

UNIVERSAL HEALTH COVERAGE: SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS ON THE AGENDA

Countdown 2030
EUROPE

A briefing to European Governments on SRHR in UHC with recommendations for the UNGA High Level Meeting on Universal Health Coverage in September 2019.

The first UN General Assembly High-Level Meeting (HLM) on Universal Health Coverage (UHC) is a major political opportunity to progress the achievement of the SDGs and to contribute to the fulfilment of the right to health, including sexual and reproductive health and rights (SRHR¹) globally. It offers the prospect of transforming ambitions for health and rights into concrete commitments that can have meaningful impacts on global health. Universal health coverage is about realizing the right to the highest attainable standard of health for all, without financial hardship.

The HLM represents a political momentum to achieve the global health ambitions set out throughout the SDGs and to work towards the fulfilment of the right to health, including SRHR. It is a significant opportunity to turn ambitions into more detailed commitments towards achieving UHC and SRHR for all.

Today, sexual and reproductive health and rights (SRHR) are under threat. In recent years, negotiations in the UN and other global forums have been extremely difficult. The US and the states and blocs that currently ally with it are promoting hard-line positions on SRHR and seeking to contest agreed human rights and SDG language on sexual and reproductive health. **Ensuring a continued strong voice from progressive European member states on SRHR in the UN and other global forums has never been more critical. In light of the growing opposition to SRHR there is a real risk that SRHR is excluded from global frameworks and new commitments on UHC, including from the political declaration of the HLM on UHC in September.**

If SRHR services, information and education are not integrated in and seen as key components of UHC, there will be no achievement of UHC or of the right to health. Progressive European Governments have a particular and unique role to play in ensuring that SRHR is safeguarded in global discussions and negotiations on SDG 3 and more specifically in the UHC process. The coming six months, leading up to the HLM, offer an unprecedented opportunity to centre SRHR within the UHC agenda.

WHAT IS SRHR IN UHC?

Every human being has a fundamental right to the enjoyment of the highest attainable standard of health without distinction of any kind². Sexual and reproductive health and rights (SRHR) are an integral part of the right to the highest attainable standard of health.

UHC is emerging as a dominant framework for countries to reach SDG 3 (Healthy lives and wellbeing for all). UHC is about all people and communities **having access to needed quality health services without risk of financial hardship** and is expressed in target 3.8³ of SDG 3. Sexual and reproductive health (SRH) services are also embedded under the same SDG, under target 3.7⁴. SRHR interventions and services are essential to reaching UHC, and UHC is essential to ensuring universal access to SRHR interventions.

1 SRHR as defined by the Guttmacher - Lancet commission in Accelerate progress—sexual and reproductive health and rights for all: report of the Guttmacher–Lancet Commission 2018

2 Universal Declaration of Human Rights (article 25)

3 3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all

4 3.7 Ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health

THE RATIONAL: WHY IS SRHR IN UHC IMPORTANT?

If SRHR services, information and education are not integrated as key components of UHC - there will be no achievement of UHC nor the fulfilment of the Right to health.

Improving the SRHR of women, girls and adolescents is central to achieve the SDGs. SRHR interventions are estimated to have an ~9:1 return on investment because of their impact on health and other broad social and economic benefits⁵.

The magnitude of existing SRHR needs. 4.3 billion people suffer from inadequate reproductive health services. The lack of comprehensive SRHR affects entire communities and countries. Each year, millions of women and girls who want to avoid pregnancy lack access to modern contraception methods; 25 million unsafe abortion take place; over 350 million women and men need treatment for curable sexually transmittable infections; there are nearly 2 million new HIV infections⁶.

Sexual and reproductive health services are low cost⁷, cost effective and not difficult to incorporate into UHC packages. Investing in these not only saves lives, but releases financial resources that would otherwise be spent on higher-level care. For example, every dollar spent on contraceptive services could save \$2.20 in costs resulting from unintended pregnancies.

Gaps in coverage of key SRHR interventions are widespread. Addressing these gaps is crucial not only to fulfil rights and achieve equity, but also to reduce preventable mortality and morbidity, and to minimize the health, financial and economic burden on families, communities and nations.

An insufficient global funding environment for SRHR. The insufficient investment in SRHR has meant that overall progress in SRHR is uneven. There are still huge gaps in funding for SRHR and unless there are new sources of funding the gap will continue to widen.

SUGGESTED ASKS FOR EUROPEAN GOVERNMENTS

In the process leading up to the HLM, we encourage our European Governments to **build broad alliances** for the inclusion of human rights principles, including protection, respect and fulfillment of SRHR. Further, we call on our European Governments to ensure that the discussion, negotiations and the political declaration of the HLM include the following:

- **Human rights and gender equality** should be integrated into the design and implementation of UHC models and programmes. UHC strategies should be based on the principles of non-discrimination, informed choice, transparency and accountability. Health systems and services should be available, accessible, acceptable and of good quality. They should be gender sensitive and address gender-related barriers to health for all genders.
- **SRHR should be recognised as an indispensable and integral component of UHC**, critical to the realisation of the right to health, sustainable development and a necessary precondition for gender equality and non-discrimination and ending poverty.
- **To reach UHC, out-of-pocket healthcare expenditures must be minimised in order to not expose individuals to financial hardship or threaten their living standards.** This includes meeting women's, girls' and adolescents' needs for access to SRHR services, information and education.
- **There should be a commitment from Governments to increase public investments in health expenditure towards a target of 5% of GDP** and to strengthen monitoring mechanisms of funds allocated for health.
- **Comprehensive and integrated SRHR services and programs must always be provided as part of UHC** national strategies, policies and programmes. Countries should adopt and endorse a [comprehensive package of SRHR interventions](#)⁸ to be delivered through UHC schemes.
- **There should be strong accountability frameworks as well as effective monitoring and evaluation mechanisms** to guide the development of policies and strategies towards achieving UHC - including SRHR - with active participation of relevant stakeholders, including local communities.

5 Starrs, Ann, et al, Accelerate progress - sexual and reproductive health and rights for all: report of the Guttmacher-Lancet Commission

6 Accelerate progress - sexual and reproductive health and rights for all: report of the Guttmacher - Lancet Commission

7 The estimated costs of providing girls and women in developing countries with a package of high-priority SRHR interventions are modest and affordable at only \$8.56 per person per year (Adding It Up: Investing in Contraception and Maternal and Newborn Health, Guttmacher, 2017)

8 As defined by the Guttmacher - Lancet commission in Accelerate progress—sexual and reproductive health and rights for all: report of the Guttmacher-Lancet Commission 2018

Countdown 2030 Europe is a group of 15 leading European NGOs working in the field of sexual and reproductive health and rights (SRHR). We advocate for increased European donor support and hold donors to account for their policy and funding commitments to achieve universal access to reproductive health and address the unmet need for family planning (FP).
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