Sexual & Reproductive Health in the Context of Universal Health Coverage

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Ensuring Equitable Access to Services and Supplies

More than 100 countries are in the process of adopting or embarking on universal health coverage (UHC) and health reform strategies, such as pro-poor national insurance and decentralization. These initiatives aim to ensure that all people can access needed health services and supplies without suffering financially when paying for them, and that the health system is ready to respond effectively to the most disadvantaged.[1]

Despite the momentum toward improving health coverage, 400 million people lack access to one or more of seven lifesaving health services, including those related to sexual and reproductive health (SRH)[2]. The recently adopted Sustainable Development Goals (SDGs) recognize that ensuring universal access to SRH information, services and supplies, and integrating SRH into national strategies are critical to reducing global maternal mortality. This especially pertains to Goal 3 (Ensure Healthy Lives and Well-Being for All).[3]

As national governments and partners translate this goal and targets into actionable plans, they must ensure that the SRH needs of women, young people, and other vulnerable and marginalized populations are fully addressed. To achieve the SDG targets for UHC and reduce maternal mortality, countries must prioritize the core package of SRH services and essential supplies. Family planning plays a critical role in realizing UHC. It is cost-effective for saving lives and averting more expensive health services, such as emergency obstetric care.

The principles of UHC and efforts to increase access to SRH services share clear commonalities that support the argument to bring them together: ***both are grounded on key elements of rights, equity, and quality, and both require effective monitoring and accountability to ensure access to the right services and the right supplies, for the right people, and in the right place.***

UHC CONSIDERATIONS:

- *Coverage: Which groups are most in need?*
- *Services: What essential interventions and services will address the health needs of these groups?*
- *Financial protection: What provisions can help people avert financial hardship due to health care costs?*

1. World Health Organization/The World Bank Group. Tracking universal health coverage: First global monitoring report. Geneva: June 2015.

2. Ibid.

3. Targets 3.1, 3.7, and 3.8 of the Sustainable Development Goals: 17 Goals to Transform Our World, http://www.un.org/sustainabledevelopment/sustainable-development-goals (January 8, 2016).

WHILE SOME LOW- AND MIDDLE-INCOME COUNTRIES HAVE WITNESSED DRAMATIC IMPROVEMENTS IN ACCESS OVER THE PAST DECADE, MANY GAPS REMAIN:[4]

- **Inequities in access to SRH services and supplies persist,** especially among poor women and young people living in remote or rural areas.
- **Poor and vulnerable groups often cannot afford SRH services and supplies.** Even when policies call for free services and supplies, associated costs (e.g., transportation) or stock-outs of commodities drive increased out-of-pocket expenditures.
- **The quality of SRH services** often fails to meet minimal public health and medical ethics standards due to multiple weaknesses in the health system.
- **Accountability mechanisms are not fully active or functional,** and often may not cover external stakeholders, including civil society. The lack of a formal mechanism makes it difficult to address inefficiencies, prioritize the right services, ensure coverage of the neediest populations, and monitor the effective use of medicines and supplies.

WHAT ARE SEXUAL & REPRODUCTIVE HEALTH SERVICES?

Family planning; safe abortion; maternity care; prevention and treatment of sexually transmitted infections, including HIV; sexuality education; and prevention of and treatment for gender-based violence.

UHC programs in many countries have helped improve access to and use of SRH services and financial protection (as measured by out-of-pocket payments). For example, Thailand and Mexico established UHC programs that included SRH as a key element of the essential services package. In Thailand, the UHC initiative launched in 2002 improved utilization of SRH services among all income levels[5]. In Mexico, the Social Protection System in Health expanded health coverage and reduced out-of-pocket health expenditures, increasing skilled birth attendance and antenatal care[6].

However, even when some SRH services and supplies are included as part of the essential UHC benefits package, there is no guarantee that they will be comprehensive. While some methods of contraception and maternity care (such as antenatal care) have generally been included in many countries, other services have often been neglected, such as abortion care and comprehensive sex education for youth to address the high rate of unintended pregnancies[7]. This has occurred, for example, during decentralization of health programs and integration of health services in past health reforms.

For these reasons, while some countries on the path to achieving UHC have demonstrated gains in access to and use of health services across all income groups, sustained and effective advocacy is needed to ensure that the specific needs and priorities of women, adolescents, and other underserved populations are addressed.

Government partners and other stakeholders – including service providers, researchers, and advocates – must work together to prioritize and invest in comprehensive SRH services and supplies as part of any reform of the health system, including UHC strategies. The return on the investment of including SRH services and supplies in the packages of services offered under a UHC strategy is manifold – benefiting women, their families, communities, and entire nations.

4. Germain et al 2014. Advancing sexual and reproductive health and rights in low- and middle-income countries: Implications for the post-2015 global development agenda. Global Public Health. 2015 Feb 7; 10(2): 137–148. Published online 2015 Jan 28. doi: 10.1080/17441692.2014.986177.

5. V Tangcharoensathien, K Chaturachinda, W Im-em. Commentary: Thailand: sexual and reproductive health before and after universal health coverage in 2002. doi: 10.1080/17441692.2014.986166. Global Public Health. 2015;10(2):246-8. Epub 18 December 2014.

6. J Quick, J Jay J, A Langer A. Improving Women's Health through Universal Health Coverage. PLoS Med 11(1): e1001580. doi:10.1371/journal.pmed.1001580. 6 January 2014.

7. S Kowalski. Universal health coverage may not be enough to ensure universal access to sexual and reproductive health beyond 2014. DOI: 10.1080/17441692.2014.920892. Global Public Health. 2015. 9(6): 661-8. Epub 18 Jun 2014.

Key Actions for Prioritizing Sexual and Reproductive Health as part of Universal Health Coverage

- **SRH services and supplies must be included in the basic package of services offered under the UHC strategies, such as national health insurance:** From the design phase, stakeholders must make evidence-based decisions regarding what SRH services and supplies will be included in the basic package of services, to ensure that services reflect the needs of women, adolescents, and marginalized groups.
- **Responsiveness of supply systems must be strengthened:** This is necessary to avoid stock-outs of the essential medicines and supplies required to deliver quality SRH services. From the design phase, stakeholders must assess whether current supply systems are sufficiently robust to withstand the additional demands of the UHC strategy.
- **Effective accountability mechanisms must guide the design and implementation of UHC programs:** Regular monitoring and reviewing must be built into UHC programs to ensure that services reflect the needs of women, adolescents, and marginalized groups. In particular, the participation of civil society (including women's and citizen's groups, service providers, young people, and health professionals) in accountability for UHC can guarantee that the SRH priorities of the entire population are met.
- **Data collection, and monitoring and evaluation systems for UHC, must include a range of indicators:** These would be aimed at capturing whether women and adolescents, in particular, are able to access and receive quality SRH services. These can include: service delivery indicators (contraceptive prevalence rate, unmet need for family planning); supply chain performance indicators (availability of medicines and supplies, supply chain responsiveness); health outcome indicators (adolescent birth rate); and equity indicators (gender disparities in impoverishment/financial protection for health, inequality for family planning coverage).[8]
- **Cultural, social, gender, and other barriers to accessing health services must be addressed:** Even when high quality SRH services are available, women and young people may face specific barriers to accessing them. These can include low literacy levels, subordination within families and communities, violence, lack of partner or parental permission to access services, and stigma and discrimination based on gender and age.[9]

Unless these key actions are directly addressed as part of UHC plans, women and girls will not be able to exercise their rights to a healthy and fulfilling life.

8. Ibid.

9. Gita Sen and Veloshnee Govender. Sexual and reproductive health and rights in changing health systems. Global Public Health. 2015: 10(2): 228–242.doi: 10.1080/17441692.2014.9861612015. Published online 24 December 2014.

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