INTERNATIONAL PLANNED PARENTHOOD FEDERATION

POSITION PAPER

Universal health coverage and sexual and reproductive health and rights

CONTENTS

ABOUT THIS POSITION PAPER

Purpose

IPPF's vision is of a world where all people are free to make choices about their sexuality and well-being, without discrimination. This position paper articulates IPPF's priorities in relation to Universal Health Coverage (UHC) and sexual and reproductive health and rights (SRHR) and aims to provide guidance for IPPF Member Associations (MAs) and the Federation at large. It was produced through a consultation process involving representatives from MAs and IPPF's Secretariat through workshop discussions, key informant interviews, and document reviews.

The paper is not meant to be a detailed, operational 'how to' tool. Instead, it intends to strengthen IPPF MAs' and other organizations' understanding of evidence-based approaches to scaling up and/or institutionalizing access to sexual and reproductive health (SRH) services and care within a UHC framework. It also highlights key entry points to lead and support such approaches.

Intended audience

The position paper is intended for use by the IPPF Secretariat, MA staff and volunteers as well as external audiences, including other civil society organizations (CSOs), governments, donors and multilateral institutions.

EXECUTIVE SUMMARY

UHC means that *all individuals and communities receive the health services and care they need without suffering financial hardship*.[1] It includes the full spectrum of essential, quality health services, from health promotion to prevention, treatment, rehabilitation and palliative care,[2] and comprises an explicit commitment to provide sexual and reproductive health (SRH) services for all, as agreed in the UHC Political Declaration adopted in 2019.[3]

UHC lays a foundation for attaining the highest standard of health and well-being for all people, without discrimination of any kind, and plays a pivotal role in countries' progress towards sustainable economic and socially equitable development.

Priorities and actions to advance SRHR within UHC

This IPPF position paper proposes a novel framework to advance SRHR within UHC, articulated around a human rights and people-centred health systems approach.

The priorities and specific recommendations for action discussed as part of this approach highlight the need to integrate SRHR into UHC national strategic plans, implement integrated SRH service delivery models, ensure efficient health financing strategies for SRHR, support and protect the SRH health workforce, expand access to SRH commodities and supplies, improve health information systems and routine data collection, and ensure meaningful engagement of civil society organizations and communities.

Key messages

1. UHC provides a unique window of opportunity to move towards universal access to SRHR for all people. As a leading advocate and global SRH service provider, IPPF has a key role in ensuring progress towards UHC that is inclusive and promotive of universal access to SRHR.
2. There is no single road to UHC. Contextual knowledge and experience are critical to advance the integration of SRHR within UHC.
3. Achieving universal access to SRHR within UHC is only possible by ensuring a rights-based and people-centred approach.
4. The meaningful engagement of civil society and communities is critical to promote health system responsiveness and social accountability to further integrate SRHR within UHC.
5. Achieving universal access to SRHR within UHC means leaving no one behind – this goal should be met for all countries and individuals without discrimination of any kind.
6. Recognising that SRHR and UHC are interlinked not only with all building blocks of health systems, but also to multiple sectors involved in governance, a comprehensive approach to strengthening health systems and advancing multi-sectoral collaboration is critical to effectively address all SRHR needs.

I. BACKGROUND

What is UHC?

The world has committed to achieving Universal Health Coverage (UHC) by 2030, as agreed in the UHC Political Declaration adopted in 2019.[3] UHC means that *all individuals and communities receive the health services and care they need without suffering financial hardship*. It includes the full spectrum of high-quality essential promotive, preventive, curative, rehabilitative and palliative health services and access to safe, effective, high-quality and affordable essential medicines and vaccines for all.[2]

UHC is deeply rooted in the right to health as set out in the 1948 Universal Declaration of Human Rights,[4] the Constitution of the World Health Organization (WHO),[5] and the 1976 International Covenant on Economic, Social and Cultural Rights.[6] UHC lays a foundation for promoting and attaining the highest standard of health and well-being for all people, across all ages and social groups, without discrimination of any kind, and plays a pivotal role in countries' progress towards sustainable development.

Linkages between SRHR and UHC

Sexual and reproductive health and rights (SRHR)[i] are an integral part of the right to health for all.[7] To realize this right, every individual must be free to make their own choices about their bodies and sexual and reproductive health (SRH), without any forms of discrimination, stigma, violence or coercion. Quality SRH care and services, education, and information should be available, accessible and affordable to all people, regardless of their age, ability, relationship status, sexual orientation, past or current health status, gender identity, race, ethnicity, geographic location, socio-economic and other status (e.g. legal, religious, political). SRHR are essential to attaining individuals' overall health and well-being, and thus a vital driver to accelerate progress towards sustainable development.

In this regard, the 1994 International Conference on Population and Development (ICPD) marked a paradigm shift towards a people-centred approach and placed SRHR within a wider development framework. The ICPD Program of Action (PoA) affirmed SRH as a fundamental human right and asserted that people's rights, choices and well-being should be at the heart of sustainable development.[8]

The Sustainable Development Goals (SDGs), set in 2015 by the United Nations (UN) General Assembly and targeted to be achieved by the year 2030 as part of the 2030 Agenda for Sustainable Development,[9] recognize the importance of SRHR for improving health and well-being and achieving gender equality, as well as the centrality of SRHR for accelerating progress towards sustainable development. In addition to the target of achieving UHC (SDG3, target 3.8), countries also committed to reaching *universal access to sexual and reproductive health-care services* (SDG3, target 3.7) and *universal access to sexual and reproductive health and reproductive rights* (SDG5, target 5.6) with the ratification of the 2030 Agenda. Additionally, with the adopted landmark UN Political Declaration on UHC in 2019, countries agreed that SRHR is an essential element of UHC.[3]

i Sexual and reproductive health and rights are defined in this paper in line with the Guttmacher-*Lancet* Commission definition; cf. Starrs AM, et al (2018) Accelerate progress – sexual and reproductive health and rights for all: report of the Guttmacher-*Lancet* Commission. *Lancet*. 391(10140), pp. 2642-2692.

These goals and commitments highlight how UHC and SRHR are intimately linked and that achieving UHC is not possible without the inclusion of SRHR. Countries need to define clear steps to integrate SRHR as part of their unique pathway towards UHC.

In the last three decades, since the adoption of the PoA in 1994, the world has made great progress in reducing SRH-related morbidities and mortality.[ii,10] Despite these improvements, however, progress has been uneven[11] and large-scale initiatives to strengthen health systems have often neglected SRHR. As a result, delivery of, and access to, essential SRH services have proven elusive and inequitable, while the realization of the highest attainable standard of SRH and thus the right to health is still out of reach for far too many individuals. This is particularly the case in the poorest countries where persistently high rates of SRH-related ill health and associated mortality are now largely concentrated. For instance, global targets on reducing maternal mortality have not been achieved, 218 million women and girls in low and middle-income countries (LMICs) have unmet needs for contraception and 25 million unsafe abortions occur each year.[12] Over 350 million women and men need treatment for curable sexually transmitted infections (STIs) and the scale and impact of sexual and gender-based violence (SGBV) is staggering, affecting an estimated third of all women during their lives[10].

More recently, the COVID-19 pandemic has negatively impacted the delivery of essential SRHR information, care and services and, as the pandemic continues, threatens to limit access to these services even further. Reports from numerous settings describe diversion of resources away from SRHR services in favour of COVID-related responses, as well as disruptions to education, health facilities and supply chains, and community centres. Additionally, the crisis has hampered initiatives to prevent and combat SGBV, thus creating a shadow pandemic of violence against women, and rates of child marriage, teenage pregnancy and female genital mutilation are estimated to increase exponentially.[13,14] This crisis, unlike any other in our recent history, has amplified the need to accelerate efforts to build strong and resilient health systems, and achieve progress towards UHC.

ii The maternal mortality ratio decreased from 369 per 100,000 live births in 1994 to 211 in 2017. Adolescent birth rates have declined (from 65 to 44 births per 1,000 women between 1990-95 and 2019), and rates of HIV incidence and AIDS-related deaths have been reduced by 40% and 55% respectively. Global contraceptive prevalence rate has increased by 25%.[8]

II. ADVANCING UNIVERSAL ACCESS TO SRHR WITHIN UHC

A growing body of research describes how poor health outcomes are strongly related to gender inequalities, discrimination, violence, and lack of SRHR information and services.[2] Therefore, the integration of SRHR in national health programmes and policies plays an important role in improving health and well-being for all,[15] underpinned by the principles of health as a human right, leaving no one behind, gender equality, and inclusiveness and non-discrimination.[16]

The global momentum to achieving UHC provides an excellent opportunity for this integration.[17] To advance universal access to SRHR within UHC, progress is needed to incorporate SRHR into national UHC frameworks, implement essential SRH interventions[iii] addressing the SRHR needs of all individuals with a focus on those who are currently marginalized and under-served, and implement financing strategies that can sustain these efforts.

In countries with limited resources, access to SRHR interventions can be expanded incrementally, in line with the principle of progressive realization[iv,18] underpinning UHC. In doing so, all steps from planning and budgeting to the introduction, implementation, expansion and monitoring of essential SRHR interventions are undertaken within the broad framework of health system strengthening. Such a systems approach requires conscious actions in all of the six intertwined health system building blocks as defined by WHO.[19]

IPPF's stance on UHC

As a leading service provider and advocate[v] for universal access to essential SRH care, services and rights, IPPF believes that efforts towards achieving UHC inclusive and promotive of SRHR must be anchored by the principles of equity, equality, and social justice, as well as the right to health for all.

IPPF supports the implementation of the comprehensive definition of SRHR proposed by the Guttmacher-*Lancet* Commission[2], which recommends that every country provides an integrated package of essential SRHR interventions needed to address the most pressing SRH needs of all individuals (Table 1).

TABLE 1. PROPOSED ESSENTIAL PACKAGE OF SRHR INTERVENTIONS[2]

- Accurate information and counselling on SRH and evidence-based, comprehensive sexuality education
- Information, counselling, and care related to sexual function and satisfaction
- Prevention, detection, and management of sexual and GBV and coercion
- A choice of safe and effective contraceptive methods
- Safe and effective antenatal, childbirth, and post-natal care
- Safe and effective abortion services and care
- Prevention, management, and treatment of infertility
- Prevention, detection, and treatment of STIs, including HIV, and of reproductive tract infections
- Prevention, detection, and treatment of reproductive cancers

iii Note that the term 'essential interventions' is used in this statement in reference to the terminology that the Guttmacher-*Lancet* commission applied and is rooted in the ICPD Programme of Action and WHO's Reproductive Health Strategy. Each country will need to prioritize between these essential interventions based on local needs and resources. As argued throughout this statement, the process of prioritization must be transparent and based on principles of equity, inclusiveness and non-discrimination.

iv The progressive realization of UHC refers to the process of categorizing services into priority classes, expanding access to high-priority services to everyone and ensuring disadvantaged groups are not left behind.[18]

v See also the IPPF Advocacy Common Agenda (2019), available at: https://www.ippf.org/resource/ippfs-advocacy-common-agenda

IPPF believes that achieving the integration of comprehensive SRHR within UHC requires health systems to move away from a vertical, top-down and curative paradigm to one that places people at the heart of health service delivery, and necessitates intersectoral collaboration, for instance with national ministries of education, finance, and gender. Placing people at the centre is particularly critical for women and girls, adolescents and young people, as well as under-served and marginalized groups who often face disproportionate physical, socio-cultural, legal or economic barriers that prevent them from accessing SRH services, thus preventing them from realizing their SRHR.

As a locally owned, globally connected movement for change, IPPF further emphasizes the important role of civil society and communities as well as their meaningful engagement in processes around UHC. These engagements are vital to shape people-centred health systems that are universal, equitable, accountable, sustainable and of high quality.[20] Amplifying the voice of IPPF MAs and other community-based and civil society organizations is critical to ensure rights-based and gender equitable approaches to UHC. CSOs are often best placed to work with population groups who are left behind, marginalized, or excluded from accessing health services, and can effectively represent their needs and interests in the design, implementation and monitoring of SRHR programmes, interventions and broader health systems reforms.

A human rights and people-centred health system approach to UHC

To illustrate IPPF's approach, we propose a *human rights and people-centred health system framework,* which articulates the key relations and principles for advancing towards and achieving comprehensive SRHR within UHC (see Figure 1).

As with IPPF's work, people and their health needs are at the centre of the framework, with a particular focus on women, girls, under-served and vulnerable populations. The innermost circle (in grey) represents the essential SRHR interventions that countries should implement to address and fulfil the SRHR needs of all individuals and realize comprehensive SRHR within UHC.

When providing essential SRHR interventions, several key principles should be adhered to as illustrated in the second (green) circle: inclusiveness and non-discrimination, gender equality, evidence, accountability, sustainable and equitable health financing mechanisms, and human rights. In particular, the adoption of a rights-based approach to service delivery is essential to protect, respect and fulfil the human rights of all individuals in need of SRHR services.

Achieving SRHR within UHC is contingent upon strengthening health systems and actions in all of the six core components of the WHO health system building blocks[vi,19] as well as (in addition to these building blocks) through active community engagement and building a strong and thriving civil society, as illustrated in the outermost circle.

The unclosed circle takes account of the fact that health systems are open systems. They do not operate in a vacuum but interact with and are dynamically influenced by their political, economic, social and technological environment, as well as people's behaviours. While health systems are central in implementing and providing access to essential SRHR interventions, the unclosed circle further reflects that comprehensive SRHR extends beyond the health system and that a multi-sectoral approach with actions in other sectors (for instance education and finance) is essential to realize SRHR within UHC.

vi The six WHO health system building blocks are: leadership and governance; health financing; health information system; essential medicines and technologies; health service delivery; and the health workforce.

FIGURE 1: A HUMAN RIGHTS AND PEOPLE-CENTRED HEALTH SYSTEM FRAMEWORK FOR ACHIEVING COMPREHENSIVE SRHR WITHIN UHC

III. PRIORITIES AND ACTIONS TO ADVANCE SRHR IN UHC

Based on the proposed framework, the following sections describe a number of actionable steps and good practices within each of the six WHO building blocks, as well as for civil society and community engagement, that can guide progress towards universal access to SRHR within UHC.

For each priority area, the paper highlights a number of actionable steps and recommendations for action. These recommendations are aimed at IPPF MAs and other like-minded CSOs working in the field of SRHR and should be adapted to local contexts.

1. Advocate for the integration of SRHR into UHC national strategic plans

Successful integration of comprehensive SRHR in the UHC agenda requires political will, effective leadership, governance and support, coordinated at regional, national, and subnational levels. Championing universal access to SRH services, IPPF has been actively advocating for legal and policy changes promoting the availability of SRH commodities and services at all levels of countries' health systems, as well as initiatives that support the design and implementation of non-stigmatizing culture- and gender-responsive SRHR programmes and interventions both globally and nationally.

To effectively manage and implement countries' defined SRHR policies and to transform their existing SRH service delivery systems to a system that is capable of delivering comprehensive, rights-based SRHR for all people, it is crucial for countries to develop a strong and costed national SRHR strategic plan to guide health authorities at all levels. These plans should be developed through a coordinated and multi-sectoral approach with meaningful engagement of civil society and communities as well as other relevant sectors, government ministries and departments beyond health such as gender, justice, education and finance. IPPF believes that such engagement will ensure that SRHR strategic plans and the priorities defined therein are responsive to the needs of individuals, and that cross-cutting issues such as comprehensive sexuality education (CSE) and sexual and gender-based violence (SGBV) are approached in a comprehensive way and not neglected. Further, such plans should be accompanied with national annual operational plans and budgets, for which health authorities should strive to obtain commitment and financial support from all relevant sectors.

RECOMMENDATIONS FOR ACTION:

- Advocate for and support national governments in the development of a strong and costed national SRHR strategic plan as part of their national UHC strategies.
- Contribute to broadening the visibility and scope of SRHR in national dialogues on UHC by using every opportunity to share successes, challenges, opportunities and good practices in SRHR, and highlighting the importance of SRHR for the health and lives of women and girls.
- Improve the coordination and collaboration across sectors in support of integrating SRHR into UHC plans, including education, finance, gender, protection, water, sanitation and hygiene (WASH), environment, disaster responses and other sectors – with national, regional and global partners.
- Advocate at national level for governments to develop and implement policies, laws and initiatives that support rights-based, non-stigmatizing and gender-responsive SRHR programmes and interventions,[21] thereby reducing barriers and increasing access to essential SRH services. Among these, liberalizing abortion laws constitutes an important step to achieve universal access to safe abortion care and thus women's right to access services that protect their reproductive choices.[22]

2. Promote and implement integrated and innovative service delivery models for SRH

IPPF believes that it is critical to ensure that an effective mix of SRH services is offered to and accessible for their entire population at each point on countries' paths towards integrating comprehensive SRHR within UHC. With its strong service delivery network consisting of static, mobile and community-based clinics and services, IPPF is dedicated to supporting countries in accelerating progress towards UHC and increasing universal access to SRH services and rights-based information that are available, accessible in both physical and financial terms, of high quality, acceptable, safe and culturally sensitive. For instance, IPPF's social franchising programme is aimed at increasing access to SRH services for low-income populations. Recognizing the financial burden of out-of-pocket payments (OOPs), MAs practise a no-refusal policy to ensure that every client receives the services they need regardless of their ability to pay.

In addition, services offered should also be gender transformative, confidential, youth friendly, respectful, non-discriminatory and stigma free, and take into consideration the needs of diverse population groups, including women, girls, men, boys, under-served and marginalized groups, migrants and displaced populations, people living with disabilities and the LGBTI+ community. In many countries, this requires addressing the multiple economic, political, socio-cultural and geographic barriers that currently prevent or limit access to SRH services and rights-based information.

Together with community-based healthcare, primary healthcare (PHC) is often the first line of contact for people with the health system. Most essential SRHR interventions can be effectively delivered at the community or PHC level at a low cost. Realizing SRHR within UHC thus hinges upon a strong PHC system,[8] which is crucial to ensure the efficient use of scarce health resources and to make health services accessible to people living in the most remote areas. A PHC system covers health services that are high quality, safe, comprehensive, integrated, accessible, available and affordable for everyone and everywhere, provided with compassion, respect and dignity by health professionals who are well trained, skilled, motivated and committed.[23]

Integrated service delivery models have been shown to increase service uptake, reduce stigma, increase quality of care, and make more efficient use of limited health system resources.[24] Therefore, insofar as feasible for the health system and acceptable to clients, IPPF encourages the integration of complementary services as much as possible while upholding quality, safety and human rights standards. Particular focus should therefore be placed on currently 'neglected services' such as family planning, safe abortion services and care for unsafe abortion, as well as youth-friendly SRH care and services, including the provision of vital CSE. IPPF further stresses the importance of the prevention as well as the provision of care and support to survivors of SGBV. Working with others, IPPF is strongly committed to taking effective action to challenge entrenched social and gender norms that approve of SGBV and to supporting initiatives that enable individuals of all genders to exercise their autonomy and live a life free of violence.

Additionally, IPPF stresses that human rights should be ensured even in times of crises, a necessity that has been particularly emphasized by the current COVID-19 pandemic. IPPF urges all actors involved in humanitarian responses to commit to the full implementation of the Minimum Initial Service Package (MISP) while supporting the earliest possible transition to comprehensive SRHR to ensure that all individuals are able to realize their SRHR.

In many countries, resource constraints entail limitations as to how much healthcare countries can provide through a facility-based service delivery model. Therefore, IPPF believes that innovative service delivery models are indispensable in increasing access to comprehensive SRHR within UHC. Connecting local expertise with global knowledge, IPPF is committed to fostering innovation within the Federation as both a competitive advantage in the complex and ever-changing SRHR landscape and to contribute to the existing national and global evidence base on effective approaches for tackling SRHR needs. Through IPPF's innovation programme, MAs have been successfully innovating in a variety of areas, for instance using digital health tools and innovative models for self-care to expand access in resource-limited contexts, hard-to-reach areas or to particularly marginalized and vulnerable population groups.

RECOMMENDATIONS FOR ACTION:

- As most essential SRHR interventions can be effectively delivered at the community or PHC levels of the health system at a relatively low cost to governments, IPPF MAs and other CSOs can contribute to and lead in delivering the full range of services outlined in the IPPF Integrated Package of Essential Services. This includes SRH counselling, contraception, safe abortion care, STIs/reproductive tract infections, HIV, gynaecology, maternal health and SGBV services.[25]
- IPPF MAs and other CSOs can demonstrate and promote the benefits of integrated service delivery models, which have been shown to increase service uptake, reduce stigma, provide better quality of care, and make more efficient use of health system resources.[26]
- New service delivery models are needed to improve access to essential SRH services and rights-based information. Based on their vast experience in SRHR service delivery, IPPF MAs have the potential to develop and promote the use of innovative and cost-saving approaches and tools (e.g. digital health, telemedicine), which can be integrated within PHC and expanded through task-shifting and community health workers to provide access in hard-to-reach areas and for under-served and marginalized population groups.[27] These novel approaches should always build on evidence-based recommendations, if available, and should be pilot and field tested to ensure the safety and effectiveness of the interventions.

3. Ensure sustainable and efficient health financing for SRHR in UHC

An explicitly defined health benefits package (HBP)[vii] is the key strategic instrument to steer health systems toward achieving UHC; it determines a bundle of health services that can be financed and sustainably delivered, taking into account each country's specific circumstances and health system's capacity.[28] Increasing access to SRHR within UHC requires that essential SRHR interventions are prioritized and included in such packages, implying that services will be either fully or partially covered through public financing to reduce the burden of out-of-pocket expenses (OOPs) for individuals accessing these services.

Initial prioritization and expansion must be based on a thorough analysis of the existing SRHR needs within a country's population, with particular attention to the most deprived, vulnerable and marginalized populations who often have the highest needs. Leveraging on their close ties with local communities, IPPF MAs are well placed to support country governments in these efforts.

As available financial, human and other resources increase, IPPF urges countries to progressively expand the number of SRHR interventions included in their HBP until the entire set of essential SRHR interventions can be reliably delivered to the entire population. At each stage of expanding coverage, costing analyses should be conducted to estimate the (annual) resource need for ensuring universal and equitable access to the SRHR interventions included in the HBP.

Against this background and in line with the UHC coverage goal of financial protection, IPPF calls on national governments to raise adequate resources for health and ensure a stable and predictable flow of funds to the health sector. Funding should increasingly come from public sources, including combinations of domestic direct and indirect tax revenues and health insurance pre-payments. This is essential to reduce OOPs and their negative impacts in terms of barriers to accessing services as well as catastrophic and impoverishing payments in particular for women, girls and the poorest and most marginalized groups.

vii The designation can vary between health benefits package, basic healthcare package, or essential healthcare package.

National health authorities should work in close cooperation with finance authorities and other national government agencies involved in decisions about government budget allocations to advocate for increased public spending on health and to make SRHR interventions a joint priority in national and district health budgets.

Strong civil society voices play a pivotal role in this regard, holding governments accountable and ensuring that systematic attention is paid to the needs of the most marginalized and vulnerable populations so that no one is left behind. Additionally, MAs can support analyses demonstrating that investing in SRHR achieves significant returns on investment with dividends over many years,[1] which provides a relevant and powerful argument for increasing investments in this area.

In countries with scarce public resources, and which consequently are still reliant on external development assistance for health, the health financing landscape is frequently characterized by high fragmentation. This implies multiple, often vertical, streams of funding from different donors and development partners with different mandates and interests.[29] MAs can call on external partners to provide funding in alignment with countries' SRHR priorities and UHC plans, as well as with aid effectiveness principles outlined in the Paris Declaration and Accra Agenda for Action.[30] Better alignment of funding is necessary to promote effective coordination of stakeholders and direct resources towards government SRHR priorities as stipulated in the HBP.

RECOMMENDATIONS FOR ACTION:

- Advocate for an increase in national/public spending on health, particularly in LMICs.[2,31] Encourage governments to raise and pool adequate resources for UHC to ensure a stable and predictable flow of funds to the health sector. CSOs can advocate for the introduction of pre-payment mechanisms together with pooling of funds, which are essential to reduce OOPs and their negative impacts on access to services and to improve financial protection.[29]
- Advocate for increased funding allocations for SRHR. Investments in SRHR are cost-saving and can achieve significant return on investment.[32]
- Advocate for the inclusion of SRHR interventions in countries' HBPs and preparedness plans to ensure that services do not become neglected or underfunded as a result of changes in external donor priorities, especially in times of crises such as the current pandemic. In countries with limited resources, which are often reliant on external donor funding, effective coordination of stakeholders and directing resources towards national SRHR priorities as stipulated in the HBP is critical.

4. Support and protect the health workforce

The health workforce is the foundation for achieving UHC, including universal access to SRHR, and the backbone of every health system. A well-trained and equitably distributed health workforce, including medical professionals, peer educators, community health workers and volunteers, is critical to delivering quality, gender-sensitive and rights-based SRH services and information.

Shortages of health workers are limiting coverage of essential services, particularly in LMICs. Shortages are expected to continue and worsen if current trends persist.[33] Inequitable distribution of and mix of skills in the health workforce as well as gaps in training, motivation and performance of health workers represent additional challenges that many countries are grappling with.[34]

The AAAQ analytical framework[35] – *availability* (e.g. stock and production), *accessibility* (e.g. spatial, temporal and financial dimensions), *acceptability* (e.g. gender and socio-cultural) and *quality* (e.g. competencies and regulation) – has been shown to be a useful tool in informing evidence-based decision- and policy-making on the health workforce in support of UHC. In addition to employing more staff, the framework highlights the importance of ensuring adequate geographic distribution and an effective skill mix to equitably meet population health needs across urban, rural and remote areas and provide people-centred, responsive, culturally appropriate and acceptable care to communities.[36]

IPPF stresses the importance of community health workers and community health distributors in addressing health worker shortages and in improving access to comprehensive SRHR by bringing services to hard-to-reach communities. Firmly embedded in communities themselves, these health workers are often more accessible and acceptable to clients in their communities.[37]

Furthermore, IPPF welcomes the growing recognition and reliable evidence that shifting tasks from higher- to lower-level health worker cadres is safe and cost-effective. With sufficient training, resources and referral mechanisms tasks could, for example, be shifted from physicians to (auxiliary) nurses and midwives and lay health workers.[38] Through its MAs, IPPF works with governments and other SRHR organizations to contribute to the implementation of task-shifting programmes to allow for the rational redistribution of duties among the health workforce in order to make better use of human resources and ease bottlenecks in the service delivery system.

As the majority of lower-level health workers are women, it is important for countries to develop, implement and monitor policies to redress the current undervaluation of female health workers. Governments should ensure that women and marginalized groups employed in the health sector enjoy equal opportunities, social protection and ongoing training. IPPF calls on countries to anchor their response in a broadened concept of women's health that recognizes women's roles as not only users but also providers of healthcare.[17] This will enhance health system effectiveness and health worker retention and, additionally, foster gender equality and social and economic progress.

RECOMMENDATIONS FOR ACTION:

- Engage in advocacy efforts to ensure that a sufficient number of skilled health workers, including for the provision of SRHR interventions, are recruited and trained to contribute to achieving progress on UHC at both national and subnational levels.[39] The distribution of healthcare workers, their training and skill mix should be adequate to match population needs and to provide people-centred and culturally appropriate care.[36]
- To rapidly and efficiently mitigate critical health worker shortages, CSOs should advocate for governments to explore shifting/sharing certain tasks from higher- to middle and lower-level health worker cadres.[38] They should also advocate for a more equal distribution of services across geographical areas and levels of care, and to ensure that adequate recognition and support is given to health workers, including community health workers.

5. Ensure availability and access to essential SRH commodities and supplies

In order to progress towards universal access to essential SRHR interventions, essential SRH medicines, supplies and equipment must be routinely made available at the relevant service delivery points in the health system.

This requires countries to undertake a review of existing supply chain systems from forecasting and procurement to logistics management and distribution for each of the SRHR package components and to effectively address any gaps. Data from, for example, Sub-Saharan Africa show persistent stock-outs of modern contraceptive methods in public health facilities,[40] requiring patients to purchase commodities out-of-pocket in the private sector or to forego contraception.

Consistent supply also requires an understanding of how essential services are maintained in times of crisis. The current COVID-19 pandemic has led to disruptions in global supply chains, including those for SRH medicines and commodities, and highlighted the fragilities of global distributions chains. This could have life-threatening consequences and reverse gains towards universal access to SRHR.

RECOMMENDATIONS FOR ACTION:

- Advocate for ministries of health to review existing supply chain systems for commodities and supplies necessary for the delivery of essential SRHR interventions, and to address identified gaps.
- Engage in National Supply Plan activities to identify and address the challenges faced by CSOs in securing SRH commodities.
- Engage in demand- and awareness-creation and behaviour-change communication activities for SRH commodities delivered as part of the essential SRHR interventions to both stimulate community acceptance and foster community engagement and participation in improving access.
- Advocate for essential SRH medicines from the WHO list of essential medicines to be included in each country's national essential medicines lists, as well as for measures to be taken to make these drugs universally available and affordable.

6. Strengthen health information systems and routine data collection

Strong health information systems (HISs) are critical for advancing the integration of comprehensive SRHR within UHC. Well-functioning HISs provide reliable and timely health services data, including healthcare needs and associated resource demands for the health system, disaggregated by age, sex, ability and other factors relevant to the local contexts and the populations they serve, and analysed by gender. Disaggregated data allow for monitoring and analysing SRH service utilization and health system performance for different population groups at national and subnational levels and are thus crucial for decision- and policy-making programming and budgeting, as well as monitoring and evaluation. Additionally, high-quality disaggregated data also form the basis of accountability for governments to achieve their commitments towards UHC inclusive of SRHR to ensure that no one is left behind.

Many LMICs face a multitude of challenges with their HISs, including poor data quality, lack of qualified human resources, low management capacity, inadequate infrastructure such as irregular electricity power supplies, insufficient space for the HIS, technological difficulties such as software malfunction and data loss.[41] To advance comprehensive SRHR when moving towards UHC, countries therefore need to make appropriate investments in their HISs to strengthen high-quality, timely and reliable research and routine data collection on key SRHR indicators.

IPPF emphasizes the importance of generating and collecting data disaggregated by sex, gender identity, age, race, ethnicity, migratory status, disability, income, geographic location and other characteristics, with due consideration for privacy and human rights. IPPF further believes that it is vital to adopt a gender-sensitive approach to SRHR data collection wherever this does not cause individuals to be further discriminated against, as ignoring aspects of gender such as gender identity and sexual orientation has been shown to obscure critical SRHR risk factors and trends.

RECOMMENDATIONS FOR ACTION:

- Advocate for governments to generate and provide open-access data disaggregated by context-relevant variables. This could include income, sex, age, race, ethnicity, migratory status, disability, geographic location and other characteristics to allow for analyses for specific population groups to better understand who is left behind.[16]
- Contribute to monitoring and evaluation activities related to the implementation of UHC commitments, ensuring that SRHR-related data collection is adopted, that these efforts are also gender sensitive and inclusive, and that capacity to monitor and analyse relevant sex-disaggregated data can be developed and sustained. Data collection and disaggregation is fundamental to ensure that governments are accountable to the commitments made in the 2030 agenda and the Political Declaration on UHC.

7. Promote and ensure the meaningful engagement of civil society and communities

Meaningful and active engagement and participation of CSOs and communities are key to ensure progress towards UHC at the national level, as well as to contribute to the successful planning and implementation of SRHR interventions at the subnational level that are responsive to local needs.[42]

IPPF and other like-minded CSOs are critical to hold governments accountable and play an important role in promoting and ensuring that strong accountability mechanisms are in place to ensure progress towards UHC, including universal access to comprehensive SRHR. This could include advocating for a transparent and participatory processes for countries' HBPs, based on high-quality, disaggregated data and documented experiences from local actors and communities, and work to include SRHR in these packages. CSOs' meaningful contribution to the development of effective planning, monitoring and evaluation mechanisms is also key to guide the development and implementation of UHC policies and strategies. Additionally, participatory appraisals with CSOs and intended beneficiaries have proved useful to assess the acceptability of national SRHR strategic plans and the combination of interventions included in countries' HBPs.

IPPF and other CSOs play a critical role in supporting legal and policy reforms aimed at integrating SRHR into UHC, drawing on experiences of successful integration in other countries. This includes promoting policies, laws and initiatives that support non-stigmatizing youth- and gender-responsive SRHR programmes and services as well as initiating discussions about reforms outlawing child marriage and discrimination against people with diverse sexual orientations and gender identities and expressions, and promoting gender equality and bodily autonomy.

RECOMMENDATIONS FOR ACTION:

- The meaningful engagement and participation of CSOs is critical to ensure that decision-making and accountability mechanisms reflect the needs, priorities, and diversity of population groups. CSOs, particularly women's (rights) organizations, play an important role to ensure that women and girls are part of engagement and decision-making processes to reflect the unique needs of women and girls in SRHR interventions.
- Ensure the establishment of transparent and participatory decision-making processes within governments for including and prioritizing essential SRHR interventions in countries' HBPs based on high-quality disaggregated data and documented experiences from local actors and communities.[43]
- Form strategic alliances with parliamentarians, parliamentary committees, and national/regional technical working groups/committees on health and UHC. The Inter-Parliamentary Union has expressed strong support for protecting SRHR that can be leveraged[44] and parliaments are important for decisions on resource allocations, establishing participatory budgets and for influencing decision-making at all levels.[43]
- Leverage experiences of successful SRHR integration, as well as barriers and limitations, across other settings and countries in order to inform, participate in, and guide decision-making on UHC. Social mobilization through civil society and community engagement are imperative for generating demand for SRHR services and commodities[45] delivered as part of the essential SRHR interventions. They are also paramount to understanding and documenting social factors acting as barriers to utilization of existing SRH services such as detrimental gender dynamics, religious beliefs and cultural norms.[46]

IV. WAY FORWARD

Achieving UHC represents an ambitious global effort which currently receives significant traction and political momentum. As a locally owned, globally connected movement for change within the field of SRHR, IPPF is fully committed to supporting these efforts at country level, facilitated through its wide network of MAs.

There is no single road to achieve UHC and each country is at a different stage of implementation. As countries continue to take steps on the path towards UHC, new opportunities arise to advance and integrate a comprehensive approach to SRHR, including the delivery of essential SRH services and rights-based information. UHC reforms are inherently complex, but the people-centred health systems approach proposed in this paper highlights key areas and actions that countries and other SRHR organizations and actors can take to advance SRHR integration in UHC.

While this position paper aims to help identify some of these areas and actions, it is important to recognize that these are context-dependent, requiring a deeper understanding of local circumstances and the specific needs of those currently left behind. As globally connected, locally owned service providers and advocates, IPPF and its MAs are well placed to play a leading role in supporting countries in their actions towards attaining UHC.

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