

POLICY PAPER

Family planning and universal health coverage:

Leveraging policy, best practices, and existing opportunities for advancing family planning in UHC

While the paper articulates the intersectionality of FP and primary health in general, focusing on family planning users, their rights, their needs, and overall challenges facing health systems, it is important to emphasize that FP is not an issue just for women, girls, young people, and family planning users. Access to family planning is a human rights and economic development issue that needs attention from all stakeholders.

The paper unpacks the specific needs and issues faced by women and girls, young people, people with disabilities, and LGBTIAQ+ people while accessing health, especially FP, and while articulating and unpacking some of the social determinants that shape and influence health systems.

The paper recognizes and affirms the need for interventions such as male involvement and support from allies both in the health sector and other sectors such as the private sector, the human rights community, feminist movements, LGBTIAQ+ groups, and disability rights movements to advance the integration of FP into UHC and ensure that access to health, including SRHR and family planning, is articulated in a broader sense as a human rights, equity, development, and gender equality issues. These cross-movement efforts are key in expanding and intensifying the discourse on norm shifting and serve as entry points to enriching the integration agenda beyond financing to address structural barriers that continue to hinder access, perpetuate human rights violations, and present other entrenched challenges that deter equitable access.

The paper aims to amplify current best practices and ensure that the policy recommendations focus on investing in community leadership, scale-up and continued multisectoral partnerships, including with the private sector, which remain key in delivering health care services in innovative ways.

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Introduction

Universal health coverage (UHC) is an ambitious aspiration to provide health care for all. As the clock ticks to 2030 — the deadline for achieving the [Sustainable Development Goals](#) (SDGs) — realizing UHC becomes a matter of urgency and a measure of the world's commitment to ensuring good health and well-being as espoused in SDG 3. According to the World Health Organization, human rights and health go hand in hand. This right is enshrined in various human rights and health policy and legal instruments such as the [United Nations Universal Declaration of Human Rights](#), which obligates governments to commit to ensuring access to health, including sexual and reproductive health and rights (SRHR) and family planning (FP), for all. Specifically, in September 2019, a [political declaration](#) was adopted during the High-Level Meeting on UHC, organized by the United Nations General Assembly. Through the political declaration, Heads of State and governments committed to scale up and accelerate efforts toward achieving universal health coverage by 2030, including sexual and reproductive health and rights and family planning. The declaration, which provides the global policy framework for operationalizing UHC, enshrines family planning as an essential and integral part of UHC.

UHC characterizes an ideal where all people have access to quality health services, when and where they need them, without financial hardship. Achieving UHC helps to fulfill the promise of the SDGs by focusing on equitable access to health care; governments committed in the SDGs and the High-Level Meeting on UHC political declaration to reaching the farthest behind first and leaving no one behind. UHC also provides a platform for enabling an integrated primary health care (PHC) system that includes access to sexual and reproductive health and rights and family planning.

PHC service delivery is essential to achieving universal access to family planning. Achieving UHC presupposes the inclusion of family planning with effective financial protection, ensuring family planning services are available, accessible, and affordable for everyone. Promoting UHC ought to translate into effective mobilization of resources for and expansion of access to family planning.

This policy paper aims to provide an overview of opportunities and tools for structurally and practically integrating family planning into PHC to achieve UHC. It highlights opportunities for integrating family planning through responsive policies and programs and meaningful engagement of communities beyond the health system. Specifically, the paper:

- Frames and articulates the linkages between UHC, PHC, and family planning across the policy design and implementation continuum and on both the demand and supply side from a rights-based perspective that centers the voices, needs, and lived experiences of those most left behind by health systems.
- Offers recommendations for building alignment between global and national policymaking on UHC and family planning, including around the nuances for policy formulation to focus on equitable access to health as a human right.

- Provides a concrete example of the linkage between financing for UHC and integrated PHC systems as it relates to the delivery of comprehensive family planning service.
- Articulates the role of various stakeholders in shaping policy, programming, and addressing the supply and demand sides of family planning at the national and sub-national levels.
- Outlines policy recommendations, various models, and options for financing family planning to contribute to the goal of UHC through sustainable models grounded in domestic resource mobilization, blended financing, and donor funding.

This policy paper centers on the global commitment to leave no one behind, highlights ways in which the UHC agenda can enable access to rights-based family planning to the last mile of PHC service delivery, and builds on the global investment case for family planning. The policy paper was informed by input from various stakeholders via a three-part dialogue series. The dialogues, which were convened by FP2030, PAI, Management Sciences for Health, and Knowledge Success, brought together policymakers, family planning, SRHR and gender equality advocates, government representatives, health financing experts, private sector actors, and researchers.

The overall goal of [the dialogues](#) was to foster information exchange; amplify and share lessons; and feature specific discussion topics on financing, research, policy reforms, civil society organization engagement, private sector engagement, and multisectoral partnerships on UHC and family planning. The policy paper summarizes findings from the dialogues and articulates entry points and practical [examples for integrating or creating a dedicated focus on family planning in UHC strategy](#), operationalizing integration through [financing models and policy implementation](#), and ensuring that we reach the last mile for family planning and sexual and reproductive health services through [people-centered, rights-based and gender transformative approaches](#) for social behavior change and demand creation.

Family planning and UHC strategy

Policy question: How do we reinforce FP as part of UHC in a way that does not get overshadowed by competing priorities in strained health systems?

For effective policy formulation relating to putting family planning at the heart of universal health coverage, there is a need to focus on existing infrastructure, resources, and systems for implementation. Specifically, this should focus on platforms, mechanisms, and policy processes where family planning can be layered onto existing integrated PHC access points; reproductive, maternal, newborn, child and adolescent health (RMNCAH) funding mechanisms; and prescribed packages in practicable manners that inform operationalization.

Since 2015 (mostly driven by efforts to achieve SDG 3), many countries have been developing plans to advance universal health coverage by expanding access to a basic package of health care for all people while protecting against financial hardship. [Evidence confirms that where family planning](#) is integrated into a basic package of care available to all individuals, regardless of socioeconomic status, investments in UHC contribute to financing for family planning. People who are socioeconomically disadvantaged may not be able to afford access to PHC services, including family planning and other sexual and reproductive health services. Even when they can afford it, they might be forced to compromise on contraceptive methods due to affordability instead of effectiveness or be faced with lack of access altogether, depending on where they are. Therefore, there is a need to ensure that policies are designed to provide unencumbered access to PHC services, including family planning, for people whose access to quality, affordable health care may be limited because of socioeconomic status, disability, age, gender, or other factors.

Key Recommendations: Family planning and UHC strategy

- **Common barriers to achieving UHC and increasing access to FP include weak health systems, increasing out-of-pocket expenditures, and entrenched gender norms.** To combat this, stakeholders need to adopt a structural and comprehensive approach in designing policies and implementation with a context-based approach. Gender and social norms, income inequality, the rural-urban divide, disability, and other social determinants of health have a significant impact access on health.
- **Women and girls have an inherent right to live their lives without discrimination and to have their human rights respected,** including their sexual and reproductive health and rights and desire for family planning fulfilled. Policymakers ought to have evidence-based justification to include FP in UHC strategy and the data to make evidence-based decisions to uphold family planning as a right and an integral component of UHC.

- For a more robust policy engagement on integration, there is a need to **foreground policy design elements of family planning and UHC integration through linkage between UHC and PHC initiatives within the broader policy frame** of the realization of SDGs. SDG 3 on health, specifically targets 3.7 and 5.6, articulates the aspiration for access to information and SRH services as enshrined in global policy instruments such as the [International Conference on Population and Development’s Program of Action](#) and the [Beijing Declaration and Platform and for Action](#) and their review conferences.
- Focusing the discussion on **the needs of those most left behind (women, and girls in their diversity, young people, people with disabilities, LGBTIAQ+ people, and Indigenous communities) and not just coverage and health systems strengthening** centers the voices of those most affected, thereby making the discussion people-centered, while expanding the family planning UHC integration audiences to constituencies working on topics such as the human right to health.
- **Prioritizing investments in a robust evidence base, integration, and capacity strengthening of PHC systems is critical** for realizing family planning as part of UHC and generating the data and scalable solutions needed to inform policymaking.

Family planning and PHC policy implementation for UHC

Policy question: Where does FP fit into PHC policy implementation?

Policy implementation is often where agendas get stifled as policy concepts meet the reality of finite resources and differentiated contexts, such as rural and urban divides and other distinctions that influence access to health. To ground family planning solidly within the UHC agenda, a clear approach to financing is key, especially in the current reality where the world is still recovering from the COVID-19 pandemic, which has affected resources for global health and led to a general reprioritization of resources.

Universal family planning coverage is key to ensuring access to family planning and sexual and reproductive health for people in vulnerable situations. [The pandemic exposed fault lines](#) in delivering essential sexual and reproductive health services, including family planning services. Even in countries where PHC services have traditionally been accessible and affordable, governments are finding it increasingly difficult to respond to the ever-growing health needs of their populations and to the increasing costs of health services.

Many PHC service delivery points fill the gaps in family planning services for the communities they serve by offering low- or no-cost contraceptive programs through social marketing, differentiated pricing models, and other financial models. However, [the programs that fund these access points often rely on donors and struggle to meet demand even during the best of times](#). Although the demand for family planning did not diminish during the pandemic, COVID-

driven disruptions forced the closure of some community-level PHC access points that are key to last mile delivery of health services including family planning. That in turn put added stress on those PHC access points that remained open and constrained access to family planning.

Reliance on donor-funded or subsidized health facilities for essential medical services, including sexual and reproductive health and family planning, is insufficient. Exploring the different financing models for UHC and the opportunities for integrated PHC service delivery (especially for FP) is central, especially because different contexts require different financing models. Using a best-practice approach helps guide governments on models for investing in family planning integration across a broad set of PHC services because governments are duty bearers to their citizens and should be the biggest investors in family planning. This approach also helps amplify best practices and programs to expand access to FP services. It articulates the role of all stakeholders, including the private sector, in realizing UHC and fostering innovations that prioritize FP.

Solutions to financing FP need systemwide perspectives and approaches to ensure that government spending is efficient, effective, and tailored to benefit specific populations. Any solutions or programs for implementation should be primarily grounded in lived realities. For example, barriers may arise when people experience intimate partner violence. In these situations, survivors may have limited financial autonomy and be subjected to surveillance, including through monitored use of joint insurance plans. Practically, this means [that many people may not be able to negotiate family planning use, or they may face reproductive coercion](#), inhibiting their ability to control their reproductive health or make informed decisions to access health care altogether.

Since it has been proven that investment in FP makes great economic sense, economic empowerment and reproductive empowerment mutually reinforce each other. FP empowers girls and women, expands educational opportunities, helps stabilize population growth, and accelerates community and economic development. [FP increases women's participation in the workforce and in turn increases families' educational investment in girls](#). According to the World Bank, [if women and men had equality in the workforce, we could net a gain of US\\$160 trillion globally. Instead, countries lose 14% of wealth due to gender inequality](#). FP is a cost-effective way to prevent diseases and deaths and to reduce unnecessary expenditure on health, education, social services, and amenities. Sustainable, targeted investment in integrated PHC service delivery is the best way to ensure that people have increased access to FP and that their needs are taken care of to reduce financial barriers to access.

Key Recommendations: Family planning and PHC policy implementation for UHC

- **Financing models for UHC and FP must consider who will benefit** from the scheme, how to use funds most efficiently, and what schemes will be the most effective on both systemwide and individual levels.

- **Ahead of scaling up to sub-national or national levels, integration of family planning services requires community-level engagement**, with [special consideration for those most marginalized](#) to ensure that solutions concentrate on and prioritize those left farthest behind and most in need.
- **A focus on delivering family planning services through an integrated PHC system tied to UHC funding streams provides an opportunity to leverage platforms and tools that have been proven to work.** Such tools include fully integrating FP across program areas (such as maternal and child health, HIV/AIDS treatment, and post-GBV care), shifting some tasks to community health workers, and supporting self-care models that promote the agency of women and girls and other family planning users. The goal is to ensure access for all, provide safeguards for those at risk, and uphold the global commitment of leaving no one behind.
- **Achieving UHC rarely depends on a new financing scheme.** New approaches to financing UHC generally work in conjunction with existing approaches, and care should be taken to ensure that they are complementary, including for financing improved access to family planning. [Specific attention should be paid to targeting resources to those most in need through new schemes.](#)
- **National health insurance (NHI) can be a useful tool for financing family planning, but it also carries risks.** It is important to emphasize [which forms of NHI are most likely to be successful in supporting equity and achieving universal access](#). NHI programs that tie benefits to individual or family contributions (whether voluntary or mandatory) can undermine access for those least able to pay. Channeling general government revenue to NHI, and perhaps supplementing this with taxes on unhealthy goods and services (alcohol, tobacco, excess sugar, sweetened beverages, and the like) is important to reduce this risk. Family-based NHI memberships can jeopardize access for young people and adolescents if they are dependent on their parents' insurance plan to access services due to privacy and confidentiality reasons among others such as lack of financial agency to determine scope of coverage. [An NHI scheme that is broadly financed and not restricted to individual or family contributions would promote more equitable FP access for young people.](#)

Family planning and UHC: Creating demand and leveraging social and behavior change for equitable access

Policy question: What does it take to ensure we are getting it right to leave no one behind?

Although FP has been demonstrated to be an essential part of UHC, it is still hard to reach marginalized communities. It is, therefore, critical to consider the diverse needs of all communities to achieve UHC and integrate family planning as an essential component. Social and behavior change communication depends on strengthening and scaling up high-impact practices to enable equitable access to health care, including family planning, to enable the realization of the global goal of universal access. This means addressing gaps based on ethnicity, financial status, sexual orientation, and marital status. It is therefore important to ensure meaningful community engagement and investment in leadership to integrate FP into UHC to ensure access and intentional focus on those most left behind.

Specifically, demand creation for universal health coverage aims to leverage proven approaches to meaningfully engage the most vulnerable groups. As a practical matter, this includes investing in their leadership and communities, enhancing their meaningful involvement in policy design and program delivery, and prioritizing the needs of the end users of health care, including family planning and sexual and reproductive health services. Additionally, FP strategies must be able to prioritize resources to segments of the population at risk of not realizing their fertility goals. Such segmentation has operational implications, which can mean advantages to private sector engagement, for example, by purchasing services from private sector providers to improve access.

Social behavior change addresses structural barriers to accessing health care, including family planning and sexual and reproductive health services. Primarily, this is grounded on a strong focus on shifting norms, through a robust gender-transformative and rights-based lens on the needs of those most left behind and often marginalized by health systems. Demand creation centers health users and their diverse needs, not just to drive uptake. Additionally, demand creation encourages policymakers to ensure that policies, financing models, and information guarantee equitable access to services. Demand creation at its best should be built on and be guided by lessons learned in expanding family planning access for various communities and populations with diverse needs.

Specifically, demand creation compels health systems to be accountable and provides pathways to operationalize the broad principles of meaningful community engagement, equitable access, rights-based family planning, and people-centered programming.

Key recommendations: Family planning and UHC: Creating demand and leveraging social and behavior change for equitable access

- **The principles and values of meaningful adolescent and youth engagement should be operationalized through youth-friendly services financed by governments.** Across many contexts, adolescent and young people's access to health care, especially for family planning and sexual and reproductive health, is criminalized through punitive laws, parental consent laws, and other barriers. To ensure that family planning is fully integrated and delivered as part of UHC, governments at all levels should repeal discriminatory and punitive laws directed against young people and focus on access guided by the [World Health Organization's Availability, Accessibility, Acceptability, and Quality framework](#).
- **Tailor-made solutions can help ensure equitable access.** Out-of-pocket payments remain a major barrier to accessing health care, especially for women and girls, young people, people with disabilities, LGBTIAQ+ people, and other populations who face structural discrimination and lack equal access to economic opportunities.
- **Innovative solutions are key in providing subsidies for commodities from suppliers and ensuring pricing models that create sustainable financing mechanisms for family planning to make SRH services more affordable.** Other solutions, such as a non-refusal policy, opportunities for subsidized fees, and free outreach services, ensure that policies and programs are implemented in ways that address the daily lived realities of family planning users.
- **Awareness of various health promotion programs helps galvanize access to services and create platforms for communities to share their needs and inform programming.** Tools such as comprehensive sexuality education, technology-assisted health promotion, and others provide an opportunity to ensure that once family planning and other sexual and reproductive health services are integrated into UHC, there is awareness of how to access services and navigate health systems and options for financing to ensure the end users benefit.
- **Clear pathways for financing efforts to integrate family planning into UHC through financing schemes help ensure access to sexual and reproductive health and family planning at all levels of the PHC system.** Specifically, this means ensuring that all levels of government commit to financing and policymaking that make integration of family planning into UHC a reality through policy and domestic resources at the national and sub-national levels depending on the various contexts for health financing.
- **Family planning should be integrated into UHC as a component of development and with the intention of future-proofing due to the current realities of crises worldwide.** The COVID-19 pandemic, climate-driven crises, and political conflict have had an impact on women and girls and other family planning users. Decades of progress on sexual and reproductive health, including access to family planning services, are at

risk, as is the already precarious traction on gender equality and women's and girls' empowerment. [During the pandemic](#), while many services were disrupted, access to services was continued using such strategies as door-to-door delivery in the Philippines, transfer of commodities to the private sector in some countries, and distribution of more pills per visit in others. The ability to maintain continuity of care or to quickly reestablish disrupted services is critical to health systems and individual resilience. That is why being prepared for the next disruption, whatever it is, is so critical.

Conclusion

Beyond the economic benefits of family planning, [universal access to family planning as an essential component of UHC is a key tool to ensuring that governments meet their human rights obligations and promises to the right to health](#), including sexual and reproductive health and family planning, as enshrined in various national, regional, and global policies instruments. When people are empowered through access to family planning and a universal guarantee of their sexual and reproductive health and rights, they are better positioned to access economic opportunities as well as being better equipped to contribute to their nation's development and well-being. Governments and other health service providers need to adopt universal and comprehensive coverage for family planning through universal health coverage strategies anchored in integrated PHC systems that offer options and modalities that put the least economic and financial strain on end users.