



Finding Common Ground: Examining Family Planning Financing Through a Gender Lens

The Starting Point

The International Conference on Population and Development in 1994 helped establish the strong influence social factors such as **gender** have on family planning access and reproductive health and rights, especially for women and girls.¹ Global evidence clearly articulates how profoundly gender-based power imbalances lead to discrimination and act as a barrier to accessing family planning, whether it occurs between a couple or in a healthcare setting, for example. Gender-based barriers to family planning impact women's and girls' rights and agency over their lives, their reproductive intentions and health, their education, and their ability to pursue economic opportunities. Therefore, since family planning/reproductive health and women's and girls' empowerment are interlinked, their inability to access family planning can have devastating and long-term consequences for their well-being and for achieving gender equality.

Gender-based barriers also come into play when considering whether family planning services are *affordable*, especially in low- and middle-income countries where the healthcare system sometimes provides limited coverage of basic health services and women's health, in particular, suffers. As an

¹ *Gender* refers to a “culturally defined set of economic, social, and political roles, responsibilities, rights, entitlements, [and] obligations associated with being female and male, as well as the power relations between and among women and men, boys and girls” (IGWG, n.d., p. 1).

Expert Meeting on Family Planning, Gender, and Financing: Key Takeaways

- Understand the gender-based barriers family planning clients encounter and the constraints that health financing mechanism and budget designers face to find points of agreement.
- Frame the family planning financing conversation with a gender lens and a rights-based approach.
- Strengthen all stakeholders' health financing and budget advocacy capacity to ensure decisionmakers are held accountable for affordable and gender-equitable family planning service provision.
- Develop specific indicators to measure gender-equitable and human rights-centered family planning outcomes in programming and policies.
- Conduct more community-based research on family planning client satisfaction, especially among the most marginalized populations, to determine the most appropriate, context-specific approach to finance more gender-equitable family planning.
- Make the case to policymakers working in health financing and other decisionmakers for the benefits of integrating a gender lens in family planning financing, while taking their budget concerns and priorities into consideration.
- Push for more gender-equitable family planning coverage while recognizing the need for some tradeoffs due to constrained health resources.

example of limited access due to gender-based barriers and affordability, it might be difficult for a young woman to access contraception if she is economically dependent on her male partner and if they are not married since health insurance may require a formal union to cover family planning expenses due to stigma surrounding young women accessing family planning. Ensuring every individual who wants family planning information and services is able to access it requires an examination of the ways gender influences how family planning is covered across different financing mechanisms by government and the private sector.

Given these realities, the primary focus of this brief is to **advance dialogue on including a gender lens in family planning financing**, recognizing that gender is not the only factor that inhibits individuals' access to family planning. Those from typically marginalized groups, such as an ethnic minority, young people, or persons living with disabilities, may also face discrimination due to provider bias when they seek family planning and therefore might also experience challenges with it being covered by financing mechanisms. Individuals belonging to several of these groups may experience even more discrimination and even greater barriers when trying to access family planning.

Applying a **human rights-based approach** to family planning financing helps uphold all individuals' rights to affordable and high-quality family planning information and services, and ensures that they have agency in decisions about their reproductive intentions and that they do not face any form of discrimination when seeking information about or access to family planning services.² A rights-based approach helps achieve

² A human-rights based approach seeks to explore and address any discrimination and inequalities at the root of development-related problems so that solutions to development challenges are more equitable, effective, and sustainable. Applying this approach to family planning specifically upholds individuals' human right to health, and therefore, family planning (WHO, n.d.). "Rights-based family planning is an approach to developing and implementing programs that aims to fulfill the rights of all individuals to choose whether, when, and how many children to have; to act on those choices through high-quality sexual and reproductive health services, information, and education; and to access those services free from discrimination, coercion, and violence" (FP2020, 2020, Overview).

the **inclusion** of all individuals so that no one faces discrimination and is excluded from accessing family planning. A focus on human rights, in this case, gender equality in family planning access, helps ensure family planning information, services, and care are client-focused, the goal for family planning and gender champions.

Summary of the Planning Process and Agenda

On May 13, 2021, the Health Policy Plus (HP+) project, funded by the U.S. Agency for International Development, convened family planning, gender, and family planning financing experts to discuss how to better integrate gender into family planning and health financing systems to make access to family planning information and services more gender-equitable for all clients. The meeting objectives included:

- Discuss integrating a gender lens into family planning and health financing systems
- Explore how health financing systems can reasonably integrate a gender perspective in family planning financing
- Determine practical next steps for complementary research and advocacy agendas

While the meeting focus was about integrating a gender lens in family planning financing for increased gender equity in family planning access, participants also raised the important and related issues of rights-based and inclusive family planning and its financing. These issues are also critical to ensure affordable, quality family planning for everyone who wants it; however, the next steps stemming from the meeting remained focused on advancing gender equity in family planning financing. Also, there was not representation of those involved with ministries of finance, insurance scheme design, etc. to explain their perspective on this topic. Thus, the meeting was intended to galvanize like-minded family planning, gender, and family planning financing champions to discuss this issue from *their* perspective and identify how they would like

“Equity in family planning does not mean that all groups use contraception—or specific methods of contraception—at the same rates. Rather, equity is realized when all individuals have access to high-quality reproductive health information and contraceptive services, including choice of methods and availability of those methods, that reflect their values and preferences and the context in which they live—regardless of age, sex, disability, race, ethnicity, origin, religion, economic status, or other factors.”

– High Impact Practices in Family Planning (HIP, 2021, p. 1)

to move forward in getting gender (and rights and inclusion) better addressed in different family planning financing mechanisms.

To prepare for the meeting and ensure a common understanding among participants from these overlapping but often disconnected topics, attendees reviewed a **position paper** (Appleford, unpublished) outlining current gaps and possible solutions to address system constraints for more gender-equitable approaches to family planning and health financing. HP+ developed the paper, which aimed to bridge family planning, gender, and family planning financing communities for a shared understanding of concerns and priorities. It explored family planning financing in lower- and middle-income countries through a gender lens asking, “Who is covered?” “What is covered?” and “How much is covered?”

With the position paper as the foundation, a **panel discussion** with four experts representing family planning, gender, and family planning financing topic areas framed the conversation, presenting:

- The realities and challenges of the health financing system (public and private) that have typically not focused on nor included gender-equitable and rights-based family planning.

For example, constrained health budgets—further tightened by the COVID-19 pandemic—already might limit insurance coverage of basic health services, and especially for family

planning services where coverage gaps persist, impacting access, quality, and affordability.

- The poor health outcomes for all members of society and inefficient use of resources that result from gender-based barriers and the omission of a human rights-based approach in family planning and health financing systems.

For example, if an adolescent girl is unable to access family planning and experiences an intended pregnancy, this might harm her physical and mental health, her baby’s health, her ability to pursue an education, her ability to pursue a livelihood, and her right to agency and dignity. Her potential lack of education and economic resources might also create long-term hardships for her family, her community, and beyond.

Small group discussions followed the panel discussion to explore potential future focus on complementary research and policy advocacy agendas to better integrate a gender lens and rights-based approach into family planning and health financing systems. To generate this discussion, groups either focused on research or advocacy priorities, prompted by the following questions:

- What do policymakers and health system stakeholders need to know to incorporate a gender lens in family planning financing (when designing health schemes)?
- What constraints/competing priorities exist that make this challenging?
- How can both groups of constituents more effectively articulate their priorities and work together across disciplines to find common ground?
- How can these efforts include the concerns of less powerful, marginalized groups?
- How can the issues that financing and budgeting constituents face be addressed?

In addition, the groups focusing on research priorities explored the additional evidence needed for integrating a gender lens into how family planning is financed, while the groups focusing on

advocacy discussed the resources advocates need as they push for more gender-equitable family planning and health financing. Both groups discussed how health financing mechanisms can reasonably approach integrating a gender lens into family planning coverage.

Participants then came back to the main group to clarify and frame their understanding of integrating gender-equitable, rights-based family planning financing into health financing systems and to develop recommendations and practical next steps for these complementary research and advocacy agendas. The following sections provide recommendations and identified next steps discussed at the meeting.

Recommendations Highlighted at the Expert Meeting

The following are recommendations to find common ground among constituencies.

Improve Understanding and Communication

To find common ground, participants identified a need to step out of existing “work silos” and improve understanding among both constituencies of each other’s concerns, namely, the challenges and constraints faced by those working in financing and budgeting and the negative health and economic impacts of not addressing gender-based barriers and not ensuring rights-based family planning. By listening to each other these

constituencies can help understand each other’s perspectives, and ideally, help achieve each other’s priorities, given that both groups have the goal of improving health outcomes for all individuals.

Gender advocates often focus on gender-equitable and rights-based family planning with the aim of creating an environment that enables improved family planning access—taking an upstream approach. This way, more individuals, particularly women and girls, can exercise agency in their reproductive intentions, can better protect their reproductive health, and can make healthy decisions for their family, translating into more resources for additional health services. Gender advocates consider the information and service requirements necessary for individuals to have agency when trying to avoid unintended pregnancies and poor reproductive outcomes. Participants suggested that gender advocates should articulate that this “upstream” approach to family planning assists the health financing system by preventing additional unplanned health expenditures and saving resources for other essential health services.

Participants recommended that framing the intersection of gender and financing and measuring progress of providing equitable and quality information and services requires clear definitions and intentional language.

Improve How Family Planning is Covered in Health Financing System Design

Attendees noted the need to better engage—and influence—the design of health insurance schemes to achieve gender-equitable, high-quality, and affordable family planning access, especially for the hardest to reach populations. Advocates need to make the case that insurance coverage for family planning is a value-add for both citizens and the health system. Advocates also should prioritize making the case to insurance providers to reach marginalized populations with low out-of-pocket health insurance schemes that include family planning, since easy-to-reach populations are more

PARTICIPANT PERSPECTIVE

“Does a focus on ‘family planning’ reinforce a conservative view of contraception in healthcare delivery and undermine respectful care for all individuals interested in using contraceptives?”

– Margaret E. Greene, PhD, Principal,
GreeneWorks

likely to already be covered by health insurance and universal health coverage (UHC) schemes.

To provide more gender-equitable access to high-quality family planning and to make it affordable for anyone who wants these services and products, discussants suggested that the people designing health finance and insurance schemes should increase flexibility and variety in the financing approaches offered to family planning clients. Health financing policy and program designers need to consider an array of strategies that can provide access for family planning clients across different contexts. Those designing health finance and insurance schemes should not limit family planning client coverage to only national health insurance schemes. They should also consider supply-side/results-based financing, demand-side vouchers, or other effective financing approaches that, with some minor adjustments, might lead to better family planning financing mechanisms that address gender-based barriers and improve gender-equitable access to family planning information and services.

PARTICIPANT PERSPECTIVE

“How are we measuring success in purchasing the outcomes we want to see? Can we identify an easy-to-use measure of ‘respectful care,’ and link that to remuneration/payment to providers?”

Frame the Family Planning Financing Conversation within a Rights-Based Approach

Another recurring theme was to focus on individuals’ rights to sexual and reproductive health, family planning, and non-discrimination—in the context of the Availability, Accessibility, Acceptability, and Quality (AAAQ) Framework (see WHO, 2021)—in order to include all voices at the table and to use context-specific approaches. Using a right-based perspective means ensuring individuals participate in decisions affecting their

PARTICIPANT PERSPECTIVE

“At its core, this issue is about financing empowerment, choice ... the intangibles. We want to see our resources (financial inputs) achieve some desired outcome at the individual level. We’re financing client/consumer-based care, individuals’ ability to realize their own health objectives [and act on them]. We want to be able to finance high-quality, equitable, and low-cost access to family planning.”

– Ben Bellows, PhD, Chief Business Officer, Nivi

lives, especially the poorest and most marginalized populations. By including representative voices at the table during health and family planning financing scheme design, clients can argue their case for financing decisions about contraceptive information and service provision coverage when trade-offs are made affecting family planning services. Resources for all health services are limited, and the COVID-19 pandemic has further strained health budgets and systems, but in certain instances, resources could be better used to reach more people, especially the most marginalized, and need to be more gender-equitable, inclusive, and context-specific.

Strengthen Stakeholder Capacity to Ensure Accountability for Gender-Equitable and Rights-Based Family Planning Service Provision

Participants mentioned the need to strengthen civil society, especially its budget advocacy capacity for health financing, to help make sure that all citizens, especially the most marginalized, can access family planning information and services. They emphasized supporting civil society organizations (CSOs) to work with health ministries on advocacy and accountability and encouraged CSOs to work with citizens to foster and support their advocacy. CSOs can help citizens better understand and prioritize what is included

in benefits packages. They can also support citizen engagement to hold officials accountable for affordable coverage for family planning services. As part of this engagement, CSOs should work with communities to advocate with decisionmakers and healthcare providers to help them understand and address the gendered (and other) barriers to accessing high-quality, equitable, and affordable family planning. Similarly, CSOs can help citizens understand the barriers faced by providers and local programs, such as budgetary constraints and family planning product supply issues. Citizens can also advocate on behalf of local health services to obtain funding for the family planning services they want.

Next Steps Identified by Participants

The meeting's small group discussions focused on next steps in the areas of advocacy and research, as well as calling out the need for increased representation of women and other marginalized populations in decision-making roles. The following summarizes these next steps to better integrate a gender lens in family planning financing.

Research: More Evidence and Better Measurement

1. Conduct more community-based research (disaggregated by sex, age, etc.) on: client satisfaction; ability by *all* populations to access high-quality, affordable family planning services and products; health finance mechanism coverage of family planning services and products; and the outcomes of this service provision and coverage. For example, more evidence is needed regarding marginalized populations' family planning access, options to determine which health financing models might best meet their family planning needs, and the context-specific solutions that address gender-based barriers and ensure more equitable access (e.g., vouchers versus health insurance). To convince health and finance ministers and those designing family planning financing mechanisms of the necessity of including a gender lens in their work, more research

at the community level is needed to better understand the experiences of family planning clients and to show the many gaps that exist in access, often due to gender-based barriers. This research, which should be done by local researchers and translated into local languages, will provide more client-focused and context-specific evidence of family planning and health financing approaches and their outcomes—and the extent to which gender-based barriers are being addressed or whether more efforts need to be identified and implemented to ensure gender-equitable family planning for all clients. This evidence will inform stakeholders throughout the finance decision-making process about what enables and hinders gender-equitable family planning access, particularly at the community level. National-level policymakers should finance these context-specific studies to provide affordable and gender-equitable access to family planning to everyone who wants it.

2. Develop specific indicators to measure gender-equitable and human rights-centered family planning outcomes in programming and policies. Family planning indicators usually focus on access and supply availability, so most family planning data focuses on service delivery points (what is provided and what it costs) and budget analysis (expenditures); they do not focus on metrics to measure client

PARTICIPANT PERSPECTIVE

"Health insurance oftentimes is not the path to UHC. In the environment of plateauing donor funds, if there is a way for a proportion of the population [to] be covered by insurance, it will free up resources to cover the lowest percent without coverage. Some countries will say coverage is all free, but this does not mean everyone has access to the family planning products and services they want. We need to move beyond a free-for-all policy, to one where we stratify the population, ensuring that everyone has access to family planning, insured or not."

privacy, confidentiality, respectful care, lack of discrimination, and product affordability for all clients. To strengthen gender-equitable and rights-based family planning access through health financing mechanisms, it is necessary to measure gender equality-focused outcomes, such as women's agency in making family planning decisions. This would measure the number of individuals that face gender-based discrimination at health facilities and, because of this, cannot access family planning or other health information and services.

3. **Link evidence on family planning client satisfaction to return on investment.**

High-quality counseling, improved information exchange, and access to desired products encourages adherence to contraception, which is better for women, families, and health budgets.

Advocacy: Make the Case for Applying a Gender Lens in Family Planning Financing

1. **Make the case** for covering family planning in benefits packages while recognizing the need for some tradeoffs due to constrained health resources, which the COVID-19 pandemic exacerbated. Countries that have achieved high levels of coverage did so over a long time. When examining benefits packages and prioritizing services to cover, advocates should emphasize a preventive, primary care approach. Using this approach to family planning provision will help demonstrate the value-add for using a gender lens in family planning coverage due to the improved health and economic outcomes that result from such an approach. Advocates should also examine nascent health insurance schemes and determine how to reach individuals with equitable access now.
2. **Advocate with ministers of finance and health** to address their concerns while holding them accountable for gender-equitable family planning access in health financing design. Working with established family planning and gender advocates will improve decisionmakers' understanding of what each population needs and wants for family planning—rather than this being decided for them—and will help ensure

Cross-Cutting Next Step: Increase representation of women and other marginalized populations in decision-making roles, particularly in health financing, to better address their needs. Their voices cannot simply be “in the room,” but need to be listened to, respected, and valued during the decision-making process.

the most appropriate, cost-effective utilization of government health resources. When listening to advocate concerns and considering how to cover family planning in the health financing system, decisionmakers want to know, “How much will it cost?” “Who will benefit?” and “How will it help?”—“Who will pay?” is a secondary concern.

3. **Develop persuasive communication products** with evidence-based recommendations that consider decisionmakers' priorities. Consider what a minister of health needs to know to make decisions about which family planning services and products are included in a benefits package and who should benefit from that package. Provide decisionmakers with straightforward information that translates evidence into key messages outlining the health and economic impacts—such as unintended pregnancies and unsustainable population growth—that result from providing (or not providing) gender-equitable, affordable access to family planning.

Continuing the Conversation

This brief highlights some of the areas of agreement among the gender, family planning, and health finance experts who participated in the engaging and insightful dialogue. These groups need to continue this conversation and collaborate to advance integrating a gender and rights-based lens into how family planning services and products are financed in the health system. The dialogue needs to be expanded to include those designing insurance and financing schemes to

better understand their perspectives and to be able to provide the evidence needed to convince them of the advantages of including a gender lens in family planning financing, and more broadly, health. When groups working on advancing this common vision enhance their understanding by listening to each other's perspectives and set higher standards for reaching and measuring successful outcomes, multiple points of common ground arise for financing gender-equitable, rights-based family planning access.

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