Policy Brief Series # 106

Research And Development Solutions

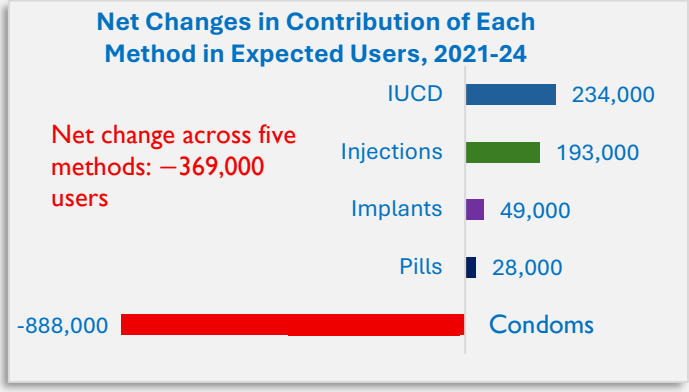
PAKISTAN'S CONTRACEPTIVE SETBACK: WHY MORE IUCD DID NOT RAISE CONTRACEPTIVE COVERAGE IN PAKISTAN

Condom shortfalls, population growth, and the rise of injectables are reshaping contraceptive coverage

Introduction

Pakistan recorded meaningful gains in IUCDs, injectables, implants, and pills between 2021 and 2024. These gains were nevertheless outweighed by a much larger fall in condom supply, while the population of married women of reproductive age grew by 2.85 million. The net result was fewer commodity-derived contraceptive users relative to the population showing that after steadily rising to around 35% by 2023, national CPR fell to around 23%. Stakeholders attributed this to a dip in supplies in that year.

Expected users were estimated by modeling government's commodity supply data, and accounts for data issues and private sector under reporting. It was validated using PSLM survey data and is highly accurate.



Key Findings

Although the four non-condom methods increased, their combined gains were insufficient to offset the decline in condoms. When combined with a rising number of MWRA (due to population growth) between 2021 and 2024, the net effect was a declining mCPR in 2024 after having risen steadily until 2023.

Finding 1: Contraceptive Coverage Depends on the Full Method Basket

IUCD expansion is important, but mCPR reflects use of all modern methods. A disruption affecting a high-volume method can outweigh considerable gains elsewhere. Procurement performance should therefore be judged by continuity and balance across the method basket - not by the volume of an individual commodity alone.

Finding 2: Method Shortages do not Affect all Women Equally

National survey evidence indicates that condoms are used more commonly by younger couples, while IUCD use is concentrated among older and generally higher-parity women. Because growth in the younger reproductive-age population is substantial – there are more women under 30 years where condoms are population, compared to over 30 women who tend to prefer IUCD - a fall in condoms will have an outsized effect on the overall mCPR. National forecasting must incorporate age, parity, fertility intention, and geographic differences in method use.

Finding 3: Injectables have Become a Major Part of Pakistan's Method Mix

Injectable-derived expected users increased by approximately 193,000 between 2021 and 2024. By 2024, injectables represented approximately 30% of the modern FP services, making them the second-largest temporary method after IUCDs. They should no longer be treated as a secondary program commodity.

What Government and Partners Can Do

1. Protect a Balanced Method Basket

- Establish predictable, multi-year procurement for condoms, pills, injectables, IUCDs, and implants.
- Maintain method-specific buffer stocks and contingency suppliers.
- Assign clear responsibility for ordering, receipt, and last-mile delivery after institutional changes.

2. Make Forecasting Population- and Client-Responsive

- Incorporate growth in MWRA, age structure, parity, geography, and method preference—not only previous consumption.
- Identify districts where population growth and commodity supply are diverging.
- Monitor stock at service-delivery points, not only at central warehouses.

3. Prepare Services for the Growth of Injectables

- Ensure reliable supplies of injectable contraceptives and the consumables needed to administer them.
- Expand provider competency, counselling, follow-up, and access to reinjection.
- Assess the appropriate role of DMPA-SC and self-injection within national and provincial policy.

Closing Message

Pakistan's recent experience shows that gains in some methods can be overwhelmed by losses elsewhere, amid rapid population growth and a changing method mix. Protecting contraceptive coverage will require coordinated procurement of the full basket, forecasting that reflects who uses each method, and service readiness for the growing importance of injectables.

Technical Note:
Commodity-derived expected users are administrative service-equivalent estimates, not confirmed unique or continuing contraceptive users. They should be interpreted alongside representative household surveys.

The views expressed are those of RADS and its team and don't necessarily reflect the opinions of the government or other stakeholders.

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