



Population and Family Planning in Pakistan

A Political Economy
Analysis



2019

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Disclaimer:

The views and opinions expressed in this report are those of the author(s) and do not necessarily reflect those of UNFPA.

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Executive Summary

A new Policy Decision with Profound Implications for Population and Family Planning in Pakistan

Through the ground breaking 2018 Supreme Court Human Rights case about the alarming rate of population growth in the country, Pakistan has experienced a major population policy development. This development followed the 2017 Population Census, which showed that the rate of population growth since the 1998 census was considerably higher than expected. Coupled with evidence that Pakistan, already water stressed, could face severe water shortages in the near future, this compelled Pakistan's Chief Justice to undertake this case.

Eight key recommendations on how to address the issue were accepted by Pakistan's Council of Common Interest (CCI), headed by the Prime Minister and comprising all chief ministers and four federal ministers, in November, 2018 and Federal and Provincial Task Forces were established to ensure implementation of the recommendations. The Federal Task Force agreed with the aim of reducing the population growth rate from 2.4 per cent per annum to 1.5 per cent per annum by 2024, and to 1.1 per cent per annum by 2030.

The CCI actions gave legitimacy at the highest level of government to addressing unfavourable population dynamics and the strengthening of the family planning program. The Prime Minister has become a champion for family planning - a significant development. The public launch of the initiative at a symposium on December 5, 2018, attended by the Prime Minister, the Chief Justice, Provincial Chief Ministers, health and population officials, religious leaders, and others gives further indication that the government is committed to the new population initiative. Effective implementation is now of the utmost importance; otherwise momentum could easily be lost.

Assessment of the Political Economy of Population and Family Planning in Pakistan

This report uses a political economy analysis (PEA) approach to help identify the incentives and constraints affecting the behaviour of the different individual and institutional actors involved in facilitating or inhibiting implementation of Pakistan's new population initiative. Effective implementation requires a move beyond technical issues to an analysis of the different players influencing policy and program implementation and the relations among them. Continued efforts will be needed to build a strong consensus, drawing many individuals, political parties, arms of government, the bureaucracy, private agencies, NGOs, and media commentators, together in common cause.

This PEA was conducted between October 2018 and February 2019, with inputs from stakeholder consultations and meetings that took place in late 2017 and throughout 2018 and review of relevant policy and program documents and media accounts.

Pakistan Trails Other Asian Countries in Human Development

The limited emphasis on human development issues by successive Pakistan governments, and only intermittent attention to issues of rapid population growth, has resulted in Pakistan trailing other major Asian countries in many key human development indicators. In 2010 -2015, Pakistan had a total fertility rate 69 per cent higher than the average of the following countries - Turkey, Iran, India, Indonesia and Bangladesh. Pakistan has not done very well in lowering infant mortality, educating its young people, especially girls, and providing family planning

information and services. All of these have been shown in numerous studies to be key determinants of declines in fertility in high fertility countries. The momentum of population growth remains high, and Pakistan is only in the early stage of benefiting from the demographic dividend that results from sustained declines in fertility.

Key Factors Affecting the Political Economy of Population and Family Planning

The political economy of population and family planning has been affected by a number of key factors which have been decades in the making and will take concerted effort to overcome. These include: limited attention to human and social development issues, and inadequate funding to address these issues, by successive Pakistan governments; the government's lack of urgency in addressing rapid population growth and need for family planning; confusion about the Islamic position on population limitation and family planning; inadequate institutional arrangements for implementing family planning, most notably the friction and dysfunctional working relationship between the Population Welfare Department (PWD) and the Department of Health, both of which are supposed to provide family planning; inadequate funding and cumbersome funding mechanisms for family planning; and a raft of socio-cultural norms, views and values that pose barriers to access to and use of family planning.

The 18th Constitutional Amendment in 2010 which abruptly devolved responsibility for family planning (among many other programs) to provinces resulted in some years' delay in the provinces' getting up to speed. Funding has continued to come mostly from federal sources, although provinces are supposed to be carrying more of the fiscal responsibility for family planning. Pakistan has been the beneficiary of donor funding for family planning for decades, although the support from donors has not always been consistent and has waxed and waned due to political considerations.

All of these factors have resulted in limited achievements in family planning, reflected in disappointing results from the 2016-17 Pakistan Demographic and Health Survey which showed no progress in raising the modern contraceptive prevalence rate from levels that have long been well below those of other major Asian countries.

Recommendations to Address Population and Family Planning

The eight recommendations accepted by Pakistan's CCI focus on establishing federal and provincial task forces for steering, providing oversight and taking critical decisions to reduce population growth, lower the fertility rate and increase contraceptive prevalence rate (CPR); ensuring universal access to family planning and reproductive health services through the public and private sectors and using innovative approaches; increasing finances for family planning; enacting needed legislation; undertaking advocacy and communication; developing curricula and expanding training in schools and for providers; ensuring contraceptive commodity security; and fostering the support of Ulema. The PEA report addresses challenges and opportunities associated with each recommendation and the sub-recommendations associated with them, and goes further in making a number of additional recommendations.

Addressing the eight recommendations of the Task Force, accepted by the CCI, is the heart of the PEA report, because these recommendations, if carried through successfully, would ensure that family planning would no longer be the "poor relation" of health services; that all those with an unmet need for family planning would have access to a suitable contraceptive method at the time it was needed; that population trends in Pakistan could be more effectively monitored by well-trained demographers working with adequate sources of data; and that a much wider cross-section of the Pakistani population would understand the need to achieve a

balance between population and resources. Paramount to success are sustained political will and adequate resources to implement the recommendations.

The six additional recommendations included in the report complement those of the Task Force. They are important in underlining the urgency of effective enforcement of agreed-on policies, and the real risk of loss of momentum if the key actors are not held clearly accountable for effective implementation. Between the discussion of factors affecting the successful implementation of the eight recommendations accepted by the CCI and the six additional recommendations, the issues facing population and family planning policy in Pakistan are comprehensively addressed.

Learning from Other Countries

In seeking effective strategies for maintaining the momentum of support among political leaders, planners and bureaucrats for population policy development and building a more effective family planning program, the potential of south-south collaboration should be tapped to the extent possible. Given the strong emphasis in Pakistan on Islamic approaches, the ideal source of south-south collaboration would be with other Islamic countries – those which have recognized the need to reach an effective balance between population and resources and have developed effective family planning programs. Possible countries to look to for collaboration include Iran, Bangladesh, Tunisia, Turkey, and Indonesia.

Need to Resist Maintaining the Status Quo

For much of Pakistan's history, population welfare has received only sporadic support amongst political leaders, opinion makers and the society in general. It will not be easy to take a new and forward-looking stance in dealing with decades-long issues of neglect of population policy and of human development issues, and in the case of family planning, the division of responsibilities between PWD and the Department of Health. The default position of doing things the way they have always been done must be eschewed. Stated frankly, the way they have always been done has not led to a dynamic population policy or an effective family planning program. The structural, programmatic and socio-economic issues hindering the development of more effective policies and programs will take time to tackle and overcome. Sustained efforts are needed to change attitudes and highlight the significance of population issues in reaching the nation's fundamental goals for the economy and society. Acceptance of the importance of the Task Force's recommendations by the bureaucracies at the federal and provincial levels, and within the population welfare and health departments, is essential if meaningful change is to be achieved and the potential for a response mired in complacency for the status quo is to be avoided.

Behind the façade of political will being exerted by politicians, and their priorities then implemented by the bureaucracy, lies the reality that frequently political will can arise from the bureaucracy, which however can stymie implementation of a policy agenda if they disagree with it or if it threatens their entrenched interests. There is a danger of path dependency, or sticking to current patterns of implementation. The synergies and conflicts arising in the complex relationships between politicians, bureaucrats and funders, and within the bureaucracy between different arms of government with sometimes competing and overlapping mandates, must be taken seriously in searching for ways to build a more effective reproductive health and family planning program. Means of ensuring accountability and the effective enforcement of newly agreed-on policies must be found.

Maintaining the Momentum

Having support from the Prime Minister and members of the Federal and Provincial Task Forces is a huge step in Pakistan and bodes well for addressing population issues and strengthening family planning. Indeed, one recommendation made to the CCI was to enact legislation making the right to promotive and primary health care for mother and child be mandatory, similar to the right to education given in Article 25-A of the Constitution. The need to ensure that family planning is offered voluntarily and by respecting people's rights was also stressed at the December 5, 2018 symposium. The Prime Minister ended the symposium by stressing that implementation will require wide ownership and broad commitment.

To ensure good cooperation in the bureaucracy, it is crucial that the Task Forces make it clear that they mean business. The speed of allocating the promised increased funding will also be crucial. Having additional champions – for example among those appointed to the Federal and Provincial Task Forces, and among other national and provincial leaders, is also needed to move this agenda forward. Ensuring that the Technical Support Unit, or alternatively, a National Population Development Commission, if established, has ready access to the Prime Minister would further strengthen the evidence that the Pakistan Government is very serious in its commitment to the development of a vibrant family planning program.

This Political Economy Analysis, which describes the situation as of early 2019, serves as a baseline for charting progress in meeting the charge of the Supreme Court of Pakistan to bring population and resources into balance.



Prime Minister Imran Khan speaking at the Symposium on Pakistan's Alarming Population Growth, with Supreme Court Justice Mr. Justice Mian Saqib Nisar and Aamer Mehmood Kiani, Minister of Health, Services, Regulation & Coordination. December 5, 2018

1. Context

Major Policy Decision on Population and Family Planning

Pakistan has experienced a major population policy development. Concerned with what is described as *the alarming population growth rate in the country*, the Chief Justice of the Supreme Court has taken up the subject as relating to Human Rights and under Article 184(3) of the Constitution. In September 2018 he constituted a high level taskforce (hereafter the Supreme Court Task Force, see Annex 1) to make recommendations on dealing with the issue. This development followed the publication of the results of the 2017 Population Census, which showed that the rate of population growth since the previous census in 1998 was considerably higher than expected. While it is not known what finally moved the Chief Justice to address population issues; it may be significant that he had recently been giving great attention to water issues, and much had been written by population advocates on population and environmental factors, including climate change (Ebrahim, 2018; Sathar, 2018a; Anwar, 2018; Sathar and Bongaarts, 2018). Direct and indirect advocacy that has been built over many years in Pakistan may have recently reached the Chief Justice.

The recommendations of the Supreme Court Task Force were presented on October 30, 2018 and the Chief Justice ordered the government to convene a meeting of the Council of Common Interests (CCI), headed by the Prime Minister and comprising all chief ministers and four federal ministers, within 10 days to formulate a policy to address the issue of rapid population growth in the country. The CCI meeting on November 19, 2018 resulted in some major decisions. They agreed to set up task forces, headed by the Prime Minister at the Federal level (hereafter the Federal Task Force, see Annex 1) and the respective chief ministers at the provincial level (hereafter the Provincial Task Force,

see Annex 1), to submit a comprehensive action plan to the CCI, “taking into account the future implementation strategy of the action plan, the financial aspects and other issues relating to garnering support of all segments of society for the success of a comprehensive population control program” (Raza, 2018). In the Action Plan submitted to the Supreme Court on January 11, 2019, the objective of reducing the population growth rate from 2.4 per cent per annum to 1.5 per cent per annum by 2024 and 1.1 per cent per annum by 2030 was included. This was to be achieved by raising the contraceptive prevalence rate to 50 per cent by 2025 and to 60 per cent by 2030, leading to a lowering of the total fertility rate to 2.8 by 2025 and 2.2 by 2030 (Federal and Provincial Task Forces, 2019).

Profound Implications of the Policy Decision

The implications of the CCI decision are profound. With one stroke, the CCI actions gave legitimacy at the highest level of government to addressing unfavourable population dynamics and the strengthening of the family planning program. Continued efforts will be needed, however, to build a strong consensus, drawing many individuals, political parties, arms of government, the bureaucracy, private agencies, NGOs, and media commentators, together in common cause. Political will and adequate resources, with strong accountability systems in place, will be paramount for success. Likewise, strong and sustained support from development partners will be important. Otherwise, momentum could easily be lost.

Effective Implementation of the New Population Initiative is Critical

Effective implementation now becomes a matter of great importance. This requires a move beyond technical issues to an analysis of the stakeholders – the different players influencing policy and program implementation and the relations among

them. It requires an assessment of the institutions involved and the interplay among laws, rules, and social, political and cultural norms that will influence implementation. Finally, it requires an assessment of the views and values of the

stakeholders regarding population and family planning, and ideas for successfully implementing the recommendations of the Supreme Court human rights case related to rapid population growth.



2. Methodology

A. Using a Political Economy Analysis Approach to Address the Problem

This report uses a political economy analysis (PEA) approach to help identify the incentives and constraints affecting the behaviour of the different individual and institutional actors involved in facilitating or inhibiting development of population policy and family planning policy and practice in Pakistan.

PEA encourages thinking not only about what to support, but also about how to provide support, taking political feasibility into account (DFID, 2009). Political economy analysis helps us to understand what drives political behaviour, how this shapes particular policies and programs, who are the main winners and losers, and hence what the implications are for development strategies and programs. It is concerned with understanding:

- The interests and incentives facing different groups in society (and particularly political elites), and how these generate particular policy outcomes that may encourage or hinder development.
- The role that formal institutions (e.g. rule of law, elections) and informal social, political and cultural norms play.
- The impact of values and ideas, including political ideologies, religion and cultural beliefs, on political behaviour and public policy (DFID, 2009).

A key concern is identifying obstacles and constraints, but PEA can also help identify opportunities of leveraging policy change and supporting reform - for example, supporting coalitions of actors with the potential to bring about change. In this way, sectoral interventions can be planned that are both technically sound and politically feasible.

This PEA was conducted between October 2018 and February 2019, with input from stakeholder consultations and meetings that took place in late 2017 and throughout 2018 and review of relevant policy and program documents and media accounts.

B. Review of Policy Documents, Peer-Review and Program and Study Reports, and Media Coverage Review

Relevant policy and program documents, published literature on Pakistan's political, economic, demographic and social context, and studies related to family planning were reviewed. Additionally, media reports were reviewed. Materials used are cited and included in the reference section of the report.

C. Input from Stakeholders

Findings from an Interest Group Analysis conducted by UNFPA in 2017 were also incorporated into the PEA (UNFPA, 2017), as were results from an initiative by the Population Council to develop a new population narrative and communications strategy (Population Council, 2018a, Population Council 2018b). Participants in those meetings included government officials, religious leaders, opinion leaders, communications experts, donors, NGOs and implementing partners, academics, and private sector actors. The first author participated in the Nineteenth Annual Population Research Conference of the Population Association of Pakistan in Peshawar on November 29-30, taking the opportunity to meet and discuss with many participants from government, academia, the donor community and the private sector. Two of the authors also attended and incorporated relevant material from the National Symposium on Alarming Population Growth in Pakistan: Call for Action on December 5, 2018 in Islamabad (Ministry of National Health Services, Regulations and Coordination and Law and

Justice Commission of Pakistan, 2018). Finally, key stakeholders were interviewed as follow up to the document review, earlier stakeholder meetings and the national symposium. These consultations and meetings are summarized in Annex 2.

The PEA report was reviewed by stakeholders in February 2019, and the comments incorporated into the final report. The list of participants in the stakeholder consultations is found in Annex 3.

D. Structure of the Report

The rest of the report will be divided into three main sections. Section 3 deals with the historical and political economy of Pakistan's approach to population and human development planning. Section 3 also assesses why Pakistan is an "outlier" among large developing countries in that many of its successive governments have

failed to give serious attention to the obstacles to socio-economic and human development posed by a very high fertility rate. Section 4 includes achievements in family planning and challenges to future progress. Section 5 focuses on the eight groups of recommendations in the Task Force report to the Supreme Court for its human rights case regarding Pakistan's rapid population growth, applying political economy analysis to identify obstacles to successful achievement of the objectives outlined in these sets of recommendations, and ways in which achievement of the objectives may be facilitated. Section 6 includes a number of additional recommendations, not directly flowing from the eight groups of recommendations in the Task Force report. Finally, the report concludes with considerations for maintaining the momentum on Pakistan's new population initiative.



3. Pakistan's Approach to Population and Human Development Planning: Historical Legacies Affecting the New Population Initiative

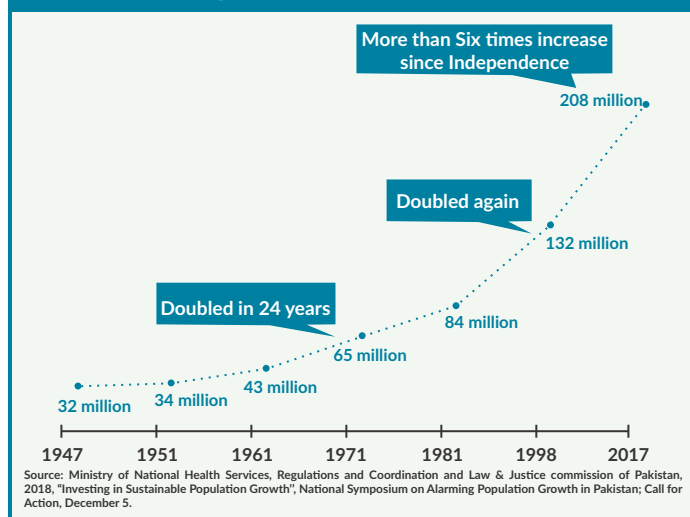
Pakistan's population has increased more than 6-fold since the formation of the country in 1947, and the increase has accelerated since 1980 (Figure 1). Unless fertility declines substantially from its current level, as planned by the CCI, the population could well reach 400 million by the end of the century. Political leaders are now convinced that growth to such a figure must be avoided. In her presentation on Pakistan's demographic path at the *National Symposium on Alarming Population Growth in Pakistan: Call to Action* on December 5, 2018, Dr. Zeba Sathar, Country Director of the Population Council, illustrated this point by quoting Alice in Wonderland.¹ She explained that just to maintain current (unacceptably low) levels of human development and wellbeing, the country would have to work doubly hard given population growth (Sathar, 2018b). Addressing population growth is crucial to accelerating the country's path to development.

A. Disappointing Performance in Social and Human Development

Achieving the aims of Pakistan's new population initiative will be a challenge, given Pakistan's disappointing performance in social and human development in recent decades. As summarized succinctly by the then-Minister for Planning, Development and Reform, Prof. Ahsan Iqbal, in his Prelude to the document *Pakistan 2025: One Nation - One Vision*, "in terms of

economic indicators, Pakistan is a middle income country but in social indicators it falls amongst the least developed countries" (Ministry of Planning, Development & Reform, 2014). Some statistical evidence to support his conclusion is provided in Table 2, Annex 4, which shows that Pakistan ranks 150 out of 189 countries on the 2015 Human Development Index, and falls well behind other major South Asian countries in education and child survival

Figure 1. Population Increase Since Independence- Spurt of Growth after 1980



Particular concern attaches to the low level of women's empowerment in Pakistan. Pakistan is ranked near the bottom of countries according to various gender equity indexes (Abbasi- Shavazi and Jones, 2018). Restrictions on female education, on women's mobility and women's employment opportunities are all barriers to greater agency of women, affecting among other things their independence in accessing needed family planning services.

B. Raising People Out of Poverty

On a more positive note, Pakistan appears to have made considerable progress in raising people out of poverty. The official

¹"My dear, here we must run as fast as we can, just to stay in place. And if you wish to go anywhere you must run twice as fast as that." Lewis Carroll, Alice in Wonderland.

headcount poverty rate had fallen to 29.5 per cent in 2013/14, though the measurement of poverty is a complex matter, and alternative estimates show an actual rise in the per cent of population living below the poverty line – from 33 per cent in 2001-2 to 38 per cent in 2015-16 (Jamal, 2017). Many people remain only slightly above the poverty line, vulnerable to falling into poverty. According to UNDP's multidimensional poverty index, which as well as income, takes into account aspects such as education, health and standard of living, the proportion of Pakistan's population in multidimensional poverty was 39 per cent in 2014/15, though this had declined from 55 per cent in 2004/5 (Ministry of Planning, Development & Reform, 2014).

C. The Government's Lack of Urgency on Population and Family Planning

The lack of urgency characterizing many aspects of the government's approach to the provision of family planning services in the past appears to be related to a more general lack of urgency in achieving human development objectives – lowering poverty, raising the levels of education, improving health, and lifting the status of women. A telling indication of the low priority accorded to human development by government is the very low proportions of government budgets allocated to health and education. The consolidated spending of federal and provincial governments on health and population welfare is about 0.9% of GDP, which is extremely low. And although the government of Pakistan sees public sector investment in health as a pro-poor endeavour, government spending on health care is heavily tilted towards specialized hospital care, which is disproportionately utilized by the rich. Family planning is a pro-poor investment (Cleland et al., 2006), but this has not been taken up by Pakistani health planners as a key reason for giving provision of family planning services a strong place in the health system. There has also been a lack of urgency in the objective of reaching an

appropriate balance between population and resources in Pakistan; with insufficient attention to the crucial implications of this for the future prosperity of the Pakistani people.

D. Limited Funding for Human Development

The limited allocation of budgets to health, education and other aspects of human development and poverty alleviation can also be related to the composition of parliaments in Pakistan. These are dominated by the elites, and their vested interest ensures that they pay little tax, have privileged access to public resources, services and bank credits, and minimal control by regulatory agencies. The burden of taxation in Pakistan is imposed on the poor through a raft of indirect taxes (Malik, 2018; Pasha, 2018). Government resources for social development programs, including family planning, are constrained by the resultant limitation of funds. The pernicious influence of corruption also cannot be ignored. Specifically addressing the family planning program, Dr Sania Nishtar, Chairperson of the Benazir Income Support Program, called out the “institutionalized rent seeking and corruption that has plagued the family planning program over the years”²



Poster in Islamabad for Family Planning for the Symposium on Pakistan's Alarming Population Group Next to a Poster on Fighting Corruption, A government priority, December 2018.

E. Pakistan and India: Comparative Population Sizes Affect Perceptions

Another factor related to the weak commitment to addressing population growth links back to the foundation of Pakistan as an independent nation. Pakistan, then consisting of two wings – present-day Pakistan and present-day Bangladesh, was formed to prevent the Muslim minority on the Indian sub-continent being subsumed in the new nation of India. This history means that Islam's role in Pakistan's national identity is particularly strong, perhaps even in comparison with other countries where Muslims also make up a very high proportion of the population. The breaking away of Bangladesh to form a separate independent nation in 1971 further coloured the present situation, leading as it did to a weakening of the economic and military strength of Pakistan vis-a-vis India, and an enhanced sense of demographic weakness (200 million population versus India's 1.3 billion). A state of near-war has been maintained because of the Kashmir dispute. As in many other cases where one country sees itself threatened by a more powerful neighbour, the notion that a growth in population is desirable to help redress the balance can be detected in some, although by no means all, comments on the 2017 Pakistan census, which showed a larger population than had been expected.

F. Questions about Religious Support for Population Limitation and Family Planning

There is another element in the caution shown by many Pakistani leaders and administrators in supporting the need to reduce rates of population growth and

promote family planning: confusion about what Islam teaches on these issues. Though many other Muslim-majority countries (for example, Indonesia, Iran, Turkey and Bangladesh) have engaged in long-term and serious efforts to reduce population growth rates, the effort in Pakistan has been less focused. There has been more ambivalence in Pakistan about the position of Islam on these matters, political leaders have tended to follow risk-averse policies where religion comes into the picture, and there is ambivalence among much of the population (including some of those providing health services in government programs) about Islam's position on the acceptability of deliberate family size limitation and practice of contraception.

G. Comparing Pakistan's Progress to other Countries

Annex 4 presents some evidence about demographic change and the development context in Pakistan, and shows that Pakistan fares poorly in comparisons of human development with other countries. There are many possible reasons, but the much higher birth rate and rate of population growth in recent years is part of the explanation. Pakistan has much higher fertility than other major South Asian and Muslim majority countries; its total fertility rate of 3.7 in 2010-2015 was 69 per cent higher than the average of the following countries – Turkey, Iran, India, Indonesia and Bangladesh (United Nations DESA/Population Division, 2017).³ While Pakistan's fertility rate has been lowered over time, the onset of decline was delayed, and the speed of decline was modest, leaving Pakistan's fertility rate currently much higher than in these other countries. Its rate of population growth therefore remains high and its changing age structure has been slower to yield a potential demographic dividend – the rising share of

² This was in her address to the National Symposium on Alarming Population Growth in Pakistan: Call for Action, on December 5, 2018.

³ According to the 2017-18 PDHS, Pakistan's TFR was 3.6 for the three-year period preceding the survey (NIPS and ICF, 2019)

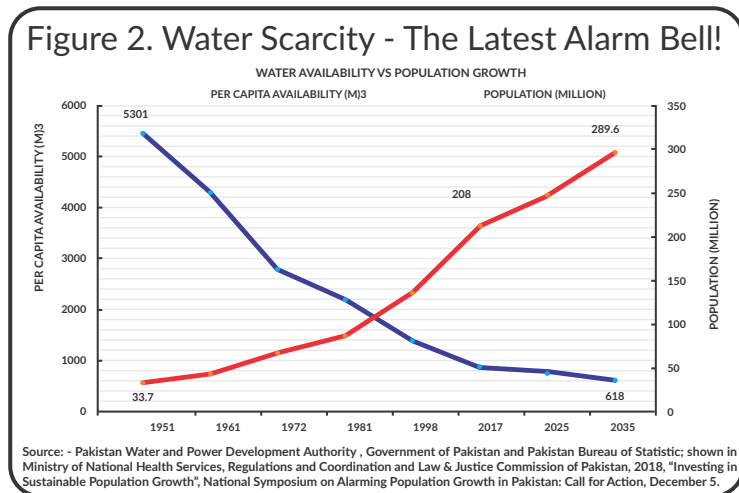
the working-age population. As shown in Table 2, Annex 4, Pakistan's dependency ratio in 2015 remained well above that of the other countries in the table.

This delay in lowering the fertility rate has had three unfortunate results. First, a higher population growth rate, requiring expansion of infrastructure and services to serve a larger population. Second, a higher growth rate of the school-aged population, making it harder to achieve educational goals. Third, a less favourable age structure for economic development, with a smaller share of the population in the working-age groups. To make matters worse, a low percentage of women in the workforce reinforces the disadvantage of the smaller share of population in the working-age groups.⁴

The fact that Pakistan has higher fertility than any other major Asia-Pacific country except Afghanistan, one of the highest rates of population growth in the Islamic world aside from sub-Saharan Africa, an unacceptably high infant mortality rate, and very poor rankings in indicators of human development and gender equality, invites analysis of why Pakistan's enormous potential for social and human development has not yet been realized. Focusing particularly on the determinants of fertility, we need to understand why Pakistan has not done very well in lowering infant mortality, educating its young people, especially girls, and providing family planning information and services. All of these have been shown in numerous studies to be key determinants of declines in fertility in high fertility countries.

H. Emerging Attention to population

The importance of addressing the country's population has recently become more widely acknowledged, particularly the declining availability of water per capita – which will become more acute with the country's growing population. This



situation should give greater momentum to efforts to lower population growth rates (Figure 2). The fact that meeting the unmet need for family planning would lead to the achievement of the country's goal for FP2020 of a 50 per cent contraceptive prevalence should be seen as a double benefit: it would meet the health and welfare needs of those families that feel the need to delay or prevent further pregnancies, and it would lower population growth rates to more sustainable levels, thus providing multiple benefits in achieving more rapid human and socio-economic development, and a more sustainable balance between population and resources.

⁴ In the entire Asia-Pacific region, Pakistan has the second highest rate of youth who are not in employment, education or training. The overall rate is 30%, but it is much higher [54%] for females than for males [7%]. See UN/ESCAP, 2018: 14.

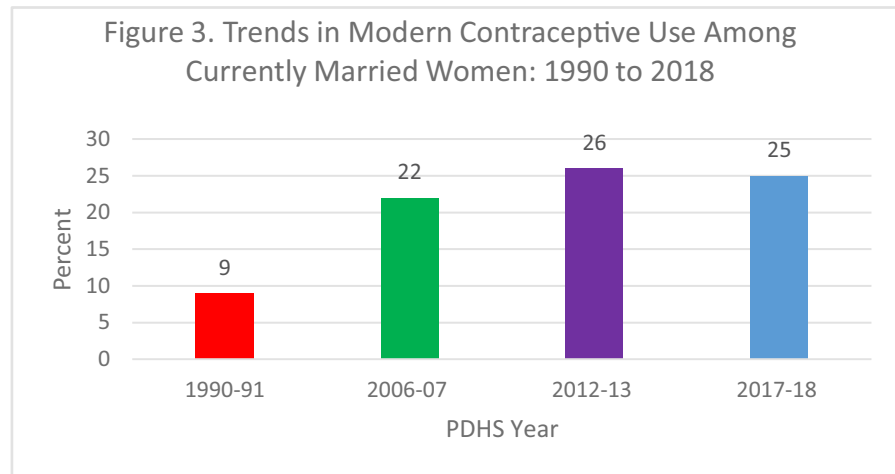
I. Limited Achievements in Family Planning

In the Pakistan context, the family planning program has been accorded considerable importance in some historical periods and active opposition in others (Rukanuddin and Hardee-Cleaveland, 1992; Khan, 1996; Robinson, 2007; Nishtar and Amjab, 2009; Khan et al., 2013). After a strong start in the 1960s, since the 1970s, the program has mostly operated in the context of a lack of urgency given by politicians and the bureaucracy to the need to lower population growth rates in the context of meeting couples' reproductive health needs and supporting their right to decide freely and responsibly the number and spacing of their children, as explained in the previous section (see Annex 5 for a description of the build-up of concern with population issues in Pakistan in recent years).

Since the inception of Pakistan's family planning program in the 1960s, contraceptive use has increased, albeit slowly, and with a hugely disappointing stall shown in the 2017-18 PDHS Key Indicators Report, with mCPR actually going down one percentage point to 25 per cent from 26 per cent in 2012-13 (Figure 3).

While there are some positive developments shown by the 2017-18 PDHS - continuing progress in reducing infant and child mortality, increasing the proportion of births attended by a skilled provider and occurring in a health facility, and increased levels of childhood vaccination - the PDHS shows only a very slight decline in TFR over the preceding five years. Furthermore, it is estimated that there are 2.2 million abortions annually in Pakistan - an indication of need for family planning that is not being met by the program (Sathar et al., 2012).

Stakeholders working on family planning in Pakistan had great hopes after the 2012 London Summit on Family Planning. The country made a pledge to increase mCPR to 50 per cent by 2020, an increase from 22 per cent in the 2006-07 PDHS (<http://familyplanning2020.org/pakistan>). Provincial pledges followed the Summit, with plans to strengthen provincial implementation of family planning (Government of Pakistan, UNFPA and Population Council 2015). Beginning with Sindh, the provinces have developed ambitious Costed Implementation Plans (CIPs) to guide implementation, primarily in the public sector (Government of Sindh, 2015). Now there are questions about why the provinces, after the enthusiasm generated by the 2012 London FP Summit and Pakistan's 2015 National Population Summit, have seemingly made no progress in raising contraceptive prevalence. It is quite clear that the goals adopted for FP 2020 will not be met.



Overcoming this sense of failure will be critical for the program that needs refreshed energy to move it forward. There are high hopes that the Supreme Court's human rights case and associated recommendations, and the newly formed Federal and Provincial Task Forces will provide the spark needed to accelerate progress.

4. Family Planning in Pakistan: Institutional Arrangements, Interplay among Stakeholders, Social-cultural Norms, and Community and Religious Views

As the country embarks on implementation of the Supreme Court Task Force recommendations, it is instructive to consider key challenges that have faced family planning in Pakistan. The myriad policy, program and socio-cultural challenges have been well documented over the years, including recently by Population Council (2016) and Jones (2016). Here we highlight four key critical challenges with political economy implications in the current environment in the country, namely, 1) the inconsistent political support for family planning over the years, 2) inadequate institutional arrangements to ensure access to contraception, 3) cumbersome funding mechanisms, and 4) insufficient attention to socio-cultural barriers, including inequitable gender norms, that inhibit progress in family planning.

A. Key Institutions and their Governance

i. Effect of 18th Constitutional Amendment: Devolution to Provinces in 2010, on Public Sector Institutions, in Particular Those Providing Family Planning Services

In recent times, dynamic improvements in human development in Pakistan have been hindered by the devolution of power, a fundamental political change brought about by a Constitutional Amendment passed by the National Assembly in 2010, which resulted in the abolition of 43 departments and 18 ministries in 2011/12, and transferred to the provinces, while a new resource distribution formula shifted

greater funding to the provinces. Devolution, described as a political move by the party then in power, was brought in very quickly, though a longer lead time was needed to sort out the issues involved in complex areas such as education and health services. One stakeholder has noted that when Devolution was enacted, the political will to guide and support education, health and population welfare did not emerge. Another concern is that the 2010 amendment really stops at the province level, and did not lead to real empowerment at the local government level.

While technically the provinces have always been responsible for implementation of family planning, devolution had direct effects on the provision of family planning services. The federal Ministries of Health and Population Welfare, which had ineffectual collaboration, were abolished, and a federal Ministry of National Health Services, Regulations and Coordination was established to play a supporting role to the provinces. Following the abrupt devolution in 2010 without prior planning or arrangements for funding, it has taken some years for the 2010 devolution to gain strength in terms of provinces taking full responsibility for family planning. While it is true that funding arrangements for family planning did not change much, with Federal funding continuing to provide the lion's share, one family planning stakeholder estimated that it was not until 2015 that provinces were ready to take on family planning. Another stakeholder noted that it would have been useful to have had a strong institutional mechanism at the Federal level to oversee/facilitate/monitor the provincial level implementation and data collection/analysis/evaluation.

ii. Inadequate Institutional Arrangements for Implementing Family Planning

Clear organizational roles and responsibilities are crucial for implementation of policies and programs

(HIPs, 2013; Hardee et al., 2012). In Pakistan, family planning service provision is hampered by “a daunting gap in service coverage in most parts of the country, including a semi-functional public health sector which is not fully responsible for family planning in its service package, along with sub-optimal provision of family planning in the private sector” (Population

Yet, PWD is woefully ill-equipped to reach all areas in Pakistan. One estimate suggests that “when LHWs, which belong to the DoH are added in the mix, PWD facilities represent only 4% of the service delivery points” (Population Council, 2016: 42). Other public sector service channels include the People’s Primary Healthcare Initiative (PPHI) in Sindh, KP and



Council, 2016).

At the provincial level, the Department of Health (DoH) and the Population Welfare Department (PWD) administer public health facilities. The DoH also heads the Lady Health Worker (LHW) Program. Both the PWD and the DoH are mandated to provide all family planning services, although provision of family planning through DoH facilities, which vastly outnumber PWD facilities, is suboptimal. DoH refusal to fully implement its mandate to provide family planning goes back to the origins of the family planning program in Pakistan in which population welfare was given priority status over other aspects of health and was implemented by bypassing the health infrastructure (Robinson, 2007).

Balochistan, and the Punjab Rural Support Program (PRSP) in Punjab. Both are federally funded, but provincially managed programs.

Services provided through military health facilities, and those of the Pakistan Water and Power Development Authority (WAPDA) and Pakistan Railways are not generally included in assessments of family planning; it is generally assumed that their services are better quality than health facilities run by the Ministry of Health, but the extent to which they provide family planning is not known, though their FP services are believed to be limited in scale.

The Lady Health Worker (LHW) program, introduced in 1994 as a new approach to

integrate population welfare within the broader framework of healthcare, particularly reproductive and antenatal care, is credited for raising contraceptive prevalence in the 1990s. The LHW program was designed to overcome barriers that inhibited women's access to family planning methods. Studies have shown that areas served by LHW have seen increases in contraceptive use that are higher than areas not served by LHW (Oxford Policy Management, 2002, 2009; Hafeez et al., 2011).

Unfortunately, the LHW program has not been adequately supported. LHWs cover between 50 and 70 per cent of areas in Pakistan's provinces, they suffer from insufficient training and lack of contraceptive supplies, and they have been loaded down with many other tasks, with the result that family planning has ceased to be a priority (Population Council, 2016). Furthermore, since devolution, questions about what services LHWs are authorized to provide have arisen in some provinces (e.g. provision of the first dose of the injectable or at all) and they have faced issues with payment of their salaries. Such treatment of a critical provider of services is inconsistent with achieving universal access to family planning.

The private sector, which comprises hospitals, clinics, NGO facilities, dispensaries and pharmacies, is an important but underutilized channel for family planning services. A study of family planning provision in rural and urban areas in Peshawar, Karachi, Sukkur, Lahore, and Faisalabad districts, showed that private pharmacies, followed by shops, were the major source of contraceptives in urban areas, while in rural areas, LHWs were the main source of contraceptive products, followed by shops and public hospitals (Population Council 2016). Expanding provision of family planning throughout the private sector and increasing the types of contraceptive methods they provide is much needed.

A major weakness of government population and family planning programs in Pakistan has been the control of these programs by the Bureaucracy without needed inputs from technical experts. The Bureaucracy is not well trained to manage technical family planning programs which have been driven by funds made available by the Finance Ministry and not by plans for effective delivery of the services. Interpretation of policies and implementation of programs by inexperienced bureaucrats, some of whom were personally opposed to these programs, was not a recipe for success.

Another source of dysfunction, which is not unique to family planning programming in Pakistan, is the frequent turnover of leadership. Ministry and program leadership has an average tenure of six months, according to some stakeholders. Continuity of family planning strategies is difficult under these conditions.

B. Political Constituency of Family Planning

i. Inconsistent Political Will for Family Planning

Pakistan's family planning program has lacked a vital ingredient to the success achieved in many other countries – political commitment. Countries that have made the most progress, including recent dramatically rapid progress in family planning in countries such as Rwanda and Ethiopia, have benefited from political will from the highest levels of government (Bongaarts and Hardee, 2017). Galvanizing commitment is considered an international high impact practice for family planning (HIPs, 2015)

In the 1960s, Pakistan under General Ayub Khan was among the first countries in the world to acknowledge and begin to address population issues (Khan, 1996). Yet, over the decades, Pakistan has only periodically benefited from such high-level political commitment. When Pakistan's leaders

have supported family planning, contraceptive prevalence has grown. After the opposition of General Zia during his rule between 1977-1988, referred to as the “lost years” (Sathar and Miller, 2013), family planning flourished under Benazir Bhutto, prime minister between 1993-1996, with a 137 per cent increase in contraceptive prevalence from 12 per cent to 28 per cent.

The current government of Imran Khan has expressed commitment to addressing Pakistan’s rapid population growth, as recommended by the Chief Justice through his human rights case. It remains to be seen whether this initial political commitment will be maintained.

ii. A Necessary Ingredient: Status and Dynamism of Key Actors

The development literature gives many examples of the importance of the personality and dynamism of key actors, who enable success to be achieved where, without them, little would have happened. The practical implications for planning are unclear, however. Certainly, choosing the right persons for key positions is crucial, but knowing in advance who those “right persons” might be is often impossible, and even if known, the political and other obstacles to getting them appointed may be insurmountable.

In examining the relative success of Sindh among Pakistan’s provinces in developing an effective family planning program since about 2014, the factor of dynamism of key actors can be seen to have played an important – but certainly not an exclusive – role. Sindh led the way among Pakistan’s provinces in preparing a Costed Implementation Plan (CIP) on family planning. Sindh’s plan was completed in December 2015, and has served to guide the development of family planning in the province since then. Sindh also has a

FP2020 task force.⁵ By contrast, Punjab’s CIP was only completed in December 2017, and KPs even later.

The dynamic actors in the case of Sindh included Shahnaz Wazir Ali, the Provincial Coordinator for Oversight and Coordination Cell for Public Health Programs, and Dr. Azra Fazal Pechuho, a member of the National Assembly and Chair of the Oversight and Coordination Cell for Public Health Programs, Sindh. Working closely together, they brought the secretaries of four key departments – education, health, family welfare and finance – to meet every two months.

The key issue of division of tasks between the DoH and PWD has also gone better in Sindh, partly because of the role of the 2020 task force, and the innovation of having one Minister in charge of both the Health and Population Welfare Departments. In the Sindh CIP document, the then-Secretary of Health noted that the Health Sector Strategy of Sindh emphasizes the need for integrating family planning services into maternal and child health services, and that the “Department of Health fully commits itself to re-focus the role of Lady Health Workers toward family planning”.

The reasons for Sindh’s greater success than other provinces to date appears to stem from:

- Having a champion at the top to promote the program
- A clear road map (provided by the CIP)
- Having a task force and management committee to supervise activities, meeting regularly
- Engagement of all relevant stakeholders, in other Departments, through involvement in management committee. This facilitates budgets, procurement

⁵ All of the provinces participate in the FP2020 Country Engagement Working Group (CEWG), which meets regularly to share progress.

- Regular reporting and feedback
- Allowing Lady Health Visitors (LHV) to be trained for, and to insert, implants

Although Sindh showed minimal progress in increasing its mCPR from the 2012-13 DHS to the 2017-18 DHS (from 29.5% to 30.9%), it did manage a 4% rise in rural areas and an estimated 350,000 additional women were using contraceptives in 2017 than 2012. Sindh is arguably in a better position to make progress in family planning than Punjab.

iii. Insufficient Funding and Cumbersome Funding Mechanisms

The low priority given by successive Pakistan governments to lowering mortality and improving health is indicated by the fact that over the past decade, the average expenditure of public funds (federal and provincial) on health amounted to only 0.58 per cent of GDP (calculated from Finance Division, Government of Pakistan, 2018,

Table 11. 1). The figure did increase over the past three years, reaching 0.91 per cent of GDP in 2016-17. However, this remains very low by world standards; one careful study has concluded that an appropriate target for government spending on health is at least 5 per cent of GDP (McIntyre, Meheus and Røttingen, 2017), and the World Health Organization noted that "...it is difficult to get close to universal health coverage at less than 4-5% of GDP (Jowewtt et al, 2016). Limited budgets mean limited funds to pay salaries, and hence lower than ideal ratios of health workers to population. In 2010, there were 12 doctors, nurses and midwives per 10,000 population, well short of the figure of 23 stated by the WHO as the minimum necessary to deliver essential maternal and child health services (WHO 2010). The balance between doctors, nurses and midwives was also skewed, with less than one nurse or midwife per doctor (Express Tribune, 2018).

Pakistan has been passing through fairly tight fiscal conditions since 2008, when it had to suddenly enter a program from the International Monetary Fund in the aftermath of global financial crisis and



commodity price shock. Fiscal adjustment was acute and fell disproportionately on development spending, a usual outcome under such circumstances. This situation has had serious repercussions for social sectors. Under the 18th Constitutional Amendment in 2010 almost all social sectors were devolved to the provinces. A Finance Award was announced from the National Finance Commission prior to devolution, which transferred a much larger share of the divisible pool of resources to the provinces. That the Finance Award is based in part on population size of the provinces has a pernicious effect on motivation of provinces to address rapid population growth.

Even though expenditures for poverty reduction, particularly health and education, increased post-devolution, expenditure on population welfare from the federal government to the provinces under a special funding arrangement remained

stagnant, declining slightly from 0.05% of GDP in 2009-10 to 0.04% of GDP in 2016-17 (see Table 2). This shows that population planning has not grown as a priority for the government.

Table 3 shows the planned Public Sector Development Program (PSDP) funding to the Population Welfare Program in each province for 2013-14 to 2017-18,⁶ which remained roughly the same over the years. With such poor allocations, and lack of any meaningful increase over time, the Population Welfare Program is a residual expenditure and not one of the priority sectors whose expenditures are protected under all economic circumstances.

	2009-10	2016-17*
Share in National Finance Commission (NFC) award Divisible Pool (%)	46.5	57.5
Poverty Reduction Strategy Paper (PRSP) Expenditures (Rs. Trillion)	1.1	3.3
PRSP Expenditures/GDP	7.6	9.5
Federal Share in PRSP Exp. (%)	43.6	33
Health Expenditures in PRSP (% of GDP)*	0.630	.758
Population Welfare in PRSP (% of GDP)*	0.047	0.042

Note: For Calculation of PRSP spending on Health and Population Welfare as a % of GDP, a four-year average from 2012-13-2016-17 was used.

Source: Ministry of Finance PRSP Budget tables (available at http://www.finance.gov.pk/prsp_report.html) and Pakistan Economic Survey http://www.finance.gov.pk/survey_1415.html and http://www.finance.gov.pk/survey_1718.html) and computations by the authors

⁶ It should be noted that funding for Population Welfare is not the only funding going towards family planning since, for example, the Health Department also funds some services and the LHW program. The Population Council is currently undertaking an analysis to provide a more complete picture of expenditures on family planning (Razzaq, 2018).

Table 3: PSDP Allocations during the Plan Period 2013 -2017 (Rs. in Million unless otherwise indicated)

Province /Area	2013-14	2014-15	2015-16	2016-17	2017-18
Punjab	3633.6	3633.6	3633.6	3583.6	3583.6
Sindh	2082.4	2,082.4	2,082.4	2,057.4	2057.4
Khyber Pakhtunkhwa	1283.4	1,283.4	1,283.4	1,268.4	1268.4
Baluchistan	805.7	805.7	805.7	795.7	795.7
AJ&K	223.4	223.4	223.4	273.4	273.4
Gilgit Baltistan	118.7	118.7	118.7	118.7	118.7
FATA	78.8	78.8	78.8	78.8	78.8
Total Allocation	8,226.1	8,226.1	8,226.1	8,176.1	8,176.1
GDP (Rs. Billion)	25,168.8	27,493.1	29,597.9	31,862.2	34,396.0
% of GDP	0.0327	0.0299	0.0278	0.0257	0.0238

Source: Planning Commission, forthcoming National Five-Year Plan.

The fact that the population program is funded through the annual plan relegates it to project related financing. Though periodically renewed, there is no guarantee of continuity for the technical and administrative jobs created under the project beyond the life of the project. This is a flexible instrument in the sense that the employees are incentivized to work hard to preserve their jobs. Permanent employment could breed complacency and thus undermine the efficiency of the program. On the other hand, permanent employment could also give leaders, managers and staff a sense of security and a desire to stay with the program.

Flow of funds in the government program is complex; delayed and insufficient releases constrict the family planning program in a cycle of low performance, supply shortages and stockouts.

C. Socio-cultural Institutions

i. Substantial Remaining Socio-cultural Norms, Views, Values and Relationships that Pose Barriers to Access to and Use of Family Planning

While views are evolving, particularly in urban areas and among educated Pakistanis, the country continues to face social-cultural barriers to family planning, most notably gender barriers that limit women's ability to choose to use family planning and to access it. The low status of women accorded by society, especially in rural areas where education is very weak is a challenge.⁷ The needs of women with respect to their ability to raise a healthy family are not taken seriously. Mother's health in pre- and post-natal states, neonatal health, and spacing of births are some of the vital considerations which at present are missing, in part due to gender norms that insist on women bearing a male child. This belief can lead to poor maternal health and also to gender-based violence.

Men have also not been adequately engaged in family planning over the years, despite withdrawal and condoms continuing to be two of the three main methods used. A 2007 study found that men's lack of ability to discuss family planning with their wives and their fear that contraceptive use would make their wives sterile were driving factors in promoting use of withdrawal (Agha, 2010). In its landscape analysis of family planning, the Population Council (2016) also found that fear of side effects and myths and misconceptions about modern methods of

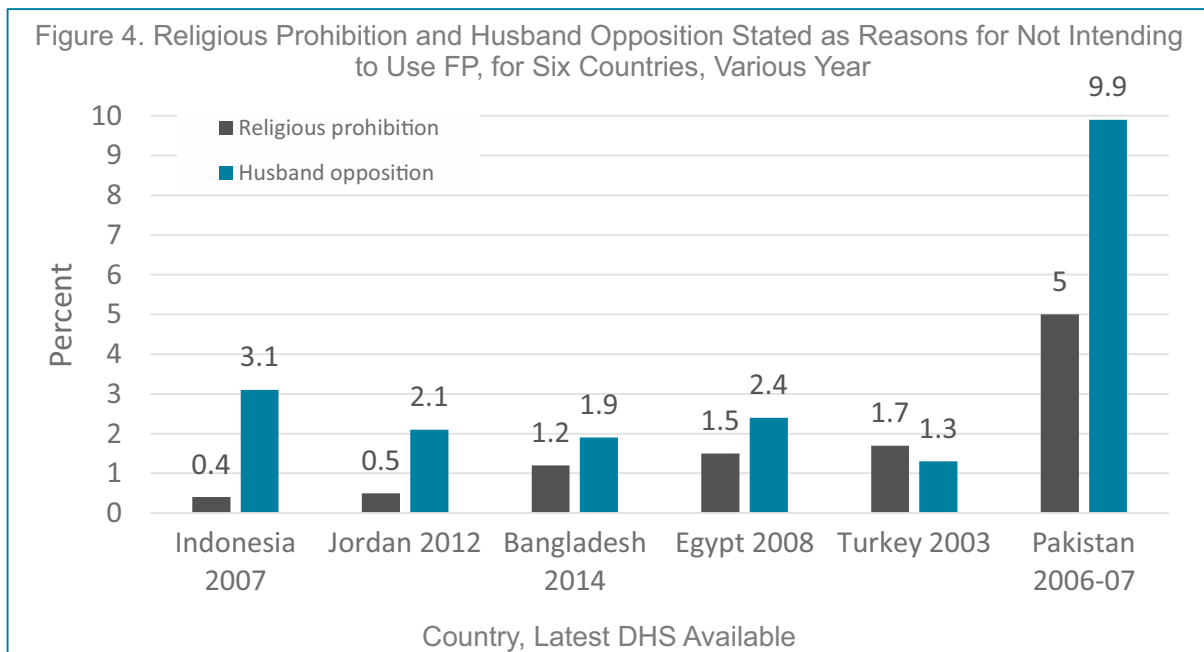
⁷ Low levels of education are not necessarily an insurmountable barrier to contraceptive use, when information and voluntary services are provided through strong family planning programs (Bongaarts and Hardee, 2018).

contraception, particularly long acting methods, propel many Pakistani couples to use withdrawal. Furthermore, the ease of buying condoms and of practicing withdrawal are also factors in their use. Given the low efficacy of these methods, use of them may be contributing to unintended pregnancy and resort to abortion. The Population Welfare Program has not done an adequate job dispelling myths and misconceptions about contraceptive methods.

Children in Pakistan still tend to be treated as economic assets. Large families are thus considered economically more viable as there are many members who begin to contribute to family's resources from an

Persistent questions about the acceptability of family planning in Islam also hamper the program. Religious teachings are often thought to be in conflict with any notion of family planning. People hold conservative attitudes toward sexual practices and there is widespread inhibition on discussions of family and intimate partner relations. Such an environment, which does not favour inter-spousal discussion, promotes large families and a high TFR.

As shown in Figure 4, nearly 10 per cent of women in 2006-07 DHS, the latest year data are available, who said they did not intend to use family planning reported that their reason was that their husband was



early age. Furthermore, multiple children are considered a hedge against mortality loss. Low literacy also contributes to this state of affairs. Traditionally, there has hardly been any concept of schooling for children as many are put to work from the age of 7-8 years. The child labor laws are applicable but their implementation is weak and parents consider this as an unfair bar on their choices and economic opportunities.

ii. Questions about Religious Support for Family Planning

opposed - compared to between one and three percent in the other five predominantly Muslim countries—Bangladesh, Indonesia, Egypt, Jordan and Turkey. Five per cent of the women in the 2006-07 PDHS who said they did not intend to use family planning gave religious opposition as the reason. The percentage of women in Pakistan giving this response is twice the percentage in the other five countries. Still, religious prohibition is not a predominant reason in Pakistan for women to say they do not intend to use family planning.

iii. Promising Changes in the View of Youth

Reaching youth, who are future users of family planning, will be crucial for achieving Pakistan's new population initiative. Worldwide, young people have more positive views than older populations about addressing population dynamics. They are not affected by hype around the 1960s "Population Bomb" scare [Ehrlich, 1968] and thus readily consider it important to link population dynamics with issues such as environmental degradation and climate change. While reaching unmarried youth with family planning is perennially sensitive around the world, including in Pakistan, a recent study that elicited the views of youth on population and family planning found that Pakistani youth have generally positive views on family planning (Population Council, 2016). Two quotes from the study illustrate this. An out-of-school girl in rural Sukkur said,

"How would one not follow spacing? It is essential for good health...To be a happy family, it is necessary to have less children and to space them."

An in-school boy in Karachi city had a similar impression of family planning. He said,

"I will be fearless in using family planning methods because this will mean my family is healthy, the children are educated and fed."

Given that youth tend to be strong supporters of Prime Minister Imran Khan, the new population initiative should include messages to youth and services as appropriate.

iv. Advocacy

Advocacy, or demand creation in the form of behavior change communication, is the missing element in provision of family planning services. In recent decades, there has been no government advocacy program for birth spacing, or for promoting the benefits of limitation of numbers of births, as could be witnessed in many other Asian countries when their fertility rates were high. This is clearly linked to the ambivalent position of family planning in the provision of public health services, and the lack of any government entity with a clear mandate to engage in advocacy for family planning. While there have been some efforts by NGOs, these have been limited in scope and reach.

D. Legal structures

i. Existing FP Legislation

Policies have not hindered family planning in Pakistan – lack of implementation has been the issue. When family planning was initially implemented in Pakistan in the 1960s, it was included in the country's development plans. The country promulgated its first population policy in 2002 (Population Council, 2016). The 2002 policy, which reflected the Program of Action of the 1994 International Conference on Population and Development (ICPD), addressed population and development issues broadly, including family planning. Yet, the policy was housed in Population Welfare and was viewed as primarily about family planning. A new policy was drafted in 2009, but Devolution took place before it was promulgated.

Since Devolution in 2010, the provinces have each worked on developing population policies or strategies in addition to developing FP CIPs (Government of Balochistan, 2015; Government of KP,

2015; Government of Punjab, 2017; Government of Sindh, 2015). These policies focus on increasing contraceptive use, promoting birth spacing and reducing fertility. The CIPs have been developed to reach provincial CPR goals for FP2020. In line with the country's *Vision 2025*, the Ministry of Health, Services, Regulation and Coordination is developing a Pakistan Population Vision 1918-2035. The document is framed as a vision rather than a policy since policy is the purview of provinces now.

All of these recent policy documents are based on demographic and family planning data prior to the 2017 population census and 2017-18 PDHS, which had not been completed when they were developed. In light of the 2017-18 PDHS findings and national target of 50% mCPR by 2025, provinces should revisit their respective CIPs and review prioritized key investments critical to accelerating Family planning progress and meeting global commitments.

ii. Need for New Legislation on Family Planning

The Task Force to the Supreme Court included legislation among its recommendations, including the need for legislation to mandate provision of family planning in health care facilities in the public and private sectors, to eliminate early child marriage, to make pre-marital counseling on family planning mandatory, and to make primary health care a right. These are discussed in Section 5.

E. Donors and Implementing Partners

Pakistan has been the beneficiary of donor funding for family planning for decades, although the support from donors has not always been consistent and has waxed and waned due to political considerations. Donor support has funded both programming (training, services and information/behavior change communication) and research (e.g. DHS and

programmatic research) In its 2016 landscape analysis of family planning, the Population Council reported that donor support amounted to around US \$45 million per year between 2009 and 2019 (with investments known in 2016 when the landscape was carried out). USAID was by far the largest donor during that period. DFID is currently the largest donor through the Delivering Accelerated Family Planning in Pakistan (DAFPAK) Program and global Women's Integrated Sexual Health (WISH) program.

Donor funding augmented public sector funding by 17 per cent. With Devolution, donors have worked more directly with Pakistan's provinces. DFID's program, which is supporting public and private sector services, behavior change communication and strengthening the enabling environment is active in all four provinces. DFID have not yet awarded all components of the DAFPAK Program; doing so will provide a stimulus to the family planning program. USAID's funding has focused on Sindh, and plans to expand its portfolio to work in other provinces and support family planning through strategic integration of programs to strengthen primary health care services along the Afghanistan/Pakistan border. Australia's Department of Foreign Affairs and Trade (DFAT) humanitarian assistance to Afghan refugees and K-P and Balochistan has a strong emphasis on sexual and reproductive health, including family planning. The World Bank has also supported family planning; encouraging it to do so now will be important. Pakistan could be in the running to become a country supported by the Global Financing Facility (GFF); if that happens, programming funded through the GFF could be useful for leveraging other grant or loan funding for family planning.

A number of implementing partners have been active in family planning, notably Marie Stopes Society, the Family Planning Association of Pakistan (Rahnuma), Bill and Melinda Gates Foundation (BMGF),

Pathfinder International, Jhpiego, Johns Hopkins Center for Communications Programs (JHU CCP), JSI, and the Population Council, among others. The status of some of these international NGOs is in question in Pakistan.

A number of local organizations are also active, including Green Star Social Marketing, HANDS, Aman Healthcare (Sukh), DKT, Aahung, Population Association of Pakistan, National Institute for Population Studies (NIPS), and Pakistan Institute for Development Economics (PIDE), among others.

Mapping of organizations involved in family planning will be useful for monitoring implementation of the CCI recommendations on family planning.

Excellent mapping was done by the Population Council in its landscape analysis (Population Council 2016) and UNFPA is supporting further mapping in the provinces.



5. Recommendations from the Task Force to the Supreme Court for its human rights case regarding Pakistan's rapid population growth rate: Implementation considerations

The Task Force for the human rights case (No. 17599) related to high population growth in the country included eight major recommendations (with sub-recommendations) in its submission to the Chief Justice. These recommendations were approved by the CCI and an action plan to implement the recommendations was submitted to the Supreme Court Justice on January 14, 2019. The recommendations are discussed here following the order of recommendations in the Supreme Court Task Force report, presented in full in Annex 6. The emphasis is on identifying issues that need to be addressed if the recommendations are to be successfully implemented.

Recommendation 1. Establish National & Provincial Task Forces for steering, providing oversight and taking critical decisions to reduce population growth, lower fertility rate and increase contraceptive prevalence rate (CPR)

The Federal and Provincial Task Forces provided for in this recommendation have already been appointed and the Sindh Task Force met the first week of February. They are mandated to consider the recommendations made by the Supreme Court Task Force and have submitted a comprehensive action plan to the CCI, taking into account the future implementation strategy of the action plan, the financial aspects and other issues relating to garnering support of all segments of society for the success of a comprehensive population control program. It is essential that they operate effectively in directing, overseeing and staying focused on addressing population growth and putting in

place a program that is adequately funded and responds to the needs of women and couples in order to increase contraceptive use and lower fertility.

There is clearly potential for these task forces to move the whole issue of population policy in Pakistan forward. But will the task force model be enough? The federal task force is scheduled to meet twice a year, and the provincial task forces, quarterly. The experience with task forces of this kind in other countries has tended to be that there is a trade-off between appointing senior figures who will give impetus to the implementation of decisions or recommendations of the task force, but may seldom be available to attend meetings; and appointing mid-level figures who can wield less authority but are more likely to be available when called on. The situation to be avoided is one in which a task force with an impressive membership rarely meets, and meetings are poorly attended.

At this early stage, when the support of the Prime Minister and Chief Ministers of the provinces is clear for all to see, momentum needs to be built up in moving ahead with population policy and building up the family planning/reproductive health program. UNFPA is supporting a Technical Support Unit (TSU) to support the Federal Task Force. But while this is a positive move, such a TSU is unlikely to be enough, particularly since it is housed in the Ministry of Health, which has less clout than the Prime Minister's office, which was also under consideration. Another option proposed is placement of the TSU in the Ministry of Inter Provincial Coordination responsible for coordination between the Federal Government and the Provinces in the economic, cultural and administrative fields.

Concerned that the TSU will not have sufficient clout, some stakeholders have made a case for the establishment of a National Population Development

Commission (alternatively named a National Coordinating Secretariat), similar to BKKBN (National Family Planning Coordination Board) in Indonesia in its heyday, to support the day to day implementation, oversight, monitoring and evaluation of the population and FP/RH program. Others have raised concerns about duplication of such a Secretariat with the TSU and the added bureaucracy if a Secretariat is established.

Whether a TSU placed within the Ministry of Health or the Ministry of Inter Provincial Coordination is the structure adopted, or alternatively a National Coordinating Secretariat is established, what is critical is that the entity have ready access to the Prime Minister.

The Secretariat, if established, would be launched by and report directly to the Prime Minister. It would have the responsibility of coordinating and facilitating the work of the national and provincial taskforces, and the implementing structures/Ministries/Departments. Its responsibilities would include carrying out periodic reviews of the population situation, needs assessments of population FP/RH services in the different provinces, monitoring and evaluation of the implementation of the FP/RH program at the provincial, district and local level, mobilization of external resources (for example, technical staff/secondments/consultants provided by donors), data gathering and other activities as needed and instructed by the National/Provincial Taskforces. The Secretariat should be staffed by professionals and technical experts, both national and international (to bring global best practices). The expertise of NIPS could be folded into this Secretariat. Foreign experts are being used in other key planning areas in Pakistan, such as economic policy and finance, so their representation in the Secretariat would not be out of line.

Strong accountability mechanisms will be key to ensuring successful implementation. The Secretariat would set up a citizen accountability mechanism, through which citizens can hold the government accountable with support and coordination from civil society. KP has positive experience with such citizen accountability mechanisms for health.

The Secretariat should be headed by a prestigious and active individual, who at a level below the Prime Minister could champion the new population initiative and help ensure that it moves forward effectively.

One of the greatest challenges to the Secretariat would be to minimize conflicts over its role as a federal entity in the era of devolution of authority to the provinces. This would need to be planned for effectively from the beginning, by ensuring that the work of the Secretariat would be clearly oriented to assisting the provinces in their task of dealing effectively with population and family planning needs at the provincial level.

If a Secretariat is not formed, the TSU model should be subject to a robust independent evaluation after one year of operation to determine whether it is sufficiently strong to support the federal task force and coordinate with the provincial mechanisms to ensure implementation of the CCI recommendations.

As can be seen in Annex 6, the third sub-recommendation of the Supreme Court Task Force - the monitoring of progress through a robust data collection system and assessments of results - provides a real challenge, given that at present, there are no national-level monitoring systems in place for regular (e.g. annual) estimates of population growth rates, fertility level and contraceptive prevalence rate at either national or provincial level. Therefore, such systems will need to be carefully designed and set up in order to meet this



Secretariat would play a key role here. Advocacy by groups in a position to benefit from such data, or in a position to appreciate the importance of such data for development planning – for example, the Population Welfare Departments, the Pakistan Population Association, and NGOs concerned with providing health and family planning services – is needed in order to ensure that the importance of data issues is well understood and acted on.

Recommendation 2. Ensure Universal Access to FP/RH Services

To ensure universal access to family planning and reproductive health, the Supreme Court Task Force made five sub-recommendations. The first recommendation relates to mandating all public facilities to deliver family planning as part of their essential service package. Implementing this recommendation, which is critical for expanding access to family planning across the country, will require the Department of Health in each province to make the decision and take concrete steps to do so – and that they have sufficient resources, including trained human resources and commodities and related equipment and supplies. This recommendation has been included in virtually all assessments of family planning challenges without being taken up. While Health and Population Welfare share common target groups, intervention paradigms and core services, Hussain (2009) noted that “the rivalry between the two ministries and their counterpart departments in the provinces has led to greater problems than solutions in the approach to service delivery.” The lack of effective collaboration and at times, even animosity, between Health and Population Welfare dates back to the beginning of the family planning program when the topic was given priority status and thus bypassed the existing health bureaucracy (Nishtar et al. 2009, Robinson, 2007). Nishtar and Amjad (2009), noted the complexities in the relationship between Health and Population.

A key ongoing issue has been competing resources and mandates of the DoH and of PWD; the Health Departments of the provinces have not shouldered the responsibility of providing family planning services, although they have more health outlets than the Population Welfare Departments. If the current government is serious about its commitment to addressing population issues, implementing this recommendation is critical. Understanding and addressing the institutional, turf, and administrative barriers that have impeded expanding family planning services through health facilities will be important (Ahmed, 2013). The Departments of Health in Khyber Pakhtunkhwa and Punjab have taken action on the Task Forces recommendation and issued notifications mandating that family planning services be provided as part of the Essential Services Package at all Public Health Facilities (KP Health Department, 2019; Punjab Primary & Secondary Healthcare Department, 2019)

While the merger of Health and Population Welfare has often been discussed, most recently in Punjab in the Spring of 2018, as Nistar et al. (2009) noted “merger of two under-performing institutional hierarchies, which face difficulties in delivering individual targets, against the background of reluctance on part of functionaries and possible turf wars if merger is pursued without caution, is likely to have limitations.” Discussions over the past year have focused less on the physical merger of Health and Population, but rather emphasized family planning as a key component of the essential primary care package that should be available at all health outlets.

The health and population sectors have service outlets and field functionaries performing similar tasks and providing services to the same clientele. Health has more than 12,000 service delivery outlets (hospitals, Rural Health Centres (RHCs), Basic Health Units (BHUs) Maternal and Child Health Centres (MCHCs) and

dispensaries) in addition to over 100,000 LHWs delivering primary health care and family planning services whereas Population Welfare has just over 3,200 outlets comprising Reproductive Health Services A-Centres (RHS-As), Family Welfare Centres (FWCs) and Mobile Service Units (MSUs). Punjab when considering the merger of Health and PWD proposed a mapping of service delivery points and relocating FWCs located within 1 km of a BHU so as to maximize coverage of services (Saheba, 2018).

Currently the Ministry of Population Welfare and the Ministry of Health and their departments submit standalone Planning Commission-1 (PC-1) proposals for funding. In order to synergize activities, the feasibility of joint PC-1s should be explored. Punjab and Sindh have shown a keen interest in Postpartum Family Planning (PPFP) and have developed PPFP policies to expand access to Immediate Postpartum Family Planning— offering contraceptive counseling and services as part of facility-based childbirth care prior to discharge from the health facility—as well as services in the extended 1-year period post-partum—offering family planning information and services proactively to women during routine child immunization contacts.

Pakistan should continue to seek globally available evidence on modern methods of contraception, and to incorporate those methods into programming, as relevant. Some provinces in Pakistan are already working to expand access to implants, the sub-cutaneous injectable (e.g. Sayana® Press), along with expanding programming in postpartum settings. Emergency contraception (EC) is available, but knowledge of the method is limited and needs to be expanded in Pakistan. Global resources on EC are available at <https://bit.ly/2MD2DJQ>. Given the reliance of Pakistani couples on withdrawal, the country should consider expanding access to effective fertility awareness methods such as the Standard Days Method (SDM)

and the Two-Day Method. With a change in method mix to incorporate these methods and expand their use, the public sector share of contraceptive provision is likely to increase, making it all the more important to strengthen public sector provision of family planning. One issue facing Pakistan as it works to expand method mix is the global shortage of the implant Implanon NXT. Given the limited use of implants in Pakistan currently, the shortage may not have a significant effect on contraceptive access and use, though it undercuts recent initiatives in task sharing such as training mid-level providers (Lady Health Visitors and Community Nurse Midwives to insert/remove implants

The second sub-recommendation is for all registered private sector practitioners and hospitals to provide family planning counselling, information, services and referrals. The importance of incorporating the private sector to expand access to family planning is clearly documented in Pakistan, where one study found that only 41 percent of private providers and 69 percent of pharmacies in urban areas and 29 percent of private providers and 53 percent of pharmacies in rural areas are providing family planning services (Population Council, 2016). Pharmacies mostly provide only condoms. Expanding access through the private sector will require an understanding by the CCI and Provincial Task Forces, donors and implementers of how the private sector operates, their willingness to provide family planning and their needs (e.g. training, commodities) for doing so. It will be important to ensure that the private sector participate in providing information through the M&E system to the government so that their services can be included in provincial and national statistics. It will also be important that provincial plans include the private sector in addition to the public sector, which tends to be the overwhelming focus of such plans (e.g. CIPs). Strategies to include the private sector can tend to focus on pilot projects; it is encouraging that the Supreme Court Task

Force recommendation goes well beyond that.

The third sub-recommendation is for Lady Health Workers to provide FP, ante-natal and post-natal counselling, and contraception services on a priority basis. LHW have been the cornerstone of progress in family planning and their full contribution with renewed focus on family planning is critical. As noted earlier, in Sindh's CIP, the Secretary of Health promised full commitment to re-focusing the role of LHWs toward family planning. This commitment is needed in all provinces, with a clear policy directive from the national and provincial Task Forces. The number of LHWs needs to be increased and they need (re-)training, support and commodities. One recommendation for financing (see below) includes funding to strengthen the LHW program. Funding, however, is not the only constraint. Lack of social support and mobility constraints act as a barrier to recruiting LHWs where they are most needed, with the result that LHWs do not cover 100 per cent of the BHUs (Douthwaite and Ward, 2005; Mumtaz et al., 2003).

Also, re-prioritization will not be easy. It is not clear how the LHWs' load can be lightened since programs such as polio will not want their work dropped. Polio rates have been reduced in Pakistan, so this should free up some time for LHWs. But LHWs also provide other services, many of which help increase their acceptability in the community. Other mechanisms for delivery of such services will need to be found if LHWs are to focus more on delivery of family planning services. An assessment of how much LHWs can reasonably do is needed if this recommendation is to be viable. Likewise, advocacy with provinces to support LHWs and policy change to allow them to provide injectables, including the first dose, will be important. Time use studies can help show what and how many tasks LHWs are able to perform (and whether they have any time available for FP counselling and services)

and operations research could help show that LHW can provide the first dose of the injectable.

This vital cadre has little political voice and thus scant ability to make demands for better working conditions, including the basic necessity of getting paid. Responsibility of funding LHWs became a contentious issue between the federal and provincial governments after the 18th Amendment, just as in the case of National Commission for Human Development (NCHD), which was responsible for literacy and primary health education. In March 2018 LHWs had to undertake a sit-in at a central road in Lahore for 15 days and were dispersed only after receiving assurance for early release of their salaries. Workers in hospitals have organized employee unions who are affiliated with different political parties and have gradually acquired significant political clout. LHWs should be accorded the same.

While revitalizing the LHW program to prioritize FP is critical, Pakistan should also review international experience with community-based programming and social mobilization to reach women and men at the village level with information, access to commodities and supplies, and using innovative behavior change communication tools. For example, the Rural Support Program Network (RSPN) could be involved in the design of a comprehensive social mobilization campaign (linked to Recommendation 5).

The fourth sub-recommendation is for the current cadre of Male Motivators to be made active and accountable for counselling men on family planning. Acting on this recommendation will promote male engagement in family planning in Pakistan, which is critical given men's role in decision-making on fertility and family planning, and given the persistent use of withdrawal and condoms. Global evidence and experience with male engagement in earlier projects in Pakistan will be

instructive (K4H, 2018; Kamran et al., 2015; Ashfaq and Sadiq, 2015).

The fifth sub-recommendation is for NGOs and Civil Society Organizations to work in close coordination with provincial DOHs & PWDs to extend FP/RH services to underserved and unserved areas. This recommendation is complicated by mistrust between the government and International NGOs, some of which are being asked to leave the country. Repairing the trust between these groups of stakeholders will be important. Assessment of the relative potential for NGOs and CSOs compared to the government working in underserved and unserved areas should be undertaken. It may not be feasible for all NGOs and CSOs to work in these areas. Special attention should also be given to advocating and encouraging the continued role of NGOs and CSOs with support from the Government of Pakistan and from the Prime Minister.

In meeting the fifth sub-recommendation, use of GIS maps to locate “geographic areas of unmet need” should be pursued. Such areas could then be targeted on a priority basis, through effective service provision including mobile services. In this way, a range of contraceptives, including more modern and long acting methods, could be offered, which are likely to better meet the needs of many users in these areas.

The final sub-recommendation for ensuring universal access to FP/RH services is for Federal and Provincial Governments to link population programs with Social Safety Net programs like Benazir Income Support Program and introduce conditional cash transfer (CCT) schemes or incentivized schemes for adoption of FP service and institutionalized birth delivery. This proposal has been under review for some time. BISP is ready to take it on and needs cooperation and training from provincial PWDs. Voucher programming and CCTs have shown great promise in Pakistan as in other countries (Bellows et al., 2016; Khan et al., 2016) and should be started/scaled

up in Pakistan as soon as possible. It will be important to ensure that any such schemes are implemented in ways that respect voluntarism and human rights (Eichler et al., 2018). Designing CCT or incentive schemes that support voluntarism and informed choice requires careful design, thorough planning and ongoing monitoring.

While youth are not explicitly included in this recommendation, their need for information, and services as appropriate, is clear and special attention should be given to this important group, who are either now or will soon be within reproductive age and in need of information and services.

Operations Research to identify and address barriers to expansion of services will be important. Monitoring budgets and spending to ensure that funding is going to needed programming (not just to salaries) will also be important.

Recommendation 3. Finances

This is the section with most sub-recommendations related to financing for the new population initiative. The first sub-recommendation (SR-1) is for the Federal Government to create a five-year non-lapsable Special Fund for reducing the population growth rate with annual allocation of Rs.10 bn. The idea for a special fund has been discussed since Pakistan pledged a goal at the 2012 London Summit on Family Planning. A concept note for its implementation was submitted to the Minister of Finance in 2017, although its current status is unclear. Whether there is support by the Prime Minister and the Minister of Finance for establishing this fund is also uncertain. The CCI recommendations note that the Fund shall be set up exclusively from federal resources without any cut from provincial funds. The recommendations specify that the fund will cover 50 per cent of the cost of contraceptive commodities; meet, for 5 years, 50 per cent cost of increase in LHWs for 100 per cent coverage for doorstep services in rural and peri-urban areas; and

support innovative approaches of Federal & Provincial Governments for reaching poor and marginalized population to reduce population growth and increase the contraceptive prevalence rate (CPR).

To put this recommendation in context, for the sake of estimating the magnitude of the new resource commitment under the recommendations adopted by CCI, we assume that the initial expenditure base is PKR16.4 billion and that the federal and provincial governments are sharing fifty percent of this budget.⁸ We take each recommendation and add up the financial impact.

Recommendation SR-1 would mean that federal government expenditure would increase by PKR10 billion, rising to PKR18.2 billion. This level would have to be maintained, assuming that there would be no increase on account of rising GDP and budgetary allocations.

The second sub-recommendation is for Federal & Provincial Population & Health budgets for FP/RH to be doubled and protected from reallocation to other programs and departments while ensuring timely releases. This would mean the combined budget would rise to PKR26.4 billion and sub-recommendation 1 would be adding to this higher base, implying a new envelope of PKR42.8 billion annually.

These recommendations are commendable; greatly increasing available funds for family planning. However, the question arises where the funds will come from given Pakistan's existing financial constraints. There are certain to be groups within government eager to divert some of these funds to other uses, if given any opportunity. Further questions include how the funds would be triggered and put into action for the specified purposes. It will also be important to link with donors about augmenting these funds, for example, to ensure training and support for the LHWs.

Table 4 explains the above calculations:

Table 4. Impact Analysis of Sub-Recommendations SR-1 and SR-2 (PKR In Billions)			
	Federal	Provincial	Total
Existing Spending (2017-18)*	8.2	8.2	16.4
Sub-recommendation on SR-1	10	-	
Availability after SR-1	18.2	8.2	26.4
Sub-recommendation on SR-2	16.4	16.4	
Availability after SR-2	26.4	16.4	42.8
Increase over 2016-17 (%)			260%

* Note: the figures in this table are based on PDSP funding, with an assumption that other spending on Population Welfare at the provincial level is an equivalent level. See Table 3.

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A third recommendation is for Donor financing to NGOs and private sector organizations involved in FP/RH to be streamlined through an effective coordination mechanism. This will be

⁸ This figure also reflects an average for PRSP figures for four provinces, which show fluctuation in spending over the years, and an adjustment upwards to include other areas of the country (e.g. Gilgit-Baltistan, AJ&K) (see Government of Pakistan, Ministry of Finance, PRSP Annual Report for FY2016/17).

critical to ensure that the recommendations are implemented smoothly and that gaps and opportunities are identified and covered. Donors already have a donor's coordination group and a Country Engagement Working Group convenes around the country's FP2020 goals. It will be important to assess the remits of these groups vis-à-vis the Federal and Provincial Task Forces to avoid redundancy.

A final recommendation notes that the Corporate Sector should allocate corporate social responsibility (CSR) funds for FP services and advocacy. Federal funds could be augmented with these CSR funds. Pakistan's Securities and Exchange Commission could assure corporations that CSR on family planning would be welcome. The CCI and Provincial Task Forces could communicate with corporations to shape the CSR support for the new initiative to address the population issue.

While it was not included among the recommendations of the Supreme Court Task Force, a contentious issue that will need to be addressed is how the NFC apportions finance awards to provinces. As long as provincial population is a key factor in the award, provinces will have little incentive to limit growth in their populations.

Accountability for setting up the fund will be important. Another issue that will need to be addressed is careful monitoring of how the funding is spent, and especially the non-salary components. Khan et al., 2013: S-7) contend that earlier increases in funding for Population Welfare went primarily to salaries because "politicians see health and population welfare as a means to provide jobs to gain votes". Ensuring that the funding is spent as intended and that strong accountability systems are put in place to avoid corruption and leakage of commodities will be critical. Strong systems for evaluating the performance of LHWs and other relevant staff would reduce the likelihood of inappropriate appointments in

the first place, or of non-performing appointees remaining in the system.

Recommendation 4. Legislation

There are a number of important provisions for legislative enactments in this section of the Supreme Court Task Force report. The first is that there should be a Family Planning & Reproductive Health (FP&RH) Rights Bill ensuring mandatory FP/RH services by all general health care facilities in public and private sectors. The provision for mandatory services by all general health care facilities in public and private sectors has major implications for the widened availability of FP/RH services. At present, in many of the public and private health care facilities, FP/RH services are not being provided. If the proposed bill is passed, the procedures for ensuring that all facilities do indeed provide FP/RH services will need to be worked out. The bill should be accompanied by a strong accountability system for ensuring its enforcement. Provincial health care commissions are the forum for regulation of both the public and private sector facilities as they licence facilities that offer a minimum set of standard services offered by legitimate providers. In addition, citizens should be given a strong voice and mechanisms for holding the government accountable. Experience from other countries in the world on social accountability will be useful for Pakistan to consider (Boydell and Keesbury, 2014; McGinn and Lipsky, 2015; Evidence Project, 2017; FP2020, 2017).

Other recommendations about legislation include the need to introduce an Early Child Marriage Restraint Act by Federal and State governments, as it was in Sindh in 2013. Similar acts are in force in many countries, including for example India and Bangladesh, but their provisions are frequently flouted in practice. Issues often raised include the need to allow child marriages in cases of pre-marital pregnancy, and the lack of a restriction on age at marriage in Islamic teachings. Such Acts are certainly to be welcomed, highlighting as they do the

opposition of the state to child marriage, but their enforcement is difficult. The experience of Sindh since the introduction of its Act in 2013 needs to be carefully studied, in order to consider the appropriate wording of such Acts, to ascertain what actions were taken to fully implement it and to assess whether the Act has had a substantial impact in lowering the number of child marriages.

The provision that pre-marital counselling on family planning should be mandatory for Nikah registration indicates that LHWs or appropriate service providers would provide the requisite counselling. The issue of who are appropriate service providers in this context is important, and the experience of other countries, notably Malaysia, where such counselling has been mandatory for Muslim couples for some time, needs to be drawn on when devising legislation on this matter.

Article 25-A of the Pakistan constitution makes the right to education mandatory, and it is proposed that similarly, the right to promotive and primary health care for mothers and children also be made mandatory. Such legislation is to be welcomed and may well have a positive impact on the availability of such health care, though just as in the case of education, the extent of this impact will depend on the success in putting in place the needed services. Without the facilities in place, the declaration of the right to education and health services rings hollow.

It should be noted that previous reviews of family planning in Pakistan (Rukanuddin and Hardee, 1992; Robinson, 2007; Khan et al., 2013; Population Council, 2016; UNFPA, 2016) have focused on policies rather than laws. An analysis of the gaps and/or challenges in the implementation of existing legislation, proposed legislation and barriers to enactment of new legislation will be useful. The analysis should differentiate between customary and statutory laws, and Islamic laws and their specific challenges. Where cultural

and religious beliefs have an impact on how effectively laws are implemented (e.g. Minimum age of Marriage Act), it will be useful to assess how these laws have been implemented in other predominantly Muslim countries, such as Bangladesh, Indonesia and Iran.

Recommendation 5. Advocacy & Communication

Communicating the government's commitment to addressing population issues and expanding access to high quality, equitable family planning information and services that offer choice and promote women's and couple's agency is critical to maintain the momentum from the Supreme Court human rights case and the launch of the call to action by the Prime Minister at the symposium on December 5, 2018. The Supreme Court Task Force made three sub-recommendations related to advocacy and communication

The first sub-recommendation is to develop a national narrative in consultation with provinces and other stakeholders to create a sense of urgency and necessity of reducing population growth rate and achieving socio-economic wellbeing of all. The issue of a new narrative was addressed at the symposium. Mr. Javed Jabar, Former Federal Information Minister and Former Senator said that creating a new narrative will require attention to credibility, unanimity, singularity, and consistency and be rooted in reality (see Box 1). He noted that the following points should be communicated as part of the new population narrative: a sense of urgency; ensuring balance (between population and resources/environment); stressing birth-spacing and maternal and child health; ensuring easy access to services; the dual importance of high quality universal primary education; dispelling the belief that a large family will increase a family's per

capita income; getting rid of the pernicious belief that women have to bear a son, which leads to poor health among women, and to gender-based violence.

Work has begun that can inform the new narrative. Through work funded by DFID and UNFPA, the Population Council has conducted consultations with parliamentarians, politicians, religious leaders, the media, civil society organizations, local representatives and opinion leaders to get their views on what a new narrative should be. Based on a political economy approach, these assessments stressed the need to identify critical target audiences: allies, opponents, and constituents for advocacy. The prominence given to population policy issues in statements by the Prime Minister in the context of formation of the CCI and Provincial Task Forces should serve to broaden the base of support for policies to reduce the population growth rate.

The primary audiences for advocacy are those who will ultimately make the policy or programmatic decisions, including high-level policy-makers such as politicians, ministers of health or finance, or decision-makers in programs or the local governments. Secondary audiences are all the individuals or groups who can influence policy-makers and policy decisions. Such opinion leaders include community and religious leaders, academics, researchers, private sector service providers, youth group leaders, women's groups, media and donors. Both primary and secondary audiences may include both those who support or oppose the advocacy objectives, and others who have no clear position.

Based on these assessments, they propose that an advocacy program be implemented for creating an enabling programmatic and policy environment for FP relying on high-level one-on-one advocacy; dialogue and coalition building among a broad range of national and provincial champions on the wide-ranging benefits of increasing access to FP services; media engagement to

promote an understanding of the economic and social benefits of family planning and to create a sense of urgency on the need for better coverage and quality of FP services; and evidence sharing with key stakeholders/audiences using the latest

Box 1. Five Dimensions for a New Population Narrative for Pakistan

- **Credibility**, using understandable language that emphasizes choice rather than imposition. There should be no use of the word "control."
- **Unanimity** – bringing people who have diverse opinions together, including going into communities.
- **Singularity** – using the same terms consistently, with sub-messages as needed for different audiences.
- **Consistency**– both over time and across administrative departments.
- **Rooted in reality** – with no gulf between the narrative and the services.

population data and trends. The prime objective of this advocacy is to influence the opinions and decisions of policy makers regarding increased financial allocations, laws, regulations and other structural factors that affect contraceptive use, and to use media to hold policy makers accountable for their policy promises

An understanding of the dynamics of support by the various political parties should necessarily underlie strategies for enlisting their support for the goals of population policy and family planning. The manifestos of the three main parties are a good starting point (see Annex 5, point 4), but in ensuring that the aims of these manifestos are carried through in the areas of population policy and practical measures to widen the reach of family planning programs, the differing strengths of these parties among different constituencies and regions need to be understood. Strategies then need to be tailor made to take the aims and constraints of the parties in particular regions into account.

The second sub-recommendation is for a mass movement leading to call for action to be launched involving political leaders, corporate sector, academia, judiciary, executive, ulema, media, intelligentsia, civil society and youth. There is a lot of underutilized capacity, with a need to involve non-family planning NGOs in the movement also. This launch took place on December 5, 2018, during the National Symposium on Alarming Population Growth in Pakistan: Call for Action. It will be important to maintain this mass movement with a mass and social media campaign to promote the new national narrative as it is developed. Given the importance of media, particularly social media, for reaching young people, this campaign will be critical for spreading messages about the new population narrative.

As a third sub-recommendation, PEMRA (Pakistan Electronic Media Regulatory Authority), will be requested to provide free airtime for family planning messages on radio and TV channels at prime time. Since

PEMRA is a federal institution, this may be straightforward to request and be granted.

A fourth sub-recommendation is for a Behavior Change Communication campaign to highlight the roles and responsibilities of men in family planning. Again, review of successful male engagement programming under the FALAH Project will be useful for implementing this important recommendation (Ashfaq and Sadiq, 2015).

Two final points can be emphasized. The first is the need to avoid extreme language in advocacy efforts. In the Symposium on the Alarming Rate of Population Growth in Pakistan, the Chief Justice stated that “The topic of this symposium should have been “the disastrous effect of population growth in Pakistan” and he has at various times referred to the need for “population control”. By contrast, careful research by the Population Council led them to conclude that in order to bring the doubters on side, particularly those doubting on religious grounds, it would be more



appropriate to stress the need for birth spacing – for family wellbeing - rather than birth limitation, the point that family planning saves lives, and the need to balance population and natural resources, including water. Since the Chief Justice is now moving back from the fray on this subject, it should be easier to tone down the language of the case for family planning. Yet it is true that underlying the need to provide more effective family planning services for the direct wellbeing of those individuals and families that choose to use contraception, does lie the need to reduce fertility rates in the interests of longer-term social, human and economic development. The strategy of providing appropriate advocacy therefore needs to be carefully thought through, and the advocacy approaches differentiated according to the nature of the audience.

Also, because of the openness of young people to the need for family planning, particularly those who have completed high school or have tertiary education, it is possible to use advocacy approaches bearing this in mind. With such young people, the issue of the balance of population and resources is appropriate, and the benefits of limiting population growth in the interests of economic growth, more rapid human development etc. could certainly be discussed.

Social media has become an important part of the digital world and has in many instances replaced traditional media. It is highly effective in organizing people about a specific issue and this focused use should be a valuable component of a family planning advocacy strategy (K4Health, 2013). With its ability to immediately reach a vast and young audience, engaging social media content can drive public discourse and further compel media outlets to highlight the issue of population growth justly in their coverage as well as policymakers to take meaningful action on the matter.

Currently there are over 47 million internet users in Pakistan, of which 35 million are active on social media networks (Jain, 2018). While Facebook tends to be the main social media platform, used by 90 percent of Pakistanis, varying segments of internet users in the country also frequent Twitter, Instagram, and YouTube. Each of these websites provides tools to reach specific and sizeable audiences, which can be leveraged as a strategic opportunity to create and propagate engaging content that speaks directly to young Pakistanis – a key demographic that requires engagement about family planning services, especially about the variety of choices available to them (Population Council, no date (c); Population Council, 2018b)

Since most public figures in Pakistan – politicians, sports personalities, celebrities, etc. – usually maintain an online presence, social media can serve as a strategic tool to enlist ‘champions’ for family planning, who can also reiterate the cross-sectoral implications of rapid population growth.

Furthermore, because of the ability to communicate directly with public figures, social media can also serve as an accountability mechanism to publicly call out politicians, public institutions, and even media outlets that do not fulfill their respective commitments to family planning agendas. For instance, if a legislator is vehemently opposed to family planning policy, social media can be an effective method to direct public attention towards them and to inform them with evidence in a public space like Twitter.

Recommendation 6. Curriculum and Training

The recommendation that life skills-based education curriculum to be included in secondary and higher secondary schools is important, with a potential to enable students to build greater awareness of their life situation, rights and responsibilities. If effectively developed, the curriculum could help to serve the need for improvement in

gender equality in Pakistan. In the Pakistan context, care must be taken to ensure that the curriculum walks the fine line between widening students' understanding of sometimes sensitive matters and avoiding the claims that the program is not in line with traditional values.

The provision that population dynamics be included in College and University level education and in all Civil Services Training Institutions is important in view of the limited understanding in the community about population dynamics and how they interact with other aspects affecting the life of all Pakistanis. However, the specifics of how this is to be achieved raises a number of questions. One is how a basic understanding of population dynamics is to be imparted to students in non-social sciences fields of study, because if the understanding of population dynamics is to be restricted to those studying the social sciences, this covers only a relatively small proportion of students. Ideally, a brief module on population dynamics could be provided to students in faculties of science, engineering, etc. This training might also be a means of reaching out to the military – for example through seminars on population to military training academies.

Another issue that needs to be raised in connection with demographic training is the need to develop a number of high-quality university-based centres for demographic training and research. This need has been neglected in Pakistan for some time, as a number of university centres for demographic research and training, set up in the hope of ensuring that solid demographic training is available in Pakistan and a younger group of demographers is developed to replace the senior demographers nearing retirement, have not fulfilled expectations. There is an urgent need to train a cadre of demographers to meet the many needs for demographic analysis that already exist and that will undoubtedly expand with the major developments in population policy. A number of possible locations for the

development of such centres have already been identified, and the need now is to move ahead with the complex issues of deciding on which institutes should be supported, and how their programs should be funded and staffed. Clear guidance should be provided by the task forces on who should make the recommendations. Developing strong centres of population training and research takes time, and requires substantial resources. Building South-South cooperation in staff exchange and teaching of modules may be possible in the early stages, for example utilizing the resources of the Cairo Demographic Centre or the Asian Demographic Research Institute at Shanghai University. It may be necessary to send some promising young graduate students abroad for training in population studies in order to quickly meet the staffing needs of population centres, and a mechanism would need to be found to fund their training.

The task force recommended that training is to be provided to all public and private health care providers on all modern contraceptive methods. A number of institutions are involved in family planning training, including: Population Welfare Training Institutes (PWTI); Regional Training Institutes (RTIs); RHS Master Training Centers; Provincial Health Development Center (PHDC); District Health Development Center (DHDC); Nursing Schools; and Public Health Schools. Coordination among all of these institutions will be needed, along with sufficient resources to expanding training and to support institution strengthening.

The *Pre & In-service Family Planning Training Strategy for Sindh (2016-2020)* identifies a number of challenges that likely apply to other provinces also, including that: "Trainings are being conducted mostly in vertical manner without integrating them into horizontal manner linkages between pre & in-service trainings; Coordination between different stakeholders; Trainings lack keeping pace with recent developments and modern techniques in a

systematic way; There seems a disjoint between pre and in-service training; [and] Are there different training programs and curricula for different categories of health providers”? These challenges will need to be considered in implementing this recommendation from the Supreme Court Task Force. The Pakistan Nursing Council will need to play an important role in defining job descriptions.

Recommendation 7. Contraceptive Commodity Security

Ensuring that contraceptives are available for clients where and when they want to use them will be critical as Pakistan’s family planning program expands through the health sector and the private sector. The Supreme Court Task Force made four sub-recommendations to ensure contraceptive commodity security. While the supply chain for contraceptives has been strengthened over the past decade through USAID funding through the Deliver Project and how through the Supply Chain Management Project, challenges remain (Population Council, 2016). Contraceptive supply from the central level to districts is stable, but it is less so from districts to facilities, leading to stockouts, including for LHW. One-hundred and fifty-two districts in the country are using the logistics management system (LMIS) system but the link with facilities is not strong enough.

The Supreme Court Task Force recommended that Supply Chain Management System be strengthened to ensure availability of all contraceptives at Service Delivery Points. Strengthening the link between districts and facilities will require provincial resources; the issues to be dealt with in each province may be different. One prevailing issue that needs to be addressed is transportation from the district to facilities. Continued donor support for strengthening the supply chain

to build on successes achieved over the past decade at the central and provincial level will be important to ensure provincial capacity for commodity security. Developing a coordination mechanism between government and donors, particularly in difficult times when shortfalls crop up, is needed. Provision of commodities to the private sector will need to be addressed in order to expand access through private sector providers.

Another sub-recommendation relates to a pool procurement model to be adopted by the Federal and Provincial Governments to garner the benefits of economies of scale. This recommendation stems from devolution when provinces were expected to purchase their own contraceptives. Pooled procurement would ensure that provinces are not paying different prices for contraceptives. Now that the CCI has accepted the recommendation on pooled procurement, the provinces will need to confer on the model they will accept. Potential models (e.g. informed, group or central procurement) are being discussed.⁹

A third sub-recommendation is to incentivize local production of contraceptives and that Federal and Provincial Governments should encourage / incentivize the pharmaceutical companies / investors to establish contraceptive production units in Pakistan on WHO/FDA standards. This recommendation will require negotiation with pharmaceutical companies and investors and forecasting of contraceptive needs and pricing of locally produced commodities. Assessment of capacity for local production, including quality control and availability of raw material will be important before embarking on local production of contraceptives. Local production should encourage local funding for commodities.

A final sub-recommendation – that family planning commodities should be included in

⁹ The USAID-funded Global Health Supply Chain Program has provided information on various models of pooled procurement.

the essential drug list of primary, secondary and tertiary drug list – has already been achieved. The 2018 National Essential Medicines List (MEML), which ties to WHO 2017 EML, contains contraceptives. The MEML, launched in October 2018, was developed by the Drug Regulatory Authority of Pakistan's (DRAP).

Recommendation 8. Support of Ulema

The role of religious teaching, and avoidance of any seeming contradiction with accepted religious wisdom is very important in Pakistan, as a state founded on Islam. The vast majority of the population would not consider themselves as experts on Islamic theology or jurisprudence, and are therefore inclined to remain silent when Islamic teachers (*maulvis*, or perhaps less trained teachers at the village level) pronounce on various matters, even if they do not agree with, or have doubts about, the arguments of these teachers. There is considerable evidence that doubts about the religious permissibility of family planning are widespread, even amongst well educated Pakistanis including parliamentarians, administrators and health workers (Mir and Shaikh, 2013). It is unlikely that attitudes have shifted markedly since 2013. Among many people interviewed in the community, opinions differ widely concerning the extent to which beliefs about the acceptability of family planning in Islam are an important barrier to more widespread contraceptive use. Educated young people tend to have a more questioning attitude to received wisdom, but poorly educated young people remain in the majority. And the range of beliefs within the Islamic community remains wide; there are very many different Islamic sects in Pakistan.

It is clear that unless support for family planning can be more widely generated among *ulama*, *maulvis* and other local religious leaders (*imams*), there is little chance of a widespread and strongly based movement for family planning among politicians, bureaucrats and the general

population. Happily, there are many Islamic leaders in Pakistan who are convinced of the benefits of family planning, especially if promoted through the lens of birth spacing, and a stress on family planning saving lives. In 2015, 32 religious leaders signed a call to action in support of birth spacing, unequivocally offering their help and support in promoting the provision of birth spacing services (both ongoing and in the future that are in conformity to the Shariah), thereby achieving the ultimate aim of creating a healthy, prosperous and welfare oriented society (see Government of Pakistan, UNFPA and Population Council, 2015). This 2015 signed call to action by religious leaders helped convince the current government to move forward with the Supreme Court recommendations in 2018.

A further breakthrough in demonstrating the support of major Islamic figures for family planning was the speeches of Allama Muhammad Shahzad Mujaddidi and Maulana Tariq Jameel at the National Symposium on Alarming Population Growth in Pakistan: Call to Action, on 5 December 2018. Maulana Tariq Jameel, one of Pakistan's most popular religious scholars and preachers, spoke in front of the Chief Justice and the Prime Minister, his speech was broadcast live over television channels, and generated widespread discussion among viewers, who appear to have generally viewed the address favourably. He made the point that Pakistani couples have babies because of social pressure, which is not helpful (Samaa Digital, 2018). Reaction to the comments of the religious leaders on social media was mixed.

Although opposition to family planning remains strong among some Islamic groups, momentum appears to be building in the general Islamic community to acknowledge the desirability of birth spacing. But great care needs to be exercised in approaches to garnering Islamic support. Moving forward, there should not be a reliance on statements from Islamic personalities, as

this may invite competition, and backlash from other Islamic groups. The arguments that family planning is a Western plot, designed to limit the growth of the *ummah*; that contraception is contrary to Islamic teachings; and that when a child is born to a believer, Allah will ensure the resources needed to raise it, will continue to be made by opponents of family planning. The appropriate strategy to follow is to avoid the use of terms such as “population control” and to base the arguments in support of birth spacing on the key Quranic verses that support this approach.

Further momentum toward greater acceptance of family planning by some Muslims who in the past opposed it is likely, though the absence in Pakistan of mass Islamic organizations of a non-political kind means that co-opting such organizations to support the family planning movement, as was very effectively done in the most

successful period of family planning Indonesia, is not an option. This is because the only very large such organization in Pakistan – Tableeghi Jamaat – focuses on reforming people toward the fundamental precepts of Islam, not on broader social issues, and smaller organizations such as al-Huda Foundation tend to be restricted to particular social groups. The membership of such organizations in Pakistan falls far short of the combined membership of the Nahdlatul Ulama and Muhammadiyah in Indonesia, whose combined membership of about 80 million represents more than one third of Indonesia’s Muslim population.

This is certainly the moment for the proponents of family planning to strategize further approaches to Islamic leaders and groups at all levels of society to come out clearly in support of family planning from an Islamic perspective.



6. Other Recommendations

A. Linking Family Planning with Other Aspects of Human Development

It has been well stated that “... a number of factors are responsible for poor health and population outcomes in their own right. These include broader issues implicit in the social determinants - literacy, clean water, adequate sanitation, food security - and poor overall governance and conflict. Unless there are improvements in these domains, the desired level of progress in achieving population and health outcomes cannot be attained” (Nishtar and Amjad, 2009: S1).

Narrowing the focus to policies specifically addressing aspects of human development, if the aim is to reduce rates of population growth in Pakistan through meeting the family planning needs of individuals and couples, then lowering infant mortality rates and expanding educational opportunities, particularly for girls, is important in addition to providing family planning services. This can lead to a mutually reinforcing set of changes that will allow couples to raise the number of children they want, without contending with unintended pregnancies. There are many interactions here: for example, raising levels of female education will contribute to lowering infant mortality; making family planning services readily available will lower unwanted fertility and facilitate birth spacing, and hence lower the high rates of infant and child mortality related to frequent and unwanted births; lowered infant mortality and ill-health will free up mothers' time for other things, including better caring for other children, and joining the workforce. All these aspects of human development should be seen as interlinked, and policies modified accordingly. This means that the onus falls not only on the ministries and departments directly involved, but on a number of other ministries.

Fortunately, the federal task force includes a number of Federal Ministers, namely the Minister for Finance, Revenue and Economic Affairs, the Minister for Law and Justice, the Minister for Information, Broadcasting, National History and Literary Heritage, the Minister for Planning, Development and Reform, the Minister for National Health Services, Regulation and Coordination, the Minister for Religious Affairs and Inter Faith Harmony, and the Minister for Education and Professional Training. Similarly, at the provincial level, Ministers of Planning and Development, Education, and Health, among others, are members of the Provincial Task Forces. Thus the mechanism is in place to involve all relevant Ministries in comprehensive policies and programs to promote human development. Indeed, the ICPD Program of Action reflected all of these aspects of population planning.

The role of the Minister for Planning, Development and Reform deserves special mention, as effective population policy needs to ensure an increase in the proportion of government budgets devoted to health and education, as well as to increase the much smaller proportion of health budgets devoted to family planning (see Population Council, 2016: 17). Family planning is one of the most cost-effective investments that national governments can make to improve health and promote economic development. Family planning prevents unintended pregnancies and abortions, reduces maternal and child mortality, saves precious health care resources, and enables better investment in children's education. Economists from the Copenhagen Consensus Group (2015) ranked family planning as one of the most cost-effective development interventions estimating that every dollar invested in family planning returns \$120 in wider development benefits - second only to trade liberalization and significantly higher returns than from any other human development investment.

B. Resisting Path Dependence, or Maintaining the Status Quo

Factors affecting the political economy of population welfare described in the sections above pose challenges to family planning. Many of these factors have been decades in the making and the temptation to “do what we have always done” will be attractive to many. It is important to identify both the individuals and institutions who can play a key role in moving forward on the policy front. Behind the façade of political will being exerted by politicians, and their priorities then implemented by the bureaucracy lies the reality that frequently political will can arise from the bureaucracy, as a long-term actor, which can then influence the politicians. Likewise, bureaucrats can stymie implementation of a policy agenda if they disagree with it or if it threatens their entrenched interests. Path dependency (Torfing, 2009; Pressman and Wildovsky, 1973) is a well-known tendency to continue implementing programs as they have been implemented in the past. Donor staff are not immune from this tendency. The synergies and conflicts arising in the complex relationships between politicians, bureaucrats and funders, and within the bureaucracy between different arms of government with sometimes competing and overlapping mandates, must be taken seriously in searching for ways to build a more effective reproductive health and family planning program. In Sindh, the one Minister oversees health and population welfare, making effective coordination much easier. Other provinces could consider following this example. Pakistan has mounted a successful campaign against polio – lessons from how bureaucratic inertia were overcome could help do the same for family planning.

It will not be easy to take a new and forward-looking stance in dealing with decades-long issues of division of responsibilities between PWD and the Department of Health, and more generally with doing things the way they have always

been done. These structural, programmatic and socio-economic issues will take time to tackle and overcome. Means of ensuring accountability and the effective enforcement of newly agreed-on policies must be found. Sustained efforts to change attitudes and highlight the significance of problems related to the economy and society are required to bring a meaningful change and to overcome the potential for a response mired in complacency for the status quo by the bureaucracies at the federal and provincial levels and within population welfare and health departments.

C. Conducting Provincial PEAs

The present PEA study is focused at the national level, though of course province-specific aspects are emphasized at many points. However, as stressed by several participants in the stakeholder meetings at which the draft was discussed, Pakistan is a large country with diverse geographical circumstances, ethnic groups and cultures, and administrative issues. As such, the issues relating to population and family planning policies and implementation differ widely between provinces, as well as within provinces. A PEA analysis at the national level cannot deal adequately with the varied circumstances faced by the different provinces. Moreover, the devolution of planning and implementation functions to the provinces since 2010 means that analyses relevant to provincial-level planning need to be conducted at the province level.

For all these reasons, there is a clear need for PEA analyses of population and family planning to be conducted for each of the provinces of Pakistan. Such province-level analyses should also be able to come to terms with issues that vary widely by district within the province. The teams to conduct such analyses need to be carefully chosen to ensure that the necessary expertise, both with respect to the conduct of PEA analyses, and the substantive understanding of the issues faced at the

provincial and district level, is included within the team.

D. Taking a Total Market Approach to Family Planning and Ensuring Equity

Some CCI recommendations focus on ensuring that gaps in service coverage are addressed. Expanding access to family planning information and services in Pakistan requires public, private and NGO sector involvement. Taking a total market approach (TMA), with stewardship by the government and coordinated planning to ensure that all parts of the country and all groups of people are covered can be a useful way to identify and fill these coverage gaps (PATH, 2013). “TMA takes into account free, subsidized, and commercial delivery of health products and services for a more sustainable and equitable approach to increase access for all segments of a population” (SHOPS Plus, ND). Through a TMA, stakeholders work together to use data to strengthen collaboration among the three sectors, in order to create an efficiently segmented market that provides all groups with access to a range of methods and services. The 2016 Landscape Analysis by the Population Council provides recommendations for strengthening the role of the private sector.

Major private sector initiatives include public contracting out to PPHI and PRSP, Greenstar Social Marketing (GSM) Franchising Models (Marie Stopes Society and Rahnuma FPAP) Suraj (Private Providers Partnership) The “Punjab Population Innovation Fund” (PPIF), proposed by Population Council to the Government of Punjab, was established in 2016 as a public-sector company registered under the Planning and Development Department. It has the aim of introducing innovative models for increasing access to family planning services in Punjab enabling the private sector to deliver an adequate range of quality family planning services in underserved communities and households with unmet need. Currently the PPIF is

supporting five models of service delivery through private sector providers. In the second round of proposals the PPIF is working on engaging and involving pharmacies in the information and services around contraceptive distribution. The PPIF provides an ideal home for a learning agenda in terms of private sector involvement in expanding access to family planning in Punjab, and for Pakistan more broadly. Future Interventions and programs can be guided, and the learning agenda can be useful in devising future strategies if they are provided with evidence of impact.

Global experience with TMA can also guide Pakistan in undertaking this approach (MEASURE Evaluation, 2016). Taking a TMA approach will help with identification of the policy barriers to full participation in family planning by the private sector, including to ensuring a consistent supply of family planning commodities. A TMA approach also adds an equity lens through identifying, understanding and addressing the social, ethnic, financial, geographic, linguistic, age-related and other barriers that may hinder the voluntary use of contraceptives, and adjusting the program to correct these disparities. Expanding equitable access through public, private and NGO services implies that all groups within the country will have the same access to information and services, and to all available methods of contraception, and that they are able to make decisions about their fertility and their use of contraception.

Data from the 2016-2017 PDHS, along with other sources, on sources of contraception and patterns of use will be helpful for analysing the family planning market across Pakistan. Funding for secondary analyses of these data, and careful development of future surveys and studies, will be important.

E. Ensuring Robust Monitoring and Evaluation and Promoting Accountability

The need for strong monitoring and robust evaluation of the recommendations, mentioned in Recommendation 1-C above, cannot be overemphasized. The scope of the recommendations and the timeline for implementation are ambitious so it is imperative that a strong system be in place to report on indicators of progress. Given the lack of a monitoring system in place at the national or provincial levels to generate annual estimates of population growth rates, fertility levels and contraceptive prevalence, immediate attention should be given by the government (federal and provincial) and donors to setting up such a system, in addition to strengthening regular program data collection through health information systems. Funding for analysis of existing data (e.g. the 2016-2017 PDHS), will be critical. Pakistan's reporting to FP2020 through the TRACK20 Project funded by the Bill and Melinda Gates Foundation, and the new PMA survey that will take place starting in Sindh (also funded by the Bill and Melinda Gates Foundation through the Performance Monitoring for Action Project implemented by the Gates Institute at Johns Hopkins University) will also provide needed data for monitoring progress. While the TSU has responsibility for M&E, it does not have the requisite expertise to undertake M&E on its own. It must include Pakistan's cadre of strong research and evaluation experts in this critical function. Donor funding to augment national resources would be well spent in this area.

Likewise, putting in place a strong accountability system, to ensure that the recommendations are being implemented is critical. Given the range of recommendations that span financing, human resources, commodities, advocacy, and social and behaviour change, the accountability system will need to cover all of those areas – from financial accountability of resources to citizen

accountability of services. The accountability system will need to cover the federal and provincial levels and cover all of the sectors involved in the initiative (e.g. finance, planning, health, population, education, etc). Linking with others who are working to strengthen governance and accountability will be important to ensure that the systems set up for this initiative are consistent with other accountability systems in the country. The DFID funded Empowerment Voice and Accountability (EVA-PBN) Health and Nutrition Project, implemented from 2014-2017 in KP and Punjab, could provide some useful guidance (Taylor and Khan, 2018). That project was reported to have “produced an innovative and high-quality community voice and accountability system that is showing some signs of increasing accountability and government responsiveness” (Taylor and Khan, 2018: 6).

F. Using a South - South Strategy

In seeking effective strategies for maintaining the momentum of support among political leaders, planners and bureaucrats for population policy development and building a more effective family planning program, the potential of south-south collaboration should be tapped to the extent possible. Given the strong emphasis in Pakistan on Islamic approaches, the ideal source of south-south collaboration would be with other Islamic countries – those which have recognized the need to reach an effective balance between population and resources and have developed effective family planning programs. Possible countries to look to for collaboration:

- Iran could be a useful resource, having achieved remarkable success in lowering unmet need for family planning in an environment stressing religious orthodoxy, but Shia-Sunni differences could prove to be a barrier to effective collaboration.

- Bangladesh has achieved success in lowering the population growth rate and building a successful family planning program. There may be too much history in the relationship with Pakistan to enable a fruitful south-south collaboration to be developed, although the Prime Minister on 5 December 2018 specifically commented favourably on Bangladesh's success in addressing its population growth and other fields, leaving Pakistan behind.
- Countries such as Tunisia or Turkey may have something useful to offer.
- Indonesia has developed a successful south-south collaboration with the Philippines, assisting with development of family planning in the ARMM (Autonomous Region of Muslim Mindanao). But the potential in working with Pakistan is much greater. For example, the former leader of the family planning program in Indonesia during its period of greatest success, Dr. Haryono Suyono, is still very active in public life, and if available could discuss effectively with national leaders and planners in Pakistan the strategies used to achieve consensus on the need to lower population growth rates and develop an effective family planning program.



7. Capitalizing on the Momentum

This Political Economy Analysis, which describes the situation as of early 2019, serves as a baseline for charting progress in meeting the charge of the Supreme Court of Pakistan to bring population and resources into balance.

A. Staying the Course

The coming months will be absolutely crucial in determining whether Pakistan will move to a vibrant family planning program or not. There is now in place a procedure for moving ahead, with the appointment of Task Forces at both Federal and Provincial level, the Federal one chaired by the Prime Minister and the Provincial ones by the respective Chief Ministers. These are sufficiently high-powered Task Forces to make those involved in planning and executing family planning programs sit up and take notice. But those in the government agencies concerned with implementing the program who have limited interest in promoting the family planning program, and those who are actually antagonistic to it (and we don't know how large these groups are) will be watching out for signs of either forcefulness or lethargy in the work of these Task Forces, and depending on their assessment of how strongly the Task Forces are moving, calibrating their responses accordingly. So to ensure good cooperation in the bureaucracy, it is crucial that the Task Forces make it clear that they mean business. The speed of allocating the promised increased funding will also be crucial. One cause for concern is that the population/family planning issue has not been raised for discussion in parliament in the two months following the December 5 symposium. The establishment of a National Population Development Commission could further strengthen the evidence that the Pakistan Government is very serious in its commitment to the

development of a vibrant family planning program.

B. Need for Champions

For much of Pakistan's history, population welfare has received only sporadic support amongst political leaders, opinion makers and the society in general. Without the existence of a group of champions for the cause of population welfare – who project this issue as a matter of urgency for the country – it is wishful thinking to expect that a major success in reducing population growth and expanding access to family planning information and services characterized by quality, choice, and equity, would be possible. The Prime Minister has become a champion for family planning at the highest level - a highly significant development. What is also needed is second tier champions – for example among those appointed to the CCI and Provincial Task Forces, among other national and provincial leaders. A further group of potentially influential champions of family planning are well-known figures in entertainment and sport, such as the singer Mr. Shahzad Roy and perhaps a prominent member of the Pakistan cricket team.

C. Implementation will Require Wide Ownership and Broad Commitment

The recent Supreme Court human rights case that generated actionable recommendations is a huge step for Pakistan. The public launch of the call to action to address the issue of population growth by the Prime Minister, accompanied by the Chief Ministers of Pakistan's provinces, bodes well for follow-through and implementation. Many speakers spoke of the need for a unified and coordinated response. Mr. Justice Mian Saqib Nisar, the Honorable Chief Justice of Pakistan, said that the Supreme Court has done its part and now Pakistan needs the Chief Executive of the government to take forward and implement the

recommendations from the Supreme Court Task Force. He highlighted that everyone needs to be involved, saying that this is a human rights issue. Every child born will be exposed to the burden of population growth.

Mr. Javed Jabbar, Former Federal Information Minister and Former Senator, called for consistency in the response – over time and across administrative departments. Aamer Mehmood Kiani, the Minister of National Health Services,

Regulation, and Coordination, said there was complete agreement among national and provincial leaders in the CCI on the recommendations from the human rights case and that all agreed about the importance of the Supreme Court Task Force appointed to ensure implementation of the recommendations. He particularly noted the importance of ensuring universal access to services, commodity security, and legislation. Mr. Imran Khan, Pakistan's Prime Minister, ended the meeting saying that implementation will require wide ownership and broad commitment.



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Annex 1. List of Participants in the Supreme Court, CCI and Provincial Task Forces for Addressing Pakistan's Alarming Population Growth

Composition of the Supreme Court Task Force

Public Sector

1. Justice Dr. Fida Muhammad Khan, Judge, Federal Shariat Court
2. Capt. (Retd.) Zahid Saeed, Secretary, M/o NHR&C
3. Mr. Fawad Hasan Fawad, OSD, Establishment Division
4. Mr. Abdul Ghaffar Khan, DG -PPW, M/o NHR&C
5. Secretary of Punjab PWD
6. Secretary of Sindh PWD
7. Secretary of KP PWD
8. Secretary of Balochistan PWD
9. Secretary of Punjab Department of Health
10. Secretary of Sindh Department of Health
11. Secretary of KP Department of Health
12. Secretary of Balochistan Department of Health
13. Mrs. Khawar Mumtaz (*Co-opted member*), Chairperson, NCSW, Islamabad
14. Dr. Talib Lashari (*Co-opted member*), Technical Advisor on Population, Sindh
15. Mr. Qamar Abbas (*Co-opted member*), Chief-Population, M/o PD&R, Islamabad

Private Sector

16. Ms. Shahnaz Wazir Ali, Provincial Coordinator, PH&FP, Sindh
17. Dr. Attiya Inayat Ullah, Founder FPAP & Former Federal Minister
18. Dr. Sania Nishtar, President, Heartfile, Islamabad
19. Dr. Zeba Sathar, Country Director, Population Council
20. Ms. Maryam Bibi, Chief Executive, Khwendo Kor
21. Dr. Ameer Bakhsh Baloch, Former Director H&FP (Balochistan)
22. Syed Aziz ur Rab, CEO, GSM, Karachi
23. Dr. Nasir Jalil, Consultant, National Action Plan, 2017
24. Dr. Hassan Mohtashami, Country Rep. UNFPA, Islamabad

Composition of the Federal Task Force

1. Prime Minister of Pakistan, Chairperson
2. Federal Minister for Finance, Revenue & Economic Affairs
3. Federal Minister for Law & Justice
4. Federal Minister for Information, Broadcasting, National History & Literary Heritage
5. Federal Minister for Planning, Development & Reform
6. Federal Minister for National Health Services, Regulation & Coordination
7. Federal Minister for Religious Affairs & Inter Faith Harmony
8. Federal Minister for Education & Professional Training
9. Chief Minister, Punjab
10. Chief Minister, Sindh
11. Chief Minister, Khyber Pakhtunkhwa
12. Chief Minister, Balochistan
13. Advisor to the Prime Minister on Commerce, Textile, Industry & Production and Investment

14. Chairman, Council of Islamic Ideology
15. Secretary, M/o National Health Services, Regulations & Coordination, (NHS,R&C) Islamabad
16. Chief Secretary Punjab
17. Chief Secretary, Sindh
18. Chief Secretary, Khyber Pakhtunkhwa
19. Chief Secretary, Balochistan
20. Ms. Sania Nishtar, Chairperson, Benazir Income Support Programme, Islamabad
21. Mr. Zeba Sathar, Country Director, Population Council, Islamabad
22. Country Representative, UNFPA Office, Islamabad

Composition of the Provincial Task Forces

Punjab

1. Chief Minister, Punjab
2. Minister, Population Welfare, Punjab
3. Minister, Health, Punjab
4. Minister, Higher Education, Punjab
5. Minister, School Education, Punjab
6. Minister, Finance, Punjab
7. Minister, Planning and Development, Punjab
8. Chief Secretary, Punjab
9. Chairman, Planning and Development Board
10. Secretary, Specialized Health and Medical Education
11. Secretary, Primary and Secondary Healthcare Department, Punjab
12. Secretary, Population Welfare Department, Punjab
13. Director General, Population Welfare Department, Punjab
14. Dr. Amjad Saqib, VC, PEEF/Executive Director, Akhuwat
15. Dr. Attiya Inayat Ullah, Founder FPAP & Former Federal Minister
16. Dr. Zeba Sathar, Country Director, Population Council
17. Mr. Saeed Shafqat, Head of Department (Policy & Strategic Unit), F.C. University, Lahore
18. Dr. Yasmin Sabeen Qazi, Country Director, David & Lucile Packard Foundation
19. Country Director USAID, GHSC, PSM
20. Country Director, UNFPA

Sindh

1. Chief Minister, Sindh, Chairman
2. Minister for Health & Population, Vice -Chairperson
3. Chief Secretary, Government of Sindh
4. Provincial Minister for Planning & Development, Sindh
5. Provincial Minister for Education and Literacy, Sindh
6. Provincial Minister/Advisor for Information & Broadcasting, Sindh
7. Chairman, P&D Board, Sindh
8. Additional Chief Secretary, Health Department, Sindh
9. Secretary, Population Welfare Department, Sindh
10. Secretary, School Education and Literacy Department, Sindh
14. CEO / or Chairman of PPHI, Sindh
15. Dr. Yasmeen Sabih Qazi, Representative, Bill & Melinda Gates Foundation
16. Dr. Shabbir Chandio, Representative of USAID

17. Dr. Azra Ahsan, Aga Khan University Hospital, Karachi
18. Representative of UNFPA, Pakistan
19. Academician / Demographer / Researcher
20. The Sindh Taskforce may co-opt any new Member, as and when required
21. Any expert may be invited as per need to present specific report/views for consideration of the Sindh Taskforce

Khyber Pakhtunkhwa

1. Chief Minister, Khyber Pakhtunkhwa, Chairman
2. Minister for Population Welfare , KP
3. Minister for Health, KP
4. Minister for Finance, KP
5. Minister for Planning and Development , KP
6. Minister for Information, KP
7. Minister for Local Government & Rural Development , KP
8. Minister for Higher Education, KP
9. Ministry for Elementary & Secondary Education , KP
10. Minister for Social Welfare & Women Development , KP
11. Minister for Sports and Youth Affairs , KP
12. Minister for Ushr, Zakat & Auqaf , KP
13. Minister for Law, Parliamentary Affairs and Human Rights , KP
14. Chief Secretary, KP
15. Additional Chief Secretary, Planning & Development Department , KP
16. Secretary Population Welfare Department, KP
17. Syed Kamal Shah, Chief Executive Officer, Rahnuma/Family Planning Association of Pakistan (FPAP)
18. Ms. Neelum Toru, Chairperson, Khyber Pakhtunkhwa Commission on the Status of Women (KPCSW)
19. Provincial Technical Advisor , UNFPA, KP
20. Director General Population Welfare , KP, Member/Secretary

Balochistan

1. Chief Minister, Balochistan, Chairman
2. Minister, GoB, Population Department
3. Minister, GoB, Health Department
4. Minister, GoB, Higher Education Department
5. Minister, GoB, Secondary Education Department
6. Minister, GoB, Finance Department
7. Minister, GoB, P&D Department
8. Chief Secretary, Balochistan
9. Provincial Representative of UNFPA, Balochistan
10. Provincial Representative Jhpiego, Balochistan
11. Begum Sharma Perveen Magsi, Representative of Civil Society , Balochistan
12. Mr. Amjad Rasheed, Chairman, Taraqui Foundation, Representative of Civil Society , Balochistan
13. Dr. Amir Bakhsh Baloch, Director Technical, PPHI, Balochistan
14. Secretary, GoB, Population Welfare Department, Member/Secretary

Annex 2. Stakeholder Consultations, Meetings and Discussions that Contributed to the PEA: 2017-2019

Consultation and meetings	Date	Participants		
		No.	Description	Host
Government Peer-review meeting	Feb 13, 2019		18 stakeholders, representing the federal and provincial stakeholders, were invited to review the draft PEA and provide written comments and to participate in a meeting to discuss the findings. 12 stakeholders participated in the meeting. The PEA was revised based on the feedback.	UNFPA
Technical Peer-review meeting	Feb 12, 2019	TBD	24 stakeholders, ranging from implementing partners, donors, researchers, and the Technical Support Unit, among others, were invited to review the draft PEA and provide written comments and to participate in a meeting to discuss the findings. 19 stakeholders participated in the meeting. The PEA was revised based on the feedback.	UNFPA
Various	Oct-Dec 2018	> 20*	The authors had more than 20 meetings and discussions with key stakeholders in government, academia, the donor community, implementing partners, and the private sector. *Most of the meetings included more than one participant so the total number of participants in these meetings was likely closer to 60.	Various
Symposium on the Alarming Rate of Population Growth in Pakistan	Dec 2018	>10	The symposium, with sessions in the morning and afternoon, included 800 invitees from Federal and Provincial governments, religious leaders, the diplomatic corps, the donor community, the private sector and NGOs, academia, and others. The authors attended the symposium and had short discussions with more than 10 participants.	Ministry of Health, Services, Regulation and Coordination, and the Law and Justice Commission of Pakistan
Nineteenth Annual Research Conference of the Population	Nov 2018	>15	Government, academia, donor community and private sectors. There were an estimated 200 participants at the meeting.	Population Association of Pakistan

Consultation and meetings	Date	Participants		
		No.	Description	Host
Association of Pakistan			<i>Note: the number of participants in the previous column reflects the individual discussions held by Dr. Jones that were related to the PEA. He also gave two presentations and listened to most of the other presentations at the conference.</i>	
Framing a New Population Narrative for Pakistan	June 2018	12	Communications experts and creative heads of advertising agencies	Population Council, under its work to strengthen the enabling environment for FP (through UNFPA's DFID-funded DAFPAK Enabling Environment Project)
	May 2018	12	Religious leaders, local NGOs and local government representatives	
	April 2018	10	Parliamentarians, politicians, and opinion leaders	
Interest Group Analysis (IGA): Dialogue on Family Planning	Sept 2017	27	Federal government (current and retired) representing Economy, Planning, Population, Education, Women, and Youth; Provincial representatives from Punjab, Sindh, KP and Balochistan; Multilateral Organizations; Bilateral Donors; and International Partners	UNFPA, in preparation for it DFID-funded DAFPAK Enabling Environment Project

Annex 3. Participants in the Stakeholder Review of the PEA Report, February 12 and 13, 2019

Technical Reviewers (February 12th)

1. Dr. Zeba Sathar, Country Director, Population Council
2. Dr. Muhammad Nizamuddin, Chairperson, Punjab Higher Education Commission
3. Dr. Tauseef Ahmed, Consultant/ Former CR Pathfinder, Consultant
4. Mr. Iftikhar Soomro, Programme, David and Lucile Packard Foundation
5. Dr. Nasir Jalil, Consultant National Action Plan, Consultant
6. Ms. Asifa Khanum, M&E and Research, FPAP
7. Mr. Naveed Akbar, ADG(CCT), Benazir Income Support Programme (BISP)
8. Dr. Samina Khalil, Director, AERC, AERC
9. Mr. Javed Jabbar, Ex -Senator, Ex-Senator
10. Mr. Rana Jawad, Director News, GEO News
11. Dr. Adnan Khan, Chief Knowledge Officer, Research and Development Solutions (RADS)
12. Mr. Muhammad Tariq, Country Director, GHSC -PSM, Country Director, GHSC -PSM
13. Mr. Abdul Ghaffar Khan, Head of Technical Support Unit for Federal Task Force on Alarming Population Growth in Pakistan
14. Mr. Han Kang, Deputy Director, USAID
15. Ms. Sangita Patel, Health Advisor, USAID
16. Ms. Gillian Turner, DFID, Health Lead, DFID,
17. Ms. Naghma-e-Tehniat, Governance Lead, DFID
18. Ms. Qudsia Uzma, National Programme Officer, WHO
19. Mr. Muhammad Asif Wazir, Technical Specialist SDGs/Population Dynamics

Public Sector Reviewers (February 13th)

1. Mr. Abdul Ghaffar Khan, Head of Technical Support Unit for Federal Task Force on Alarming Population Growth in Pakistan
2. Ms. Bushra Aman, Secretary, PWD Government of Punjab
3. Ms. Shagufta Zareen, Program Director, PSPU, Primary & Secondary Health, DOH Govt. of Punjab
4. Mr. Saleem Masih, Chief Health, Planning and Development Govt. of Punjab
5. Ms. Shabnum Sarfaraz, Senior Technical Advisor, DoH and PS PU, Punjab
6. Mr. Ashfaq Ali Shah, Director General, PWD Sindh
7. Mr. Asghar Ali, Secretary, PWD Govt of KP
8. Adnan Khan, Faculty HAS, Health Services Academy
9. Mr. Nisar Ahmed, Chief Economist, Planning and Development Department Govt. of KP
10. Mr. Saeed Gul, Director, Department of Health Govt of KP
11. Capt. (Retd.) Aurangzeb Haider, Chief Foreign Aid, Planning and Development Department Govt of KP
12. Ms. Azra Aziz, Director Research, NIPS

Annex 4. Demographic Change and the Development Context

Demographic Change

The Supreme Court referred to the alarming population growth rate in the country. How does Pakistan's population growth rate compare with that of other large Asian and Muslim -majority countries? See Table 1.

Country	Population growth rate (average annual) 2010-2015	Total fertility rate 2010-15	% change in total fertility rate 1995-2000 to 2010-15	Contraceptive prevalence rate, most recent data	Dependency ratio 2015*
	(1)	(2)	(3)	(4)	(5)
Egypt	2.18	3.38	-0.6	58.5	61.8
PAKISTAN	2.09	3.72	-25.5	35.4	65.3
Turkey	1.58	2.12	-20.0	71.0	50.1
Iran	1.25	1.75	-33.5	N.A.	40.2
Indonesia	1.25	2.45	-3.9	61.9	49.2
India	1.23	2.44	-29.9	53.5	52.2
Bangladesh	1.16	2.22	-35.3	62.4	52.6
Tunisia	1.16	2.25	-3.8	49.8 (1988)	45.6

* $(\text{population } 0-14 + 65+ / \text{population } 15-64) \times 100$

Source: Cols. (2), (3) and (5): United Nations DESA/Population Division 2017

Col. (4): DHS Surveys STAT compiler

Pakistan has a higher rate of population growth than any of the other countries in the table except Egypt, and its rate may actually be higher than that of Egypt, because the results of the Pakistan census were not yet available at the time the UN produced their latest report, and therefore the rate of population growth was probably underestimated. Pakistan has a higher fertility rate than any of the other countries in Table 1. While its fertility rate has been lowered over time, the onset of decline was delayed, and the speed of this decline was not as rapid as in India, Bangladesh or Iran, leaving Pakistan's fertility rate currently much higher than in these countries.

This delay in lowering the fertility rate has had three unfortunate results. First, a higher population growth rate, requiring expansion of infrastructure and services to serve a higher population. Second, a higher growth rate of the school-aged population, making it harder to achieve educational goals. Third, a less favourable age structure for economic development, with a smaller share of the population in the working-age groups. To make matters worse, a low percentage of women in the workforce reinforces the disadvantage of the smaller share of population in the working-age groups.¹⁰

The 2017 Census results were a wake-up call, showing a rate of population growth since the previous census much higher than had been expected. How alarming is this higher rate of population growth, and what is the evidence that it is a barrier to rapid socio-economic development? Because so many factors influence the success or otherwise of social and economic development efforts in any country, it is not possible to isolate accurately the independent effect of any one factor. Therefore, although it is widely recognized that rapid population growth has inhibited efforts to improve health and lower mortality, to expand education and improve its quality, and to reduce levels of poverty in Pakistan, there are obviously many other aspects of governance, politics and spending priorities that have also played a role. What is clear is that, compared with the situation in the 1970s, socio-economic development (particularly human development) in a number of other major Asian and Muslim-majority countries has proceeded more rapidly than in Pakistan.

Delayed Demographic Dividend

The proportion of the population of Pakistan in the dependant age groups [0-14 and 65+] has been falling during the last two decades, as a result of declining fertility, but as shown in Table 1, the dependency ratio remains higher than in any of the other most populous Muslim-majority nations. It has not yet fallen below 60; while there is nothing magical about that number, falling below 60 can be considered to initiate a period with a particularly favourable age structure for economic and social development, provided that educational development is prioritised and jobs can be found for the large numbers of potential young workers. These are key provisos: as noted by Bloom (2013: viii), “there is both promise and peril embodied in an age structure that has a relatively large working-age share”, with unemployment, youth radicalization and social and political instability as potential negative outcomes.

Pakistan now has the chance to benefit over an extended period of time from the demographic dividend, if the fertility rate can be steadily lowered. It has, however, missed out on the benefit of an early capture of the demographic dividend. One result has been delayed health and educational advances, as large increases in numbers needing these services could not be met adequately, given the very low allocation of government resources for health and educational purposes.

It is crucial for Pakistan to move quickly into the phase where the demographic dividend is contributing more directly to development. Not only was its dependency ratio much higher than in most of the comparator countries in the last column of Table 1, but the projections of trends in dependency ratios are not very promising. The United Nations medium projection shows that over the 2015-2030 period, Indonesia, India, Bangladesh, Iran and Turkey will experience further declines in dependency ratios, and in 2030 all their dependency ratios will lie in the very favourable zone of between 40 and 50 (except for Iran, whose dependency ratio will be even lower). Pakistan is also expected to experience a decline in its dependency ratio, but in 2030 the ratio will still be 56.4, well above the other countries. Faster fertility decline is

¹⁰ In the entire Asia-Pacific region, Pakistan has the second highest rate of youth who are not in employment, education or training. The overall rate is 30.4%, but it is much higher [53.6%] for females than for males [7.4%]. See UN/ESCAP, 2018: 14.

needed to enable Pakistan to benefit more quickly from a more favourable population structure.

Low Human Development

As summarized succinctly by the Minister for Planning, Development and Reform, Prof. Ahsan Iqbal, in his Prelude to the document *Pakistan 2025: One Nation - One Vision*, “in terms of economic indicators, Pakistan is a middle income country but in social indicators it falls amongst the least developed countries.”

Evidence of some recent differentials in various human development indicators in a few relevant countries is presented in Table 2.

	Pakistan	Bangladesh	India	Indonesia	Vietnam
Per capita GDP (USD)	1,429	1,212	1,582	3,346	2,111
Human Development Index 2017 (rank)	150	136	130	116	116
Human Capital Index 2015 (rank)	113	99	100	69	59
Infant mortality rate	66	31	38	23	18
Maternal mortality rate	178 (111-283)	176(125-280)	174(139-217)	126(93-179)	54(41-74)
% of deliveries in health facility	66	37	79	63	n.a.
% of births attended by trained personnel	69	42	81	83	n.a.
Net enrolment rate, primary education, 2013	72	95	92	90	98
Net enrolment rate, secondary education, 2013	41	53	62	75	n.a.

Source: per capita GDP from World Bank (for 2015); for % of deliveries in health facility and % of births attended by trained personnel, DHS surveys, around 2014-17, except for Indonesia (2012); enrolment data from UNESCO; MMR estimates for 2015, from W.H.O. et al., 2015.

Pakistan ranks 150 out of 189 countries on the 2015 Human Development Index. Most of its indicators are lower than for most countries of South Asia; this is true for educational development, and Pakistan’s infant mortality rate is much higher than that of any of the other countries in Table 1. In the World Economic Forum’s Human capital index, in 2015 Pakistan ranked 113 out of 124 countries. All of the countries ranked below it were in sub-Saharan Africa, apart from Yemen.

Under Pakistan’s Constitution (Article 25-A), children ages 5-16 have a right to free and compulsory education. Yet, educational statistics for Pakistan show a dismal picture; not only are enrolment rates low, but Pakistan’s completion rates for primary education are amongst the lowest in the world. There are poor teaching and learning outcomes, infrastructure is inadequate, and gender imbalances are far from being eliminated. Pakistan’s 2014-15 *Economic*

Survey indicated a low allocation for education at 2.0 per cent of GDP¹¹ and recorded a decline in literacy, partly fuelled by myriad challenges facing the education sector including lack of schools particularly for girls in remote areas and physical issues with school facilities. The education sector also faced a shortage of teachers, particularly female teachers, and high absenteeism of teachers. Additionally, poverty resulted in many children working to contribute to support for their families rather than attending school.

As a result, the Ministry of Education reported in 2014 that: “educational indicators of Pakistan are still dismally low, although steady progress has been noticed during last few decades. At present, about one third primary school age children are out of school, 42% population (age 10+) is illiterate. Wide discrepancies persist in education indicators pertaining to provinces/areas, location (urban vs. rural) and gender. At the national level, about two third women of age 15+ cannot read and write, and 35% girls remain out of school. Gender Parity Index in case of participation in primary education is 0.82. It is estimated that over 6.7 million children are out of school, and majority of them (62%) are girls” (Ministry of Education, Trainings and Standards in Higher Education Academy of Educational Planning and Management, 2014: 2). The 2016 Annual Status of Education Report (ASER), the latest available, indicates that progress in education is spotty and the sector needs continued attention (ASER Pakistan, 2016).

Education is absolutely crucial for successful competition with other countries in a highly globalized world. Pakistan’s leaders recognize this – education is a high priority for Imran Khan’s government, something he mentioned in his first speech to the nation in September 2018 (Academia, 2018). A recent study notes that because China has massively invested in universal education, it is about three to four decades ahead of India in terms of human capital (Samir KC et al., 2018). But even compared with India, Pakistan has been left about two decades behind. There is a great deal of catching up to do, and the growth in the number of young people aged 6-18 needing schooling (18 per cent in Pakistan 2015-2025, compared with 2 per cent in Indonesia and a decline of 4 per cent in India) will make the task more challenging.

Environmental Challenges

Alternating flood and drought conditions are frequent in Pakistan, and farmers are used to dealing with them. However, extreme events are beyond the ability of either individuals or, frequently, the government, to cope effectively with them. The floods of July -August 2010 were particularly devastating, destroying homes, crops and infrastructure and leaving millions vulnerable to malnutrition and water-borne disease. As for droughts, the extended drought of 1998-2002 - severest in Balochistan and Sindh Provinces - is considered the worst in 50 years. Both floods and droughts tend to have their most serious adverse effects on the poorest members of the community, who have few resources to cope with such adversity. Migration trends in Pakistan are influenced not only by the universal desire to better a family’s economic circumstances, but also by such natural disasters and the effect of terrorism.

The rapidly growing population has serious implications for the ability of Pakistan to adapt to environmental challenges (Sathar et al, 2018). As the Supreme Court Task Force Report noted, “The rapidly growing population has direct negative implications for adverse climate change, environment degradation, deforestation and above all the decline in water availability per capita putting Pakistan in water stress situation. It will exacerbate food security and threaten the country’s sustainable development prospects.”

¹¹ The allocation for education has not improved noticeably since then; according to the 2017-18 *Economic Survey* it was 2.2 per cent of GDP in that year.

Annex 5. The Build-up in Concern with Population Issues in Pakistan

The setting up of task forces by the Federal level and the provinces in November 2018 in response to the Supreme Court's human rights case regarding Pakistan's alarming rate of population growth is a major development, hopefully foreshadowing more comprehensive and energetic program of support for family planning than has been the case to date. As the task forces and others develop plans about how to move forward in this new context, it is useful to summarize the extent to which the effects of population growth on the welfare of the Pakistani people and the need for family planning have been publicly addressed by opinion leaders or in official documents in Pakistan. Public statements by key opinion leaders appear to have been lacking, though a number of cases can be cited where official commitment to address population and expand access to family planning is expressed. A good description of early support for family planning is found in Robinson (2007). The list here begins in 2012 with the London Summit on Family Planning.

1. At the London Summit in 2012 the Government of Pakistan committed to raising the CPR to 55 per cent by 2020 (later revised downwards to 50 per cent, and the provinces established their own goals in 2014).
2. The document *Pakistan 2025: One Nation - One Vision*, developed in 2014, includes an unequivocal expression of concern for reducing the population growth rate (p.7): "... other than oil-rich economies, no country has been able to break into the high-income club without a radical reduction in its population growth rate. ... (T)he need for lowering the rate of population is more urgent than ever". Further, the document addresses the demographic dividend and the need to expand access family planning through "expansion of the Lady Health Workers program to target poor female patients; efforts to bring fertility rates to levels consistent with maternal health; strengthening of primary care with backup support in rural areas; training and placement of skilled personnel including women medical officers in BHUs/RHCs for family planning" (p. 36).
3. Pakistan's Population Summit in November 2015 was opened by the President on behalf of the Prime Minister, who declined to attend, as initially planned. The Chief Ministers of the four provinces, or their representatives, the Chief Minister of Gilgit -Baltistan and the Prime Minister of Azad Jammu Kashmir attended the summit. The document presenting Proceedings and Key Recommendations of the Summit states that during this milestone event "... Pakistan's political, religious and government leaders came together to formally recognize the intrinsic links between population and development, and to commit to making human development and reduction in population growth a key priority in the national and provincial development agendas" (Population Council et al., 2015: 2). To indicate the broad based political and religious support for this initiative, the document *Unveiling the Consensus: Putting People First in Pakistan's Development Agenda* contains the signatures of 32 religious leaders to a Communiqué/Declaration The Islamic Perspective on Improving Family Health and Wellbeing, as well as the signatures of 28 legislative leaders, members of the National Assembly, the Senate, and the four Provincial Assemblies representing major political parties to a Consensus by Legislative Leaders on Population and Development (Government of Pakistan, UNFPA and Population Council, 2015, https://www.popcouncil.org/uploads/pdfs/2015PGY_UnveilingConsensus.pdf). The 2015 Population Summit signalled both political and religious support at the federal and provincial levels although the absence of the Prime Minister also indicated the lack of commitment of the country's top leadership to publicly supporting family planning.

4. The manifestos of the three largest political parties (PML(N), PPP and PTI) now highlight population issues confronting Pakistan and have identified steps to tackle them with enhanced focus on family planning. The PML(N) incorporates specific targets for the reduction of the population growth rate, though the PPP, which had such a target in its 2013 manifesto, has removed it in the 2018 manifesto. The PTI – Tahreek -e-Insaf – which has now assumed power at the national level, has given clear commitment to reducing the population growth rate, as it did in 2013, but the 2018 manifesto is more nuanced, giving details about reasons for addressing the population growth challenge, and approaches to be used. The MMA, a coalition of Islamic religious parties, in 2018 stated that they would take steps to ensure balance between resources and population and also take steps to improve maternal and child health indicators, though family planning was not specifically mentioned.

While the revised manifestos are a step forward, some of these parties mentioned population issues in manifestos before the previous election, but there was little evidence that this affected their policies. Monitoring of actions under these manifestos is needed. However, it seems fair to conclude that the manifesto of the PTI, as the party now in power, is quite encouraging, and could provide the basis for more concrete action in both damping down religious opposition to birth spacing and making family planning services more widely available.

5. The Pakistan government is giving great importance to meeting the Sustainable Development Goals (SDG). It has established an SDG unit within the Planning Commission, not only at the federal level, but also within the provincial Planning Departments. Examining the SDGs from a population policy perspective, it is clear that there is complex interaction between many of the variables targeted, and that these variables will, separately and in combination, impact population growth and in turn be impacted by population growth (Akhtar, Hardee and Sathar, 2015; Harris and Gribble, 2018).
6. The results of the 2017 Census, showing higher than expected population growth rates, have also generated considerable comment in the media (Raza, 2017; Tariq, 2017), much of which has drawn attention to the negative implications of this rapid growth and stressed the need for more effective policies in bringing down population growth rates. The most recent development is that, as noted earlier, the Task Force appointed by Pakistan's Supreme Court reported at the end of October 2018, made clear recommendations on nine strategies to address the country's rapid population growth through rights-based means. The Council of Common Interest met to consider the request of the Chief Justice to set up a high level task force comprising the Prime Minister, the Chief Ministers of the Provinces and other ministers, and to set up provincial task forces to implement the recommendations related to the human rights case regarding the alarming rate of population growth in the country. The CCI met and agreed in November 2018 to set up task forces at the national and provincial level to submit comprehensive action plans to the CCI. They established a goal of reducing the rate of population growth to 1.5% per cent without setting a date for doing so. A national symposium was held on December 5, 2018 to launch the initiative. The symposium was livestreamed and shown on television stations. How the new population initiative will be implemented remains to be seen by the signs are promising, including having recommendations prepared and the establishment of both the federal and provincial task forces and a secretariat in the office of the Prime Minister.

A gradual build-up of concern about rapid population growth and its implications can therefore be discerned. Until recently, this build-up has not reached the point where it represented a sharp shift towards a national consensus on the need for more effective population policy.

However, the official reaction by the Council of Common Interest to the task force report to the Supreme Court represents a breakthrough in the level of concern with population issues in Pakistan at the highest levels of government.

One key problem in the past was that no recent Pakistani Prime Minister had publicly stated that addressing Pakistan's population growth rate is a priority concern. Nor had any provincial Chief Minister or Chief of the Armed Forces. And while, as noted in point 3 above, the manifestos of some major political parties now highlight population issues confronting Pakistan, there had been little evidence of interest in issues of population on the part of parliamentarians at either national or provincial level. The CCI decision on 19 November to move actively to address the country's rapid population growth is a major breakthrough, making it clear that there is now concern about this issue at the highest level of government. The Prime Minister has reinforced his concern with issues related to population growth by raising the issue in public appearances.

Annex 6. Recommendations from the Supreme Court Task Force

Recommendations Approved by the CCI Regarding the Human Rights Case No. 17599 of 2018 – in the Matter Regarding Alarming High Population Growth Rate in the Country

(List of Recommendations published in the brief for the National Symposium on Alarming Population Growth in Pakistan: Call For Action, December 5, 2018)

Recommendation	Responsibility	Time Frame
1. Establish National & Provincial Task Forces for steering, providing oversight and taking critical decisions to reduce population growth, lower fertility rate and increase contraceptive prevalence rate (CPR)		
a. National TF chaired by Prime Minister to include Chief Ministers of all the Provinces, Federal & Provincial Ministers of Population, Health, Education, Finance, Planning and representatives of civil society.	M/o NHS	By 31 th December 2018
b. Provincial TFs chaired by respective Chief Ministers to include Provincial Ministers of Population, Health, Education, Finance, Planning and representatives of civil society.	PWDs	
c. Progress towards reducing population growth rate, lowering fertility and increasing contraceptive prevalence rate to be monitored through a robust data collection system and assessments of results and presented before National & Provincial Task Forces.	M/o NHS and PWDs	Bi-annually (NTF); Quarterly (PTF)
2. Ensure Universal Access to FP/RH Services:		
i. Mandate all public health facilities (BHUs, RHCs, THQHs, DHQHs, Teaching Hospitals) to deliver family planning services as part of the essential service package.	Federal / Provincial Governments	By 30 th June, 2019
ii. All general registered private sector practitioners and hospitals to provide FP counselling, information, and services to male and female clients.	Federal / Provincial Governments	By 30 th June, 2019
iii. Lady Health Workers to provide FP, ante-natal and post-natal counselling, and contraception services on priority basis.	Federal / Provincial Governments	By 30 th June, 2019
iv. Current cadre of Male Mobilizers to be made active and accountable for counselling men on FP.	Federal / Provincial Governments	By 30 th June, 2019
v. NGOs and Civil Society Organizations to work in close coordination with provincial DOHs & PWDs to extend FP/RH services to underserved and unserved areas.	EAD	By 31 th March, 2019

3. Finances:		
i. Federal Government to create a five -year non-lapsable Special Fund for reducing Population Growth Rate with annual allocation of Rs.10 bn. The Fund shall be set up exclusively from federal resources without any cut from provincial funds. The Fund will:	M/o Finance and M/o NHS	By 30 th June, 2019
a. Meet, for 5 years, amount of additional allocations made by the provinces for procurement of contraceptive commodities over and above the budget provision of FY2018 -19 in the respective head.	M/o NHS in coordination with PWDs and Finance Div. & PD&R Div.	FY 2019-20 Thru FY 2023-24
b. Meet, for 5 years, 50% cost of increase in LHWs for 100% coverage for doorstep services in rural and peri -urban areas.	M/o NHS in coordination with DOH and Finance Div. & PD&R Div.	FY 2019-20 Thru FY 2023-24
c. Support innovative approaches of Federal & Provincial Governments for reaching poor and marginalized population to reduce population growth and increase contraceptive prevalence rate (CPR).	M/o NHS in coordination with PWDs & DOH	FY 2019-20 Thru FY 2023-24
ii. Federal & Provincial Population & Health budgets for FP/RH to be doubled and protected from reallocation to other programs & departments while ensuring timely releases.	M/o NHS, DOH and PWDs	FY 2019-20 Thru FY 2020-21
iii. Donor financing to NGOs and private sector organizations involved in FP/RH to be streamlined through an effective coordination mechanism.	EAD and M/o NHS in coordination with PWDs and DOH	By 31 st March, 2019
iv. Corporate Sector to allocate CSR funds for FP services and advocacy.	SECP / FBR	By 31 st January, 2019
4. Legislation:		
i. Family Planning & Reproductive Health (FP&RH) Rights Bill ensuring mandatory FP/RH services by all general health care facilities in public and private sector.	M/o NHS, M/o Law & Justice, Provincial Governments / PWDs	By 31 st March, 2019
ii. Early Child Marriage Restraint Act be introduced by Federal & Provincial Governments (Sindh passed this Act in 2013).	M/o NHS, M/o Law & Justice, Provincial Governments / PWDs	By 31 st March, 2019
iii. Pre-marital counselling on family planning should be mandatory for Nikah registration; LHWs or appropriate service providers to provide the requisite counselling.	M/o NHS, M/o Law & Justice, Provincial Governments / PWDs	By 31 st March, 2019
iv. "Right to promotive and primary health care for mother and child be made mandatory" as the right to education given in Article 25-A of the Constitution.	M/o NHS / M/o Law & Justice	By 31 st March, 2019
5. Advocacy & Communication:		

i. A national narrative to be developed in consultation with provinces and other stakeholders to create a sense of urgency and necessity of reducing population growth rate and achieving socio-economic wellbeing for all.	M/o NHS, M/o Information, M/o Religious Affairs and PWDs	By 28 th February, 2019
ii. Mass movement leading to a call to action to be launched involving political leaders, corporate sector, academia, judiciary, executive, ulema, media, intellegencia, civil society and youth.	Federal / Provincial Governments and all stakeholders	Immediate
iii. PEMRA to provide free airtime for FP messages on radio and TV channels at prime time.	M/o Information and PEMRA	By 28 th February, 2019
iv. Behavioral Change Communication Campaign to highlight the roles and responsibilities.	Federal / Provincial Governments / Media & Civil Society	Immediate
6. Curriculum and Training:		
i. Health & hygiene to be included at primary school level.	PWDs and Federal & Provincial Education Departments	By 30 th June, 2019
ii. Life Skills Based Education curriculum to be included in Secondary and Higher Secondary schools.	PWDs and Federal & Provincial Education Departments	By 30 th June, 2019
iii. Population Dynamics in Pakistan to be included in College and University level education.	HEC, Federal & Provincial Education Departments	By 31 th March, 2019
iv. Population modules to be included in training at all Civil Services and Judicial Training Institutions.	National School of Public Policy	By 31 th March, 2019
v. Pakistan Medical and Dental Council (PMDC) and Pakistan Nursing Council (PNC) to include modules on FP/RH in MBBS and Nursing Degree Programs, respectively.	M/o NHS, PMDC and PNC	By 31 th March, 2019
vi. Training to be provided to all public & private health care providers on all modern contraceptive methods.	M/o NHS, DOH and PWDs	By 31 st December, 2019
7. Contraceptive Commodity Security:		
i. Incentivizing Local Production of Contraceptives: Federal and Provincial Governments should encourage / incentivize the pharmaceutical companies / investors to establish contraceptive production units in Pakistan on WHO/FDA standards.	M/o NHS in coordination with relevant Federal & Provincial authorities	By 30 th June, 2019

ii. Pool procurement model to be preferably adopted by the Federal & Provincial Governments (subject to their consent) to garner the benefits of economy of scale.	M/o NHS, PWDs and DOH	FY 2019-20 onwards
iii. Supply Chain Management System to be strengthened to ensure availability of all contraceptives at Service Delivery Points.	M/o NHS, PWDs and DOH	By 30 th June, 2019
iv. FP Commodities should be included in the essential drug list of primary, secondary and tertiary drug list.	PWDs and DOH	By 31 st March, 2019
8. Support of Ulema:		
i. Joint Declaration of Ulema made at Population Summit -2015, Islamabad to be widely advocated.	M /o NHS, M/o Religious Affairs, M/o Information, PWDs and DOH	On Continuous basis
ii. Training courses on FP to be arranged at Provincial Judicial Academies and Regional Training Institutions for Ulema and Khateeb.	DOH/PWDs and Provincial Judicial Academies	30 th June, 2019

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