



World Bank / Dominic Chavez

UNIVERSAL HEALTH COVERAGE FOR WOMEN AND GIRLS

TRANSFORMATIVE POTENTIAL FOR SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

UNIVERSAL HEALTH COVERAGE

Universal health coverage has the potential to provide financial protection against catastrophic health costs and out-of-pocket expenses, enhance access to and increase the availability of medication and services, and lead to improved health outcomes for adolescents, women, and marginalized communities. To ensure that they can benefit from universal health coverage, governments must design programs in ways that address their specific needs.¹

In countries that have moved toward universal health coverage, increased access to health services has led to improved sexual and reproductive health outcomes, particularly for lower-income populations. However, the relationship between universal health coverage, access to services, and improved health outcomes is not necessarily causal. Social determinants of health; the governance of health systems; the design and delivery of universal health programs; and the quality of services provided are particularly critical for ensuring that women, adolescents, and marginalized groups can use them.²

In particular, universal health coverage must include core sexual and reproductive health services in

essential benefits packages, including: contraception; safe abortion and post-abortion care; antenatal, delivery, and postnatal care; prevention and treatment of infertility, reproductive tract infections, sexually transmissible infections, including HIV, and reproductive cancers; and services to address gender-based violence. Many programs exclude or place limits on health services that only women need, leaving significant barriers to access in place and undermining women's ability to exercise autonomy and agency over their sexual and reproductive lives.³

Universal health coverage schemes must also provide a level of financial protection sufficient to insulate women and adolescents against economic hardship. Women consistently experience a higher burden of out-of-pocket costs for health care services than men who have similar levels of insurance coverage, largely due to non-coverage or limits on coverage for sexual and reproductive health services. Even nominal co-pays, common in many insurance programs, may pose a significant barrier if women or adolescents do not have access to or control over cash.⁴

Attention must also be paid to make sure that the most marginalized people do not fall through the

cracks of universal health coverage due to a lack of autonomy and decision-making power, or lack of information. Women who are employed in the informal sector, women living in poverty, adolescent girls, older women, and lesbian, gay, bisexual, and transgender individuals are often those least able to obtain good quality health insurance.⁵

Without addressing the myriad other barriers to accessing sexual and reproductive health care services, universal health coverage schemes will fail no matter how well they are financed or rolled out. These factors include: discriminatory social and cultural norms and practices; laws that criminalize certain services, such as abortion; third party authorization requirements, such as parental or spousal consent; lack of information, education, and decision-making power; and health care workers that use conscience claims to deny care. Governments must also address other social determinants of health, such as food and nutrition, security, water and sanitation, and other environmental and occupational factors that can have specific negative health consequences for women and girls, including for their sexual and reproductive health.⁶

As countries continue to work toward universal health coverage, it is paramount that commitment towards gender equality and empowerment is not limited to a matter of principle but translates into the effective implementation of specific programs to guarantee the availability of and access to essential services for all women and girls.

POLICY RECOMMENDATIONS

- Design universal health coverage programs in ways that ensure that all women and girls can realize the right to the highest attainable standard of health, including by ensuring that such programs provide a level of financial protection sufficient to insulate women and girls against economic hardship; guarantee access to the full range of health services that women and girls need, including preventive, curative, palliative, and rehabilitative care services and safe, effective quality medicines; and reach the most marginalized women and girls, including those employed in the informal sector, living in poverty, adolescent girls, older women, migrant

women, indigenous women, and women of other ethnic and racial minorities, women with disabilities, and lesbian, gay, bisexual and transgender people, among others.

- Ensure that essential benefits packages for universal health coverage include a comprehensive package of sexual and reproductive health services, including contraception; safe abortion, and post-abortion care; antenatal, delivery, and postnatal care; prevention and treatment of infertility, reproductive tract infections, sexually transmissible infections, including HIV, and reproductive cancers; vaccines; services to address gender-based violence; and eliminate coverage limits, co-pays, and other out of pocket payments for these services.
- Address gender-related barriers to access and use of universal health coverage, including inter alia by improving women's and girls' access to health information and education; creating enabling legal and policy frameworks to fulfil women and girls' right to the highest attainable standard of health and their sexual and reproductive rights; and address social norms and practices that perpetuate gender inequality, limit women and girls' autonomy and decision-making power, and restrict their access to services.
- Commit to strengthening health care systems, and in particular, health care work forces so that they can provide quality services, including by ensuring that women employed in the health sector enjoy decent work, social protection, ongoing training, and can advance to leadership positions.

REFERENCES

¹ Universal health coverage may not be enough to ensure universal access to sexual and reproductive health beyond 2014, Shannon Kowalski, IWHC, 2013. Available at: www.tandfonline.com/doi/abs/10.1080/17441692.2014.920892

² Ibid.

³ Ibid.

⁴ Universal access: making health systems work for women, TK Sundari Ravindran, BMC Public Health, 2012. Available at: bmcpublihealth.biomedcentral.com/articles/10.1186/1471-2458-12-S1-S4.

⁵ The Forgotten Minorities: Health Disparities of the Lesbian, Gay, Bisexual, and Transgendered Communities, Lea Mollon, Journal of Health Care for the Poor and Underserved, 2012. Available at: muse.jhu.edu/article/467224.

⁶ Universal health coverage may not be enough to ensure universal access to sexual and reproductive health beyond 2014, Shannon Kowalski, IWHC, 2013. Available at: www.tandfonline.com/doi/abs/10.1080/17441692.2014.920892.