UNFPA

ACHIEVING SUSTAINABLE DEVELOPMENT GOALS:

Modelling the
Impact of Investment in
Family Planning

Building Case for Pakistan

SUSTAINABLE DEVELOPMENT GOALS (SDG's) are an ambitious set of

🏔 **17** goals

🎯 **169** associated targets

📊 **232** indicators

In 2015, all member-states of the United Nations including Pakistan adopted the Sustainable Development Goals (SDGs), a global agenda to end poverty, protect the planet, and ensure prosperity for all by 2030. The SDGs are ambitious set of 17 goals, 169 associated targets, and 232 indicators pursued through national action and international cooperation (United Nations, 2015). While the SDGs are not legally binding, governments are expected to take ownership and establish national frameworks to achieve the 17 goals—a challenging prospect given competing government financial and programmatic priorities.

To respond to the challenge of prioritizing and executing such a large development agenda, the Copenhagen Consensus center assessed the costs and benefits of the SDG targets. The expert panel has reviewed extensive research and estimated that the 19 targets represent the best value-for-money in social, economic, and environmental development over the period 2016 to 2030 at the global level. The targets have been grouped into three broad themes: people, planet, and prosperity echoing the UN's focus on social, environmental, and economic pillars of development.

The expert panel found that reaching these global targets by 2030 returns more than $15 of good for every dollar spent benefitting people, the planet, and prosperity (Copenhagen Consensus Center, 2016).

Among the 19 targets identified by the Copenhagen consensus, universal access to family planning identified as the second smartest SDG targets, with large social, economic, and environmental, free trade is being the first (ibid.) The findings show if a country spends a dollar for ensuring universal access to contraception, they would get 120 dollars' worth of social, economic, and environmental goods related to the SDGs. Several other studies have similarly identified family planning programs as a highly cost-effective intervention (UNFPA Pakistan, 2019, Horton and Levin, 2016; Singh et al., 2014).

The model for linking family planning with SDGs indicators came from the success and utility of Millennium Development Goals (MDGs) analyses developed by the USAID-funded Health Policy Project. Using a cost-benefit analysis approach, results showed that family planning was a strong complement to—rather than a tradeoff with—other health, development, and poverty reduction efforts embedded in the MDGs.

Further, in 2019, UNFPA Pakistan conducted localized analysis revealed that for each $US dollar invested in family planning services in Pakistan, around US $5 could be saved in net direct healthcare costs. The analysis estimated financial resources needed for the Government of Pakistan to fund family planning commodities and services required to reach the target CPR of 50% by 2025 as committed in the Council of Common Interests recommendations.

Also, the effects on the health of women and children would be impressive, with a great reduction in unintended pregnancies, live births, and maternal and child deaths over the years 2019- 2025. The analysis was widely disseminated at the national and provincial levels and received great appreciation from the public and private sector stakeholders. During the consultation session across all provinces, establishing the link between family planning with SDGs broadly in the case of Pakistan emerged as the key ask from the policymakers. Therefore, UNFPA Pakistan has taken the suggestion positively and conceptualized this study.

WHY FAMILY PLANNING HELP ACCELERATE PROGRESS TOWARDS REALIZING THE SDGS?

Investing in family planning is a necessary step for achieving many of the SDGs. Voluntary family planning programs play an important role in achieving fertility desires and enabling couples to realize their reproductive rights and intentions. Family planning use minimizes life-threatening complications for mothers and their children by reducing fertility-related risks. These risks include pregnancies in which the mother is too young or old, pregnancies that are too closely spaced and too many, and pregnancies that end in unsafe abortion. Besides, family planning use enables population shifts—lower childbearing, lower population growth, and a larger share of working-age adults relative to young children (dependents)—that are conducive for educational, social, and economic growth and beneficial for the individual, household, and country-level development.

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Persistent inequity among contraceptive users reflected in a significantly higher proportion of poor, rural, and uneducated segments of married women points to weaknesses in the service delivery system (2017-18 PDHS). Unless a reliable public health system ensures equitable access that fulfills their reproductive rights, these women with higher unmet need may not afford contraceptives made available through the private sector facilities.

In developing countries context, the use of voluntary family planning offers the opportunity to increase female labor force participation by giving women more time to take part in the labor force. The latest available evidence suggested that—hold only for non-agricultural employment—women employment is negatively correlated with total fertility rates and unmet need for family planning and positively correlated with modern contraceptive use in every major world region (Behrman & Gonalons-Pons, 2020). For instance, in the rural context of Senegal, female employment is a strong predictor of reducing fertility rates and accelerating the demographic transition and reduces the number of children per woman by 25% (Van den Broeck & Maertens, 2015).

An extensive amount of the literature also shows that family planning is among the key determinant of poverty reduction. A study conducted by the World Bank found that a one-child difference in fertility rates by 2050 can lead to differences of 31 percent in real GDP per capita and of 5 percentage points in poverty headcount rates in Mozambique[1]. Women with an appropriate birth interval between the last children are more likely to pursue employment and, consequently, can increase their household income, helping to reduce extreme poverty (Population Action International, 2010). The use of family planning enhances per capita share of income of household members and help reduce poverty in a country at the macro level, strengthening the economy leading to political stability" (Arnstein et al. 2005).

IF CPR INCREASED TO 50% BY 2025 …

Starting with an investment of US $20.5 million in 2019 and increasing gradually to an investment of US $33.3 million by 2025, the Government of Pakistan could avert almost US $1.1 billion in direct health care costs over 2019-2025.

1 BILLION SAVED

A total investment of around US $185 million in contraceptive commodities and services over the period of 2019-2025 would therefore return a total net saving of around US $900 million by 2025 for the Government of Pakistan.

185 MILLION INVESTMENT

For every US $1 dollar invested in contraceptive commodities and services, the Government would save US $5 dollars on average over 2019-2025.

$1 SAVES $5

Source: United Nations Population Fund (UNPFA), Pakistan (2019). Estimating the Health Impacts and Economic Returns of Increased Family Planning Provision in Pakistan. Policy brief, UNFPA-Pakistan

[1] https://blogs.worldbank.org/health/family-planning-demographic-change-and-poverty-call-action

A significant amount of literature documented that food security depends on three major factors: 1) food availability, 2) economic and physical access to food and 3) food utilization/uptake (FAO, 2008). It is a well-recognized fact that food availability is interconnected to having an adequate food supply, including through yield-enhancing technology, sustainable agriculture policy, and functioning markets (FAO et al., 2015; World Bank, 2015). Even with increases in food production over time, higher fertility rises food demands, and it may constrain supply factors under certain conditions (Bongaarts, 1996). Moreover, variations in household-, community-, and national-level conditions—periods of conflict, weather-related shocks, rising food prices, unemployment, etc.—may periodically lead to food insecurity (FAO, 2008; FAO et al., 2015).

Pakistan faces a high prevalence of stunting, as 38% of the children under five years of age are stunted (NIPS, 2018). Insufficient feeding practices and childhood disease are the two most immediate causes of stunting. Early initiation of breastfeeding and exclusive breastfeeding boosts infant immunity and avoids gastrointestinal infections, including those that could lead to nutrient reduction and stunting. Low maternal nutrition before, during, and after pregnancy weakens fetal development and also contributes to stunting. The timing and number of pregnancies/births are one of the key causes of high stunting. Specifically, the risk of child stunting falls with the increased time between the preceding birth and the conception of the next child; the optimal spacing period is at least 30 months. Stunting outcomes are also most common when a mother is under the age of 18, as well as with increased parity (four or more children) (Rutstein and Winter, 2014; WHO, 2014).

In 2019, the maternal mortality ratio in Pakistan is estimated at 186 maternal deaths per 100,000 live births. About ninety-six percent of maternal deaths are due to direct obstetric causes and 4% are due to non-obstetric (indirect) causes. Obstetric hemorrhage is the most frequent cause of maternal death (41%), followed by hypertensive disorders (29%) [PMMS, 2019]. Driving these direct and indirect causes are low contraceptive use, poor pregnancy & maternity care, as well as more distal socioeconomic factors.

In Pakistan, more than half (about 57%) of all under-five deaths occur during the neonatal (28 days postpartum) period, driven by pre-term complications and intrapartum events, like asphyxia and infections.

High-risk fertility behavior is also impacted the under-5 mortality. Younger maternal age and short preceding birth interval significantly increase the risk of infant and under-

PAKISTAN'S POPULATION

MID 2020 (Estimated)		**2030** (Projected)		**2060** (Projected)
221 MILLION	⋯>	**263 MILLION**	⋯>	**354 MILLION**

CPR SHOULD REACH

2025		**2030**
50%	&	**60%**

TOTAL FERTILITY RATE

2020 (PDHS 2017-18)		**2025** (Projected)		**2030** (Projected)
3.6 CHILDREN	⋯>	**2.8 CHILDREN**	⋯>	**2.2 CHILDREN**

five mortality. Specifically, very short or very long birth-to-conception or birth-to-birth intervals increase the risk of child mortality (Cleland et al., 2012; Rutstein and Winter, 2014). Children born to young mothers also have an elevated risk of dying in the first year of life (ibid.).

Pakistan's needs to accelerate universal access to family planning to achieve the SDGs and related international commitments. The recent census revealed that Pakistan's population estimated at around 207.8 million, growing at 2.4 percent per annum and with net annual addition of 4.3 million, is projected to touch 263 million by 2030[3]. The total population is projected to be 354 million by 2060 if current efforts are maintained at the same pace[4]. CPR as approved by the Federal Population Task Force should reach 50 percent in 2025 and 60 percent in 2030. The total fertility of women in Pakistan would fall from 3.6 children (PDHS 2017-18) to 2.8 in 2025 and 2.2 children in 2030. The population size will be lower at 309 million by 2062 if the CPR annual increases of 1.5 percentage points are maintained, and 274 million when accelerated efforts are pursued (2 percentage points yearly as per the CCI recommendations).

[2] Elaboration of data by United Nations, Department of Economic and Social Affairs, Population Division. World Population Prospects: The 2019 Revision.
[3] UNFPA and Population Program Wing, Ministry of National Health Services, Regulation and Coordination. Provincial CPR Targets for The CCI Recommendations. October 1, 2020

OBJECTIVES OF THE FP SDGS LINKAGE MODEL

The Family Planning-Sustainable Development Goals (FP-SDGs) Model[4] is an evidence-based advocacy tool that quantifies the benefits voluntary contraceptive use offers for realizing 13 of the SDG indicators which are related to 7 out of the 17 SDGs Goals as shown in the diagram below. The model addresses two key questions: (1) why does family planning matter for the SDGs, and (2) to what extent increase in family planning practice can help achieve the SDGs? Unraveling the multi-sectoral benefits of contraception, the model strengthens the case for family planning programs.

How the Model Works:

The model builds a case to show how contraceptive use impacts development outcomes directly and indirectly. Base-year data inputs combined with three user-created family planning future program scenarios (business as usual, moderate efforts, and accelerated efforts) for the country of interest, generating population projections for each model year. These population projections interact with statistically derived equations to quantify the boost family planning offers for the 13 SDG indicators by 2030 at the national level.

In the context of competing for financial and programmatic priorities and a changing international aid landscape, the Health Policy Plus (HP+) project, funded by the U.S. Agency

for International Development (USAID), developed a model that projects the country-level effects of contraceptive use—using demographic change—on various SDG indicators. The resulting Family Planning-Sustainable Development Goals (FP-SDGs) Model enables users to quantify the boost family planning offers toward realizing the SDGs, given different levels of program effort; enabling more women, adolescents, and couples to use contraception. To accurately describe and project outcomes, the model is not limited to family planning or population inputs alone, but addresses the interplay between them, as affected by programmatic and policy variables across other sectors. In addition to being comprehensive in scope, the model is based on a foundation of empirical and statistical research.

Users create three scenarios for their country of interest, setting future values for family planning, education, governance, economic growth, and other policy variables. The resulting population projections interact with equations to quantify the boost family planning offers toward realizing individual SDG indicators for each model year. The model allows a comparison of scenarios to show the additive benefits of different combinations of investments. The 13 projected outcomes relate to poverty, food security, child stunting, educational achievement, water and sanitation services, income growth, child labor, and others (see Figure 1).

The following SDGs and related indicators are selected for the analysis:

1 NO POVERTY	2 ZERO HUNGER	3 GOOD HEALTH AND WELL-BEING	4 QUALITY EDUCATION	6 CLEAN WATER AND SANITATION	8 DECENT WORK AND ECONOMIC GROWTH	11 SUSTAINABLE CITIES AND COMMUNITIES
1.1.1. Proportion of the population Below the international poverty line	2.1.2 Prevalence of moderate Or sever food insecurity	3.1.1 Maternal mortality ratio	4.1.1 Proportion of children at the end of primary school achieving at a least a minimum proficiency in reading	6.1.1 Proportion of the population using safely managed drinking water services	8.1.1 Annual growth rate of real GDP/ capita	11.1.1 Proportion of urban population living in slums informal settlements or inadequate housing
	2.2.1 Prevalence of stunting among children Under 5 years of age	3.2.1 Under-5 mortality rate		6.2.1 Proportion of the population using safely managed drinking sanitation services	8.2.1 Annual growth rate of real GDP per capital employed person	
		3.7.1 Adolescent birth rate (15-19 years)			8.7.1 Proportion of children aged 5-17 years engaged in child labor	

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[4] Funded by USAID, the Family Planning-Sustainable Development Goals (FP-SDGs) Model projects how different levels of family planning use—directly and indirectly through their impact on demographics—can affect a country's ability to make progress toward the SDGs by 2030 and 2050. The model covers a wide range of SDGs and their indicators, and projected outcomes related to reducing poverty, food insecurity, child labor, and slum dwelling and improving health, education, access to and use of clean water and sanitation, and economic growth.

Selected SDGs considered in the Application of the Model

The model poses important questions such as how large family size and rapid population growth negatively affect various SDG indicators including eradicating poverty, no hunger, good health, quality education, clean drinking water, sustainable economic growth, and gross national income, and safe and affordable housing. Directly, contraception affects the total number of children in a family and reduces the risk of maternal and newborn mortality by decreasing exposure to pregnancy. Also, contraceptive use results in fewer high-risk pregnancies on average as first pregnancies are delayed beyond adolescence and subsequent pregnancies are better spaced (see Figure 1A). Further evidence across the globe reveals that family sizes tend to decline when couples who want fewer children have access to voluntary, affordable, and effective family planning methods. By averting unintended pregnancies, the use of family planning can prevent households to reduce overburdening themselves with child labor for complementing family income and reduce household crowded conditions that can strain available resources and compromise the quality of life. Giving families the means

to choose how many children to have, and when to have them, frees up household resources, enabling parents to invest in the health of family members, education, better household amenities including drinking water or pay for routine services (see Figure 1A).

On an aggregate level, large families leading to rapid population growth also amplify challenges for creating new opportunities for aspiring manpower, pressure on health and education systems to meet ever-growing needs, urban challenges by straining municipal government systems, including the ability of local authorities to provide adequate housing and infrastructure for all residents (see Figure 1A). The limited quantity of facilities and services leads to poor quality services ultimately resulting in higher neonatal mortality, poor maternal health, and poor learning in schools, inadequate accommodations factors pushing individuals to live in slum or squatter settlements. Achieving desired small family sizes through contraception can help decrease stress on all social amenities including urban housing systems. Therefore, freeing up household resources through smaller family sizes increases parents' ability to secure a better education for children, better access to health services, and improved housing.

Figure 1A:

Conceptual framework of Family planning and selected SDGs indicators
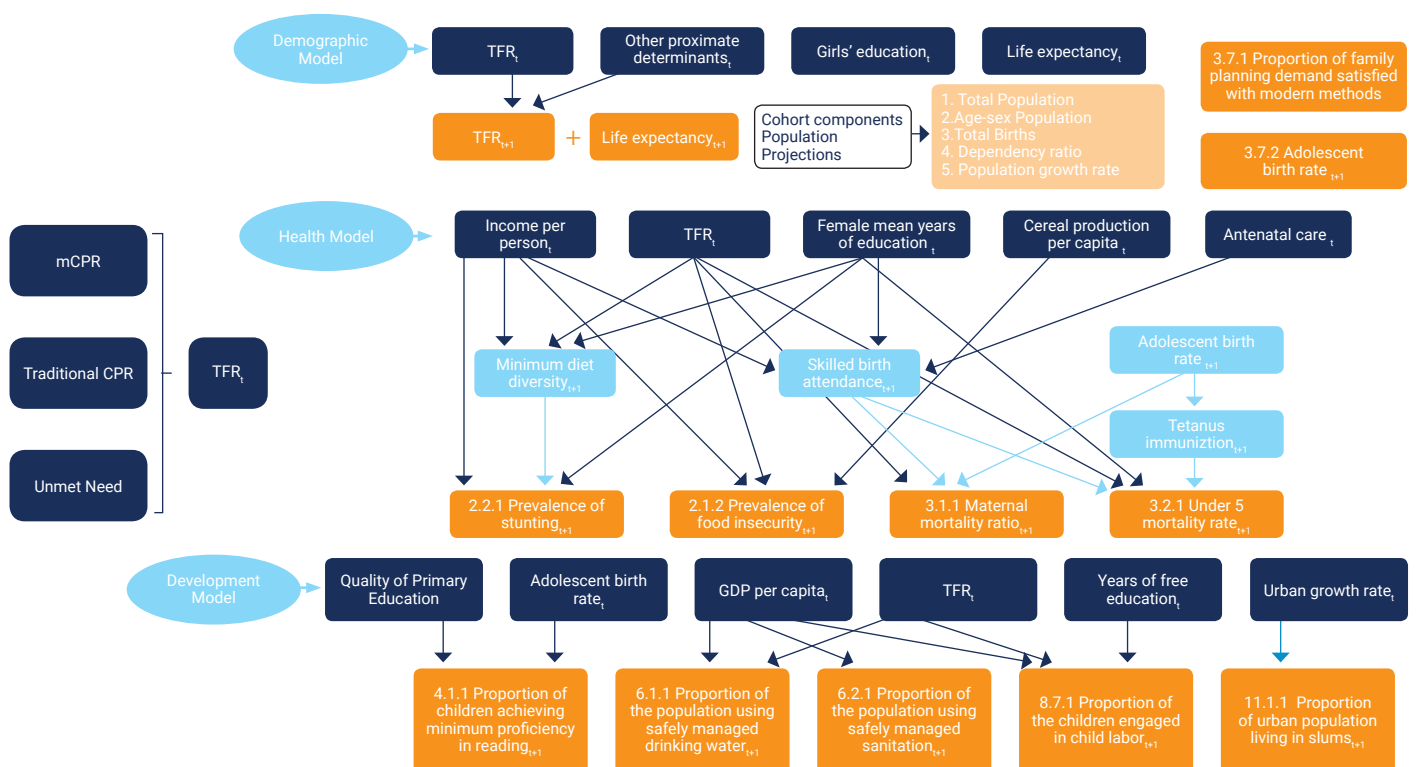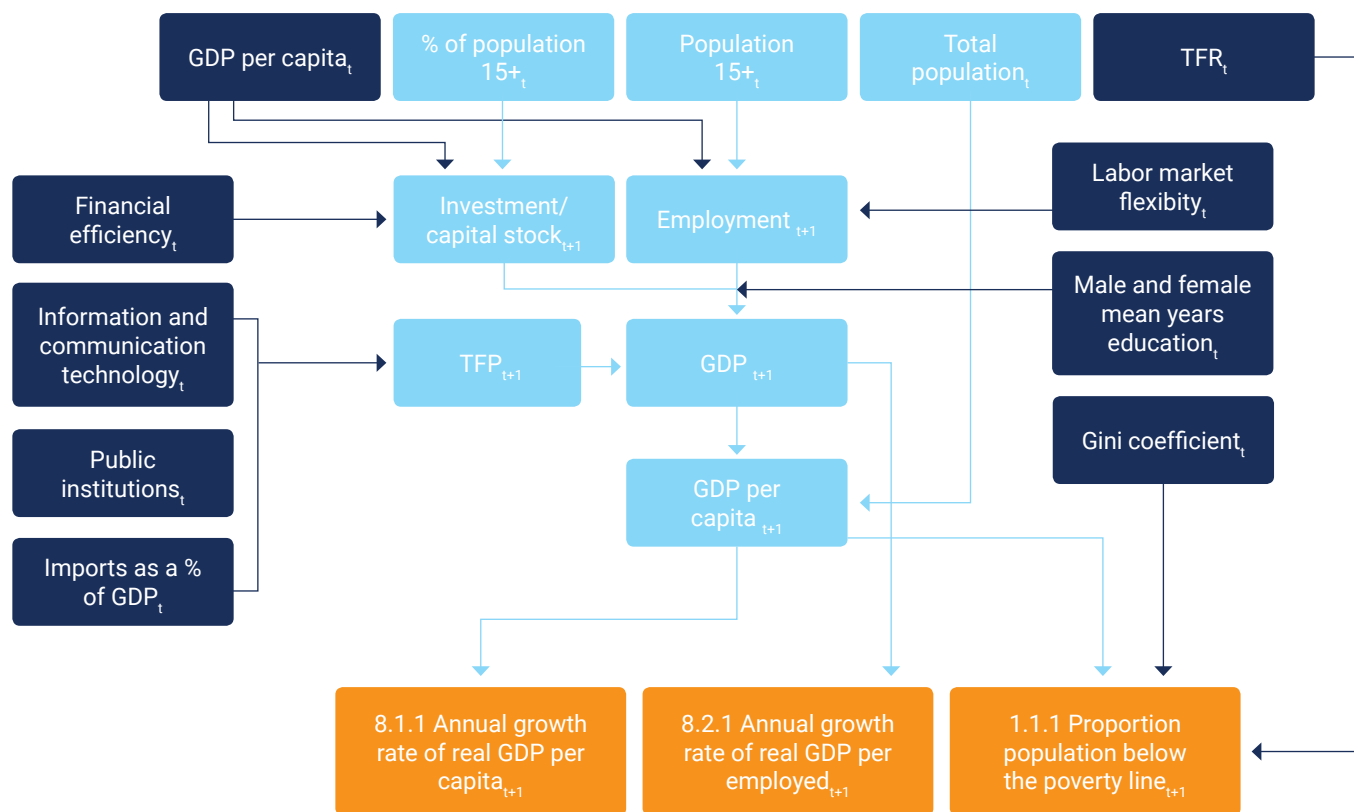
Figure 1B:

Conceptual framework of Family planning and selected Economic SDGs indicators

KEY

User Input; Calculated; SDG indicator

t = time (base year); t+1 represents each model year beyond the base year

The FP-SDGs Model builds a case on base-year data inputs and combines with three future scenarios for the country, generating population projections for each model year (PPW, Ministry of Health, 2020). The model uses three scenarios of contraceptive use trends which emerged as recommendations of the Council of Common Interest (CCI) in 2018 giving direction to governments to evolve programs to meet these targets by 2030.

1. **Scenario 1-Business as usual:**

    Pakistan's family planning progress remains at a slow rate and follows the trend of contraceptive over the past two decades – 40 percent by 2030

2. **Scenario 2-Moderate FP program efforts:**

    Pakistan family planning program attains a moderate level of CPR - 50 percent of women using any method by 2030.

3. **Scenario 3-Accelerated FP Program efforts:**

    Pakistan reaches its national family planning goal of 60 percent of women using any method by 2030.

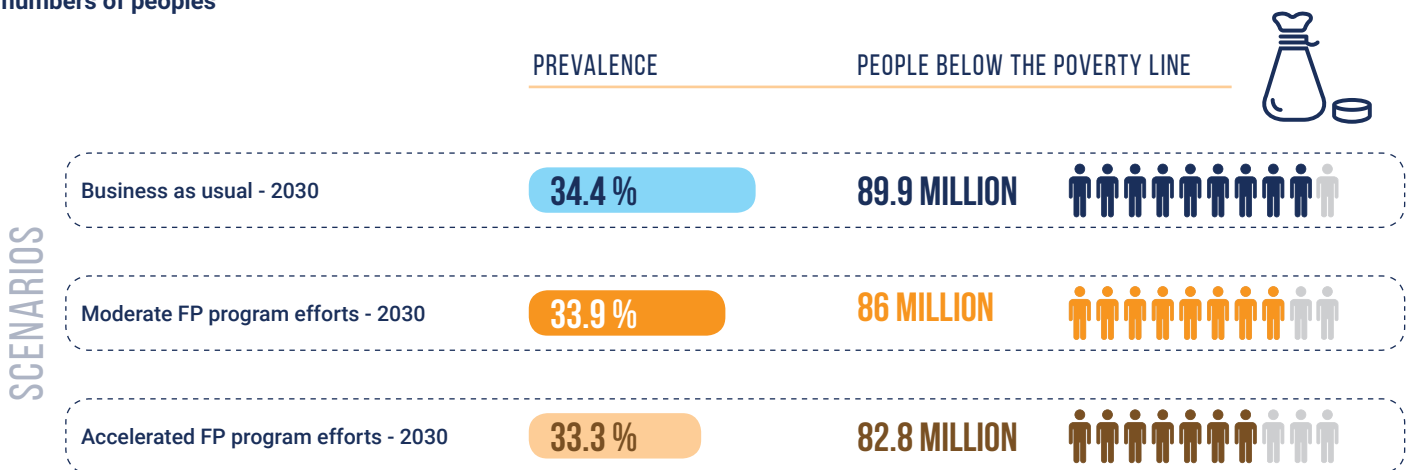# SDG 1   END POVERTY IN ALL ITS FORMS EVERYWHERE

The SDG is a bold commitment to end poverty in all forms and dimensions by 2030.

The application of the FP-SDGs Model to the eradication of poverty goal showed that if Pakistan followed the business as a usual trend, the prevalence of people below the poverty line in the country by 2030 would be 34.4 percent of the population. However, if Pakistan puts in place the investments and policies needed to pursue accelerated family planning the estimated prevalence of people below the poverty line would be lower at 33.3 percent. The difference between the two contributes to a 3.2% decline in the prevalence of people below the poverty line relative to the business as usual model. In absolute numbers, the accelerated program will help almost 7 million people out of the poverty line by 2030, which is worth the investment.

The impact evaluation report of the BISP report was conducted in 2019 using quantitative and qualitative research. The findings revealed that in 2019 the evaluation does not find any evidence that the BISP is reducing the poverty of its beneficiaries, despite previous rounds of evaluation showing impressive poverty reduction from 2011-2019 (Cheema et. al. 2020). This is primarily driven by the factor that BISP has already produced impressive poverty reduction results over the period 2011 to 2019, which has produced real improvements in welfare. In addition to Govt. Ehsaas program, our analysis shows that accelerated support for CCI recommendations and family planning programs over the next five years would help almost 7 million people out of the poverty line by 2030 in Pakistan.

Figure 2:

Change in Prevalence of people below the poverty line and change in Absolute numbers of peoples

SCENARIOS	PREVALENCE	PEOPLE BELOW THE POVERTY LINE	
Business as usual - 2030	34.4 %	89.9 MILLION	
Moderate FP program efforts - 2030	33.9 %	86 MILLION	
Accelerated FP program efforts - 2030	33.3 %	82.8 MILLION	

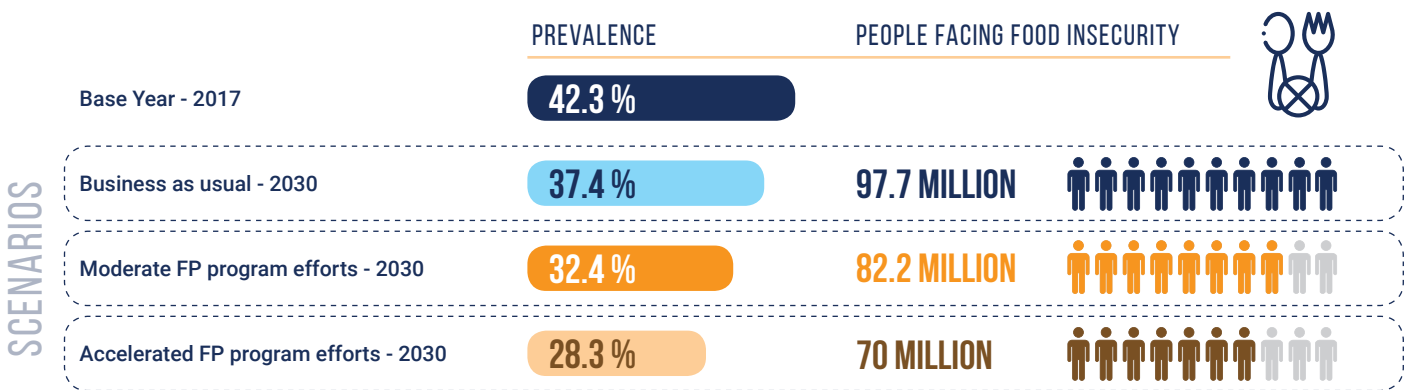# SDG 2   END HUNGER, ACHIEVE FOOD SECURITY AND IMPROVED NUTRITION

The SDG aims to end all forms of hunger and malnutrition by 2030, making sure all people – especially children – have access to sufficient and nutritious food all year round. Two indicators are selected (i) Prevalence of food insecurity, and (ii) Prevalence of stunting among children under-5. Application of the Model with three scenarios to these two indicators reveals remarkable potential achievements.

The prevalence of food insecurity in 2017 was above 42 percent which would decline to 37.4 percent by 2030 under business as usual and to 28.3 percent for the accelerated programs over– 24 percent lower. In absolute terms, an accelerated program would lead to around 28 million fewer people facing food insecurity relative to business as usual scenario. The investment in an accelerated program is worth it.

Figure 3:

Change in Prevalence of food insecurity and change in Absolute number (million)

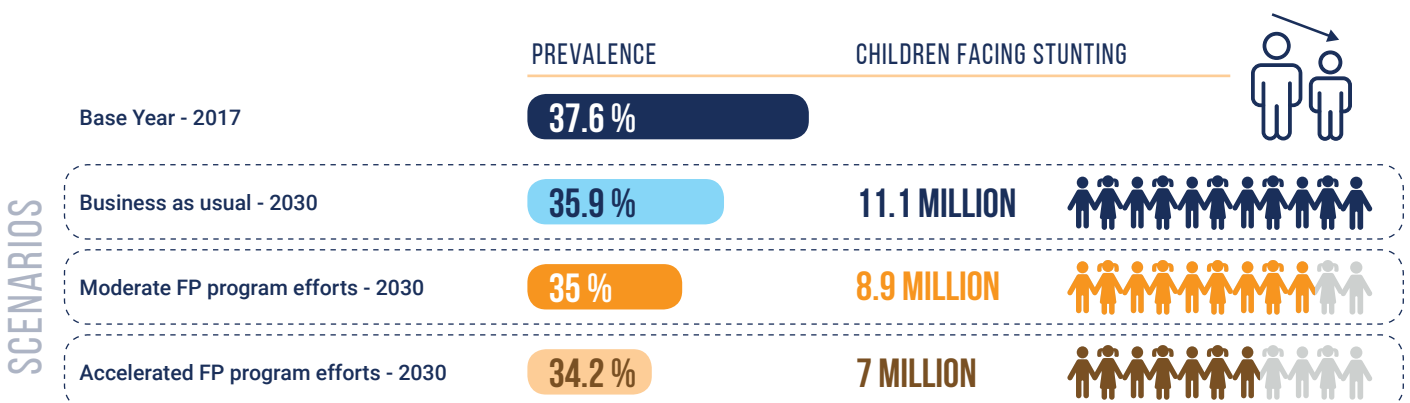|	PREVALENCE	PEOPLE FACING FOOD INSECURITY
Base Year - 2017	42.3 %	
Business as usual - 2030	37.4 %	97.7 MILLION
Moderate FP program efforts - 2030	32.4 %	82.2 MILLION
Accelerated FP program efforts - 2030	28.3 %	70 MILLION

SCENARIOS

More than a third of all children under age 5 (38%) are recorded as stunted in Pakistan in 2017. This prevalence of stunting among children under-5 would decline to 35.9 percent under the business as usual scenario in 2030 and to 34.2 percent under the accelerated program – 15.4 percent

lower. In absolute terms, the accelerated program would have around 4 million fewer children to face stunting. This investment in the accelerated program is worth bringing children out of stunting in the next decade.

Figure 4:

Change in Prevalence of stunting among children under-5 and change in Absolute number (in million)

	PREVALENCE	CHILDREN FACING STUNTING
Base Year - 2017	37.6 %	
Business as usual - 2030	35.9 %	11.1 MILLION
Moderate FP program efforts - 2030	35 %	8.9 MILLION
Accelerated FP program efforts - 2030	34.2 %	7 MILLION

SCENARIOS

SDG 3

ENSURE HEALTHY LIVES AND PROMOTE WELL-BEING FOR ALL

Maternal and child/infant deaths can be significantly reduced through prevention and treatment, education, immunization campaigns, and sexual and reproductive healthcare. The SDG aims to achieve universal health coverage and provide access to safe and affordable medicines and vaccines for all. Three indicators were selected under this SDG: (i) maternal mortality ratio, (ii) under-5 mortality rate, and (iii) adolescent birth rate. Application of the Model with three scenarios to these indicators reveals remarkable potential achievements in this SDG.

Figure 5A:

Changes in prevalence of MMR according to three family planning scenarios in Pakistan
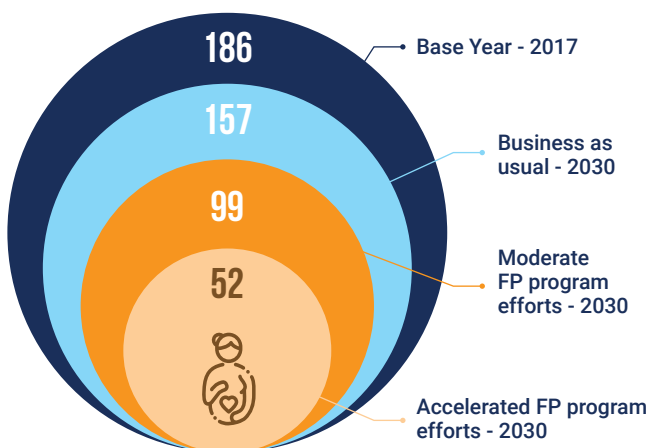

Figure 5B:

Changes in prevalence of under-5 mortality rate according to three family planning scenarios in Pakistan
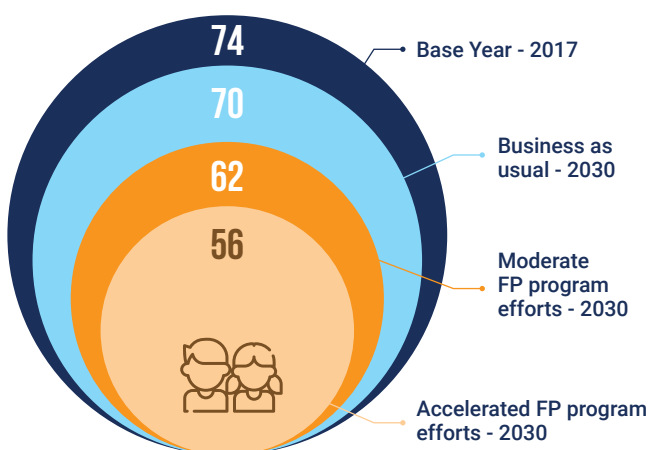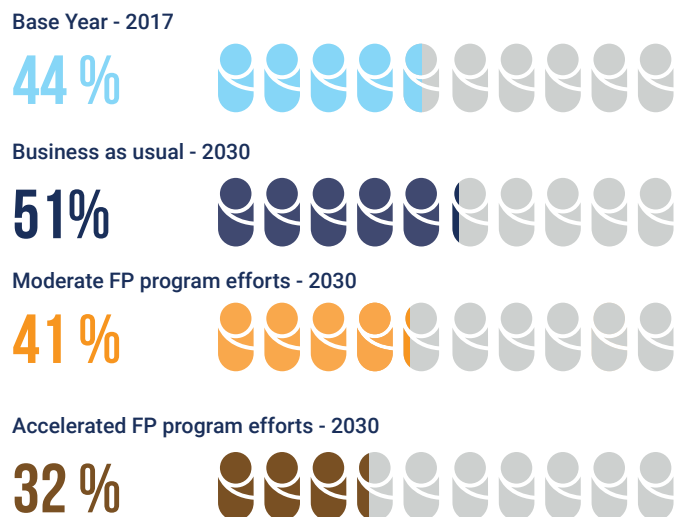

Figure 5C:

Changes in prevalence of Adolescent birth rate according to three family planning scenarios in Pakistan

Base Year - 2017

44 %

Business as usual - 2030

51%

Moderate FP program efforts - 2030

41 %

Accelerated FP program efforts - 2030

32 %

MMR was estimated at 186 maternal deaths per 100,000 live births by PMMS 2019. The MMR for 2030 varies from 157 under the business as a usual model and declining to 52 maternal deaths per 100,000 live births under accelerated program scenario – 67 percent lower by 2030. This contribution of the accelerated program is remarkable and goes beyond the SDG target of 70 MMR by 2030.

The child mortality rate (under age 5) is estimated at 74 deaths per 1000 live births by PDHS 2017-18. The child death rate for 2030 varies from 70 under the business as a usual model and declining to 56 deaths per 1000 births under accelerated program scenario – 20 percent lower by 2030. The contribution of the accelerated program is noteworthy and need of the time.

The adolescent birth rate is already quite high in Pakistan at 44 births occurring to teenage mothers. The application of the model reveals that the rate would rise to 51 under the business as a usual model reflecting the ongoing fertility momentum of young girls. On the contrary, the application of accelerated efforts is expected to bring down the birth rate to 32 by 2030 - a 37 percent substantial decline in just 10 years. This can be achieved through a massive communication campaign and making contraceptives easily accessible to young newly married women.

SDG 4 — CREATE AN ACTION TO ENSURE QUALITY EDUCATION

Achieving inclusive and quality education for all reaffirms the belief that education is one of the most powerful and proven vehicles for sustainable development. The SDG indicator selected pertains to 'Proportion of children achieving a minimum proficiency level in reading'. Application of the Model with three scenarios to the indicator reveals great potential achievements in this SDG.

The proportion of children achieving a minimum proficiency level in reading for the year 2017 is estimated at 59 percent. The proportion estimated under the business as usual scenario is lowered to 58 percent and 62 percent under the accelerated program scenario – a 7 percent improvement by 2030. The contribution of the accelerated program is noteworthy.

Figure 6:

Change in Proportion of children achieving a minimum proficiency level in reading

Base Year - 2017

59 %

Business as usual - 2030

58%

Moderate FP program efforts - 2030

60 %

Accelerated FP program efforts - 2030

62 %

SDG 6 — ENSURE CLEAN WATER AND SANITATION FOR ALL

Ensuring universal access to safe and affordable drinking water for all by 2030 requires investment in adequate infrastructure, sanitation facilities, and encourages hygiene at every level. Greater international cooperation is needed to encourage water efficiency and support treatment technologies in developing countries. The SDG indicator selected focuses on 'Proportion of population using improved drinking water services' and 'Proportion of population using improved sanitation services'. Application of the Model with three scenarios to these indicators reveals valuable potential achievements.

The baseline for the indicator shows only 36 percent of the population using improved drinking water services. Application of business as usual scenario reveals that the proportion will rise to 43 percent by 2030, while under the accelerated model the proportion would reach 55 percent– 27 percent rise by 2030.

Figure 7A:

Changes in the proportion of the population using improved drinking water services according to three different family planning scenarios in Pakistan.

Base Year - 2017

36%

Business as usual - 2030

43%

**Moderate FP program efforts - 2030**

49 %

Accelerated FP program efforts - 2030

55 %

Figure 7B:

Changes in the proportion of the population using improved sanitation services according to three different family planning scenarios in Pakistan.

SCENARIOS		
Base Year - 2017	71 %	
Business as usual - 2030	76 %	
Moderate FP program efforts - 2030	81 %	
Accelerated FP program efforts - 2030	86 %	
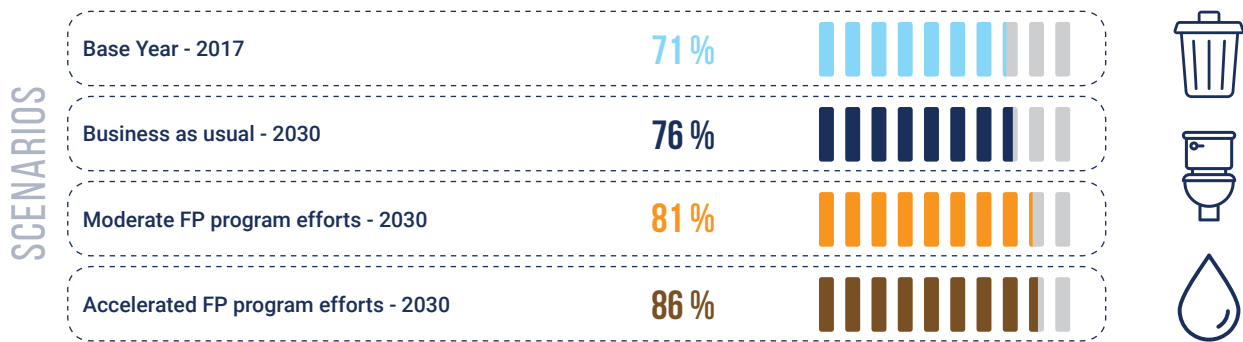
The proportion of the population using improved sanitation services is 71 percent in 2017, which will rise to 76 percent in 2030 under the business as usual scenario. The model reveals the proportion would be 86 percent under the accelerated investment model, which is 13 percent more than the business as usual scenario. The contribution of the accelerated program is noteworthy for both indicators for 2030. If Pakistan puts in place the investments and policies needed to implement an accelerated model, the country could see a 27 percent increase in the use of safely managed drinking water services, and a 13 percent improvement in sanitation services, in just over a decade.

SDG 8 — PROMOTE SUSTAINED, INCLUSIVE, AND SUSTAINABLE ECONOMIC GROWTH, FULL AND PRODUCTIVE EMPLOYMENT, AND DECENT WORK FOR ALL
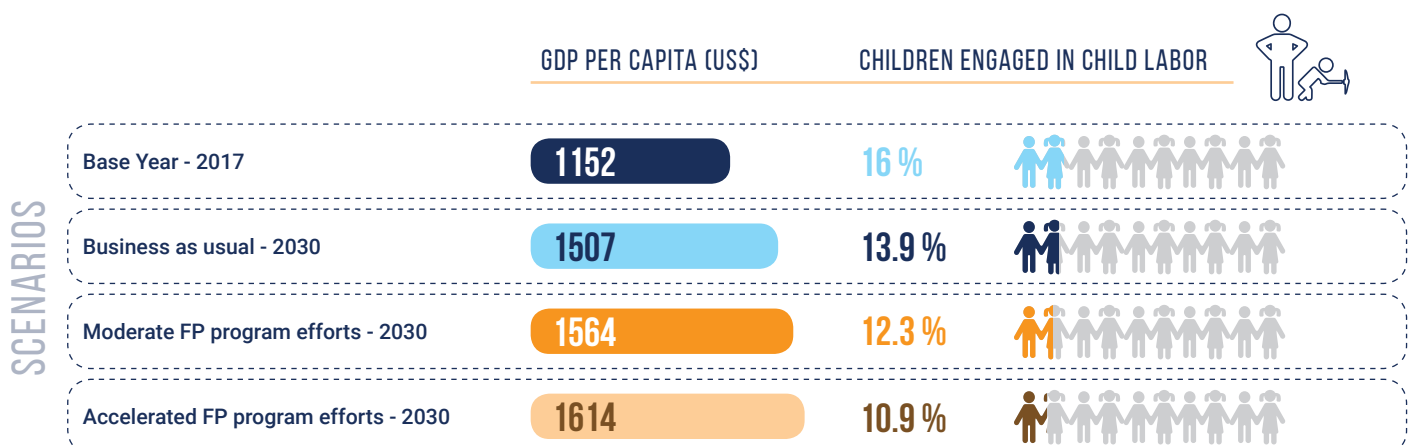
The SDG promotes sustained economic growth, higher levels of productivity, and technological innovation. The goal is to achieve full and productive employment, and decent work, for all women and men by 2030. Two indicators are selected under this SDG: (i) Sustain per capita economic growth by national circumstances and, in particular, at least 7 percent gross domestic product growth per annum in the least developed countries; (ii) Take immediate and effective measures to eradicate forced labor, and end child labor in all its forms by 2025.

Figure 8:

Figure 8: Change in GDP per capita (US$)   And Proportion of children engaged in child labor

SCENARIOS	GDP PER CAPITA (US$)	CHILDREN ENGAGED IN CHILD LABOR	
Base Year - 2017	1152	16 %	
Business as usual - 2030	1507	13.9 %	
Moderate FP program efforts - 2030	1564	12.3 %	
Accelerated FP program efforts - 2030	1614	10.9 %	

Application of the Model with three scenarios to these two indicators reveals important achievements. GDP per capita (the US $s) under the business as the usual model will rise to 1,507 US$s by 2030 and under the accelerated model it is expected to touch $1,614 (almost 7 percent higher than the business as a usual model). This expected improvement is worth the investment in an accelerated family planning program.

Similarly, 16 percent of children age 10-17 were working as child labor in various sectors in 2017. The application of the business as usual model reveals this proportion would fall to 13.9 percent by 2030, while the accelerated model shows that the proportion will further fall to 10.9 percent – which is 22 percent less than the business as usual scenario. This is a valuable contribution of the accelerated family planning program towards achievement towards reducing child labor in Pakistan.

SDG 11 SUSTAINABLE CITIES AND COMMUNITIES

More than half of the world's population now lives in urban areas. By 2050, that figure will have risen to 6.5 billion people. Sustainable development cannot be achieved without significantly transforming the way we build and manage our urban spaces. The rapid growth of cities in the developing world, coupled with increasing rural to urban migration, has led to a boom in mega-cities especially the rapid growth of slums. Extreme poverty is often concentrated in urban slums, and national and city governments struggle to accommodate the rising population in these areas. The indicator selected under this SDG focuses on the 'Proportion of the urban population living in slums in Pakistan'.

Figure 9:

Change in Proportion of urban population living in slums according to three different family planning scenarios for Pakistan

Base Year - 2017
46.6 %

Moderate FP program efforts - 2030
42.7%

Business as usual - 2030
43.2%

Accelerated FP program efforts - 2030
42.3 %

Application of FP-SDG model with three scenarios reveals that the proportion of the urban population living in slums (47 percent in 2017) would decline to 43.2 percent by 2030 under the business as usual model. The situation would improve as the proportion would further decline to 42.3 percent under the accelerated model – 2 percent less than the business as usual scenario. This portrayal is surely beneficial for the Pakistani population if the accelerated FP program is financed and implemented.

DISCUSSION AND CONCLUSION

Application of FP-SDG model results shows that if modern contraceptive use programs are accelerated in Pakistan, progress toward achieving the SDGs would be significantly enhanced especially in the 13 indicators shared above. The benefits of accelerated family planning efforts are vast and touch on several SDGs. By investing more domestic resources in programs to accelerate the uptake of modern contraceptives, Pakistan can achieve greater progress in SDGs. Doing so would help satisfy women's and men's need for modern methods of contraception and accelerate progress toward achieving health, economic, and other development gains.

Family Planning has far-reaching benefits beyond maternal and child health to assist countries to achieve socio-economic prosperity.

The inevitability of this fact calls for rapid and radical action, to be able to provide the people of Pakistan with a better quality of life.

To address the 'alarming population growth rate', the government of Pakistan has established several federal and provincial task forces in 2018 and has released a set of eight recommendations to address population issues. They range from enacting laws restraining early child marriage to decentralizing reproductive and family-planning services to local governments that would in turn benefit from increased funding. Results based on the FP-SDG Model shows the synergies between SDGs and the multi-sectoral benefits of contraceptive use provide enough evidence needed to generate broad-based support for voluntary, rights-based family planning.

To fully benefit from the impact of accelerated voluntary and rights-based family planning, Pakistan should:

Accelerate the CCI recommendations implementation given its strategic nature and enabling environment.

Build sustained political will to support family planning

Increasing financial investments in family planning programs

Promote multi-sectoral collaboration and family planning integration across sectors by revising or updating family planning policies and strategies, and integrating family planning components in the policies and strategies of other sectors; and

Strengthen policy and program implementation by improving accountability at all levels.

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