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UNLOCKING THE FUTURE

**Advancing Universal Sexual and
Reproductive Health and Rights
within Universal Health Coverage in
East and Southern Africa**

Policy, Financing, Delivery and Measurement

Unlocking the Future

Advancing Universal Sexual and Reproductive Health and Rights within Universal Health Coverage in East and Southern Africa

Background

In the past 20 years, progress has been made towards universal sexual and reproductive health and rights (SRHR) in the East and Southern Africa (ESA) region. However, millions still lack universal access to comprehensive SRHR in the ESA region, which includes 23 diverse countries with over 670 million people, of whom nearly one-third are between 10 to 24 years of age¹.

Providing universal comprehensive SRHR, in operational terms, means ensuring universal access to nine bundles of services² through rights-based, people-centered, gender-transformative and life-course-based approaches, which leave no one behind in development and humanitarian settings.

Nine bundles of comprehensive SRHR information and services: (1) comprehensive sexuality education; (2) counselling and services for sexual health and well-being; (3) counselling and services for modern contraceptives; (4) abortion care to the full extent of the laws and comprehensive post-abortion care; (5) antenatal, childbirth and postnatal care; (6) counselling, diagnosis and treatment services for infertility; (7) prevention and treatment of HIV and other sexual transmitted infections (STIs); (8) detecting, preventing and managing reproductive cancers; and (9) detecting, preventing and managing sexual and gender-based violence.

Additionally, progress has been made towards achieving Universal Health Coverage (UHC) in the ESA region³. UHC, in operational terms, means all people have access to the health care they need, when and where they need it, without facing financial hardship⁴. UHC includes the full spectrum of

¹ <https://www.afro.who.int/publications/tracking-universal-health-coverage-who-african-region-2022>

² <https://www.unfpa.org/strategic-plan-2022>;

https://www.unfpa.org/sites/default/files/pub-pdf/SRHR_an_essential_element_of_UHC_2020_online.pdf

³ <https://www.afro.who.int/publications/tracking-universal-health-coverage-who-african-region-2022>. The most significant progress in UHC SCI (Service Coverage Index), between 2000 and 2019, was observed in the Eastern African sub-region (24 index points), followed by the Western and Southern African sub-regions (23 index points).

⁴ <https://open.undp.org/sdg/targets/3/8>

essential, quality health services, from health promotion to prevention, treatment, rehabilitation, and palliative care across the life course.

To better understand the current situation in terms of which SRHR services are included in the country-specific UHC⁵ initiatives, assessments titled 'SRHR in UHC' were undertaken in nine countries (Botswana, Ethiopia, Kenya, Madagascar, Malawi, Namibia, South Sudan, Uganda, and Zambia) between 2021 and 2023, with support from the United Nations Population Fund (UNFPA) East and Southern Africa Regional Office (ESARO).

Momentum towards Universal Health Coverage

Momentum around UHC in the ESA region is increasing, with most countries signing up to the UHC2030 Global Compact⁶. The Global Compact is a collaborative effort based on the principles of inclusivity, accountability, evidence-based health-care strategies and leadership, government stewardship, public engagement, and international cooperation with mutual learning. UHC has emerged as a dominant framework to increase equitable access to, quality of, demand for and utilization of essential health services, in particular primary care services⁷. Most ESA countries are aspiring to attain UHC through strengthened Primary Health Care (PHC) systems by continuing reforms in line with the Ouagadougou Declaration on Primary Health Care and Health Systems in Africa⁸.

To accelerate progress towards UHC, nearly all ESA countries have prioritized a package or multiple packages of health services tailored to their needs and health systems capacity. Countries are progressively aiming to expand the number of services included in these packages as the economy grows and/or financing for health increases. Nearly all ESA countries have defined 'Minimum Primary Care Packages', although most of these packages are quite ambitious and underfunded⁹. Also, many countries have either defined, or are in the process of defining, their 'UHC benefits packages' and are considering different financing and financial risk protection strategies for services included under these packages.

⁵ Current and proposed country specific UHC policy documents and roadmaps were reviewed. In addition, interviews with relevant policy makers, policy influencers (including key United Nations institutions) and/or implementers were undertaken.

⁶https://www.uhc2030.org/fileadmin/uploads/uhc2030/Documents/About_UHC2030/mgt_arrangemts_docs/UHC2030_Official_documents/UHC2030_Global_Compact_WEB.pdf

⁷<https://www.who.int/publications/i/item/9789240017832>

⁸<https://www.afro.who.int/publications/ouagadougou-declaration-primary-health-care-and-health-systems-africa>

⁹ In many countries inclusion of specific services into the national essential health care service packages are not being guided by evidence on costs and population level benefits.

In short, to accelerate progress towards UHC, countries are defining not only what services are to be covered within the UHC health benefits package, but also how they could be funded (including through innovative and sustainable financing mechanisms), and how they could be managed and delivered (i.e. quality, efficiency and effectiveness of delivery of people-centered services in a non-discriminatory manner) without increasing people's financial burden by ensuring financial risk protection for services covered under the UHC benefits package.

The ESA countries are making progress towards UHC. Nearly half of the ESA countries are faring above the World Health Organization (WHO) Africa regional average in terms of the UHC Service Coverage Index (SCI). The Reproductive, Maternal, Newborn, and Child Health (RMNCH) UHC sub-index has also witnessed significant progress¹⁰. Many countries have managed to reduce the incidence of catastrophic health spending. Despite these advances, only four ESA countries have a service coverage index of more than 60, and in the vast majority of countries, the financial risk protection systems for UHC benefits packages remain weak. Also, the progress made towards UHC in the ESA region conceals significant disparities within countries, encompassing differences between different regions and population groups, and between countries. Further, good performance in service coverage, as well as in financial risk protection is not always correlated with the income status of countries. In short, despite noteworthy progress, the ESA region has a long way to go to attain a UHC coverage index score of 100.

Sexual and reproductive health and rights in Universal Health Coverage

Although UHC packages, financing and financial risk protection mechanisms are expected to include the full spectrum of essential, quality health services – from health promotion to prevention, treatment, rehabilitation, and palliative care – across the life course and leaving no one behind, in practice many ESA countries do not fully include all the recommended comprehensive SRHR bundles of information and services.

¹⁰<https://www.afro.who.int/publications/tracking-universal-health-coverage-who-african-region-2022>. The UHC SCI is constructed from 14 indicators which are organized around four components of service coverage: 1) reproductive, maternal, newborn, and child health (RMNCH); 2) infectious diseases; 3) noncommunicable diseases (NCDs); and 4) service capacity and access. Financial risk protection is considered as achieved when out-of-pocket (OOP) health spending is not catastrophic/not greater than 10 per cent of total household expenditure or income.

In many ESA countries, UHC benefits packages do not fully address the health needs of women and girls, who make up nearly half of the population.

No country will be able to attain UHC without attaining universal SRHR, as sexual and reproductive health (SRH) accounts for around one fifth of the disease burden globally, including in the ESA region¹¹.

Key takeaways from the sexual and reproductive health and rights in Universal Health Coverage assessments in the East and Southern Africa region

Nine 'SRHR in UHC' country assessments were carried out between 2021 and 2023 to provide an overview of the current situation in terms of which SRHR services are included in the UHC benefits packages and financing and financial protection arrangements¹². By triangulating the findings of these assessments with other sources of information, ten key takeaways have been derived.

Policy-related takeaways

- Decision-making arrangements around UHC are driven as much by political considerations as by technical and economic considerations. In some countries, the UHC agenda is being driven by electoral commitments and political directives by heads of states. The private health sector's role and participation in UHC policy considerations and delivery systems seems to be increasing in many countries. Therefore, stronger efforts will be required to develop or refine and implement the country-specific UHC roadmaps, with clear roles and responsibilities for key players in the health sector and beyond the health sector, to ensure effective implementation of UHC roadmaps.
- In most ESA countries, services covered under UHC benefits packages could be better evidence-informed, articulated and disseminated to health administrators, providers and people. In some countries, benefits

¹¹ <https://www.gutmacher.org/gpr/2004/03/broad-benefits-investing-sexual-and-reproductive-health>

¹² Current and proposed country specific UHC policy documents and roadmaps were reviewed. In addition, interviews with relevant policy makers, policy influencers (including key United Nations institutions) and/or implementers were undertaken.

packages are defined as ‘what is not covered’ instead of ‘what is covered’, which creates delivery challenges. Despite most ESA countries’ commitments to attain UHC through PHC, UHC conversations in these countries seem to be favouring secondary and tertiary care over PHC.

- In most ESA countries, the current and proposed essential UHC benefits packages, as well as their Essential Package for Health Services, do not fully include all the recommended comprehensive SRHR bundles of information and services¹³. SRHR bundles of services that are not fully part of the current UHC conversations are linkages between comprehensive sexuality education and SRHR services; safe abortion and post-abortion care; health sector response to gender-based violence, female genital mutilation and other harmful practices; reproductive cancers; sub-fertility and infertility; and menstrual health. Also, addressing young people’s SRHR needs through UHC remains a challenge in many countries.

Financing and Financial Risk Protection related takeaways

- Countries have developed multiple packages of services as well as UHC health benefits packages¹⁴. Nearly all ESA countries have hugely aspirational Essential Packages for Health Services (EHBP). Most countries are aiming to provide services listed under the EHBP for free, but in practice are facing significant financing challenges. Also, many SRHR services are often omitted from existing UHC health benefits packages. This exclusion is justified by the assumption that these services are available either free of charge or for nominal user fees due to their incorporation into the EHBP. However, in practice, there are substantial hurdles hindering their actual availability under EHBP.
- Multiple financial protection mechanisms, including multiple health insurance schemes¹⁵, continue to operate in many countries. Some countries are aiming to harmonize these health protection schemes and are aspiring to make progress towards a national risk-pooling mechanism but are facing significant challenges. While countries are developing a unified health protection system, it would be advisable to

¹³ In most ESA countries, three SRHR bundles of services (counseling and services for modern contraceptives; antenatal, childbirth and postnatal care; and ‘prevention and treatment of HIV and other STIs’) are partially included in UHC initiatives. Therefore, UHC initiatives could comprehensively include these bundles of services, and could progressively include: comprehensive post-abortion care; detecting, preventing and managing reproductive cancers; counseling, diagnosis and treatment services for infertility; and health sector responses to ‘comprehensive sexuality education’ and ‘sexual and gender-based violence’.

¹⁴ <https://iris.who.int/handle/10665/271913?&locale-attribute=pt>

¹⁵ Primarily focusing on government employees and military personnel.

include comprehensive SRHR within all existing financial protection mechanisms, including insurance schemes.

- The current and proposed health benefits packages in most ESA countries do not fully include all the recommended SRH bundles of services. For example, although modern contraceptives, care during pregnancy, delivery and post-delivery, and reproductive tract infections (RTIs), STIs and HIV are partially included in many UHC benefits packages, not all critical services pertaining to these bundles, such as postpartum family planning and obstetric fistula repair, are included in the financial protection mechanisms. Progressive inclusion of comprehensive SRHR in UHC benefits packages, as well as in financing and financial risk protection mechanisms, needs urgent attention.

Service delivery-related takeaways

- To be able to attain UHC through PHC, readiness and functionality of PHC delivery systems remain a major challenge for delivering integrated, people-centered, rights-based quality PHC across the life course, to leave no one behind. In many ESA countries, the current health financing and financial protection mechanisms do not include refugees, unmarried adolescents and survivors of gender-based violence.
- Similarly, access to the SRH-Minimal Initial Services Package (MISP) – five out of the nine comprehensive SRHR services¹⁶ – remains a challenge during humanitarian emergencies. The inclusion of SRH MISP in national disaster preparedness and response plans, and the readiness of national systems to deliver SRH-MISP, need urgent attention.
- Health innovations, in particular SRH self-care, provide a great opportunity to accelerate progress towards universal SRHR and UHC. Designing and delivering health innovation, and strengthening ecosystems for digital health and self-care, will require changes in policy, legal, financing and product delivery environments, including provider values clarification.

¹⁶The Minimum Initial Service Package (MISP) for sexual and reproductive health (SRH) in crisis situations is a series of crucial, lifesaving activities required to respond to the SRH needs of affected populations at the onset of a humanitarian crisis. Services under SRH-MISP include: 1. modern contraceptives; 2. care during pregnancy, delivery and post-delivery; 3. HIV, RTIs and STIs; 4. safe abortion to the full extent of the law and post-abortion care; and 5. gender-based violence and other harmful practices.

Measurement and accountability-related takeaways

- Progress made in situating SRHR in UHC could be objectively measured by undertaking a before-and-after analysis of the number of comprehensive SRHR services included within the country-specific UHC benefits packages, and financing and financial protection mechanisms.

UNFPA and WHO are committed to making a difference in the East and Southern Africa region by:

- Supporting effective advocacy and communication on what is meant by comprehensive SRHR, and highlighting the fact that no country will be able to attain UHC without attaining universal SRHR.
- Supporting progressive inclusion of missing elements of SRHR in UHC: (a) benefits packages; (b) financing arrangements; and (c) financial protection mechanisms for reducing financial barriers to health care by ensuring an inclusive, transparent and participatory process¹⁷. This may include support for preparing evidence-informed political, economic and programmatic briefs, including supporting SRHR cost and effectiveness analyses, investment cases – in particular, investment cases for the missing elements of SRHR – and budget analysis.
- Supporting improvements in the readiness and functionality of the SRHR delivery systems, to deliver comprehensive SRHR in development settings and SRH-MISP in humanitarian settings. Readiness and functionality of health systems is a strong predictor of progress made towards UHC service coverage in the region¹⁸.
- Supporting the development of country-specific UHC roadmaps to ensure progressive inclusion of comprehensive SRHR in UHC.

¹⁷ <https://iris.who.int/bitstream/handle/10665/357614/9789240052659-eng.pdf?sequence=1>

¹⁸ <https://www.afro.who.int/publications/tracking-universal-health-coverage-who-african-region-2022>

Conclusion

The current momentum around UHC in the ESA region provides an opportunity to progressively include comprehensive SRHR information and services within the country-specific UHC benefits packages, financing and financial risk protection mechanisms.

Embedding critical elements of SRHR in UHC is expected to:

- Improve access to, and utilization of, comprehensive SRHR information and services.
- Improve sustainable financing of SRHR.
- Improve integrated service delivery, including the inclusion of adolescents, migrants, refugees, survivors of gender-based violence and people with disabilities in UHC.
- Reduce defragmentation of multiple planning, financing and delivery systems.
- Accelerate progress towards universal SRHR, UHC, health and well-being related Sustainable Development Goals and the aspirations of the African Union's Agenda 2063.

Main references

- UNFPA ESARO-supported SRHR in UHC assessments in Ethiopia, Botswana, Kenya, Madagascar, Malawi, Namibia, Zambia, Uganda, and South Sudan between 2021-2023
- UNFPA Strategic Plan 2022-2025 and corresponding ESA Regional Programme Action Plan
- UNFPA-supported self-care study in the ESA region 2022
- UNFPA's draft conceptual guidance note on SRHR and UHC 2022
- UNFPA's publication titled 'Sexual and Reproductive Health and Rights: An essential element of Universal Health Coverage', 2019
- WHO's publication titled 'Tracking Universal Health Coverage in the WHO African Region', 2022
- WHO publication titled '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', 2022
- WHO's UHC Compendium: Repository of Interventions for Universal Health Coverage (UHC)

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