Government of Pakistan
Planning Commission
Ministry of Planning, Development and Reform
(Health Section)
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Policy Paper

Subject: **Contraception (Birth Spacing) as Women and Child Health Intervention**

Maternal and Child Health Indicators fall short of required levels in Pakistan. Despite heavy investment during the last two Five Year Plan (2005-10 and 2013-18) period both in current and development spending to improve MCH status, gains have been suboptimal. This is manifest in the current state of indicators related to maternal mortality ratio (178/100,1000 live births), infant and child mortality ratios (66/1000 live births and 81/1000 live births), trained personnel attending deliveries (58%) etc.

2. Devolved Maternal, Neonatal and Child Health (MNCH) Programme deployed measures to fill-in the gaps and provided necessary infrastructure at the primary and secondary healthcare levels. A specialized cadre of Community Midwives (CMWs) was introduced to reach hard to reach population having paucity of fixed health facilities. However, these curative interventions could not bring the required dividends due to a number of missing links in the preventive domains, of particular mention is birth spacing through contraception. Health sector by and large remained unresponsive to this essential step to move towards mother and child health.

3. Despite heavy investment, an evaluation of population control programme over the last many decades reveal clumsy results. We have suboptimal proportion (only 47%) of women of reproductive age who have their need for family planning satisfied with modern contraceptive methods, and high (44%) adolescent birth rates aged 10-14 years and 15-19 years per 1000 women. Population particularly youth find it a stigma to visit service delivery outlets of Population Control Programme like Family Welfare Centres to get contraceptive services.

4. This is additionally fraught with issues of poor governance and lack of accountability of the programme. On the supply side, there are issues of poor access, stock-outs, capacity (provider may not have enough knowledge about side effects of different methods of contraception, and client may not accept method because of its side effects), and weak monitoring & evaluation (according to PDHS 2006-07 IUCD use was 2.3 %, and in PDHS 2012-13 this was again 2.3 %: what was the fate of IUCDs distributed in between this duration we do not know). Dissatisfaction, quality (1.6 % use of Oral Contraceptive Pills as compared to 31% in Bangladesh), myths & conceptions particularly religious antagonism, and coverage remain the demand side problems. This has led to high unmet need (20%), unwanted pregnancy, unwanted child (almost one unwanted child per woman as per PDHS 2012-13) or unsafe abortion (2.3 million abortions per year according to Population Council's Study).

5. High risk fertility behaviors refer to short birth interval (< 24 months) or sometimes too long (>59 months), higher number of total live births, and too early (before age 18) or too late childbearing patterns (after age 34). In Pakistan, 15% of women of reproductive age give birth by age of 18 years, 8 % of adolescent girls (15-19 Years) are either mothers or pregnant with their first child, 37% of births occur within 24 months with 18% occurring in less than 18 months, shortest birth interval is observed in case of preceding sibling death, and around 2.5 million abortions are induced annually to avoid unwanted pregnancies. In an informal survey high risk fertility behavior was seen within the staff of population welfare programme itself. The ultimate outcome is obvious in results of Census 2017 which instead of decline has shown rise in population to 207.774 million @ 2.4 % population growth rate.

6. Can Population Welfare Department alone reach to vulnerable segments of the population with highest unmet need? The answer is straightforward no. It's a shared responsibility: Business as usual will not work and out of box thinking is required. In order to effectively involve health sector in birth spacing as a mean to women and child health, which is also likely to address the religious antagonism currently faced by the population welfare programme, Planning Commission envisages a policy consideration which envisions a Pakistan where every woman, child and adolescent realizes its right to health and well-being, has social and economic opportunities, and is able to participate in shaping a prosperous

and sustainable society with the overarching objective to ensure universal access to sexual and reproductive healthcare services and rights including for family planning and birth spacing within health sector.

7. Health sector has massive outreach, more resources, and ensures reproductive health needs and aspirations of all people. Family planning use increases when it is embedded in health sector where it is a key mother and child health intervention. Integration of FP and MCH has the advantage of offering broad range of services at the same place and from the same provider. Integration of FP/MCH saves “lives, money, and time” by lengthening the birth interval, reducing the number of high risk pregnancies, ensuring health services are offered in an efficient and cost effective way, and saving travel and time cost.

8. In order to support delivery of contraception services through health sector reproductive, maternal, neonatal and child health interventions, *Policy Dialogue on Contraception (Birth Spacing) as Women and Child Health Intervention* held on July 03, 2018 with participation of Federal Ministry of National Health Services, Regulations and Coordination, Capital Administration & Development Division, Directorate of Health Services, Municipal Corporation of Islamabad, ICT Health Department under Office of the Chief Commissioner, Provincial Departments of Health, Population Welfare and Planning & Development, academia, civil society and international development partners including WHO, UNICEF, USAID, Population Council, Family Planning Association of Pakistan and many other such stakeholders identified the following policy areas for adoption as national priority for implementation at the ICT, provincial and sub-provincial levels:

a) Integration of birth spacing into health strategy, plans and institutional arrangements to ensure optimal implementation. This includes legal entitlements that facilitate universal access to family planning in support of RMNCH programming and implies right to the highest attainable standard of health and universal access to health care and services including contraception.
b) Legal basis for safe abortion. The grounds for legal abortion should be broadened and access to safe abortion services improved to reduce the number of clandestine procedures and the negative consequences that often

result. Service provision guidelines must be adopted and disseminated, providers must be trained, and government must be committed to ensuring that safe abortions are available. Restrictive laws do not stop women from having abortions. They merely make the procedure clandestine and often unsafe. This is evident from the fact that an estimated 2.25 million abortions were conducted in Pakistan in 2012. Almost all these abortions were clandestine and the health and lives of women were at risk. There were 50 abortions per 1,000 women aged 15-49 in 2012 and 27 per 1,000 women aged 15-49 in 2002. An estimated 623,000 women were treated for complications resulting from these unsafe induced abortions. The situation is expected to be even worse now in 2018. As a policy shift, safe abortion with a defined scope and SOPs using a WHO-recommended method appropriate to the pregnancy duration is required backed with a legal cover.

c) Contraceptive supply and security at various tiers of health service delivery. BHUs/ RHCs including at remote areas should provide a range of non-surgical contraceptives, and THQs/ DHQs/ Tertiary Hospitals should mandatorily be providing Contraceptive Surgery. There is required inclusion of contraception in the Essential Health Services Delivery packages (EHSDP) and Essential Drugs List, and development of communication strategies at health department levels, and deployment of clinical franchising.
d) Health sector should target women who fall in high risk fertility category. An increased CPR can be achieved by addressing missed opportunities including prenatal and postnatal care, post-partum period (after giving birth) and helping in preventing unintended pregnancies, post abortion care, and family planning and immunization integration.
e) Essential health infrastructure and health facilities. In future, new FWCs may be considered to be housed within the premises of primary health care set up for integration. Similar is integration of LHWs and CMWs with PHC set up.
f) Health human resource (doctors, paramedics etc) capacity building both pre-service and in-service including for counselling and contraception services provision. This includes information, counselling and services for comprehensive sexual and reproductive health including contraception in the pre-pregnancy interventions, counselling on family planning, birth and emergency preparedness during antenatal visits, family planning advice and

contraceptives in the postnatal period, comprehensive sexuality education and information, counselling and services for comprehensive sexual and reproductive health including contraception for the adolescents health and development at the existing three tiers of health service delivery set up. All these aspects are required to be catered to by health sector through its routine system.

g) Globally, population is seen as an asset rather as a burden and population welfare indicates the ways in which quality of people's lives can be improved by providing them with basic necessities of life like education, health and skills trainings etc. Population Welfare Departments should redirect the efforts to focus on population welfare side by side with population stabilization planning and find ways to utilize the present populace through active engagement in the economy so that quality of people's lives can be improved by providing them with basic necessities of life. This is the population opportunity approach toward a future that offers a chance to provide an essential level of health, wealth and happiness to all Pakistanis.

h) As indicated by the recently launched National Human Development Report by the UNDP Pakistan, the country has the largest ever young population in its history, with 64 percent people up to the age of 30. The challenge for Pakistan is how to convert this massive youth bulge into an opportunity. This requires meaningful investment into quality education, health opportunities and productive employment generation that, in turn, necessitate well-thought-out and workable youth development plans.

9. Mainstreaming of contraception in health sector will require additional training of healthcare personnel, revision of clinical procedures and guidelines, and management of contraceptive supply chain, provision of basic equipment, supplies and referral system which will require additional investment to be allocated in development budgets.

10. Accountability is the cornerstone of any initiative. A sense of community and partnership, and that of common goals and challenges in the area of reproductive, maternal, newborn and child health with contraception and birth spacing mainstreamed will give the policy undertaking its strength. The accountability model which includes mandatory reporting from commitment makers

will have the approach that includes measurement, inclusion and participation, and transparency and independence. It will facilitate tracking of resources, results and rights, including through multistakeholder commitments and multisectoral action, to achieve the policy objectives, and support a critical independent review function.

11. Although health and other such services delivery in social sector has been devolved, being a federation and federal state, need for a common vision and common national priority areas and their implementation by the provinces shall remain and this policy paper is an attempt to focus our efforts as a nation in the area of birth spacing and contraception for mainstreaming within health sector to ensure optimal mother and child health and decline in fertility ratio.

12. In accordance with Article 154 of the Constitution, Council of Common Interest (CCI) is responsible to formulate and regulate policies in relation to the matters enumerated in Part-II of Federal Legislative List (FLL) (devolved subjects) and exercise supervision and control over related institutions. Accordingly, concurrence of CCI for mainstreaming contraception within health sector through various policy options enumerated under Para 8-11 above will boost implementation at the provincial and sub-provincial levels.

This Policy Paper has been prepared in a consultative process as part of mandate of Planning Commission as apex think tank of Government of Pakistan responsible for defining national vision and undertaking strategic planning while identifying areas lacking adequate portfolios. Views and comments are highly encouraged and welcome.

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