Exploring the role of judicial-led reforms in family planning and population policies in Pakistan

Muhammad Asif Wazir[1], Yilma Melkamu Alazar[2]

Abstract

Pakistan was among first countries which endorsed the ICPD commitments in 1994 that emphasizes the importance of universal access to sexual and reproductive health (SRH) services and triggered a significant shift from a population control-focused programming to a rights-based approach. The first of its kind by combining quantitative and political economy analysis methodology, the paper has three aims: 1) To evaluate the major family planning reforms and assess how they were integrated/institutionalized in existing deficient health and PWD. 2) Analyze the progress and gaps in achieving ICPD priorities and evaluate the quantitative goals of fertility and contraceptive prevalence from right-based perspective including the impact of tempo effect on fertility goals. 3) Examine emerging demographic challenges ranging from demographic inequalities b/w the provinces, subnational governance and domestic finances. The findings suggested that 2018 major policy initiative is weak in relation to formulation process and implementation. We have discussed the six interlinked challenges for the 2018 policy reforms for more in-depth understanding of the policy making process, financing and implementation challenges. The analysis explains why the 5th most populus country in the world continues to follow ineffective policy without accounting for implementation (structural) challenges.

Key words: Population policy, fertility, family planning, Pakistan, ICPD

Introduction

The fifth largest in the world, Pakistan's population grew from 208 million in 2017 to 241.5 million in 2023, with a growth rate of 2.55%, higher than neighboring countries. The Human Development Index (HDI) score was 0.544 in 2021, ranking 161st globally, with significant regional and income inequalities. The fertility rate decreased slightly but remained high, particularly among poorer segments. Contraceptive use has been consistently low, leading to increased maternal health risks. Maternal mortality decreased from 276 per 100,000 live births in 2006 to 154 in 2019, but healthcare access and quality remain inadequate. Gender inequality persists, with Pakistan ranking 154th on the Gender Inequality Index. Issues like gender-based violence and child marriage are prevalent. The Youth Development Index is low, indicating limited youth empowerment. Additionally, Pakistan faces significant environmental risks and hosts a large refugee population, complicating its development challenges.

Historically, the focus of population policy in Pakistan was solely in family planning during 1965-77 but did not bring intended results. During 1978-88, the program was inactive due to various political and religious reasons. To uplift the family planning program, government of Pakistan established the Ministry of Population Welfare in 1989-90, segregated from the Health Ministry. After the ICPD 1994 conference, village-based family planning workers were introduced, thus during the 1990s, CPR increased substantially; consequently, a significant reduction in fertility were achieved. Since the onset of 21 century, the fertility and family planning programs stagnated.

[1] Technical Specialist, Population & Development, UNFPA Mozambique
[2] Family Planning Advisor, UNFPA

Overall, Pakistan faced several challenges in essential health service delivery and population diversity. Some important challenges are:

1) Geographic challenges including transportation, communication, the delivery of goods and services– mountainous and desert parts.
2) National Resources distribution which is heavily weighted by population size
3) Power Structure at National Assembly seats and jobs quota at federal levels is also determined by the size of the sub-national level.
4) Geo-strategic position and social structures which affected control resources and influenced population

The role of the Judiciary in population dynamics and family planning: unique experience from Pakistan

In November 2018, Pakistan adopts groundbreaking 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 the 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 was by the order of the Chief Justice, Supreme court of Pakistan, through a Suo Moto Notice. The judiciary system rarely engages in issues such as population dynamics and family planning. Our paper explores why and how the judiciary got involved in the population agenda and describes policy and programmatic changes including budget decisions and accountability structures from the top to the grassroots. This unique experience, bringing a new dimension to accountability and rights-based approach, would hopefully open regional and global discourse on ensuring the rights of individuals and family's access to quality and comprehensive sexual and reproductive health services while also aiming for sustainable population growth.

The Supreme Court organized a historic national symposium with stakeholders from across Pakistan, resulting in eight recommendations approved by the Council of Common Interest (CCI), highest-level decision-making body with implications on all provinces irrespective of the devolved governance system. This makes the policy a national agenda beyond individual party interests and problem-driven rather than leadership-driven. These recommendations covered legislation, financing, universal service access, supply chain improvements, behavioral change, mass communication, and education. The recommendations formed the basis of a comprehensive National Action Plan on Population, prioritizing family planning services with input from provincial governments, Civil Society Organizations (CSOs), private sector partners, and international development partners. The Action Plan aims to meet provincial program objectives and targets while assessing progress toward international commitments such as FP2020/30, ICPD, and the SDGs.

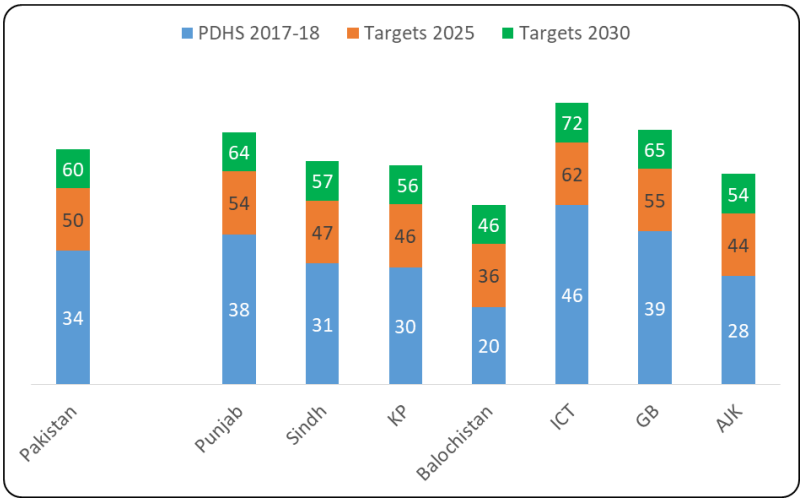
Further, the new policy led to the creation of a Task Force chaired by the President of Pakistan, to oversee policy and programme implementations. Specific to family planning, the policy aimed to increase the Contraceptive Prevalence Rate (CPR) to 50% and reduce the Total Fertility Rate (TFR) to 2.8 by 2025, with further targets for 2030, ultimately lowering the population growth rate to 1.1% by 2030. However, provincial targets were not specified until two years after policy endorsement. At the same time, the stakeholder's advocacy ensured the inclusion of family planning in political party manifestos and gained support from religious leaders. A multi-sectoral advocacy and communication strategy was also developed. A diverse team of experts continuously engaged with the government to integrate evidence-based decisions into national and provincial policies.

Using a quantitative and political economy analysis methodology, the paper will critically analyze progress made and multiple challenges faced since this landmark initiative. Pakistan operates under a federal system, with population and family planning fully devolved to provincial governments. This ideally allows for quick implementation and local ownership, but in practice, it leads to capacity gaps and inconsistent implementation, causing duplication and inefficiency. Coordination and accountability are significant challenges from the federal to the district level. Frequent government changes necessitate universal, cross-party support and commitment for policy success. Ongoing mobilization and sensitization of politicians are essential to embed population dynamics sustainably into political agendas.

Unfortunately, the new policy was formulated top-down by the Supreme Court as an emergency measure, but ideally, policies should be developed bottom-up to ensure stakeholder systematic engagement and ownership. Efforts made to build support, with little impact, include sensitizing of parliamentarians, media, and religious leaders, and creating a progressive national narrative based on human rights principles. However, there was no substantive effort to integrate the policy into existing systems, such as budget decisions and accountability structures to achieve lasting impact. Sustained efforts were needed to gain full buy-in from the population, including women, men, and families directly affected by the policies.

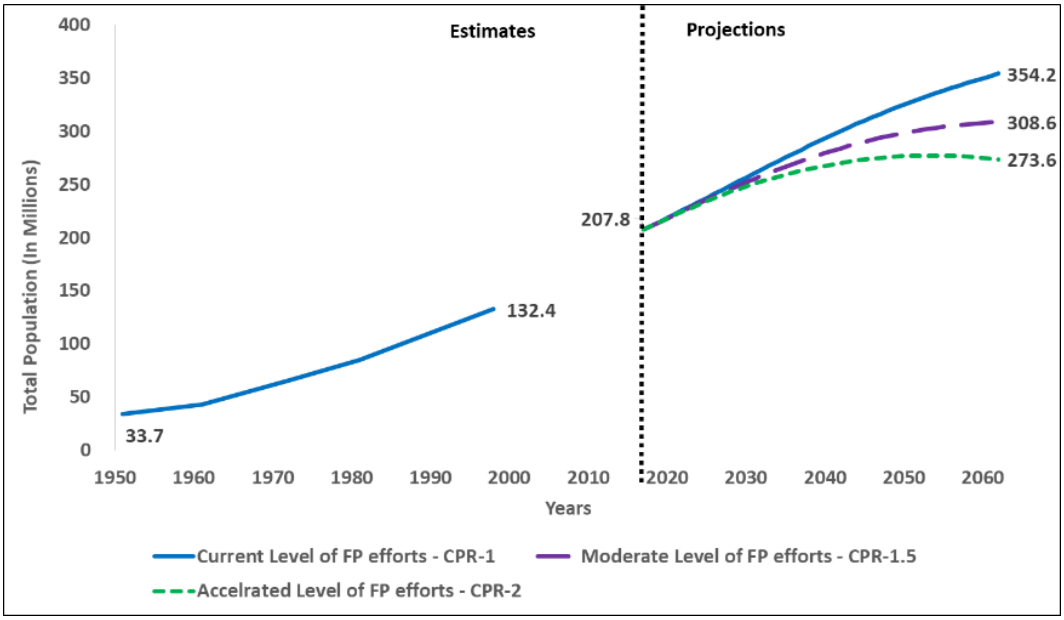
Figure 1 shows the recommended CPR at national level and regional level as approved by the CCI. For the whole of Pakistan, CPR should reach 50 percent in 2025 and 60 percent in 2030. The target level achieved by 2030 at the regional level depends largely and logically on the starting CPR. It would be high in ICT (72 percent compared to 46 percent in 2017-18) and low in Balochistan (46 percent compared to 20 percent in 2017-18).

Figure 1: Estimated CPR targets for all provinces / regions by 2025 and 2030 based on the CCI's recommendations: Source: PDHS 2017-18 and authors' calculations



The impact of different scenarios about changes in fertility would have a major impact on population growth as shown on Figure 23. As explained, the population projections combine different scenarios of CPR and resulting TFR together with the other determinants such as mortality and migration for the period up to 2062. First, the figure demonstrates the momentum of population growth. Until 2030, the difference is minimal between the population obtained using the three scenarios. However, the trend then accelerates and by 2062, the end of the projection period, the total population is 354 million if current efforts are maintained at the same pace (trend scenario), 309 million if the CPR increases by 1.5 percent annually, and 274 when efforts are accelerated (2 percent following the CCI's recommendations). In the The plateauing of the population would occur in all regions when the CPR would increase by a rate of 2 percent.

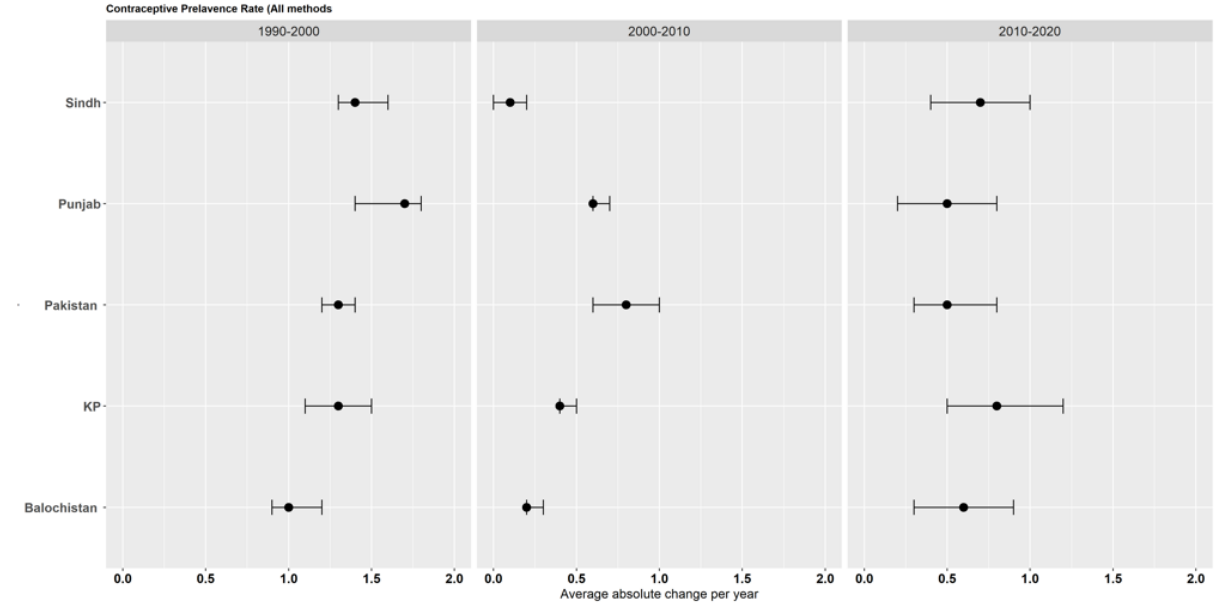
Figure 2: Estimates and projections of total population according to three scenarios of CPR in Pakistan: 1950-2062



Assessment of the Family Planning trends in Pakistan

Wide range of surveys used during 1990-2020 were used including PDHSs, MICS and PSLMs. Subnational estimates and projections build on the Bayesian hierarchical model, FPET Model (the global FPEM), combines systematic trends in total contraceptive prevalence, modelled by logistic growth curves, with a time series model for fluctuations around these trends. A Bayesian hierarchical model is used to estimate the parameters of the logistic functions, so that the country, and subnational rates and trends are considered in the estimation on top of the country experience.

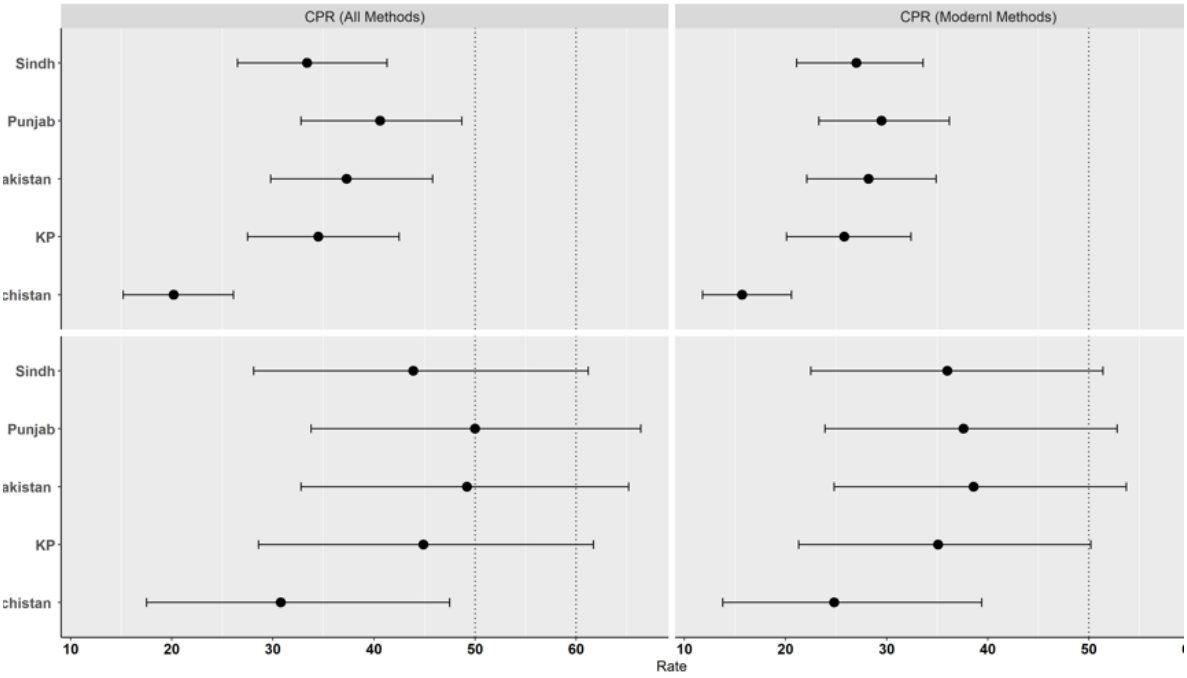
Figure 3: Average absolute changes in contraceptive prevalence rate in Pakistan: 1990-2020



Source: Author's estimates

Approximately, 22% probability that CPR among married women in the year 2025 is above 50%. 14% probability that CPR among married women in the year 2030 is above 60%.

Figure 4: Estimate and projection of contraceptive prevalence rate (All methods & Modern) in Pakistan: 2020 & 2030



Source: Author's estimates

We calculated retrospective fertility rates for available surveys during 1990 to 2017 including DHS, MICS and PSLM, covering the previous 15 years, which adds up to about 40 years of reconstructed data on fertility, fitting to them a non-parametric regression model (weighted LOWESS) to smooth the curve (Wazir & Goujon 2021). We further use the method developed by Bongaarts and Feeney (1998) to check for a tempo effect in fertility using data on mother's age and birth order of child. We also look at the family planning and fertility by parity and the family size preferences to analyze the potential bias of including the period fertility measures in any population/family planning policies.

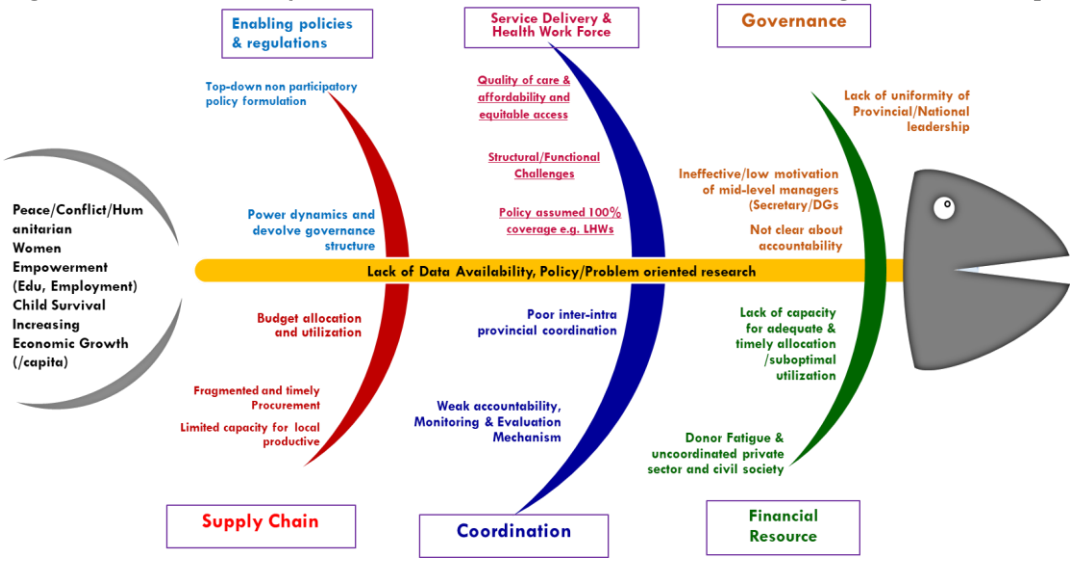
The family planning bureaucracy and policy inertia in Pakistan

A major factor identified as a hinderance to accelerated progress in family planning was the dichotomy between family welfare department (mainly contraceptive services) and the department of health (responsible for the broader SRH/maternal health services). The new action plan stipulated that effective integration of family planning in department of health requires review of implementation of Health Sector Strategy to assess provision of family planning services at all levels and development of a clear roadmap to provide family planning as an essential package of services. It is also essential to review the achievements of health facilities under the population welfare department and propose strategies to enhance their performance. Functional and structural integration of the two departments has been on the agenda for decades without concrete policy and programmatic actions. These very ambitious targets set by Pakistan are unrealistic 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.

Moreover, 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, the bureaucracy 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, however, success equally depends on the leadership and execution efficiency of the midlevel bureaucracy.

Figure 5: Fish bone analysis: Six interlinked macro/micro level challenges for the 2018 policy reforms



Source: Author's estimates

Conclusion

In this study, we place the 2018 family planning reforms in the context of the broader development of the current socio-economic and political context since ICPD 1994. We suggest that, even if the official goals of **"60% of CPR for modern methods by 2030"** and consequently country will achieve the replacement level fertility prove to be in accurate as well as inconsistent with the ICPD principles of right-based approach. Further, this will have also only a minimal impact on the population structure cited as a reason for the changes—namely controlling the population growth. 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. These create implementation challenges for any policy reform. Yet the demographic impact of the 2018 family planning reforms might be small in scope, one should not underestimate the significance of the will and changes at both macro and micro level.

We concluded that the 2018 major policy initiative is weak in relation to formulation process and implementation. In this paper, we will discuss six interlinked challenges for the 2018 policy reforms for more in-depth understanding of the policy making process, financing and implementation challenges. The analysis explains why the 5th most populus country in the world continues to follow ineffective policy

without accounting for implementation (structural) challenges, the preference of the couples, fertility preferences and timing and sex of the birth and broadly demographic diversity.

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