POLICY BRIEF

A collaboration between CPPG and Civil Services Academy

Good Health and Well Being: Achieving Sustainable Development Through Adaptive Public Healthcare Policies

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Sustainable Development Goal 3 has been designed to achieve good health and well-being at a global level. Central to that objective is the need to ensure populations around the world have access to quality healthcare services, both geographically and financially. Universal healthcare delivery is therefore essential to the world's progress; disease anywhere in the world can threaten public health everywhere. This phenomenon was clearly seen during the recent Covid-19 pandemic. While in Pakistan, the pandemic's impact has been relatively less disastrous in terms of human lives lost than in countries such as the UK, Italy and the US, it has revealed serious loopholes in the health sector and the domino impact poor health can have on other developmental sectors such as education, the labor market and the overall economy of a country. Moreover, the pandemic has revealed the inevitability of investing in a health system that is cross-sectoral and is based on rigorous data collection and analysis tools.

Given the above scenario, a major question ensues: what are the major challenges Pakistan's public health sector faces and what can be done to ensure we meet the sustainable development goals on health (Goal 3)? This policy brief argues that Pakistan's health sector is marred by reactive policymaking, whereby the public health sector is invested in after health crises have erupted. Instead we need a transformative shift in the way the public health sector is managed with a focus on preparedness. To this effect, an adaptive and integrated policy framework that focuses on prevention is the answer. Furthermore priority needs to be given to improving maternal and child health, ensuring population nutritional needs are met, there is universal access to clean water and sanita-

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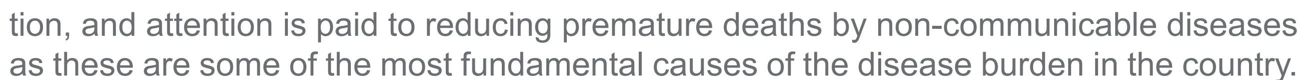

tion, and attention is paid to reducing premature deaths by non-communicable diseases as these are some of the most fundamental causes of the disease burden in the country.

The concept of adaptive governance emerged as a solution to governing shared environmental resources that undergo considerable change over time. Eventually, the model was extended to the overall policy sphere, where there is understanding that governance demands dynamism, flexibility and preparedness to manage complex socio-political and environmental changes. In their seminal study, Dietz et al (2003), developed *adaptive governance*[1] as a system of governing communal spaces in the face of complexity and uncertainty. Effy Vayena and Alessano Blasimme[2] define adaptive governance as a model where the government is ready to change its strategies quickly due to a fluid situation. Likewise, the South American Institute for Resilience and Sustainability Studies aptly summarises it as follows *"Adaptive governance provides the context for the institutional, political and social arrangement which allows the implementation of strategies such as adaptive management or scenario building. It constitutes a social and political framework that defines the non-linear, discontinuous or turbulent management of the dynamics of social-ecological systems. The participation of multiple actors gives the process legitimacy and allows the integration of different kinds of knowledge, across different time and geographic scales."* [3]

In the realm of public health in Pakistan, we have witnessed a detachment of top-down policymaking and bottom-up processes, leading to health outcomes that are significantly below our development potential. Historically low levels of investment in the health sector has resulted in low levels of human resource, infrastructural and managerial capacities with the absence of communication with related public sector departments such as water and sanitation, primary education, food and agriculture, and the employment and labor welfare sectors. In the face of crises such as posed by the Covid-19 pandemic, the interlinkages between public health and other sectors of the economy became even more pronounced. Most significant to this realization was the necessity of focusing on cross-sectoral preventative measures that provide holistic solutions to achieving 'good health and wellbeing.' Studies from other developing countries such as Bangladesh, also indicate common challenges to public health delivery such as corruption, capacity and governance constraints. As a result what is needed are out-of-the-box solutions that combine the myriad service-delivery options available to address various development concerns—effective coordination and transparency are key to this process (Khan et al. 2021).

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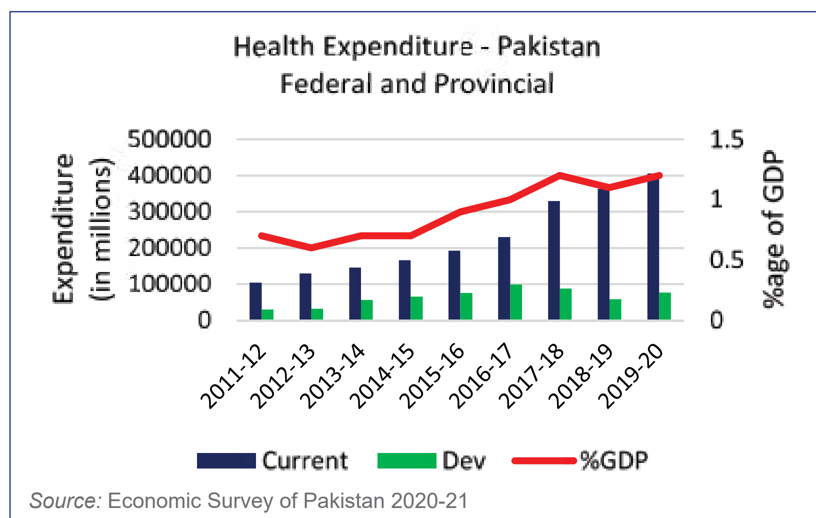
[1] Dietz, Thomas, Elinor Ostrom, and Paul C. Stern. "The Struggle to Govern the Commons." *Science,* 2003: pp. 1907-1912

[2] Vayena, Effy, and Alessandro Blasimme. "Towards Adaptive Governance in Big Data Health Research." In *Cambridge Handbook of Health Regulation,* by Graeme Laurie, Edward Dove, & Nayha Sethi, 257-265. London: Cambridge University Press, 2021 pp 258

[3] Bardecio, Gabriela, "Adaptive Governance," SARAS Institute, November 13, 2019. http://saras-institute.org/adaptive-governance/ (accessed 12 March 2022).

Overview of Pakistan's Performance on Health: Ensuring the Achievement of SDG 3

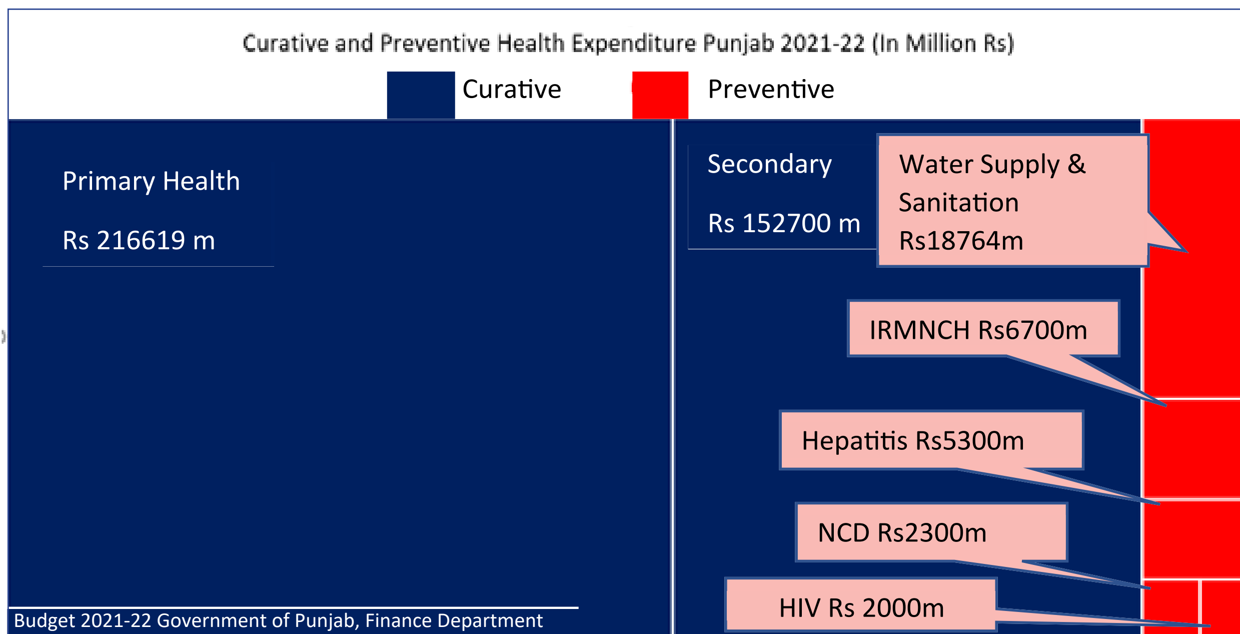
Pakistan's National Assembly was one of the first to adopt SDGs as its development policy. Sustainable Development Goal 3[4] binds UN member states to "Ensure healthy lives and well-being for all at all stages" with around 13 targets and 28 indicators with which to assess progress. After the 18th Constitutional Amendment in 2010, health has become a provincial responsibility, including meeting our international targets.[5] Although Pakistan has gradually been raising its health expenditure both in absolute terms and as a percentage of GDP[6], over the past decade it has been below an abysmal 1.5% of GDP, far below the recommended 5% of GDP for developing countries. Conversely, within two years of adopting the SDGs, global spending on health rose up to $7.8 trillion or 10% of the world GDP by 2017.[7]



Source: Economic Survey of Pakistan 2020-21

Moreover, as shown in the figure below, preventative care (red) makes up only a small proportion of the overall health budget (blue), which leads to a greater burden on tertiary care resources and high out of pocket-expenditures.

[4] United Nations, Department of Economic and Social Affairs, "SDG 3 Ensure healthy lives and promote wellbeing for all at all ages" https://sdgs.un.org/goals/goal3 (accessed January 5, 2022)
[5] National Assembly of Pakistan - 18th Amendment." *National Assembly of Pakistan*. n.d. https://na.gov.pk/uploads/documents/1302138356_934.pdf (accessed January 5, 2022).
[6] Ministry of Finance. "Pakistan Economic Survey 2021-22." Government of Pakistan, 2021, p. 219. https://www.finance.gov.pk/Survey_2021.html.
[7] WHO, "Global Spending on Health: A World in Transition," WHO, 2019, p. 19. https://www.who.int/health_financing/documents/health-expenditure-report-2019.pdf.



Public health centres are often marred with low infrastructural and human capital resources. Doctor: patient ratios, nurse: patient ratios, bed: patient ratios are worryingly low while access to state of the art health technology remains limited to private hospitals.

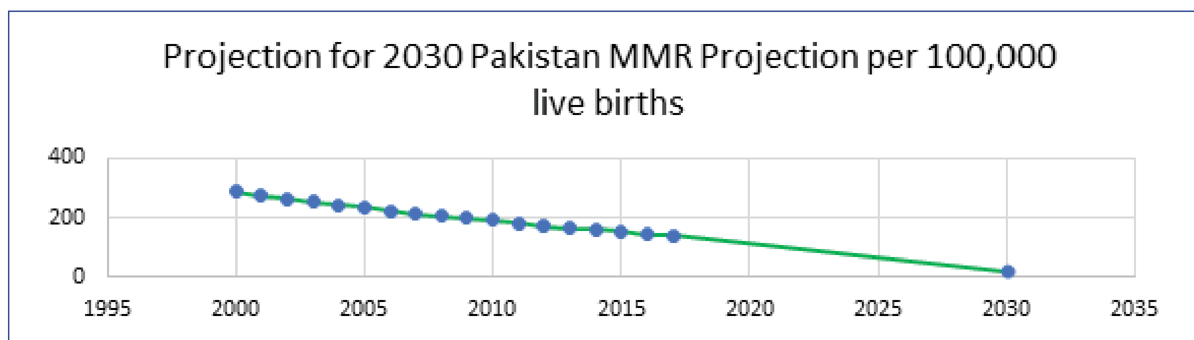
	Health worker density and distribution										
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Medical Doctor Per 10 000 population	8,08	8,31	8,59	8,77	8,97	9,26	9,62	10,01	9,8	11,18	-
Hospital beds Per 10 000 population	6	6	6	6	6	6	6,3	6,3	6,3	6,3	9
Source: WHO Data											

Organizational and managerial bottlenecks are also often a result of the meager financial incentives available to health personnel giving space to malpractices such as corruption, pharmaceutical fraud or even medical negligence. The recently launched *Sehat Sahulat Card* is a step in the right direction, whereby health coverage is provided to a target population of financially distressed households. Over 525 public and private hospitals are expected to provide free health services to cardholders, while the health institutes are reimbursed through insurance companies. However, the program is facing teething problems with implementation; additional costs relating to medicines or lab results are not covered, private hospitals are being preferred to public facilities, procedural processes are questionable with junior doctors taking on more advanced procedures, and accountability mechanisms both of the health facilities and by the insurance company are not transparent nor enforced.[8] The *Sehat Sahulat* program also reinforces the idea

[8] Chaudhry, Asif, "Sehat cards' efficacy in question as loopholes emerge", *Dawn News,* 19 February, 2022, https://www.dawn.com/news/1675885 (accessed 15 March 2022).

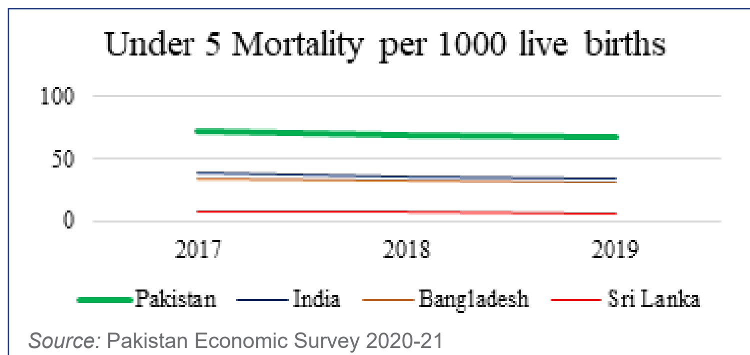
that the health sector's responsibility remains limited to providing 'treatment.' Political sustainability is another concern, indicating that building a culture of people-centric governance that prioritizes public wellbeing is far from being the norm.

Assessing Pakistan's public health sector can therefore be a herculean task; given the complex set of factors that impact health outcomes. However, five areas of public health can be identified that need immediate attention and priority whilst setting our agenda for achieving SDG 3. The first is with respect to **maternal health.** SDG 3 expects member states to bring down the maternal mortality ratio (MMR) to a maximum of 70 deaths per 100,000 live births. According to World Bank data (available up to 2017), Pakistan needs to halve its current MMR of 140/100,000 in order to achieve the target. Pakistan currently runs many programs to achieve the MMR targets including Punjab's Integrated Reproductive, Maternal, Neonatal and Child Health (IRMNCH) Program which focuses on family planning services, maternal and child nutrition and reducing the associated death rates. The Lady Health Visitors (LHV) program has been a successful initiative, running since 1951 to advise women on health and neonatal issues. The LHVs use community-based networks to target even the most remote areas of the country and are an asset in the expanded programme on immunization. Yet despite these initiatives, maternal health faces challenges like teen pregnancies, short birth spacing intervals, limited access to a balanced diet, and lack of awareness about reproductive health.



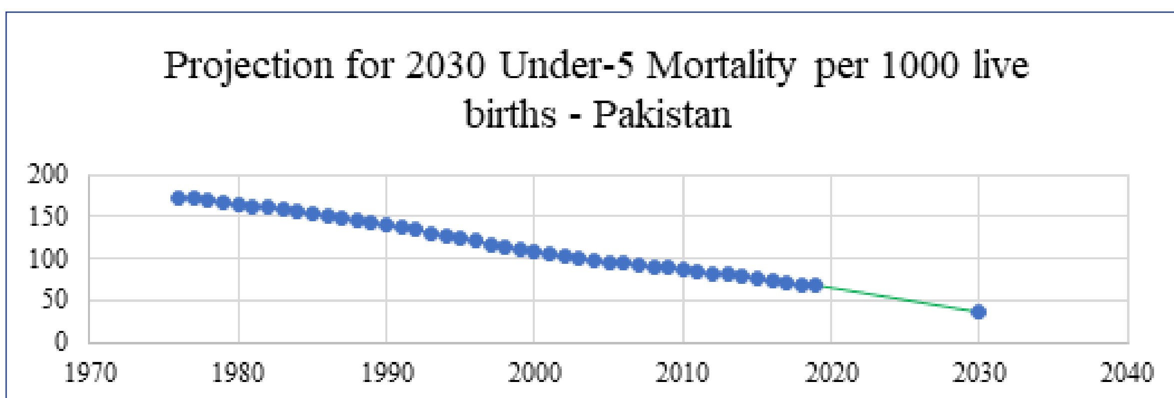
The figure illustrates the results of a simple linear regression model to estimate the MMR trajectory in Pakistan using World bank data.

The second major concern for Pakistan is the **Under-Five mortality rate.** Currently there are around 67 Under 5 deaths per 1000 live births in Pakistan, three times above the target given under SDGs and the highest compared to other South Asian countries.



Source: Pakistan Economic Survey 2020-21

A third fundamental area that needs immediate attention, related to the preceding two, is **population nutrition.** Food security continues to be a critical area of sustainable development in Pakistan, where some estimates suggest 3 out of 5 households are food insecure owing to irregularities in agricultural production, water scarcity, technologically dated production techniques, price volatility in the food market, and declining purchasing power. Rural households and women are disproportionately hurt when it coms to meeting their nutritional needs.[9] According to the National Nutrition Survey[10] 2018, almost 4 children out of 10 under the age of five were stunted (low height for age) (which improved slightly by 2020), one in three were underweight and 17.7 percent wasted (low weight for height). A pertinent cause of this is the poor health of mothers in the country; more than half (57 percent) of adolescent girls and 42 percent of women of reproductive age are anemic.



The figure illustrates the results of a simple linear regression model to estimate the Under-5 mortality trajectory in Pakistan using World bank data.

The fourth area that demands prioritization is **Water, Sanitation and Hygiene (WASH);** as this has been a chronically neglected area in the country. According to World Bank data on sanitation, Pakistan has lost 19 people in every 100,000 during 2016, due to absence of clean drinking water or poor sanitation. Similarly solid waste management

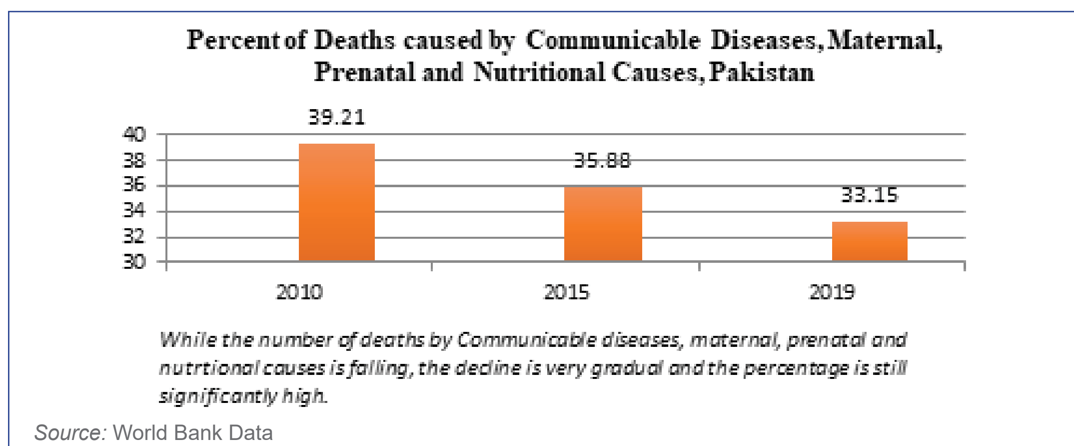
[9] Khetran, Mir. "Food Security Challenges for Pakistan", ISLAMABAD: INSTITUTE OF STRATEGIC STUDIES, 2021. https://issi.org.pk/wp-content/uploads/2021/10/IB_Khetran_Oct_27_2021.pdf.

[10] *Government of Pakistan, and UNICEF, "National Nutrition Survey 2018." Islamabad: Government of Pakistan, 2019, p.6. https://www.unicef.org/pakistan/reports/national-nutrition-survey-2018-key-findings-report.*

remains ineffective, with recorded evidence of serious health hazards due to open dumping, the presence of waste mafias and inefficient transportation, and disposal structures.

In 2018, the government initiated a ‘Clean Green Pakistan’ campaign to plant trees, build sanitation infrastructure and ensure effective solid waste management. For 2019-20, Pakistan spent a total of Rs. 157 billion[11] on WASH, which was 50% higher than the preceding year. However, this amount transforms into Rs. 739 ($4.19) per capita, a figure much lower than the $28 per capita recommended by UNICEF[12] for South Asia. It is no surprise then that water-borne diseases such as typhoid, childhood diarrhea or hepatitis remain a major source of premature death. Moreover, widespread seasonal diseases such as dengue and malaria—are also related to poor water and sanitation conditions.

Death by Non Communicable Diseases is another major policy area that needs attention. SDG 3.4 requires countries to reduce premature deaths by non-communicable diseases (NCDs) by one third. Although Pakistan has one of the lowest deaths by non-communicable diseases[13] at 58% in the region, it needs to bring down those caused by pre-mature reasons. Relatively lower deaths due to NCDs also mean Pakistan is facing higher deaths due to communicable diseases and the data needs to be read cautiously. Cardiovascular diseases, cancers, chronic respiratory diseases (CRDs) and diabetes are major causes of NCDs in Pakistan.



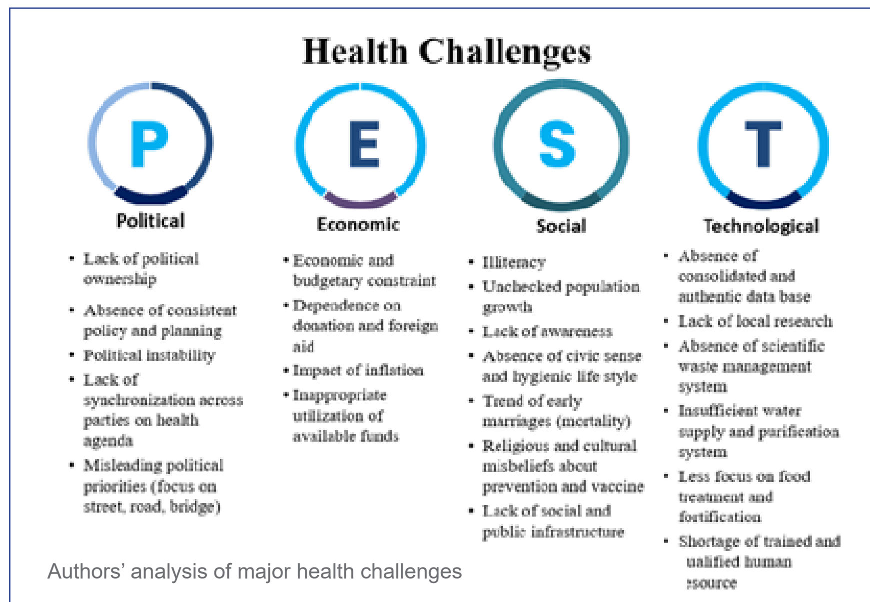
Source: World Bank Data

Major Implementation Challenges in the Health Sector

While Pakistan has made considerable improvements in its health outcomes, we have been slower than our regional peers. Institutional gaps after the 18th Constitutional Amendment have resulted in a lack of uniform health services, standards and practices across the country. Development projects are mostly insensitive to health guidelines and

[11] UNICEF. “Pakistan WASH Budget Analysis 2017-2020.” Islamabad: UNICEF, 2020, p.7 https://www.unicef.org/pakistan/media/3631/file/Annual%20Report%202020.pdf.
[12] Hutton, Guy, and Mili Varughese. “Global and Regional Costs of Achieving Universal Access to Sanitation to Meet SDG 6.2.” UNICEF. New York: *UNICEF*, 2020, p.19. https://www.unicef.org/media/85111/file/Wash-Reports-CostOfSanitation.pdf.
[13] *WHO Country Profile - Pakistan.* Annual Report, WHO, 2018

are often impacted by political considerations. Pakistan's excessive reliance on foreign supported health programs, have lead to little incentives to local-led initiatives. A serious consequence of this is the absence of a robust health data system. Without reliable data on public health, decision makers will remain elusive towards the division of resources including determining programmatic priorities.

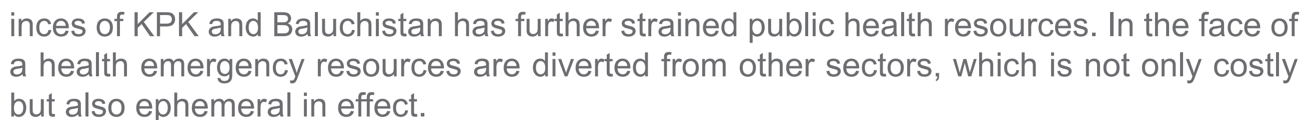


Authors' analysis of major health challenges

Furthermore, a disconnected approach to public health with little communication between relevant sectors is missing—impeding a system that effectively implements preventative measures. For instance, the education system has historically been unable to sufficiently provide students an understanding on even the most basic preventative measures such as washing hands, proper waste disposal, the dangers of pollution or basic sex (reproductive) education. Likewise, the climate change ministry has little integration with the agricultural sector, working on curbing the impacts of erratic food production due to changing temperatures and natural disasters such as floods. In Punjab, particularly in the city of Lahore, during the smog season during the winter months, the air quality index can soar to as high as 349[14] causing severe respiratory illnesses. Despite this serious public health concern, the policy approach remains constricted to political lobbying, leaving decision makers unable to engage with relevant stakeholders—business and industries, transportation, urban planners, the climate ministry and so on.

Bureaucratic processes with respect to health personnel management also support a doctor-centric system, rather than a patient-centric one. People below the poverty line, elderly, women, children, the disabled and geographically isolated communities are particularly disadvantaged. A large influx of treatment-seeking Afghan migrants in the prov-

[14] Web Desk, "Lahore Has World's Worst Air Quality Today despite Closure of Schools, Offices," *The News,* 12 December 2021. https://www.thenews.com.pk/latest/916170-punjab-govt-helpless-before-smog-lahore-again-tops-list-of-worlds-most-polluted-cities#:~:text=As%20per%20the%20Air%20Quality (accessed 12 March 2022).



inces of KPK and Baluchistan has further strained public health resources. In the face of a health emergency resources are diverted from other sectors, which is not only costly but also ephemeral in effect.

Health Policies

National Health Vision 2016-25

The last approved health policy in Pakistan before the 18th Constitutional Amendment dates back to 2001. Another one was developed in 2009 after intensive consultations and field studies, however, following the 18th Amendment they became redundant and could not be implemented due to abolition of the concurrent list and devolution of health to the provinces. The absence of a national health policy and coordination arrangement was a key factor behind failure of Pakistan in achieving health related MDGs. Eventually, the Ministry of National Health Services, Regulation and Coordination (MoNHSRC) was created in 2013 to fill this gap and assist the government in achieving the SDGs related to health. The National Health Vision 2016-2025 was approved by the government which reads, *"To improve the health of all Pakistanis, particularly women and children, through universal access to affordable quality essential health services, and delivered through resilient and responsive health system, ready to attain Sustainable Development Goals and fulfill its other global health responsibilities[15]"*

The document tries to cover many areas related to health; costs, inequalities, finances, infrastructure, human capital, safety standards etc., however, it has little direction in terms of ensuring prevention is a priority. Since the health sector now falls under the responsibility of provinces, it is prudent to analyze any provincial health strategy to ascertain the governance approach towards health in Pakistan. Since Punjab constitutes 52% of Pakistan's population, any outcomes in Punjab will have great impact on overall health statistics of Pakistan.

Punjab Health Strategy 2019-2028 is a comprehensive document and is an attempt to provide a holistic health plan and not just a curative strategy. The Government of Punjab is running various vertical programs on prevention along with curative health services. Vertical Programs aim at bringing down mortalities due to Group 1 diseases (communicable), they screen and identify potential patients at an early stage to curb the spread of disease and at the same time reduce burden on tertiary health facilities. These include:

a. Tuberculosis control program (TBCP)
b. Hepatitis control Program (HCP)
c. Punjab Aids control program (PACP)

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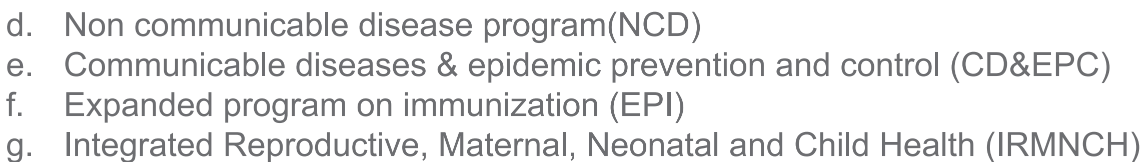
[15] Ministry of Health Services Regulations and Coordination, "National Health Vision Pakistan 2016-2025," Government of Pakistan, 2021. https://phkh.nhsrc.pk/sites/default/files/2020-12/National%20Health%20Vision%20Pakistan%202016-2025.pdf (accessed January 5, 2022)



d. Non communicable disease program(NCD)
e. Communicable diseases & epidemic prevention and control (CD&EPC)
f. Expanded program on immunization (EPI)
g. Integrated Reproductive, Maternal, Neonatal and Child Health (IRMNCH)

It is too soon to evaluate the results of the strategy but its success depends on a holistic, cross sectoral response to public health, without which we will continue to witness similar health outcomes as in the past.

Adaptive Governance – the role of Local Governments

Adaptive governments work on the basis of participatory decision making, building resilience, anticipating a complex network of policy determinants and consequences and are therefore able to adjust to dynamic situations. Likewise, an adaptive governance approach to public health will help develop robust health systems that are able to function in a rapidly changing environment.[16] Being responsive to local needs is a crucial component of an effective health sector and it follows that universal health coverage can only be achieved if there is constant bottom-up and top-down communication. An imperative role within this process is that played by local governments, which must be empowered to engage with communities, provide feedback and participate in decision making processes. Punjab, for example has been able to build large district hospitals even in the remotest districts. Yet, appointing or retaining specialist doctors in those areas remains a concern. Currently, a lack of coordination within vertical programs and health departments is sometimes a reason for poor performance. In Punjab for example, programs are headed by Directors at provincial and district level, but there is no coordination among them within the district. Each program has its own activity schedule and associated personnel. During emergency situations, like the eruption of dengue or the need for vaccine drives, human capital resources are diverted to these activities, however at other times they may be completely idle. A vertical program officer needs to be positioned at district level to optimally utilize personnel. Similarly, Medical Officers need to be attached in preventive care programs for at least a year and this attachment can count towards their induction in specialization studies on the lines of the currently run Central Induction Program. Program officers at district level should be in a position to carry out impact assessment analysis annually and recommend interventions to district administration and health departments.

Empowered local governments can design policies to incentivize the right human resource for the appropriate medical centers; they can determine programmatic strategies based on contextualized factors such as climactic conditions, occupational health hazards, and local culture. They can also facilitate communication between relevant stakeholders.

[16] Kickbusch, Iiona, and David Gleicher. *Governance for Health in the 21st Century.* Health Report, Geneva: WHO Regional Office for Europe, 2012 pp 41

Policy Recommendations

Empowering Women and Ensuring Female Health Security

Health related SDGs cannot be achieved without a holistic approach towards women's empowerment. There is widespread evidence that correlates women's education to family and generational health.[17] Statistically women tend to spend more on child nutrition, health and education compared to men. Even their most basic education on best practices of hygiene, nutrition and household health significantly impact communities' wellbeing. Therefore, a cross-sectoral approach to their socioeconomic and political empowerment is needed through policies such as the implementation of job quotas, ensuring rightful inheritance transfer and asset ownership rights, workplace safety, access to microfinance, skills development, non-formal adult learning opportunities and political participation.

Creating a women-centric health infrastructure is therefore an important aspect of their empowerment. This includes investing in and appropriately incentivizing female health personnel that can cater to women who are not comfortable visiting male practitioners.[18] Emphasis needs to be paid to geographic as well as financial accessibility for women—both of which are sticky bottlenecks. Information campaigns that normalize reproductive health can play a transformative role in combatting taboos. Similarly, non-formal education programs that train women about accessing family planning tools, birth spacing, the need to consult skilled professionals during pregnancy, birth and the postnatal period are essential forms of preventative healthcare provision.

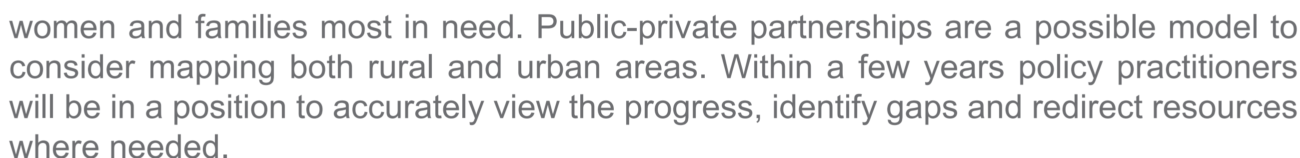
Building Communal Spaces and Raising Awareness

Targeting communal spaces that women frequent can be a starting point such as primary schools, water collection points, or joint family courtyards. Building awareness amongst men is as important, in partnership with those in influential positions such as mosque imams, school teachers, small business owners or even village elders. Often conditional cash transfers based on fulfilling basic health targets for women can also be a helpful tool in building acceptance for female health security, particularly in rural areas where building women's agency needs particular attention.

Mobilizing Private Sector and Corporate Social Responsibility

The private sector can play a pivotal role in providing women with access to basic health resources such hygiene products, nutritional supplements or food donations through their corporate social responsibility (CSR) programs. This can be achieved through engaging with civil society organizations that can use their network to target and reach the

[17] Kibret, Solomon, Soloman Zena Walelign, and Abrehe Zereyasus. "Associations between Women's Empowerment and Children's Health Status in Ethiopia." *PLOS (Public Library of Science) One,* 2020, p.19.
[18] Qureshi, N. & Shaikh, B.T. (2007). Women's empowerment and health: the role of institutions of power in Pakistan. *EMHJ - Eastern Mediterranean Health Journal, 13 (6), 1459-1465,* https://apps.who.int/iris/handle/10665/117397 (accessed 13 March 2022).



women and families most in need. Public-private partnerships are a possible model to consider mapping both rural and urban areas. Within a few years policy practitioners will be in a position to accurately view the progress, identify gaps and redirect resources where needed.

Child Health=Population Health

Pivotal to ensuring universal health coverage for children is the need to map every child for health indicators from birth to five years of age. Lady Health Workers have sufficient penetration in even the remotest areas and it is not difficult to record all births, allot the babies health IDs and link it to their mother's CNIC. On every health intervention, updates should be made within the database, maintaining a record of child weight/height, immunization and diseases incidences. The presence of such a database can also be used for impact analysis for various other initiatives and can help correct for the low levels of data collection currently hampering effective policy design.

Given Internet penetration and the use of mobile devices remains far from universal in the country, particularly in rural areas, telecommunication and IT companies can be encouraged to expand their presence in these regions through incentives in the health sector.

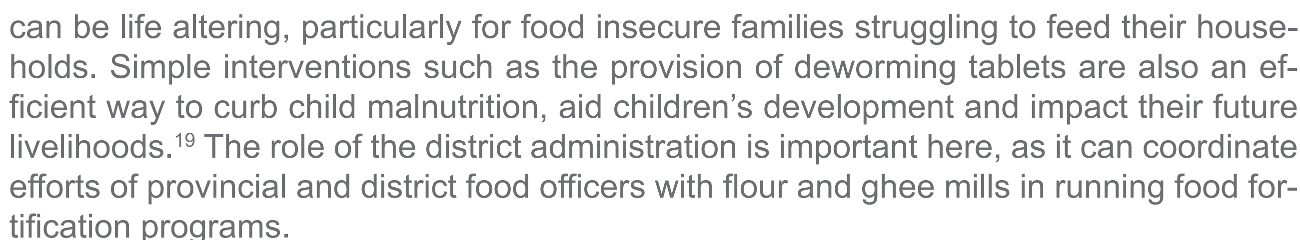
In terms of health programs, health personnel training emerges as a serious concern. From the prenatal phase up to age-five, mothers must be in contact with health professionals who can advise them on basic childcare knowledge.

Invest in the Trainings of Health Personnel to Curb Infant Mortality

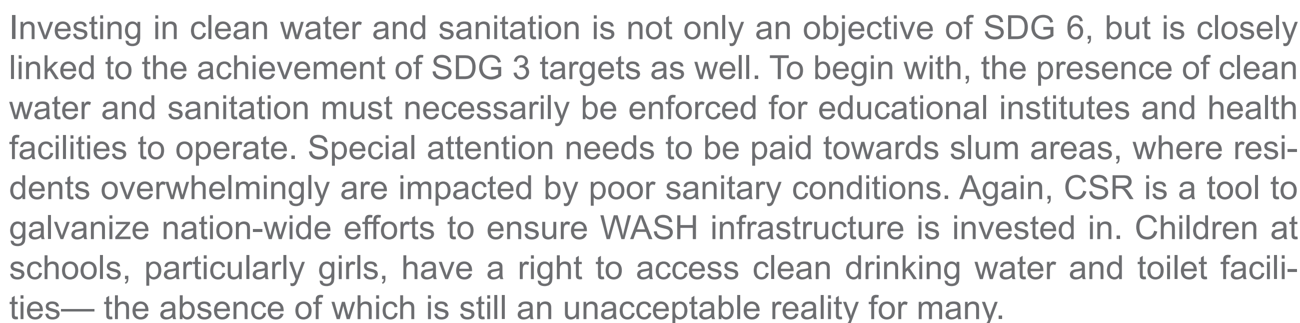
Studies indicate that low awareness and capacity issues impede the supply-side of child health. Medical personnel such as immunization officers are unable to satisfy parents on basic questions such as the need for vaccines, vaccine-reactions, or harmful cultural myths causing them to leave their children unvaccinated. Investing in health personnel training will be a fundamental stepping-stone in the fight against under-five mortality. Public health personnel must be required to receive technical training on a regular basis in addition to inter-personal skills designed to interact and engage with parents and communities in a productive manner. Creating a culture whereby service delivery is responsive to needs of the people will ensure the creation of public health human resources that are credible, reliable and trustworthy.

Population Nutrition

Nutritional programs that cover mother and children's basic nutritional needs will be a necessary investment to ensure population health. School meal programs are an effective way to ensure children are receiving at least one basic meal during the day—this



can be life altering, particularly for food insecure families struggling to feed their households. Simple interventions such as the provision of deworming tablets are also an efficient way to curb child malnutrition, aid children's development and impact their future livelihoods.[19] The role of the district administration is important here, as it can coordinate efforts of provincial and district food officers with flour and ghee mills in running food fortification programs.



Water Sanitation and Hygiene

Investing in clean water and sanitation is not only an objective of SDG 6, but is closely linked to the achievement of SDG 3 targets as well. To begin with, the presence of clean water and sanitation must necessarily be enforced for educational institutes and health facilities to operate. Special attention needs to be paid towards slum areas, where residents overwhelmingly are impacted by poor sanitary conditions. Again, CSR is a tool to galvanize nation-wide efforts to ensure WASH infrastructure is invested in. Children at schools, particularly girls, have a right to access clean drinking water and toilet facilities— the absence of which is still an unacceptable reality for many.

Behavioral and societal change is another major area to target under the WASH strategy. Working against practices such as open defecation, unhygienic living conditions, or safe disposal of solid waste require time and concerted efforts to build demand. However, this can be achieved through information and media campaigns, community engagement, public lectures and creative marketing techniques. In 2011, The Ministry of Environment introduced the Pakistan Approach To Total Sanitation (PATS)—an excellent policy framework promoting a cross-sector, multi-faceted approach to making WASH universal. From community and local government participation, to the role of the private sector, educational institutes the media and NGOs is outlined.[20] Enforcement of the policy framework in its true spirit has however been missing; the solution is political ownership and commitment without which WASH will remain elusive in the country.

Reducing Premature Deaths by Non-Communicable Disease

Communicable diseases continue to dominate the mortality rate in Pakistan, however we are witnessing a gradual increase in deaths due to causes such as heart disease, obesity, and cancers. While the situation is not alarming, it does imply a stark difference in lifestyle inequalities in the country. Promoting healthy lives and wellbeing demands that premature deaths by NCDs are minimized and this requires preparedness in the form of prevention. Building a culture of healthy lifestyles requires educating the population about safe eating practices, active routines, healthy work-life balance and emphasis on mental health. From monitoring the sale of fast-food items in schools and institutionaliz-

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[19] Asif, Muhammad. "Child Nutrition." *Dawn News.* September 8, 2021. https://www.dawn.com/news/1645168/child-nutrition (accessed 13 March 2022).

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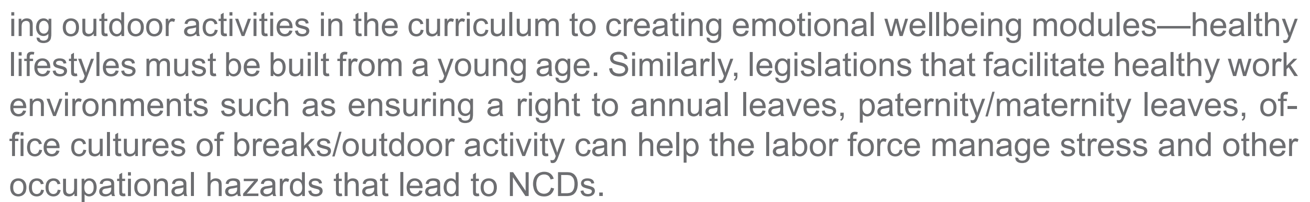

ing outdoor activities in the curriculum to creating emotional wellbeing modules—healthy lifestyles must be built from a young age. Similarly, legislations that facilitate healthy work environments such as ensuring a right to annual leaves, paternity/maternity leaves, office cultures of breaks/outdoor activity can help the labor force manage stress and other occupational hazards that lead to NCDs.

Conclusion

Sustainable Development Goal 3 'Good Health and Wellbeing' acts as a tool to design, monitor, and endorse Pakistan's objectives of ensuring universal health coverage. Ensuring good health and wellbeing requires innovative and creative forms of policy solutions that push the health sector beyond its current state of inertia, whereby tertiary care takes precedence over prevention and primary healthcare services. As argued throughout, *adaptive health governance* is a framework that can help Pakistan achieve sustainable health security for all by practicing cross-sectoral communication, relying on data collection, policy simulation techniques and by prioritizing preparedness. Evidence indicates that holistic health cannot be achieved when government departments work in silos, particularly when dealing with strategies that demand interaction between all relevant stakeholders. Therefore, to build resilience and adaptability, health interventions must be designed beyond the health sector.

The recommendations of this policy brief have highlighted the role of the environment and climate change departments, education institutions, urban planning offices including WASA, LDA, local governments and the transformative role of the media and community-based organizations. Only through an integrated policy-approach can we achieve sustainable development, leaving 'no one behind.'

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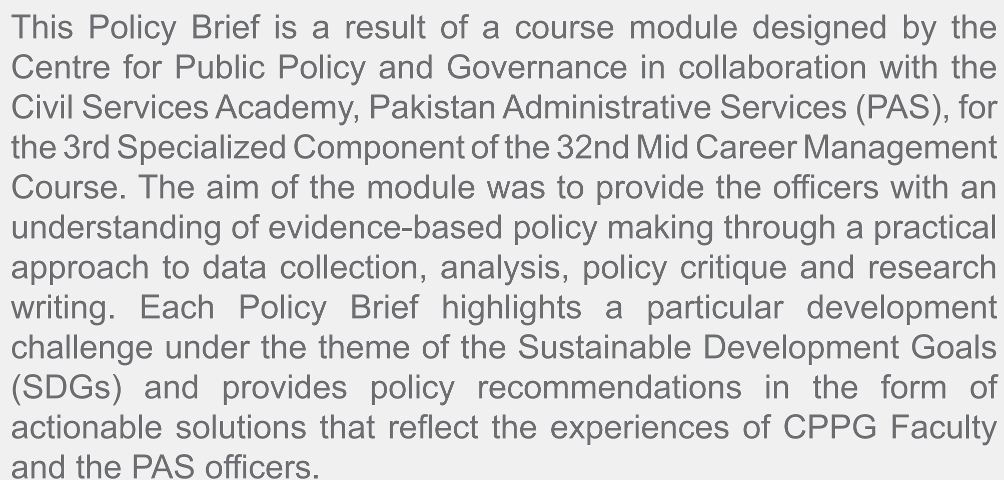

This Policy Brief is a result of a course module designed by the Centre for Public Policy and Governance in collaboration with the Civil Services Academy, Pakistan Administrative Services (PAS), for the 3rd Specialized Component of the 32nd Mid Career Management Course. The aim of the module was to provide the officers with an understanding of evidence-based policy making through a practical approach to data collection, analysis, policy critique and research writing. Each Policy Brief highlights a particular development challenge under the theme of the Sustainable Development Goals (SDGs) and provides policy recommendations in the form of actionable solutions that reflect the experiences of CPPG Faculty and the PAS officers.

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