

**Speech by IPPF Director General Alvaro Bermejo for the Launch of the UHC publication**  
***Leaving no one behind: universal health coverage and sexual and reproductive health and rights***  
**- FINAL -**

**31<sup>st</sup> January 2019, Embassy of Japan, London**

Ambassador Tsuruoka, Excellencies, colleagues & friends,

My name is Alvaro Bermejo and I am the Director General of IPPF. It is a privilege and great pleasure to be here with you all today. Thank you for taking time from your busy schedules to join us this evening.

IPPF is a global service provider and a leading advocate of SRHR. It is the world's largest community network with 135 national organizations or member associations working in 166 countries including the UK and Japan.

IPPF has very strong roots in Japan. Madam Shizue Kato, one of the first Japanese female parliamentarians and leaders of Japan's family planning movement, is among our founding mothers. Since its foundation, IPPF has enjoyed a long history of partnership with Japan. And 2019 is a special year for us as it marks the 50<sup>th</sup> anniversary of our partnership with the Government of Japan. I want therefore to thank the Government of Japan for its unwavering support to IPPF and to advancing women and girls sexual and reproductive health and rights.

Japan's decision to collaborate with IPPF was strongly supported by the former Japanese Prime Minister, Mr Nobusuke Kishi, who is the grandfather of the current Prime Minister Shinzo Abe. Mr Nobusuke Kishi was inspired by a visit to one of the clinics run by our member association in India. During that visit he identified the strong convergence between the Government of Japan's aspirations and the vision of IPPF.

Mr Nobusuke Kishi was also the driving force behind Japan's own **Universal Health Coverage which was successfully achieved under his premiership**. It is great to see that Mr Kishi's grandson, Mr Shinzo Abe, continues to build on Japan's own experience to promote UHC globally. Together with partners like IPPF, the Government of Japan has been at the forefront of successful campaigns that have resulted in UHC

being adopted as an SDG target. The fact that access to sexual and reproductive health for all has also been adopted as separate SDG targets, means that we are now in a promising strategic position to really make sure that no-one in our world is left behind, and that everyone is able to enjoy human security that lies at the heart of Japan's ODA vision.

The discussion on SDGs and human security leads me nicely to introduce our new publication *Leaving no one behind: UHC and SRHR*. The publication draws on an extensive review of the literature to offer key insights into the progress and challenges of achieving universal access to SRHR. The review was funded by the Government of Japan and was a collaboration between the London School of Hygiene & Tropical Medicine and IPPF. The second part of the publication offers examples from four selected countries, showing how IPPF member associations contribute to UHC by promoting sexual and reproductive health and rights for all.

The review conducted as part of this publication offers three very clear findings:

- First, **universal access to sexual and reproductive health is highlighted in the SDGs** as a driver to ensure healthy lives and well-being (Goal 3), and to achieve gender equality and women's empowerment (Goal 5). The core rationale for UHC is to attain the highest attainable standard of health for all human beings and therefore, it is a pre-requisite to protect, respect and fulfil human rights, including SRHR. However, access to SRHR is still far from being universal. Factors such as income, age, ethnicity, educational level, location, and gender identity make it difficult for so many to exercise their rights to accessing and benefiting from SRH services. It is therefore imperative that we 'leave no one behind' and focus on the challenges of access faced by the poorest, the most vulnerable, and the most marginalised. For this reason, at IPPF we work not only to improve health systems and access to health services and but also to empower people to make positive health choices.
- The second finding of the review highlights the **alarming high out-of-pocket expenditures required to access and use reproductive health services**. A substantial proportion of spending on SRH services is currently paid by individuals because of a lack of financial protection and insufficient government and donor funding. For instance, in 2014 more than US\$1.2 billion was

spent on contraceptive supplies across 135 low- and middle-income countries: 25% were covered by donor funds and 17% by government resources **BUT 58% of these costs were incurred by individuals**. Women, crucially, made significantly higher out of pocket payments than men, partly due to the high financial costs required for delivery care and other reproductive health services. Far too many people remain unable to bear the cost of accessing these services without falling into deep poverty. Ensuring that people have the right information and SRH services is therefore a win-win situation: it benefits the population and improves the overall quality of health services.

- And the third key insight from the review shows unequivocally that **health services offered in many developing countries only address a limited number of SRH needs**; and is not sufficiently developed to meet the diverse health needs of different population groups. **Comprehensive sexual and reproductive health services must be part of health benefits packages**. These must include essential services defined by the new definition of SRHR published by the Lancet-Guttmacher Commission last year, and they need to be fully integrated with provision of primary health care.

You will see that the report showcases 4 examples of how IPPF's member associations in Afghanistan, Cambodia, Kenya and Sudan positively contribute to UHC. Our MAs in these countries have in-depth experience and knowledge of how to tackle barriers which obstruct people's access to health services in specific local contexts. For example, our MA in Afghanistan has been providing quality, integrated and stigma-free SRH services to survivors of gender-based violence addressing their special needs. Our MA in Cambodia has sensitizing factories on the importance of addressing workers' SRH needs and creating enabling environment to improve workers' health. All IPPF's MAs are committed to a **'no-refusal policy'** which means that every client receives the services they need regardless of their ability to pay. The public sector alone can not guarantee that 'no one is left behind.' For this reason, IPPF Member Associations have innovative service delivery networks consisting of static clinics, mobile clinics, community-based distributors and associated clinics that provides sexual and reproductive health services, essential medicines, and commodities in ways that are effective, culturally appropriate, and offer value for money. These unique grassroots mechanisms allow IPPF to reach communities that are normally not served by the public health care system, making a clear contribution to ensure that 'no one

is left behind'. And we are proud to say that more than 80 per cent of IPPF clients are poor and vulnerable people such as those living in rural or remote areas, internally displaced people, those experiencing crisis and hazards, people living with HIV and young people who are often marginalized in society.

I would like to emphasize that SRHR is inseparable from any commitment to UHC, women's empowerment and human dignity. UHC enables everyone to exercise their right to health and wellbeing, to live a life of dignity, and to aspire to better and more secure futures. As such I would also like to acknowledge that UHC is a bigger aim than only achieving SRHR, and therefore it is an opportunity to find common ground with other health areas to push together for the right to health for all, especially the most marginalised.

IPPF is fully committed and proud to advancing this agenda both at the national and the international level, ensuring that the High Level Meeting on UHC, which will take place in the UN General Assembly in September this year, achieves that Governments commit to provide UHC in most countries in the world, and to achieve that our partnership with Japan is crucial to our success. We look forward to a future in which our partnership will enable us to be at the cutting edge of promoting UHC through universal reproductive health coverage.

To conclude, I would like to present a short film recently produced about the work our member association in Malawi. Family Planning Association of Malawi has been working with local communities to bring an end to child marriage and increase people's access to SRHR services by tackling challenging issues which affect local women's health and wellbeing. I hope the film offers you a glimpse of IPPF's MAs impact on the ground as well as the ongoing challenges we face.

MALAWI FILM (1 minute)