

TECHNICAL BRIEF

Investing in sexual and reproductive health and rights: essential elements of universal health coverage

May 2023

Sexual and reproductive health are integral elements of the right of everyone, to the enjoyment of the highest attainable standard of physical and mental health (1). The UN's Sustainable Development Goals (SDGs) have explicitly recognized sexual and reproductive health (SRH) and reproductive rights as essential not only to health but also to gender equality and wider economic and social development.ⁱ Access to comprehensive sexual and reproductive health services are therefore critical for progressing towards universal health coverage (UHC) while also contributing to gender equality.

Key messages

- Only 57% of women (15–49 years) make informed decisions on sexual relations, contraception use and reproductive health care (2).
- An enabling legal environment is crucial for the successful implementation of rights-based SRH services.
- Gaps in SRH services are widespread (3). For example:
 - A woman dies every two minutes due to pregnancy or childbirth (4).
 - Among the 1.9 billion women of reproductive age (15–49 years), 270 million cannot access contraception (5).
 - Disruptions in access to family planning services during the COVID-19 pandemic resulted in approximately 1.4 million unintended pregnancies and a 30% increase in reported cases of gender-based violence (6).
 - Approximately 73 million induced abortions take place each year; and almost half of all abortions are unsafe (7).
 - Almost one in three women, across their lifetime have been subjected to physical or sexual violence by an intimate partner, or sexual violence by a non-partner (8).
 - Over one million sexually transmitted infections (STIs) are acquired every day (9).
 - Almost 500 million girls and women lack access to services and products for managing their menstruation with comfort and dignity (10,11,12).
- Development of health benefit packages inclusive of comprehensive SRH services is a key step towards UHC.
- A package of SRH services for approximately US\$ 10.60 per person annually would provide multiple health, social and economic benefits (3):
 - a decrease in unintended pregnancies (68%), unsafe abortions (72%) and maternal deaths (62%);
 - an increased ability of women and girls to exercise their rights; and
 - increased participation of girls in schools, and women in the labour market.

i. Goal 3. Target 3.7: by 2030, ensure 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.

Goal 5. Target 5.6: 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.

Background and challenges

The 1994 International Conference on Population and Development (ICPD) and its Programme of Action placed sexual and reproductive health, gender empowerment, and the rights and dignity of individuals as central to development (13). More recently, the UHC declaration of the 2019 United Nations General Assembly re-emphasized commitments on achieving universal access to SRH services and reproductive rights as stated in the SDGs (14,15).

Despite these commitments, and investments in sexual and reproductive health programmes, gaps in SRH services remain widespread. For example, almost everyone of reproductive age – about 4.3 billion people – will not be able to access at least one essential SRH intervention over the course of their lives (2). Also, access to quality SRH services for the most marginalized and stigmatized is an important challenge in ensuring that no one is left behind (16). These problems are due to insufficient funding at both global and national levels, restrictive laws and policies, gender norms, stereotypes, and inequalities and health systems constraints, including insufficient integration of comprehensive SRH services in health benefit packages and primary care (17).

Investing in a package of SRH services (family planning, maternal and new-born care, treatment for curable STIs) that fully meets the needs of women in LMICs is estimated to cost US\$ 68.8 billion, or approximately US\$ 10.60 per person annually (3). This is an increase on current costs of almost US\$ 4.80 per person per year and requires both international donors and domestic governments to significantly step up their investments in sexual and reproductive health and rights (SRHR) (3). At the Nairobi Summit (ICPD+25) in 2019, almost US\$ 9 billion was pledged towards achieving the three zeros of ending 1) preventable maternal deaths, 2) unmet need for family planning, and 3) gender-based violence and harmful practices by 2030 (18). However, these commitments have not translated fully into funding for SRHR partly because of the COVID-19 pandemic, during which funds were diverted away from services regarded as non-essential and rising anti-gender movements.

An enabling legal environment is crucial for successfully implementing rights-based sexual and reproductive health services. Even in contexts where funding is available, access to SRH services may be constrained by national laws and policies and/or deep-rooted cultural inequalities relating to gender and social norms; for example, age of consent laws, highly restrictive abortion laws and laws that do not define rape within marriage as a crime.

Development of health benefit packages is a key step towards UHC. A health benefit package is a set of services that can be feasibly financed and provided under the circumstances in which a given

country finds itself (17). The evidence, however, indicates that apart from maternal health, and to a lesser extent family planning, other critical SRH services (such as safe abortion and post-abortion care, prevention and treatment of gender-based violence and fertility care) are often excluded from these packages. Reasons for this include restrictive national laws and policies (e.g. those that make same-sex relationships illegal), poor participation of important SRH stakeholders (e.g. civil society representing women, youth and LGBTIQ+ people) in priority-setting processes, and a lack of robust and disaggregated SRH data.

Key actions and policy recommendations

Comprehensive SRH services include antenatal care, labour and childbirth care, postnatal care, and services for contraception and family planning, infertility, sexual health, female genital mutilation, intimate partner and sexual violence, comprehensive sexuality education, abortion, ectopic pregnancy, HIV, sexually transmitted infections and reproductive system cancers (19). Advancing universal SRH coverage requires a combination of political commitment and well-defined and coherent strategies for ensuring progress from stakeholders. In moving towards these aims, governments should carry out the following, as recommended in the World Health Organization's *Critical considerations and actions for achieving universal access to SRH in the context of UHC through a PHC approach*:

- Ensure that SRH is integrated into national health policies and plans for strengthening UHC and health systems, and people-centred care including COVID-19 recovery programmes, and that sector-specific SRH action plans reflect SDG and human rights commitments.
- Review existing laws and regulations that affect the provision of, and access to, SRH services; when necessary, align these with human rights international laws and commitments, including principles of gender equality, equity, transparency and accountability (20).
- Include comprehensive SRH services within national health benefit packages, following a life course approach.
- Ensure that the priority-setting processes for health benefit packages are guided by principles of equity, rights and gender equality alongside impact, affordability and efficiency.
- Promote the active participation and leadership of women and girls at all levels of decision-making, including at the community level, through their networks and organizations – to ensure that efforts and responses are gender responsive and will not further discriminate and exclude those most at risk.



- Ensure sufficient resources for civil society actors working in the area of SRHR and strengthen accountability through creating and institutionalizing spaces for dialogue with civil society actors and other relevant stakeholders, especially those representing women, adolescents and underserved communities.
- Invest in and strengthen national governments' capacity for improved measurement and tracking of resource flows for SRH services, including out-of-pocket payments, disaggregated by sex and key equity indicators.
- Strengthen the evidence base for advocacy and resource mobilization by developing investment cases on the health, social and economic costs and benefits of investing in SRHR.

References and resources

1. The right to health. Factsheet No. 31. Geneva: Office of the United Nations High Commissioner for Human Rights and World Health Organization; 2008 (<https://www.ohchr.org/en/publications/fact-sheets/fact-sheet-no-31-right-health>).
2. Starrs AM, Ezeh AC, Barker G, Basu A, Bertrand JT, Blum R et al. Accelerate progress - sexual and reproductive health and rights for all: report of the Guttmacher-Lancet Commission. *Lancet*. 2018;391(10140):2642-92. doi:10.1016/S0140-6736(18)30293-9.
3. Sully EA, Biddlecombe A, Darroch JE, Riley T, Ashford LS, Lince-Deroche N et al. Adding It Up: Investing in Sexual and Reproductive Health 2019. New York: Guttmacher Institute; 2020 (<https://www.guttmacher.org/report/adding-it-up-investing-in-sexual-reproductive-health-2019>).
4. Trends in maternal mortality 2000 to 2020: estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division. Geneva: World Health Organization; 2023.
5. Family planning/contraception methods factsheet. Geneva: World Health Organization; 2020 (<https://www.who.int/news-room/fact-sheets/detail/family-planning-contraception>).
6. Gender-Based Violence and COVID-19 Actions, Gaps and the Way Forward. Sunninghill: United Nations Population Fund East and Southern Africa; 2022 (<https://esaro.unfpa.org/en/publications/gender-based-violence-and-covid-19>).
7. Abortion factsheet. Geneva: World Health Organization; 2021 (<https://www.who.int/news-room/fact-sheets/detail/abortion>).
8. Violence against women factsheet. Geneva: World Health Organization; 2021 (<https://www.who.int/news-room/fact-sheets/detail/violence-against-women>).
9. Global progress report on HIV, viral hepatitis and sexually transmitted infections, 2021. Accountability for the global health sector strategies 2016–2021: actions for impact. Geneva: World Health Organization; 2021 (<https://www.who.int/publications/i/item/9789240027077>).
10. Mitigating the impacts of COVID-19 and menstrual health and hygiene. UNICEF Brief. New York: United Nations Children's Fund; 2020 (<https://www.unicef.org/media/95496/file/UNICEF-Brief-Mitigating-the-impacts-of-COVID-19-on-menstrual-health-and-hygiene.pdf>).
11. WHO statement on menstrual health and rights. Geneva: World Health Organization; 2022 (<https://www.who.int/news/item/22-06-2022-who-statement-on-menstrual-health-and-rights>).
12. Menstrual Health and Hygiene brief. Washington, DC: World Bank; 2022 (<https://www.worldbank.org/en/topic/water/brief/menstrual-health-and-hygiene>).
13. Cairo Declaration on Population & Development. Cairo: International Conference on Population and Development; 1994.
14. The Sustainable Development Goals Report 2022. New York: United Nations; 2022 (<https://unstats.un.org/sdgs/report/2022/The-Sustainable-Development-Goals-Report-2022.pdf>).
15. Political Declaration of United Nations High-level Meeting on Universal Health Coverage: "Universal health coverage: moving together to build a healthier world". New York: United Nations; 2019 (<https://www.un.org/pga/73/wp-content/uploads/sites/53/2019/07/FINAL-draft-UHC-Political-Declaration.pdf>).
16. Joint United Nations statement on ending discrimination in health care settings. Geneva: World Health Organization; 2017 (<https://www.who.int/news/item/27-06-2017-joint-united-nations-statement-on-ending-discrimination-in-health-care-settings>).
17. Critical considerations and actions for achieving universal access to sexual and reproductive health in the context of universal health coverage through a primary health care approach. Geneva: World Health Organization; 2022 (<https://www.who.int/publications/i/item/9789240052659>).
18. Butler J, Erken A, Hurskin I, Luchsinger G, Passanisi D, Said R et al. Accelerating the promise: the report of the Nairobi Summit on ICPD25. New York: United Nations Population Fund; 2019 (https://www.unfpa.org/sites/default/files/pub-pdf/Nairobi_Summit_Report_on_ICPD25.pdf).
19. Sexual and reproductive health interventions in the WHO UHC Compendium. Geneva: World Health Organization; 2021 (<https://www.who.int/publications/i/item/9789240022867>).
20. Sexual health, human rights and the law. Geneva: World Health Organization; 2015.

For further information:
srhshs@who.int

World Health Organization
Avenue Appia 20
1211 - Geneva 27



**World Health
Organization**