



**SDPI**  
Sustainable Development Policy Institute

**BRIEF REPORT**

# POPULATION MANAGEMENT:

A Priority in URAAN Pakistan &  
Integration of Population Planning  
in Health Policy Framework



**VIRTUAL EXPERTS' ROUNDTABLE**  
MARCH 11, 2026



SDPI PAKISTAN



OFFICIALSDPI



SDTVPAKISTAN

© 2026 Sustainable Development Policy Institute (SDPI).

All rights reserved.

#### Disclaimer

This report is a publication of the Sustainable Development Policy Institute (SDPI). The opinions expressed herein, represent collective recommendations of the experts consulted in an Experts Roundtable organised by SDPI on Population Management. It does not necessarily reflect the views of SDPI.

SDPI is an independent, non-profit research institute working on sustainable development.

Address: P.O. Box 2342, Islamabad, Pakistan. Telephone: +92 (51) 2278134, 2278136, 2277146, 2270674-76. Fax: +92 (51) 2278135. URL: [www.sdpi.org](http://www.sdpi.org)

Research Unit/Centre

Centre for Health Policy and Innovation

Sustainable Development Policy Institute

**Dr. Razia Safdar**, Senior Policy Advisor

**Alishba Naeem**, Project Coordinator

## Introduction

SDPI organised a virtual Expert Roundtable (RTD) on the theme “Population Management: A priority in URAAN Pakistan & Integration of Population Planning in Health Policy Framework”. This experts’ discussion broadly focused on integration of Population Policy in the Health Policy as well as reflections on ongoing population management interventions in family planning.

To gain a holistic perspective across public, private, international and philanthropic sectors, the CHPI team engaged a diverse group of experts who grounded the discussion in local social and policy contexts and highlighted key gaps between policy and implementation.

The roundtable sought to gather expert insights on gaps in the existing health system to strengthen the integration of population management into health services. It further explored financing and supply- and demand-side constraints within the framework of the National Action Plan on Population and the Council of Common Interests’ recommendations. In view of revived emphasis on population management under URAAN Pakistan, the discussion also highlighted innovative approaches needed for meeting targets in Action Plan on Population.

## Objectives

1. Assess the alignment of URAAN Pakistan’s population priorities and goals with existing government interventions and donor-funded programs.
2. Identify gaps in health system and family planning initiatives and financing to meet the targets outlined in the revised National Action Plan on Population (2025-30)
3. Understand the health and population policy implementation at the national and provincial level
4. Explore the connection between population management and related health outcomes.

This brief event report presents key Policy Recommendations that emerged from this discussion in alignment with recommendations by the Council of Common Interests (CCI) as well as the priority actions outlined in the National Action Plan on Population.

# Policy Recommendations

Council of Common Interests Recommendations	National Action Plan on Population	Policy Recommendations Formulated following the Experts' Roundtable
<b>1. Universal Access to Family Planning/ Reproductive Health (FP/RH)</b>	Mandate all public health facilities (BHUs, RHCs, THQs, DHQs) to deliver FP service as part of EPHS <sup>1</sup>	1.1. Increase uptake and equitable access of Family Planning (FP) services and contraceptives by institutionalizing integrated Family Planning and Reproductive Health (FP and RH) service delivery within the primary healthcare system. 1.2. Improve access to postpartum and post abortion family planning to fill the gap of unmet needs, through standardization and guidelines for health service delivery as appropriate for primary, secondary, and tertiary care. 1.3. Integrate family planning information and counseling into routine antenatal care and postnatal visits, postpartum counseling and child immunization services at all existing maternal and child health service delivery points in public and private sector.
	Private sector practitioners and hospitals to provide FP counseling, info & services	1.4. Monitor FP and RH service delivery in the private sector by strengthening institutional mechanisms, frameworks, and data reporting across all tiers of care.
	Current cadre of Male Mobilizers to be made active and accountable for counseling men on family planning	1.5. In addition to scaling pilot initiatives that engage men in community-based efforts to increase demand, supply side measures such as engaging male family physicians in FP service delivery (e.g. sub-dermal implant insertion) should be implemented to expand the pool of human resource.
	Critical Gap	1.6. Incorporate FP services in National Social Health Insurance Program for universal access by adopting novel evidence-based approaches already piloted. 1.7. Strengthen age-appropriate interventions by expanding outreach to adolescents, drawing on lessons from regional contexts to design

<sup>1</sup> Basic Health Units (BHU), Rural Health Centres (RHC), Tehsil Headquarter Hospitals (THQ), District Headquarter Hospital (DHQ).

		culturally relevant approaches, particularly in premarital and marital counseling.
<b>2. Financing</b>	Innovative approaches of federal & provincial governments for reaching poor and marginalized population	<p>2.1. Start domestic resource mobilization for the implementation of the National Action Plan (2025-2030) and explore output-based financing mechanisms to ensure quality, equity, and accountability in FP&amp;RH service delivery.</p> <p>2.2. Adopt innovative, sustainable and affordable models for expanding FP services through private service providers aimed at increasing the accessibility and affordability of FP services and contraceptive commodities for the poor.</p> <p>2.3. Strengthen health system performance, particularly in rural areas, to reduce regional disparities in access to quality health and population services by prioritizing underperforming districts based on key health indicators.</p>
<b>3. Contraceptive Commodity Security</b>	Supply Chain Management System to be strengthened for availability of all contraceptives at Service Delivery Points	<p>3.1. Ensure commodity availability nationwide by scaling up proven supply chain interventions, and using real-time data from logistics and supply chain information systems to improve forecasting, identify bottlenecks and enhance responsiveness.</p> <p>3.2. Promote innovative, sustainable market-based models for private sector contraceptive provision to reduce dependence on subsidized public procurement.</p> <p>3.3. Incentivize local production of contraceptives, with a focus on long-acting reversible contraceptives (LARCs).</p>
<b>4. Curriculum and Training</b>	Population Dynamics in Pakistan to be included in College and University level education	4.1. Invest in demographic research and population planning skills and knowledge to support population policy and evidence base in the country.
<b>5. Advocacy and Communication</b>	Mass movement leading to a call of action	<p>5.1. There is an urgent need for pro-active demand side strategies to overcome misconception about family planning methods, attract new clients, and ultimately increase the Contraceptive Prevalence Rate (CPR) to support effective implementation.</p> <p>5.2. Create awareness on the national narrative on <i>Tawazun</i> amongst all stakeholders through sustained and consistent advocacy.</p>

	Behavioral Change Communication campaign to highlight roles and responsibilities of men	5.3. Develop population specific (age, gender, urban/rural) social behavior change interventions for each component, i.e. community mobilization, service delivery points, education and public campaigns through media.
		5.4. Scale up evidence-based pilot interventions that engage men, including initiatives such as Husband Schools.

### Population Planning Cross-cutting Themes

<b>1. NFC Reforms</b>	Reforming Pronatalist Policies	1.1. Introduce social indicators focusing on health, education, human capital and sustainability as well as indicators for social outcomes tying increase in provincial share to outcomes and fiscal efforts.
		1.2. Consensus based and phased reduction in population weightage in future NFC awards.
<b>2. Population Planning and Climate Change</b>	Synergy in health, population and climate change interventions	2.1. Adopt an integrated policy framework that explicitly links climate adaptation, health system strengthening, and population planning informed by approaches such as One Health, which brings together cross-sectoral issues.
		2.2. Improve cross-sectoral linkages and coordinated strategies for WASH <sup>2</sup> and other areas where mandate lies with different departments to ensure holistic planning, implementation and timely and adequate resource allocation.

<sup>2</sup> Water, Sanitation, and Hygiene (WASH).