Cross-Regional Joint Statement for the 2023 High-Level Meeting on Universal Health Coverage: The Importance of Sexual and Reproductive Health and Rights in Universal Health Coverage

It is my honor to deliver this cross-regional joint statement on behalf of the 60 governments of Albania, Argentina, Australia, Austria, Belgium, Bolivia, Bosnia and Herzegovina, Botswana, Brazil, Bulgaria, Cabo Verde, Cambodia, Canada, Chile, Colombia, Costa Rica, Cyprus, Czech Republic, Denmark, Ecuador, Estonia, Fiji, Finland, France, Georgia, Germany, Greece, Iceland, Ireland, Israel, Italy, Japan, Latvia, Liberia, Liechtenstein, Luxembourg, Mexico, Moldova, Monaco, Netherlands, New Zealand, Norway, Palau, Panama, Papua New Guinea, Portugal, Peru, Romania, San Marino, Serbia, Slovenia, South Africa, Sweden, Switzerland, Timor-Leste, Ukraine, United Kingdom, United States of America, Uruguay, and my own country, Spain.

Four years ago, our governments made a bold commitment to achieving universal health coverage (UHC), recognizing the need to invest in its crucial elements and leaving no one behind. Achieving health for all requires adequate financing, building a skilled health workforce, promoting the integration of services, ensuring access to medicines, strengthening health information systems, providing accessible infrastructure and technology, and emphasizing the importance of delivering health services through primary health care. We understand that these components are fundamental to ensure that all individuals can exercise their right to the highest attainable standard of health and well-being, without facing financial hardship. Additionally, we pledged to be comprehensive and address gender inequalities within health systems and among the health workforce, with a specific focus on sexual and reproductive health and reproductive rights as a key component of UHC.

However, the world has undergone profound changes since then. The COVID-19 pandemic has further disrupted access to essential health services, including sexual and reproductive health, exacerbating existing health inequities. Even prior to the pandemic, over half of the global population lacked essential health services, and billions more were burdened with catastrophic or impoverishing health expenditures. To achieve our shared vision of promoting well-being and fulfilling all sustainable development goals (SDGs), we must redouble our efforts to achieve UHC, with sexual and reproductive health and rights at its core.

Why is it crucial to include sexual and reproductive health and rights as an integral part of UHC?

As the recent WHO Technical Brief 'Investing in Sexual and Reproductive Health and Rights, Essential Elements of Universal Health Coverage' highlights, there continue to be dire consequences of inadequate access to quality sexual and reproductive health services, particularly for women and girls. Maternal deaths remain unacceptably high, with 287,000 women and adolescent girls — over 800 each day — losing their lives each year. Shockingly, this figure has seen minimal improvement in the past five years, representing a stagnation of progress, and in some cases, setbacks in our efforts to reduce maternal mortality. Furthermore, more than 270 million women between 15 and 49 years of age face unmet contraceptive needs, leading to unintended pregnancies and unsafe abortions. Very year, there are 121 million unintended pregnancies, but that number increased by another 1.4 million unintended pregnancies during the COVID-19 Pandemic. There are 35 million abortions performed every year under unsafe conditions. Very, vii Additionally, there are over one million sexually transmitted infections acquired every day. Viii It is important to note that women and girls in the lowest wealth quintiles, living in rural areas, with limited education, or experiencing marginalization

or discrimination, including those living with disabilities, bear the brunt and face the greatest risks of catastrophic health expenditures, encounter significant barriers to quality care, and experience the worst health outcomes.

Including sexual and reproductive health and rights in UHC emphasizes a human rights perspective, leads to improved health outcomes, and generates economic and social benefits with greater gender equality.

Furthermore, integrating sexual and reproductive health and rights into Universal Health Coverage, mainly through primary healthcare, would effectively reduce fragmentation, and improve access to essential services for all. This integration would significantly decrease the rates of unintended pregnancies, unsafe abortions, and maternal deaths. If all women and adolescent girls in low- and middle-income countries who wished to avoid pregnancy had access to modern contraceptives and all pregnant women received necessary sexual and reproductive health services, the occurrence of unintended pregnancies, unsafe abortions, and maternal deaths could be reduced by approximately two-thirds and ix we could save the lives of about 530 women per day, or well over a million lives by 2030. It would also enable women and girls to delay or space childbearing if they wish to do so, so that they would be able to expand their educational, training and employment opportunities, and help reduce vulnerability to cervical cancer, sexually transmitted infections, and HIV/AIDS.

Investing in sexual and reproductive health and rights as part of UHC is not only affordable but also cost-effective and cost-saving. It costs just US \$10.60 per person per year to provide essential sexual and reproductive health services. Furthermore, every additional dollar spent on contraceptive services above current levels saves three dollars in the cost of maternal, newborn, and other SRH services. Including these services in essential packages under UHC, such as those for the prevention and treatment of sexually transmitted infections, contraceptives and safe childbirth services, offer additional savings as they can prevent dangerous and costly complications. Moreover, the benefits of investing in sexual and reproductive health services as part of UHC extend beyond the health sector, and require a whole-of-government and whole-of-society approach. If the 74 countries with the highest maternal and child mortality were to increase expenditures for sexual and reproductive, newborn, and child health services by just US \$5 per person each year until 2035, they could yield up to nine times that value in economic and social benefits, including greater GDP growth through improved productivity. Xiii

Ensuring the integration of sexual and reproductive health services into UHC and expanding health coverage to women, adolescent girls, and young people, including those living with disabilities, and those in vulnerable situations and conditions, is a matter of human rights and justice. It will reduce health inequities, improve health outcomes, advance gender equality, and empower all women and adolescent girls to make informed decisions about their health and well-being, allowing them to thrive in all aspects of their lives.

We stand ready to collaborate with UN agencies and civil society partners to achieve UHC that fully integrates and advances sexual and reproductive health and rights for all. By embedding sexual and reproductive health and rights into UHC, we can make significant strides towards achieving the SDGs and create a healthier, more equitable future for all.

ⁱ Universal Health Coverage: Key Facts. Geneva: World Health Organization; 2023; available at: https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-(uhc)

ii Technical Brief. Investing in Sexual and Reproductive Health and Rights: Essential Elements of Universal Health Coverage. Geneva: World Health Organization; 2023 https://www.who.int/publications/m/item/investing-in-sexual-and-reproductive-health-and-rights-essential-elements-of-universal-health-coverage

iii Trends in maternal mortality 2000 to 2020: estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division. Geneva: World Health Organization; 2023. https://www.who.int/publications/i/item/9789240068759

iv Technical Brief. Investing in Sexual and Reproductive Health and Rights: Essential Elements of Universal Health Coverage. Geneva: World Health Organization; 2023 https://www.who.int/publications/m/item/investing-in-sexual-and-reproductive-health-and-rights-essential-elements-of-universal-health-coverage

V State of the World Population Report. Seeing the Unseen, the Case for Action in the neglected crisis of unintended pregnancies. UNFPA, 2022; Available at: https://www.unfpa.org/sites/default/files/pub-pdf/EN SWP22%20report 0.pdf

vi Universal Health Coverage: Key Facts. Geneva: World Health Organization; 2022; available at: https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-(uhc)

vii Abortion factsheet. Geneva: World Health Organization; 2021. https://www.who.int/news-room/fact-sheets/detail/abortion

viii Technical Brief. Investing in Sexual and Reproductive Health and Rights: Essential Elements of Universal Health Coverage. Geneva: World Health Organization; 2023 https://www.who.int/publications/m/item/investing-in-sexual-and-reproductive-health-and-rights-essential-elements-of-universal-health-coverage

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xii Naomi Lince-Deroche, Elizabeth A Sully, Lauren Firestein & Taylor Riley (2020) Budgeting for comprehensive sexual and reproductive health and rights under universal health coverage, Sexual and Reproductive Health Matters, 28:2, DOI: 10.1080/26410397.2020.1779631

xiii Stenberg K, Sweeny K, Axelson H, et al. Returns on Investment in the Continuum of Care for Reproductive, Maternal, Newborn, and Child Health. In: Black RE, Laxminarayan R, Temmerman M, et al., editors. Reproductive, Maternal, Newborn, and Child Health: Disease Control Priorities, Third Edition (Volume 2). Washington (DC): The International Bank for Reconstruction and Development / The World Bank; 2016 Apr 5. Chapter 16.