

Survey Findings: Integrating Sexual and Reproductive Health into UHC Requires Leadership, Financing, and Political Will

For millions of women and girls, access to sexual and reproductive health care remains out of reach. Despite being fundamental to health and wellbeing, these services are chronically underfunded, leaving an estimated 164 million women with unmet family planning needs and contributing to preventable pregnancy-related complications and maternal deaths.

Integrating sexual and reproductive health and rights (SRHR) into Universal Health Coverage (UHC) requires not only sustained investments, but more crucially, political commitment.

Live polling during the Global Leaders Network's fifth Domestic Resource Mobilization webinar, titled ***“Sexual and Reproductive Health (SRH) at the Heart of Universal Health Coverage (UHC): Protecting Rights, Delivering Equity,”*** drew responses from participants across **104 countries**, including policymakers, civil society organizations, multilateral institutions, academic experts, and private sector representatives. The findings highlighted the central role of political leadership in shaping financing decisions and policy reforms that enable the integration of SRHR into UHC benefit packages.

Political Leadership Shapes Financing Priorities

Survey respondents identified government leadership and political commitment as the most critical condition for integrating SRHR services within domestically financed UHC systems, with 62% selecting it as the top enabling factor.

Participants emphasized that strong leadership is what allows governments to translate commitments into concrete financing decisions, whether through budget allocations, benefit package reforms, or strategic purchasing mechanisms.

When asked about barriers to integration, 52% of respondents cited low prioritization of SRHR in national financing decisions, while 15% identified limited fiscal space for health as the primary challenge.

The findings suggest that while financing constraints remain real, political prioritization determines whether available resources are directed toward SRHR services within national health systems.

Participants identified several financing pathways that could accelerate integration. The most frequently cited opportunity, selected by 40% of respondents, was reprioritization within existing public health expenditure, suggesting many countries see progress as achievable through strategic allocation of current resources while continuing to mobilize additional funding.

Other pathways included:

- Expanding fiscal space through domestic resource mobilization measures (18%)
- Transitioning donor-funded SRHR services into public financing mechanisms (16%)
- Strategic purchasing reforms within national insurance systems (14%)
- Revising UHC benefit package inclusion criteria (13%)

Respondents also highlighted the importance of cross-government coordination, with 44% percent identifying stronger collaboration between Ministries of Health and Finance as the most essential institutional partnership for advancing reform.

Country Experiences Demonstrate What Political Commitment Delivers

Zambia's experience shows how political commitment, sustained domestic investment, and international partnerships can expand access to sexual and reproductive health services. In February 2023, the government signed a Compact of Commitment with the United Nations Population Fund (UNFPA) to strengthen domestic financing for family planning and maternal health commodities. Supported by the Ministry of Finance and National Planning, the Ministry of Health, and the Zambia Medicines and Medical Supplies Agency (ZAMMSA), the agreement ensures reproductive health commodities are procured through UNFPA's global supply system. Since then, the country has disbursed more than **USD 11.4 million**, including USD 4.3 million in 2025, and has qualified for UNFPA's Match Fund for three consecutive years, unlocking up to USD 2 million in additional support annually.

The impact has been significant. Family planning commodity availability in Mansa District jumped from 30-40% at the beginning of 2024 to over 90% in 2025. Maternal mortality declined from 252 to 187 per 100,000 live births. "This improved availability empowers women with a wider variety of family planning options, which is crucial for promoting choice," said Rachel Msimuko, Acting Director of the Zambia Medicines and Medical Supplies Agency.

Despite Zambia's progress, historic shifts in donor funding in 2025 triggered a series of disruptions, including delays in the delivery of partner-committed commodities,

weaknesses in health data systems, gaps in human resources, and disruptions in distribution.

Msimuko adds that Zambia's response to the volatile funding landscape has been to "ensure that they keep increasing domestic financing and that critical functions remain government-led".

Advocacy and Partnerships Remain Essential

Even when the economic case for investing in SRHR is clear, sustained progress requires continued advocacy and coalition building.

Dr. Zaynab Essack, a social scientist focused on SRHR implementation, emphasized that translating evidence into policy action requires engagement from governments, civil society, and development partners alike.

At the same time, the global political environment for SRHR has become more contested.

As Buky Williams of Akina Mama wa Afrika noted, "at the 2019 UN High-Level Meeting on UHC, advocates fought for a single paragraph on SRHR. By 2023, that language had weakened further as organized anti-rights movements pressured governments to remove comprehensive commitments."

Civil society organizations are responding by generating evidence through community scorecards, strengthening grassroots engagement in budget processes, and working with local authorities to secure district-level investments in SRHR services.

What Countries Say They Need

Survey respondents identified several areas where additional support could accelerate progress:

- 39% requested tailored country-specific technical assistance on SRHR financing
- 24% sought peer learning exchanges with other countries
- 18% requested tools and templates for costing SRHR services within UHC benefit packages
- Aligning Leadership, Financing, and Policy Reform

The survey findings reaffirm that integrating SRHR into Universal Health Coverage requires both political commitment and sustainable financing.

Political leadership shapes the decisions that determine whether resources are mobilized, prioritized, and effectively used to expand access to essential services.

The Global Leaders Network for Women's, Children's and Adolescents' Health continues to support countries in turning these insights into action, ensuring that sexual and reproductive health remains central to universal health coverage even as fiscal pressures and political debates intensify.

[Watch the recording](#)