

PAKISTAN'S COMMITMENT ICPD25 NAIROBI SUMMIT

12-14
November 2019
Nairobi, Kenya



BACKGROUND

Twenty-five years ago, in 1994, 179 countries adopted a landmark Programme of Action (POA) during the International Conference on Population and Development (ICPD), held in Cairo, Egypt. It has been regarded as one of the most significant global conferences ever held in that it transformed the way in which countries started to address population, poverty reduction and sustainable development issues – putting the needs and aspirations of individual human beings at the center of sustainable development. In 2015, the international community reaffirmed this commitment of putting “people, planet and prosperity” at the center of sustainable development, when it adopted the Agenda 2030 and the Sustainable Development Goals (SDGs). Universal access to sexual and reproductive health and rights is one of the cornerstones of population and development programmes the world over, and is a key target of the SDGs. It rests on the premise that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so.

Over the past 25 years, the progress in some of the key indicators has been remarkable:

- Preventable maternal deaths have declined by 45% globally.
- Adolescent birth rates have decreased by 34% globally.
- Contraceptive Prevalence Rate (CPR) has increased globally by 25% since 1994.
- Primary school is accessible to most children in the world and percentage of females who progress to secondary education grew from 83% in 1994 to 91% today.
- More women are members of Parliament: Proportion of seats in parliament held by females was 11.7% in 1997 vs. 24% today.

Despite this remarkable progress, the dream of ICPD has remained a distant dream for millions of women and girls. They are still waiting for the promise of Cairo to be fulfilled:

- An estimated 808 women die in childbirth, every day; many of them girls between the ages of 15–19 years old!
- Some 33,000 girls marry before they reach the age of 18, every day!
- More than 200 million women are not having access to modern contraceptive methods
- More than 3 million girls undergo FGM, every year
- More than 2 million 10 to 19-year-olds are living with HIV; about one in seven of all new HIV infections occur during adolescence
- And an estimated 1/3 of all women have reported being victims of SGBV in their lifetime
- An estimated 132 million girls worldwide are still out of school; this includes 34.3 million girls of primary school age, 30 million girls of lower secondary school age, and 67.4 million girls of upper secondary school age.

Pakistan is one of the countries that made commendable progress in most reproductive health indicators since the ICPD:

- Antenatal care increased from 14% (1990) to 51% (2018);
- Skilled birth attendance increased from 17% (1990) to 69% (2018);
- Deliveries in health facilities increased from 13% (1990) to 66% (2018);
- Maternal mortality declined from 430 (1990) to 140 deaths per 100,000 live births (2017); (Source: WHO, UNICEF, UNFPA (2019))
- Infant mortality decreased from 86 to 62 per 1000 births from 1990 to 2018.
- Life expectancy at birth (males and females) increased from 61 years (1992) to 67 years (2018). (Source: UN World Population Prospects 2017)



We still have a long way to go before we can claim to have fulfilled national aspirations related to ICPD agenda. Too many are not enjoying their rights and have been left behind.

- Between the last two censuses (1998 & 2017), Pakistan population grew at 2.4% annually and growing faster than most other countries in Asia.
- Maternal mortality is 140/100,000 live births with wide variation between provinces, with the figure being highest in Balochistan (785/100,000 -2006-07).
- Pakistan has one of the highest fertility rate in the South Asian countries, at 3.6 children per woman in 2018.
- About 8% of women of 15-19 years of age are already mothers or pregnant with their first child.
- One in three women have experienced spousal physical, sexual or emotional violence.
- Furthermore, recent evidence shows high prevalence of child marriage in Pakistan, about 29% of women (aged 25-49 year) were married before age 18. Child marriage is a human right violation. It has many effects on girl's

health: increased risk of death during childbirth, high neo-natal and infant mortality and increased vulnerability to obstetric fistula and undermine their overall future prospects to development.

Pakistan was one of the pioneer countries which integrated family planning in primary health care services back in the 60's. However, currently Pakistan lags behind regional countries with family planning indicators characterized by stagnated level of modern contraceptive prevalence, high unmet need and poor quality of care:

- Unmet need for Family Planning is 17%. This translates to about 6 million women in Pakistan who want to prevent pregnancy but do not have access to modern contraception. It is the highest in the region.
- CPR for modern methods stagnated at 25%, which is one of the lowest in the world
- As a result, fertility in Pakistan, is one of the highest at 3.6 average births per woman

To achieve the unfinished business, governments, civil society, youth networks, and development partners should accelerate the promise of the ICPD POA and strive for the transformative vision - the three zeros by 2030: no unmet need for contraception; no preventable maternal deaths; and, no violence or harmful practices against women and girls. Pakistan made the following commitments at the ICPD25 Nairobi Summit which was held from 12-14 November in Nairobi, Kenya.



1 Achieve universal access to sexual and reproductive health as a part of universal health coverage (UHC), by committing to strive for

- Ensuring universal access to family planning, reproductive health services and commodities while aiming at significantly reducing unmet need and achieving:
- Contraceptive Prevalence Rate (CPR) from 35% (2017) to 50% by 2025, further raising CPR to 60% by 2030;
- Thereby lowering the total fertility rate from 3.6 (2017) to 2.8 children per woman by 2025 and 2.2 children per woman by 2030;
- Reducing maternal morbidity and maternal mortality ratio from 170 (2018) to less than 70 per 100,000 live births by 2030, through increasing skilled birth attendance, access to modern contraception, expanded coverage of community health workers as an essential component of Universal Health Coverage.
- Making the right to promotive and primary health care for mother and child mandatory as the right to Education given in Article 25-A of the constitution.
- Ensure implementation of Life Skills Based Education and Population Studies in all Secondary and Higher Secondary schools by 2030.
- Introducing pre-marital counselling on family planning for Nikkah registration and providing continuous training to Lady Health Workers or appropriate service providers.

2 Mobilize the required financing to finish the ICPD Programme of Action and sustain the gains already made, by

- Realizing the commitment made earlier at FP2020 for raising per capita expenditure on Family Planning to \$2.50 by 2025 from \$1.07 in 2018.
- Establishing a five-year non-lapsable Population Fund with annual allocation of Rs.10 billion (USD 63.7 million) for expanding family planning services.
- Doubling Federal & Provincial Population & Health budgets for Family Planning /Reproductive Health and protect from reallocation to other programs & departments while ensuring timely releases.
- Putting in place an effective coordination mechanism for donor financing to NGOs and private sector organizations involved in FP/RH.

3 Draw on demographic diversity to drive economic growth and achieve sustainable development, by

- Harnessing the demographic dividend through investing in women, adolescents' and youth's education, employment opportunities and health, including family planning and sexual and reproductive health and services.
- Upholding the principle that young people's health and well-being can be discussed and decided upon only with their direct and full involvement and equal participation.
- Linking population programs with social safety net initiatives like Benazir Income Support Program and introduce conditional cash transfer schemes or incentivized schemes for adoption of family planning services and institutional delivery.
- Strengthening the quality, data system and availability of accurate, reliable, and timely disaggregated data to ensure inclusiveness of all program.

4 Address gender-based violence and the harmful practices of child, early and forced marriages, by committing to

- Legislate and enforce Early Child Marriage Restraint Acts by Federal & Provincial Governments in fulfilment of Pakistan's commitment to the Convention on the Rights of the Child.
- Reduce the birth rate among adolescents (age 15-19 year) from 46% (2017-18) to 23% by 2030.
- Adopt zero tolerance policy on violence against women and girls and develop and implement a framework on Violence Against Women prevention, response, protection and rehabilitation.

5 Uphold the right to sexual and reproductive health care in humanitarian and fragile contexts, by

- Increasing national, provincial and district capacity for emergency preparedness and mainstreaming of the Minimum Initial Service Package (MISP) for reproductive health, family planning and prevention of and protection against GBV in humanitarian emergencies.
- Increasing national coordination and operational capacity for implementation of MISP and creating for humanitarian-development nexus for sustainable development.
- Recognizing the linkages between population/family planning and climate change, integrate family planning programs in national climate change policies and strategies.

KEY SOURCE DOCUMENTS

- HUMAN RIGHTS CASE NO.17599 OF 2018, Regarding alarming high population growth rate in Pakistan, Supreme Court of Pakistan, 2018
- Council of Common Interest Recommendations, November 2018
- Action plan (2019-24) for implementation of recommendations approved by CCI regarding alarming population growth in Pakistan, January 2019
- Pakistan FP2020 revitalized commitments 21017
- Prime Minister's 'Ehsaas' Policy Statement, on Poverty Alleviation and Social Protection, March 2019
- Sustainable Development Goals (SDGs), National Framework, Government of Pakistan, March 2018
- NATIONAL POLICY ON ENDING VIOLENCE AGAINST WOMEN & GIRLS
- National Monsoon Contingency Response Directive, 2019, National Disaster Management Authority, Prime Minister's Office, Government of Pakistan

STATEMENT BY PAKISTAN FEDERAL MINISTER FOR HEALTH,

DR. ZAFAR MIRZA AT THE NAIROBI
SUMMIT - 13 NOVEMBER 2019



Excellencies, Ladies and Gentlemen,

Let me begin by thanking and cordially congratulating President Kenyatta for hosting ICPD25 and enthusing us yesterday with his speech. I would also like to thank and congratulate UNFPA Executive Director for her dynamic leadership and Denmark for their generosity and partnership in holding this great event. I am honoured and privileged to stand here today and represent my country in a conference which was started in 1994 as a movement by a great compatriot of mine, Dr Nafis Sadik who was then the Executive Director of UNFPA and our then Prime Minister late Benezir Bhutto participated in that watershed conference.

In Pakistan we have made significant progress on many accounts in last 25 years. I would like to share following two statics:

- Between 1990 and 2018 antenatal care has increased from 14% to 51%
- Skilled birth attendance increased from 17 to 69% in the same period.

More important for us however is to say that we are unsatisfied with the progress we have made and we acknowledge the need for an accelerated action on many accounts for our children, girls, women, boys, men and our transgender fellow citizens.

There is a political change in Pakistan, with the leadership of Prime Minister Imran Khan who strongly and deeply believes in human dignity and development. In his inaugural speech Prime Minister pulled out a CT scan of a child with stunted brain and compared it with a normal brain scan of the same aged child and declared that these are the issues that the government will take head on. He deeply empathise with vulnerable sections of society and is leading an unprecedented national effort to address the problems of disadvantaged in the society. Even in the time of economic difficulty our government has prioritised these issues and we have initiated mega multi-billion PKR projects financed mainly through domestic resources.

Like the kamyab jawan (successfull youth) program for youth empowerment through economic support and women empowerment.

Or the Ehsaas program which means Empathy, a comprehensive poverty alleviation and social protection. Along with Benezir Income Support Program make up a largest safety net programs which are providing unconditional cash transfers to the income poor.

We have also initiated social health insurance for the poor families and until now around 5 million families have been provided coverage.

Excellencies, Ladies and Gentleman, issues related with population planning and welfare are now at the heart of

our public policies. Our 5-year development plan is firmly underpinned by 2030 agenda for sustainable development and we are actively working to mitigate the effects of climate change. Our government has embarked upon an agenda of fundamental change specially to address the needs of women, children and youth. We are conscious that we are lagging behind but we are also cognisant of the opportunities our current demographic profile hold. 64% of our population currently is below the age of 30 years. Managed through investing in human capital this can turn into a huge demographic dividend.

We have now developed a National Action Plan on Population and we have established Federal Taskforce on Population which is chaired by the Prime Minister, all chief ministers and relevant federal ministers. Same high level task forces have been established in provinces. In this work we clearly understand that governments alone cannot do everything and neither they should. Therefore we are seeking strong partnerships with civil society, private sector, youth networks and development partners.

We have set time bound targets and we are committed to achieving them. We know that it is critical to meaningfully advance towards achieving access to sexual and reproductive health as an integral part of UHC. In this connection,

- We aim to lower our total fertility rate from 3.8 to 2.8 children by 2025 and 2.2 by 2030.
- We would achieve this by simultaneously increasing our Contraceptive Prevalence rate from 35% to 50% by 2025 and 60% by 2030.
- We also aim to reduce MMR from 170 to less than 70 per 100,000 live births by 2030 through increasing skilled birth attendance, access to modern contraception through integrating these at primary health care level and through expanded coverage of Lady Health Workers.
- We are also creating a population fund worth 10 billion / per annum which will be replenished every year
- As our commitment to Convention of the rights of child we are legislating and will enforce with full force Early Child Marriage Restraints Act and we are adopting zero tolerance policy on violence against women and girls

In the end, I reaffirm our commitment to finish the unfinished business of ICPD. This require global cooperation and borrowing experiences from many countries represented here today.

I would like to take this opportunity to recognize our strong partnership with UNFPA and other development partners. We value your support and assure you that in contemporary Pakistan you would get best value for your money.

I thank you for your attention.