High-level Roundtable: Safeguarding Sexual and Reproductive Health and Rights during Global Health Architecture Reform

A cross-regional group of governments, global health initiatives, funders and civil society organisations (CSOs) gathered on the margins of the World Health Summit to discuss the state of sexual and reproductive health and rights (SRHR) in the evolving global health landscape. The discussion examined how SRHR can be prioritised, protected and advanced during a time of intense global health architecture (GHA) reform and geopolitical transformations.

The governments of Spain and South Africa, as the Chair of the Global Leaders Network for Women's, Children's and Adolescents' Health (GLN), hosted the meeting with support from the Partnership for Maternal, Newborn and Child Health (PMNCH) and the Women's Health and Empowerment Network (WHEN).

The discussion was structured around two questions: one on the experiences of delivering and financing SRHR at present, and one addressing the changes in the global health ecosystem and GHA reform efforts.

When discussing the current system, speakers highlighted how the reductions in official development assistance (ODA) and shifting priorities are impacting the provision of essential sexual and reproductive health (SRH) services. One speaker noted that from 67 countries their organisation had contacted, around 80% were downscaling their SRHR programming with adolescent health, maternal child survival and comprehensive sexuality education programming most affected.

Country participants highlighted the non-negotiable importance of SRHR to realising universal health coverage (UHC). In this respect, they underlined the importance of embedding a human rights-based framework into national health systems, as well as into international development and humanitarian responses. They noted the benefits of taking a life course approach to SRHR and embedding it within primary healthcare as part of their UHC efforts to support continuity of care and improve access. Participants shared practical examples of how to strengthen health systems and improve service delivery. One such example came from a country with a federated system – the participant shared the success of using consolidated national purchasing to get the best prices for SRHR commodities, and earmarked budget transfers from national to state level for SRHR to ensure provision is consistent throughout their country.

A key discussion point during the meeting was the importance of ensuring that vulnerable and marginalised populations, especially people in rural areas, Indigenous Peoples, Afro-descendent peoples, LBGTQI+ persons, and people living with HIV, can access essential SRH services. Participants noted that equality and women's empowerment are inextricable with the delivery of SRH services, especially as most of the health workforce delivering these services is female.

When discussing GHA reform, participants agreed that domestic budgets should be the backbone of SRHR financing. Speakers agreed that health sovereignty, which is prominent in GHA reform discourse, should enable countries to deliver services based on the needs of their populations, and that SRHR is an integral part of national health system strengthening efforts. Participants noted that health sovereignty is not just a matter of national governments determining priorities in a vacuum, but rather a way for governments to be accountable to their own citizens first and foremost. Many noted the importance of sub-national structures and civil society engagement in determining SRHR priorities and delivering SRH services, especially to vulnerable and marginalised populations.

Some speakers highlighted the risks of overly focusing on 'efficiency' in reform efforts at the cost of equity and deep expertise in delivering for the most vulnerable and marginalised. Similarly, participants agreed that while integration of SRHR into national health systems, through UHC and primary healthcare, is essential, there is also a risk that integration can lead to invisibility if steps are not taken to safeguard the whole package of SRHR.

The conversation also highlighted the importance of taking a comprehensive approach to SRHR. While services like family planning remain essential, reform must not neglect other critical areas of sexual and reproductive health. A speaker from a global health initiative explained that in their experience, countries were more likely to implement some areas of SRHR than others, with family planning and maternal child health receiving relatively more attention while comprehensive sexuality education, safe abortion care, STI prevention, and issues such as menopause and infertility receive relatively less attention and resources.

Participants highlighted the need for greater regional manufacturing of SRHR commodities to increase reliable access to commodities, and the role that regional collaboration and regional health organisations can play in driving these investments. When speaking about access to SRH services and commodities, another speaker noted that access to SRHR also depends on the legal environment, noting that laws criminalising access to essential SRH services like safe abortion remain in place in many countries.

Participants who spoke on financing said the challenge is less a shortage of money for SRHR but rather how the funding pathways are structured. Participants from funders and financial

initiatives spoke about how to mobilise private and philanthropic funding, noting, for example, the PRYSM Initiative founded by the Gates Foundation, the Hewlett Foundation, and the Packard Foundation that helps match donor interests with country needs to unlock increased philanthropic giving on SRHR. Some speakers also highlighted the need to make a clear investment case for explicit lines of financing for SRHR both at the domestic and international levels.

As the conversation turned to concrete next steps, participants were united in the need to keep SRHR on the agenda of GHA reform efforts, including the WHO-hosted Joint Task Force (JTF) on GHA reform. Speakers noted that the JTF's work is anchored in equity and the right to health and that all participants should highlight the need for the JTF to address SRHR. While the JTF is country-led, it also includes global health initiatives and a regional health organisation, opening different pathways for participants to inform the JTF's work. Some speakers suggested that the JTF should integrate cross-cutting provisions for vulnerable and marginalised populations across all its three workstreams. As a CSO speaker noted, "reform efforts will succeed or fail where people meet health systems and demand the services they need".

In closing, the event hosts thanked participants for the wide-ranging and valuable conversation, as well as their commitment to safeguarding SRHR in global health architecture reform efforts. They invited participants to remain connected for future work on this important subject.

Speakers highlighted the Global Forum on Maternal and Child Survival hosted by Mexico, Spain, and Indonesia due to take place in Mexico City in March 2027 and underscored that this could be a natural venue for a follow-up conversation.