

UNIVERSAL HEALTH COVERAGE: SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS MUST BE HIGH ON THE AGENDA

A briefing to European Governments on sexual and reproductive health and rights in universal health coverage with recommendations for the United Nations General Assembly High Level Meeting on Universal Health Coverage in September 2023.

The UN General Assembly (UNGA) High-Level Meeting (HLM) on Universal Health Coverage (UHC) is a political milestone to progress the achievement of the sustainable development goals (SDGs) and to contribute to the fulfilment of the right to health, including sexual and reproductive health and rights¹ (SRHR) globally. This year is particularly crucial, as we mark the halfway point towards realisation of the SDGs. **Integration of SRHR services in UHC is critical and a prerequisite for achieving universal access to SRHR, as articulated in SDG 3.7 and 5.6.**

The importance of SRHR in UHC was recognised in the political declaration from 2019 HLM on UHC. Governments committed to **ensuring universal access to sexual and reproductive health-care services**, including for family planning, information and education and the integration of reproductive health into national strategies and programmes by 2030, and recognised that these were fundamental to achieving UHC. The political declaration also included a commitment to **mainstream gender** into the design, implementation and monitoring of health policies, taking into account the specific needs of women and girls. These were both important first steps in the right direction.



Tanya Shyika for IPPF x Fine Acts

Since 2019, the world has seen a dramatic shift in its health priorities, as the impacts of Covid-19, food insecurity and emerging crises, including climate crises, have had increasingly devastating impacts on the lives of women, girls and adolescents who are often affected disproportionately. In combination, these ongoing and emerging crises threaten to undo decades of progress, with the latest data showing a startling decline and rollback in progress on maternal mortality globally².

SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS WITHIN UNIVERSAL HEALTH COVERAGE

Every human being has a fundamental right to the enjoyment of the highest attainable standard of health without distinction of any kind³.

UHC is based on the fundamental principles of equity, equality and the right of all individuals to access quality health services without risk of financial hardship. SRHR are an integral part of the right to the highest attainable standard of health.

Nevertheless, **SRHR are often neglected**. The existing lack of integration of sexual and reproductive health services into health benefits packages stems from deep-rooted inequalities, asymmetries, and gender biases which neglect the needs and rights of women, girls and adolescents who require them, and tend to ignore stakeholders who advocate for this.

SRHR services often exist within vertical health programming. While this has had a positive impact in reaching marginalised groups, in some cases, it has led to a fragmented user experience. Moving to an integrated delivery of SRHR services as part of UHC aims to rectify these challenges, and can also highlight positive links between comprehensive access to sexual and reproductive health services and wider health benefits and therefore achieve the SDGs.

Integrating SRHR in UHC could help address the **large magnitude of existing SRHR needs**, including the lack of comprehensive SRHR affecting entire communities and countries. It could bring us a step closer to curbing maternal mortality, tackling the unmet need for contraceptive care, the lack of access to SRH services for adolescents and youth, widespread unsafe abortions, as well as it could ease access to treatments for STIs and HIV for people in need.

Integrating SRHR in UHC is not only the right thing to do, but is also convenient as sexual and reproductive health services are low cost¹⁰, cost effective and not difficult to incorporate into UHC packages.



SRHR interventions are estimated to have an ~9:1 return on investment because of their impact on health and other broad social and economic benefits¹¹.

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.

Therefore, **addressing the gaps in coverage of key SRHR interventions 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. The services most commonly excluded from key health benefits plans and national strategies include safe abortion and post-abortion care, prevention and treatment of gender-based violence and fertility care¹².

A fundamental issue hindering overall progress on SRHR, or at the very least making it uneven, is the **insufficient global funding environment for SRHR¹³**. There are still huge gaps in funding for SRHR and unless there are new sources of funding the gap will continue to widen. Despite well-evidenced benefits of investing in SRHR, it remains a politicised topic in many countries and subject to fluctuations in donor and national government support. Funding for SRHR had started to stagnate even before the Covid-19 pandemic, and has only worsened due to the huge fiscal and economic challenges faced from donor countries and domestic funding¹⁴.

SRHR NEEDS IN NUMBERS:



ALMOST ALL 4.3 BILLION PEOPLE

of reproductive age will suffer from inadequate SRH services over the course of their lives⁴



APPROXIMATELY 45%

of all abortions are unsafe⁷



ABOUT 287 000 WOMEN

died in 2020 from complications related to pregnancy and childbirth⁵



EACH YEAR THERE ARE AN ESTIMATED 374 MILLION

new curable sexually transmitted infections⁸



TODAY, 257 MILLION WOMEN AND GIRLS

who want to avoid pregnancy lack access to modern contraception methods, against the 218 million in 2019⁶



1.5 MILLION PEOPLE

were newly infected with HIV in 2021⁹



Burcu Koleli for IPPF x Time Acts

PROGRESS ON SRHR INTEGRATION IN UHC SINCE 2019



In Pakistan, the Ministry of Health has piloted a UHC-benefit package with integrated SRHR services, and in Zambia, a bottleneck analysis on contraceptive commodity distribution led to the Ministry of Health rolling out interventions in particular communities in need (WHO, 2022).

ASKS FOR EUROPEAN GOVERNMENTS

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 five months, leading up to the HLM, offer an **unprecedented opportunity to centre SRHR within the UHC agenda**. This HLM represents a significant opportunity for European states to come together to achieve stronger and concrete commitments on SRHR and UHC for all.

In the process leading up to the HLM on UHC, we encourage our European Governments to build broad alliances for the inclusion of human rights principles, including protection, respect and fulfilment 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 inclusiveness, non-discrimination, informed choice, solidarity, transparency and accountability. Health systems and services should be available, accessible, acceptable and of good quality. They should be gender-transformative, youth-centred, and address inequalities and social determinants of health, with particular focus on women and girls, adolescents and marginalised communities;

- **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, 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', adolescents' and marginalised groups' 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 to be delivered through UHC schemes. UHC strategies, policies and programmes need to ensure that SRHR form an integral part of post-pandemic reformed health systems and preparedness strategies;
- **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. This should include further investment in high-quality research and data systems, ensuring availability of data disaggregated by income, sex, gender, age, race, ethnicity, migratory status, disability, geographic location and other characteristics as relevant.

1. SRHR as defined by the Guttmacher - Lancet Commission in [Accelerate progress—sexual and reproductive health and rights for all](#) (2018).
2. Trends in maternal mortality 2000 to 2020: estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division - February 2023
3. Universal Declaration of Human Rights (article 25).
4. WHO, [Universal access to sexual and reproductive health](#) (2022).
5. WHO, [Maternal mortality](#) (2023).
6. UNFPA, [State of the World Population Report: Seeing the Unseen](#) (2022).
7. WHO, [Abortion](#) (2021).
8. WHO, [Sexually Transmitted Infections](#) (2022).
9. WHO, [HIV Data and Statistics](#) (2022).
10. The estimated costs of providing girls and women in low and middle-income countries with a package of high-priority SRHR interventions are modest and affordable at only \$8.56 per person per year (Guttmacher Institute, [Adding It Up: Investing in Contraception and Maternal and Newborn Health](#), 2017).

11. See report at footnote 1.
12. PMNCH, [Why sexual and reproductive health and rights are essential for universal health coverage](#) (2023).
13. To safeguard universal access to safe and modern methods of contraception alone, a total investment of 65.1 billion Euros will be needed between 2020-2030. Instead, only 8.1 billion Euros are expected to be provided by donors in this period (UNFPA, [Costing the three transformative results](#) (2020).
14. WHO, [Protect the promise: 2022 progress report on the Every Woman Every Child Global Strategy for Women's, Children's and Adolescents' Health](#) (2022).

PROJECT



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Countdown 2030 Europe (C2030E) is a Consortium of 15 leading European non-governmental organizations advocating towards European donors for increased funding and support to Sexual and Reproductive Health (SRH), including Family Planning (FP), in international development cooperation. Consult C2030E website and join us on twitter for more information on SRHR in EU policies, including the latest figures on European donor support to SRHR.



For more information on Countdown 2030 Europe, please visit our website at www.countdown2030europe.org or contact us at eninfo@ippf.org