Policy Brief Series # 100

Research And Development Solutions

FROM CPR TARGETS TO SERVICE DELIVERY:
PLANNING FOR 50% OR 60% CPR BY 2030 IN PAKISTAN

Why This Matters

Pakistan's family planning targets are usually discussed as percentages: 38% CPR in 2025, 50% CPR by 2030, or 60% CPR as a more ambitious goal. These percentages can help in tracking progress, but they are not enough for planning. Decision-makers need to know how many women must be reached, how many modern-method users must be added, how many services and commodities must be delivered each year, and which delivery channels must carry the load.

This brief translates Pakistan's CPR goals into the actual numbers required for 2030. It shows that family planning targets should be treated as service-delivery and commodity-planning targets, not only as prevalence goals.

Key Findings

By 2030, Pakistan will have an estimated **47.13 million married women of reproductive age (MWRA)**. If CPR does not improve, population growth alone will still raise the annual modern family planning service requirement to **9.48 million users per year**. To achieve its targets by 2030, Pakistan would need to reach the following users:

	50% CPR	60% CPR
Total family planning users needed	23.6 m	28.3 m
Annual modern-method users needed	21.2 m	25.5 m
Additional modern-method users needed to be served	7.5 m	11.7 m
Annual modern FP service users	14.8 m	17.8 m

These are the numbers that should drive procurement, financing, outreach, private-sector engagement, and provincial performance planning.

The 2030 Planning Challenge

2030 scenario	Total FP users required	Modern-method users required	Additional modern users needed	Annual modern service users required
Baseline if CPR remains unchanged	17.9m	13.8m	—	9.5m/year
50% CPR in every province	23.6m	21.2m	7.5m	14.8m/year
60% CPR in every province	28.3m	25.5m	11.7m	17.8m/year

The increase needed is larger than it first appears. This is because the analysis assumes that traditional methods decline to about **10% of the method mix** by 2030. Therefore, Pakistan must not only add users overall; it must shift substantially toward modern methods.

KEY MESSAGES

1. To reach **50% CPR by 2030**, Pakistan should plan for an indicative annual modern family planning system cost of approximately **PKR 29–33 billion**.
2. To reach **60% CPR by 2030**, the indicative annual requirement rises to approximately **PKR 35–40 billion**.
3. These are system costs, not necessarily all public-sector budget costs. Some self-procured and private-sector costs may be borne by households, social marketing organizations, NGOs, donors, or private providers. However, they show the scale of financing and service delivery that Pakistan must plan for if CPR targets are to become operational.
4. **Private sector options** may be cheaper and more scalable and must be promoted, but not necessarily subsidized.

Provincial Implications

Every province must reach the target individually. A national average of 50% or 60% CPR is not sufficient if some provinces remain far behind. The largest absolute increase is required in Punjab/ICT because of its population size, but the steepest proportional challenge is in Balochistan.

Province / region	Additional annual service users needed for 50% CPR	Additional annual service users needed for 60% CPR
Punjab/ICT	1.88m/year	3.26m/year
Sindh	1.35m/year	2.06m/year
KP	1.49m/year	2.14m/year
Balochistan	0.68m/year	0.90m/year
Pakistan	**5.31m/year**	**8.27m/year**

This means that the **2030 target cannot be met through national messaging alone**. Each province needs a quantified service-delivery plan tied to its own denominator, current CPR, method mix, and service channels.

The Delivery System Must Expand Across All Channels

Family planning services cannot be delivered through government facilities alone. Under current channel

patterns, about half of annual modern users obtain methods through self-procurement or social marketing, about one-third through government facilities, and about one-sixth through private or NGO providers.

Delivery channel	2030 baseline annual users	Needed to reach for 50% CPR	Needed to reach for 60% CPR
Self-procured / social marketing	4.7m	7.3m	8.7m
Government clinic / facility / LHW	3.2m	4.9m	5.9m
Private provider / NGO	1.7m	2.6m	3.1m
Total annual modern service users	**9.5m**	**14.8m**	**17.8m**

This has a major policy implication: Pakistan cannot reach 50% or 60% CPR through public facilities alone. A credible 2030 strategy must engage all three delivery systems: government, private/NGO providers, and self-procured/social marketing channels.

Indicative Annual Cost of Reaching 50% or 60% CPR by 2030

Cost Assumptions Used

Delivery channel	Cost assumption
Government clinic / facility / LHW	PKR 2,916 per user per year
Self-procured / social marketing	PKR 1,120–1,680 per user/CYP equivalent
Private / NGO / outreach	PKR 2,500 per user per year, inclusive of supplies

Annual System Cost by Scenario (in billion PKR)

Scenario	Self-procured / social marketing	Govt clinic/ facility / LHW	Private / NGO / outreach	Total annual cost
2030 baseline, unchanged CPR	5.2–7.8	9.2	4.1	18.6–21.2
50% by 2030	8.1–12.2	14.3	6.5	29.0–33.1
60% by 2030	9.8–14.6	17.2	7.9	34.8–39.7

Additional Annual Cost Above the 2030 Baseline

	Additional Costs in billion PKR			
Scenario	Self-procured / social marketing cost	Govt	Private / NGO / outreach	Total annual (per year)
50% by 2030	2.9–4.4	5.1	2.4	10.4–11.9
60% by 2030	4.5–6.8	8.0	3.7	16.2–18.5

What Decision-Makers Should Do Now

1. Convert every CPR target into Service Numbers

Every national and provincial CPR target should be accompanied by the implied number of total users, modern-method users, annual services, commodities, and channel-specific service loads. A CPR target without these numbers is not yet an implementable plan.

2. Plan for the Demographic Floor

Even without CPR improvement, Pakistan's growing population of MWRA will increase the annual service requirement. Commodity forecasting and budgeting should treat this growth as the minimum load that must be financed and supplied.

3. Make modern-method expansion the real performance target

If traditional methods fall to 10% of the method mix, reaching 50% CPR requires **7.50 million additional modern users**, and reaching 60% CPR requires **11.74 million additional modern users**. This should become the central planning metric.

4. Treat Pharmacies, Shops, and Social Marketing as Core Delivery Channels

Nearly half of annual modern method use is self-procured or socially marketed. These channels require deliberate policy attention: commodity availability, price stability, quality assurance, counseling information, and links to referral services.

5. Expand Government and Private Provision Together

Government facilities remain essential, but private and NGO providers are also central to reaching 2030 targets. Public financing, contracting, social franchising, referral networks, and commodity supply arrangements should be designed around the full delivery ecosystem.

6. Use Routine Data to Track Progress Between Surveys

Household surveys should remain the anchor for CPR and method mix, but cLMIS and small-area estimates can help track whether districts and provinces are moving fast enough between survey rounds.

Bottom line

Pakistan's 2030 family planning goal should not be stated only as "50% CPR" or "60% CPR." It should be stated as a service-delivery target:

By 2030, Pakistan must be ready to serve 14.8 million annual modern family planning users to reach 50% CPR, or 17.8 million annual modern users to reach 60% CPR.

That is the scale of the planning challenge.

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