

UNIVERSAL HEALTH COVERAGE:

Sexual and Reproductive Health and Rights on the Agenda

In this summary briefing we outline critical areas that need to be addressed and included in the conversations in the lead up to the High-Level Meeting (HLM) on universal health coverage (UHC) to achieve universal sexual and reproductive health and rights (SRHR).

UHC is a critical component of sustainable development and poverty reduction and is key to reducing social inequalities and inequities. It is embedded in the Sustainable Development Goals (SDGs), under target 3.8 of SDG 3, 'Ensure healthy lives and promote well-being for all at all ages' and an expression of the right to health.

SRHR, as defined in the Lancet-Guttmacher Commission,¹ are at the core of the right to health and of sustainable development and a necessary precondition for gender equality and non-discrimination. The recognition of SRHR as a key and priority component of UHC will play a strong role in progress for both. UHC is grounded in the principle

of leaving no one behind but to achieve this it is critical that the specific needs of girls and women, especially their sexual and reproductive health and rights are included within an essential package of services.

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 include the principle of non-discrimination as well as accountability for human rights obligations by duty-bearers, including health professionals.

WHY IS UNIVERSAL HEALTH COVERAGE IMPORTANT FOR SRHR NOW?

Globally, political momentum is growing to achieve the global health ambitions set out throughout the SDGs. In September 2019 the HLM on UHC will take place, presenting a significant opportunity to turn ambitions in to more detailed commitments.

During the build-up to the HLM there will also be important replenishments of existing and new financing mechanisms for global health, including the Global Fund to Fight AIDS, Tuberculosis and Malaria, Gavi and the Global Financing Facility.

The Guttmacher-Lancet Commission documents the magnitude of existing SRHR needs; 4.3 billion people suffer from inadequate reproductive health services. But also provides a roadmap on how to advance universal access to SRHR.

In a complex global funding environment for SRHR it has never been more important to ensure that these needs are actively addressed and included within national government UHC commitments and implementation plans.

Throughout 2019 there are several other key opportunities to ensure that governments, UN agencies and all development partners are sufficiently prioritising these issues. These include the follow-up and review of Agenda 2030 at the High Level Political Forum, the 25th anniversary of the International Conference on Population and Development (ICPD), and the launch of Global Action Plan for Healthy Lives and Well-being for All, taking place at the HLM.

1. Starrs AM, Ezeh AC, Barker G et al., Accelerate progress – sexual and reproductive health and rights for all: report of the Guttmacher-Lancet Commission, The Lancet, 2018.

Recommendations

AN INTEGRATED AGENDA

- ✳ Health services should actively improve **alignment and coordination** within and between stakeholders across the health system to ensure integration.
- ✳ There must be **strong integration** across UHC, SRHR and other areas in the SDGs, such as HIV². Follow-up and review processes should include a full range of SRHR services in SDG tracer indicators for UHC.

AVAILABILITY

- ✳ A concerted effort must be made, even in the face of political resistance, to include the most 'sensitive issues' and the issues of marginalised groups, to **drive progress and availability for all**. This includes information on and equitable access to safe and legal abortion services and contraception.

ACCESSIBILITY

- ✳ Investment in strong **primary health care and community systems**, as the first point of contact between people and the health care system is essential in meeting the needs of women and girls.
- ✳ Inclusion of SRHR services and information should be in **accessible languages and youth friendly formats** within UHC programmes.
- ✳ Expenditure related to SRHR, such as contraceptives may not reach the bar of causing catastrophic or impoverishing health expenditures but can still be **significant barriers to access** and so should be included within UHC programmes.

ACCEPTABILITY

- ✳ Health services should provide non-stigmatising services, treatment, care and prevention services should be delivered based on the principle non-discrimination and treat services users with **dignity and respect** in order to create an enabling environment for specific groups³ to realise their SRHR.
- ✳ It is vital to include interventions at the community level for the promotion of **gender equality**, to reduce stigma and discrimination on the grounds of gender identity or sexual orientation.

QUALITY

- ✳ A **comprehensive 'continuum of care'** for sexual and reproductive health must be available to everyone throughout the life-cycle, recognising the specific needs and intersections of an individual's identity.
- ✳ **Comprehensive sexuality education** should be invested in as a key component in the prevention of poor health outcomes and addressing the social determinants of health. This should include information around STI and HIV prevention, tackling gender stereotypes and provision of scientifically accurate, realistic, non-judgmental information on voluntary family planning in and out of schools.

ACCOUNTABILITY

- ✳ **Communities and civil society** should be proactively engaged in all aspects of research, design, implementation, monitoring and accountability mechanisms.
- ✳ Health care professionals should be supported to understand key **human rights principles** and that services must be provided in a manner that is acceptable to the people who use them.

2. Call to Action to the global community: Attaining universal health coverage through sexual and reproductive health and rights and HIV linkages, July 2018, WHO and UNFPA.

3. Including people living with HIV, unmarried women, young married women and girls, LGBT* people, male and female sex workers, men who have sex with men, transgender people, people who use drugs and marginalised ethnic groups. (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.)