

FAMILY PLANNING 2020 COMMITMENT

GOVT. OF PAKISTAN

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The Government of Pakistan updated its commitment at the [Family Planning Summit in London, UK](#) on July 11, 2017.

COMMITMENT OVERVIEW

Following the 18th Constitutional amendment and devolution of responsibility for FP financing, policy-making and programme implementation, this commitment package represents the revitalized focus and ownership of the federation and the provinces and regions of Pakistan, to the pledges made in the 2012 Summit, and to additional commitments made jointly by the provinces for adding direction and transparency to achieving FP2020 goals.

The Government of Pakistan acknowledges that all citizens are entitled to high quality FP information and services. Therefore, all Provincial Chief Ministers pledge to personally monitor and oversee their respective provincial FP2020 goals through regular stock takes. This will ensure that services are optimally provided by all public and private health sector facilities to meet the reproductive health needs of both men and women and also reach out to the marginalized, so that no one is left behind.

ANTICIPATED IMPACT

By 2020, Pakistan will contribute 6.7 million additional users (3.4 million already reported and an additional 3.3 million to be added), achieving a contraceptive prevalence rate of 50%. This will be achieved through additional resources, raising the per capita expenditure on FP to \$2.50, and a programmatic refocus to address the information and service needs of men and young people and introducing safe and long acting reversible methods through task sharing.

COMMITMENT 1: Raise the CPR to 50 percent by 2020, by ensuring the optimal involvement of the public and private health sectors in family planning, and move towards universal coverage of reproductive health services meeting the SDG target 3.7 by 2030.

Anticipated impact

1. Quarterly stock takes on family planning by chief ministers in all four provinces to monitor and oversee progress to achieve FP2020 goals
2. Raise the current national CPR from 35% to 50% by 2020

Proposed actions

- Enhance collaboration between health and population welfare departments to increase access to FP services

COMMITMENT 2: Offer greater contraceptive choices through an improved method mix, by better counselling and expanding the use of long acting reversible methods, availing all possible opportunities in the health system (especially antenatal and post-delivery consultations) and training 33 percent of all LHVs, FWWs and community based workers (LHWs and CMWs) to provide a wider range of contraceptive products.

Anticipated impact

1. Sayana Press total roll out from registration to delivery through community based workers
2. 33,000 community based LHWs trained in providing an expanded range of contraceptive products

Proposed actions

- Develop a training strategy for LHVs/FWWs in improved counseling and inserting implants
- Develop a training strategy and roll out plan for training LHWs/CMWs in offering LARCs

COMMITMENT 3: Expand the program focus by providing services and information to men and gatekeepers so as to reduce unmet need among those women who cite husbands/social/religious opposition as reasons for non-use.

Anticipated impact

1. Halving of unmet need among women and girls by 2020 and elimination by 2030
2. 50% of all married men know where birth spacing services can be obtained

Proposed actions

- Establish male counseling booths in all health facilities
- Involve religious leaders to engage with men in providing information on the permissibility of birth spacing in Islam

COMMITMENT 4: Focus on addressing the information and FP service needs of nearly 100,000 married adolescent girls aged 15-19 thereby reducing their unmet need and meeting the reproductive health informational gaps of unmarried youth by providing life skills based education.

Anticipated impact

1. Meet the needs of 100,000 married girls aged 15-19 who have unmet need for family planning

COMMITMENT 5: Provincial Ministers of Finance assure an increase in financing, moving towards the 2020 goal of \$2.50 per capita that includes both private and public funding for family planning, (especially new initiatives) with support from the Federal government.

Anticipated impact

1. Provincial and Federal budget for family planning increase by at least 50%

Proposed actions

- Provincial Finance Minister Earmark enhanced financial outlay for FP services in the 2018-19 Budgets

The following text summarizes the commitment made on behalf of the Government of Pakistan at the London Summit on Family Planning on July 11, 2012.

Pakistan commits to working toward achieving universal access to reproductive health and raising the contraceptive prevalence rate to 55% by 2020. Pakistan will take forward its 2011 commitment with the Provinces for all public and private health facilities to offer birth spacing services. The amount spent on family planning, estimated at US \$151 million in 2011/12 will be increased to nearly US \$200 million in 2012/13, and further in future years. The federal government assesses the contraceptive requirement as US \$186 million over the period 2013 to 2020, which will need to be provided for. Contraceptive services will be included in the essential service package of two provinces in 2012, with the others following in 2013. Supply chain management, training and communication campaigns will be strengthened. Family planning will be a priority for over 100,000 lady health workers, who cover 70 percent of rural areas. Public-private partnerships and contracting out mechanisms will help scale up access, and work with religious leaders and men to promote the benefit of birth spacing will continue.

Objective

***Government of Pakistan revised the objective 2, based on the consensus in the National Population Summit in November 2015, through statement in the annual update dated November 9, 2016**

Revised objectives (Nov. 2016):

1. Achieve universal access to reproductive health by 2020
2. Raise CPR to 50 percent by 2020

Original objectives (July 2012):

1. Achieve universal access to reproductive health by 2020
2. Raise CPR to 55 percent by 2020

POLICY & POLITICAL COMMITMENTS

Pakistan commits to strengthening the National Task Force/National Population Commission on Population and Development to achieve policy consensus and program improvement for FP across provinces. The Task Force/Commission will also coordinate with the provinces to agree on specific service delivery targets that could be monitored periodically. Federal financing will be aligned with the achievement of these targets.

Post 18th Amendment provinces and Special Areas governments will develop health sector strategies for 2012-2020 containing interventions for promotion of FP, and will also regularly monitor the CPR. The National Population Policy 2010 will act as an umbrella as provinces develop their own population policies, prioritizing the centrality of population within their health and development plans.

In addition, cross party support for population issues will be ensured by the Parliamentary Group on Population and Development, to influence political party agendas before the next elections.

The MDG Parliamentary committee is currently ensuring accurate monitoring of MDG targets through independent data collected by Pakistan Bureau of Statistics.

FINANCIAL COMMITMENTS

Annual public spending for FP services for 2011-2012 was US \$151 million. Pakistan will increase this to \$197.7 million in 2012-2013, with further increases annually to ensure universal access by 2020.

The private sector share is \$40.8 million. Greenstar social marketing, Family Planning Association Pakistan, and Marie Stopes International provide the main share of private sector FP services.

2011-2012 spending on FP was \$1.21 per capita (public sector share: \$0.84; private sector share: \$0.37). In 2012-2013, the public-sector share will increase to \$1.07 per capital (total: \$1.55 per capita). The goal is to reach \$2.50 per capita by 2020.

Contraceptive requirements for both Government and Greenstar social marketing are covered by USAID until 2014. Subsequently, the government will need to import approximately \$13 million worth of contraceptives yearly. This number will increase to \$35 million annually by 2020, as we reach CPR 55 percent. The 2013-2020 resource gap for contraceptive commodities is \$186 million.

The provinces are currently developing medium term budgetary frameworks, aligned with health sector strategy, to ensure financing of programs including FP. The next step is to have a specified line item for FP in their health budgets. Provinces will raise additional resources to increase access to quality services by training staff in client centered services and ensuring the availability of contraceptive supplies.

PROGRAM & SERVICE DELIVERY COMMITMENTS

Pakistan will engage with provinces to implement the Minister's directive to provide birth spacing services in health facilities at all levels. Contraceptive services will be included in the essential service package of two provinces in 2012, with the others following in 2013.

Pakistan commits to making FP a priority for over 100,000 LHWs, who cover 70 percent of rural areas. They will strengthen LHW quality of care by regularizing their employment status, providing training, and reinforcing referral links between LHWs, community midwives, and nearby facilities. Pakistan will strengthen supply chain management, training and communication campaigns. A modern state of the art storage tracking system at the Central Contraceptive Warehouse in Karachi has been installed.

Pakistan is working to scale up access through public-private partnerships and contracting-out mechanisms, and to scale up work with religious and community leaders and men to promote the benefits of birth spacing. There will also be efforts to increase the focus on men in communications messages, mobilization activities, and services (through the increased availability of vasectomy services and condom distribution).

The provinces are planning other initiatives, such as:

- Strengthening procurement and logistic systems for timely, regular and uninterrupted availability of contraceptives at all public service delivery points;
- Improving the technical and communication skills of service providers for better service quality; and
- Placing greater emphasis on communication for generating more demand, raising awareness, and changing behavior.