

# Call to Action to attain universal health coverage through linked sexual and reproductive health and rights and HIV interventions



There has been a marked shift in the global development agenda to develop, fund and implement multi-sectoral interventions that jointly advance both sexual and reproductive health and rights (SRHR), and HIV prevention, treatment and care. These joint interventions are increasingly being implemented by countries, especially within primary health care settings.

The Sustainable Development Goals (SDGs) and Universal Health Coverage (UHC) agendas provide important opportunities to reimagine and enhance equitable health coverage, which meets the needs and rights of all, and in particular of key and vulnerable populations.\* This enhanced health coverage builds upon existing progress made in both strengthening the evidence base and implementing bi-directional SRHR and HIV linkages, to ensure enabling policy environments, better aligned health systems and integrated service delivery.

**We call on the global community to undertake the following coordinated actions which are urgently needed to advance the SRHR and HIV life course needs of all people:**

**1 Ensure meaningful community engagement** in all aspects of research, design, implementation and monitoring of linked SRHR and HIV policies, financing mechanisms, and service delivery. UHC cannot be achieved without the involvement of those whose lives will be most affected, including key populations, community groups and networks. All efforts to strengthen SRHR and HIV linkages must build upon and invest in social accountability mechanisms, community knowledge and lived experience.

**Key action:** Governments, UN agencies and development partners proactively engage with civil society, providing financial and technical resources, to build community and institutional capacity for meaningful and safe participation in design, implementation, and monitoring and evaluation of linked approaches, that comprehensively address community SRHR and HIV needs in an integrated manner.

**2 Generate broad-based political will, with accountable leadership and governance,** to eliminate silos between SRHR and HIV. This political will and leadership can be achieved by sharing evidence of the benefits of integrated SRH and HIV services and raising up national champions for implementing a full SRHR and HIV linkages approach.

**Key action:** Civil society with support from technical partners, share evidence of the benefits of SRHR and HIV linkages with national governments, and seek high level champions within government at all levels, to lead actions that eliminate silos between SRHR and HIV.

**3 Amend harmful laws and policies** to create an enabling environment that supports the SRHR and HIV needs of all people, especially adolescent girls, young women and key populations. Mobilize and support civil society organizations and partners to conduct joint advocacy for legal reform and policy change.

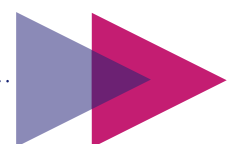
**Key action:** National governments and parliaments, work with the criminal justice system and civil society partners to amend national laws and policies that are proven to prevent people from accessing the SRH and HIV services they need.

**4 Fund the provision of SRH and HIV services** through sufficient domestic resources. This requires reallocating existing, vertical health funding to cover comprehensive and integrated service delivery. Where necessary, domestic health funding may need to be increased to achieve this, for example via public financing and health insurance schemes.

**Key action:** Ministries of Finance and Health implement joint financing approaches for allocating sufficient public financing for quality, integrated SRHR and HIV services that are readily available to everyone, and free or affordable at the point of delivery.

**5 Improve alignment and coordination within and between stakeholders across the health system** to ensure coherent and efficient systems that support delivery of a continuum of integrated SRHR and HIV prevention, treatment and care services, especially at the primary health care level. Whilst coordination carries inherent transaction costs, it will lead to more harmonized strategies, policies and planning, as well as improved operational efficiency through integrated guidelines, standards, procedures and budgets. Delivery of integrated care thus becomes more cost effective, efficient and sustainable.

\* In the context of SRHR and HIV linkages, special attention should be given to people living with HIV, sex workers, transgender people, men who have sex with men, people who use drugs, and people in prisons and closed settings, with additional attention for adolescents and young key populations.



▶ **Key action:** *Ministry of Health* to focus on improving collaboration and alignment in the health sector, particularly around routine planning, budgeting, training, supplies, logistics, support services, and monitoring and evaluation. This can be achieved, for example, by setting up a national SRHR and HIV Linkages Task Team.

**8 Support a life course approach to providing rights-based, accessible, quality and integrated SRH and HIV services.** As each stage in a person's life exerts influence on the next, a life course approach to SRHR and HIV linkages, that is coordinated across all stages and providers, can improve delivery efficiency, uptake of services and long-term health outcomes.

**6 Reorient the health system to an integrated model for delivering primary health care services, including SRH and HIV.** This integrated model is proven to increase service uptake, reduce stigma, increase quality of care, and make more efficient use of health care workers. Reorienting the health system to an integrated model, requires – amongst other things – careful planning, health provider training and improved supervision and support at all levels of the health system. It also requires investment in time and financial resources to make the transition. Integrated primary health care is also critical for health security, emergency preparedness and for responding to the health needs of migrant populations.

▶ **Key action:** *Ministries of Health, with support from technical partners*, roll out and scale up quality health services for new-born, child, adolescent, adult and older age groups, that take into account the connections between a person's current health status, their socio-cultural, biological, and psychological characteristics, and their future health needs.

**9 Generate inter-disciplinary operational and implementation research** of individual and community health, economic and social benefits, that can be achieved through linking SRHR and HIV interventions. This includes strengthening research capacity in countries and regions to conduct SRHR and HIV research, and ensuring that existing research is utilized to inform policy development and programme design and implementation.

▶ **Key action:** *Ministry of Health, with support from technical partners*, develop a costed scale-up plan to transition to integrated primary health care services delivery – including SRH and HIV services – as the standard service delivery model.

▶ **Key action:** *Funders and researchers* invest in priority national-level research to examine multiple impacts of linking SRHR and HIV, as well as to utilize existing research to inform planning and implementation of integrated SRHR and HIV service delivery, especially at the primary health care level.

**7 Establish stronger multi-sectoral partnerships** to further contribute to reaching UHC and other health-related SDG targets. Improve alignment and coordination within and between all sectors including Ministries of Health, Education, Gender, Youth and Finance, non-government organizations, development partners and donors. Build on existing international and national structures to enable a holistic approach to meeting the SRHR and HIV needs of all people.

**10 Promote innovative approaches that advance joint SRHR and HIV health outcomes.** Technological advances in digital health and self-care interventions are rapidly transforming health care programmes and health services delivery. Utilizing these advances, to ensure the right to health for vulnerable and key populations, will remain key to improving people's agency and autonomy, and for maximizing acceptance and uptake of linked services.

▶ **Key action:** In order to achieve national SRHR and HIV goals, *funders, UN agencies, civil society and research organizations* should map existing national contexts, priorities, stakeholders and partnerships, to identify where to improve alignment and establish common ground with organizations both within and outside health domains, notably across nutrition, education and employment sectors.

▶ **Key action:** *Ministries of Health, with support from technical partners*, invest in and scale up delivery of proven digital health and self-care interventions that support access to and delivery of health services both within and outside health facility settings, whilst ensuring that the highest standards of data protection and security are followed.

