

SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS:

INTEGRAL TO TRANSFORMATIVE AND GENDER-RESPONSIVE UNIVERSAL HEALTH COVERAGE

This factsheet provides a brief overview of why sexual and reproductive health and rights (SRHR) are essential to universal health coverage (UHC), as well as key actions that advocates can take to advance SRHR in UHC. This is intended to be used by gender equality, health, and SRHR advocates in order to strengthen UHC and hold governments accountable to their commitments.

UHC IS GROUNDED IN HUMAN RIGHTS, SUSTAINABLE DEVELOPMENT, AND LEAVING NO ONE BEHIND

TARGET 3.8



ACHIEVE UNIVERSAL HEALTH COVERAGE

At its core, UHC means that all people have access to the health care services, medicines, and vaccines they need, without financial hardship. UHC is based on the right of every person to the enjoyment of the highest attainable standard of physical and mental health, without distinction of any kind. The 2015 Sustainable Development Goals (SDGs), adopted by all United Nations (UN) Member States to drive transformative change for people and the planet while leaving no one behind, set 2030 as the target year to achieve UHC (Target 3.8). In the Political Declaration for 2019's UN High-level Meeting on UHC, governments around the world committed to mainstreaming a gender perspective in health policies and to ensuring universal access to SRHR by 2030 as part of their shared recognition of the inseparable relationship between UHC and gender equality.

SRHR IS INTEGRAL TO FULFILLING THE RIGHT TO HEALTH AND ACHIEVING UHC



SRHR are essential to gender equality, realizing the right to health, and achieving UHC. People of all genders have different and changing sexual and reproductive health (SRH) needs throughout their lives. Addressing SRH needs — from birth to old age — is crucial to achieve UHC and the SDGs. For example, access to modern contraception and safe abortion improves maternal and child health outcomes, reduces unintended pregnancies, and saves lives. Comprehensive sexuality education supports informed decision-making, knowledge of human immunodeficiency virus (HIV), and other sexually transmitted infections (STIs), and healthy relationships — all of which are key to reducing STIs and gender-based violence.

SRHR IN UHC IS MORE CRITICAL THAN EVER

• **45%** of all abortions are **unsafe**.³



• Globally, the leading cause⁴ of death for girls aged 15-19 years is **complications during pregnancy and childbirth**.

1 Target 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. From Transforming our world: the 2030 Agenda for Sustainable Development - <https://sdgs.un.org/2030agenda> - Accessed on 9 May 2022.

2 Para 68 of the Political Declaration is a recommitment to SDGs 3.7 and 5.6. "Ensure, by 2030, 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, and ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences;" From Political declaration of the high-level meeting on universal health coverage, Resolution 74/2, <https://documents-dds-ny.un.org/doc/UNDOC/GEN/N19/311/84/PDF/N1931184.pdf?OpenElement> - Accessed on 9 May 2022.

3 WHO. 2021. Abortion factsheet. <https://www.who.int/news-room/fact-sheets/detail/abortion>. Accessed 16 May 2022. - Accessed on 9 May 2022.


4 WHO. Adolescent and young adult health factsheet. <https://www.who.int/news-room/fact-sheets/detail/adolescents-health-risks-and-solutions> - Accessed on 9 May 2022.

- In low-and middle-income countries (LMICs), approximately **218 million girls and women⁵** aged 15–49 years **have an unmet need for modern contraception.**



- The COVID-19 pandemic had a detrimental impact on upholding SRHR.⁶ For example:

An estimated **12 million women**



may have been **unable to access family planning services.** Disruptions to supplies and services lasted an average of 3.6 months.


As many as **1.4 million unintended pregnancies** may have occurred **before** women were able to resume using family planning services during COVID-19.



THE INVESTMENT CASE FOR SRHR

- Fully meeting the contraceptive, maternal, and newborn healthcare needs of all women in low- and middle-income countries (LMICs) would cost an estimated **US \$9 per person annually**, and would result in:

 **67 million fewer** unintended pregnancies,

 **2.2 million fewer** newborn deaths,

 and **224,000 fewer** maternal deaths.⁷

- Every US \$1 invested⁸ in meeting the unmet need for contraceptives in LMICs yields US \$120 in benefits owing to long-term economic growth and reduced infant and maternal death.

- Investing in SRHR results in significant returns⁹ over many years, including better quality of care and healthier communities.



5 Adding It Up: Investing in Sexual and Reproductive Health. Guttmacher Institute. Sully et al. 2019. <https://www.guttmacher.org/report/adding-it-up-investing-in-sexual-reproductive-health-2019> - Accessed on 9 May 2022.

6 Impact of COVID-19 on Family Planning: What we know one year into the pandemic. UNFPA Technical Note. 11 March 2021. https://www.unfpa.org/sites/default/files/resource-pdf/COVID_Impact_FP_V5.pdf - Accessed on 9 May 2022.

7 Accelerate progress—sexual and reproductive health and rights for all. Guttmacher-Lancet Commission. Lancet. 391(10140), pp. 2642-2692. Starrs AM, et al. 2018 [https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(18\)30293-9.pdf](https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(18)30293-9.pdf) - Accessed on 9 May 2022.

8 Family Planning's Return on Investment. FP2020. https://fp2030.org/sites/default/files/Data-Hub/ROI/FP2020_ROI_OnePager_FINAL.pdf - Accessed on 9 May 2022.

9 IPPF position paper: Universal health coverage and sexual and reproductive health and rights, 2021. <https://www.ippf.org/resource/ippf-position-paper-universal-health-coverage-and-sexual-and-reproductive-health-and> - Accessed on 9 May 2022.

TAKING ACTION TO ENSURE PROGRESS ON SRHR IN UHC

Governments should engage in transparent, inclusive processes to develop, finance, implement, monitor, and evaluate their country-specific UHC. These processes should engage diverse civil society organizations, including feminist and women- and youth-led organizations.

The data tools and advocacy messages, below, are intended to serve women's health and rights advocates who engage in UHC decision-making advocacy:

Tools: Find out what your country is doing – and what it could be doing better – to advance SRHR in UHC

- [Tracking Universal Health Coverage: 2021 Global Monitoring Report](#).⁹ WHO and the World Bank. This report reviews progress against the SDG indicators for UHC.
- [UHC Data Portal](#).¹⁰ UHC2030. This site provides access to UHC and health system data sets from multiple sources.
- [SDGs Indicators Database](#).¹¹ UN DESA. This site provides access to more than 210 SDG indicators.
- [UHC Compendium](#).¹² WHO. This document is a global repository of interventions for UHC.
- [SRH-related interventions](#).¹³ WHO. This document collates all the SRH interventions in the UHC Compendium.

Calls to Action: Reach out to government officials and work with like-minded organizations to:

- **Call for a rights-based approach and an intersectional lens to UHC that reaches the most marginalized girls and women**, and ensure that facilities, goods, and services are available to the populations that need them in sufficient quantities; that they are geographically, physically, and financially accessible to all people; that they are acceptable to the individuals using them (medically appropriate, gender responsive, culturally competent, and recognize and respond to the impact of multiple and intersecting forms of discrimination); and that they are of good quality.
- **Demand that the UHC essential benefits packages include comprehensive SRH services¹⁴:** contraceptive services; maternal and newborn care; prevention and treatment of HIV/AIDS; care for STIs other than HIV; comprehensive sexuality education; safe abortion care; prevention, detection, and counseling for gender-based violence; prevention, detection, and treatment of infertility and cervical cancer; and counseling and care for sexual health and well-being.
- **Engage in the budgeting process for UHC.** When services are not provided free of cost, the out-of-pocket expenditures can deter girls and women from seeking the preventive and other SRH care they need. Learn how costs are estimated. Hold governments accountable to adequate and protected budget allocations for comprehensive SRHR that shifts the burden¹⁵ from girls and women to public funds. If governments cannot fund the full suite of SRH services at the outset, call for the creation of a set timeline to fulfill the full benefits package.
- **Request data, including on the impacts of COVID-19 on services, budgets, and outcomes for SRHR.** Call on governments to collect, analyze, and use health-related statistics disaggregated by income, gender, sex, age, race, ethnicity, migratory status, disability, geographic location, and other characteristics relevant in national contexts, and to provide technical and financial support.

10 For more information, please visit: <https://www.who.int/publications/i/item/9789240040618> - Accessed 9 May 2022.

11 For more information, please visit: <https://www.uhc2030.org/what-we-do/knowledge-and-networks/uhc-data-portal/> - Accessed 9 May 2022.

12 For more information, please visit: <https://unstats.un.org/sdgs/dataportal> - Accessed 9 May 2022.

13 For more information, please visit: <https://www.who.int/universal-health-coverage/compendium> - Accessed 9 May 2022.

14 For more information, please visit: <https://www.who.int/publications/i/item/9789240022867> - Accessed 9 May 2022.

15 Accelerate progress—sexual and reproductive health and rights for all. Guttmacher-Lancet Commission. *Lancet*. 391(10140), pp. 2642-2692. Starrs AM, et al. 2018 [https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(18\)30293-9.pdf](https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(18)30293-9.pdf) - Accessed 9 May 2022.

16 Universal health coverage for sexual and reproductive health: Evidence brief. WHO Technical document. 2020. <https://www.who.int/publications/i/item/WHO-SRH-201> - Accessed 9 May 2022.