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Guide for Examining the Legal, Regulatory, and Policy Environment for Family Planning Inclusion in Universal Health Coverage Schemes

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Introduction and Rationale

Family planning plays a critical role in achieving Sustainable Development Goal (SDG) 3, which aims to ensure that quality, affordable healthcare is available for individuals to lead productive and fulfilling lives (Box 1). The inclusion of universal access to family planning as part of the SDGs implies that family planning should be considered in national and global actions to achieve universal health coverage, including health sector reform that increases access to quality essential services and reduces out-of-pocket spending.

However, family planning is not always considered in the design, introduction, or scale-up of health financing mechanisms such as social or national health insurance. Changes to laws, regulations, and policies (referred to collectively below as "policy instances") that often accompany the introduction of new health financing mechanisms aimed at achieving universal health coverage are also not always attuned to the specific aspects of sustainable, high-quality family planning programming. Such oversights can limit the ability of family planning programs to contribute to and benefit from the achievement of the SDGs and reforms aimed at achieving universal health coverage.

The following summarize potential family planning-related gaps in policy instances:

1. Family planning services are excluded from the benefits of health insurance schemes that intend to reach high population coverage or family planning is excluded from government tax-funded service delivery and procurement.
2. Family planning services are included in the benefits covered by insurance schemes; however, membership or entitlements exclude certain population segments or the family planning benefit is not implemented effectively.
3. Family planning services are included and provided; however, the depth of services included and the choice of providers contracted is inadequate, especially for poor or geographically remote populations.
4. Family planning services are of high quality and offer choice, but may require co-payments or user fees unaffordable for the poor, especially for modern long-acting reversible methods.

Box 1. Sustainable Development Goal 3 and Relevant Targets for Family Planning

Goal 3: Ensure healthy lives and promote well-being for all at all ages

Target 3.7: By 2030, ensure universal access to sexual and reproductive healthcare services, including for family planning, information and education, and the integration of reproductive health into national strategies and programs

Target 3.8: Achieve universal health coverage, including financial risk protection, access to quality essential healthcare services and access to safe, effective, quality, and affordable essential medicines and vaccines for all

Addressing these gaps comprehensively will help reduce health system barriers to accessing quality family planning services, yield greater financial protection for poor and vulnerable family planning users when accessing certain contraceptive methods, and promote equitable access to a full spectrum of modern methods for all population groups.

Understanding how family planning is included within the usually fragmented legal, regulatory,

and policy environments associated with the health system is important to identifying and addressing these gaps. In this guide, the U.S. Agency for International Development (USAID)-funded Health Policy Plus (HP+) project introduces a framework that examines the integration of family planning in the legal, regulatory, and policy aspects of health financing arrangements aimed at achieving universal, affordable access to essential health services.

Health financing arrangements institutionalize relationships among (1) payers of health services, such as insurance schemes, employers, and government at different levels; (2) community- and facility-based providers; and (3) users of healthcare, who receive the services and may also act as payers in their own right by assuming costs at the point of care through out-of-pocket spending or through pre-payment. These relationships among payers, providers, and users are governed by the rules of the healthcare system that may be issued by different institutions or entities.

The framework aims to situate affordable access to rights-based, high-quality modern family planning services within this legal, regulatory, and policy context. It acts as a diagnostic tool to identify critical barriers and enablers in creating a supportive environment for family planning financing. The intention is that the framework and this guide will support country-level decisionmakers pursuing health sector reform and/or scale-up of health financing schemes aimed at achieving universal health coverage and SDG Goal 3 in such a way that changes to the health financing arrangements also benefit universal access to high-quality family planning services. In addition, eliminating health system barriers to effective family planning financing by considering the whole health financing system can help promote domestic resource mobilization for family planning and support countries on their journey to self-reliance.

HP+ developed the framework and has applied it to a few countries as case studies, reviewing their policy instances related to health financing arrangements. The focus is on understanding the financing of family planning services and policy instances that manage payers and providers and affect how or if women demand or seek family planning services.

Description of the Framework

The framework is based on the intersection of the outcomes articulated in *USAID's Vision for Health Systems Strengthening*—which aims to achieve universal access to affordable, high-quality essential health services—and the roles of health financing actors (Figure 1).[1] The intersection of these two concepts can be viewed as a matrix of health system strengthening outcomes and health financing actors (see Annex 1). Each cell in this matrix corresponds to a specific outcome in achieving universal health coverage (rows) and a specific actor (columns). Each cell then describes aspects of country-level laws, regulations, and policies that can be enabling or inhibiting. The framework therefore helps a user identify policy instances that benefit or impede family planning financing. Using the checklist provided in Annex 2, users can examine policy instances across these two dimensions (health systems strengthening outcomes and health financing actors) to understand how various policy instances positively or negatively affect universal, rights-based access to high-quality family planning.

[1] U.S. Agency for International Development (USAID). 2015. *USAID's Vision for Health Systems Strengthening*. Washington D.C: USAID.

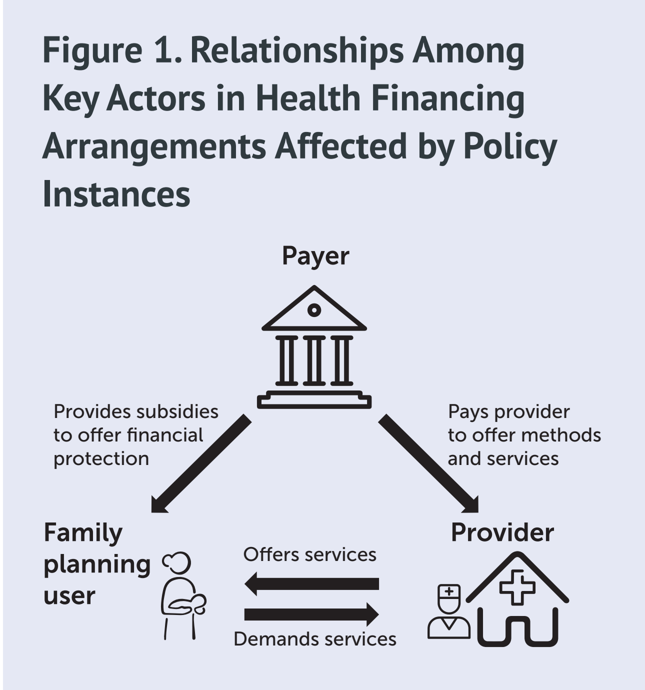
The framework interprets the three outcomes of *USAID's Vision for Health Systems Strengthening* (framework rows) from a family planning perspective as:

1. *Population coverage* of family planning services
2. The *responsiveness* of family planning services provided, including the *range of methods and ancillary services* included in the package of services covered by the health financing system
3. The *financial protection* offered in delivery of these services (e.g., protection from out-of-pocket payments required for a typical family planning user)

The framework then examines these different outcome dimensions in light of who is affected, i.e., health financing actors (framework columns). From a family planning perspective:

1. ***Payers*** are affected by policy instances that govern how family planning services are paid for and by whom. Often these will be government entities, such as a social health insurance agency or national ministry, or a private insurer that covers a package of family planning services. Payers may draft the regulations that affect the next two sets of actors.
2. ***Providers*** are affected by policy instances that govern how and where family planning services must be delivered and what can be paid for them. Providers include those that are facility based or community based, whether an individual health worker or group providing family planning services.
3. ***Family planning users*** are affected by policy instances that govern whether and how an individual can demand and receive high-quality and culturally appropriate family planning services. Such services include information and counseling and the full scope and breadth of the methods.

Figure 1. Relationships Among Key Actors in Health Financing Arrangements Affected by Policy Instances



Using the framework and checklist to explore the role of actors allows stakeholders to analyze how family planning is financed, how services are purchased and provided, and possible limits to reproductive health-seeking behavior and use of services. Box 2 provides examples of potential enablers and barriers affecting family planning in the context of the three actors.

Applying the Framework

The process for applying the framework is detailed in Figure 2 and includes the following four steps:

1. Identifying relevant policy instances

Users of the framework should start by identifying higher-level policy instances, i.e., those that govern overarching rights to health. These instances may involve a right granted by a constitution, a "right-to-health" law, or a specific law related to family planning and/or reproductive health. These policy instances may establish whether there is a legal requirement for the government or other payers to ensure equitable population-level coverage for family

Box 2. Examples of How Policy Instances Affect Health Financing Actors in the Context of Family Planning Financing

Payer: A law on health insurance requires family planning to be included as a covered service under the scheme. This example is connected with the outcome of population coverage of family planning services, in this case by the health insurance scheme.

Provider: A health service delivery policy guideline prohibits lower-level healthcare cadres from providing long-acting reversible contraception. This example is connected with population coverage and responsiveness and financial protection, as long-acting reversible contraception will be provided only through higher-level providers such as nurses and midwives, most likely at higher-level facilities with increased financial barriers.

Family planning user: A law imposes a legal requirement for parental or spousal consent before family planning services can be accessed. This example impacts the health-seeking behavior of potential family planning users and relates to population coverage and responsiveness of family planning services because a user's access to family planning services may be restricted if the user's parent or spouse does not consent and/or the user does not want to inform them.

planning services. Users of the framework should continue their document review by looking at other laws that affect the healthcare system as a whole, such as those governing the formation and implementation of national or social health insurance schemes, government-supported non-insurance health financing schemes, or mechanisms of service provision.

The checklist in Annex 2 is organized into a cascade of questions that breaks down the framework in a user-friendly format allowing stakeholders to capture information in a concise manner. It is organized by specific policy instances to help streamline review; however, each country's policy instances differ and may require review beyond that of the recommended instruments. Additionally, a notes section is provided to aid capture of important contextual information found during the review, which is helpful when analyzing gaps and validating results.

2. Analyzing policy instances

The intention of the review is to understand whether each component of a policy instance is a barrier to or an enabler for the intended outcome, i.e., for increased population coverage of family planning, improved responsiveness of service delivery, or improved financial protection when accessing family planning services. For a given policy instance, the framework directs a user to start by moving across columns in the first row to examine the role of each actor (payer, provider, or user) in the context of ensuring high coverage of family planning services whether through, for example, an insurance scheme (payer), a clinic (provider), or adolescent-friendly services (user) before moving on to the next dimension, as relevant. The second row examines whether the legal environment promotes responsiveness in service delivery with the goal of high-quality family planning. A user of the framework can consider different actors to determine, for example, whether providers are mandated to provide a certain range of methods and/or to offer family planning counseling. The final row allows the user to analyze how each actor promotes financial protection in the delivery of family planning services.

3. *Interpreting policy instances based on context*

Individual elements in a policy instance (e.g., clauses or articles) may vary on whether they enable or hinder the outcome of interest. Therefore, a user must comprehensively examine all the elements of a policy instance to understand how enablers and barriers affect progress toward universal, affordable access to high-quality family planning services.

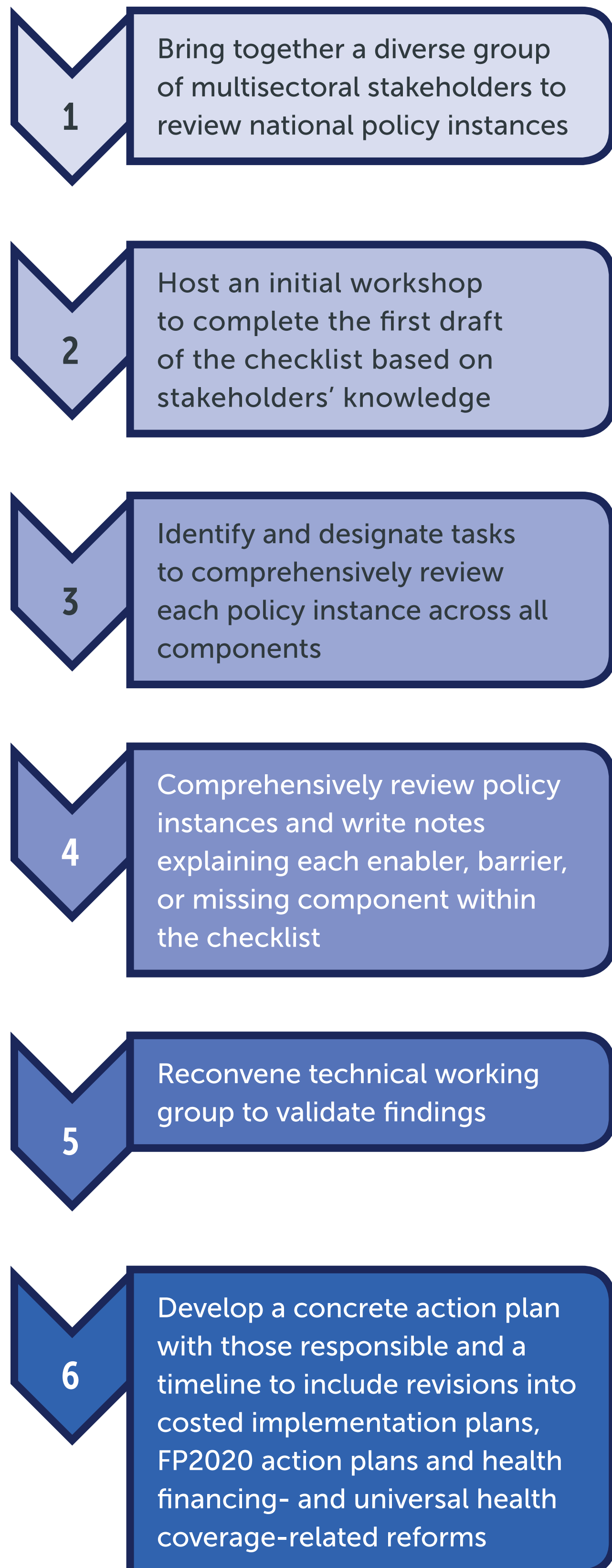
Barriers within health financing arrangements can take multiple forms. Policy instances reviewed may include explicit statements that impede or limit access, such as statements that increase the cost at the point of care. Absence of a relevant policy instance can also be a barrier. Examples of barriers and enabling elements within a policy instance are described in Box 3.

4. *Execution and advocacy*

Use of the framework, using the steps outlined in Figure 2, is meant to be a consultative process. Insights from using the framework can be used to advocate for removal of barriers to accessing and using family planning or to strengthen existing enablers. The review process can help stakeholders protect enabling policy instances during reforms and help stakeholders add enablers within existing policy instances with identified gaps.

The focus of the framework is on national-level or systemic policies; users of the framework should engage with stakeholders in the central government to inform national policy changes. Future development of the framework may include decentralized-level health system guidelines and/or subnational government laws, regulations, or policies. Users can nevertheless use the existing framework, with some modification, in a decentralized health system context, such as Kenya or Nigeria, where policy making and service delivery decisions are made at a subnational level.

Figure 2. Steps to Applying the Framework



Box 3. Examples of Policy Barriers and Enablers

Explicit barrier found in a policy instance: Access to emergency contraception is limited in many countries and there is often an explicitly stated barrier in policy instances. In Madagascar, the National Family Planning Policy explicitly restricts universal access to emergency contraception through the clause that requires family planning users to have a prescription before they can obtain it. This policy creates a barrier that affects demand for emergency contraception and can limit access for those unable to get prescriptions.

Absence of a policy instance as a barrier: In the Philippines, there is no policy instance that regulates co-payments for family planning services. The Philippines' national health insurance program covers a wide range of family planning methods; however, charges in private facilities often exceed the amount covered under insurance benefits. This situation undermines the country's efforts to provide financial protection to family planning users and prevents the full integration of family planning into ongoing universal health coverage-related reforms.

Example of a policy enabler: In the Philippines, the 2012 Reproductive Health Law requires the government to provide family planning services at no charge to poor or marginalized individuals identified under the National Household Targeting System for Poverty Reduction. This law provides a positive right that increases access and eliminates the out-of-pocket expenses for key socioeconomic groups through the provision of free family planning services.

Conclusion

This framework provides a structure for identifying legal, regulatory, and policy barriers and enablers within the governance of the health financing system that limit or enhance population coverage, responsiveness, and financial protection for sustainable family planning programs. Use of the framework requires an inclusive and engaged process, including the engagement of a diverse, multisectoral group of stakeholders at the national level. The framework allows stakeholders to identify family planning policy instances and constituent elements that support or hinder population-level coverage and access, increased choice, and financial protection. Stakeholders should use this information to develop action plans that can be integrated into costed implementation plans or into specific advocacy plans with the aim of creating a more supportive policy environment for family planning as a part of health sector strengthening and reform aimed at achieving SDG Goal 3. The actions identified in applying the framework should then be distributed across responsible parties and followed up for effective change.

Annex 1: Framework for Examining the Legal, Regulatory, and Policy Environment for Family Planning Inclusion in Universal Health Coverage Schemes

Health System Strengthening Outcome	Payer-Level: Enabling Policy Instances	Payer-Level: Barrier Policy Instances	Provider-Level: Enabling Policy Instances	Provider-Level: Barrier Policy Instances	Family Planning User-Level: Enabling Policy Instances	Family Planning User-Level: Barrier Policy Instances
Population Coverage	• Policy instance requiring family planning in insurance benefits[1] • Universal health coverage law or health financing strategy that includes family planning • Law earmarking funding for family planning • Government policy for results-based financing of rights-based family planning • Insurance or payer regulations for district or city minimum stock standards, etc. • Policy instances specifying the quantity of family planning commodities and related supplies that facilities must stock	• Policy instance to exempt employers from paying for insurance plans with family planning • Blanket law to exempt insurance from including family planning • Law prohibiting use of public funds for family planning • Law prohibiting family planning access to unmarried women • Laws prohibiting family planning access for minors	• Policy instance related to community health allowing and legally protecting diverse cadres to provide a range of methods • Policy instance supporting demedicalization of methods to the extent medically safe (e.g., allowing self-injection for DMPA-SC or over-the-counter emergency contraceptive pills) • Policy instance requiring facility-level stock standard • Reproductive health policy stipulating family planning should be integrated alongside other health services, including postpartum and post-abortion care	• Policy instance allowing conscience-driven opt-out to providing family planning • Laws forbidding use of public funds to pay certain providers • Policy instance requiring unnecessary medical barriers for family planning (e.g., requiring other medical procedures before receiving family planning method) • Regulations restricting reimbursement for providers (i.e., reimbursement does not cover full cost of method counseling and provision/ follow-up)	• Reproductive health policy that includes constructive male engagement strategies	• Policy instance requiring unnecessary administrative barriers to family planning services (e.g., law requiring partner, marital, or parental consent) • Law restricting family planning eligibility based on parity

[1] Laws, regulations, and policies as a whole are referred to as policy instances. Depending on the country's policy context, this may also include Ministry of Health strategies or guidelines.

Health System Strengthening Outcome	Payer-Level: Enabling Policy Instances	Payer-Level: Barrier Policy Instances	Provider-Level: Enabling Policy Instances	Provider-Level: Barrier Policy Instances	Family Planning User-Level: Enabling Policy Instances	Family Planning User-Level: Barrier Policy Instances
Responsiveness: Method Choice and Service Quality	• National essential medicines list contains a diverse method mix • Reproductive health law requiring the provision of diverse family planning method mix (short-acting/long-acting, hormonal/non-hormonal) • Family planning guidelines that emphasize voluntarism and informed choice, including comprehensive counseling • National family planning/reproductive health guidelines that include quality assurance/quality improvement, updated to meet global standards (e.g., World Health Organization) • Safe drug law addressing family planning methods (quality)	• Policy instance prohibiting the sale of any family planning method including emergency contraceptive pills and/or emergency contraceptive pills not registered in country • Insurance policy omitting certain methods in insurance benefits packages • Policy instance limiting the range of methods provided in the public sector versus the private sector • Results-based financing not following a voluntarism, informed choice, and rights-based approach to family planning[2] • Import policies preventing certain methods from entering the market • Import tariffs imposed on donated commodities that affect overall access and method choice	• Family planning guidelines that include standard supervision and reporting guidelines • Community health policy permitting community-based distribution of condoms, pills, injectables, and counseling on the lactational amenorrhea method, fertility-based methods, and DMPA-SC (where registered)	• Laws preventing certain cadres from providing certain family planning methods when their skills/training would otherwise allow • Law requiring prescriptions to access oral contraceptive pills • Law requiring prescriptions to access emergency contraceptive pills or emergency contraceptive pills are registered in country as prescription-access only	• Reproductive health/family planning policies that include adolescent- and youth-friendly family planning	• Policy instance barring self-injection (DMPA-SC) • Law prohibiting the advertisement of family planning services and/or methods

[2] For more information, see: Boydell, V., M. Cole, B. Bellows, and K. Hardee. 2018. *Mapping the Extent to Which Performance-Based Financing (PBF) Programs Reflect Quality, Informed Choice, and Voluntarism and Implications for Family Planning Services: A Review of Indicators*. Washington, DC: Population Council, The Evidence Project.

Health System Strengthening Outcome	Payer-Level: Enabling Policy Instances	Payer-Level: Barrier Policy Instances	Provider-Level: Enabling Policy Instances	Provider-Level: Barrier Policy Instances	Family Planning User-Level: Enabling Policy Instances	Family Planning User-Level: Barrier Policy Instances
Financial Protection	• Law requiring family planning to be free for key socioeconomic status groups (or all)	• Policy instance stipulating that user fees differ by method • Insurance policy requiring high co-pay for certain methods under schemes • Import tariffs on private sector commodities	• Policy instance preventing providers/service delivery points from charging informal fees or higher fees for specific methods	• Certain methods' (e.g., sterilization, IUDs, and implant removal) availability limited to higher-level facilities, with increased financial barriers (e.g., service fees, travel costs, and time) • Insurance policy excluding the removal of long-acting reversible contraception from benefits package		

Annex 2: Checklist for Examining the Legal, Regulatory, and Policy Environment for Family Planning Inclusion in Universal Health Coverage Schemes

The following checklist is a tool for implementing the framework discussed in this guide. Each question in the checklist links to "policy instances," i.e., laws, regulations, and policies, in the framework. The questions are intended to help countries identify policy instances relevant to family planning financing and to examine and analyze each policy instance for its positive or negative effect on family planning coverage, responsiveness, and financial protection. In addition, the questions take into account how actors in health financing arrangements are affected and how they may behave. The outcome/actor column of the tool lists the health system strengthening outcome (population coverage, responsiveness, or financial protection) and health financing actor (payer, provider, or family planning user) that the question corresponds with in the framework.

The checklist deconstructs the framework for easy applicability, allowing users to capture information on policy instances in a funnel approach that gets more detailed with each question. The questions correspond with moving across the columns in the framework (addressing each health financing actor) in a row (health system strengthening outcome) and then moving down to the next outcome in the next row.

The checklist suggests starting points in the form of laws, regulations, and policies that could be included in a country analysis. However, each country's policy landscape is different and a law in one country may be a regulation in others. Therefore, use of the checklist alongside the guide is only a starting point. It needs to be followed by structured interviews with experts in the country who can help identify additional policy instances and expand the checklist user's understanding of the local context and interpretation of the policy instance. The last column in the tool provides space to add notes on each question. Users of the checklist are encouraged to provide written responses beyond yes/no, to provide enough information to support a detailed review and discussion of the potential barriers and enablers to financing family planning.

Laws/Ordinances/Supreme Court Rulings

Question	Outcome/Actor	Notes
1. Universal right to health. Does a law exist that grants universal right to health?		
a. Does it include family planning?	*Population coverage/Payer*	
i. Does it mandate the government to support healthcare costs?	*Population coverage/Payer*	
ii. Does it require family planning to be free at the point of service for certain socioeconomic status groups?	*Population coverage/Payer*	
2. Public financial management law. Is there a public financial management law that dictates how government funds can be used?		
a. Does it restrict how government funds can be used for health?	*Population coverage/Payer*	
i. Does it restrict how the government funds can be used for family planning?	*Population coverage/Payer*	
3. Safe drug law. Is there a safe drug law?		
a. Does it include family planning?	*Population coverage/Payer*	
i. Does it include all methods?	*Responsiveness/Payer*	
4. Health insurance law. Is there a law establishing a national or social health insurance scheme?		
a. Does the benefits package include family planning?	*Population coverage/Payer*	
5. Marriage and parental consent laws. Are there laws on marriage or parental consent to access health services?		
a. Do they include access to family planning services?	*Population coverage/User*	
i. Are there restrictions based on age?	*Population coverage/User*	
ii. Are there restrictions based on parity?	*Population coverage/User*	
iii. Is partner/spousal consent required?	*Population coverage/User*	
a) If so, for what methods?	*Responsiveness/User*	

Question	Outcome/Actor	Notes
6. Family planning/reproductive health law. Is there a reproductive health and/or family planning law?		
a. Does the law permit the sale and provision of all contraceptive methods, excluding emergency contraceptive pills?	*Responsiveness/Payer*	
i. Does the law require a prescription for oral contraceptive pills?	*Responsiveness/Provider*	
b. Does the law permit the sale and provision of emergency contraceptive pills?	*Responsiveness/Payer*	
i. Are emergency contraceptive pills registered in country?	*Responsiveness/Payer*	
ii. Is a prescription required for emergency contraceptive pills?	*Responsiveness/Provider*	
c. Are there restrictions on who can access family planning services?	*Population coverage/Payer*	
i. Are there restrictions based on age?	*Population coverage/Payer*	
ii. Are there restrictions based on parity?	*Population coverage/Payer*	
iii. Is partner/spousal consent required?	*Population coverage/User*	
a) If so, for what methods?	*Responsiveness/User*	
iv. Is parental consent required?	*Population coverage/User*	
a) If so, for what methods?	*Responsiveness/User*	
d. Does it include youth-friendly family planning services?	*Responsiveness/User*	
e. Is it legal to advertise family planning services and methods?	*Responsiveness/User*	
f. Are there restrictions on the type of providers that can provide family planning?	*Responsiveness/Provider*	
i. In the public sector?	*Responsiveness/Provider*	
ii. In the private sector?	*Responsiveness/Provider*	
g. Does the law allow for conscience-driven opt-out?	*Population coverage/Provider*	

Question	Outcome/Actor	Notes
i. If a provider opts out, is the provider required to refer a patient?	*Population coverage/Provider*	
h. Can the public sector and private sector provide the same services?	*Responsiveness/Payer*	
i. Do providers have to abide by voluntary, informed-choice, rights-based family planning practices?	*Responsiveness/Provider*	
j. Does it require family planning to be included in the safe drug law?	*Responsiveness/Payer*	
k. Does it require family planning to be included on the essential medicines list?	*Responsiveness/Payer*	
l. Does it require free or lower-cost family planning services for specific socioeconomic status groups?	*Financial protection/Payer*	
m. Does it restrict public funding for family planning?	*Population coverage/Payer*	
7. Judicial rulings. Are there any supreme court rulings that reference family planning provision?		
a. Do any of the rulings put restrictions on family planning?	*All*	
i. What restrictions?	*All*	
b. Are there any rulings that enable family planning provision?	*All*	
i. What aspect of family planning does it enable?	*All*	
8. Specific family planning/reproductive health financing law. Is there a law that requires or earmarks specific funding for family planning?		
a. Does it include funding for all methods?	*Population coverage/Payer*	

Regulations

Question	Outcome/Actor	Notes
1. Universal health coverage decrees/regulations. Are there regulations following a universal health coverage law or act?		
a. Is family planning included in the benefits package?	*Population coverage/Payer*	
2. Health insurance regulations. Are there decrees/regulations related to health insurance?		
a. Does the benefits package include family planning?	*Population coverage/Payer*	
i. Does it include all methods (not including emergency contraceptive pills)?	*Responsiveness/Payer*	
a) Does it include insertion and removal of long-acting reversible contraception?	*Financial protection/User*	
b) Does it require a prescription for oral contraceptive pills?	*Responsiveness/Provider*	
ii. Does it include emergency contraceptive pills?	*Responsiveness/Payer*	
a) Do emergency contraceptive pills require a prescription?	*Responsiveness/Provider*	
iii. Do family planning services under the benefit package require a co-pay?	*Financial protection/Payer*	
a) Do co-pays differ by method?	*Financial protection/Payer*	
b. Does the regulation restrict provision of family planning by certain providers?	*Responsiveness/Provider*	
i. Does the regulation align with the World Health Organization’s recommendations for family planning provision by cadre of health worker?	*Responsiveness/Provider*	
a) Do surgical methods require provision by a doctor?	*Responsiveness/Provider*	
b) Are community health workers permitted to provide condoms, pills, and injectables and permitted to insert implants?	*Responsiveness/Provider*	
c. Does the regulation restrict reimbursement for providers (reimbursement does not cover the full cost of method counseling and provision/ follow-up)?	*Population coverage/Provider*	

Question	Outcome/Actor	Notes
d. Does the regulation exempt employers from paying for family planning services?	*Population coverage/ Payer*	
e. Are there restrictions on the type of facilities that can provide family planning under the insurance scheme?	*Financial protection/Provider*	
i. Is family planning covered in public facilities?	*Financial protection/Provider*	
ii. Is family planning covered in private facilities?	*Financial protection/Provider*	
iii. Are there restrictions on methods that can be provided at each facility level?	*Financial protection/Provider*	
a) What restrictions?	*Financial protection/Provider*	
f. Does the regulation provide coverage for community-level provision of family planning?	*Population coverage/Provider*	
i. Are there restrictions based on method?	*Responsiveness/Provider*	
g. Does the regulation require minimum stock standards for family planning?	*Population coverage/Payer*	
h. Does the regulation include subsidized premiums for the full benefits package for certain socioeconomic status groups?	*Financial protection/Payer*	
3. Import regulations. Are there regulations on imports of medicines/drugs?		
a. Do they restrict any method from entering the market?	*Responsiveness/Payer*	
i. What method?	*Responsiveness/Payer*	
b. Is there an import tariff on donated family planning methods?	*Responsiveness/Payer*	
i. Does the tariff differ by family planning method?	*Responsiveness/Payer*	
c. Is there an import tariff on public or privately imported family planning methods?	*Financial protection/Payer*	
i. Does the tariff differ by family planning method?	*Financial protection/Payer*	

Question	Outcome/Actor	Notes
4. Health facility regulations. Are there regulations related to how health facilities are required to supply or offer family planning services?		
a. Do the regulations specify levels of facilities that must stock family planning commodities and related supplies?	*Population coverage/Payer*	
b. Are there user fees for family planning in public facilities?	*Financial protection/Payer*	
i. Do user fees differ by method?	*Financial protection/Payer*	
c. Are there user fees for family planning in private facilities?	*Financial protection/Payer*	
i. Do user fees differ by method?	*Financial protection/Payer*	
d. Do the regulations prevent providers/ service delivery points from charging informal fees or higher fees for specific methods?	*Financial protection/Provider*	
5. Family planning/reproductive health regulations (i.e., implementing rules and regulations for family planning law). Are there regulations related to the family planning/reproductive health law?		
a. Do the regulations include all contraceptive methods, excluding emergency contraceptive pills?	*Responsiveness/Payer*	
i. Do they require a prescription for oral contraceptive pills?	*Responsiveness/Provider*	
b. Do the regulations include access to emergency contraceptive pills?	*Responsiveness/Payer*	
i. Is a prescription required for emergency contraceptive pills?	*Responsiveness/Provider*	
c. Are there restrictions on who can access family planning services?	*Population coverage/Payer*	
i. Are there restrictions based on age?	*Population coverage/Payer*	
ii. Are there restrictions based on parity?	*Population coverage/Payer*	
iii. Is partner/spousal consent required?	*Population coverage/User*	
a) If so, for what methods?	*Responsiveness/User*	
iv. Is parental consent required?	*Population coverage/User*	
a) If so, for what methods?	*Responsiveness/User*	

Question	Outcome/Actor	Notes
d. Do the regulations include youth-friendly family planning services?	*Responsiveness/User*	
e. Is it legal to advertise family planning services and methods?	*Responsiveness/User*	
f. Are there restrictions on the type of providers that can provide family planning?	*Responsiveness/Provider*	
g. Do the regulations allow for conscience-driven opt-out?	*Population coverage/Provider*	
i. If a provider opts out, is the provider required to refer a patient?	*Population coverage/Provider*	
h. Can the public sector and private sector provide the same family planning services?	*Responsiveness/Payer*	
i. Do providers have to abide by voluntary, informed-choice, rights-based family planning practices?	*Responsiveness/Provider*	
j. Do the regulations require family planning to be included in the safe drug law?	*Responsiveness/Payer*	
k. Do the regulations require free or lower-cost family planning services for specific socioeconomic status groups?	*Financial protection/Payer*	
6. Essential medicines list. Is there an essential medicines list?		
a. Is family planning included on the essential medicines list?	*Responsiveness/Payer*	
i. Does it include all methods?	*Responsiveness/Payer*	

Policies

Question	Outcome/Actor	Notes
1. Universal health coverage/health financing policy or strategy. Is there a health financing or universal health coverage policy or strategy?		
a. Is family planning included in the benefits package?	*Population coverage/Payer*	
i. Does it require family planning to be free at the point of service for specific socioeconomic status groups?	*Financial protection/Payer*	
2. National health policy. Is there a national health policy?		
a. Are certain services and commodities provided for free in public or private facilities?	*Population coverage/Payer*	
i. Is family planning included on that list of services?	*Population coverage/Payer*	
3. Results-based financing policy. Is there a government results-based financing policy?		
a. Does the policy include family planning?	*Population coverage/Payer*	
i. Does the policy include a diverse range of methods?	*Responsiveness/Payer*	
ii. Does the policy follow a voluntarism and informed choice approach to family planning?	*Responsiveness/Payer*	
4. Health facility guidelines. Are there guidelines for health facility management?		
a. Are there stocking requirements for family planning?	*Population coverage/Payer*	
b. Do the guidelines include minimum stocking standards for family planning in public facilities?	*Population coverage/Payer*	
c. Do the guidelines include minimum stocking standards for family planning in private facilities?	*Population coverage/Payer*	
d. Do the guidelines include a diverse range of methods (short-acting/long-acting, hormonal/non-hormonal)?	*Responsiveness/Payer*	

Question	Outcome/Actor	Notes
5. Integrated service delivery guidelines. Are there service delivery guidelines?		
a. Do the guidelines require family planning to be integrated with other health services, including postpartum and post-abortion care?	*Population coverage/Provider*	
6. Community health policy. Is there a community health policy?		
a. Does the policy include family planning?	*Population coverage/Provider*	
i. Does it permit community-based distribution of condoms, pills, injectables, and counseling on the lactational amenorrhea method, fertility-based methods, and DMPA-SC (where registered)?	*Responsiveness/Provider*	
7. National reproductive health/family planning policy. Is there a reproductive health/family planning policy?		
a. Does the policy require provision of diverse family planning methods (short-acting/long-acting, hormonal/non-hormonal)?	*Responsiveness/Payer*	
i. Is self-injection (DMPA-SC) allowed?	*Responsiveness/User*	
a) Is it registered in country?	*Responsiveness/User*	
b. Are some methods only available at higher-level facilities with increased financial barriers (e.g., service fees, travel costs, and time)?	*Financial protection/Provider*	
c. Are there restrictions on who can access family planning services?	*Population coverage/Payer*	
i. Does the policy prohibit access to unmarried women?	*Population coverage/Payer*	
ii. Does the policy prohibit access based on parity?	*Population coverage/Payer*	
iii. Does the policy prohibit access to minors?	*Population coverage/Payer*	
iv. Does the policy require unnecessary administrative barriers to family planning services (e.g., requiring partner, marital, or parental consent)?	*Population coverage/User*	

Question	Outcome/Actor	Notes
d. Does the policy require unnecessary medical barriers for family planning (e.g., requiring other medical procedures before receiving family planning method)?	*Population coverage/Provider*	
i. Do these barriers differ by method?	*Responsiveness/Provider*	
e. Does the policy include youth-friendly family planning services?	*Responsiveness/User*	
f. Does it include standard supervision and reporting guidelines?	*Responsiveness/Provider*	
g. Does it require family planning to be integrated with other health services, including postpartum and post-abortion care?	*Population coverage/Provider*	
h. Are there restrictions on the type of providers that can provide family planning services?	*Responsiveness/Provider*	
i. Do providers have to abide by voluntary, informed-choice, rights-based family planning practices?	*Responsiveness/Provider*	
j. Does the policy restrict advertisement of family planning services or methods?	*Responsiveness/User*	
k. Does the policy include constructive male engagement strategies?	*Population coverage/User*	
8. Adolescent/youth-related policy. Is there an adolescent/youth health-related policy?		
a. Does it include access to family planning?	*Responsiveness/User*	
9. Family planning clinical guidelines. Are there clinical guidelines on the provision of family planning?		
a. Do the guidelines require unnecessary medical barriers for family planning (e.g., requiring other medical procedures before receiving family planning method)?	*Population coverage/Provider*	
i. Do they differentiate by method?	*Responsiveness/User*	
b. Do the guidelines require family planning to be integrated with other health services, including postpartum and post-abortion care?	*Population coverage/Provider*	

Question	Outcome/Actor	Notes
c. Do the guidelines include standard supervision and reporting guidelines?	*Responsiveness/Provider*	
d. Do the guidelines emphasize voluntarism and informed choice, including comprehensive counseling?	*Responsiveness/Payer*	
e. Do the guidelines include quality assurance/quality improvement, updated to meet global standards (e.g., World Health Organization standards)?	*Responsiveness/Payer*	

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