[Muhammad Ihtasham Akram](https://www.thenews.com.pk/writer/muhammad-ihtasham-akram)

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**Commodity security**

Pakistan has been a story of dependencies with respect to its human development policies – and population control is a classical case.

Population control is a function of family planning, a conscious and elective effort by couples to limit or space the number of children they wish to have. And the sine qua non of family planning is uninterrupted supply of health and reproductive commodities. The government of Pakistan provides these commodities free through the departments of health and population welfare. Besides, these products are also provided by the government through collaboration with social marketing organizations at a nominal price to instil in users the habit of buying family planning commodities.

For the last couple of years, the commodities supply has been in tatters. It is interesting to note that the commodities crisis surfaced right when the Supreme Court of Pakistan declared family planning as a human right in 2018.

Pakistan has historically depended upon international donors not only for the financing of the supply of these commodities but also for procurement and transport. Domestic financing by the government of Pakistan initiated only in 2010 and from 2014 onwards the allocation of budgets for commodities has become a part of regular financial planning by provincial governments.

A big proportion of the family planning commodities used in Pakistan are imported and a small number – both in category and quantity – is manufactured in Pakistan. With the withdrawal of the donor support coinciding with the governance changes due to the 18th Amendment rendering health and population governance to the provinces, the procurement of commodities – especially of internationally manufactured products – has become a constant challenge and thus a barrier in realization of the human right of family planning.

The lack of international procurement capacity, failure to achieve economies of scale for smaller provinces, absence of pool procurement facility and our rollercoaster relationship with India are all factors adversely affecting the procurement and thus supply of commodities. The utilization of the already meagre funds available for procurement of commodities has become a challenge.

A related aspect is the lack of persuasive and well-thought-out efforts to foster local manufacturing of reproductive and health commodities. Encouraging the local manufacturing of family planning commodities will not only contribute to the economy like other consumer products but also save the government the additional costs incurred on international procurement.

The total demand of family planning estimated in 2017 was nearly 51.5 percent and included an unmet need of nearly 17 percent – eligible women who wanted to limit or space childbirth but were not using contraception. The total projected cost of all contraceptives from 2017 to 2030 is estimated to be nearly $490 million and an analysis of local and international prices for only three items estimated a saving of $5.3 million for the four provincial governments from 2014-2017.

Local manufacturing will not only increase the product availability but cut the time in processes and help in better pricing controls by the Drug Regulatory Authority of Pakistan (DRAP). This can expedite Pakistan’s progress in controlling population growth and meet its international and local pledges.

In the last couple of years, some piecemeal efforts have been undertaken for pool procurement facilities for provinces and also on how to tap into the local manufacturing scope. These efforts, however, are slow and lack persuasiveness – thereby adding to the population every passing moment. Such lukewarm attention will not suffice.

There are also Covid implications. Only in Punjab, if the modern contraceptive use rate declines by one percent, there can be 55,000 to 162,000 additional pregnancies and thus additional maternal deaths and delivery complications. It is high time the pool procurement facility formation was fast-tracked to address the immediate supply gaps, especially for smaller provinces, and to tackle the issue on a long-term basis there is a need to focus attention on local manufacturing of contraceptives.

Without uninterrupted commodities supply, expecting the success of population control efforts and delivering the basic human right of family planning to the people of Pakistan will be no more than self-deception.

The writer is a technical adviser with an Islamabad-based policy advocacy

organization called Forum for Safe Motherhood.

Email: ihatesham@hotmail.com