

Call for Papers

Universal Health Coverage: Sexual and Reproductive Rights in Focus

Volume 28 Issue 2, 2020

Context

Political and public health agendas promise, and evidence indicates, that universal health coverage (UHC) will deliver significant benefits for improved access to health services, including for sexual and reproductive health (SRH). UHC also has potential to protect from impoverishment arising due to ill health. Experiences across low- and middle-income countries suggest that the achievement of UHC requires attention to, and integration of, core principles of equity, solidarity, gender equality and human rights.

In the current political climate, achieving UHC for sexual and reproductive health and rights (SRHR), particularly in the context of rights, can be challenging. There is under-representation of SRHR in broader public health discussions and longstanding neglect of the needs and rights of the most marginalized, including women and girls, refugees, migrants, people living with disability, people living with HIV, as well as lesbian, gay and transgender people.

The integration of SRHR within the context of UHC is considered to be an essential element for fulfilling Agenda 2030. However, progress towards SRHR generally, and in the context of UHC in particular, requires a combination of political commitment and well-defined and coherent strategies for ensuring successful integration of rights-based approaches to SRHR interventions. There is limited understanding as to how integration of SRHR within UHC National Strategic Plans can be designed, monitored and successfully implemented.

This SRHM themed issue explores the promises and limitations of UHC for SRHR, with special attention to rights-based perspectives. We aim to examine whether UHC policies and their implementation sufficiently address SRHR. The journal issue seeks current evidence of UHC reforms at both the global and country level and provides analysis through an SRHR lens. Questions regarding the circumstances under which UHC leads to the improvement or worsening of inequalities and the respect and protection of SRHR will be considered. Examples of UHC reforms that have paid explicit attention to SRHR within a rights framework will be examined.

Submitted papers may explore the following areas: how SRHR is defined and reflected in a specific UHC plan; the availability, accessibility (including affordability), acceptability and quality of SRH services; discrimination; and accountability, with attention to population coverage and services delivered. Papers submitted to the themed issue may also seek to assess how SRHR obligations are

understood and implemented in different local contexts, in terms of political commitment, health system programming and service delivery.

Scope of papers

We welcome original research and analytical reviews, including implementation research and policy and legal analyses; commentaries and critical perspectives. We also encourage the submission of narratives from individuals with first-hand experiences, and contributions from activists working in the field of SRHR and UHC. Papers discussing the opportunities and challenges that UHC brings in relation to the following topics are of special interest:

- Attention to SRHR:
 - Whether and how explicit attention to SRHR can be safeguarded in the UHC agenda;
 - How principles of availability, accessibility, acceptability and quality are integrated within the UHC agenda in different contexts, specific to SRHR;
 - Why and how social, cultural, political contexts can, or have, influenced the integration of SRHR in UHC (e.g. conditions, enablers, barriers, mechanisms);
 - Whether and how the failure to incorporate a rights-based approach to UHC and SRH affects the achievement of universalism, equity, and the protection of human rights.
- Universalism, equality, non-discrimination (intersectional) and inclusion:
 - Whether and how equality and non-discrimination can be ensured within the UHC agenda, including the needs and rights of adolescents, people living with disability, migrants (documented and undocumented), people living in informal settlements (e.g. slums), people living in humanitarian crisis, lesbian, gay and transgender people, and sex workers;
 - What progressive universalism means in practice as a strategy to expand UHC, and specifically what that means for ensuring access for the most marginalised.
- Health systems and health financing:
 - Whether and how UHC policies and their implementation take into account a comprehensive understanding of SRHR, and whether and how rights perspectives are incorporated into UHC policies and their implementation;
 - How health system interventions in relation to UHC aim to deliver comprehensive SRH services to all populations, (e.g. in relation to politically sensitive services such as safe abortion or comprehensive sexuality education) in both the public and private sector;
 - How UHC reforms and policies support and/or hinder quality SRH services, both at the health systems level (e.g. provider attitudes, capacity of workforce to deliver) and at the individual level (e.g. being treated with dignity and respect);
 - How UHC financing and resource policies support or undermine the respect, protection and fulfilment of SRHR;
 - Whether health financing decisions within the framework of UHC impact on health system organization in relation to SRHR, and whether these decisions take into account the rights and needs of most marginalised including their financial hardship, in seeking and receiving SRH services;
 - Whether and how private sector service delivery can encompass a comprehensive approach to SRHR and accountability.

- Structural barriers and social determinants:
 - How the legal and policy environment and other structural barriers influence and impact the realization of SRHR in the context of UHC, including gender inequalities, economic barriers, criminalization of certain SRH behaviours, acts and services (e.g. sex work, abortion, homosexuality, and other legal, regulatory and policy barriers to SRHR, such as those related to conscientious objection, third party authorization, arbitrary waiting periods for services, or unnecessary licencing requirements for providers and institutions).

- Accountability:
 - Who is accountable to whom, and for what, with respect to SRHR and UHC, considering state/nonstate and private/governmental actors, and the donor and international community.

- Data, research and measurement:
 - What counts as data and evidence in considering SRHR in the UHC agenda and how data is being interpreted within an SRHR context;
 - What research approaches are potentially powerful for documenting how SRHR is integrated with UHC;
 - How we measure the implications for SRHR inclusion/exclusion in relation to UHC.

Submissions

Submissions will be accepted between July 17 and December 31, 2019. Submit papers at <http://www.edmgr.com/zrhm/default.aspx>

Please read our *Instructions for Authors* carefully before submission at: <https://tandfonline.com/action/authorSubmission?journalCode=zrhm21&page=instructions>

Papers published in this themed issue will be free from article publishing charges. When submitting, please quote waiver code: ZRHM-2019-UHC