

Population Management: A priority in URAAN Pakistan & Integration of Population Planning in Health Policy Framework

Experts' Roundtable (Online)

March 11, 2026

<i>Council of Common Interests Recommendations</i>	<i>National Action Plan on Population</i>	<i>Policy Recommendations Formulated following the Experts' Roundtable</i>
1. Universal access to Family Planning/ Reproductive Health (FP/RH)	<i>Mandate all public health facilities (BHUs, RHCs, THQs, DHQs) to deliver FP service as part of EPHS</i>	<p>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;</p> <p>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;</p> <p>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;</p>
	<i>Private sector practitioners and hospitals to provide FP counseling, info & services</i>	1.4. Monitor FP and RH service delivery through private sector by strengthening institutional mechanisms and frameworks and reporting of this data at all tiers of healthcare services in the private sector alongside other healthcare services;
	<i>Current cadre of Male Mobilizers to be made active and accountable for counseling men on family planning</i>	1.5. Include male family physicians in FP service delivery such as sub-dermal implants to expand the pool of human resource;
	<i>Critical Gap</i>	1.6. Incorporate FP services in National Social Health Insurance programme for universal access by adopting novel evidence-based approaches already piloted;
		1.7. For age-appropriate interventions, increase outreach to adolescents by learning from regional countries for contextually relevant interventions particularly in pre-marital and marital counselling;

2. Financing	<i>Innovative approaches of federal & provincial governments for reaching poor and marginalized population</i>	<p>2.1. Start domestic resource mobilization to overcome the financing gap for National Action Plan (2025-2030) and explore output-based financing mechanisms to ensure quality, equity, and accountability in FP&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. Optimize health system, particularly in rural areas, for bridging the gap in regional disparities in access to quality health and population services by prioritizing the districts performing worse on health and health services indicators;</p>
3. Contraceptive Commodity Security	<i>Supply Chain Management System to be strengthened for availability of all contraceptives at Service Delivery Points</i>	<p>3.1. Make sure commodity availability across the country by scaling up proven supply chain interventions, effective utilization of real-time data from Contraceptive Logistic Management Inventory System and Supply Chain Management Information System, identify bottlenecks, improve forecasting accuracy, and ensure a responsive and resilient supply chain;</p> <p>3.2. Adopt innovative, sustainable market-based model to provide contraceptives through the private sector without requiring subsidized procurement from public sector;</p> <p>3.3. Incentivize local production of contraceptives particularly long-acting reversible contraceptives;</p>
4. Curriculum and Training	<i>Population Dynamics in Pakistan to be included in College and University level education.</i>	<p>4.1. Invest in demographic research and population planning skills and knowledge to support population policy and evidence base in the country;</p>
5. Advocacy and Communication	<i>Mass movement leading to a call of action</i>	<p>5.1. There is an urgent need to engage new clients and increase Contraceptive Prevalence Rate (CPR) for the implementation of active demand side strategies to overcome misconception about family planning methods.</p> <p>5.2. Create awareness on the national narrative on <i>Tawazun</i> amongst all stakeholders through sustained and consistent advocacy;</p>

	<i>Behavioural Change Communication campaign to highlight roles and responsibilities of men</i>	5.3. Develop population specific (age, gender, urban/rural) social behaviour change interventions for each component, i.e. community mobilization, service delivery points, education and public campaigns through media;
		5.4. Scale up evidence-based pilots particularly male focused such as the Husband Schools, should be scaled up;

Population Planning Cross-cutting Themes

1. NFC Reforms	<i>Reforming Pro-natalist Policies</i>	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;
2. Population Planning and Climate Change	<i>Synergy in health, population and climate change interventions</i>	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 and other areas where mandate lies with different departments to ensure holistic planning, implementation and timely and adequate resource allocation.