Statement to the 76th Regional Committee for South-East Asia
Provisional Agenda Item 8.3 Annual report on monitoring progress on UHC and health-related SDGs

Honorable Chair & Distinguished Delegates,

We thank you for the opportunity to give this statement on behalf of Women in Global Health.

Sexual and reproductive health and rights (SRHR) are fundamental components of the right to the highest attainable standard of physical and mental health for all. Ensuring equitable access to comprehensive SRHR services is a vital prerequisite for achieving Universal Health Coverage (UHC), as articulated in SDG 3.7, 5.6, and UHC Political Declaration Article 68. Furthermore, it is indispensable not only for women’s and girls’ health but also for promoting gender equality and broader economic and social development.

Despite international commitments and investments in SRH programs, significant gaps persist in SRHR services. The COVID-19 pandemic exacerbated the situation, leading to reductions and defunding of essential services, resulting in approximately 1.4 million unintended pregnancies and a 30% increase in reported cases of gender-based violence. There remains a considerable lack of resource allocation and funding for SRHR services, with estimates indicating that reproductive health services in low- and middle-income countries receive only 9% of global donor funding for health.

Furthermore, not all SRHR interventions receive equal support, and variations exist in integration, quality, coverage, and prioritization of certain SRHR services. It is crucial to expand our focus from maternal and reproductive health to encompass comprehensive sex education, sexual pleasure and well-being, the prevention and treatment of gender-based violence, and access to SRHR services for marginalized populations, including gender diverse individuals and adolescents. Unfortunately, these aspects lack attention in national health strategies and are often excluded from publicly funded schemes.

In India, the vast majority of SRH services are delivered through primary healthcare. Community health workers such as nurse midwives (ANMs), accredited social health activists (ASHA workers), and Anganwadi workers (AWWs) play a central role in reaching vulnerable and marginalized populations and providing SRH services in rural areas, including access to antenatal care, institutional births,
postnatal care, immunization services, and family planning services. Therefore, it is imperative to strengthen, support, and empower women health workers, as they are essential drivers of UHC and providers of crucial SRH services within all health systems.

Universal access to SRHR cannot be achieved without countries delineating a pathway towards UHC that prioritizes, mobilizes financing, and implements comprehensive SRHR within national UHC strategies. This involves delivering a vital package of SRHR interventions throughout the life course, ensuring equitable access, maintaining quality of care without discrimination, and upholding accountability throughout implementation.

We strongly urge the WHO SEARO and regional governments to integrate SRHR interventions into their UHC strategies and regularly monitor progress and empower primary health workers to efficiently deliver essential SRH services to all.

Thank you.