Stepping up for global health:
Promoting a rights-based and gender-inclusive approach to UHC in Dutch Development Cooperation

Introduction

As the COVID-19 pandemic continues to unfold, there is no doubt that the world is still far from having the strong, sustainable and inclusive health systems in place that can effectively respond both to the current global health crisis and to other existing and new health priorities. Health systems that can reach the most vulnerable include efforts to address the social determinants of health and human rights while focusing on activities to improve the health of the population. Following the WHO guidance on health systems, in order to achieve the delivery of equitable health services the system needs to cover the six building blocks: (i) service delivery, (ii) health workforce, including community health workers (CHWs), (iii) health information systems, (iv) access to essential medicines, (v) financing, and (vi) leadership/governance.[1] A key paradigm shift in global health is the focus on Universal Health Coverage (UHC).[2] UHC has been getting a lot of political attention since the adoption of the Sustainable Development Goals (SDGs) where it was included as a key target under SDG 3 on health.

However, where it comes to actual progress on UHC, it is clear that large inequalities in health outcomes and service coverage continue to persist between different population groups in many countries. This indicates that the equity principles entrenched in UHC are not being fulfilled and there is a failure to lay its foundation in a rights-based approach to health. COVID-19 has further brought to light the fragility of and underinvestment in health systems. Many low and lower middle-income countries are still heavily reliant on donor funding for their health systems. Most of these donor resources for health are still mobilised and distributed on a disease-specific basis while realizing UHC, including a comprehensive package of services, is left mostly to countries themselves.

Bringing an end to COVID-19 and achieving UHC will require a serious global effort from donors, governments and policy makers to increase investment in health systems and ensure these systems are rights-based and provide the full range of health services, including sexual and reproductive health (SRH) services, accessible to all. The Netherlands can and should play a key role in this, both as a key donor and international advocate with a proven track record in promoting universal access to SRH and rights, gender equality, and social justice.

This paper intends to inform the ongoing dialogue with Dutch policy makers to ensure a stronger focus of the Netherlands on broader health. It highlights the contribution the Netherlands can bring to multilateral policy processes and in its diplomatic dialogue at the global level and in partner countries in relation to UHC and global health, while building on the lessons learned of its SRHR response. The paper concludes with a number of specific policy recommendations.

[1] https://www.who.int/healthinfo/systems/WHO_MBHSS_2010_full_web.pdf?ua=#:~:text=Instead%2C%20it%20is%20structured%20around,governance%20(see%20Figure%201).

[2] According to the WHO's definition, UHC means that all people and communities can use the promotive, preventive, curative and palliative health services they need, of sufficient quality to be effective, while also ensuring that the use of these services do not expose the user to financial hardship.

What the Netherlands can bring to the table

The Netherlands has decades of track-record responding to sexual and reproductive health challenges, including HIV, globally, which provides powerful lessons on what a health system that delivers the full range of quality health services for everyone would look like. Key elements include:

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- A human rights-based, gender-responsive and intersectional approach central to all health programmes and investments.

- The full integration of comprehensive SRHR, HIV and other critical health services and interventions into UHC as well as linkages across different health programmes and with other relevant development-related issues (e.g. social determinants, education, poverty reduction etc.).

- Civil society and communities as mobilisers, service providers, watchdog agents and advocates across the broader health agenda.

- Meaningful youth participation, with young people including children as key target group for broader health interventions and important drivers of change.

- Increased and additional donor investment in global health and UHC, while safeguarding dedicated support and funding for SRHR and HIV and simultaneously encouraging partner countries to increase domestic resources for health, including for SRHR and HIV.

The Netherlands has important lessons to share on each of these elements from its comprehensive and rights-based SRHR response. It is in a strong position to take these key issues forward in its own development cooperation policies and funding, in EU development cooperation through joint programming, and in its diplomatic dialogue internationally.

Human rights, gender and intersectionality

The Dutch government's approach to SRHR is firmly grounded in human rights. The Netherlands consistently promotes the Cairo and Beijing agendas[3], links SRHR with the overall right to health and focuses on the SRH needs of marginalised groups, including young women, girls and key populations[4] in its development policies, programming and funding. The Netherlands is known for addressing sensitive topics in international policy processes and dialogues, such as the right to safe abortion and access to contraception for young people and overall sexual rights. It was at the forefront of mobilising other progressive governments in countering the negative implications of the re-instatement of the Mexico City Policy in an expanded form by the Trump Administration, which prohibited foreign civil society organisations that receive U.S. Government global health funding to provide, refer to or advocate for abortion services as a method of family planning even if they use non U.S. funds for this.[5]

The promotion of gender equality and the empowerment of women and girls is a cross-cutting theme in the overall Dutch international development policy.

[3] https://www.unwomen.org/en/news/stories/2019/11/announcer-25-years-of-the-international-conference-on-population-and-development

[4] UNAIDS considers gay men and other men who have sex with men, sex workers, transgender people, people who inject drugs and prisoners and other incarcerated people as the five main key population groups that are particularly vulnerable to HIV and frequently lack adequate access to services: https://www.unaids.org/en/topic/key-populations

[5] For more information see: https://www.reproductiverights.org/sites/crr.civicactions.net/files/documents/GLP-GGR-FS-0118-Web.pdf

The Dutch government applies an intersectional lens to gender equality and inclusion. This approach recognises that the most marginalised people have multiple intersecting identities and compounded vulnerabilities. The intersection of these identities within complex social systems exacerbates their experiences of stigma, discrimination and human rights violations. Therefore, an effective approach to SRHR aims to address a broader web of compounded vulnerabilities and their effects on access and enjoyment to a full range of rights and services.

Despite the fact that UN Member States reaffirmed the right to health and leaving no one behind as recently as 2019 when they adopted the UHC Political Declaration[6], stigma, discrimination and gender inequality continue to exist in many countries as key barriers to realising UHC. In addition, global conversations on UHC have focused more on public health systems, financing and reforms than on access to justice, the right to health, and the legal, social, economic and gender-related barriers that result in marginalised and vulnerable populations being left behind. In fact, an important component of realising the universality of UHC and the right to health will be the recognition of sexual and reproductive rights for all as well as the removal of stigmatizing, discriminatory and criminalising laws against LGBTIQ people and other stigmatised and marginalised people including sex workers, people who use drugs and prisoners.

As a global leader on SRHR and gender equality, the Netherlands is well placed to step up its diplomatic dialogue on UHC and proactively advance the progressive SRHR, gender equality and human rights agenda in global health and UHC spaces[7] and in its diplomatic dialogues in countries.

Integration and linkages

UHC is key to achieving SDG 3 and brings a broader perspective of health services, one that goes beyond a disease-specific focus. Realising UHC and health for all requires a health system that provides quality prevention and care services for all, including the most vulnerable. UHC should deliver the full spectrum of essential, quality health services: prevention, health promotion, treatment, rehabilitation and palliative care.[8] Reaching this goal given its wide coverage requires integration between existing health programs and a cross-sectoral approach.

However, it is important to recognise the challenge of coordination and integration on the ground, as health systems in lower-income settings operate within the siloed policies, programmes and financing resulting from the different approaches from Ministries of Health, national health coordinating bodies, donors, and other players.[9] Achieving UHC will require an approach that goes beyond health service integration, but also focuses on health systems strengthening, promoting an enabling environment (including supportive policies, laws, and financing), social determinants of health, and governance structures (holding governments to account).[10]

[6] https://www.un.org/pga/73/wp-content/uploads/sites/53/2019/07/FINAL-draft-UHC-Political-Declaration.pdf
[7] A good reflection of this was the Dutch engagement at the recent UN High Level Meeting on UHC in 2019. Minister Kaag delivered a joint statement on behalf of a number of other Member States underlining the importance of the inclusion of both sexual health ***and*** rights as an integral part of UHC and the SDGs and addressing gender-related barriers to accessing UHC. See:
https://www.government.nl/documents/diplomatic-statements/2019/09/23/joint-statement-on-srhr-in-uhc
[8] UHC2030 Discussion Paper: Living with COVID-19: Time to get our act together on health emergencies and UHC. (27th May 2020)
[9] Health Systems and the SDGs: lessons from a joint HIV and sexual and reproductive rights response, Health Policy and Planning, 32, 2017
[10] IPPF et al.2009, WHO 2015)

Until now, the Netherlands has focused on SRHR as a key axis for its international development policy. While specific attention to SRHR remains critically needed, the Netherlands as a development actor can increase its focus on the broader integration of health services within the UHC umbrella, with the gains achieved so far on SRHR as a strong uniting basis for UHC.

Additionally, given that the Netherlands is already streamlining its efforts on SRHR across other sectors, in particular the humanitarian sector and education, it is also in a strong position to address the cross-sectoral requirements of UHC.

The role of civil society and communities and civic space

The SRHR and HIV agendas have been driven by strong civil society movements and advocacy. These movements have recognised from the start that multi-stakeholder engagement, including full civil society and community participation, are required to address the structural determinants, barriers and human rights violations that increase vulnerability to HIV and poor SRHR outcomes.

Civil society and community responses[11] have ensured the provision of life changing SRH and HIV services, especially for the most vulnerable and those left behind. They have significantly contributed to the creation and improvement of governance and accountability in these sectors and have tirelessly advocated for progressive policies and laws that advance human rights. While global health policy makers and institutions increasingly recognise that health systems cannot be inclusive, resilient or sustainable without strong community responses, this has not yet been sufficiently translated into adequate investment in the community response to health. There continues to be a dominance of biomedical, government-led and clinic-based approaches to health and UHC in many countries while the role of communities in particular in prevention and accountability is not sufficiently supported. There is a lack of proper recognition and remuneration of community health workers, inclusive accountability mechanisms for health or adequate political space for civil society to advocate and engage[12]

The Netherlands has consistently supported civil society organisations active in the field of SRHR including through strategic partnerships focusing on strengthening the capacity of local civil society and community-based organisations.[13] It is also one of the few donor countries supporting advocacy and the broadening of civic space.[14] In many countries, we are witnessing the harmful effects of rising populism and ultra-conservatism on civil society space, particularly for organisations and networks led by or advocating for stigmatised and marginalised communities, such as LGBTIQ people, and the persistent and continuous undermining of sexual and reproductive rights. Certain governments have taken specific advantage of the

[11] Community responses to health can be understood as the combination of actions taken by, in and with communities to prevent and address health problems, and to ensure people's wellbeing. They are designed, led and implemented by community groups and members themselves (including those living with and directly affected by health conditions), as well as other types of civil society organizations. They are also multidimensional, ranging from service delivery to advocacy and accountability to community-led research and financing. See: https://aidsfonds.org/assets/resource/file/Community%20Responses%20for%20Health%20-%20Advocacy%20Brief%20-%20WHA72%20-%20FSP%26PITCH%20%281%29.pdf

[12] The CIVICUS Monitor shows a steep decline in civil space, with only three percent of the world's population currently living in countries with open civic space. Communities and civil society organizations across the world, particularly those that are of and/or working for marginalized populations, often face low recognition by governments, limited engagement in national processes (both within and beyond health) and low access to domestic funding. Some of them are also faced with hostile legal and policy environments.

[13] It earmarked nearly EUR 1.5 billion for civil society strengthening and investment in civil society advocacy for the period 2021-2025

[14] https://www.ircwash.org/blog/bringing-empowered-voices-table

COVID-19 crisis to (further) restrict civic freedoms far beyond what is necessary to contain the spread of the pandemic.[15]

The Netherlands recognises that investment in civil society and community advocacy and helping to expand civic space is essential, not only for strengthening civil society as a goal in itself, but also to achieve the SDGs.[16] This makes the Netherlands an important advocate for influencing other bilateral and multilateral donors and governments to step up investment in the community response to health. Furthermore, it has a critical contribution to make towards increasing visibility and space for civil society and communities as essential players in the response to COVID-19 and in the realisation of UHC.

Meaningful youth participation, with young people being a key target group for broader health interventions and important drivers of change

Young people's voices are critical in building quality and equitable health policies and highlight one key fact: "nothing about us without us". In fact, participation in decision making processes is a substantive right of young people and children as laid out in the Convention of the Rights of the Child as well as the ICPD Program of Action.[17]

COVID-19 has once again demonstrated how important it is to engage young people including children in the response to crises such as the current pandemic. Its effects have disproportionately fallen on young people and children's SRHR as schools close, essential services have been disrupted and the risk of (sexual) violence at home as well as online has increased with the lockdowns.[18] To address these unique challenges, active and meaningful engagement of young people in the development of pandemic responses and plans is required to ensure these respond to their lived experiences. Their voices, engagement, and buy-in would promote better uptake of COVID-19 preventive measures, while also ensuring that policies are in line with their needs during the pandemic. To ensure representation of a wide range of voices and perspectives it is key to seek to engage young people and children in all their diversity , including those who (have) face(d) SRHR violations such as exploitation and abuse, child brides and victims of forced marriage, teenage mothers, victims of female genital mutilation, LGBTIQ youth and those who are disabled.

Additionally, there are many important lessons to learn from young people's experiences around their health and sexuality. The way they navigate knowledge, services, cultural nuances, inequalities and discovery in relation to their needs is unique and heavily influenced by their status within society. Among these lessons is the critical importance of rights-based and comprehensive sexuality education, which aims to equip young people from an early age on[19] with the knowledge, skills, attitudes and values they need to determine and enjoy their sexuality. It views sexuality holistically, as a part of young people's emotional and social development[20] Because these programmes are based on human rights principles, they advance gender equality and the rights and empowerment of young people.

[15] https://aidsfonds.org/news/new-research-finds-civil-society-space-to-end-aids-under-threat
[16] Policy Framework for Strengthening Civil Society – Grant Instrument SRHR Partnership fund 2021-2025
[17] https://www.un.org/esa/socdev/unyin/documents/ch10.pdf
[18] https://www.unfpa.org/resources/covid-19-working-and-young-people
[19] While the focus is on young people in this paper, we recognize the importance of age-appropriate comprehensive sexuality education from the age of 5 as defined by UNESCO. See https://unesdoc.unesco.org/ark:/48223/pf0000368231/PDF/368231eng.pdf.multi
[20] https://www.guttmacher.org/sites/default/files/report_downloads/demystifying-data-handouts_0.pdf

The Netherlands recognises this unique dynamic and the demands from young people. It has supported the inclusion of their voices in key policy forums and in data and evidence collection regarding their SRHR needs. The Netherlands should continue to invest in young people, not just in relation to SHRH but to empower them as key players in shaping the implementation of UHC and for them to take care of their overall health needs and knowing their rights.

International solidarity and donor support

Since the political mobilisation around UHC and especially since the outbreak of COVID-19, much attention has been paid to the need to strengthen domestic health care, as it is clear that an effective response to the pandemic thus far has been hampered by years of underinvestment in health systems across the globe. In addition, studies indicate that only about a quarter of all donor financing for health is actually allocated to health system-wide investments[21] which makes achieving UHC very difficult in many low and lower middle-income countries with insufficient domestic health budgets.

In response to COVID-19, donor countries and agencies have been stepping up in terms of financing health and have reallocated development funds to support prevention and treatment services and to mitigate the impact of quarantines and other COVID-19 related measures. However, these efforts will not contribute to achieving UHC without a strong commitment to invest in global health for the long-term.[22] The response to Ebola is an example of this, as donor financing for global health increased during the outbreak and in the immediate aftermath, but it was not sustained over time.

The majority of the Dutch bilateral ODA for health has been specifically allocated to SRHR including HIV, although the Netherlands has at the same time been a strong supporter of multilateral initiatives with a broader health mandate both financially and in shaping their mandates and directions.[23] Also, significant amounts of funds have been made available by the Dutch government to support the more vulnerable countries with their COVID-19 health responses. However, the large bulk of this funding results from shifts in already existing development cooperation budgets and is not additional funding.[24]

The Netherlands should further step up its leadership on global health both during and post-COVID-19, not just in global political spaces and dialogue but also financially. Increased and additional investment in sustainable and rights-based health and community systems is key as it also contributes to improving economic development and growth and social stability[25], as well as specific employment opportunities

[21] https://www.un.org/development/desa/dspd/2020/07/recovering-from-covid

[22] Two of the largest donor initiatives traditionally focused on specific diseases, such as the U.S. President's Emergency Plan for the AIDS Response (PEPFAR) and the Global Fund to Fight AIDS, TB and Malaria (Global Fund) have made resources and their infrastructure available for the fight against COVID-19 and there are ongoing conversations about an evolving (broader health) mandate of these agencies in the new global health era shaped by COVID-19. So far though, the health systems strengthening contributions of these initiatives before COVID-19 have not strayed beyond their disease-specific mandate and are mostly meant to serve the three diseases.

[23] The Global Fund to Fight AIDS, TB and Malaria, Gavi, the Vaccine Alliance, and the Global Financing Facility (GFF)

[24] The only additional funding made available so far is EUR 500 million which is intended to both, support vulnerable countries with COVID-19 relief (150 million) and to compensate for ODA losses resulting from the expected GDP-decline (350 million). Dutch civil society organizations have criticized the government for not meeting the additional EUR 1 billion for COVID-19-relief that was recommended by the AIV: https://donortracker.org/policy-updates?field_countries_regions_topics_target_id_1%5B17%5D=17&page=

[25] See also: https://www.cordaid.org/en/global-health/

for women.[26] At the same time, current funding levels for SRHR and HIV should be safeguarded to protect the gains made so far and as a cost-effective solution for achieving UHC and the SDGs.[27]

Conclusion and policy recommendations

This is a critical time for the Netherlands to use the political momentum resulting from the COVID-19 crisis to make a stronger contribution to global health. It should step up its support to countries in their efforts to achieve UHC and have health systems in place that provides comprehensive, affordable and equitable SRH services to all who need them. Furthermore, the Netherlands is uniquely placed as an international partner and influencer to ensure that global and partner countries' policies and funding promote the full integration of health services, linkages with other crucial development priorities, the health and wellbeing, and the human rights, including sexual rights, for all.

<u>Policy recommendations to Dutch policy makers:</u>

- Ensure an increased and active contribution from the Netherlands to international policy processes and dialogues related to UHC and global health, bringing the lessons learned from the Dutch SRHR approach around rights and civic space and meeting the needs of marginalised populations.

- Promote a rights-based, gender-sensitive and intersectional approach to UHC.

- Continue to push for progressive SRHR and human rights agendas in global health spaces.

- Promote the inclusion of comprehensive SRHR services into UHC as well as the full spectrum of quality health services, including prevention.

- Protect civic space for civil society to hold governments accountable for a rights-based approach to sexual and reproductive health, UHC and COVID-19.

- Politically and financially support community responses to health and community-based primary care, and actively engage with other donors and governments to ensure adequate investment in community-led organisations as mobilisers, service providers, watchdog agents, and advocates in the overall health response.

- Promote innovative solutions to address challenges facing the health workforce (including CHWs) and shortages, ensure full access to personal protective equipment (PPE), and ensure decent working conditions in the health sector.

- Ensure meaningful youth participation in the development and implementation of SRHR and UHC policies and programmes.

[26] According to WHO, women make up for 70% of workers in the health and social sector (2019)

[27] Investment in comprehensive SRHR services in UHC packages is in fact crucial for achieving UHC and it is a cost-effective solution with a high return on investment and positive spillovers for other SDGs. According to research by the According to research by the Guttmacher institute, providing a comprehensive SRHR package would only costs $10.60 per person, per year in low and middle-income countries and every additional dollar spent on contraceptive services would reduce the cost of pregnancy-related and newborn care by three dollars: https://www.guttmacher.org/fact-sheet/adding-it-up-investing-in-sexual-reproductive-health

- Ensure the full integration of SRHR services into COVID-19 and other emergency response plans to avoid disruption of services.

- Continue to invest in SRHR and increase funding for global health via the different multilateral and bilateral channels and through civil society support. Ensure and maintain the focus on particularly vulnerable groups, such as young women and girls, sexually exploited and abused children, LGBTIQ people, sex workers, people who use drugs, and prisoners.

- Consider the development of a broader global health strategy outlining the Netherlands' role as a donor and advocate for a rights-based and gender-inclusive UHC.

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