deaths per 1000 Live Births)	74	40	Off Track
Proportion of Fully Immunized Children 12-23 Months	80	>90	Off Track
Proportion of under 1 Year Children Immunized against Measles	81	>90	Off Track
Proportion of Children Under 5 who suffer from Diarrhea in the last 30 Days (%)	8	<10	Achieved
Lady Health worker's Coverage (percent of target population)	83	100	Off Track
MDG5			
Maternal Mortality Ratio	276	140	Off Track
Proportions of Births attended by Skilled Birth Attendants	52.1	>90	Off Track
Contraceptive Prevalence Rate	35.4	55	Off Track
Total Fertility Rate	3.8	2.1	Off Track
Proportion of women 15-49 who had given birth during last 3 years and made at least one antenatal consultation	68	100	Off Track
MDG6			
HIV Prevalence among 15-49 years old pregnant women	0.041	reduced by 50%	On Track
HIV prevalence among vulnerable groups	IDU=37.4 FSW=0.8 MSW=3.1 HSW=7.3	Baseline reduced by 50%	Off Track
Proportion of population in malaria risk areas using effective prevention and treatment measures	40	75	Off Track
Incidence of TB/100,000	230	45	Off Track
TB cases detected and cured under DOTS	91	85	Achieved

Source: Pakistan Millennium Development Goals, Report 2013, Planning Commission GoP and WB

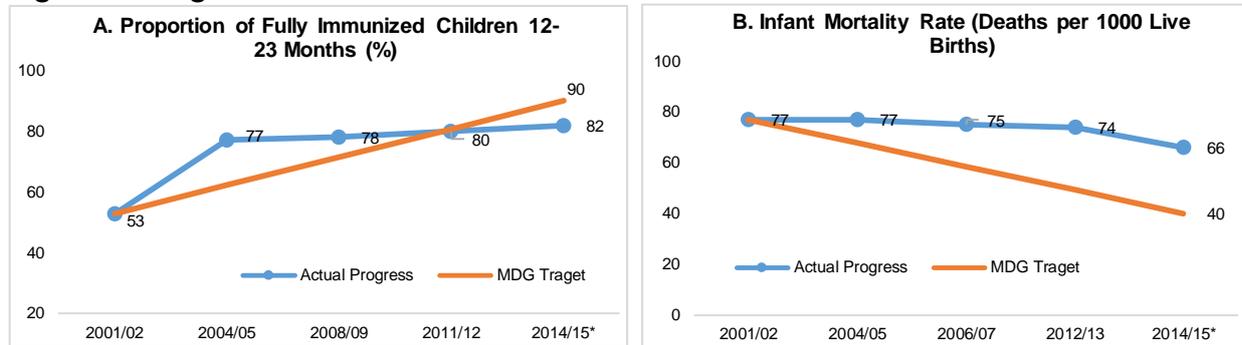
⁹ UNDP. (2015). The Millennium Development Goals Report . New York: UN. Available at

[http://www.un.org/millenniumgoals/2015_MDG_Report/pdf/MDG%202015%20rev%20\(July%201\).pdf](http://www.un.org/millenniumgoals/2015_MDG_Report/pdf/MDG%202015%20rev%20(July%201).pdf)

¹⁰ United Nations Millennium Declaration. Resolution adopted by the General Assembly [without reference to a Main Committee (A/55/L.2)]. United Nations General Assembly, Fifty-fifth session, agenda item 60 (b), 18 September 2000 (http://www.un.org/en/ga/search/view_doc.asp?symbol=A/RES/55/2)

According to Table 3 the international target for MDG4, to reduce the child mortality rate, was to bring down the under-five child mortality by two-thirds between 1990 and 2015. Pakistan progress on achieving this target remained unsatisfactory except one target related to reduce Diarrhea incidence. Regarding infant mortality rate (IMR) the gap is still high to achieve the target as the progress is a bit slow whereas the gap between target of fully immunized children and actual figures is narrowing down.

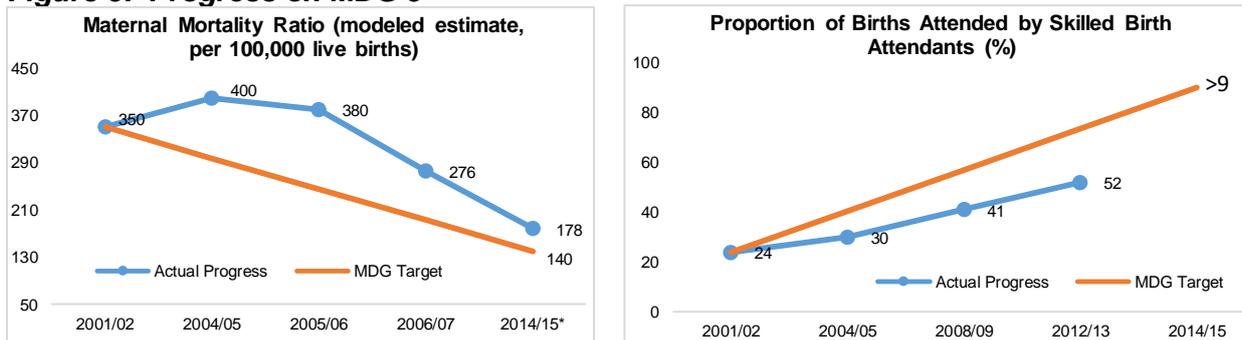
Figure 4: Progress on MDG 4



Source: PSLM 2014-15, Pakistan Bureau of Statistics; Pakistan Millennium Development Goals Report 2013; and World Bank¹¹

The target for maternal mortality has also not been achieved though the maternal mortality rate (MMR) has been brought down by half. The contraceptive use has gone up by 3 times and proportions of birth attended by skilled birth attendants has been doubled whereas the antenatal consultations increased by four times since 1990/91 yet the overall Pakistan's progress on MDG5 remained off track¹².

Figure 5: Progress on MDG 5



Source: Pakistan Millennium Development Goals Report 2013; and World Bank

Regarding HIV/AIDS, malaria, TB and other diseases, mainly the progress is good. Pakistan has not only achieved but surpassed the target of reducing HIV prevalence among 15-24 years old pregnant women¹³. Most of the indicators have shown a

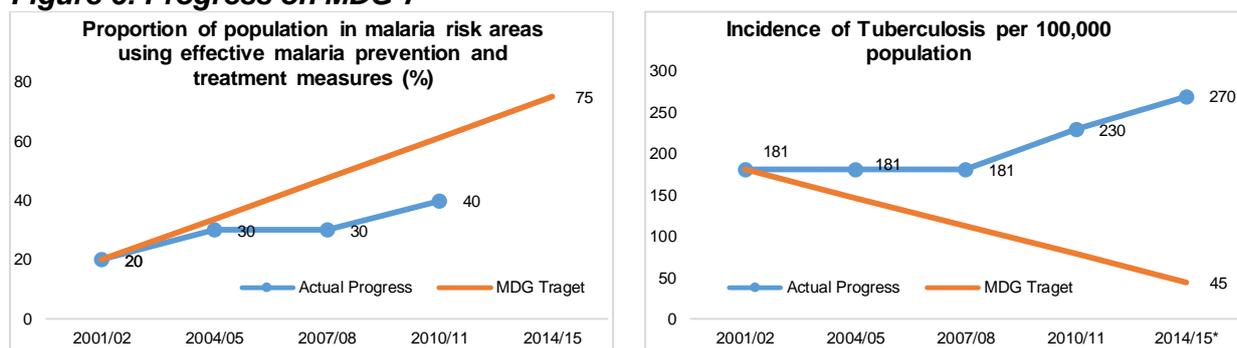
¹¹ http://databank.worldbank.org/data/Views/Reports/ReportWidgetCustom.aspx?Report_Name=MDG-Table&Id=c658ae98&inf=n

¹² Government of Pakistan. (2013). Pakistan Millennium Development Goals. , Report 2013, Planning Commission. Islamabad

¹³ UNDP. (2015). The Millennium Development Goals Report. New York: UN

positive trend, such as successful detection and provision of healthcare for TB patients, but its progress is off the track on other indicators like incidence of TB.

Figure 6: Progress on MDG 7



Source: Pakistan Millennium Development Goals Report 2013; and World Bank

One of the main reasons that Pakistan could not achieve MDGs was late acknowledgment of the development goals by the government in 2003 and then devolution in 2010 as per 18th constitutional amendment. Moreover, the national development framework was not aligned with the MDGs. However, to accomplish the SDGs by 2030 the government is putting its efforts to align its policies with SDGs; the details are given in Chapter 3.

In terms of SGs Pakistan is ranked at second lowest in South Asia under SDGs index recently released by Sustainable Development Solutions Network (SDSN). Pakistan can be categorized in the second group in South Asia following the first group comprising SriLanka and Bhutan regarding the score on SDGs indicators and progress on SDGs whereas Afghanistan is lagging behind and the gap seems quite high as compared to the other countries in the region.

Table 4: SDGs Index

South Asia Ranking	Global Ranking	Country	Score
1	81	Srilanka	65.9
2	83	Bhutan	65.5
3	105	Nepal	61.6
4	116	India	58.1
5	120	Bangladesh	56.2
6	122	Pakistan	55.6
7	150	Afghanistan	46.8

Source: <http://sdgindex.org>

1.4 Rational and Objective of the Study

Sustainable Development Goals are ambitious development agenda for the world that is to be achieved by 2030. The SDGs encompass social, environmental and economic

aspects of development. The 'integrated and indivisible'¹⁴ approach of the SDGs requires robust input from all sectors. The third SDG related to health- ensuring healthy lives and well-being for all at all ages¹⁵, is very broad and requires input from all sectors. Health is not only an important determinant of economic and social prosperity of a country but it is a central point for achieving the SDGs. Thus it could be said that health is at the core of the SDGs. Therefore, the importance of health for sustainable development in South Asia, too, cannot be ignored.

There are a very few studies on mapping exercises available on the health policy research institutions around the world and there is none on South Asia specifically. A South Africa¹⁶ regional study highlights the role in enunciating the needs and promoting the good governance regarding the implementation of MDGs. Naveed (2013)¹⁷ in his study had identified a few actors in Pakistan who are conducting research in health sector but he did not elaborate further on the specific role played by these actors or impact on policy arena. According to the different studies¹⁸ the role of policy research institution in policy processes is very important at country level. To accelerate progress towards health- related SDGs and track where and how the progress is happening, it is crucial to have a thorough understanding of stakeholders and institutions that are contributing towards it and if there is a capacity to produce coordinated and quality data that explains the progress or lack of progress. Therefore, a mapping study of health related stakeholders in South Asia is conducted. This mapping is a scoping study in nature, that describes and compare the national-level institutional arrangements for SDGs implementation and monitoring that already exist, are being created, or are missing across South Asian countries.

1.4.1 Objectives of the Study

To accelerate progress towards health- related SDGs and track where and how the progress is happening, it is crucial to have a thorough understanding of stakeholders and institutions that are contributing towards it and if there is a capacity to produce coordinated and quality data that explains the progress or lack of progress. Hence, SDPI along with several other collaborating organizations is working together to answer the following questions for all seven participating countries represented in a South Asia consultation as a South Asian pilot project:

- What are the national-level institutional arrangements that already exist for SDGs implementation and monitoring and where are the gaps and weaknesses?
- Who are the key stakeholders involved in the implementation and monitoring of the health-related SDGs in South Asian countries, both regionally and nationally?

¹⁴ Nunes, A. R. (2016). The Importance of an Integrated Framework for Achieving the SDGs: the Example of Health and Wellbeing. *BMJ Global Health* Available at: <http://gh.bmj.com/content/bmjgh/1/3/e000068.full.pdf>

¹⁵ UNDP. (2015) United Nations Development Programme. Sustainable Development Goals (SDGs). New York.2015. retrieved at <http://www.undp.org/content/undp/en/home/mdgoverview/post-2015-development-agenda>

¹⁶ African Civil Society Circle . (2016). The Role of Civil Society in Localising the SDGs. DDP. Available at: www.acordinternational.org/download/56dff42edf11a/

¹⁷ Naveed, A. (March 26, 2013). Landscaping Policy Relevant Research in Pakistan: Identifying the Key Actors. Islamabad: Sustainable Development Policy Institute

¹⁸ Aligica, P. D. (2006). Institutional and Stakeholder Mapping: Frameworks for Policy Analysis and Institutional Change. *Public Organization Review*

- What role health policy research institutions are playing with respect to SDGs and what role could they play in future to help strengthen national and regional-level institutional arrangements?
- What is the priority and the sectoral primacy being accorded to the SDGs at the national level?

The mapping study is scoping in nature to provide knowledge on “who does what” by identifying what exists, what we know and what does not exist and needs to be created or supported, and how all this fits within policy and practice leading towards SDGs. It can be then identified where the policy research institutions fit and how crucial they are in the SDGs process.

The mapping contextualizes the stakeholder’s role, their involvement and their relations with other stakeholders and the extent of their involvement in the SDGs implementation and monitoring. This analysis will facilitate the better understanding of the institutional framework which is in place or need to be created for accelerating the progress towards health related SDGs.

Chapter 2: Methodology

Pakistan Country Study is part of the South Asian study on the role of stakeholder's in accelerating the growth on health related SDGs. Therefore a standardized methodology has been adopted with the consultation of focal persons for each country namely Afghanistan, Bhutan, Bangladesh, Nepal, India, Srilanka and Pakistan.

SDPI formed a Core Group comprising of members from above mentioned countries and conducted the regular meetings to finalize the methodology. Study Protocols, Table of Contents for the report and inclusion exclusion criteria were developed and finalized after the discussion among Core Group to ensure the standardization of study and report across the region. The inclusion criteria were developed to identify the key stakeholders for discussions and key informant interviews.

Here it is worthwhile to mention that what does mapping means for the purpose of this study. The mapping initially investigated that what are the different stakeholders involved in the health related SDGs process in the country. These stakeholders were then classified into different categories for example; research institutions or implementing partners or community organizations etc. then these stakeholders will be further investigated in terms of different types like government organizations, independent think tanks or private organizations etc. One important aspect was to understand the relation between these stakeholders in accelerating the health related SDGs. At the final stage a sub set of the policy research institutions was further studied to know about their current role and the potential role they can play for achieving the health related SDGs, what are the challenges they are facing and what needs to be done to facilitate them to play their role in enhanced manner.

2.1 Methodology and Key Variables

The study has been conducted at two stages; initially all the stakeholders were considered focusing on all the SDGs to have the overview of national level arrangements for SDGs and at the second stage the study focused on Policy Research Institutions (PRIs) and Health related SDGs only to explore the role of PRIs.

2.1.1 Methodology

To conduct the mapping exercise mainly the qualitative techniques have been used along with quantitative tool to get the information on relevant stakeholders. The qualitative methods, with their narrative and observatory approach, are widely being used in health care setting (Pope and Mays, 1996) as they are more penetrative than the quantitative data. While the study is qualitative in nature therefore the qualitative techniques were focused and the following methods were used to collect the information for the said study:

- Desk review of literature
- Key Informant interviews with relevant stakeholders
- Consultative meetings with health related stakeholders

2.1.2 Work plan

The study was initiated in March 2017. The initial two months were taken by logistic arrangements to involve the partners in each country in South Asian Region. The actual work on Pakistan Study was started in mid-April with the development of study protocol. The information and data required is quite time extensive activity especially when the interviews of stakeholders and holding of consultative workshops are involved, therefore it was rather a challenge to complete the study by end of July. The detailed work plan is attached in Annex 1.

2.1.3 Desk review

A comprehensive literature review and desk research is conducted for initial listing of the stakeholders. Websites of government institutes/departments, international donors, policy research institutes and universities are explored (to understand the nature of their work regarding health). The websites are searched to further investigate about stakeholders

In addition to that the literature on the mapping techniques and role of stakeholders has been reviewed. Here it is important to note that the literature on stakeholder's involvement in national or global agendas is quite limited for south Asia in general and for Pakistan specifically.

2.1.4 Key variables

The stakeholders are identified as what are the organizations, where they are placed, what are the geographical boundaries and what they do. The stakeholders are categorized in the following: government agencies/ departments, international donors/ development partners, policy makers (legislators), commercial private for profit entities (service providers, consultants), non-profit (NGOs, CSOs, foundations), policy research institutes, think tanks (public and private), universities/ academia, consumer/ community. By type of work and engagement in health sector the stakeholder organizations are identified as: grass root level/ community level, advocacy, implementation/ service delivery, national/ provincial level, research and policy advice, training and capacity building and accountability. Areas of inquiry consists of series of questions covering different possible aspects of the mapping like the relationship of stakeholders among themselves and with the government and community along with the insight to the rules, power and social relationships. Following characteristic of stakeholders are taken into consideration for the purpose of mapping:

- Organization category including the information on geographical location, area of coverage/operation and institutional setup
- Nature/ type of work by these institutions/ stakeholders
- Current role in implementing SDGs – extent of their involvement in the SDGs implementation and monitoring
- Challenges they are facing while playing their role in improving the healthy lives for all
- Current and potential alliance (of Policy Research Institutions - PRIs) with other stakeholders – multi-sectoral approach if applied along with the action spaces and information on how they interact with each other
- Ability to affect the policy process (through power/relationship)
- Potential role of these organizations in accelerating the growth on SDGs

2.1.5 Key Informant Interviews

The key informant interviewees were conducted with the representatives of Government ministries and departments (Ministry of National Health Services Regulation and Coordination, Department of Health Sindh and Ministry of Planning Development and Reforms), UN agencies, NGOs, Think Tanks and academic institutes in Pakistan. The total 23 interviews were conducted with the following relevant stakeholders:

Table 5: Details of Key Informant Interviews

Organizations	Interviewees
Government: Interviews Conducted 8	
Ministry of National Health Services Regulation and Coordination	DG, Health
Ministry of Planning Development and Reforms	(1) Member Social Sector, (2) Project Director, SDGs Unit
Department of Health Sindh	DG, Health
Department of Planning and Development Sindh	(1) Member Development, (2) Project Manager SDGs Unit
Department of Health, Punjab	Secretary Specialized Healthcare and Medical Education
Department of Health, Khyber Pakhtunkhwa	DG, Health
Think Tanks: Interviews Conducted 5	
Sustainable Development Policy Institute (SDPI)	Executive Director
Social Policy and Development Center (SPDC)	Managing Director
Heartfile	Senior Manager, Policy Advocacy and Research
Leadership for Environment and Development (LEAD) Pakistan	CEO
Pakistan Institute of Development Economics PIDE	Joint Director and Head of Center for Population, Health and Social Policy (CPHSP)
Academia: Interviews Conducted 4	
Health Services Academy (HSA)	Registrar
Al-shifa School of Public Health	Acting director/ Assistant Professor
Faculty of Paramedical and Allied Health Sciences (FPMA), KP	CEO
Provincial Health Services Academy, KP	Director
NGOs/ CSOs: Interviews Conducted 3	
Shirkat Gah	Bodily Rights Program Coordinator
Pakistan Red crescent	National Health Coordinator
SACHET	General Manager
Development Partners: Interviews Conducted 2	
United Nations Development Program (UNDP)	Senior Advisor, SDGs Unit

WHO	WHO Representative in Pakistan
Regulatory Body: Interviews Conducted 1	
Sindh Health Care Commission	CEO

2.1.6 Stakeholders Consultation

Two stakeholder consultations were conducted, one in Islamabad on July 13th 2017 and one in Karachi on May 22nd 2017. The participants represented government, development partners, donors, think tanks, academia, INGOs/NGOs and CSOs working in the health sector. The consultation held in Karachi was attended by 13 government, 2 think tanks, 3 academia, 3 health experts, 13 INGOs/NGOs/CSOs representatives. Whereas in Islamabad meeting 12 government, 8 development partner/donors, 3 think tanks 3 academia, 8 INGOs/NGOs/CSOs, and 9 media representatives participated. The consultations were aimed to generate a dialogue among relevant stakeholders on the health related SDGs in Pakistan and the role of the stakeholders in accelerating the growth on health related SDGs.

2.2 Analytical Framework

To study the key stakeholders involved in health related SDGs in Pakistan and to understand their current and potential role in achieving SDGs and inter-linkages among them, mapping technique is used. Mapping is one of the tools used for understanding the role of stakeholders and institutions for exploring potential partnerships and policy development. Mapping is a process which can be conducted from different perspectives and having different objectives and through undertaking different techniques there cannot be a single technique or map for some specific territory. Hence it is greatly dependent on the objectives and factors around some specific territory.

The mapping study conducted by SDPI is a scoping study in nature, that describes and compares the national-level institutional arrangements for SDGs implementation and monitoring that already exist, are being created, or are missing across for Pakistan. The mapping study identifies for instance the different types / categories of institutions/ stakeholders that exist in a country, and analyses further how the institutions are related to each other and to the government's effort towards the SDGs. By no means, the aim is to have extensive list of each and every organisation that may be working on health. The mapping study provides a contextualized knowledge on "who does what" by identifying what exists, what we know and what does not exist and needs to be created or supported, and how all this fits within policy and practice leading towards SDGs.

Through this study the roles of stakeholders have been explored to show the relationships between those organizations: the rules, power and social relationships, and thus the location of each organization with respect to the others. In this regard the following terms are worthwhile to elaborate which were used for the analysis.

- A stakeholder is defined as persons or groups whose interests and activities strongly affect and are affected by the issues concerned, who have a stake' in a change, who control relevant information and resources and whose support is needed in order to implement the change (Morgan and Taschereau, 1996)

- Governance is a: process that brings together actors, from the public and the private sphere to steer(parts of) societies by a variety of mechanisms that include institutions, but also, e.g., partnerships, networks, belief systems, etc.(Biermann et al., 2009)

Chapter 3: National-Level Institutional Arrangements for SDGs

3.1 National Level Arrangements for SDGs in Pakistan

To achieve the SDGs a national level integrated framework is indispensable. To achieve the agenda 2030 the SDGs are to be incorporated into the actions of all parts of government, and other national level organizations as well. The first step towards the national level arrangements is the integration of the SDGs into national government policies. It means that involving the entire government as well as various other government institutions together to develop and implement integrated policies. In pursuit of the SDGs, some countries have been creating inter-ministerial committees/commissions chaired/coordinated/led by the Prime Minister's or President's office. Similarly Pakistan is also putting efforts to align the policies with SDGs and different arrangements at different levels have been made. The details are in subsequent paragraphs.

This chapter is based on the desk review, two Stakeholders Consultations and Key Informant Interviews. Detailed Consultation Reports are attached in Annex 2 and 3 respectively.

Government of Pakistan comprises of 30 Federal Ministries along with 38 Divisions at the federal level. Whereas there are 40 Departments in Punjab, 33 Departments in Sindh, 34 Departments in Khyber Pakhtunkhwa, 39 Departments in Balochistan and 15 Departments in Gilgit Baltistan (Annex 4). All these ministries and departments along with attached department are either responsible for implementation or supporting implementation of SDGs for their relevant goals and targets.

For the overall strategic coordination and supervision the SDGs unit has been established in Ministry of Planning, Development and Reforms (MoPDR). The SDGs cell has been established on cost-sharing bases with United Nations Development Program (UNDP). At the provincial level the similar setup is planned and in two provinces Punjab and Sindh the SDGs units have been established in Planning Departments whereas Khyber Pakhtunkhwa and Balochistan are in the process of establishing the SDGs units in their respective provinces.

A SDGs Secretariat has also been established in National Assembly as well as the provincial secretariats are working in their respective provinces on the SDGs related activities. Prime Minister's SDGs Program (PMSDGP 2016-18) with an allocation up to Rs.136 billion has been launched. The table 6 shows the roles and responsibilities by different departments/ bodies and structures within the federal and provincial governments for the SDGs including health related SDGs.

Table 6: Roles and Responsibilities for SDGs

Activity	Key Responsible Agency
Strategic Coordination and Supervision	SDGs Unit, the Ministry of Planning Development and Reforms – MoPDR
Aligning SDGs to National Development Framework	UNDP along with the MoPDR
Technical Assistance for Coordinating, Reporting and Monitoring	UNDP

Help in evidence based legislation ¹⁹ facilitate regular vertical coordination between the federal parliament and provincial assemblies, and enable horizontal coordination and knowledge sharing	SDGs Secretariat, National Assembly Provincial Secretariats, established at Pakistan Institute of Parliamentary Services ²⁰
Designing of collaborative work plan based on priority SDG targets ²¹	SDGs Secretariat
Increasing Awareness on SDGs at all levels (National/sub national/Civil Society, etc.)	MoPDR
Mapping SDGs to the National Development Framework	MoPDR
Development of Indicators and Data collection	MoPDR and Pakistan Bureau of Statistics
Identification and Prioritization of projects for Implementation	SDGs Secretariat
Financing the Priority Projects	Ministry of Finance, UNDP, Provincial Governments
Monitoring and Evaluation (Progress Review)	MoPDR
Consolidation of Report	MoPDR – 4 provincial SDGs Units will report to the federal SDGs Unit at the MoPDR
Dissemination of the Report	MoPDR

3.1.1 Role of SDGs Secretariat and Task Forces

There federal Task Force on SDGs is being headed by State Minister for Information who also headed the Task Force on MDGs. The Task Force is consisted on 13 members of national assembly including 7 women parliamentarians.

Similarly the provincial task forces have been established in Provinces in Punjab and Sindh. The task force in Sindh is consisting of 10 members including 4 women members of provincial assembly. Whereas in Punjab Task Force is consisted of 30 members including 11 women members of provincial Assembly.

The Provincial Parliamentary Task Force on SDGs is responsible for the following (these ToRs are from Sind):

- To provide strategic guidance for the implementation and localization of SDGs in Socio-economic Development of Sindh to address SDGs in more coherent manner.
- To ensure that the process of SDGs is inclusive and consultative with all stakeholder.
- To review and evaluate the progress of implementation of SDGs.
- To identify bottlenecks and advice for smooth implementation of SDGs.
- To advise on any other technical matter that may arise relating to the SDGs.

¹⁹ First anniversary of Parliamentary SDGs secretariat observed. APP <https://www.app.com.pk/first-anniversary-of-parliamentary-sdgs-secretariat-observed/>

²⁰ Butt, Salma. (2017, July 25). Missing a Chance to Share Experiences. Dawn. Retrieved from <https://tribune.com.pk/story/1465722/missing-chance-share-experiences/>

²¹ National Assembly of Pakistan retrieved from http://www.na.gov.pk/en/pressrelease_detail.php?id=1821

- To ensure availability and commitment of resources for achieving the SDGs.
- Task force shall meet on six months basis or on need basis.
- Any co-opted member would be invited, if need arise.

The Balochistan and KP provinces are still lagging behind in this regard.

In the province of Sind the Provincial Technical Committee for SDGs has also been notified which is first of its kind in terms of membership and representation. The committee comprises of 29 members including additional chief secretary Sind, 17 secretaries of different provincial departments (education, health, environment, law etc.), chief economist, bureau of statistics and SDGs unit representatives from P&D department, representative of UN agencies, representative of federal government and the deputy commissioners of 5 districts. The ToRs for the committee are as follows:

- Review and propose the annual work plan and budget for further approval by the Project Board (PB) / National Steering Committee (NSC).
- Provide guidance and decision on matters pertaining to the technical details of the project work plan.
- Facilitate to coordinate with key partners for the specific project activities.
- Coordination and information sharing with other similar unit at federal and provincial level.
- Review and monitor the implementation of the project towards fulfillment of its objective and remove bottlenecks, if any.
- Conduct regular meetings to review the project quarterly progress report and provide direction and recommendations to ensure that the agreed deliverables are produced satisfactorily according to plans. Implementation of the grants facility advanced under the project.
- Appraise the project annual review report, make recommendations for the next ADP.
- Any co-opted member would be invited, if need arise.
- Provincial Technical Committee shall meet quarterly or on need basis

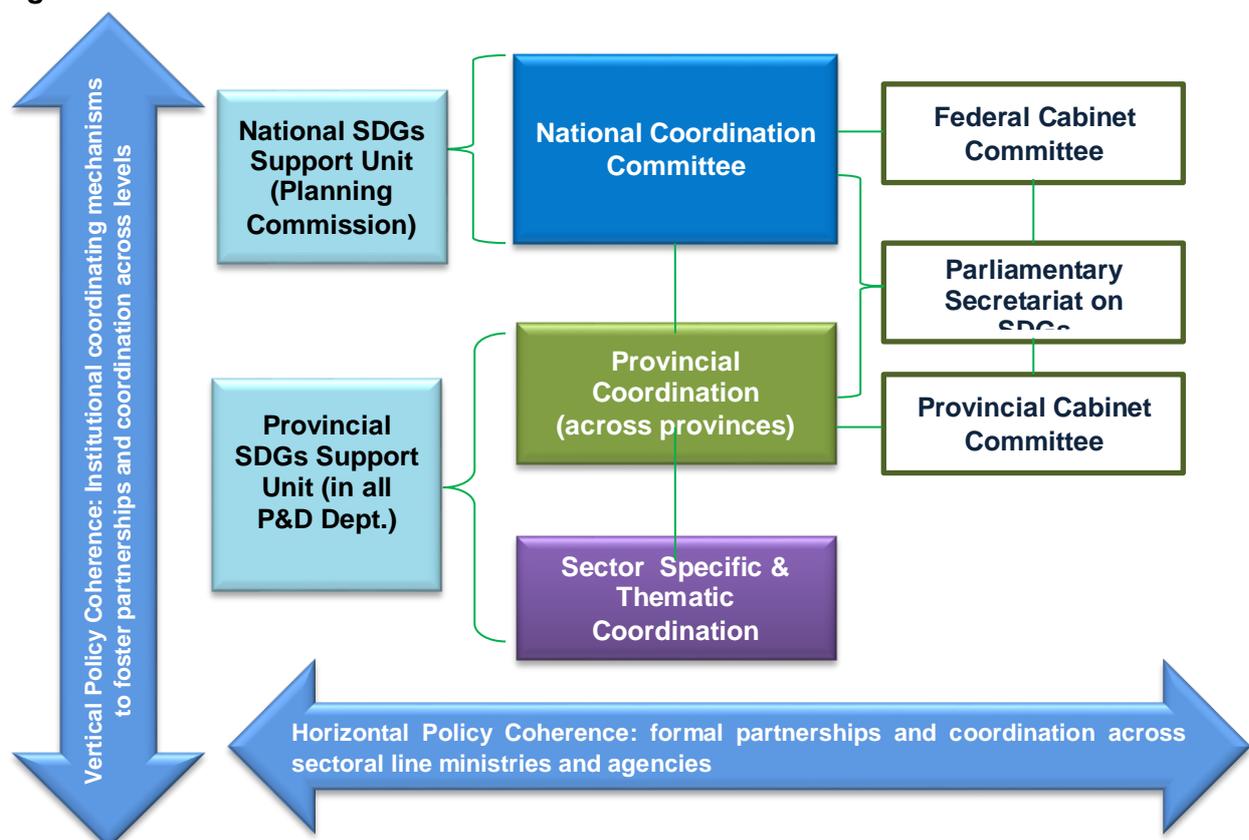
3.1.2 Role of SDGs Unit

The SDGs unit has been established at federal Ministry of Planning Development and Reforms (MoPDR). The Planning Commission (PC) comes under the MoPDR and it has a mandate to conduct research work and take policy development initiatives for country's economic growth and expansion of public and state infrastructure. It works along with the Ministry of Finance (MoF) for development initiatives. The PC has been instrumental in developing five-year plans for the country since 1952, which were then replaced by the Medium Term Development Framework since 2005. The SDGs Unit is working in PC of Pakistan and the central and strategic place of SDGs Unit makes it the most appropriate for coordinating the SDGs initiatives.

The federal SDGs Unit has been established on cost sharing basis with UNDP. The government of Pakistan has already transferred the funds to UNDP. The federal Unit has three technical staff members namely economic advisor, social policy advisor and a research associate along with two support staff members. The hiring of project manager is taking a bit long as the hiring process is through UNDP. The similar SDGs Support Units have been established in Punjab and Sindh on cost sharing basis with

UNDP and where they also have facing the issue of slow hiring process from UNDP side. The Sindh SDGs Unit became functional since May 2017. The PC1s (project document) for Balochistan and Khyber Pakhtunkhwa SDGs Unit have been approved by P&D departments and they are in process of establishing the SDGs unit in their respective provinces. A National Committee on SDGs at the federal SDGs Unit is also in planning to involve all the relevant stakeholders including development partners, donors, academia, think tanks, the civil society, INGOs/NGOs, private sector etc. in planning process of SDGs. For oversight and coordination for the SDGs the inter-ministerial (federal and provincial representation) coordination committee and provincial coordination committees are also in planning. The following figure 7 shows the coordination mechanism adopted by SDGs Unit at federal level.

Figure 7: Institutional Coordination Mechanism



Source: Presentation given by Project Director, SDGs Unit, Planning Commission, at Stakeholders Consultation on Health related SDGs, Islamabad, July 13 2017

The key milestones achieved so far in context of SDGs are as below:

- Collaboration with United Nations Development Programme (UNDP) on national level consultation on Post 2015 Development Agenda
- SDGs alignment in 7 pillars of Vision 2025 (strategic document by Govt. of Pakistan)
- National launch of SDGs as “Pakistan Development Goals”
- Sub-national SDG launch

- Nomination of Minister Planning as UNDP's Champion minister to promote SDGs
- Establishment of SDG Secretariat in Parliament
- 5 year National Initiative on SDGs

According to the Planning Commission "the government has internalized Sustainable Development Goals (SDGs) as National Goals and this is a major policy shift". MAPS – Mainstreaming, Acceleration Policy Support is the agenda for SDGs in Pakistan.

Multi Sectoral Approach: SDGs unit is very well aware of the importance of multi-sectoral approach. To apply the multi-sectoral approach the cluster approach is being adopted at SDGs unit at Planning Commission. There would be four clusters (1) Social, (2) Economic (3) Environment and (4) Governance. All the ministries have nominated their focal persons to collaborate with SDGs Unit. Integrated sector plans are also on the agenda list but there is yet a time to realize those. A study on private sector is underway to explore the efficient and effective ways to engage the private sector in SDGs implementation process. In addition to that PC had also organized a summit on SDGs by inviting all the district (135) heads in Islamabad to create awareness about integration of SDGs into the local planning and budgeting. The summit was chaired by the Minister of MoPDR. The PC is also planning to engage youth and media for awareness raising and implementation of SDGs. At the provincial level multi-sectoral approach is being adopted at P&D departments rather than at health department as the P&D can bring together all the other departments.

Provincial initiatives: The Government of Punjab through SDGs Unit is in process of developing the district SDGs plans for 2 districts as pilot project. These two district plans will be reflected in ADP (annual Development Plan) of Punjab. These district plans will be focused on under privileged districts and thematic areas to be focused would be health, education, culture, and WASH etc. Department of health Punjab has aligned its policies with SDGs by initiating several programs such as clean drinking water, a project on Hepatitis, establishment of new Liver institute, etc. The improvement of tertiary care through establishing new facilities and improving the HR availability especially nurses (through upgradation of nursing schools and introducing incentives for them) is also under progress. Punjab Public Health Agency have been established to strengthen the public health system, forecast early disease warning system, preventive measures against diseases, data depositing, etc. Punjab health care commission is there to regulate the private sector. Similarly in Sindh and KP health care commissions are working for regulating public and private sectors. Sindh Sustainable Development Strategy is also in the planning phase to align the provincial initiatives with SDGs, identifying the key performance indicators and financing gap for SDGs etc. Provincial consultation and orientation workshops have also been conducted in the provinces. Govt. of KP has aligned it all programs with SDGs; the LHW, EPI, MNCH and nutrition programs has been integrated under MNCH with the aim of reducing MMR. LHWs are being trained as per new curricula. Logistics and procurement systems are being strengthened for improved service delivery. Unfortunately the awareness about SDGs is only among top officials of health department KP and junior staff needs to be oriented on the subject. At Sindh P&D the SDGs support unit is in process of notifying a Core Group for developing a framework; the core group will be consisted of all the relevant stakeholders and cluster approach will be adopted for consultations. The SDGs support unit is also in process of linking

the existing PC1s with SDGs. In 6 divisions the workshops have been held for the orientation of govt. officials on SDGs. Each province has its own M&E system and in some cases more than one M&E system for different initiatives/ programs.

Data for SDGs: Availability of credible data is heart of effective monitoring of SDGs; in this regard Planning Commission in collaboration with UNDP and Pakistan Bureau of Statistics (PBS) has also conducted an extensive exercise to review availability of data on SDGs from various sources and timelines (report will be available soon). For 126 indicators the data will be available from existing surveys and reports whereas only for 36 indicators the data is available at district level. Therefore the data availability and disaggregation is quite a challenge in terms of monitoring of SDGs. Technical Committee is formulated to review availability of data to monitor progress on 241 indicators (to start with) and its alignment with SDGs framework. Pakistan Social and Living Standards Measurement Survey (PSLM), Pakistan Demographic and Health Survey (PDHS), Multiple Indicator Cluster Survey (MICS) and other questionnaires have been reviewed to align them with SDGs indicators. Regarding health related indicators 23 will be covered through household surveys, 6 through institutional data and for 2 indicators the data will be available through macro level data sets. At the provincial levels the SDGs support units are also working with provincial bureau of statistics for data collection and aligning the existing surveys with SDGs. Even though the efforts are underway the data availability will be a challenge for Pakistan.

Reporting: Planning Commission (PC) will also be reporting on SDGs, in this regard the provincial SDGs units will report to the PC and PC will then prepare a combined report for further dissemination. This mechanism has also aimed at enhancing the coordination and cooperation among provinces and federal institutions.

Prioritization of SDGs: In terms of progress for SDGs, a lot of initiatives and plans are in progress at federal and provincial level, the reports and documents are yet to come in next months. The sectoral priority and identification of the priority targets and indicators will be done once all the SDGs Unit will be functioning and the stakeholders will be on board. At national summit of district representatives, some priority areas were identified by the Federal SDGs Unit such as decent jobs, universal access to education and health.

Financing SDGs: There is no separate funding for the SDGs as the SDGs are embed in all existing sectors and the aim is to reflect the amount in all sectoral budgets for SDGs related initiatives. In this regard SDGs unit at federal level is conducting a study to identify the SDGs related expenditures in last 5 years PSDP (public sector development program – govt. development budget at federal level). The SDGs Unit has been established on cost sharing basis of PKR 500 million from each partner. The PC1 document has also been revised to indicate the SDGs target and indicators which will be affected by some specific project. This initiative will be helpful in tracking the finances as well monitoring and SDGs.

Challenges: The key challenge is that the progress of work at SDGs unit is a bit slow. Some of the other challenges include lack of resources, effective coordination with provinces and effective engagement of districts, lack of capacity of human resources, and reposition of local government as the SDGs focal tier.

3.1.3 Ministries and Departments

All the ministries and provincial departments are working on their relevant SDGs targets and indicators. All the ministries at federal level and departments at provincial level are connected with Federal and provincial SDGs unit. The ministries have nominated the focal persons to represent their respective ministries at committees and SDGs Unit for the coordination and adopting multi-sectoral approach.

3.2 Institutional Arrangements for Health related SDGs

After 18th constitutional amendment in 2010, the Federal Ministry of Health was devolved to the provinces. Now provinces are responsible for the planning, policy making, strategizing, and budgeting of health. The Federal Ministry of National Health Services Regulation and Coordination is responsible for the regulation, oversight, and coordination between the provinces. This is important to note that after devolution the service delivery is responsibility of provinces and provinces are also independent in formulating their own policies hence federal ministry's role is a bit limited in terms of implementation but it has a central coordinating role for SDG 3. Recently in 2016 the National Health Vision 2016-2025 has been developed and is aligned fully with SDGs and aims to attain the SDGs through resilient and responsive health system. The ministries efforts are more focused on universal health coverage and the initiatives are aligned with this objective. Ministry of National Health Services Coordination and Regulation (MoNHSRC), lead Ministry for implementation for the Health SDGs, is focusing on health related SDGs and SDGs cell has been established at the ministry to coordinate all the efforts on health related SDGs. The provincial health departments have also established the SDGs cells and these are linked with federal cell whereas all these cells are also linked with SDGs Units at PC and P&D departments in their respective provinces.

Regarding monitoring and evaluation Health and Population think tank and Health policy unit (HPSIU) at the federal MoNHSRC have been established and working. Health and Population Think Tank at MoNHSRC comprises of a small group of professionals with the mandate to provide guidance and orientation to the Ministry about the current health issues. National integrated Dashboard in HPSIU is linked to provincial dashboards which would be the mechanism for data provision and monitoring of SDGs. Here it is important to note that the health related indicators are still being finalized at national and provincial level. MoNHSRC conducted the seminar earlier this year to involve all the relevant stakeholders and also planning to act as overarching body to steer the collective efforts on SDGs.

MoNHSRC is focusing on the improving access and quality of RMNCAH (reproductive, maternal, neonatal, child, and adolescent health) at the primary level, improving quality of care, overcoming financial barriers, investing in nutrition of adolescent girls, mothers and children, investing in social determinants of health and measurement and action at District level. Though the health is now a devolved subject still there are many vertical programs are running at federal level and provincial level for example, Program for Family Planning and Primary Health Care (LHWs Program), Malaria Control Program, Tuberculosis (TB) Control Program, Maternal & Child Health Program, HIV/ AIDS Control Program, Prime Minister's National Program for

Prevention and Control of Hepatitis etc. Early warnings systems are placed to warn specially against heat waves, flood/ rain emergency and water borne diseases. In Sindh province recruitment of additional Health Education Officers is also being carried out. Availability of Essential medicine is being ensured in all hospitals. Recruitment of specialist doctors, medical officers, women medical officers and nurses is also in process. The Government is considering the proposal of creating Health Management Cadre for improved Management of Health System. District health population management team conduct a quarterly meeting of line departments e.g. Health, PWD, Education and other stakeholders including I/NGOs, where multi-sectoral issues pertaining to health and population are discussed and resolved. Districts are in process of preparing District Action Plan which addresses the gaps in routine budgetary allocation such as staff capacity building, supervision and monitoring and community awareness.

In this regard MoNHSRC has formed a National Oversight Committee, focusing on improving inter provincial coordination and communication, an Inter-ministerial forum will be formed and key performance indicators (KPIs) will be defined. The Sindh province is holding divisional and district level meetings with all the relevant departments and organizations to adopt the multi-sectoral approach for achieving the SDGs. At the provincial level the think tanks and academia is also being involved in SDGs process.

There must be a harmony between finance, planning and health departments. The district level Mid-term Budgetary Framework is being implemented in the provinces and it is being attached with their performance means now government is moving towards the performance based budgeting.

Recently the health insurance program has been initiated in some pilot districts in Pakistan. Prime Minister National Health Program offers free of cost treatment for ailments such as cardiovascular diseases, diabetes and mellitus. It will also cover end-stage renal diseases and dialysis, chronic infections (Hepatitis), organ failure and cancer treatment. Under the program health care cards are being issued to the beneficiaries to get free medical treatment of seven diseases. 1.2 million Card holder families will get facility in the first phase. Around 63,000 people will be issued health cards through 300 centers. The card holders would be able to get health facilities worth PKR 0.3 million per year; however, in case of exceeding the card limit the patient will be provided with financial assistance through Baitul Mal.

The primary health care facilities in provinces are already working on public private partnership model under the name of PPHI – Peoples Primary Health Care Initiatives and in Punjab CMHCI – Chief Minister’s Health Care Initiatives. In provinces now secondary health care services are also planned and in some of the provinces already handed over the secondary health care services to the public private partnership to provide the quality health services.

To improve the quality of care and regulate the private health sector Healthcare Commissions have been established in Sindh, Punjab and KP. The Commission will provide licenses and registration of hospitals in private and government sectors to improve the quality of health care delivery. The Sindh Health Care Commission is also

planning to work in collaboration with provincial SDGs support Unit. It has already involved a policy institute and local NGOs.

Regarding governance of health sector, there are some bureaucratic and administrative bottlenecks such as shortage of human resources, dilemma of rapid urbanization and rapid population growth in Pakistan. Therefore Pakistan is a country which has been under the political and demographic transition. The capacity of human resources and management of human resources at provincial level remained a challenge. Sindh Health Department is also in a phase of restructuring in this regard. The data availability, especially for the private sector, is one of the major challenges. Provinces also showed concerns over lack of financial resources.

3.3 Role of Stakeholders

3.3.1 Think tanks

Pakistan has a limited number of Policy Research Institutions (PRIs) working on the health. The policy relevant health research in Pakistan consists of medical research, public health research and health policies/systems research. The Pakistan Health Research Council (PHRC) which was formerly known as Pakistan Medical Research Council, working under the Federal Government, is the premier institution to coordinate and commission (as per standard procurements procedure of the government) health research in the Pakistan (Naveed, 2013)²². The priority areas for research by the PRIs include immunization; AIDs prevention and control; nutrition; hepatitis control and prevention; blindness; TB control; malaria control; maternal, neonatal and child health; family planning and primary healthcare; Lady Health Workers' problems, assessment and evaluation; food fortification; and, trauma prevention and care. National Institute of Health (NIH) another federal entity is mandated to conduct policy research on the issues of public health basically through laboratory testing and field investigation of infectious disease and epidemics, and the development of vaccines. There are few other institutions engaged in research related to health policy, planning, management and governance The National Institute of Population Studies (NIPS) is also involved in health research and Pakistan Demographic and Health Survey (PDHS) is one of the most important works done by NIPs.

The Islamabad based non-government organization Heartfile has emerged as an important think-tank on health issues and continues to provide policy relevant analysis of the health systems, governance, health sector financing, public-private partnership in health provision and non-communicable diseases. The Health Services Academy (HSA), Islamabad, working under the Federal Government has evolved as a public health teaching and research institute. Although focused more on teaching, the HSA engages in research on various aspects of public health. The analysis of health system has always been the priority theme of the Mahbub-ul-Haq Human Development Centre's South Asia Human Development Reports with some of the reports exclusively focusing on health (Mahbub ul Haq Human Development Centre has been merged with LUMS and is renamed as MHRC - Mahbub ul Haq Research Centre). The

²² Naveed, A. (March 26, 2013). Landscaping Policy Relevant Research in Pakistan: Identifying the Key Actors. Islamabad: Sustainable Development Policy Institute

Pakistan chapter of Population Council works on the issues of reproductive health, including safe motherhood, at times, through large-scale research projects in various parts of the country. Similarly, the Collective for Social Science Research in Karachi has been working on the issues of maternal and neonatal health in Sindh.

Interviews were conducted with Pakistan Institute of Development Economics (PIDE) a government think tank, Social Policy and Development Centre (SPDC), Heartfile, Leadership for Environment and Development (LEAD) Pakistan and Sustainable Development Policy Institute (SDPI) later 4 are nonprofit and non-governmental think tanks (details of the interviews are in Annex 3). These think tanks are conducting on health related issues from their varied perspectives. As the PIDE comes under PC they are producing research on demand basis in addition to their independent research agenda; SDPI, SPDC and LEAD are conducting research mainly for projects as well as producing policy briefs and policy recommendations on emerging issues.

Pakistan was first amongst the Asian countries who have developed first national action plan on Non-communicable Diseases (NCDs) from the heartfile platform. Heartfile is contributing toward literature and evidence on health through producing research on health issues in Pakistan. Heartfile is also executing the program on health financing to protect the poor from health shocks.

PIDE is conducting research on population, health, social policy and other related issues including poverty and its linkages with health. PIDE has established a Center for Population, Health and Social Policy (CPHSP) to conduct the research on these priority areas.

SDPI has just completed the 25 years successfully and conducting research on health related issues among other topics of national, regional and international importance. SDPI has conducted the research on health laws in context of MDGs, health trade with India focusing on health tourism for liver transplant, has also conducted the first South Asian regional Consultation on health policy research institutes and now also leading and coordinating the current study on Policy Research Institutions and the Health SDGs: Building Momentum in South Asia. SDPI's function is two-fold: an advisory role fulfilled through research, policy advice and advocacy; and an enabling role realized through providing other individuals and organizations with resource materials and training. SDPI also conducted the annual Sustainable Development Conference (SDC) on different emerging issues and to date 19 SDCs have been held. Pakistan data portal is another effort by SDPI for providing the open data for SDGs.

SPDC contributes to the national goal of social development through research, policy advice and advocacy on issues of development, poverty, inequality, governance, social sector policies, climate, gender issues, and pro-poor macro-economic policy. SDPC is conducting research on public financing of health related SDGs and on indicators from the perspective of gender disaggregated data.

LEAD Pakistan is working on knowledge management and public policy engagements. Climate change, water and leadership development are the focused areas of research. A national briefing paper on SDGs has been produced in June 2016 by LEAD.

Multi-sectoral Approach: All the think tanks are well aware of the importance of multi-sectoral approach for accelerating the growth on SDGs and do acknowledge that that the SDGs process cannot be take forward without adopting multi-sectoral approach. Multi-sectoral approach is being adopted by the research organizations/ think tanks with the varying degree. The focus of Heartfile on multi-sectoral approach is low. SDPI has an advantage of having a research team which is carrying out research on cross-sectoral issues. In SDPI, most of the work done by economic team is being linked with the climate change and agriculture. The research has been conducted to analyze the trade with India in health and pharmaceutical sector. PIDE is also adopting multi-sectoral approach like research on malnutrition and poverty and social impact of health interventions like lady health workers program. Similarly SPDC is also adopting multi-sectoral approach for example the status of health and education of children has been analyzed from gender lens.

Involvement in policy process: Think tanks are involved in the policy making process again with the varying degree. Employees/ members of these organizations are part of different committees, bodies and policy making forums on behalf on their organizations as well on individual basis as experts. For example ED, SDPI by virtue of being present on Prime Ministers Economic Advisory Council and also in National Advisory Committee of Planning Commission of Pakistan and different other high level forums, is playing a catalyst role in transition towards sustainable development. SDPI was invited twice in the meetings on SDGs by Planning and Development Department of Punjab. SDPI is also engaged with the provincial legislators on SDGs and supporting task force committees in provincial assemblies. Deputy ED and other staff members are also engaged at different policy forums and networks and were part of SDGs consultations held by federal SDGs Unit, in provinces. Whereas the MD of SPDC is member of provincial core committee, SPDC is actively involved at the provincial level planning. Key staff members of SPDC are part of various commissions, committees and task forces of federal and provincial governments. Heartfile is also deeply involved in government policy process and part of many committees and boards. Policy recommendations given by LEAD have been incorporated in the policies of government particularly in Sindh and Punjab for environment and water sectors. It is difficult to relate a particular policy with the recommendations of a single organization because there are many factors along with the recommendations of the organizations are the reason behind the formulation of a policy or any amendment in policies but it is important that think tanks are involved in policy making process to a larger extent.

Think tanks also showed their concerns on government's process and engagement with all the relevant stakeholders as well as the coordination among different ministries and departments. According to the experts the multi-sectoral approach at the government is on paper and in real terms it is facing serious challenges and need a lot of efforts to address these challenges. The pace of government on implementing SDGs is quite slow and this is also a matter of concern for people.

Engagement with other stakeholders: Think tanks involvement with CSOs and other grass root level organizations is a bit limited and depends on the relevant projects. Whereas the collaboration formal and informal both have been established with several national, regional and international/ global organization including academia and other think tanks and networks, bodies and platforms.

PIDE has a lot of PhD qualified researchers, whereas the Heartfile is mainly driven by its president as this is a small organization in terms of structure. The SPDC, SDPI and LEAD have research staff but it keep on varying from time to time as these institutions are funded through different long and short term projects.

Challenges: One of the important challenges is the lack of finances for research and that is being faced by all the think tanks/research organizations. Dependency on donors is high which is again a challenge in the way of conducting independent research. Globally, the sources of funding for policy research organizations have gone down therefore alternative sources of funding are being sought and this also had an impact on the design and mandate of the think tanks as now they are not only conducting the research but also involved in advocacy, training capacity building and project management activities to sustain themselves.

A strong demand of having a network was emerged from the discussion as some times think tanks are working in silos and don't know what other stakeholders are doing in terms of research and project activities.

The think tanks working on health related issues are mainly based in Islamabad and engaged with federal and provincial policy arena. In this regard there is a growing need for the context specific, provincial based research and policy analysis and provincial based think tanks especially in context of 18th amendment. Or maybe the existing think tanks can explore the opportunity of start working/ establishing the provincial chapters.

3.3.2 Academia

The medical institutes in Pakistan, in general, have very limited research tradition and are more focused on teaching activities. However the public health institutes are conducting research on public health issues as well as the medical universities with portfolio or more than medical education like Aga Khan University conduct research on a wide range of issues of health, including public health, maternal and neonatal health and non-communicable diseases. In Pakistan there are around 44 public health institutes and more than 100 medical universities as shown by table 7.

Table 7: Academia in Public and Private sector by Type

Province/area	Public Health Institute	Recognized Medical Colleges		Nursing Institute(PNC)			Homeopathic Colleges	Dental Colleges	
		Public	Private	Public	Private	Army and Missionary		Public	Private
Punjab & Islamabad	9	18	37	57	13	10	92	4	15
KP	17	8	9	20	6	0	21	2	5
Balochistan	1	1	1	20	2	1	4	1	
Sindh	10	9	14	39	45	2	20	4	12
AJ&K	1	3	1						
GB									
Islamabad	6						1		

Total	44	39	62	136	66	9	138	11	32
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Source:http://www.pnc.org.pk/PNC_Recognized_Institutes.htm,
<http://nchpakistan.gov.pk/Colleges.html>,
<http://www.pmdc.org.pk/AboutUs/RecognizedMedicalDentalColleges/tabid/109/Default.aspx>

Interviews were conducted with Health Services Academy (HSA) and Faculty of Paramedical & Allied Health Sciences (FPMA) Khyber Pakhtunkhwa.

HSA which is an autonomous institute under the MoNHSRC, has established itself as the premier research & teaching institution of public health. It's the sole institution that offers PhD in Public Health in Pakistan. It offers FCPS, MS in Public Health, & MEDVC, MSc in Health Economics & Management & a PG Cert Human Resource in Health, as well. HSA have three core tasks or mandate: 1 Teaching; 2. Research and 3. Policy advise. Initially HSA is taking students from multi-disciplinary backgrounds for the courses it offers whereas in pas it was focused on medical professionals. Currently HSA is affiliated with Quaid-i-Azam University but they are aiming to get the status of degree awarding institute which will be a challenge with the lack of senior (professors) and PhD faculty.

FPMA was established in 2016 as the sole statutory regulatory authority for Paramedical and Allied Health Professionals education, training, examination, registration and affiliation (revamp of Medical Degrees Act, 1916). Currently 83 institutes are affiliated with FPMA and it manages examination of more than 26,000 students twice a year in 21 paramedical technologies for 2 years diploma certificate with its own distinctive requirement.

Al-Shifa Trust is a non-governmental, non-political charitable organization. The trust is engaged in delivering eye care services since 1991. The President of Pakistan is Patron-In-Chief of the organization. The trust has four eye hospitals. Main branch is located in Rawalpindi, the other three branches are in Sukkur, Muzaffarabad and Kohat. The trust provides free treatment to 70 pc of its patients. Al-Shifa School of Public Health was established in 2013 under the trust. The Master of Science in Public Health (MSPH) offered by Al Shifa Trust Eye Hospital under the affiliation with the Quaid-e-Azam University, Islamabad, which is 2 year post-graduate degree program. The mission of the Al Shifa Department of Public Health is to improve public's health through advancements in teaching, research and national, regional and global partnerships. The academic side of the institute is self-sustained and does not rely on donor funding. The institute will soon start BS in Public Health (that will be affiliated with the Punjab University).

Alignment with SDGs: HSA is closely linked with the Health and Population Think Tank in MoNHSRC rather it is kind of a joint venture. HSA is also providing relevant research and policy guidelines to MoNHSRC on need basis. The teaching program is aligned with SDGs and courses and modules on SDGs related topic are being added to the curricula from time to time. FPMA has not yet aligned its activities with SDGs though they are planning to change the curricula according to SDGs. The SDGs are incorporated in pedagogical methods at Alshifa School of Public Health. Students are made aware of the SDGs, its approach of universal health care and social protection. They are taught from international, and national, challenges and opportunities perspectives.

Policy recommendations: HSA has inputs for policy formulation and research is being considered for policy debate but it is difficult to say that how much is actually become part of the policy as there are a lot of other factors involved in policy formulation including the political agenda. Faculty from academy is also part of different technical committee and also provides policy and research to MoNHSRC on need basis on different emerging issues. The previous structure of FPMA was redundant and revamped last year so it is a bit early for expecting the policy research from FPMA. Regarding policy research AlShifa School of Public Health is collaborating with Sight Savers, Fred Hollows etc. and is also a collaborating center with WHO. Government also involves the Alshifa eye trust for the policy matters on eye health but in case of public health they are not much involved.

Multi-sectoral approach: The HSA encourages the students to conduct the research on SDGs related issues. The multi-sectoral approach is limited to the research only and it is question for further evaluation that how much multi-sectoral approach is being adopted in practice. Academy has its own Pakistan Journal of Public Health under the Pakistan Public Health Association (PPHA) and conducts the annual public health conference. Alshifa School of Public Health is also adopting the multi-sectoral approach in research for instance; the institute is conducting a community based study on why women are unable to reach to the hospital for eye related concerns. When a woman's eye sight is affected it has impact on the entire household. Thus, it involves multi-sectoral approach by involving health and gender at a time.

Challenges: Some of the major challenges being faced by academia include the lack of funding, lack of IT support and capacity of human resources at these institutes.

3.3.3 NGOs/CSOs

A huge number of Civil Society Organization (CSOs) and Community Based Organizations (CBOs) exist in Pakistan with deep penetration in far-flung areas thus making the Civil Society a major stakeholder in different sectors. In Pakistan, the CSOs register and operate under different laws and ordinances including the Societies Act of 1860, Charitable and Endowment Act of 1890, Voluntary Social Welfare Agencies (Registration and Control) Ordinance of 1961, Trust Act of 1882, Cooperative Societies Act of 1925, and Companies Ordinance of 1984. Approximately 80 percent of CSOs register under the Societies Registration Act and the Voluntary Social Welfare Agencies (Registration and Control) Ordinance²³. Some of these acts were enacted even before Pakistan came into being and were existed in Indo-Pak and after Pakistan came into being in 1947 these acts were adopted with minor changes, this point out the centuries old history of civil society in subcontinent of Indo-Pak.

Currently government is working with many CSO through public-private partnerships particularly in the education and health sector at federal and provincial level to enhance the effectiveness of services delivery. PPHI program is one of the example of public private partnership under with BHUs are being managed by the NGOs (rural support programs in respective provinces). A large number of NGOs are still

²³ USAID, 2015, The 2015 CSO Sustainability Index for Pakistan

unregistered in Pakistan; therefore, it is difficult to assess the number and scale. There is no comprehensive data base existing for CSOs in Pakistan. Whereas as per SPDC report²⁴ 2002 the total number of NGOs were 45000 and out of which 2700 were working on health issues. According to the PCP²⁵ around 100000-150000 NGOs/CSOs are working in Pakistan which means there was at least one NGO for every 2,000 people. A statement issued by the Ministry of Social Welfare and Special Education in 2010, shows that almost 100,000 CSOs and CBOs are operating in Pakistan out of which 60,000 to 70,000 are registered. Whereas, a mapping exercise conducted by the Pakistan Centre for Philanthropy (PCP) showed that at least 80 % of registered organizations were inactive in 2010 (USAID 2015). According to Economic Survey 2009 around 206 public private service organizations and 600 NGOs are engaged in health services provision, research and advocacy.²⁶

Table 8: No. of NGOs/CSOs in Pakistan

Provinces/ territories	SECP Under Section 42		Ministry of Social Welfare, NHA 2013-14, PBS	
	Total	Health Care	Total	Health care
Provinces				
Punjab	231	15	5056	864
KPK	22	1	2371	1011
Balochistan	7	1	1832	308
Sindh	175	9	6401	1642
GB	58	1		
Islamabad	250	17		
Unknown	56			
Total	799		15660	3825

Source: Securities Exchange Commission of Pakistan (SECP) and NHA 2013-14, Pakistan Bureau of Statistics

The organizational capacity varies a lot from well-defined structures to just a single person handed organization (USAID 2015). CSOs are mainly dependent of donor money. Major donors include USAID, the European Union (EU), World Bank, the United Kingdom's Department for International Development (DFID), KfW (a German government-owned development bank), Swedish International Development Cooperation Agency (SIDA), Canadian International Development Cooperation (CIDA), European Commission Humanitarian Organization (ECHO), and UN High Commissioner for Refugees (UNHCR).

NGOs have played an important role in promoting universal health in Pakistan the focused areas include physical and financial access to health services, availability of health care providers and quality of care whereas social determinants of health got a limited attention²⁷. The total number of NGOs in Pakistan, as stated above is not confirmed though the study has tried to get the required information from different sources:

²⁴ Dimensions of the Non-Profit Sector in Pakistan" Social Policy and Development Centre, Working Paper No.1 (2002)

²⁵ <http://herald.dawn.com/news/1152863>

²⁶ Government of Pakistan: Economic Survey of Pakistan 2008-09. Ministry of Finance, Islamabad; 2009

²⁷ Shaikh, B. T. (2008, January). Understanding social determinants of health seeking behaviours, providing a rational framework for health policy and systems development. J Oak Med Assoc, 58(1), 33-6

Most of the NGOs are involved in service delivery along with other activities like training and capacity building, awareness raising, advocacy/policy outreach, monitoring and evaluation, data Collection and research & policy formulation. Out of total expenditures of private hospitals almost 6 % is by the hospitals owned by NGOs 18 % by the hospitals owned by trusts.

The Shirkat Gah, SACHET and Pakistan Red Crescent Society were interviewed for the study whereas the questionnaires were send to numerous NGOs/ CSOs and the response was received from only 9 organizations namely; Al-Asar Development Organization; Al-Karim Development Organization; Community Uplift Program (CUP) Pakistan; Concern for Mental Health; Society for the Protection of the Rights of the Child (SPDC); Sunny Trust; Karwan E Hayat Institute of mental health care; Helping Hands Foundation (HHF) and Zia Siddique Foundation.

Shirkat Gah is a non-government organization working on gender and human rights in Pakistan. Shirkat Gah is focusing on health issues and early child marriage in research. In health sector, governance of health systems for Reproductive Health and Rights (RHR) in Pakistan is the main focus of Shirkat Gah. Under a project namely Women's Health and Rights Advocacy Partnership, Shirkat Gah is advocating the universal access to sexual and reproductive health and rights in Pakistan.

SACHET is a Civil Society Organization established in 1999. The organization has multi-dimensional approach with main focus on health, education and livelihood. Areas of expertise of SACHET include service delivery of health, education and skills development. The health centers in remote areas of Rawalpindi and Islamabad are providing free medical services where health facilities are not available otherwise. Youth friendly centers are providing guidance on reproductive health issues to the youth.

Pakistan Red Crescent Society (PRCS) is governed by an "Act of Parliament" namely "The Pakistan Red Crescent Order 1947", and the President of Pakistan is the president of this society. PRCS is the part of international Red Cross and Red Crescent Movement. PRCS has two basic mandates: Disaster Management and Healthcare provision.

The NGOs like Shirkat Gah are also involved in policy research and adopting a multi-sectoral approach. ShirkatGah has been part of the High Level Political Forum (HLPF) on Sustainable Development held in 2017. Shirkat Gah has conducted a SDGs indicators' review from a gender and sexual & reproductive health & rights perspective. They are also working on localizing the SDGs indicators. SACHET is also contributing in research and advocacy through policy dialogues but the visibility is quite limited.

Some of the NGOs are working with government. Like SACHET is working with government in education sector and their school has been taken up by the government to improve curricula whereas PRCS is working with government on developing contingency plans in case of disasters. Shirkat Gah is providing policy suggestion to the govt. These organizations are working in partnership with other local NGOs or INGOs or academia (Concern for Mental Health is working in collaboration with National University of Science and Technology).

The organizations claim that they are working on SDGs but except 2 none was able to link their activities with SDGs. The knowledge gap exist in terms of awareness about SDGs. Similarly the multi-sectoral approach is not being adopted by these NGOs/CSOs largely except by Shirkat Gah.

The major challenges include the lack of funding and acceptance by the general public as the public is of the opinion that NGOs are working on foreign agenda. Another challenge is the lack of coordination among different NGOs working in the same geographical area, lack of transport and other facilities due to lack of funding and lack of capacity among human resources. Organizations also raised the problem of not getting enough support from government and lack of networking opportunities.

3.3.4 Donors/ Development Partners

In Pakistan the UN agencies, multilateral and bilateral development partners are working in health sector. These development partners are spending through government as a budgetary support as well as through local and internal NGOs and they have their own programs managed by their staff. The working style varies from donor to donor, similarly the nature of work also varies; some of the donors are more inclined to implementation whereas some are more focused on policy guidance/suggestion, research, and advocacy. In health sector some of the important donors include but not limited to, USAid (USA), DfID/UKAid (UK), AusAid (Australia), GIZ (Germany), World Bank, Asian Development Bank, Norway, Canada, JICA (Japan). Whereas the UN agencies working in Pakistan include, UNDP, WHO, UNICEF, UNFPA, UN Women. UNDP is involved in overall SDGs while others are working on health related issues and gender is a cross cutting issue taken care by UN Women.

The interview was conducted with WHO. The questionnaire through email was shared with UN agencies as well. The response was received from only two organizations UNFPA and UNICEF.

World Health Organization (WHO) is the UN Agency working globally in more than 150 countries. WHO aims at building better and healthier future for people across the globe through working side by side with the governments and other partners. In Pakistan, WHO is providing technical support to the Government of Pakistan at national and provincial levels.

UNFPA and UNICEF both are working all over Pakistan on SDGs including health related SDGs. The activities of UNICEF can be categorized as communication for development. UNICEF is working in partnership with government at every level from the local to the provincial and federal, alongside committed donors, NGOs, CSOs and private organizations in Pakistan. The focused areas for UNICEF are nutrition, WASH, child protection, education and health. UNFPA's activities include advocacy, policy formulation, implementation, assistance to government in communication, training and capacity building and support to Government in data collection i.e. census and surveys. UNFPA is supporting Government in Data collection/monitoring mechanism and also a member of provincial core/cluster (Health) group.

Multi-sectoral approach: WHO is working on more than one SDG such as zero hunger (SDG-2), good health and well-being (SDG-3), gender equality (SDG-5), clean water and sanitation (SDG-6) etc. WHO reviewed tasks within each department of WHO and linked the departmental tasks with each of the SDG. WHO is supporting the government in controlling/ending Hepatitis, Neglected Tropical Diseases (NTDs) and other communicable diseases by ensuring universal intervention coverage to the affected population, reaching the unreachable, strengthening disease surveillance, monitoring and evaluation systems and sustaining resources. Moreover, WHO is working on advocacy, awareness raising, and partnerships. WHO is also supporting government for adopting SDG-3 and to focus on developing local milestones for target and indicators for health related SDGs for further integration in national data systems. WHO believes on the importance of multi-sectoral approach for achieving SDGs, therefore, creating links of health sector with other SDGs such as poverty, gender, water and sanitation, etc. For example, there is a close relationship between poverty and diseases such as Tuberculosis (TB), Malaria, etc. other UN agencies have also adopted multi-sectoral approach. UNICEF has adopted multidisciplinary strategies in Early Childhood Development (ECD) and adolescents' health. UNFPA is working with WHO and UNICEF and expected to jointly co-lead Health related cluster at the provincial levels.

Policy engagement and stakeholder's engagement: WHO is providing the policy guidelines and working closely with the MoNHSRC. WHO is also supporting government in capacity building, information sharing, exchange of experiences and some technical assistance to the government. UNICEF has done policy research in partnership with Universities and specialized research centers. For example the University of Mannheim, Germany, was engaged with UNICEF in conducting survey on child labour in Pakistan. The research output was being disseminated at National and Provincial levels that had impact on improved access to education. UNFPA is supporting research institutions and academia i.e. National Institute of Population Studies (NIPS), Pakistan Institute of Development Economics (PIDE), etc. to build their capacity in research techniques and analysis. Moreover, UNFPA works both with federal and provincial level governments to produce evidence on population related indicators in order to convert the evidences into policy briefs and fact sheets. Study on migration/urbanization, population growth, demographic dividend and national transfer of account are latest UNFPA supported researches. Based on available research/survey data, UNFPA also supports governments in the formulation of policies, strategies and development plans. Provincial youth policies and population policies are the successful interventions achieved with support of UNFPA technical assistance. Recently, Government of Sindh has passed Sindh child marriage restraint act 2013 under the strong advocacy efforts of UNFPA. UN is working in partnerships at SDGs at global, regional and country level, UNICEF is also engaged in informal engagements.

Challenges: There are also some challenges being faced by UN agencies in Pakistan including lack of capacity/expertise, funding and non-availability of data on number of indicators. Slow process of SDGs' localization is another challenge that needs to be addressed. Development partners are also concerned about the issue of lack of government capacity to plan and implement SDGs and lack of coordination at interprovincial and inter-sectoral levels.

3.3.5 Media

In Pakistan a lot of print and electronic media does exist. It ranges from local/ district level newspapers to provincial and national newspapers. Radio channels at national and city level including AM and FM bands are operating. Since last decade or so a lot of new TV channels have been opened. Currently there are around 97 TV channels are operating majority are entertainment channels followed by news channels as shown in table 9.

Table 9: TV Channels by Type

Type/Category	Language	Number
Entertainment Channels	Urdu	33
	English	5
	Others/local languages	13
News Channels	Urdu	29
	English	1
	Others/local languages	5
Religious		8
Health		1
Education		2

Source: Pakistan Electronic Media Regulatory Authority

Unfortunately the SDGs or health is not the priority area for the media in Pakistan.

The media is mainly interested in either entertainment or news which includes mostly the political stories. Whereas as per their contract they have to spend 2 % of the air time on social issues but it is not been practiced. As per code of conduct by PEMRA – Pakistan Electronic Media Regulation Authority's SRO 2015 section 14 (4) "the Advertisement of any alcoholic beverages, tobacco products, illegal drugs or narcotics shall not be aired". One of the achievements is that TV channels do not broadcast the ads on tobacco as it was the practice in past, and if they have to show a scene of smoking during a drama/ program they include the health warning.

A competition of rating is something emerged since few years and due to that the channels are not giving proper attention to social issues rather they are more interested in breaking news or controversial issues, running after media stars etc. even if some health issue is highlighted it is in context of political or criminal context and not for the awareness of public. Sometimes govt. advertise their programs on TV channels and print media (ads on TB program and dengue issues) but these are paid and not represent the media's effort.

In addition to that the complex and technical language of the research and its finding makes it difficult to highlight these findings by the media. Therefore availability of research findings in a simple and comprehensive language is required that a lay man can easily understand.

It is important to note that that social media is also an important actor but again the social issues are not at the most important issues list.

Lack of capacity of the print and electronic media personnel's is another issue which is impediment in promotion of social issues.

Chapter 4: Potential Role of Policy Research Institutes for achieving the health related SDGs

The term 'think tank' is associated with different types of organizations involved in policy analysis, since the late 1940s. A limited work has been done on the think tanks and their role in the policy making process in 1980s²⁸ which was further elaborated in 2001²⁹. The work on the think tanks has gain importance during last two decades worldwide³⁰. The literature shows that the definition of think tank is evolving as they are becoming more and more relevant in the policy making process in developing countries. They influence decision making at both national and international levels and are an additional resource for the political management of states. Research Institutes are academic-centred and may not be aimed at giving solutions at a policy level. Think tanks on the other hand, focus on policy issues and policy oriented research.

Academia is ideally placed to generate and promote innovative knowledge to build the capacity of the critical people to implement this new knowledge in improving the health.

4.1 Relevance and Capacity of PRIs in context of health related SDGs

The presence of think tanks in Pakistan is as old as 70 years – the first think tank was established in 1947. At present more than a dozen think tanks are operating in Pakistan, working on different issues. Most of the think tanks and research organizations are situated in Islamabad, Lahore and Karachi. Whereas the academia has is more thinly spread in geographical areas of Pakistan across provinces as compared to think tanks.

In Pakistan think tanks are developing at a moderate pace and are involved in debate on and design of public policies in all areas including but not limited to health, education, culture, law, economics, security, defense, environment, natural resources, energy and international relations. Think tanks have important role in terms of their voice and holding government accountable and also in terms of providing evidence on SDGs.

Academia is generating and building capacity by providing the education and training. However the diffusion of knowledge is slow because of lack of utilization of effective technology, lack of capacity and lack of financing. Partnership with government is required to develop and implement the policy however to track the policies data is required. For data availability new technologies need to be adopted like Big Data, but Pakistan is not adopting these new technological approaches at the pace as it should be. A few academic institutions are addressing the issues of using Big Data and training their faculty, staff and student about using the big data and manipulating the data to get to the bottom of the issues.

²⁸ Peschek, J. G. (1987). Policy-Planning Organizations: Elite Agendas and America's Rightward Turn. Philadelphia: Temple University Press

²⁹ Tim Plumptre, B. L. (2001). Think Tanks and Policy Institutes: An Overview of Issues, Challenges and Successes in Canada and other Jurisdictions.

³⁰ Ronis, K. A. (2012, January). Health Think Tanks in Pakistan and the Policy-making Process. Pak J Public Health, 2(2)

Government cannot do everything alone, they are mostly engaged with governance issues and lacks the research component here comes the role of think tanks and academia.

Think tanks and academia is involved in research and policy guidance and have been instrumental in development of Pakistan during the last 70 years.

Most of the PRIs are working with other stakeholders under the formal or informal arrangements and are also part of different networks at national, regional and global level. These networks can be strengthened to work together and other stakeholders can be invited to these networks to work for the common goal of sustainable development.

4.2 How PRIs can work to fill the gaps and accelerate implementation of the SDGs

The role of PRI is to provide an independent oversight, carry out relevant research and produce evidence for steering the SDG exercise. In this regard the localization of SDGs and frameworks need to be developed and adopted where again PRIs can support through their research work.

Think tanks and academia are primarily there to generate the knowledge and use the existing knowledge to promote the cause of healthy life in such a way that no one left behind. All academic institutions and think tanks have different kind of expertise such as some are good in generating knowledge, some are in making innovations and some are relatively good in doing evaluation hence all can play the role in their respective domains being part of collective effort. Some of the think tanks are also involved in operational research and this can be one of the areas to be focused in future in context of SDGs. Rapid new knowledge generation about determinants of health, responses to diseases, mitigation of environmental problems, and successful policies and program implementation could be some of the areas to focus by PRIs.

The collective voice of think tanks is required to promote SDGs. Think tanks have crucial and pivotal role in this regard as most of the think tanks also involved in policy advocacy. Think tanks can play their potential role in lobbying for building more effective public private partnerships.

Though government policies are being aligned with SDGs but prioritization in each sector is required. The capacity building of government regarding SDGs and limited understanding of task force on SDGs is another area that needs to be strengthened. Involvement of think tanks in federal and provincial setup of government in this regard would be helpful to successfully implement the SDGs.

To achieve SDGs, collaborative and collective action is required to create new knowledge, share and implement it through working with diverse global health policy stakeholders. Here think tanks can also play their role by working together with government and other stakeholders and providing forums for discussions and dialog.

The involvement of youngsters in SDGs process, collection of data and data analysis are some of the important issues where PRI can facilitate the SDGs implementation by providing the information and advocating with relevant groups of community.

Training is another area where PRIs can be very effective as many think tanks and academia are providing different kinds of training and opportunities for capacity building and these can be realigned with SDGs to have a bigger impact.

Another area where think tanks and academic institutions can play their role in being innovative for SDGs. Globally more efforts are being dedicated to draw innovative approaches for the solution of complex issues. These efforts are more important in context of developing countries. PRIs can provide the research and the innovation, not just the innovation but also making this technology affordable. Academia need to explore how to create inter-sectoral policy to tackle communicable and non-communicable diseases and to harness the power of technology to ensure better community accountability.

The cross-cutting issue is that people must learn the complex world in which they live and one way of doing this is making faculty and staff of academic institutions aware of the complexities and challenges need to be tackled. Academic institutions can re-orient themselves to ensure that learners whether they are enrolled in the formal education or not to acquire the knowledge and skills.

Academia can be of crucial importance in promoting equality by providing access to the quality education for minorities, socio-cultural and socio-economic groups, gender and indigenous groups and to the people with learning disabilities. As well as academia can apply the innovative visions and strategic methodologies on inclusive pedagogy along with the advocacy and awareness raising campaigns to spread awareness regarding SDGs. Innovative teaching methods would be helpful in promoting health related SDGs such as information hubs on public health issues, videos for promoting healthy behaviors, and undertaking projects on priority health issues. Sensitization of students and staff on sharing ideas and solutions and transparency is another area for academia to contribute towards SDGs.

4.3 Challenges faced by PRIs

Though the think tanks and academia are working quite well in terms of contributing towards their own targets of research as well as towards accelerating the growth on SDGs but they are facing few challenges as well.

There are a few think tanks existing across Pakistan which are working on health related issues. Most of the think tanks are working with government and academia but not with other think tanks which leads to the duplication of efforts. It is needed that government makes sure the involvement of think tanks more closely to work on policy related issues.

Think tanks are involved in policy making process but with varying degree and some of the cases the staff of think tanks is involved in individual capacity. So there is a need to enhance their role in policy formulation. Academia is not much involved in policy process for SDGs.

Moreover, whenever, the government commit to any development initiatives like the MDGs or the SDGs it does not consult with the PRIs and commit to unrealistic targets, without considering its capacity and resources. This later on proves to be a challenge and the government remains unable to achieve the committed goals.

Another challenge is the lack of qualified researchers who can work on policy related issues. Most of the researchers are conducting academic research and not adopting the multi-disciplinary and multi-sectoral approach to the extent as it should be.

One of the most important challenges is lack of funding. Most of the think tanks are dependent on short term and long term projects and donor funding which is also a challenge to be remaining impartial and independent in their research as well as to conduct the research on the issues which are not the priority matter for the donors.

The lack of coordination among different stakeholders is one of the major challenges faced by stakeholders in promoting health related SDGs. The mainstreaming of the SDGs in departments and ministries as well as in sectoral plans also needs to be enhanced. The involvement of local government and community and collaboration among local NGOs and local authorities is also need to be focused. Capacity development at all levels and of all stakeholders is also important. Involvement of private sector is need of time. Platforms and networks are necessary to avoid duplication of efforts and more collaboration among stakeholders.

Chapter 5: Conclusion and Key Findings

The role of all the stakeholders whether they are think tanks, academia or NGOs or part of the government structure is very crucial in achieving health related SDGs as discussed in chapter 3. The detailed discussion is already available in chapter 3 therefore only summarized information on their role is given below.

5.1 Key Findings: Role of PRIs in Accelerating Progress on Health related SDGs

The role of policy research institutes including think tanks and academia is of prime importance. PRIs are contributing towards evidence generation, policy recommendations, capacity building and advocacy for SDGs.

The think tanks are few in numbers in general and health related think tanks are even fewer. But it is important to note that they are quite visible in Pakistan due to their work and contribution. These think tanks are providing policy research and guidance to government. The staff members of these policy institutes are part of many government bodies, task forces, policy forums and discussion forums. The recommendations by the think tanks are being incorporated in policies and strategies by the government to varying extent as per requirement. As mentioned in Chapter no. 3 think tanks are also involved in advocacy related activities and lobby for laws and regulations for improving health and including marginalized communities as the SDGs agenda is to leave no one behind. The think tanks are also providing training and building capacities of researchers and managers, if realigned with SDGs can bring more results. Think tanks are also involved in operational research and this can be utilized for innovative research and solutions for SDGs. Most of the think tanks are adopting multi-sectoral approach for research on health related issues which is in line with the SDGs approach and will be helpful in developing the sectoral policies.

Think tanks are facing the challenge of lack of funding and they are dependent of projects and donor funding. Some times the capacity of human resources and lack of coordination among different think tanks also become challenges. The network of think tanks was one of the suggestions put by most of think tanks to work in more coordinated and collaborative manner.

The academia is playing its role by providing the quality research and training. The academia is aligning the curricula with SDGs and adding the modules as per emerging issues. The students are asked to conduct the research on SDGs related issues. The research is being taken up by the government for policy making but at a very limited level however the research is sometimes being cited in policy documents. There is a need to involve the academia more in policy formulation process to promote evidence based policy making. The academia is also linked with international academic institutes to work on different issues related to research and capacity building. The Academia can help shape minds of the youth of Pakistan. They can play an important role without spending money to create awareness among people. The staff in schools, colleges and universities can be trained to give awareness about health related SDGs. Some of the challenges are lack of qualified human resources and lack of financing.

5.2 Key Findings: Role of Other Stakeholders

Following is the role of stakeholders except PRIs in accelerating the progress on SDGs in Pakistan.

The government as a key stakeholder is leading the SDGs process in Pakistan. The government at federal and provincial levels have established the SDGs units to coordinate and steer the work on SDGs. For oversight and monitoring the parliamentary task forces are there but their role needs to be enhanced and should not be limited to speeches and verbal commitments. The government is providing the health facilities to the population as well as implementing the other activities required for achieving the SDGs. Government has aligned its policies with SDGs the two examples are Vision 2025 and National Health Vision 2016-2020. Many initiatives are going on in terms of improving the health of population from ambulance for rural mothers to health insurance programs.

Coordination among different ministries and departments and with federal and provincial entities needs to be enhanced to work in an effective manner. There is a need of repositioning local government as the SDGs focal tier, and to give the responsibilities to the district government as well. The financial allocation for health related SDGs also needs to be increased as per international standards.

Development partners are also part of the SDGs process and they are not only working with other development partners/ donors but also working with government. WHO is taking lead among UN agencies, on health cluster and coordinating with other agencies. The donors are providing the policy guidance, frameworks; technical assistance to government for policy formulation, research and other activities and also advocating for SDGs. Development partners can play their role in raising policy maker's commitments, assist in evidence building and exchange of experiences, standard setting, collaboration with partners and UN on SDGs, strengthen health information system, assist and abdicate in move towards universal health coverage and capacity strengthening.

Non-governmental organizations are also the important stakeholders as they are working more closely with the community. NGOs/CSOs are contributing in terms of providing the services, creating awareness among communities and providing trainings. Some of the organizations are also conducting research on small scale and collecting data whereas there are few organizations, like Shirkatgah, who are involved in SDGs process at national level and also part of the discussions at international levels. They lack coordination and networking opportunities as well as struggling with the challenge of lack of financial resources. The networking and capacity building opportunities can facilitate them to play their role in enhanced manner. Representatives from NGOs should also be part of policy formulation as they can provide the indigenous solutions to many of the problems as per their experiences in the community. NGOs can also be part of monitoring activities for SDGs and make the government accountable for not performing well at the community level. Some of the NGOs are facing trust issues by the community as community thinks NGOs are working on foreign agenda.

The role of media as a stakeholder is also important in Pakistan. Media can give create awareness among the masses about SDGs and can advocate for health related SDGs. Unfortunately the role of media is currently very minimal due to their lack of attention towards social issues. Media can effectively play its role in raising demand to the government on behalf of people. Furthermore media can educate people that how to raise their voice for their rights. In this regard it is important to create awareness among media and build their capacity to perform their role.

5.3 Limitations and Challenges of Study

The aim of study is to contextualize the stakeholder's role, their involvement and their relations with other stakeholders and the extent of their involvement in the SDGs implementation and monitoring. Therefore it does not provide the exhaustive list of different stakeholders which might be useful to see the size and number of organization by categories of stakeholders.

The study was conducted during Apr to mid Aug 2017 which proved to be a short time for conducting such a study. It was quite difficult and time taking activity to contact different stakeholders and get the time for interviews or arrange the consultation with 40 participants along with writing the report. As there was no such study available on the subject and it is the first one it was difficult to get reference for organization and analysis.

Due to time and resource constraint the stakeholders consultation could not arranged in all provinces and the key informant interviews were conducted through skype or phone with the stakeholders who were out of Islamabad. One of the strong recommendations during consultation and interviews was to conduct the similar activities in provinces. Another challenge was the interviewees were getting it difficult to relate while talking on phone ort skype and they suggested that they would be more comfortable if we can have a discussion face to face. It was quite difficult to get the time from government officials and still the study team is unable to get the Balochistan province on board for the study.

SDGs process is still in initial phase therefore so it was difficult to get literature on progress and official documents on the process, like team tried hard to get the ToRs for the federal parliamentary task force but was not able to get. Similarly the documentation regarding other bodies and structures for SDGs was not available. The reports by SDGs unit on data mapping and involvement of private stakeholders are still in progress therefore could not be consulted.

Due to the political issues (court case against prime minister) it was not possible to get hold of parliamentarians for an interview and discussion during the study time frame.

Chapter 6: Recommendations

Following are the recommendations emerged from the study:

- SDGs Unit have been established but the pace of work is comparatively slow and needs to be expedited specially in KP and Balochistan. The role of different stakeholders will be crucial in this regard.
- Prioritization of SDGs, localization of SDGs and development of a national framework for SDGs is direly needed.
- The culture of research needs to be promoted and it is important to allocated funds for research and involvement of think tanks in policy research by the government and donors.
- Enhanced coordination among all stakeholders is need of the hour to build synergies among efforts by different stakeholders. It is necessary to avoid duplication of efforts and work in collaboration to make the efforts more cost effective.
- Enhanced resource allocation is required for the planning, implementation and monitoring of SDGs since all stakeholders reported the lack of finances as a limitation to accomplish the SDGs targets.
- Special efforts are required to improve the governance of health sector in Pakistan.
- Building a coalition of health policy research institutions is required. It could be through formation of a platform or a network to provide a common ground to discuss the issues related to the implementation of health related SDGs and make collaborative efforts in this regard.
- Think tanks should focus on providing the research in a language and manner which is easily understandable by the policy makers and common people.
- Think tanks and academia should also focus on indigenious solutions as well as innovations for promoting the health lives and development in general.
- Capacity building of local government to plan, implement and monitor SDGs is required.
- Public expenditure tracking for social sector at provincial and federal level as tool for social audit to monitor progress needs to be developed.
- Capacity building of the government staff on SDGs and management of funds is required.
- A lot of data is missing for monitoring of SDGs and the involvement of PRI and NGOs will be helpful in this regard. At the same time the existing data which is not being reported needs to be analysed and published. The availability of disaggregated data is another important factor for progress on SDGs. Setting up standard data protocols and developing coordination mechanisms b/w Federal and Provincial Statistical Bureaus is required.
- Data ecosystem for SDGs including coordination, monitoring, reporting, capacity building, and effective use of integrated statistical frameworks for advancing sustainable development needs to be developed.
- Achieving SDGs will require dedicated budgeting and a greater amount of financial resources. New and innovative financing strategies need to be explored to mobilize capital for SDGs including involving private sector and integrating public expenditure tracking system to monitor capital being allocated to SDGs aligned initiatives

- Media in Pakistan is highly politicized and seldom picks the (actual) issues. There is need to understand media behaviour in Pakistan and its role need to be revisited in context of SDGs. It is also required to build capacity and create awareness among media to highlight the issues related to SDGs.
- As the people with disability are part of the mainstream society there is a need to introduce communication strategy/skills in curricula. Their inclusion in the development is a must to make it sustainable.

The way forward

The current study focusing all the stakeholders and quite a broad in scope, if any specific stakeholders or group needs to be studied in detail another study should be conducted focusing only one stakeholder group and have explore the dynamics through in-depth analysis.

One of the strong suggestions was to have a enhance coordination among NGOs and opportunities for networking for them to be abreast with the developments around SDGs. Similarly think tanks also suggested to have a forum or platform where they can interact with each other and work collaboratively towards the implementation of SDGs. Therefore the way forward would be to establish a forum or a network to connect these stakeholders and contribute towards the common goal of sustainable development in Pakistan.

Another way forward emerged from the discussions with the stakeholders was to conduct the stakeholders consultations at the provincial and district levels as one was conducted in Islamabad and one was conducted in Karachi which was appreciated by all the stakeholders. Stakeholders from provinces also suggested to visit the provinces and have discussion with them rather than having skype/phone interviews on issue related to SDGs and health (currently the interviews with the provincial stakeholders were conducted through skype and phone).

Annexure 1: Work Plan

Activities	Deadlines
Formation of core group	15 th Apr 2017
Finalization of study protocols	25 th Apr 2017
Draft country study/ scoping paper	28 th Jul 2017
Finalization of country study/ scoping paper	18 th Aug 2017
Final blog and publishing on website	31 st Aug 2017
Draft Regional paper	29 th Sep 2017
Final regional paper ready to submit to journal for publishing	10 th Nov 2017

Annexure 2: Stakeholders Consultation on Health related SDGs, at Karachi

Attached

Annexure 3: Stakeholders Consultation on Health related SDGs, at Islamabad

Attached

Annexure 4: Government of Pakistan: a List of Federal Ministries and Divisions

S. No	Ministries	Divisions
1	Cabinet Secretariat	1. Aviation Division 2. Cabinet Division 3. Capital Administration Authority 4. Establishment Division 5. National Security Division
2	Ministry of Climate Change	Climate Change Division
3	Ministry of Commerce	Commerce Division
4	Ministry of Communications	Communications Division
5	Ministry of Defence	Defence Division
6	Ministry of Defence Production	Defence Production Division
7	Ministry of Federal Education and Professional Training	Federal Education and Professional Training Division
8	Ministry of Finance, Revenue, Economic Affairs, Statistics and Privatization	1. Finance Division 2. Economic Affairs Division 3. Revenue Division 4. Statistics Division 5. Privatization Division
9	Ministry of Foreign Affairs	Foreign Affairs Division
10	Ministry of Housing & Works	Housing & Works Division
11	Ministry of Human Rights	Human Rights Division
12	Ministry of Industries and Production	Industries and Production Division
13	Ministry of Information, Broadcasting and national Heritage	Information, Broadcasting and national Heritage Division
14	Ministry of Information Technology and Telecommunications	Information Technology and Telecommunications Division
15	Ministry of Interior and Narcotics	Interior and Narcotics Division
16	Ministry of Inter Provincial Coordination	Inter Provincial Coordination Division
17	Ministry of Kashmir Affairs and Gilgit Baltistan	Kashmir Affairs and Gilgit Baltistan Division
18	Ministry of Law & Justice	Law & Justice Division
19	Ministry of National Food Security and Research	National Food Security and Research Division
20	Ministry of Overseas Pakistanis and Human Resource Development	Overseas Pakistanis and Human Resource Development Division
21	Ministry of Parliamentary Affairs	Parliamentary Affairs Division
22	Ministry of Petroleum & Natural Resources	Petroleum & Natural Resources Division
23	Ministry of Planning, Development and Reforms	Planning, Development and Reforms Division
24	Ministry of Ports and Shipping	Ports and Shipping Division
25	Ministry of Railways	Railways Division
26	Ministry of Religious Affairs and Inter-faith Harmony	Religious Affairs and Inter-faith Harmony Division
27	Ministry of Science and Technology	Science and Technology Division
28	Ministry of States and Foreign Regions	States and Foreign Regions Division
29	Ministry of Textile Industry	Textile Industry Division
30	Ministry of Water and Power	Water and Power Division

Annexure 5: Summary of responses from NGOs

Question	Response	No. of Org.
Type of Organization	NGOs	7
	CSO	1
	Philanthropist	1
Law/act Under which organization is registered	Section 42 of Companies Ordinance 1984	6
	Social Welfare Act 1961	1
	Societies Registration Act 1860	1
	Trust Act, 1882	1
Provincial geographical coverage	Punjab	3
	Sindh	1
	KP	1
District level geographical coverage	Islamabad	3
	Karchi	2
	Hyderabad	2
	Multan	2
	Others(Peshawar, Mardan, Haripur, Lahore, Rawalpindi, Tharparkar)	6
Policy research done by the organization	Yes	3
	No	6
Multi-sectoral approach adopted by the organization	Yes	5
	No	4
Primary Source of Funding	Donors	3
	Donation/Zakat/Gifts	3
	Own generation(membership fee, profit from loans, vocational centre fee, receipts from clients)	2
	Did not mention	1
Secondary Source of Funding	Donors	5
	Own generation(membership fee, profit from loans, vocational centre fee, Receipts from clients)	2
	Did not mention	2
Nature of organizational activities	Training and capacity building	8
	Service delivery	8
	Awareness raising	7
	Advocacy/policy outreach	7
	Monitoring and evaluation	6
	Impact Evaluation	5
	Data Collection & Data Management	8
	Others (Research & policy formmulation)	5
Thematic areas on which organization is working	Good Health and Well-being	9
	No Poverty	5
	Quality Education	5

	Gender Equality	5
	Peace, Justice and Strong Institutions	5
	Partnerships for the Goals	5
	Clean Water and Sanitation	3
	Decent Work and Economic Growth	3
	Reduced Inequalities	3
	Sustainable Cities and Communities	3
	Others (climate action, affordable & clean energy, Responsible Consumption and Production, life below land, life on land, industry, innovation & infrastructure)	7
Areas of expertise of your organization	Service delivery	8
	Awareness raising	8
	Training and capacity building	7
	Advocacy	5
	Monitoring and evaluation	5
	Data Collection & data management	5
	Research	4
	Impact Evaluation	4
	Policy formulation	5
Partnership for SDGs done by the organization (local, national or global)	Yes	5
	No	4
Areas of Partnership	Service delivery/implementation/Assistance to government in implementation	4
	Awareness raising	4
	Advocacy	3
	Training and capacity build	3
	Data Collection & data management	2
	Others (research, M&E, impact evaluation)	3

25

Years 1992-2017
Bridging Research Policy Gaps



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