

# POLICY REVIEW

**“SRHR** as an essential component to achieve Universal Health Coverage **(UHC)** in **Africa”**



**2021**

## Policy Review

### 'SRHR as an essential component to achieve Universal Health Coverage (UHC) in Africa'

Achieving Universal Health Coverage (UHC) is one of the targets the nations of the world set when adopting the Sustainable Development Goals in 2015. According to the World Health Organisation (WHO), countries that progress towards UHC will make progress towards the other health-related targets, and as well as the other goals. Good health allows children to learn and adults to earn, helps people escape from poverty, and provides the basis for long-term economic development.

The objective of this comprehensive review is to unpack the concept of UHC and how it relates to and why there is need to integrate sexual and reproductive health and rights (SRHR) in it. This introspection looks at why African countries should invest in UHC, building on the healthy livelihoods of all people as clearly outlined in the 2030 Agenda for Sustainable Development as well as the African Union Agenda 2063.



## 1. What is Universal Health Coverage?

The UHC concept entails and positions individuals to have access, without discrimination to nationally determined sets of the needed promotive, preventive, curative, rehabilitative and palliative essential health services, and essential, safe, affordable, effective and quality medicines and vaccines, while ensuring that the use of these services do not expose the users to financial hardship, with a special emphasis on the poor, vulnerable, and marginalized segments of the population.

## 2. Why invest in UHC?<sup>1</sup>

- *Moral:* It is not acceptable that some members of society should face death, disability, ill health, or impoverishment for reasons that could be addressed at limited cost.
- *Good investment:* Prevention of ill health is likely to have enormous benefits in terms of longer and more productive lives, higher earnings, and averted health care costs. Safeguarding against impoverishment due to medical spending will contribute to social stability, which is among the prerequisites of sustained economic growth.

**Protecting people against the impoverishing effect of health payments is a cornerstone of UHC and will help prevent poverty in Africa**






Source: <https://www.ippf.org/resources>

<sup>1</sup> UHC in Africa: A Framework of Action; World bank, JICA, The Global Fund, AFDB, WHO.

### 3. UHC/SRHR context in Africa

Health outcomes and economic progress are intertwined. UHC is therefore an indispensable factor towards the continent’s development path. In the quest to formulate UHC policies, the continent’s specificities in aligning its population structure, governments investment on key health services including SRHR and financial protection in health should be duly analysed.

AREAS OF INTEREST	CONTEXT
 <p><b>1. Health expenditure</b></p>	<p>It has increased significantly driven mainly by out-of-pocket spending by households and development assistance but domestically financed government spending has stalled. Despite the fact that the Africa Scorecard on Domestic Financing for Health of 2018 demonstrated that 36 of 55 AU Member States (65.5%) have increased the percentage of GDP invested in health over the previous financial year, only 2 of the 55 AU Member States met Africa’s target of dedicating at least 15% of the government budget to health.<sup>2</sup></p>
 <p><b>2. Health services/ maternal health</b></p>	<p>Coverage of key health services such as antenatal care and skilled birth attendance has increased but there are wide disparities among countries and coverage gaps remain high for many critical services such as access to modern contraception. The proportion of women who have an unmet need for modern contraception is highest in Sub-Saharan Africa (21%)<sup>3</sup>. Unmet need for modern contraception result in unintended pregnancies, unsafe abortion and contribute to maternal &amp; newborn deaths.</p>
 <p><b>3. Financial protection</b></p>	<p>It has been proven that financial protection is generally low - millions of Africans fall into poverty traps due to high out-of-pocket health payments. More than 37 percent<sup>4</sup> of all of Africa’s health spending comes from out-of-pocket payments.</p>

<sup>2</sup> Report of H.E Paul Kagame, President of the Republic of Rwanda, on Aids Watch Africa (AWA) progress report: outcome of the leadership in health financing funds high level meeting ; February 2019.

<sup>3</sup> Guttmacher Institute; Adding It Up: Investing in Contraception and Maternal and Newborn Health, 2017.

<sup>4</sup> WHO Global Health expenditure data base, last updated March 2020.



#### 4. Harnessing the demographic dividend

- The youth bulge<sup>5</sup> requires investment in young people, notably on their health and well-being which is a sine qua non condition to harness the demographic dividend;
- Barriers limiting young people's access to sexual and reproductive health information and services particularly for young girls persists;
- Addressing adolescent unmet need for modern contraception alone would reduce unintended pregnancies and abortions by 70 percent<sup>6</sup>, along with significant reductions in maternal death and morbidities;
- High maternal and child mortality, prevalence of sexually transmitted infections, socio-cultural practices that inhibit access to health and wellbeing, particularly harmful practices such as child marriage and female genital mutilation (FGM) and school dropout rates due to unintended pregnancies, pose a serious threat to Africa's efforts towards harnessing the demographic dividend.<sup>7</sup>



Source: <https://www.facebook.com/IPPFAR/photos>

<sup>5</sup> Almost 60% of Africa's population in 2019 is under the age of 25.

<sup>6</sup> Guttmacher Institute, 2016.

<sup>7</sup> African Union 2017 Demographic Dividend Road Map.

## 4. How does Sexual and Reproductive Health and Rights contribute to the UHC goals?

Universal Health Coverage (UHC) is recognized as an essential framework to promote healthy lives and well-being for all people (SDG 3) as well as to attain a high standard of living, quality of life and wellbeing for all citizens (Agenda 2063). As countries define their UHC policies and programmes, there is need to ensure that UHC efforts include SRHR interventions that are grounded in evidence and based on principles of gender equality and equity in access. Improving the health of women, girls, and adolescents, including their SRHR, is at the centre of UHC's broad health and development goals which is critical to their achievement. For example:

- Weak health outcomes are strongly interrelated with gender inequalities, inequities, discrimination, violence, and lack of access to SRHR information, education, and services.
- SRHR interventions are health-promotive, preventive, inexpensive and highly costeffective; in many cases investing in these interventions saves lives as well as financial resources that would otherwise have to be spent on higher-level care.
- In order to achieve UHC, it is critical to address the social determinants of health, such as poverty, gender inequality, discrimination, and access to education, including Comprehensive Sexuality Education (CSE) which is a key component in the prevention of poor health outcomes.
- In many countries, maternal health and family planning are the only SRH services which are explicitly recognized in the health benefit packages, leading to inequitable access to other critical SRH services.

***Provision of a comprehensive SRHR package of interventions benefits women and men, adolescents, children and societies at large.***



## Essential package of sexual and reproductive health interventions<sup>8</sup>

- Comprehensive sexuality education
- Counselling and services for a range of modern contraceptives, with a defined minimum number and types of methods
- Antenatal, childbirth and postnatal care, including emergency obstetric and newborn care
- Safe abortion services and treatment of complications of unsafe abortion
- Prevention and treatment of HIV and other sexually transmitted infections
- Prevention, detection, immediate services and referrals for cases of sexual and gender-based violence
- Prevention, detection and management of reproductive cancers, especially cervical cancer
- Information, counselling and services for subfertility and infertility
- Information, counselling and services for sexual health and well-being



Source: <https://www.facebook.com/IPPFAR/photos>

<sup>8</sup> Guttmacher-lancet commission on sexual and reproductive health and rights: Accelerate progress, Sexual And Reproductive Health and Rights for All;2018.

## 5. Regional and global policies/commitments to achieve UHC and access to SRHR

### REGIONAL



#### Agenda 2063; Aspiration 6:

An Africa whose development is people-driven, relying on the potential of African people, especially its women and youth, and caring for children

“ By 2063 we aspire that all forms of gender-based violence and discrimination against women and girls will be eliminated and the latter will fully enjoy all their human rights. All harmful social practices (especially female genital mutilation and child marriages) will be ended and barriers to quality health and education for women and girls eliminated ”

**2016-2030**

**Maputo Plan of Action (MPoA)**

Goal: Universal access to SRHR by 2030

**2016-2030  
Africa Health Strategy**

Strategic Objective 1: By 2030, to achieve universal health coverage by fulfilling existing global and continental commitments which strengthen health systems and improve social determinants of health in Africa





## GLOBAL

### SDG 3: Ensure healthy lives and promote wellbeing for all at all age

- 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.
- Target 3.8 Achieve UHC, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality, and affordable essential medicines and vaccines for all.

In the High Level Political declaration on universal health coverage<sup>9</sup> governments reaffirmed their commitment *“to ensure, by 2030, universal access to sexual and reproductive healthcare services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes, and 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”*.

**Countries that achieve their UHC targets by 2030 will eliminate preventable maternal and child deaths, strengthen resilience to public health emergencies, reduce financial hardship linked to illness, and strengthen the foundations for long-term economic growth.**

Cognisant of the above policies/commitments, most African countries have integrated UHC and universal access to SRHR as a goal in their national health strategies. Yet, progress in translating these commitments into expanded domestic resources for health, effective development assistance and ultimately equitable and quality health services and increased financial protection, has been slow<sup>10</sup>.

In the context of UHC, progress towards universal access to SRH services is challenged by funding gaps. These arose through a combination of insufficient government spending, particularly in low-income countries as well as fluctuations in external funding from donors. In this context, improvements in the use of existing public resources for service delivery are important for efficiency, quality and equity gains<sup>11</sup>.

As a result of the insufficient allocation of resources for health, in 2019 African leaders launched a new health financing initiative aimed at increasing commitments for health, improving the impact of spending and ensuring the achievement of universal health coverage across Africa’s 55 countries.

<sup>9</sup>. Resolution adopted by the General Assembly on 10 October 2019.

<sup>10</sup>. UHC in Africa: A Framework of Action; World bank, JICA, The Global Fund, AFDB, WHO.

<sup>11</sup>. Evidence brief, Financing sexual and reproductive services, under universal health coverage;WHO,2020.

## 6. Recommendations to achieve UHC: “The Right to Health for All”

As defined in the Universal Declaration of Human Rights (article 25) “everyone has the right to a standard of living adequate for the health and well-being of her/himself and of her/his family, including food, clothing, housing and medical care and necessary social services”. Similarly, Article 16 of the African Charter on Human and Peoples Rights states that “(i) Every individual shall have the right to enjoy the best attainable state of physical and mental health” (ii) States parties to the present Charter shall take the necessary measures to protect the health of their people and to ensure that they receive medical attention when they are sick”.

Beyond the renewed commitments on strengthening primary health care and health systems and in light of the above legally binding Human Rights instruments, the RIGHT TO HEALTH FOR ALL should be at the centre of the UHC discourse. In this regard, IPPF (AR) calls on governments, donors, and partners to ensure:

- The implementation of people-centred UHC programs grounded on a humanrights based approach which is gender transformative and youth centred; Additional global and local efforts to tackle inequalities are deployed, including gender inequality, and social determinants of health, in particular for women, adolescents and girls, and marginalized communities which should be embedded in UHC.
- The inclusion of a comprehensive package of SRHR interventions (Ref. para 4) as an integral part of UHC national strategies, policies, and programmes of action.
- Local barriers to accessing health services, such as discrimination; laws that criminalize certain services; or require third party authorization are addressed.
- The strengthening of the health care workforces, particularly community health workers to provide nondiscriminatory and high-quality services.
- Out of pocket healthcare expenditures are minimized in order to not expose individuals, in particular women, girls, the poorest and marginalized groups, to financial hardship and do not threaten their living standards. This requires meeting women, girls, and adolescents’ unique needs, including access to SRHR services, information, and education.
- Governments increase public investments in health expenditure in accordance with the Abuja Declaration.

- That Communities are actively engaged as their participation is key to building health services that are responsive to the local needs of communities.
- Adoption of strong accountability frameworks as well as effective monitoring and evaluation mechanisms to guide the development of policies and strategies towards achieving participation of relevant stakeholders, including academia, private sector, CSOs, faith-based organisations and local communities.
- The improvement and strengthening high-quality, timely and reliable research and routine data systems shaped by technology, providing data disaggregated by income, gender, age, race, ethnicity, migratory status, disability, geographic location, and other characteristics.





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