

Advancing Sexual and Reproductive Health and Rights in Universal Health Coverage:

An Advocacy Guide





ABOUT THIS GUIDE

Audience:

Civil society advocates operating at the national and/or sub-national level and who have some familiarity with gender equality, sexual and reproductive health and rights (SRHR), and/or universal health coverage (UHC). Advocates who work globally will find useful tips and information here; however, this guide has been framed with the national and sub-national context in mind. Advocates are acknowledged to have intersecting identities, for example: migrant, refugee, LGBTQIA+, living with disability, young, older, Indigenous, woman, religious minority, climate frontline community, health worker, parent, living in conflict or crisis situation, among many others.

Purpose:

A tool to support advocacy to governments and other relevant stakeholders for gender-responsive UHC that is grounded in a rights-based approach and in gender equality, and includes comprehensive sexual and reproductive health (SRH) services.

Objectives:

- Provide an overview of key concepts and considerations as well as the global policy context for gender-responsive UHC and SRHR, including in the context of the COVID-19 pandemic.
- Share select steps and tips for conducting advocacy to advance gender-responsive UHC that includes SRHR, including by highlighting key recommendations from the World Health Organization (WHO) publication *“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,”* the primary global guiding document on the integration of SRH services in UHC.

- Reinforce proposed advocacy steps and tips with illustrative examples from the perspective of civil society advocates.
- Introduce additional tools and resources that may be used to advocate for gender-responsive UHC that is grounded in a rights-based approach and in gender equality, and includes comprehensive SRH services.

Why do we need an advocacy guide?

- UHC is a concept with a high level of political interest and support. It is a vital instrument to deliver quality health care services to all people without financial hardship. UHC addresses health care costs, infrastructure, service provision, commodities, medicines, and information, but all too often, SRH services are left out, not prioritized for funding, or not comprehensive in nature.

Designing and implementing UHC policies is a complex process that varies widely across different country contexts. Incorporating SRHR into advocacy for UHC adds a layer of complexity owing to widespread gender-based discrimination, gender inequality, and pushback against SRHR for political and cultural reasons in many contexts.

This guide takes a practical approach to advocating for SRHR in UHC plans, strategies, and policies, based on principles of gender equality and human rights, and using real-world examples of challenges and successes.

To build this guide, we consulted 19 advocates from 16 countries: Argentina, Botswana, Cameroon, Colombia, Croatia, Egypt, Ghana, Kenya, Lithuania, Mexico, Nigeria, the Philippines, Rwanda, Tunisia, Zambia, and Zimbabwe.

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PART I: **BACKGROUND**

ACRONYMS AND KEY TERMS

*Terms with an * are defined in Annex 1*

ABBREVIATIONS AND ACRONYMS

AIDS	Acquired immunodeficiency syndrome
CSO	Civil society organizations
CSW	Commission on the Status of Women
CSE	Comprehensive sexuality education
ECLAC	Economic Commission for Latin America and the Caribbean
HIV	Human immunodeficiency virus
HLM	High-Level Meeting
ICPD	International Conference on Population and Development
LGBTQIA+	Lesbian, gay, bisexual, transgender, queer, intersex, asexual
NHI	National Health Insurance
NGO	Non-governmental organization
OOP	Out-of-pocket
PHC	Primary health care*
SRH	Sexual and reproductive health*
SRHR	Sexual and reproductive health and rights*
SDG	Sustainable Development Goals
STI	Sexually transmitted infection
UHC	Universal health coverage*
UN	United Nations
WHO	World Health Organization
YFS	Youth-friendly services

ADDITIONAL KEY TERMS

Comprehensive sexual and reproductive health (SRH) services*

Health and Human rights*

UNIVERSAL HEALTH COVERAGE: THE URGENT NEED FOR ACTION

As defined by the World Health Organization (WHO), “Universal health coverage (UHC) means that all people have access to the health services they need, when and where they need them, without financial hardship. UHC includes the full range of essential health services, from health promotion to prevention, treatment, rehabilitation, and palliative care.”¹ All countries committed to achieve UHC by 2030 with the adoption of the Sustainable Development Goals (SDGs) in 2015. This commitment was reinforced at the 2019 United Nations (UN) High-Level Meeting (HLM) on UHC. Additional details and a timeline of relevant global frameworks can be found [here](#).

The COVID-19 pandemic has exacerbated existing health inequities, and many countries are not on track to achieve the SDGs by 2030. **Worldwide, there is an urgent need to act on UHC commitments and increase funding and resources for UHC in order to realize the promise of health for all.**

SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS IN UNIVERSAL HEALTH COVERAGE

This guide is grounded in the understanding that sexual and reproductive health and rights (SRHR) are critical to fully realizing the right to health for girls, women, and gender-diverse people. UHC is paramount to achieving the right to health, universal access to comprehensive SRHR services, and overall health and well-being for people around the world, in all their intersecting identities.

This guide firmly recognizes that UHC depends on resilient and responsive health systems that are sustainably financed and provide primary health care (PHC), including integrated health services centered on people’s needs. Imperatively, UHC requires inclusive decision-making that centers the voices of the most marginalized people in communities.

“You can’t have SRH without rights. And without rights, young people won’t be comfortable to reach out for services. Without rights, [the] integration of SRH into UHC won’t be successful.”

— Women Deliver Young Leader, Class of 2016.

1 WHO. Universal Health Coverage. https://www.who.int/health-topics/universal-health-coverage#tab=tab_1 (accessed 25 July 2022)

WHY DO WE NEED SRHR IN UHC: THE FACTS

- **UHC should provide the health services we all need, without financial hardship. Every person needs sexual and reproductive health (SRH) services.** That said, many SRH services are specific to girls, women, and people who can become pregnant. Girls and women with disabilities and lesbian, gay, bisexual, transgender, queer, intersex, asexual (LGBTQIA+) persons often face additional barriers to accessing SRH services due to stigma, negative attitudes, or a lack of physical access.
- **Comprehensive SRH services are often not included in national strategies or health benefits packages;** if they are included, they are often underfinanced, resulting in high out-of-pocket (OOP) costs for girls and women. The people most affected by OOP health expenditure are those already in vulnerable situations due to systemic inequalities related to age, geography, ability, sexual orientation, gender identity, among others, as well as due to crisis or humanitarian situations.
- **Forty-five percent of all abortions are unsafe, and 97% of unsafe abortions take place in developing countries.**² In countries that restrict abortion, the percentage of unintended pregnancies ending in abortion has increased during the past 30 years, from 36% in 1990–1994 to 50% in 2015–2019.³ When an abortion is needed to save a woman’s life, or there is no access to safe abortion, the availability of SRH services can be a matter of life or death. SRH services are also crucial to preventing reproductive cancers and gender-based violence.
- **SRH services, including access to a range of contraceptive options, are essential to staying in school and securing a livelihood.** In low- and middle-income countries (LMICs), approximately 218 million girls and women aged 15–49 years have an unmet need for modern contraception.⁴
- **The COVID-19 pandemic underscored the criticality of SRH services.** Estimates indicate that disruptions to family planning supplies and services in the initial months of the pandemic may have left up to 12 million women without contraception and led to as many as 1.4 million unintended pregnancies.⁵

2 WHO. Abortion Fact sheet. 25 November 2021. <https://www.who.int/news-room/fact-sheets/detail/abortion#> (accessed 5 July 2022)

3 Guttmacher Institute. Unintended Pregnancy and Abortion Worldwide. <https://www.guttmacher.org/fact-sheet/intended-abortion-worldwide#> (accessed 25 July 2022)

4 Guttmacher Institute. Adding it Up: Investing in Sexual and Reproductive Health. 2021. <https://www.guttmacher.org/report/adding-it-up-investing-in-sexual-reproductive-health-2019#> (accessed 25 July 2022)

5 UNFPA. Impact of COVID-19 on Family Planning: What we know one year into the pandemic. 11 March 2021. https://www.unfpa.org/sites/default/files/resource-pdf/COVID_Impact_FP_V5.pdf (accessed 25 July 2022)

SRHR and SRH services are fundamental to UHC. Successful advocacy at the intersection of these issue areas depends on an understanding of what integrating SRHR in UHC looks like in practice. Below are a few examples of how national and sub-national governments are implementing gender-responsive UHC that includes SRHR:

Zambia:



Contraceptives, including oral contraception, implants, injectables, intrauterine devices (IUDs) and emergency contraception, were included in the national health insurance (NHI) benefits package as of January 2020, owing to the long-term work of advocates.⁶

Thailand:



With a UHC policy in place since 2002, Thailand's UHC scheme now covers comprehensive SRH services⁷ and was "able to maintain [SRH] service provision during the [COVID-19] pandemic as a result of UHC and health systems capacity," according to the Ministry of Public Health.⁸

Nepal:



By adding abortion care to its list of essential health services in 2015, Nepal reduced unsafe abortions, and safe abortion care is now available, free of charge, at all public health facilities.⁹

Kisumu County, Kenya:



Kenya launched UHC in 2018 with pilot programs in 4 counties.¹⁰ Kisumu County passed a 2019 health act to develop UHC regulations, through which advocates successfully included family planning in the essential benefits package.

New Zealand:



New Zealand funds a broad range of sexual and reproductive health services, programs, and initiatives. Services are delivered through general practice, hospitals, and other community-based service providers.¹¹

Argentina:



The SUMAR system prioritizes preventive health care for the uninsured, and expanded coverage from the previous system to include sexual health.¹² More recently, in 2021 the Access to Voluntary Interruption of Pregnancy law stipulates that abortions are to be covered free of charge by public, private, and social insurance systems.¹³

6 See details from PAI, in "Leading the Charge", <https://pai.org/resources/leading-charge/> (accessed 25 July 2022)

7 T. K. Sundari Ravindran, Veloshnee Govender. Sexual and reproductive health services in universal health coverage: a review of recent evidence from low- and middle-income countries 2020. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7887992/pdf/ZRHM_28_1779632.pdf (accessed 26 July 2022)

8 WHO. Burkina Faso and Thailand achieving UHC for Sexual and Reproductive Health. 11 Dec 2020. <https://www.who.int/news-room/feature-stories/detail/burkina-faso-and-thailand-achieving-uhc-for-sexual-and-reproductive-health> (accessed 5 July 2022)

9 MSI United States. How Universal Health Care Can Reduce Unsafe Abortion. <https://www.msiunitedstates.org/how-universal-health-care-can-reduce-unsafe-abortion/> (accessed 26 July 2022)

10 Kenya Ministry of Health. 13 December 2018. <https://www.health.go.ke/president-uhuru-launches-universal-health-coverage-pilot-program-nairobi-kenya-december-13-2018/> (accessed 26 July 2022)

11 New Zealand Ministry of Health. Sexual and Reproductive Health. <https://www.health.govt.nz/our-work/preventative-health-wellness/sexual-and-reproductive-health> (accessed 14 August 2022)

12 The World Bank. The Road to Universal Health: Coverage The Argentinean Experience – the SUMAR Program. 29 June 2020. <https://www.worldbank.org/en/results/2020/06/29/universal-health-coverage-sumar-program> (accessed 10 August 2022)

13 Argentine Presidency. Official Bulletin. Access to Voluntary Interruption of Pregnancy, Law 27610. <https://www.boletinoficial.gob.ar/detalleAviso/primera/239807/20210115> (accessed 14 August 2022)

The monumental task of governments and other duty bearers, policymakers, and practitioners is to ensure SRHR are included in UHC policies, that these policies are financed and implemented, and that comprehensive SRH services reach those who are most marginalized and most vulnerable to shocks and ill health.

The task for gender equality and SRHR advocates is to push for policymakers to act, and to provide them with the data and recommendations needed to do so. Understanding and identifying entry points for advocacy is fundamental to advancing gender-responsive UHC that includes SRHR.

As advocates, we must call for SRHR to be included, costed, and financed in UHC. We must call for the inclusion of comprehensive SRH services in health benefits packages. The devastating cost of health care, whether in terms of small fees that add up quickly, or unexpected high-cost health emergencies, engender and entrench poverty for many people worldwide. The most marginalized among us are often the hardest hit.

This guide aims to support you in your advocacy actions!

GLOBAL POLICY CONTEXT FOR SEXUAL AND REPRODUCTIVE HEALTH IN UNIVERSAL HEALTH COVERAGE: A BRIEF HISTORY

The most recent global policy commitment to UHC was at the 2019 UN HLM on UHC. Countries incorporated SRHR into the UN HLM on UHC's **Political Declaration**, which, today, is recognized as the most ambitious political declaration on health in history. The UN HLM on UHC's political declaration builds on decades of discussions and advocacy.

- 1978● 134 governments recognized PHC as a means to achieve health for all within the International Conference on Primary Health Care's outcome document: the Declaration of Alma Ata.
- 1994● The International Conference on Population and Development (ICPD) and its Programme of Action called for SRH services to be included in PHC by 2015.
- 2015● 193 countries committed to the 2030 Agenda for Sustainable Development and set out inter-related Sustainable Development Goals (SDGs) and targets, including:
 - **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.

2018

- **Target 3.8:** Achieve universal health coverage, 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.
- **Target 5.6:** Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the ICPD and the Beijing Platform for Action and the outcome documents of their review conferences.

The Astana Declaration, which reaffirms the visionary commitments first expressed in Alma Ata in 1978, reinforces PHC as being crucial to achieving UHC.

2019

The HLM on UHC's Political Declaration supports SRHR in UHC, including by:

- Reaffirming SDGs 3.7 and 5.6.
 - Calling for gender-responsive interventions.
 - Calling for the mainstreaming of a gender perspective on a systems-wide basis.
 - “Ensure, by 2030, 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, 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 Development¹³ and the Beijing Platform for Action¹⁴ and the outcome documents of their review conferences;” (paragraph 68)
 - “Implement the most effective, high-impact, quality-assured, people-centred, gender- and disability-responsive and evidence-based interventions to meet the health needs of all throughout the life course, and in particular those who are vulnerable or in vulnerable situations,” (paragraph 25)
 - “Mainstream a gender perspective on a systems-wide basis when designing, implementing and monitoring health policies, taking into account the specific needs of all women and girls, with a view to achieving gender equality and the empowerment of women in health policies and health systems delivery;” (paragraph 69)

2022

Advocates and stakeholders are working at all levels to advance SRHR in UHC and ensure it is central to the agenda for the 2023 HLM on UHC where countries will review implementation and accelerate progress to achieve UHC by 2030.¹⁵

14 Report of the International Conference on Population and Development, Cairo, 5–13 September 1994 (United Nations publication, Sales No. E.95.XIII.18), chap. I, resolution 1, annex.
 15 Report of the Fourth World Conference on Women, Beijing, 4–15 September 1995 (United Nations publication, Sales No. E.96.IV.13), chap. I, resolution 1, annex II.
 16 For more information about the 2023 HLM, see the Modalities resolution. <https://documents-dds-ny.un.org/doc/UNDOC/GEN/N21/227/55/PDF/N2122755.pdf?OpenElement> (accessed 25 July 2022)



TOOL:

Looking for more examples of global policy language? Check out these online tools:

A database of UN resolutions and expert guidance on sexual and reproductive health and rights:

This tool is a collaborative project by Fòs Feminista and the Sexual Rights Initiative. It aims to facilitate access for advocates and delegates to UN intergovernmental resolutions, expert guidance, and technical information in order to advance SRHR at the global level and hold governments accountable for their international obligations and commitments.

Women's Human Rights App: This app is a digital database that was developed by the Government of Switzerland in order to facilitate advocacy by providing easy and rapid access to international human rights texts that have previously been negotiated and adopted by UN Member States.

Why should national advocates care about global policy documents?

- Global policy documents set norms and shape standards that are agreed to by all countries in the world, for example, the political declaration of the 2019 HLM on UHC. These intergovernmental documents also create 'agreed language' that is then used in other global policy spaces such as the Commission on the Status of Women (CSW) or the High-Level Political Forum on Sustainable Development.
- Advocates can provide 'technical' support to government officials and policymakers by translating the implications of global policy language for national policies and programming.
- Advocates can use global policy documents to monitor and analyze country implementation and hold national governments accountable to their commitments.



- ADVOCACY TIP:

If you are tracking implementation of the commitments in the HLM on UHC Political Declaration, you will likely need to check many different laws, policies, and instruments. The reality — and the challenge — is that many countries do not have just one overall UHC law or strategy. The relevant commitments to comprehensive SRH services as they relate to UHC may be reported by different ministries. For example, in Rwanda, ICPD is under the Ministry of Health, Beijing/CSW is under the Ministry of Gender, and the Maputo Protocol is under the Ministry of Justice.

A note on regional policy documents: Regional policy documents are similar to global documents in their norm setting and utility for holding governments accountable, but they are negotiated in regional fora. Countries may feel more connected to regional documents, including those that are more progressive than global documents. Two examples of this are the Maputo Protocol and the Montevideo Consensus from the African Union and the Economic Commission for Latin America and the Caribbean (ECLAC), respectively.



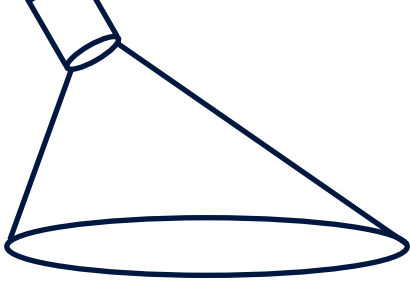
ADVOCACY TIP:

Create (or find) your own compendium or “cheat sheet” of relevant global and regional policy language that supports your advocacy efforts. Make note of the process, the outcome document, the year, the page, the paragraph, and the quote in question to track the evolution and use of language relevant to your advocacy efforts. You can build on this to develop even stronger language in your advocacy to policymakers.



PART II: **ADVOCACY IN ACTION**





SPOTLIGHT TOOL:

WHO'S "CRITICAL CONSIDERATIONS AND ACTIONS FOR ACHIEVING UNIVERSAL ACCESS TO SRH IN THE CONTEXT OF UHC THROUGH A PHC APPROACH"

Effective and resilient advocacy requires a toolbox with many different resources in it. Knowledge tools such as guidance documents, portals, and databases help advocates understand existing policies, legislation, and programming, as well as the state of progress on government commitments. They also support advocates in navigating complex processes, such as ensuring SRH in UHC.

The latest global guidance for integrating SRH in UHC is outlined within the WHO's handbook: *"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,"* hereinafter referred to as Critical considerations and actions.

About the WHO's handbook: The primary objective of *Critical considerations and actions* is to provide guidance to WHO Member States (governments) to ensure progress toward universal access to comprehensive SRH in the context of PHC- and UHC-related policy and strategy reforms. It is intended for all stakeholders who want to ensure universal access to comprehensive SRH services, which includes civil society organizations (CSOs) and advocates working on SRHR. The handbook addresses:

1. planning, implementing, and monitoring SRH in national health policies, strategies, and plans;
2. key policy actions to ensure SRH services are part of health benefit packages;
3. how health systems can deliver integrated SRH services; and
4. accountability, monitoring, and evaluation.

Translating WHO's handbook for advocates: This guide is intended to help you navigate through Section 1 of *Critical considerations and actions*, and more specifically, the handbook's checklist for the planning and implementation of national sexual and reproductive health policies and strategies.

The following pages of this guide take the guiding questions in the “Checklist for the planning and for the implementation of national sexual and reproductive health policies and strategies” one by one.

The guide breaks down each question with the goal of supporting your advocacy.

Each checklist question is accompanied by:

- **Government action:** The related action step(s) governments should be taking — and that other stakeholders, including civil society and communities, should be monitoring.
- **Tips for you:** Additional probing questions and/or recommended steps for advocates.
- **Examples:** Relevant examples and on-ground experiences from different regions, where possible.

Note: The checklist need not be interpreted as a linear advocacy journey. You do not have to do all eight steps, and you do not have to go in numerical order!

CHECKLIST FOR THE PLANNING AND FOR THE IMPLEMENTATION OF NATIONAL SEXUAL AND REPRODUCTIVE HEALTH POLICIES AND STRATEGIES

1



Is the formulation of the policy or strategy, its implementation, monitoring and evaluation based on a comprehensive consultative process with a diverse range of stakeholders?

2



Does the policy or strategy pay close attention to the participation of stakeholders who in some settings are hard to reach such as representatives of women's groups, youth groups, key populations, ethnic minorities and people with disabilities, and does it include programmes for ensuring their participation?

4



Have key financing and budgetary implications for implementing SRH services been considered including gender responsive budgeting and other related principles?

3



Does the SRH policy or strategy, either in its formulation or revision, identify existing laws and regulations that affect provision and access to SRH services that need to be reviewed and brought into alignment with human rights laws and standards and does it explicitly include and promote principles of gender, rights, equity, as well as transparency and accountability?

5



Have mechanisms for improving financial protection and access to SRH services through appropriate prepayment mechanisms (including sustainable domestic and international financing) been identified for implementation?

6



Does the policy or strategy include an assessment of the health system's needs and readiness, and does it provide policy actions to implement and meet the needs of the population? This, for example, includes ensuring that clinical guidelines and service standards are in place to ensure the effectiveness, safety, and quality of SRH services, that essential SRH medicines on the WHO Model List of Essential Medicines are included in national essential medicine lists, and appropriate provider payment mechanisms are in place to ensure access to and quality and efficiency of SRH services.

8



Does the policy or strategy identify appropriate institutions or bodies to monitor and address issues relating to quality, access, financial protection and nondiscriminatory care?

7



Does the policy or strategy provide for adequate review, monitoring and accountability including a monitoring and evaluation framework to measure progress in addressing inequities in financial access, service delivery and access to quality SRH services?

* Note: the checklist presented above is a recreation of the checklist presented on pages 16-17 of the WHO's handbook: "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."

QUESTION

1



Is the formulation of the policy or strategy, its implementation, monitoring and evaluation based on a comprehensive consultative process with a diverse range of stakeholders?

GOVERNMENT ACTION:



Ensure committed leadership and partnerships with key stakeholders.

TIPS FOR YOU:



INVESTIGATE:



Do your due diligence. Given that you and your organization are key stakeholders, and the government should be going beyond consultations to develop partnerships, including by engaging in dialogue, knowledge exchange, and joint projects with you and others, ask yourself:

- Has the government set up citizens' platforms and a people's voice mechanism to facilitate access? Which ministry is leading on this? How have they shared that information out widely? How are participants selected?
- Who is accessing that space? Are those most marginalized and with the most potential to gain part of this? Are you part of or advocating for a specific population?

- Is there a cost in terms of time, money, travel, or other to participate in the process? Does it accommodate those most marginalized by offering stipends, covering travel costs, and providing flexible meeting times?
- Is there a coordination mechanism with key stakeholders who will monitor and evaluate the plan's implementation? How were those key stakeholders selected? Is there any compensation or recognition?
- What type of capacity building is provided to support stakeholders' effective participation in consultative and decision-making processes?

REFLECT:

Is power shared equally? What equity measures are being taken?

- If you or your organization are represented in the platform or mechanism, how can you use your power and access to decision-makers to encourage additional inclusivity, particularly for marginalized groups, youth, Indigenous women, persons with disabilities, LGBTQIA+ persons, and others?
- If you are not represented, do you want to be there or do you have an ally representing you? How can you gain access? Do you know which ministry or ministries are leading the process (e.g., health, gender, or other)? How can you contribute your ideas through others?

TAKE ACTION:

- Power dynamics often privilege the 'usual' voices. Advocate for equity measures such as increased representation of groups and voices that are often left out. Also advocate for capacity building to support participation (see checklist question 2).

EXAMPLE:

- **Ghana** rolled out a *National Health Insurance (NHI) Scheme in 2003 with a benefits package intended to cover most services, treatments, and medicines. It covered maternity care but not SRHR. Following long-term advocacy by civil society in cooperation with researchers and government entities, the government of Ghana specifically introduced clinical methods of FP into the NHI Scheme, exempting non-clinical methods such as oral contraceptives and condoms. It was launched in November of 2021.¹⁷ As Sherifa Awudu, a Women Deliver Young Leader from the Class of 2018 and an advocate involved in the process noted, "the reproductive health community within civil society views the inclusion of family planning within the NHI as an important indicator of UHC. But, access to condoms and safe abortion care are still not included, so advocacy must continue."*

17 For more information, see <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3426378/> (accessed 26 July 2022) and <https://www.nhis.gov.gh/News/nhia-adds-family-planning-to-nhis-benefit-package-5366> (accessed 9 August 2022).

QUESTION

2



Does the policy or strategy pay close attention to the participation of stakeholders who in some settings are hard to reach such as representatives of women's groups, youth groups, key populations, ethnic minorities and people with disabilities, and does it include programmes for ensuring their participation?

GOVERNMENT ACTION:



Review and revise national sexual and reproductive health policies, strategies, and plans using a process informed by the needs of women, marginalized, and vulnerable populations.

TIPS FOR YOU:



REFLECT:



Understand the process. Is the government engaging with diverse stakeholders?

- Have you or colleagues been included? Are you in a hard-to-reach or marginalized group?
- What effort have you seen to support stakeholder participation? Is there a cost in terms of time, money, travel, or other? Does it accommodate those most marginalized by offering stipends, covering travel costs, and providing flexible meeting times?
- Do the hard-to-reach stakeholders have the capacity to effectively participate in the decision-making process? If the government reaches out only to those with existing capacity, they will further marginalize groups not included. If the government engages with diverse and hard-to-reach stakeholders but does not incorporate capacity building efforts, those stakeholders may not be able to effectively communicate their needs and proposed solutions.
- What specific training or preparation is offered to support stakeholders in influencing the process? Participation without capacity building can lead to tokenism or create mistrust in the process.

TAKE ACTION:



Consider how you and your organization or coalition can contribute to reviewing and revising national SRH policies.

- Make your own voice and those of your constituents heard. Draft a document outlining your organization's or your constituents' needs, co-created with people in communities with diverse identities, and take that document to the Ministry that is updating national SRH policies or plans.
 - Identify other ministries or elected officials that have influence and share it with them, too.
- Do your own revision of SRH policies, strategies, and plans to identify how well they reflect global and regional commitments to SRH, PHC, and UHC.

EXAMPLE:

- A lack of youth-friendly SRHR services is one of the key issues that must be incorporated into national SRH policies. Without youth-friendly services (YFS), many young people, and especially those who identify as LGBTQIA+, as members of a minority group, or as a person living with a disability, are likely to risk their health in order to avoid being disrespected, stigmatized, abused, or refused when seeking SRH services. In **Botswana**, advocates note that young people have leveraged the need to integrate SRHR in UHC as a means of advancing progress on YFS. Although the pace of progress is slow, there have been positive developments: some nurses have been specifically trained to facilitate young people’s access to SRHR services and the government is setting up specific youth-friendly facilities on the margins of clinics and other health ports.

QUESTION

3



- Does the SRH policy or strategy, either in its formulation or revision, identify existing laws and regulations that affect provision and access to SRH services that need to be reviewed and brought into alignment with human rights laws and standards and does it explicitly include and promote principles of gender, rights, equity, as well as transparency and accountability?

GOVERNMENT ACTION:



Ensure supportive legislative and regulatory frameworks.

TIPS FOR YOU:



REFLECT:



Help identify barriers to integrating SRHR in UHC caused by the existing framework of laws and regulations.

- If you are directly involved in a government-led review process of the SRH policy or strategy, you may have insider access to see what laws and regulations the strategy identifies. Fill in any gaps.
- If you do not have direct access to the review process, you and your advocacy partners can do this review in parallel to policymakers.

INVESTIGATE:



Does your legislative and regulatory framework have:

- Regressive laws that prevent access to the complete range of SRH services, free of stigma, discrimination, and coercion, such as:

- An age of consent to services; third-party authorization; the non-availability of abortion on demand; a lack of laws defining rape within marriage as a crime; the criminalization of certain populations, e.g., sex workers?
- Broader regressive laws restricting gender equality, such as:
 - Women needing permission from their father or husband to borrow money, join organizations, or work outside the home?
- Culture in health care settings that stigmatize, abuse, or disregard confidentiality?

TAKE ACTION:

Raise awareness of existing barriers and amend current legislative and regulatory frameworks.

Reforms can be slow, and the process must be approached from multiple angles:

- Bring barriers to the attention of those leading legislative or regulatory processes and call on them to immediately address issues in current SRH policies or strategies. Consider using social media.
- Engage in advocacy or join coalitions that focus on decriminalization, adjusting the age of consent, and amending rape in marriage laws, among others.
- Work in coalition with others with legal expertise.
- Connect with and support youth advocacy. As one youth advocate noted, “the existence of restrictive laws and policies makes advocacy for SRHR for young people difficult.”

Do not forget to also identify enabling factors and existing supportive legislation!



EXAMPLE:

- **Kenya's** constitution explicitly states that the power belongs to the people, and that they can directly exercise that authority themselves or through elected offices. Patricia Nudi, CEO and Founder of Stada Kenya, links this enabling factor for grassroots political participation to accountability. "More people, especially from the grassroots, need to use this constitutional right to hold the government to account. They can harness the power to address decision-makers with demands for services. They should push their officials to hold community forums and recall the officials if they are not responding. People should demand their health as a right; not as a handout or a favor!"
- Age of consent and third-party authorization can be major barriers to young people accessing health services, as noted by advocates.
 - In **Croatia**, laws addressing age of consent have conflicting provisions. For example, advocates note differences between the law related to termination of pregnancy and the law related to parental rights. In practice, doctors often request consent from parents, which limits access for young people under 18. Additionally, age of consent laws prevent anyone under the age of 16 from visiting the gynecologist or accessing contraception without parental authorization.
 - In **Zimbabwe**, advocates are addressing limited access to SRHR services for young people, in part by drawing attention to the lack of consistency in age of consent laws for accessing services without parental consent (16 years of age), compared to the age of sexual debut (12 years of age), and the age of marriage (18 years of age).
- In **Rwanda**, advocates are working to remove the requirement for third party authorization for people below the age of 18 to access health services; the only exception to the age requirement is in the law on HIV and AIDS, which lowered the age to 15. When marginalized groups of key stakeholders are not included, their health is at risk.
- In many countries, same sex relations are criminalized, and in others it has been decriminalized only recently, for example in **Botswana** since 2019. In these cases, advocates note that the reality on the ground is that the LGBTQIA+ community is not effectively engaged as part of stakeholder mechanisms, which impacts government action to fulfill checklist questions one and two. LGBTQIA+ persons must be involved in all relevant stakeholder mechanisms in order to advocate for the SRH needs of their community, including the provision of non-discriminatory information and services and relevant commodities (e.g., dental dams).
- In Latin America, the recent "Green Wave" is a result of decades of activism to secure bodily autonomy, and it has led to enabling legislation for safe abortion care in countries such as **Colombia** and **Argentina**, where pregnancies can be terminated up to 24 and 14 weeks, respectively.

QUESTIONS

4



Have key financing and budgetary implications for implementing SRH services been considered including gender responsive budgeting and other related principles?

5



Have mechanisms for improving financial protection and access to SRH services through appropriate prepayment mechanisms (including sustainable domestic and international financing) been identified for implementation?

GOVERNMENT ACTION:



Determine the key financing and budgetary implications for implementing SRH services.

TIPS FOR YOU:



Your role as an advocate is crucial in discussions around financing and budgeting. Failure to adequately budget and cost implementation can derail a plan that has been drafted with care, leaving it to collect dust on a shelf while adolescents, widows, LGBTQIA+ persons, women with disabilities, and others either lose access to SRH services because they cannot afford the out-of-pocket (OOP) expenditures, or are driven into poverty due to high costs.

Advocate and demand that all SRH interventions are costed and feasible within the capacity of the health system.

INVESTIGATE:



- Costing means finding what financial resources are needed to deliver the services that are in the national SRH strategy or in the health benefit package, and then comparing the cost of delivery to available funds. See Guttmacher Institute's "Adding it Up"¹⁸ for more information on service costs.¹⁹
- How are SRH services financed? Are there OOP expenses?
- What is the prepayment mechanism?

TAKE ACTION:



- If services are paid OOP, advocate for research on OOP expenses and for the collection of

18 Guttmacher Institute, Adding it Up: Investing in Sexual and Reproductive Health. 2021. <https://www.guttmacher.org/report/adding-it-up-investing-in-sexual-reproductive-health-2019#> (accessed 25 July 2022)

19 For further information on costs, see "Budgeting for comprehensive sexual and reproductive health and rights under universal health coverage" in Sexual and Reproductive Health Matter. Dec 2020. <https://pubmed.ncbi.nlm.nih.gov/32515666/> (accessed 22 July 2022)

disaggregated data on who bears the financial burden of the OOP expenses. The evidence generated will be useful for your advocacy to reduce the financial barriers and OOP expenses.

- Find out which entity leads on budgeting. What are the mechanisms and how can you get involved in the process? Do they use gender-responsive budgeting?
- If you do not have budget and finance skills, team up with another organization that does and urge them to lead this piece of the advocacy. Better yet, request capacity building on gender-responsive budgeting for yourself and your team.
- Take the long-term view. Find out the national budget-setting process. Identify entry points to increase resources for health, SRHR, and gender equality beyond the SRH strategy.

EXAMPLE:

- *Youth in **Lithuania** undertook a study to compare prices for contraception between Lithuania, where contraception is largely not covered, and other European countries.²⁰*
- *In **Nigeria**, many SRH services are not available owing to the omission of a specific budget line to cover the service in question.*
- *In many countries, financial protection is a huge concern. In **Rwanda**, the Mutuelle de Santé package includes most of the relevant SRHR interventions; however, prevention, promotion, information, and counselling are not included. Additionally, while the SRH service is covered, the material (such as implants) is generally not covered, which may be cost-prohibitive and limit accessibility. The opposite is the case in Lithuania, where medical consultations are covered, but many SRH treatments and procedures, including safe abortion, must be paid OOP.*

20 Their study found that countries with highest accessibility to contraception correlated to countries with the lowest numbers of unintended pregnancies.

QUESTION

6



Does the policy or strategy include an assessment of the health system's needs and readiness, and does it provide policy actions to implement and meet the needs of the population? This, for example, includes ensuring that clinical guidelines and service standards are in place to ensure the effectiveness, safety, and quality of SRH services, that essential SRH medicines on the WHO Model List of Essential Medicines are included in national essential medicine lists, and appropriate provider payment mechanisms are in place to ensure access to and quality and efficiency of SRH services.

GOVERNMENT ACTION:



Assess and strengthen the capacity and readiness of the health system and workforce to support implementation of new or revised policies for SRH services.

TIPS FOR YOU:



Your role in tackling this sixth checklist question will depend on your access to the citizens platform and your access to Ministry officials, as well as your area of expertise. In checklist question two, you took stock of the needs of affected populations. Understanding people's needs without a correspondingly strong health system and a well-trained workforce will prevent adequate implementation.

TAKE ACTION:



- Advocate for, or engage in, surveys and qualitative research.
- Initiate or draw on existing surveys and consultations to understand the experience of health care workers, patient groups, and health care provider associations, especially at primary health care level.
- Use the outcomes of research, surveys, and consultations to amplify the need for additional training, supplies, or system support to ensure the health workforce can deliver comprehensive SRH services.

EXAMPLE:

*In **Colombia**, advocates celebrated the recent legalization of abortion until week 24 by the Constitutional Court, but they recognize that implementation has been challenging. For example, they note there are currently no systems in place that check on health care institutions to make sure they are respecting their patient's right to decide about their pregnancy, although the judicial branch has worked with the Health Ministry to push for health care institutions to be obliged to perform an abortion if a patient requests it.*

QUESTION

7



- Does the policy or strategy provide for adequate review, monitoring, and accountability, including a monitoring and evaluation framework to measure progress in addressing inequities in financial access, service delivery, and access to quality SRH services?**

GOVERNMENT ACTION:



Develop (or strengthen) monitoring and evaluation mechanisms for SRH service delivery.

TIPS FOR YOU:



- Support a monitoring and evaluation framework with indicators relevant to health interventions and health systems involved in the SRH strategy.
- In addition to health indicators, demand indicators that address equity, human rights, and gender (e.g., non-discrimination acts, legal age of marriage, etc.).
- Consider what accountability mechanisms are in place. Do they engage various stakeholders, including community members and CSOs, in a transparent and inclusive manner?

“Accountability is a relationship between a duty holder and a person or organization to whom a duty is owed...Participation, transparency, democracy and equity are essential guiding principles for accountability processes and of specific relevance for SRH.” — from 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, page 40

QUESTION

8



- Does the policy or strategy identify appropriate institutions or bodies to monitor and address issues relating to quality, access, financial protection, and nondiscriminatory care?**

TIPS FOR YOU:



- Call for civil society participation in monitoring and oversight bodies.
- Find out if there is a mechanism for citizen reporting of problems with quality, access, financial protection, and nondiscriminatory care.

AN ADDITIONAL CHECKLIST QUESTION!

9



- Does the “phased approach” to incorporating SRH in UHC clearly identify the future steps to take? Do those steps focus on expanding service coverage, quality of care, population coverage, and improved financial protection? Do the initial steps of implementation address community and population needs, and not just an efficient path forward?

GOVERNMENT ACTION:



Implement SRH policies, strategies, and plans to achieve UHC.

TIPS FOR YOU:

The WHO’s handbook indicates that incremental steps will likely be necessary to increase access to essential SRH services in UHC, especially where resources are limited in low- and middle-income countries. The incremental approach to implementation can feel disappointing and slow, but as underscored in checklist questions four and five, it is critical to understand service costs and system capacity when rolling out SRH in UHC.

TAKE ACTION:

Monitor and engage. It is important to watch proposed policies closely to be sure they do not stray from the path to full implementation. Engage, if possible, in outlining the steps.

Advocate for the prerequisites to successful implementation:

- Engage in (and call for) multisectoral coalitions to address legal and policy barriers.
- Advocate to decrease stigma and ensure autonomy and dignity in health care settings in order to lower demand-side barriers to access.
- Lead education and awareness raising about rights and responsibilities among populations often left behind; support these populations in raising their voices.
- Advocate for funds, human resources, infrastructure, medicine, technology, and clinical protocols to support effective service delivery, including to women’s and feminist organizations, and community-based organizations supporting implementation efforts.
- Support coalitions advocating for training for health care workers, including women and young people, as well as those advocating for decent work.
- Call for health systems that can adapt SRH service provision to emerging data.
- Participate in monitoring and oversight.

EXAMPLE:

*It is important to understand the landscape of policies to identify where to push for progress. **Zambia** passed the National Health Insurance Act in 2018. The Act has a package that covers mental health and SRH products, including contraceptives, but sexual and gender-based violence are covered by different legislation. In coalitions, youth advocates engaged in robust advocacy over the course of 2021 to integrate CSE into general UHC programming and funding. They identified their target as the parliamentary committee on health, but noted that progress was stalled by questions of morality. Youth advocates will resume advocacy under a new government regime and hope to encounter allies in the national assembly.*



POTENTIAL ROADBLOCKS TO YOUR ADVOCACY, WITH EXAMPLES FROM ADVOCATES:

- **Closing civil society space:** Across regions, feminist and civil society advocates are concerned about growing restrictions to civil society space:
 - A bill proposed in **Zimbabwe**, the Private Voluntary Organisations (PVO) Bill, has potential implications for independent civil society. The PVO Bill would allow the government and minister responsible for CSOs and Trusts to appoint a trustee of their choice to run an organization for up to 60 days, and would require some entities to re-register under the PVO Act. Failure to re-register under the PVO Act may result in the loss of legal status. Through vague reference to "political involvement," the bill may also lead to the targeting of human rights defenders or CSO leaders.
 - In **Cameroon**, civil society created a UHC Alliance in 2019, which started working but quickly faced backlash from the government and other CSOs who saw it as a threat. The government also required that the Alliance join an unrelated national program that the group did not agree to. For two years, the Alliance has been unable to hold meetings, plan activities, or provide any services to the community.
- **A lack of respect for youth expertise:** In **Lithuania**, young people are invited to spaces but are not necessarily listened to, limiting the potential impact of their advocacy.
- **Stigma:** Because SRHR are shrouded by stigma in **Nigeria**, Nigerian NGOs advocating for SRH services are experiencing backlash from some entities. This makes implementation challenging.
- **Government turnover:** Young advocates in **Zimbabwe** note that some gains made through civil society advocacy and previous progressive ministers are undermined by the polarized political discourse and the militarization in the Ministry of Health.
- **Conflict:** In **Cameroon**, advocates note that the Anglophone crisis and the Boko Haram conflict have disproportionately affected vulnerable youths living in rural settings. As one advocate shared: "The government has proposed strategies to increase UHC and

SRH services in the regions that have been affected over the past two years, but till date, no steps have been put in place to meet the target. Few CSOs and [community-based organizations] working in the Anglophone regions of Cameroon - like ours - have adopted and implemented a last-mile-distribution strategy to improve access to SRH services. We constantly face challenges in doing so, with constant and persistent roadblocks limiting access and movement to indigenous communities.”

- **Post-conflict:** In **Colombia**, “50 years of war, with conflict happening literally on the bodies of women whose pregnancies were often used to keep them in the guerilla and paramilitary groups, devastated communities and distanced them from the State, making advocacy for SRHR services nearly impossible,” explained Salomé Beyer of Colombia, Women Deliver Young Leader, Class of 2020.
- **Objections to aspects of SRHR:** Objections to comprehensive SRH services varies from country to country, often for cultural or religious reasons. See the box below for a young person's perspective on CSE in the Philippines.

CSE IN THE PHILIPPINES, ^{20, 21, 22} A YOUNG PERSON'S PERSPECTIVE

In the Philippines, discussions of sexuality and reproductive health are mostly considered a taboo. It is not talked about because it is too socio-politically sensitive, or most of the time, too personal for public debate. Because of this, it has jeopardized the SRH services of adolescents and young people, including having CSE in the country.

The Reproductive Health Law in the Philippines was enacted in 2010, and it has provided the legal basis to implement CSE for children beginning in Grade 5 until Grade 12, and it must be incorporated in the basic subjects of science, English, health and physical education in all schools, colleges and universities in the country. Nonetheless, it still faces a huge opposition from the Catholic Church. More than 80% of Filipinos follow Roman Catholicism, and it has a major influence in the success of the implementation of the law. The Catholic Church believes that providing sexuality education will bolster young people to engage in sex outside of marriage thus increasing teenage pregnancies and HIV cases in the country.

Although the Department of Education already created policy guidelines on the implementation of CSE in the country in 2018, it is still not being implemented widely, mainly because of the opposition. This has limited the access of adolescents and young people to foundational integrated SRHR and HIV services. Cases filed on halting the implementation of the law are still pending in the Supreme Court and awaiting decisions. Although there are civil society organizations working towards the target, it is still not enough.

21 National Council of Churches in the Philippines, 2018. Sexuality is a taboo in the Philippines. <https://nccphilippines.org/2018/08/20/sexuality-is-taboo-in-the-philippines-heres-how-the-church-is-breaking-that/>

22 The Borgen Project, 2020. Sex Education in the Philippines. <https://borgenproject.org/sex-education-in-the-philippines/>

23 Corner4men, 2021. Lack of Sex Education in the Philippines: Why it still prevails? <https://corner4men.com/lifestyle/lack-of-sex-education-in-the-philippines-why-it-still-prevails-ar210>

ADDITIONAL TOOLS AND GUIDELINES TO AID IN YOUR ADVOCACY

The WHO, the World Bank, and UHC2030 have produced a variety of online databases and guidance tools that shed light on country and global progress on UHC and/or provide suggested pathways to implement UHC. Most of these tools are not focused on gender or SRHR, although you can find some data on SRHR. These tools are, however, useful additions to the toolbox and can support you in:

- a. finding out what and how your country (or any other country) is doing on UHC overall (e.g., strategies, targets, or progress); and
- b. identifying relevant interventions for your context.



To understand progress (or gaps) on gender, SRHR, and social/gender determinants of health in UHC in your specific context, you may need to do additional research and analyses, and/or hold meetings with relevant policymakers and leaders in the field.

SRHR-UHC FOCUSED TOOLS AND LINKS:

- **SRH-related interventions in the WHO UHC Compendium.**²⁴ **WHO.** This document collates all the SRH interventions in the UHC Compendium (described below), in one place. It also provides an overview of how to use the Compendium website.
 - **Why it's useful:** Knowing about relevant SRH interventions — or at least knowing where to look for them — is crucial to ensuring that comprehensive SRH services are included in UHC planning and in benefit and service packages.
- **SRHR-UHC Learning By Sharing Portal.**²⁵ **WHO and UNFPA.** The portal is geared towards national level decision-makers and implementers, extending to a wider audience such as civil society, academics and, donors. The portal's simple interface allows users to search for implementation stories and videos by country on a range of relevant topics, on "how to" integrate SRH in UHC, including adolescent health (Kazakhstan) and obstetric care for Indigenous women (Mexico). As of July 2022, it features stories from eight countries.
 - **Why it's useful:** The illustrative stories show that advancements can be made. They highlight how countries identified a problem at hand; the steps they took to address it; the role of different stakeholders, including civil society and women's rights groups; successes; challenges; and lessons learned.

24 <https://www.who.int/publications/i/item/9789240022867> (accessed 5 July 2022)

25 <https://learn-uhc.srhr.org/> (accessed 26 July 2022)

- o **Advocacy tip:**



Connect to experts. Contact information for each coordinating author is provided, making it easy to reach out for more information. Advocate for the interventions which are applicable to your context.

- o **Your turn!** Visit the portal. Review the stories and videos. Do any of them illustrate challenges that are similar to your own, or resemble projects that you are working on and interventions you can advocate for? You could submit a story for consideration to srh-uhc-lsp@who.int.
- o Read the story of Laraib Abid, Women Deliver Young Leader Class of 2016, on the portal, “Supporting youth-led innovation for adolescent sexual and reproductive health in Pakistan”.
- Additional tools and documents to support SRHR-UHC advocacy are available, including from the WHO’s Department of Reproductive Health and Research, the International Planned Parenthood Federation, and the journal, Sexual and Reproductive Health Matters.²⁶

UHC TOOLS AND LINKS:

- **Voice, agency, empowerment - handbook on social participation for universal health coverage**.²⁷ WHO. The handbook provides specific best practice guidance to policymakers on how to meaningfully engage with populations, communities, and civil society for policy- and decision-making.
- **Tracking Universal Health Coverage: 2021 Global Monitoring Report**.²⁸ WHO and the World Bank. This report reviews progress against the SDG indicators for UHC.
- **UHC Data Portal**.²⁹ UHC2030. This site provides access to UHC and health system data sets from multiple sources.
 - o **Why it’s useful.** You can find out, for example, if your country has UHC legislation, measurable UHC targets, or non-government actors in UHC stakeholder networks.
 - o **Your turn!** Look up your own country. What information can you find? Look up another country. How does it compare with yours?
- **UHC Compendium**.³⁰ WHO. This searchable database is a global repository of interventions for UHC which will continue to be updated. It is geared toward policymakers and health professionals.
 - o **Why it’s useful.** The tool identifies core interventions across groupings such as SRH, emergency care, mental health, and neglected tropical diseases, among others. Interventions are further defined by subgroups and actions. For example, the intervention ‘abortion related care’ has

26 See, SRHM, <https://www.tandfonline.com/toc/zrhm21/29/2?nav=toCList>; IPPF, <https://www.ippf.org/resource/ippf-position-paper-universal-health-coverage-and-sexual-and-reproductive-health-and>, and WHO HRP, <https://www.srhr.org/> (accessed 25 July 2022)

27 <https://www.uhc2030.org/what-we-do/voices/accountability/voice-agency-empowerment-handbook-on-social-participation-for-universal-health-coverage/> (accessed 5 July 2022)

28 <https://www.who.int/publications/i/item/9789240040618> (accessed 5 July 2022)

29 <https://www.uhc2030.org/what-we-do/knowledge-and-networks/uhc-data-portal/> (accessed 5 July 2022)

30 <https://www.who.int/universal-health-coverage/compendium> (accessed 5 July 2022)

multiple actions, including counselling on self-care for abortion. The intervention ‘prevention of infertility’ includes an action for condition-specific nutrition assessment and counseling.

o **Advocacy tip:**



Use this tool if you are analyzing your country’s health benefits package to compare WHO’s proposed interventions to what is included in your country. If some interventions are missing, investigate why this is the case. You can also use the “SRH-related interventions in the WHO UHC Compendium” document (mentioned above) for additional information on SRH services in the Compendium.



KEY SRHR ISSUES IN SELECTED COUNTRIES

To build this guide, we consulted 19 advocates from 16 countries: Argentina, Botswana, Cameroon, Colombia, Croatia, Egypt, Ghana, Kenya, Lithuania, Mexico, Nigeria, the Philippines, Rwanda, Tunisia, Zambia, and Zimbabwe. Together, they reinforced that SRHR issues needing urgent attention are wide-ranging and interconnected. Issues that were identified as priorities for several of the advocates across countries include:

- Limited access to youth-friendly services or to SRHR services for young people; early/unintended pregnancy; and CSE.
- Safe abortion access and care; family planning/contraception; age of consent legislation; inadequate prevention, treatment, and awareness of HIV/AIDS and STIs; and a lack of easy-to-understand information.
- Barriers to accessing SRH services; barriers to the inclusion of SRH in strategies and plans; cultural and religious barriers; stigma around many aspects of SRHR that delay care-seeking; and a lack of robust financing to ensure UHC services reach everyone.



ADVOCACY TIP:

Build up your allies across sectors within civil society. Join or create a coalition to advocate together and improve access to diverse government ministries that have an impact on health (e.g., UHC Coalitions).



ADVOCACY TIP:

Be inclusive and use an intersectional lens: intersecting identities and multiple discriminations can compound barriers and vulnerabilities in relation to SRHR. It is crucial to include and amplify the voices and experiences of diverse groups, including women's and feminist organizations, youth-led organizations, key populations, Indigenous peoples, ethnic minorities, LGBTQIA+ persons and communities, people living with disabilities, and others, to ensure their needs and solutions are incorporated and centered.



PART III: YOUR ADVOCACY PLAN



YOUR ADVOCACY PLAN

If you have read the sections above and done a few of the suggested exercises, then you know something about the global landscape. You have a sense of how to use the tools at your disposal. You might know a little more about the progress and gaps in your country's UHC plans, and even if they include SRHR. Maybe you didn't find any information about UHC in your country, and you still have more questions. You have seen some of the entry points, actions, and key questions outlined in the WHO's Handbook. And, you do know you want SRHR prioritized in UHC. Now, it's time to start preparing your individualized advocacy plan.

STEP ONE:

Identify the problem or any gaps you want to address within the general topic of SRHR in UHC.

- **What is the problem you have identified? How do you know it is a problem?**
 - Example: Out-of-pocket expenditures for contraception create barriers to SRHR for adolescents, and especially young people who identify as LGBTQIA+.
- **Dig deeper; is there a root cause to that problem?**
 - Example: Youth-friendly services are limited due to cultural norms. Adolescents do not access SRH services due to stigma and/or age of consent or privacy issues.



ADVOCACY TIP:

Use the tools in the previous section to map your country's existing SRH services, as well as the gaps in services.

STEP TWO:

Identify the policy, program, process, or step in the process that you need to influence to address the problem. Look into how that policy, program, or process works.

- **At what level is the gap or problem: local, sub-national, or national?**
- **Do you need to influence, and how can you influence, the national health strategy, the legal framework, the health benefits package, or the budgetary or financing process?**



ADVOCACY TIP:

If you are working with the *legislature*, learn when they are in session, in recess, or when elections are coming up. Legislators may abandon their typical positions to support party leaders or high-level candidates. Social unrest may distract from core issues like health. Look at other entry points. For example, climate change actions can also incorporate health systems, services, and SRHR. Act when the time is right. If health care is coming up, act immediately.

STEP THREE:

Identify key actors from:

- Civil society organizations, community groups, and networks/coalitions at national and local levels.
- International organizations and networks/coalitions.
- Government ministries/departments at national and local levels, e.g., national Ministry of Health or county health managers.
- The private sector.
- Other actors, e.g., village elders or religious leaders



ADVOCACY TIP:

Create a stakeholder mapping to identify who you know and how you know them and who you don't know. Create a power map to help prioritize your outreach by identifying if your contacts have influence or not, if they are supporters or not, and how they help meet your goal.

STEP FOUR:

Identify your goal, your advocacy target, and your timeline.

- What outcome are you aiming for?
- What is the timeline for the process that you are influencing? When does the process you are following occur? Is it an annual planning or budgeting process? Is it a strategic planning process that occurs once every three to five years? Who do you need to meet with? Do you already have their contact information?



ADVOCACY TIP:

Once you know when the cycle occurs, start early to look for opportunities to engage in the process; build coalitions to strengthen your impact; and identify the key actors.

STEP FIVE:

Gather additional data.

- Gather multiple types of data: quantitative, qualitative, and situational data.
- Seek diverse sources of data: government, academic, community.
- If generating new data, identify who on your team is gathering the data and be clear about the purpose, use and, means of dissemination.

STEP SIX:

Connect with allies and partners.

- Are you already working in a relevant coalition or network? Will that group open doors for you and help you to connect with key decision-makers?
- Are other organizations doing similar work?
 - If so, will it be useful to join forces? What can you both gain? Can the problem be solved more quickly?
 - It may be useful to be in contact with other organizations to share basic plans, without necessarily working in partnership.
- Who has skills or resources that would help to further your advocacy goal?
- Would it be useful to begin a coalition on this topic to strengthen your overall impact?

STEP SEVEN:

Prepare your talking points and materials.

- Target your messaging based on who you are meeting with or writing to. Are they a technical expert? A health practitioner? The facilitator of a process? Government official? Communications professional?
- Review the relevant questions in the checklist guide!
- Prepare your pitch and practice!

STEP EIGHT:

Connect with your target and deliver your message.

- Be persistent in reaching out to your target(s).
- Be ready for long-term engagement and multiple advocacy encounters.

STEP NINE:

Reflect on the process and evaluate your impact.

- Did you successfully connect with your advocacy target?
- Did you build new relationships with different actors in the SRHR in UHC space? At what level?
- Have you been invited to additional meetings with key stakeholders in civil society or government, or to participate in a consultation? Have consultations become more inclusive?
- Has there been a change in policy, program, or legislation? What was your role?
- What will you do differently next time?



ADVOCACY TIP:

Build relationships: use your connections; keep doing outreach; and provide information and technical advice. Government counterparts are often over-worked and under-resourced and will appreciate the reliable support.



ADVOCACY TIP:

Data is important to show progress and gaps and grab the attention of your advocacy target. Disaggregated data is crucial to knowing who exactly is benefitting and who is being left behind. It helps governments, implementers, and advocates hone their outreach and interventions for greater impact.



TOOL:

Where to find data

- **Global data:** UN reports and websites, e.g., the WHO, UN Women, UNFPA, UN Secretary General; the World Bank; International NGOs; and research entities.
- **National data:** Many of the same sources as for global data; as well as national departments of health and other relevant ministries (e.g. health, education, finance, women, youth, social development), and national statistical office reports, census data, and household surveys.
- **Local data:** Municipalities, local NGOs, and academic institutions.
- **Your turn!** Review one or two data sources to find new statistics for your country context. Are any of the SRHR statistics improving, e.g., maternal mortality, safe abortion, access to contraception, or access to HIV treatments? Are the data disaggregated by age, race, gender, ability, or other?

The Advocacy plan above is a starting point to support you on your advocacy journey. As you cycle through the steps, you may encounter information, opportunities or roadblocks that will send you back to an earlier step to adjust your plan. If you are looking for more information on building your advocacy plan, you'll find other advocacy toolkits and guides online that provide exercises to support advocacy plan development or that go into additional detail, for example, on how to use social media and other communications as a tool in your advocacy to grow interest and build political will, or how to develop your pitch.

You've got this!



CONCLUSION

CONCLUSION

We hope this guide has:

- Reinforced and added to your knowledge of the global context for SRHR in UHC
- Provided guidance on when and with whom to engage in your own national context
- Given you practical steps to take as you develop your advocacy plan
- Highlighted useful advocacy tips
- Introduced you to new tools relevant to SRHR in UHC
- Helped you understand the context, challenges, and successes of advocates in other countries
- Inspired you to take action, whatever your context

Your country and community need you and your expertise to ensure SRHR and comprehensive SRH services are part of UHC. Your experiences, coming from your intersecting identities, are integral to driving the effective, equitable implementation of SRHR in UHC.

Thanks for stepping up!





ANNEX

ANNEX 1: CONCEPTS AND DEFINITIONS

Universal health coverage (UHC):

UHC means all individuals and communities have access, without discrimination, to the quality health services and medicines they need without suffering financial hardship. It includes the full spectrum of essential, quality health services, from health promotion to prevention, treatment, rehabilitation, and palliative care across the life course.³¹ UHC plays an important role in fulfilling the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. UHC addresses the devastating cost of health care that can engender and entrench poverty for people worldwide. The most marginalized among us are often the hardest hit.

Primary health care (PHC):

PHC addresses physical, mental, and social well-being, taking care of the majority of a person's health needs throughout their lifetime. PHC takes a people-centered approach, both in and through the community, rather than a disease-centered approach.³² PHC is considered a cornerstone of UHC.³³

Health and Human rights:

Every human being has inherent rights. These rights are universal, inalienable, indivisible, and interdependent, and governments have a duty to respect, protect, and fulfil them. The Universal Declaration on Human Rights of 1948 sets out fundamental human rights, including economic, social, cultural, civil, and political rights, that all people are entitled to, equally and without discrimination. These rights have been further reinforced by international human rights treaties that outline the right to health, education, life, a clean environment, social security, water and sanitation, among others.³⁴

Moreover, "The right to health is a human right, enshrined in articles of the WHO Constitution in 1946 and committed to by Member States in Article 25 of the United Nations 1948 Universal Declaration of Human Rights and the 1966 International Covenant on Economic, Social and Cultural Rights. UHC reflects the right to health and is an important vehicle for its progressive realization."³⁵

Sexual and reproductive health and rights (SRHR):

SRHR are the rights that all people inherently possess to make decisions about their sexual and reproductive health.³⁶ SRHR are an important element of the **right to the enjoyment of the highest**

31 WHO. Universal Health Coverage factsheet. 1 April 2021. [https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-\(uhc\)](https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-(uhc)) (accessed 5 July 2022)

32 WHO. Primary Health Care. https://www.who.int/health-topics/primary-health-care#tab=tab_1 (accessed 25 July 2022)

33 WHO, UNICEF. Operational framework for primary health care: transforming vision into action. Geneva: Switzerland: 2020 (accessed 22 July 2022)

34 OHCHR. What are Human Rights?. R. <https://www.ohchr.org/en/what-are-human-rights> (accessed 22 July 2022)

35 UHC2030 and the Partnership for Maternal, Newborn, & Child Health. Health budget literacy, advocacy and accountability for universal health coverage Toolkit for capacity-building, May 2021. https://www.uhc2030.org/fileadmin/uploads/uhc2030/Documents/Capacity_building_toolkit/Chapter_2/Mod_1/WHO013_UHC2030-capacity-building-toolkit_ch2_mod1_b1.pdf (accessed 8 August 2022)

36 OHCHR. Sexual and reproductive health and rights: OHCHR and women's human rights and gender equality, <https://www.ohchr.org/en/node/3447/sexual-and-reproductive-health-and-rights> (accessed 5 July 2022)

attainable standard of physical and mental health.³⁷ SRHR include an individual's right to access the information needed to decide freely and responsibly on all matters related to their sexuality without facing coercion, discrimination, or violence. SRHR include, but are not limited to, the ability to decide on the number, spacing, and timing of one's children — and whether to have children at all.³⁸

Sexual and reproductive health (SRH):

Reproductive health is a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Sexual health enhances life and personal relations, and is not limited to counseling and care related to reproduction and sexually transmitted infections (STIs).³⁹

Comprehensive SRH services:

Comprehensive SRH services consist of accurate information, education, and counseling, including comprehensive sexuality education (CSE); access to range of contraceptive methods; care related to sexual function; services for sexual and gender-based violence; antenatal, childbirth, and postnatal care; safe abortion care; and the prevention and treatment of infertility, STIs, including human immunodeficiency virus (HIV), and reproductive cancers.⁴⁰ SRH services⁴¹ should meet established human rights standards of availability, accessibility, acceptability, and quality.⁴²

37 For more on the right to health, see The Right to Health, Factsheet No. 31. OHCHR and WHO. June 2008. <https://www.ohchr.org/sites/default/files/Documents/Publications/Factsheet31.pdf> (Accessed 22 July 2022)

38 The International Conference on Population and Development (ICPD), 1994, and Fourth World Conference on Women its Beijing Platform for Action, 1995, were pivotal moments where governments outlined sexual and reproductive health and the related rights.

39 ICPD. 1994. Reproductive Health and Reproductive Rights, A. Basis for Action, 7.2. p.59 https://www.unfpa.org/sites/default/files/pub-pdf/programme_of_action_Web%20ENGLISH.pdf

40 See a full listing of comprehensive SRH services in Accelerate progress—sexual and reproductive health and rights for all: report of the Guttmacher–Lancet Commission. Ann M Starrs et al. [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)30293-9/fulltext#seccestitle30](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)30293-9/fulltext#seccestitle30)

41 For more information on comprehensive SRH services, see “Sexual and reproductive health interventions in the WHO UHC Compendium,” <https://www.who.int/publications/i/item/9789240022867>

42 For more information on the AAAQ framework, see <https://www.who.int/news-room/fact-sheets/detail/human-rights-and-health> and <https://www.refworld.org/pdfid/4538838d0.pdf>

ANNEX 2: PHOTO REFERENCES

Photo on page 4:

Women Deliver Young Leader Puja Yadav leading a focus group discussion with Chepang women in Nepal. Photo credit: Puja Yadav, Women Deliver Young Leader, Class of 2020

Photo on page 13:

Women Deliver Young Leader Ashlee Burnett leading a session of the 'The Right Way' workshop hosted by Feminitt Caribbean, which equipped community members with the tools and resources to understand the National Sexual and Reproductive Health Policy of Trinidad and Tobago and reduce rates of teenage pregnancy, sexual violence, and the spread of sexually transmitted diseases and infections in the country.

Photo on page 21:

Women Deliver Young Leader Joseph Amoako-Atta meeting with a local official in Ghana. Photo credit: Joseph Amoako-Atta, Women Deliver Young Leader, Class of 2020

Photo on page 32:

Women Deliver Young Leader Peter Mndalasini creating reusable sanitary pads with school girls in Malawi. Photo credit: Peter Mndalasini, Women Deliver Young Leader, Class of 2020

Photo on page 40:

Women Deliver Young Leader Lilian Sospeter posing for a group photo with community members after a Parents Engage session. Photo credit: Lilian Sospeter, Women Deliver Young Leader, Class of 2020

Photo on page 41:

Activists and advocates in Buenos Aires collectively calling on lawmakers to recognize the right to safe, legal and free abortion. Photo credit: Julia Inés Roitman Gil, Women Deliver Young Leader, Class of 2020

Photo on page 42:

Darshana Rijal, Women Deliver Young Leader, meeting with community members to discuss child marriage and violence against women in Nepal. Photo credit: Darshana Rijal, Women Deliver Young Leader, Class of 2020

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