

SUPREME COURT OF PAKISTAN

PRESS RELEASE

SC DIRECTS ELECTRONIC AND PRINT MEDIA TO PRINT AND BROADCAST THE RECOMMENDATIONS OF TASK FORCE REGARDING ALARMING HIGH POPULATION GROWTH RATE IN THE COUNTRY CONTINUOUSLY FOR THREE DAYS FREE OF COST.

A three member bench, headed by Hon'ble Mr. Justice Mian Saqib Nisar, Chief Justice of Pakistan, and comprising Hon'ble Mr. Justice Ijaz ul Ahsan and Hon'ble Mr. Justice Sajjad Ali Shah heard Human Rights Case No.17599 of 2018, regarding alarming high population growth rate in the country on 30.10.2018. The Hon'ble Bench passed the order that the Committee constituted pursuant to the order of this Court has submitted a comprehensive report in which recommendations have been made to curb the alarming population growth rate in Pakistan. In order to sensitize the matter and to increase public awareness on the issue, the print and electronic media is directed to print and broadcast the recommendations continuously for three days free of cost.

The Court also directed the Federal Government to immediately arrange for the Council of Common Interests (CCI) to hold its meeting within ten days for consideration and approval (*after some modifications / alterations etc. if need be*) of the recommendations. After approval by the CCI, a seminar shall be held by the Law & Justice Commission of Pakistan under the auspices of the Supreme Court of Pakistan to increase awareness on the issue of population explosion in Pakistan and to consider preventive measures in this regard and the case will be re-list thereafter.

The recommendations (English & Urdu) of task force on alarming high population growth rate are as under:

**RECOMMENDATIONS OF THE TASK FORCE: HUMAN RIGHTS CASE
NO.17599 OF 2018 – IN THE MATTER REGARDING ALARMING HIGH
POPULATION GROWTH RATE IN THE COUNTRY**

Pakistan is the sixth most populous country in the world with a population of 207.8 Million growing at an intercensal growth rate of 2.4% per annum between 1998-2017 (Population and Housing Census 2017). At this rate Pakistan's population will double in the next 30 years, compared with an average doubling time of 60 years for other South Asian countries. The population of the country is projected to increase to 285 million by 2030.

Such a high level of population growth is unsustainable and has already eaten into the modest gains made in terms of socio-economic development. The rapidly growing population has direct negative implications for adverse climate change, environment degradation, deforestation and above all the decline in water availability per capita putting Pakistan in water stress situation. It will exacerbate food security and threaten the country's sustainable development prospects.

2. The latest Pakistan Demographic and Health Survey (2017-18) confirms that there has been little change in fertility levels since 2005 with women bearing an average of 3.6 children over their reproductive life span. Rather than showing progress, the critical driver of fertility, the modern Contraceptive Prevalence Rate (mCPR) has gone down to 25% from 28% reported in the previous PDHS in 2012-13. The unmet need for Family Planning Services remains high at 17% indicating that millions of married couples are unable to receive adequate access to information and services to have the number of children and the spacing they desire. This is a denial of fundamental human right. This gap between their intent and actual usage of family planning services is associated with long physical distances, costs and social barriers, and in particular with misperceptions about modern contraceptives which are more pronounced in the rural areas. All these access factors affect the poor and uneducated more seriously.

3. International comparisons indicate that Pakistan fares in the lowest group for human development, ranking 150 among 189 countries in the latest Human development index rankings. It also faces gender inequality with female adult (above 15 years of age) literacy remaining low at 45% (2015) and female participation in the labor force is still low at 25.0%. Both low achievement in human development particularly education and lack of female empowerment impose serious challenges to lowering population growth rates.

4. Nearly, one-fourth of the country's population continues to live below the national poverty line (2015-16) with the absolute numbers of poor increasing due to population growth rates. Regional and urban-rural variations in poverty are pronounced. Poverty has a close relation with low literacy, high fertility, high childhood and maternal mortality especially among the poorest households.

5. High maternal mortality and child mortality rates continue to pose challenges for the population and health sector. The low level of public expenditure on health, population and education is one of the root causes of poor indicators on socio-economic development. There are insufficient tangible programmatic interventions that address the challenges of reducing high Maternal Mortality Rate (MMR), Infant Mortality Rate (IMR) and reducing women from resorting to induced abortions.

6. Approximately 65% of the country's population faces food insecurity and nearly 50% of the women and children are malnourished. Many Pakistan children are faced with long term nutritional deprivation, balanced food insecurity, poor health services, illnesses linked to hygiene, and improper feeding practices. 38. % of Pakistani children suffer from stunting according to the PDHS 2017-18.

7. Being cognizant of the situation reflected above, the Honorable Chief Justice of Pakistan took Suo Moto notice in Human Rights Case No.17599 of 2018 – in the matter regarding alarming High Population Growth Rate in the Country. Vide its order dated 4th September 2018, the honorable Court constituted a Task Force to formulate mechanism to curb population growth in the country.

8. The Task Force, while keeping in view the challenges faced by Pakistan have prepared a set of following recommendations aiming at accelerating the efforts of the Government to reduce Population Growth Rate (PGR), lower Total Fertility Rate (TFR) and increase Contraceptive Prevalence Rate (CPR). These recommendations are in line with provincial population policies and recognize the redefined overall role of the federal government, for coordination, facilitation & support and international / bilateral commitments, etc. The Federal Government retains the fostering role of sharing vision / guidelines for advancing national development perspective.

Recommendation	Responsibility	Time Frame
1. Establish National & Provincial Task Forces for steering, providing oversight and taking critical decisions to reduce population growth, lower fertility rate and increase contraceptive prevalence rate (CPR):		
a. National TF chaired by Prime Minister to include Chief Ministers of all the Provinces, Federal & Provincial Ministers of Population, Health, Education, Finance, Planning and representatives of civil society.	M/o NHS	By 31 st December, 2018
b. Provincial TFs chaired by respective Chief Ministers to include Provincial Ministers of Population, Health, Education, Finance, Planning and representatives of civil society.	PWDs	By 31 st December, 2018
c. Progress towards reducing population growth rate, lowering fertility and increasing contraceptive prevalence rate to be monitored through a robust data collection system and assessments of results and presented before National & Provincial Task Forces.	M/o NHS and PWDs	Bi-annually (NTF) Quarterly (PTF)
2. Ensure Universal Access to FP/RH Services:		
i. Mandate all public health facilities (BHUs, RHCs, THQs, DHQs, Teaching Hospitals) to deliver family planning services as part of the essential service package.	Federal / Provincial Governments	By 30 th June, 2019
ii. All general registered private sector practitioners and hospitals to provide FP counseling, information and services to male & female clients.	Federal / Provincial Governments	By 30 th June, 2019
iii. Lady Health Workers to provide FP, ante-natal and post-natal counseling, and contraception services on priority basis.	Federal / Provincial Governments	By 30 th June, 2019
iv. Current cadre of Male Mobilizers to be made active and accountable for counseling men on family planning.	Federal / Provincial Governments	By 30 th June, 2019
v. NGOs and Civil Society Organizations to work in close coordination with provincial DOHs & PWDs to extend	Federal / Provincial Governments	By 31 st March, 2019

Recommendation	Responsibility	Time Frame
FP/RH services to underserved and unserved areas.		
vi. Federal and Provincial Governments to link population programs with Social Safety Net programs like Benazir Income Support Program and introduce conditional cash transfer schemes or incentivized schemes for adoption of FP service and institutionalized birth delivery.	M/o NHS, PWDs and BISP	By 30 th June, 2019
3. Finances:		
i. Federal Government to create a five-year non-lapsable Special Fund for reducing Population Growth Rate with annual allocation of Rs.10 bn. The Fund shall be set up exclusively from federal resources without any cut from provincial funds. The Fund will:	M/o Finance and M/o NHS	By 30 th June, 2019
a. Meet, for 5 years, 50% amount of additional allocations made by the provinces for procurement of contraceptive commodities over and above the budget provision of F.Y 2018-19 in the respective head.	M/o NHS in coordination with PWDs and Finance Div. & PD&R Div.	FY 2019-20 Thru FY 2023-24
b. Meet, for 5 years, 50% cost of increase in LHWs for 100% coverage for doorstep services in rural and peri-urban areas.	M/o NHS in coordination with DOH and Finance Div. & PD&R Div.	FY 2019-20 Thru FY 2023-24
c. Support innovative approaches of Federal & Provincial Governments for reaching poor and marginalized population to reduce population growth and increase contraceptive prevalence rate (CPR).	M/o NHS in coordination with PWDs & DOH	FY 2019-20 Thru FY 2023-24
ii. Federal & Provincial Population & Health budgets for FP/RH to be doubled over the next two years and protected from reallocation to other programs & departments while ensuring timely releases.	M/o Finance, M/o NHS, DOH and PWDs	FY 2019-20 and FY 2020-21
iii. Donor financing to NGOs and private sector organizations involved in FP/RH to be streamlined through an effective coordination mechanism.	EAD and M/o NHS in coordination with PWDs and DOH	By 31 st March, 2019

Recommendation	Responsibility	Time Frame
iv. Corporate Sector to allocate CSR funds for FP services and advocacy.	SECP / FBR	By 31 st January, 2019
4. Legislation:		
i. Family Planning & Reproductive Health (FP&RH) Rights Bill ensuring mandatory FP/RH services by all general health care facilities in public and private sector.	M/o NHS, M/o Law & Justice and Provincial Governments / PWDs	By 31 st March, 2019
ii. Early Child Marriage Restraint Act be introduced by Federal & Provincial Governments (Sindh passed this Act in 2013).	M/o NHS, M/o Law & Justice and Provincial Governments / PWDs	By 31 st March, 2019
✓ iii. A Pre-marital counseling on family planning should be mandatory for Nikah registration. B. LHWs or appropriate service providers to provide the requisite counseling.	M/o NHS, M/o Law & Justice and Provincial Governments / PWDs	By 31 st March, 2019
iv. "Right to promotive and primary health care for mother and child be made mandatory" as the right to education given in Article 25-A of the Constitution.	M/o NHS / M/o Law & Justice	By 31 st March 2019
5. Advocacy & Communication:		
i. A national narrative to be developed in consultation with provinces and other stakeholders to create a sense of urgency and necessity of reducing population growth rate and achieving socio-economic wellbeing for all.	M/o NHS, M/o Information, M/o Religious Affairs, and PWDs	By 28 th February, 2019
ii. Mass movement leading to a call of action to be launched involving political leaders, corporate sector, academia, judiciary, executive, ulema, media, intelligentsia, civil society and youth.	Federal & Provincial Governments and all stakeholders	Immediate
iii. PEMRA to provide free airtime for FP messages on radio and TV channels at prime time.	M/o Information and PEMRA	By 15 th March, 2019
iv. Behavioral Change Communication campaign to highlight the roles and responsibilities of men in family planning.	Federal / Provincial Governments / Media & Civil Society	Immediately

Recommendation	Responsibility	Time Frame
6. Curriculum and Training:		
i. Health & hygiene to be included at primary school level.	PWDs and Federal & Provincial Education Departments	By 30 th June, 2019
ii. Life Skills Based Education and Population Studies to be included in Secondary and Higher Secondary schools.	PWDs and Federal & Provincial Education Departments	By 30 th June, 2019
iii. Population Dynamics in Pakistan to be included in College and University level education.	HEC, Federal & Provincial Education Departments	By 31 st March, 2019
iv. Population modules to be included in training at all Civil Services and Judicial Training Institutions.	National School of Public Policy	By 31 st March, 2019
v. PMDC and PNC to include modules on FP/RH in MBBS and Nursing Degree Programs, respectively.	M/o NHS, PMDC and PNC	By 31 st March, 2019
vi. Training to be provided to all public & private health care providers on all modern contraceptive methods.	M/o NHS, DOH and PWDs	By 31 st December, 2019
7. Contraceptive Commodity Security:		
i. Incentivizing Local Production of Contraceptives. Federal and Provincial Governments should encourage / incentivize the pharmaceutical companies / investors to establish contraceptive production units in Pakistan on WHO/FDA standards.	M/o NHS in coordination with relevant Federal & Provincial authorities	By 30 th June, 2019
ii. Pooled Procurement model to be adopted by the Federal & Provincial Governments (subject to their consent) to garner the benefits of economy of scale.	M/o NHS, PWDs and DOH	FY 2019-20 onwards
iii. Supply Chain Management System to be strengthened to ensure availability of all contraceptives at Service Delivery Points.	M/o NHS, PWDs and DOH	By 30 th June, 2019
iv. FP Commodities should be included in the essential drug list of primary, secondary and tertiary drug list.	PWDs and DOH	By 31 st March, 2019

Recommendation	Responsibility	Time Frame
8. Support of Ulema:		
i. Joint Declaration of Ulema made at Population Summit-2015, Islamabad to be widely advocated.	M/o NHS, M/o Religious Affairs, M/o Information, PWDs and DOH	On Continuous basis
ii. Training courses on family planning to be arranged at Provincial Judicial Academies and relevant training Institutes for Ulemas and Khateebis.	DOH/PWDs and Provincial Judicial Academies	By 30 th June, 2019