Underfunded and fragmented — a storm is brewing for sexual and reproductive health services

Neha Pathak[1], Shema Tariq[2]

[1]Institute of Epidemiology & Public Health, University College London, London, UK ;
[2]Institute for Global Health, University College London, London, UK

Corresponding Author:
Dr Shema Tariq
UCL Institute for Global Health
3rd Floor, Mortimer Market Centre
Off Capper Street
London, United Kingdom
WC1E 6JB
Email: s.tariq@ucl.ac.uk
Twitter: @savoy__truffle
Telephone: +44 20 7679 7617
Fax: +44 20 3108 2079

The Guttmacher-*Lancet* Commission's report on Sexual and Reproductive Health and Rights for All[1] arrives at a time of renewed attention on sexual and reproductive health and rights (SRHR). The SheDecides campaign launched in early 2017, is centred on the right of women and girls to bodily autonomy. It is a direct response to the United States' (US) reinstatement of the Mexico City Policy (also known as the Global Gag Rule), which blocks USAID funding for non-US organisations offering abortion services or information. Since then we have witnessed the emergence of the #metoo and #timesup movements, bringing sexual abuse and assault squarely into the public eye.

The changes are set against a backdrop of persistent and significant challenges in SRHR. The Commission's report draws attention to the scale of global SRHR need. More than 200 million women in developing regions want to prevent pregnancy but are not using effective contraception; 25 million unsafe abortions are performed each year worldwide; nearly 350 million men and women contract a curable sexually transmitted infection (STI) each year with 2 million people newly acquiring human immunodeficiency virus (HIV); and one-in-three women experience violence in their lifetime (1). These are preventable public health problems. If all women requiring contraception had access to effective methods, an estimated 375 million unplanned pregnancies would be prevented annually (2). With regard to HIV, advances in antiretroviral therapy (ART) mean that HIV is now a long-term condition with near-normal life-expectancy for those starting treatment early (3). Furthermore, those on suppressive ART cannot transmit HIV sexually (4).

Cost should not be a barrier to advancing SRHR. SRHR investments are among the most cost-effective public health interventions available. For example, investing in modern contraception and safe childbirth is projected to generate a four-fold return through the prevention of maternal and neonatal mortality, stillbirths and disability (5).There are also broader social and economic gains to be achieved through investing in SRHR, as outlined in the report. Pregnancy spacing reduces maternal and neonatal mortality, improves infant survival through better health and education, increases women's economic productivity and raises gross domestic product per capita. The World Health Organisation estimates a social and economic benefit:cost ratio of almost 9:1 of providing sexual and reproductive health (SRH)

services, projecting this to rise to 39:1 by 2050 (6). Finally, we must not overlook the importance of SRHR on an individual level. Safe and fulfilling sex is central to many people's lives and is a fundamental human right. Everyone deserves to have sex free from the fear of disease, violence, or unplanned pregnancy as outlined in the Declaration of Sexual Rights.

The report outlines a bold and holistic vision for SRHR in the 21st Century. Improvements will not come with the implementation of effective interventions alone. It will have to go hand-in-hand with the advancing of rights through policy, legal reform, and wider social change. The Commission recommends a minimum package of SHRH interventions comprising: comprehensive sexuality education, contraception, services to safeguard maternal and newborn health, safe abortion, prevention and treatment of HIV and other STIs, prevention, detection and management of gender-based violence, infertility services, prevention, detection and management of reproductive cancers, and services for sexual health and wellbeing. Moreover, whilst emphasising that SHRH needs are universal, it rightly identifies groups who may have particular needs such as adolescents, sex workers, refugees, and those from the diverse lesbian, gay, bisexual, transgender, queer, and intersex (LGBTQI) communities.

Yet sex is a highly-politicised topic, and progress cannot be made without strong leadership. Unfortunately, SRHR are under threat globally due to weak political will and ideologies that are increasingly at odds with the rights of women and minority groups. The reinstatement of the Global Gag Rule by the US has been the most restrictive in recent times. It not only restricts access to abortion care, but also makes it impossible for non-governmental organisations (NGOs) to deliver other SRH and healthcare interventions in lower income countries. The Commission rightly points out that as SRH becomes increasingly marginalised as a form of healthcare, these countries are increasingly dependent on external donations. The Global Gag Rule is effectively an attack on equitable SRHR.

Although much of the Commission's report is aimed at low- and middle-income countries, the need for greater political commitment equally applies to SRH provision in high-income countries. Here in England, the 2012 Health and Social

Care Act has resulted in the funding of components of sexual health services, such as contraception and termination of pregnancy, being spread across three separate public bodies (Figure 1). This fragmentation of services has been devastating for service provision. Furthermore, English public health budgets have been slashed, with sexual health shouldering a disproportionate burden of these cuts. Sexual health budgets are estimated to have been reduced by £30 million since 2016 (7). A storm is brewing. In 2015, the Family Planning Association warned that the current level of cuts could result in an extra 72,299 STI diagnoses by 2020, at a cost of £363 million and an additional £8.3 billion spending as a result of unintended pregnancies (8). We see the impact in Lambeth in London which has the highest number of STIs diagnosed in England. The local sexual health service has had an 85% cut in funding, resulting in three clinic closures (7). A similar picture is emerging elsewhere in the country. All this comes at a time when the first case of multi-drug resistant gonorrhoea has been reported in the UK, a significant threat which requires more, not less, investment in frontline sexual health services (9).

The Guttmacher-*Lancet* Commission sets out a clear and compelling argument for investment in SRHR. It also highlights the inextricable link between SRHR and social justice, demanding a cross-specialty and cross-sectoral response. This report is a call to arms for healthcare providers, public health practitioners, governments, non-governmental organisations and civil society to recognise the importance of SRHR and fight for their implementation. Only by working together can we achieve the bold and ambitious vision of universal SRHR presented in this report.

Competing interests

ST has previously received a travel bursary funded by Janssen-Cilag through the British HIV Association, speaker honoraria and funding for preparation of educational materials from Gilead Sciences, and is a member of the steering group of SWIFT, a networking group for people involved in research in HIV and women, funded by Bristol Myers Squibb. NP has previously received WHO funding to attend and present at WHO training on gender-based violence and family planning.

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