



Overcoming Barriers to Family Planning

In most countries, people rely on the primary health care (PHC) system to access family planning (FP) methods. PHC systems are designed to ensure that everyone has equitable access to high-quality, comprehensive care, but despite concerted efforts by national governments to keep these services affordable, out-of-pocket costs remain a major barrier to care in many communities.

To address this challenge, the global universal health coverage (UHC) initiative seeks to galvanize countries to adopt supportive policies and innovative financing mechanisms that ensure all individuals can receive health care without financial hardship. This often takes the form of a national health insurance scheme, which pools resources to establish an essential benefits package of subsidized or free health services for a prescribed patient pool.

Together, the combined UHC and PHC movements represent the best opportunity to ensure essential health services — including FP and other sexual and reproductive health (SRH) services — are integrated and delivered in the most cost-effective and equitable manner possible.

Civil Society-Led Approach

Local civil society organizations (CSOs) are the lifeblood of UHC and PHC initiatives across the globe. They serve as important strategic partners to national governments by designing promising UHC policies that expand access to PHC services, including FP/SRH. Their advocacy calls for increased resource investments coordinated through domestic government mobilization efforts and external sources — including multilateral entities like the Global Financing Facility and the Global Fund and bilateral partnerships — to ensure a robust, reliable and sustainable health service delivery system.

These CSOs also support governments, donors and other key stakeholders to make sure all are held accountable for their commitments to increased access and affordability of health services.

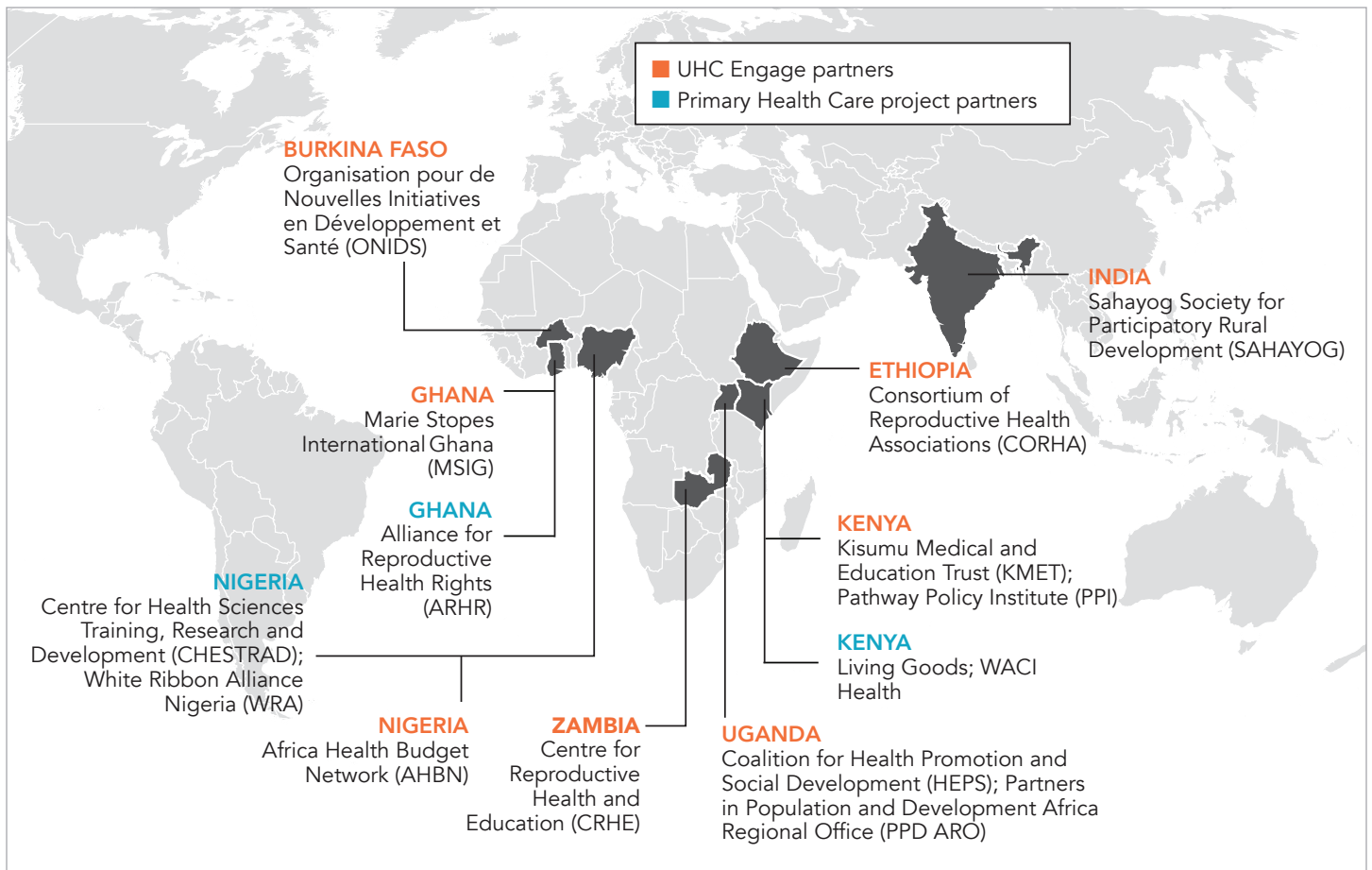
Recognizing the indispensable role of civil society in driving the UHC and PHC movements toward meaningful change, PAI has undertaken two complementary bodies of work that bolster the efforts of civil society stakeholders to achieve accessible health care for all: UHC Engage and Primary Health Care. These initiatives focus on leveraging partnerships with CSOs across eight countries, seeking to strengthen the advocacy strategies, accountability mechanisms and institutional capacities of local organizations that are most knowledgeable of their country's health policy landscape and cultural context.

The flexible funding and tailored technical support PAI provides to these partners have helped to secure many exciting national and subnational policy and programmatic wins.

Successes to Date

PAI's UHC and PHC projects have yielded many successful outcomes, including:

- In Uganda, **PPD ARO** — with technical assistance and communication support from PAI — built a coalition of stakeholders to secure the passage of the first-ever national health insurance bill by the country's parliament.
- In Kenya, **KMET** and **PPI** led coalitions that drove Kisumu and Lakipia county governments, respectively, to expand the National Health Insurance Fund benefits package to include FP and to allocate budgets to fund FP service delivery. PAI's support also helped **Living Goods** craft policy showing the important role community health workers play in ensuring equitable access to health care, leading to formal recognition of these health workers as essential in maintaining health system resilience.
- In Ghana, PAI supported **MSIG** in a pilot project to document the cost savings and benefits of including FP in the country's National Health Insurance Scheme. The success of this pilot led to the Ministry of Health enshrining comprehensive FP services in the benefits package.



- In India, PAI aided **SAHAYOG**'s efforts in Uttar Pradesh to build the capacities of communities to successfully advocate and engage with district and state health officials to improve access to and quality of FP/SRH services in five priority districts.
- In Nigeria, **WRA** and PAI worked closely with the Niger State Ministry of Health to develop a digital Basic Health Care Provisions Fund accountability framework. It provides a mechanism to monitor funds deployed for PHC services and supports the inclusion of community perspectives and participation — especially the needs of women and girls — in the implementation process for effective delivery of PHC services in Niger state.

In 2023 and beyond, PAI and our partners will continue to build off these successes by advocating for further investments in national PHC systems and sustainable UHC programs, not stopping until every person can exercise their fundamental human right to access high-quality FP/SRH care.

COVID-19 and the UHC and PHC Movements

The COVID-19 pandemic has exposed and exacerbated existing health disparities and the fragility of health systems for the majority of people around the world, with service disruptions severely reducing access to basic health care services, including FP/SRH care, in many countries. The importance of resilient, sustainably financed health systems in lower- and middle-income countries — especially during times of crisis — has never been clearer, and PAI and our partners have worked to embed UHC and PHC into COVID-19 recovery efforts and to ensure that hard-fought gains in SRH are not lost.



Scan the QR code to watch UHC Engage's recent documentary video.

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