ORIGINAL ARTICLE

Beyond SDG 3: Identifying the Barriers to Maternal and Child Health in Pakistan

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Abstract

Background: Maternal and child health (MCH) is a key indicator of national development, yet many LMICs, including Pakistan, remain far from achieving SDG 3 targets.

Objective: This study identifies barriers to achieving SDG 3 in Pakistan and argues for an integrated, cross-sectoral approach to MCH.

Methods: Published reports, national health data, and MCH program documents were analysed alongside qualitative interviews with policymakers, healthcare providers, and civil society members.

Results: An under-resourced health sector, fragmented service delivery, data inconsistencies, and structural inequalities were identified as key barriers, compounded by weak governance and inefficient resource allocation.

Conclusion: A paradigm shift is needed to reframe MCH from a vertical programme to an integrated, context-specific, cross-sectoral approach, with strengthened governance and community engagement.

Keywords: Maternal and child health, sustainable development goals, fragmented health system, Low-and middle-income countries, community engagement

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INTRODUCTION

The Sustainable Development Goals (SDGs) represent a collaborative development framework of human, sociocultural, and environmental objectives that influence political decision-making[1] and bind 195 United Nations member countries across the globe, comprising 17 goals with 169 targets and 231 indicators. The Sustainable Development Goals (SDGs) are considered a holistic framework, in which society aims for economic, social, & environmental goals [2] crucial in breaking intergenerational cycles of poverty, malnutrition, and inequality. It directly impacts development, economic productivity, & social justice in any country [3]. Regions like sub-Saharan Africa and Southern Asia, encompassing low- and middle-income countries (LMICs), bear the brunt of global challenges like malnutrition & food insecurity, which directly affect maternal & child health, with uneven SDG progress correlating with greater health risks, ecosystem damage, and social inequalities [3]. The first five years in every child's life constitute a critical period for development, as the trajectories for health and opportunities ahead in life are established during this period.

The first five years in every child's life constitute a critical period for development, as the trajectories for health and opportunities ahead in life are established during this period. Mothers play a foundational role during this period in providing nourishment and emotional support. The importance of parental care and a healthy environment contributes significantly to the physical and mental development and well-being of the child [4].

Maternal and child health are directly linked to human development, as life expectancy, nutrition, income, and education define the Human Development Index (HDI) for any country. Pakistan stands at 164 out of 193 countries in the HDI ranking in 2024, which underscores all these linkages, with poor maternal and child health outcomes perpetuating the intergenerational poverty cycle that is a hindrance to progress towards the SDGs Agenda 2030. Focusing on maternal and child health can lead to human development by improving the productivity of the workforce and reducing loss of work due to ill health.

Overview of Current SDGs 2030 Achievement Status in Selected South Asian Countries

In South Asian countries, economic growth is stalled due to many people suffering from malnutrition of some type, with 40% of infants having no access to nutritious food and clean water. Lack of access to basic needs in early childhood is associated with poor cognitive development, poor learning outcomes, early dropouts, poor human capital development, and low economic productivity later in life[5,6]. The national data from surveys conducted between 1991 and 2014 to study socioeconomic trends and inequalities in Bangladesh, India, Nepal, and Pakistan were analysed [7]. It was observed that chronic childhood malnutrition is closely linked with intergenerational poverty. Furthermore, despite the implementation of the same global nutrition intervention policies, the rate of decline every year varies from 0.6% in Pakistan to 1.3% in India, 2.9% in Bangladesh, and 4.1% in Nepal. This decline was observed across all countries in all wealth quintiles except Pakistan, where inequalities not only persisted but also widened among all wealth quintiles [8].

The current achievement status for selected indicators of SDG Agenda 2030 for Bangladesh and India was analysed with a comparison drawn between these neighbouring countries, as Pakistan shares similarities in socio-cultural, demographic, epidemiological, economic, political, and climate-related vulnerabilities with these countries, but remained at the bottom.

The Annual SDG Report for 2024 is based on the SDG Index for 167 countries with somewhat reliable data available for most of the SDG indicators, revealing that only 17% of SDG targets are on track, nearly half show minimal or moderate progress, and progress on more than one-third has stalled or regressed[9]. Within this global context, Pakistan stands at 140th place with insufficient progress towards the SDG

Agenda 2030, with an overall moderate score of 57.0, and is placed among the lower-performing nations, showing insignificant or stagnant trends in several targets and rated as facing major challenges.

Indicator	Bangladesh	India	Pakistan	SDGs Target
SDG Index Rank (/167)	114th	99th	140th	
SDG Score (0-100)	63.9	67	57	
Global Hunger Index Rank	85	102	106	
Global Hunger Score	19.2 (Moderate)	25.8 (Severe)	26 (Severe)	≤5
Child Stunting (under 5)	32%	32.9%	37.6%	≤20
Maternal Mortality Ratio (per 100,000 live births)	115	97	155	≤70
Under-5 Mortality Rate (per 1,000 live births)	28	28	57	≤25
Neonatal Mortality Rate (per 1,000 live births)	18	17	38	≤12

Table 1 Source: The SDG Report 2024, UNICEF, 2025

Maternal and child health is the most important indicator of a country's development on all fronts. Despite the global commitment to achieving SDG 3: Universal Health and Well-being, many low- and middle-income countries (LMICs) are far from achieving targets to reduce maternal and child mortality. Pakistan is ranked 106th out of 123 countries on the 2025 Global Hunger Index (GHI) country is facing serious hunger levels, driven by natural disasters, agricultural paradoxes, and inadequate policy implementation. SDG 2, focused on ending hunger and achieving food security, complements SDG 3, as malnutrition underlies 45% of child deaths worldwide. Despite global nutrition intervention strategies, the nutritional status of children is improving in many countries; in Pakistan, this pace is far slower than in the other South Asian countries [10].

Regions like sub-Saharan Africa and Southern Asia, encompassing LMICs such as Pakistan, bear the brunt, with over one-third of the population food-insecure. These issues are intertwined: poor nutrition from SDG 2 failures amplifies health risks under SDG 3, perpetuating intergenerational poverty. In many LMICs, SDG 3 targets remain unattainable, as if health systems can deliver on these goals in isolation, ignoring the lived realities of vulnerable communities. Poor governance, climate change, economic instability, and political uncertainty disrupt the very foundations upon which health systems are built. These indicators reflect on mother and child health, having multiple dimensions creating an impact on human development, touching on poverty, hunger, and education.

Achieving SDG 3 is linked to progress across multiple SDGs integrated with context-sensitive strategies across multiple sectors, community engagement, and varied governance levels, reflecting the complexity of health issues in LMICs. Despite global commitments to Sustainable Development Goal 3 in Pakistan, persistent structural inequities, fragmented service delivery, and under-resourced health systems have hindered the realization of SDG 3 targets. Persistently high stunting rates, high maternal mortality, and infant mortality rates in Pakistan have proven inadequate resource

allocation, a lack of community engagement, and policy coherence. This makes investment in mother and child nutrition crucial for the achievement of SDGs Agenda 2030.

Health is not confined to clinical outcomes or service delivery metrics. It is interlinked with other SDGs. With maternal and child health framed solely within SDG 3, the structural interdependencies that transform health outcomes are ignored. For the achievement of SDG 3, accessible primary healthcare is a basic prerequisite, promoting preventive care with the provision of curative, palliative, and rehabilitative services. It requires a collective approach addressing social and structural determinants of health. For instance, childhood malnutrition cannot be tackled through nutrition-specific interventions alone—it demands collaborative action across food systems, education, and community empowerment. Similarly, maternal mortality is not merely a health system failure but a reflection of gendered inequities, transport infrastructure, and economic crisis.

Pakistan's Commitment to SDG 3

It is embedded in the National Health Vision 2016-2025 & Pakistan Multi-sectoral Nutrition Strategy (2018-2025), which has been formulated to address all forms of malnutrition and to achieve SDGs by integrating policy development, advocacy, monitoring, evaluation, and financial tracking. It aims to bring a significant reduction in all types of malnutrition by targeting the marginalized and vulnerable population, i.e., to reduce childhood stunting by 40%, and anaemia by 30% in women of reproductive age, and to promote exclusive breastfeeding to at least 50%. According to Pakistan's Multisectoral Nutrition Strategy, 2018-2025, it has given a boost to productivity in the agriculture sector, promoting nutritional diversity, food security, improved hygiene and sanitation with the provision of safe water, and encouraging public-private partnerships to support these initiatives. It has also undertaken to improve coordination and involvement of various global development partners to enhance the nutrition outcomes.

It is every child's birthright to have optimal cognitive, psychological, and social behavioural development that continues throughout the life of an individual. However, the brain's development occurs in the early years of life and is mainly influenced by toxic stress, causing inflammation and suboptimal nutrition. The delay in brain development results in long-term consequences such as low education, less job potential, and poor mental health. The other contributing factors to malnutrition are food insecurity, poverty, and poor sanitation [11].

Every year, malnutrition affects the lives of around 50 million children under the age of 5, with long-term implications such as poor cognitive development in most of them. To improve health, first improve maternal nutrition was the concept of 'First 1000 days of Life' (from pregnancy to the child's second birthday) was

launched in 2015 by the UN as a Global Strategy for Women's, Children's and Adolescents' Health [12].

Investing in nutrition is a long step in the right direction, as improving maternal nutrition leads to human, societal, and potential economic gains. Every human body needs a good, nutritious diet, drinkable water, accessible health care, adequate sanitation, and basic education facilities [11]. But more so in the case of a woman who is a potential mother, who is to be provided with the support and knowledge on breastfeeding, not only as a source of nutrition for her child but also as a protection to boost immunity against many diseases [4].

According to the National Nutrition Survey 2018, due to malnutrition, every 4/10 children failed to attain their full development potential in Pakistan, leading to a 3% reduction in the Gross Domestic Product (14). Investing $1 to address malnutrition is estimated to yield around $18 in return—the median benefit-to-cost ratio in different studies conducted in low-and middle-income countries (LMICs). It has also been estimated that the benefit-to-cost ratio of global nutrition interventions in 15 countries is found to be that the benefits outweighed costs by as much as 42:1, based on the existing nutritional and economic situation [13].

Recognizing this fact, Pakistan optimized its commitment to achieve the SDGs Agenda 2030, particularly SDG3, by making investments in the health sector to give a boost to the economy. During the period 2015-2020, Pakistan showed significant improvement in controlling malaria infection, an increase in the proportion of births attended by skilled health personnel, and an increase in development assistance to basic healthcare and medical research, yet the performance on maternal and child health remained stagnant owing to the lack of implementation of the health strategies at the provincial level [15].

The question today is how to achieve these SDGs' targets, and whether we are moving in the right direction. Or is our progress towards SDG achievement off track, and how to bridge this gap between the indicators and the current achievement level that is increasing with every passing day? This study has been conducted to identify and explore the barriers in achieving SDG 3 Agenda 2030 in Pakistan, which is directly linked to mother and child health and interlinked with human development.

Methodology

This study forms a component of the first author's doctoral dissertation. This is a qualitative descriptive study employing thematic analysis [16]. The research design has integrated secondary data from publications from global development partners, national guidelines, and surveys. The primary data have been collected through in-depth interviews, developing a comprehensive understanding of the underlying issues, and triangulated to ensure unbiased views. The secondary data sources include research papers,

journal articles, national survey data, government reports, policy documents, and official documents from both local and international organizations. Qualitative insights were gathered from global development partners and practitioners through targeted semi-structured interviews conducted from June to November 2025.

Data Collection and Analysis

The secondary data sources included research articles, national survey data, policy documents from multiple global development partners, national surveys, and UN SDGs reports. Complementing these sources, the primary data were collected from the sample population selection based on the 'Criterion Sampling' [17], with the most relevant participants having at least 2 years of experience working in the same sector, to examine the implementation, monitoring, and evaluation of strategies that require specific characteristics for a comprehensive understanding of the issue at hand. The interview guide is well-formed based on the literature review and guidance from academia. It was flexible enough to allow respondents to fully express their views, thoughts, experiences, and challenges regarding the implementation of SDGs policies. The interview guide used included questions based on perceived barriers, health system fragmentation, and governance challenges that were already approved by the supervisor, as this research is conducted as part of a doctoral thesis, and further interviews are in process.

The semi-structured interviews of 20-30 minutes duration of the 11 key informants based on criterion sampling: healthcare providers (n=3), global development partners [2], local policymakers (n=2), community health workers (n=2), and NGOs (n=2) in urban Punjab were audio recorded with prior approval, which added depth to this research. Audio recordings were transcribed verbatim for analysis.

The detailed interviews conducted by the first author in person were transcribed, and familiarization with the data, followed by coding and identifying common themes and emerging patterns, was performed using NVivo 12.0. The challenges of thematic analysis, such as inherent subjectivity [18], were addressed through reflexivity, peer debriefing, involving colleagues to review the themes, and triangulation, which utilized multiple data sources. Findings are written up and represented under two main themes:

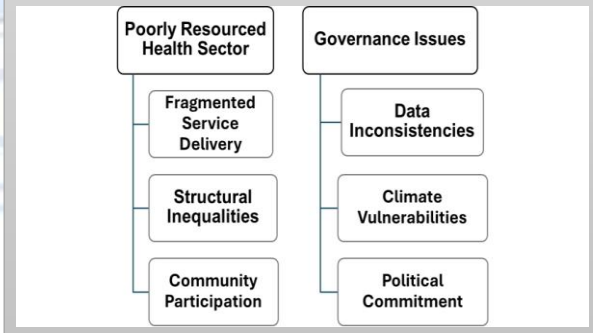

Figure 1: Thematic analysis with subthemes under the two main themes

Findings/Results

We initially identified multiple themes that emerged into three main themes: Integrated Multisectoral policies with subthemes poverty, nutrition, health, education, climate vulnerability, and community involvement, with subthemes as socio-cultural context-based policy interventions, awareness campaigns, and Data Transparency Issues with subthemes accessibility of information, clarity and comprehensibility, developing data monitoring systems, lack of credible data, and timeliness. Following discussion with the research team and consideration of the local policy context, the initial themes and subthemes were iteratively refined and combined into two overarching themes: Poorly Resourced Health Sector and Governance Issues.

Key Barriers Identified in the Achievement of SDG 3

With the thematic analysis, the following key barriers were identified as hindering Pakistan's progress towards achieving SDG 3 Agenda 2030.

I. Poorly Resourced Health System

Fragmented Service Delivery:

With <1% of GDP spent on the health sector, Pakistan suffers from chronic insufficiencies in the health sector, from poor infrastructure to shortages of skilled personnel [20]. Maternal mortality remains high due to inadequate prenatal and emergency obstetric care. Post-18th Constitutional Amendment, with the provincial health autonomy, has resulted in fragmentation, creating uneven health outcomes.

Structural Inequalities

Sociocultural norms prevent most females from stepping out of home for seeking health aid or even education. It has led to reduced awareness about health issues like contraceptive use, early marriages, the inability to recognize signs of malnutrition, and care-seeking in emergencies. With around 49% of the population living below the poverty line, the financial constraints affect every aspect of life, from food insecurity to high out-of-pocket expenses on health, aggravating further the financial status of the citizens, as most children staying out of school lowers their economic potential in adult life. Pakistan is a patriarchal society with women's health being undermined.

Community Participation

Pakistan has not learnt from its neighbouring countries, Bangladesh and India, about the importance of community mobilization and the role of the community health workers in improving the maternal and child health outcomes. These community workers are always underpaid, overworked, and undervalued. Their role is confined only to awareness-creating campaigns and not being involved in the effective implementation of the strategies.

II. Governance Issues

Data Inconsistencies

Data inconsistencies have significantly impacted the progress towards the SDGs Agenda 2030, as the true scale of maternal and child malnutrition, maternal and infant morbidity and mortality rates, and the extent of the impact of communicable diseases are obscured. It also undermines all aspects of governance, from planning to monitoring and performance evaluation of various indicators of multiple SDGs. These data inconsistencies are not only creating invisible and immeasurable inequities at the local front but are also a risk to our global credibility.

Climate Vulnerabilities

Climate vulnerabilities have worsened the lives of the already most vulnerable population group, i.e., mothers of reproductive age and young children in Pakistan. Floods and extensive rainfall displaced millions in rural areas of Pakistan, with severe heatwaves affecting those who are without shelter and almost no access to health facilities. This fragile health system is further overburdened by natural calamities, and the man-made environmental degradation has also led to food insecurity, disrupting the cultivation process. Air pollution has further worsened the situation for maternal and child health. These challenges are systemic health barriers amplifying risks for maternal and child health that have obstructed Pakistan's progress toward the achievement of the SDGs Agenda 2030.

Political Commitment

Pakistan is probably the only country in South Asia where a change in government shifts the health policies, e.g., the mother and child health policies. For example, nutrition remained under the Maternal, Neonatal and Child Health Centres from 2015 to June 30, 2025. It is now transferred to the Primary and Secondary Health Department. Most of the interventions are donor-dependent, and a shift in global policy halts their action in the absence of local funding. These fragmented priorities not only make policy implementation difficult but also weaken accountability.

On top of it, with political instability, there is no long-term planning for the health sector, and 'Health' is not considered a priority. Every new government resets its priorities, and poor coordination between the provincial and federal governments creates uncertainty among the citizens and the stakeholders, including the local and global development partners. It also weakens the continuity of different health policies, and the monitoring of the SDGs indicators is also inconsistent. In essence, the fragmented health sector in Pakistan dilutes all the efforts to improve maternal and child health outcomes, destabilizes governance, and undermines progress toward the achievement of SDGs Agenda 2030.

In many LMICs, SDG 3 targets remain unattainable, as if health systems can deliver on these goals in isolation, ignoring the lived realities of vulnerable communities. Poor governance, climate change, economic instability, and political uncertainty disrupt the very foundations upon which health systems are built. Achieving SDG 3 is linked to progress across multiple SDGs integrated with context-sensitive strategies across multiple sectors, community engagement, and varied governance levels, reflecting the complexity of health issues in LMICs. Despite global commitments to Sustainable Development Goal 3 in Pakistan, persistent structural inequities, fragmented service delivery, and under-resourced health systems have hindered the realization of SDG 3 targets. Persistently high stunting rates, high maternal mortality, and infant mortality rates in Pakistan have proven inadequate resource allocation, a lack of community engagement, and policy coherence.

Pakistan's experience reflects health patterns in South Asia that require adopting a collaborative framework to implement the Global Action Plan (SDG3 GAP), scaling through SDGs collaboration across their domains. Community participation, skill development, and capacity building can lead to addressing inequalities, as evidenced by the success of Bangladesh and India.

Discussion

It is a fact that a close association between the mother and the child's early life lays down the foundation of a healthy life ahead. The child's physical and mental health is based on exclusive breastfeeding for six months, which not only develops an emotional and psychological connection with the mother, but also provides immunological support as a protection against various diseases. The poor maternal health deprives the child of these benefits, creating an impact on the trajectory of the child's life with ill health and poor cognitive and physical development, early school dropout, and loss of economic productivity later in life and aggravating further when the external environment becomes unfriendly with the increasing poverty, hunger, inequities in various forms, and climate change.

Looking at the broader picture and considering the vulnerable population, the inability to achieve the SDGs reveals the potential to fail and reasons for not adhering to the path to achieving the SDGs under Agenda 2030. For it is not only Pakistan, the global achievement for most of the SDGs is also dismal, as revealed in 'The SDGs Report 2024' [9] .

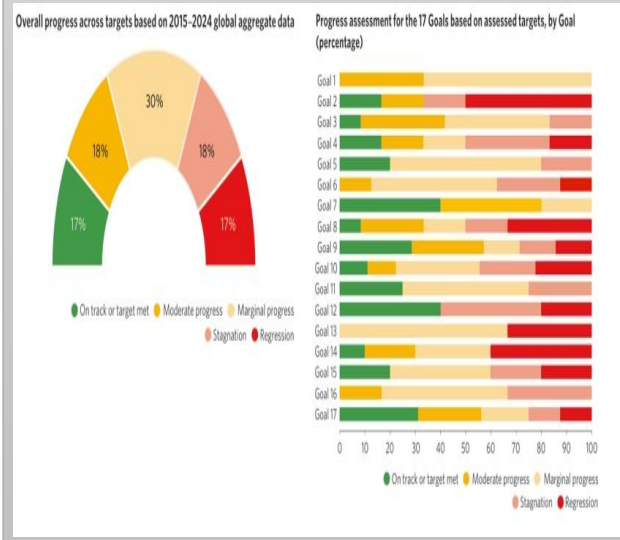

Figure 2. Source: The SDG Report 2025

As of 2025, global progress on the SDGs remains uneven, with only 35% of targets on track or showing moderate advancement, while nearly half exhibit minimal or no progress, and 18% are regressing below 2015 baselines [20]. This stagnation is exacerbated by ongoing conflicts, climate crises, geopolitical tensions, and economic disruptions, particularly in low- and middle-income countries (LMICs), where debt servicing burdens have escalated to $1.4 trillion annually, diverting resources from essential services. Among the 17 SDGs, SDG 3 (Good Health and Well-being) and SDG 2 (Zero Hunger) are pivotal for human development, as they directly influence maternal and child health outcomes through nutrition, disease prevention, and access to care.

Our findings align with the analysis of SDG outcomes by Philips [21], who examined global sustainability trends from 1990 to 2050. Philips identified three significant influencing factors: rising population growth leading to increased consumption of goods and services; intensified degradation and exploitation of environmental resources; and the acceleration of greenhouse gas emissions and carbon output. These factors each exert individual pressures on the environment, but their combined effects produce even more detrimental impacts on global ecosystems. Nevertheless, these critical factors were not adequately considered in either the formulation of the SDGs or the development of policies for their implementation. Consequently, national governments and global development partners must collaborate to design cooperative and coordinated actions, emphasizing transformative change for global ecological integrity. National governments should adopt robust population management and climate control measures in accordance with international guidelines, supported by global development partners. In the context of Pakistan, achieving desirable sustainable development outcomes requires engaging local communities to mitigate climate change, fostering socioeconomic development, and strengthening political commitment to fulfill the SDGs Agenda 2030, now extended to Agenda 2040.

Policy Recommendations for Pakistan

Increase Funding: Raise Health Budget from 0.9% of GDP (FY2025) to 3% by 2027; allocate 20% (from current ~5–10%) in selected programs and integrate SDGs. Boost Agriculture to 5% of the budget for climate-resilient crops, food fortification, and launch Nutrition-Health

Programs in all districts, merging LHWs with school feeding. Enforce a 50% Contraceptive Prevalence Rate (CPR) by 2025 to reduce unintended pregnancies. To address data inconsistencies & improve monitoring mechanisms, invest in digital SDG dashboards for real-time tracking, and conduct annual audits for the demographic health information system to resolve inconsistencies. Furthermore, by empowering Communities, training LHWs on gender and cultural barriers, we aim for 85% skilled birth attendance. Develop a public-private partnership to encourage investment in basic infrastructure by building roads, providing rural transport subsidies through civil society links, and strengthening capacity and accountability.

Limitations of the Study and Suggested Future Guidelines

This article is a component of the author's doctoral dissertation and is based on data collected during this research process. Separate section: No Funding has been received to conduct this study. The author also affirms that there are no personal, institutional, or financial conflicts of interest linked with this research. And at the time of submission, this article remains unpublished.

There are multiple stakeholders with diverse backgrounds, and some of the relevant stakeholders remained uncaptured due to unavailability, political sensitivity, and unwillingness to participate. Since the research is still ongoing, it may be overcome in later stages by expanding coverage to the relevant stakeholders. The findings are based on provisional analysis, which may improve at a later stage. The implementation of the SDGs is a dynamic process, and the interviews conducted to date reflect perceptions at that time, which may change with shifts in global or national policies.

It is a qualitative study that may have an inherent researcher bias that can be overcome by longitudinal studies, and a mixed-method approach where the qualitative insights are combined with quantitative data that may be able to address the challenges resulting from this dynamic process of SDGs implementation. Furthermore, the stakeholders' collaboration needs to understand that isolated health interventions fail without addressing other SDGs. Evaluate the impacts of integrated intervention and translate these findings to formulate the context-specific indigenous policies that could be implementable at the local level.

Conclusion

This paper examines barriers to maternal and child health in Pakistan, advocating for an integrated approach beyond SDG 3, drawing on international insights from LMICs.

Achieving maternal and child health requires a multifaceted approach, whereas SDG 3 has isolated health & limited it to a sectoral target, focusing only on health interventions. Pakistan must establish explicit policy targets & indicators to track and assess the progress, particularly

where it has been stagnant or in decline [15].

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