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## **UNIVERSAL HEALTH COVERAGE:**

Sexual and Reproductive Health and Rights  
on the Agenda



Action for Global Health (AfGH) and Countdown 2030 Europe are cross-European networks engaged in global debates on the 2030 Agenda for Sustainable Development and its implementation. Countdown 2030 Europe has a specific focus on sexual and reproductive health and family planning in developing countries, whilst AfGH works across health issues and promotes universal health coverage as a key instrument to achieve the universal right to health.

This paper builds upon a previous version<sup>1</sup> jointly written by Action for Global Health and Countdown 2030 Europe<sup>2</sup>. It seeks to show how the World Health Organisation (WHO) definition of universal health coverage (UHC) and its vision of the social determinants of health underpinning UHC relate to sexual and reproductive health and rights (SRHR) and the enabling factors which affect SRHR. It argues that UHC cannot be truly achieved without addressing SRHR as a matter of priority, and that an approach to UHC which is grounded in human rights is critical for making progress on SRHR. It acknowledges that, some aspects of SRHR continue to be deprioritised and will continue to require ongoing and additional focus and activism. It concludes with some key messages and recommendations on what it means to achieve universal access to SRHR.

## Background

With the prominent role of UHC, as a specific target under Sustainable Development Goal (SDG) 3<sup>3</sup>, alongside the inclusion of targets on universal access to sexual and reproductive health and reproductive rights (SRH and RR) under SDGs 3 and 5, there are opportunities to mobilise collective action, nationally and globally, to make real progress against these ambitious targets.

There is a growing consensus on the importance of UHC in order to make progress on many of the other Sustainable Development Goals and targets. In making explicit reference to SRH and RR and referring to aspects of sexual rights, the SDGs also recognised the realisation of SRHR as integral to achieving Agenda2030. SRHR lie at the core of sustainable development, having intimate links with other areas of health, gender equality, education, employment, sustainable and inclusive growth, poverty eradication and other development outcomes.

The WHO, the World Health Assembly, the G7 and the G20 have endorsed UHC. The G7 communique released in July 2016, for instance, named UHC as a comprehensive framework to underpin all SDG health targets and recognised that UHC cannot be achieved without the promotion of women's, children's, and adolescents' mental and physical health, and ensuring sexual and reproductive health and rights without discrimination of any kind.

1. Action for Global Health (AfGH) and Countdown 2015 Europe, Discussion Paper: 'Making health a right for all: Universal Health Coverage (UHC) and Sexual and Reproductive Health and Rights (SRHR)', May 2013, available at: <http://www.actionforglobalhealth.eu/uploads/media/Discussion-Paper.pdf>

2. Then 'Countdown 2015 Europe'.

3. [http://www.who.int/gho/publications/world\\_health\\_statistics/2016/EN\\_WHS2016\\_Chapter4.pdf](http://www.who.int/gho/publications/world_health_statistics/2016/EN_WHS2016_Chapter4.pdf)

4. See G20 Action Plan on the 2030 Agenda adopted at G20 summit 2016 in China.

5. G7 Ise-Shima Leaders' Declaration G7 – Ise-Shima Summit, 26-27 May 2016, available at <http://www.mofa.go.jp/files/000160266.pdf>, p.9 'UHC provides a comprehensive framework that underpins all of the health targets. To achieve UHC, health systems need to be strong, resilient, sustainable and responsive to the current and future needs of the populations they serve. This includes, but is not limited to, promoting women's, children's, and adolescents' mental and physical health, ensuring sexual and reproductive health and rights without discrimination of any kind...'

# Why SRHR is an integral component of UHC

UHC is a critical component of sustainable development and poverty reduction, and is key to reducing social inequalities and inequities. It is also an expression of the right to health. SRHR are at the core of the right to health and of sustainable development, and a necessary precondition for gender equality and non-discrimination. As such, UHC will not be achieved without the full inclusion of SRHR as a key element.

## CORE PACKAGE OF SERVICES

**SRHR information and services should be an integral part of a core package of essential health services** that are universally available. Defining the services that will be covered under a UHC package inevitably necessitates choices to be made, and governments may have to prioritise some services over others, even in the most developed of health systems.

- ✱ When governments prioritise which health services are made universally available, they must take into account states' minimum core obligations on the right to health, and include SRHR services.
- ✱ Governments must ensure essential sexual and reproductive, maternal, newborn, child and adolescent health services, which are available and accessible to everyone, as the foundation for building UHC.
- ✱ Governments and the international community must invest in strengthening primary health care and community systems.
- ✱ Those furthest away from being covered by the healthcare system need to be a priority.

## CONTINUUM OF CARE

A **comprehensive 'continuum of care'** for sexual and reproductive health – including maternal, child and adolescent health – must be available to everyone, throughout the life-cycle.

- ✱ This must include access to contraceptive information and services, the prevention and treatment of STIs and HIV, safe abortion and post-abortion care, skilled healthcare before, during and after pregnancy and childbirth and treatment of childhood diseases for children and adolescents as they grow<sup>6</sup>.

6. In line with the continuum of care definition from the World Health Organisation (2010): Packages of Interventions for Family Planning, Safe Abortion care, Maternal, Newborn and Child Health, [http://www.who.int/pmnch/activities/jointactionplan/srhp\\_packages.pdf](http://www.who.int/pmnch/activities/jointactionplan/srhp_packages.pdf)

7. WHO, Questions and Answers on Universal Health Coverage, [http://www.who.int/healthsystems/topics/financing/uhc\\_qa/en/](http://www.who.int/healthsystems/topics/financing/uhc_qa/en/)

## UNIVERSAL HEALTH COVERAGE (UHC)

### Definition

The WHO<sup>7</sup> defines Universal Health Coverage (UHC) as all people having access to essential health information and services (promotive, preventive, curative and rehabilitative) of sufficient quality to cover their various health needs. This explicitly includes sexual and reproductive health, amongst other health areas, which must be accessible to all who need them. This must be achieved without people suffering financial hardship to pay for these services.

### What's needed to achieve UHC:

- **A strong, efficient, well-run health system** that meets priority health needs through people-centred integrated care.
- **Affordability** – a system for financing health services so people do not suffer financial hardship when using them.
- **Availability of essential medicines and technologies** to diagnose and treat medical problems.
- A sufficient capacity of **well-trained, motivated health workers** to provide the services to meet patients' needs based on the best available evidence.
- Actions to **address social determinants** of health such as education, living conditions and household income which affect people's health and their access to services.



## SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (SRHR):

### Definition

SRHR are human rights as applied to sexuality and reproduction. Building on the WHO's definition of health, this means the right to achieve the highest attainable standard of SRHR – a state of complete physical, mental and social well-being in all matters relating to sexuality and the reproductive system, free from coercion, discrimination and violence.

SRHR enable persons to make free and informed decisions about their sexuality, sexual health, and reproduction.<sup>8</sup>

It is also critical to address the **social determinants of health**, such as poverty, gender inequality, discrimination and education. Achieving SRHR has far-reaching positive effects on development outcomes, including on gender equality, education, employment and overall poverty eradication, as well as on health outcomes.

### ADDRESSING SOCIO-CULTURAL NORMS

The social determinants of health include **socio-cultural norms** which prevent some people from enjoying their right to health, such as those which influence whether an individual is empowered to decide freely if, when and with whom they have sexual intercourse and if, when and how many children they have.

- ✿ Strong efforts are needed to tackle the socio-cultural norms that prevent some individuals and groups from enjoying their right to health. This will lead to better outcomes in health, including SRHR.
- ✿ It is particularly vital to progress efforts to address harmful gender norms to ensure the SRHR of women, girls, lesbian, gay, bisexual, trans\* (LGBT\*)<sup>9</sup> people and other populations. These include promotion of gender equality to support women's and girls' empowerment, challenge harmful and risky behaviours, and reduce stigma and discrimination on the grounds of sex, gender identity or sexual orientation.
- ✿ Initiatives to address harmful practices (including child and early forced marriage (CEFM) and female genital mutilation/cutting (FGM/C)) must pay special attention to the specific health and SRHR impacts, and address underlying gender norms.

### COMPREHENSIVE SEXUALITY EDUCATION

**Comprehensive Sexuality Education (CSE)** is a key component in the prevention of poor health outcomes and addressing the social determinants of health. It empowers young people to safely and positively navigate their sexuality, contributes to safer sexual behaviours and leads to better health and wellbeing outcomes. It includes messages around STI and HIV prevention and the provision of scientifically accurate, realistic, non-judgmental information on voluntary family planning in and out of schools.<sup>10</sup>

- ✿ CSE requires efforts across many sectors including but not limited to education. Governments must make concurrent investments across sectors, for CSE to make the strongest possible contribution to health outcomes.



8. International Technical Consultation on Sexual Health (drawing on the Programme of Action of the International Conference on Population and Development, the Beijing Declaration and human rights frameworks/ declarations), WHO, January 2002.

9. The \* after trans is used hereafter to refer inclusively to all other gender identities, gender expressions, sexual orientations and sexual/bodily characteristics not listed under the preceding identities of lesbian, gay, bisexual and trans.

10. UNESCO (2015): Emerging evidence, lessons and practice in comprehensive sexuality education: a global review, <http://unesdoc.unesco.org/images/0024/002431/243106e.pdf>

## A HUMAN RIGHTS APPROACH

In order to meet human rights requirements, health systems, infrastructure and delivery mechanisms must serve the goal of making health services available, accessible, acceptable, and of good quality. Core elements also include the principle of non-discrimination as well as accountability for human rights obligations by duty-bearers including health professionals.

The Committee on Economic, Social and Cultural Rights has stated that governments' core obligations under the right to health include the elimination of laws and policies that hinder access to SRHR information and services, the prohibition of harmful practices and gender-based violence, measures to ensure access to comprehensive education and information on SRH (that is non-discriminatory, non-biased and

evidence-based) and to guarantee universal access to affordable, acceptable and quality sexual and reproductive health services, goods and facilities, in particular for women and disadvantaged and marginalized groups (General Comment No. 22 (2016) on the right to sexual and reproductive health, and article 12, of the International Covenant on Economic, Social and Cultural Rights).

## STIGMA AND DISCRIMINATION

**Stigma, discrimination and inequality** continue to be key barriers to realising SRHR and play a crucial role in underlying social determinants of health. Development outcomes risk being undermined when the health and rights of any part of the population are marginalised.

- ✿ Stigma and discrimination must be tackled in order to create an enabling environment for specific groups to realise their SRHR, (including people living with HIV, unmarried women, young married women and girls, adolescents, people with disabilities, LGBT\* people, male and female sex workers, men who have sex with men, transgender people and people who use drugs). This may require outreach programmes, capacity building of law enforcement officials, reform of discriminatory and punitive laws and policies, and promotion and enforcement of anti-discrimination laws.

It is also important to **ensure integration of other health-related areas to help attain achievement of UHC**. For instance, integration of HIV with SRHR is crucial, as lack of sexual and reproductive health and rights and HIV share root causes.<sup>11</sup> Integration of SRHR interventions with HIV means programmes can become more cost-effective, reach marginalised populations and result in better health outcomes. For example, integration with existing HIV platforms can be used for service delivery, such as community-based care platforms.<sup>12</sup>

Working towards UHC can be a powerful avenue for moving towards achieving the right to health for all. Where SRHR are included fully within UHC, progress in UHC can thereby also mean progress for SRHR – within the health system and beyond.



11. For instance, most HIV infections are sexually transmitted and many are associated with pregnancy, childbirth and breastfeeding. Sexually transmitted infections also increase the risk of acquiring or transmitting HIV.

12. 'Building from the HIV Response toward Universal Health Coverage'. PLOS Medicine (August 2016).

# Critical areas to address for SRHR within UHC and its related social determinants of health

In meeting the above requirements, UHC can achieve positive outcomes for SRHR. When defined as an approach which addresses the broader social determinants of health, as described above, UHC can support critical components of SRHR, and the realisation of SRHR within the health system and beyond.

There remain, however, multiple areas of SRHR which require greater attention. An approach which does not address the barriers for SRHR, or make SRHR information and services available, accessible, acceptable, and of good quality, does not constitute the full implementation of UHC. The following areas for SRHR must therefore be addressed in order to truly achieve UHC.

## AVAILABILITY

Health facilities that provide SRHR services should be sufficiently available within a country. SRHR services often become political in nature, and governments – due to political pressure and competing budgets – may decide not to include them within those made available. **The most ‘sensitive issues’, and the issues of marginalised groups, are therefore often the first to be deprioritised.**

- ✱ A concerted effort must be made to tackle this in order to achieve UHC, even in the face of political resistance. SRHR services need stronger political backing and support to drive progress and ensure availability for all.
- ✱ This includes for instance information on and equitable access to safe and legal abortion services and to contraception.



## ACCESSIBILITY

Health facilities, services and information should be physically and financially accessible to all, on the basis of non-discrimination. The focus on measuring UHC is likely to be on catastrophic or impoverishing health expenditures. However many of the expenditures related to SRHR, such as family planning or condom purchase may not reach the bar of being catastrophic or impoverishing, but may still be a barrier to accessing services. Consumers in developing countries are already paying the lion’s share of SRHR costs (up to 60% in some estimates)<sup>13</sup>.

- ✱ In order to achieve universal access to SRHR services and information, it is imperative to specifically include them in UHC programmes, even if they do not reach the bar of causing catastrophic or impoverishing health expenditures.

## ACCEPTABILITY

Health facilities and services should comply with medical ethics, be gender-sensitive, youth-friendly and respectful of confidentiality. The health sector also has a key role in challenging stigma and providing non-stigmatising services, to challenge harmful socio-cultural norms, including gender norms.

- ✱ Health services should provide non-stigmatising services, based on non-discrimination, and treat services users with dignity and respect.
- ✱ Success also requires interventions at the community level for the promotion of gender equality, to challenge harmful and risky behaviours and reduce stigma and discrimination on the grounds of gender identity or sexual orientation.

13. International Planned Parenthood Federation (2015): Financing demystified, page 7, [http://www.ippf.org/sites/default/files/ippf\\_financingdemystified\\_1.pdf](http://www.ippf.org/sites/default/files/ippf_financingdemystified_1.pdf)



## QUALITY

'Good quality' healthcare should include provision of scientifically and medically accurate information, appropriately skilled medical personnel, scientifically approved and unexpired drugs and hospital equipment, safe drinking water, and adequate sanitation as preconditions to enable all individuals to make full, free and informed choices about their sexual and reproductive health on a voluntary basis without coercion.

- ✱ A full method mix should be made available to all, to enable full, free and informed choice of contraceptive method.

Within broader social determinants of health defined by WHO as essential to achieving UHC, it's critical that the following issues are included in order to achieve SRHR:

- ✱ Elimination of harmful practices (including CEFM, FGM/C)
- ✱ Information on and access to contraception
- ✱ Increased budget allocation for SRHR within UHC
- ✱ Comprehensive sexuality education both in and out of formal education.



## ACCOUNTABILITY

States and other duty-bearers such as health care professionals are answerable to the observance of human rights.

- ✱ Health care professionals should be supported to ensure they understand key human rights principles such as non-discrimination and that services are provided in a manner that is acceptable to the people who use them.
- ✱ To ensure accountability to users, mechanisms must be put in place to seek redress when health facilities, goods and services do not meet human rights standards.

## AN INTEGRATED AGENDA

These areas require continued, sustained advocacy and political and financial investment. Overall however, it is important to note that UHC is commonly interpreted through a **narrow lens, with a focus only on health services and their costs.**

- ✱ UHC must be understood in the context of broader social determinants of health, in order to make progress on aspects of SRHR which are outside the health system, but strongly influenced by barriers in other sectors.

Additionally, in the context of the SDGs,

- ✱ There must be strong integration across UHC, SRHR and other areas in the SDGs follow-up and review processes – and so between the High Level Political Forum and other intergovernmental fora such as the World Health Assembly, the Commission on the Status of Women and the Commission on Population and Development, to ensure alignment and cohesion.
- ✱ The selection of SDG tracer indicators for UHC must also sufficiently cover the full range of sexual and reproductive health services.



# Conclusion

The SDGs represent an important opportunity for progress to be made towards a vision of UHC which supports the full realisation of SRHR. Simultaneously, the recognition of SRHR as a key component to achieving UHC will play a strong role in progress for both. For governments and donors to adopt and put into practice a holistic UHC approach which prioritises SRHR and addresses underlying social determinants of health, it is critical that the recommendations made in this paper are addressed.

## KEY TAKEAWAY POINTS


- ✳ UHC needs to be delivered in a holistic manner which incorporates a minimum essential package of quality SRHR services and information, available to all.
- ✳ UHC which is situated within a broader framework to address the underlying social determinants of health, and which aims to change policies and legislation and remove discriminatory barriers, is necessary to ensure the full enjoyment of SRHR by all.
- ✳ Investments must be made in strengthening health and community systems to deliver available, accessible, acceptable, quality essential healthcare, which includes SRHR, to all and increase public investment in health.



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