

The 2018 Population & family planning policy reforms in Pakistan: efficacy, effectiveness, and sustainability

Abstract

In November 2018, Pakistan adopts the ground breaking population policy reforms to address the mounting rate of population growth in the country followed by the surprising results of the 2017 Population Census and latest DHS survey, which showed that the rate of population growth since the 1998 census was considerably higher than expected and modern contraceptive use and fertility remains stationary. This initiative triggered the media coverage and stimulated the discussion. We examine the context of 2018 reforms, including the economic, demographic and governance mechanism and speculate on their likely effect. Noting that the impact of these reforms on Pakistan's long-term demographic future is likely to be relatively substantial, we consider why more drastic reform may have been difficult to implement. We offer observations about possible future directions for Pakistan family planning policies. We also explore how much policies and implementation plans are integrated/institutionalized in existing enabling systems and processes such as budget decisions and accountability structures from the top to the grassroots. We study enforced political shift of Pakistan's family planning apparatus may be plausible within the context of "*subnational pronatalism*" within federally prescribed antinatalism.

Background

With a total population of 2020 million, Pakistan is the 5th most populous country in the world. The country has one of the highest population growth rate of 2.4%. It is expected that Pakistan will double its population size in about 29 years unlike the average doubling time for other South Asian countries which is 60 years. This would pose multi-dimensional challenges to the country, increasing pressure on existing infrastructure and environmental resources while limiting opportunities for economic development.

The Supreme Court of Pakistan, considering Family Planning as a human right issue and the alarming population growth in the country, took Suo Moto Notice on 4th July 2018 and constituted a Task Force to frame clear, specific and actionable recommendations to address the issues at stake. The Task Force, after a series of meetings, outlined a set of recommendations aimed at enhancing the Contraceptive Prevalence Rate (CPR) to 50% and lowering the total fertility rate (TFR) to 2.8 children per woman by 2025 and; furthermore by 2030, the CPR should reach 60% and TFR, 2.2 children per woman. These efforts would result in lowering the population growth rate to 1.5% by 2025 and to 1.1% by 2030. However, the recommendations did not specify distinctive targets for the provinces.

In pursuance of the direction / decision of the Council of Common Interests (CCI), the recommendations have been translated into an Action Plan, prepared in consultation with provincial governments, relevant Civil Society Organizations (CSOs), other implementing partners in the private sector and international development partners. The Action Plan shall enable advancing towards and provincial program objectives and targets. At the same time, it will help in assessing the extent of progress towards various international commitments such as FP2020, ICPD beyond 2014 and SDGs and target of the 2030 Agenda for sustainable development.

In all, the CCI recommendations include 30 items grouped under eight specific areas, including: (1) establishing national and provincial Task Forces for steering and providing oversight, and taking critical decisions to reduce population growth, lower the fertility rate, and increase CPR; (2) ensuring universal access to FP/reproductive health services; (3) increasing FP program financing; (4) enacting appropriate legislation; (5) improving advocacy and communication for FP; (6) improving FP curriculum and providing related training; (7) ensuring contraceptive commodity security; and (8) generating support of ulema (religious scholars) for FP.

Challenges:

The country context and governance challenges: Pakistan follows a federal structure with some activities fully devolved to provincial governments where the federal government plays very limited role. Population and family planning are provincial responsibilities fully mandated to provinces. In theory, this presents an opportunity for speedy implementation and ownership. In practice, we see lack of capacity and standardization of implementation modalities resulting in duplication of efforts. Coordination and accountability are a huge challenges top from the federal government down to district level.

Policy formulation process: In a country like Pakistan where government changes frequently, a universal and cross-party support and commitment are key for success. Mobilization/sensitization of politicians is required on an ongoing basis to ensure population dynamics becomes political parties standing agenda as a key socioeconomic development driver. The current policy, although unprecedented and progressive, was formulated in a top down fashion as an emergency measure by the Supreme Court. Policies in general, and policies related to sensitive issues such as population ideally should be formulated through bottom up consultative process to ensure ownership. Stakeholders have designed and implemented several initiatives to ensure the policy is embraced by the main stakeholders. These include sensitization of parliamentarians, media and religious leaders. Partners also formulated a national narrative to guide conversation at all levels based on human rights principles and avoiding prescriptive approaches which failed in the past. Trust is gradually built and in less than a year, the first parliamentary forum on population has been formed and launched by the President of Pakistan. Sustained effort is needed to gain full buy in from the people who are directly impacted by the policies – women, men and families.

For the current initiative in Pakistan, most of the policy products (short term) are already achieved immediately following formulation of the recommendations. These include:

- Implementation plans

- Monitoring and evaluation tools
- Initial resource allocation

Seeing implementation of policies through to final (impact) results depends on how much the policies and implementation plans are integrated/institutionalized in existing enabling systems and processes such as budget decisions and accountability structures from the top to the grassroots.

The 2018 reforms agenda on population and family planning

The Response: Recognizing this challenge as well as lack of prioritization of population dynamics in national development agenda, the Honorable Chief Justice of Pakistan took Suo Moto notice of the Alarming High Population Growth Rate in the Country in Human Rights Case No.17599 of 2018. A national Task Force constituted by the Supreme Court identified eight broad priorities and thirty-three specific recommendations for implementation by Provincial Governments, regions and the Federal Government. These recommendations have been endorsed by the Supreme Court and approved by the Council of Common Interest chaired by the Prime Minister of Pakistan. Along with the recommendations, Pakistan set clear targets to increase contraceptive prevalence to 60% (34% current) and reaching a total fertility rate of 2.2 (3.6 current) children per woman by 2030. This would lower the population growth rate to 1.5% by 2024 and to 1.1% by 2030.

- **Intended short and long term outcomes:** The government policy/programme recommendations were formulated to expand access to family planning services, increase contraceptive prevalence rate and ultimately reduce fertility and population growth rate. Progress overtime will be measured using these key short term and long term results:
 - **Short term:** availability of detailed implementation plans, availability of resources (financial and human), monitoring and evaluation mechanisms, active coordination platforms, functional integration and coordination between federal, provincial and district level structures.
 - **Intermediate:** availability and accessibility of services, increased coverage and adequate mix of methods of contraception.
 - **Final impact:** reduced fertility rate and decreased population growth rate as per the national and provincial targets.

Who is involved: key stakeholders to this very ambitious national effort are Federal and Provincial governments. Civil society and private sector play significant role. Other influencers include parliamentarians, media and religious leaders.

Key issues:

- Top down approach of CCI, formulation of the agenda
- Potential impacts of the reforms
- Why only partial reforms?
- Plan and control
- Current governance structure and accountability and bureaucracy
- Coordination in provincial context

The family planning bureaucracy and policy inertia in Pakistan

A major factor that could add to policy inertia in Pakistan is the explicit family planning service delivery at two different departments (Population Welfare and Health Departments) determined both through the state's reluctance to give up its claim of authority over family planning delivery and through the maintenance of a bureaucratic network. Although the other recommendations and sub section are relevant for expansion of family planning services in Pakistan, recommendation number 2 (Ensure Universal Access to FP/RH Services) sub section number 1 (Mandate all public health facilities (BHUs, RHCs, THQHs, DHQHs, Teaching Hospitals) ensure to deliver family planning services as part of the essential service package). Following the recommendations, provinces issued notifications directing their respective districts and different level service delivery institutions to provide family planning services as an essential package of services, however it is yet to be verified if it has produced results.

As further stipulated in the approved action plan, effective integration of family planning in DoH requires review of implementation of Health Sector Strategy to assess provision of family planning services at all levels and development of a roadmap to provide FP services in all service delivery outlets of DoH as part of the essential package of services. It is also essential to review the achievements of health facilities under the PWD and propose strategies to enhance their performance. Functional and structural integration of the two departments (DoH and PWD) has been discussed and debated in the past and the above government recommendations would create new opportunity to revisit the roles.

The renewed commitment by the government for increasing Contraceptive Prevalence Rate calls for serious evaluation of the current service delivery strategies and rule of business relevant departments. These very ambitious targets are difficult to achieve unless the existing full force of cadres and service delivery outlets are mobilized and utilized. This includes effective utilization of the LHWs and other community health workers who are the closest to the most in need.

Provincial pro-natalism within an anti-natalist context

Population dynamics in Pakistan is more politically motivated than in other countries since it provides the basis for revising the political demarcations, the allocation of national and provincial assembly seats among provinces and regions, and the distribution of inter-provincial resources. This creates some the implementation challenges for the CCI recommendations.

Conclusion

Additional financial, material and human resources are needed but not critical for the initial phase of policy implementation. The challenge seems ability (and commitment) to effectively and efficiently utilize the available resources. Frequent turnover of the mid-level bureaucrats seems to affect translation of high level decisions to meaningful action.

A critical link between policy formulation and successful implementation is the midlevel bureaucracy. This group is relatively stable (irrespective of who is in power) and plays key role in

actual implementation including timely resource allocation, designing implementation plans, monitoring and evaluation. The group also plays key role as a conduit between high level decision makers and the grassroots. Similarly, they play lead role in coordination among key stakeholders including with civil society and the private sector.

Unfortunately, this group seems to be slow and often misses key opportunities. It is very rare to secure a very progressive population and family planning policies at the highest level and Pakistan's success in doing so is historic. However, experience so far shows that success largely depends on the leadership of the midlevel bureaucracy.

Thanks to the sustained advocacy in the last one year, the importance of population dynamics for socioeconomic development is presently recognized at the highest level. The President of Pakistan chairs national population task force while each Chief Minister chair his/her respective provincial task force to monitor implementation. However, timely implementation of agreed actions is a challenge. The task forces do not meet regularly. Activity implementation largely depends on the mid-level bureaucracy which is very slow, affected by high turnover and known for its underperformance and underutilization of the limited resources available. As a critical link, the mid-level bureaucracy is expected to play effective mobilizing and coordination role. This area needs to be strengthened with clear accountability systems in place.

References

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