



World Health  
Organization



# 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 *Policy, Financing, Delivery and Measurement*

### 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, with nearly one-third of whom are aged 10 to 24 years<sup>1</sup>.

'Universal comprehensive SRHR' in operational terms could mean ensuring universal access to nine bundles of SRHR services through people-centered, gender-transformative, and life-course-based approaches, which leave no one behind in development and humanitarian settings<sup>2</sup>.

Additionally, progress has been made towards achieving Universal Health Coverage (UHC) in the ESA region<sup>3</sup>. UHC means 'all people have access to the health care they need, when and where they need it, without facing financial hardships'<sup>4</sup>. It includes the full spectrum of 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 UHC<sup>5</sup> initiatives, assessments titled 'SRHR in UHC' were undertaken in nine ESA countries (Ethiopia, Botswana, Kenya, Madagascar, Malawi, Namibia, Zambia, Uganda and South Sudan), with support from UNFPA East and Southern Africa Regional Office (ESARO).

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

<sup>2</sup> Nine bundles of comprehensive SRHR Services as outlined in the UNFPA Strategic Plan 2022-25 and other documents are: (1) Comprehensive Sexuality Education; (2) Counseling and services for sexual health and well-being; (3) Counseling 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) Counseling, diagnosis and treatment services for infertility; (7) Prevention and treatment of HIV and other STIs; (8) Detecting, preventing and managing reproductive cancers; and (9) Detecting, preventing and managing sexual and gender-based violence.

<sup>3</sup> <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).

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

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

## Momentum towards UHC

Momentum around UHC in the region is increasing, with most ESA countries signing up to the UHC2030 Global Compact<sup>6</sup>. The Global Compact is a collaborative effort based on the principles of inclusivity, accountability, evidence-based healthcare strategies and leadership, government stewardship, public engagement, and international cooperation with mutual learning. Therefore, UHC is considered a dominant framework to increase equitable access to, quality of, demand and utilization of essential health services, in particular primary care services<sup>7</sup>. 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 Africa<sup>8</sup>.

To accelerate progress towards UHC, nearly all ESA countries have prioritized providing 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 and/or financing for health is increasing. Nearly all ESA countries have defined 'Minimum Primary Care Packages', although most of these packages are quite ambitious and underfunded<sup>9</sup>. Also, many countries have either defined or are in the process of defining their 'UHC benefit packages', and are considering different financing and financial risk protection strategies for services included under these packages. In short, through these initiatives, countries are defining not only what services are covered (i.e. health benefit packages), but also how they are funded (i.e. innovative and sustainable financing), and how they are 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 (i.e. financial risk protection for UHC benefit packages).

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<sup>6</sup> [https://www.uhc2030.org/fileadmin/uploads/uhc2030/Documents/About\\_UHC2030/mgt\\_arrangemts\\_docs/UHC2030\\_Official\\_documents/UHC2030\\_Global\\_Compact\\_WEB.pdf](https://www.uhc2030.org/fileadmin/uploads/uhc2030/Documents/About_UHC2030/mgt_arrangemts_docs/UHC2030_Official_documents/UHC2030_Global_Compact_WEB.pdf)

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

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

<sup>9</sup> 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.

These efforts are improving UHC service coverage in the ESA region. Nearly half of the ESA countries are faring above the WHO Africa regional average in terms of the UHC Service Coverage Index (SCI). The Reproductive Maternal Neonatal Child Health (RMNCH) UHC subindex has also witnessed significant progress<sup>12</sup>. Many countries have managed to reduce the incidence of catastrophic health spending. Good performance in service coverage as well as in financial risk protection is not always correlated to income status of the countries. Despite progress, 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 benefit packages remain weak. Also, the progress towards UHC in countries hides significant disparities within the countries, between different parts of the countries and population groups. Therefore, despite noteworthy progress, the region has a long way to go to attain a UHC coverage index score of 100.

## **SRHR in UHC**

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 many ESA countries they do not fully include all the recommended comprehensive SRHR bundles of services. In other words, country UHC benefit packages do not fully address the health needs of women and girls – nearly half of the population. It is worth noting that no country will be able to attain UHC without attaining universal SRHR, as SRH accounts for around one-fifth of the disease burden globally, including in the ESA region<sup>10</sup>.

## **Key takeaways from the SRHR in UHC assessments in the ESA region**

Nine 'SRHR in UHC' country assessments were carried out between 2021 and 2022 to provide an overview of the current situation in terms of which SRHR services are included in the UHC benefit packages and financing and financial protection arrangements<sup>11</sup>. By triangulating the findings of these assessments with other sources of information, the ten key takeaways are presented below.

<sup>10</sup> <https://www.guttmacher.org/gpr/2004/03/broad-benefits-investing-sexual-and-reproductive-health>

<sup>11</sup> Current and proposed country specific UHC policy documents and roadmaps were reviewed. In addition, interviews with relevant policy makers, policy influencers (including key UN institutions) and/or implementers were undertaken.

<sup>12</sup> <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% of total household expenditure or income.



## 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 and governments taken forward with ministries of health. Private health sector's role and participation in policy considerations and delivery systems seems to be increasing in many countries. Stronger efforts will be required to develop/refine and implement the country-specific UHC roadmaps, with clear roles and responsibilities of key players in the health sector and beyond this sector to ensure effective implementation for measurable results/impact.
- In most ESA countries, services covered under UHC benefit packages could be better evidence-informed, articulated and disseminated to health administrators, providers and people. In some countries, benefit packages are defined as what is not covered instead of what is covered. Also, despite most ESA countries' commitment to attain UHC through PHC, UHC conversations (i.e. benefit packages, and financing and financial protection arrangements) in these countries seem to be favoring secondary and tertiary care over Primary Health Care.
- In most ESA countries, the current and proposed essential UHC benefit packages, as well as their Essential Package for Health Services/PHC package, do not fully include all the recommended comprehensive SRH bundles of services<sup>13</sup>. SRHR bundles of services that are not fully part of the current UHC conversations are: linkages between Comprehensive Sexuality Education and health/SRH services; safe abortion and post-abortion care; health sector response to Gender-Based Violence (GBV), Female Genital Mutilation (FGM); reproductive cancers; Sub-fertility and Infertility; and Menstrual Health (MH).

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<sup>13</sup> 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'.

## Financing and Financial Risk Protection related takeaways

- Countries have developed multiple packages of services as well as health benefit packages<sup>14</sup>. Nearly all ESA countries have hugely aspirational Essential Packages for Health Services (EHBP), and are aiming to provide services listed under the Essential Packages for Health Services for free but are facing significant financing challenges. Also, many SRHR services are omitted from existing health benefit packages with the logic that these services are part of available for EHBP which are available for free or for minimal user fees – despite significant supply-side challenges associated with their actual availability.
- Multiple financial protection mechanisms, including multiple health insurance schemes<sup>15</sup>, 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 include comprehensive SRHR within all existing financial protection mechanisms, including insurance schemes.
- The current and proposed health benefit 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 RTIs, STIs and HIV are partially included in many UHC benefit 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 benefit packages, as well as in financing and financial risk protection mechanisms, needs urgent attention.

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

<sup>15</sup> Primarily focusing on government employees and military personnels.

## **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 primary health care across the life course to leave no one behind. In most ESA countries, the current health 'Financing and Financial Protection mechanisms' do not include refugees, unmarried adolescents and survivors of Gender-Based Violence (GBV) and other harmful practices affecting their access to essential health services.
- Similarly, access to the SRH-Minimal Initial Service Package (MISP)-five out of the nine comprehensive SRHR services<sup>16</sup>- remains a challenge during humanitarian emergencies. Inclusion of SRH MISP in national disaster preparedness and response plans, and the readiness of the national systems to deliver MISP, need urgent attention.
- Health innovations, in particular SRH self-care, provide a great opportunity to accelerate progress toward universal SRHR and UHC. Designing and delivering health innovation, in particular strengthening the digital health ecosystem and related services and self-care interventions will require changes in policy, legal, financing and product delivery environments, including providers' values clarification, to address the structural inequalities that hinder people's access to SRH information and products for enhancing their knowledge, and ability to self-screen and self-manage.

## **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 benefit packages, and UHC Financing and Financial Protection mechanisms.

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<sup>16</sup>The 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 (GBV) and other harmful practices.



## **UNFPA and WHO are committed to make a difference in the ESA region by**

- Supporting effective advocacy and communication on what we mean by comprehensive SRHR; and highlighting the fact that no country will be able to attain UHC without attaining universal SRHR. Therefore, UHC benefit package, and financing and financial protection mechanisms need to progressively include comprehensive SRHR services;
- Supporting progressive inclusion of missing elements of SRHR in: (a) UHC benefit packages; (b) financing arrangements; and, (c) financial protection mechanisms for reducing financial barriers to healthcare by ensuring a inclusive, transparent and participatory process<sup>17</sup>. This may include support for preparing political, economic and programmatic briefs including supporting SRHR: (a) cost and effectiveness analyses; (b) investment cases, in particular investment cases for the missing elements of SRHR; and, (c) SRHR budget analysis;
- Supporting improvement 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 the progress towards UHC service coverage in the region<sup>18</sup>; and,
- Supporting the development of country-specific UHC roadmaps to ensure progressive inclusion of comprehensive SRHR in UHC.

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

<sup>18</sup> <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 benefit packages, UHC Financing and UHC Financial Risk Protection mechanisms. Embedding critical elements of SRHR in UHC is expected to: (a) improve access and utilization of comprehensive SRHR information and services; (b) improve sustainable financing of SRHR; (c) improve integrated service delivery, including the inclusion of adolescents, migrants, refugees, survivors of GBV and people with disabilities in UHC; (d) reduce defragmentation of multiple planning, financing and delivery systems; and (e) accelerate progress toward universal SRHR, UHC and SDGs pertaining to health and well-being.

## 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 Reproductive Health and Rights: An essential elements 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).  
<https://www.who.int/universal-health-coverage/compendium/interventions-by-programme-area>

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