



## ADVOCACY BRIEF

# Putting women, children and adolescents at the heart of universal health coverage

*Women, children and adolescents account for two thirds of the world's population, and nearly 80% in sub-Saharan Africa. Universal health coverage therefore cannot be achieved without realizing women's, children's and adolescents' health. In turn, women's, children's and adolescents' health cannot be achieved without realizing UHC.*

The movement for universal health coverage (UHC) provides an unprecedented opportunity to accelerate progress towards ending preventable deaths and improving the health and well-being of women, children and adolescents around the world. At the same time, the UHC movement needs to recognize that in order to achieve its aims, it must prioritize the health needs of vulnerable and disadvantaged women, children and adolescents, and others left furthest behind. They are hardest hit by disease, inequities, and financial and environmental challenges – and they often have the least power and influence.

All those who support women's, children's and adolescents' health (WCAH) must strive to ensure that United Nations and World Health Assembly resolutions on UHC, as well as national UHC strategies, explicitly place WCAH at the heart of UHC.

## How does prioritizing women's, children's and adolescents' health contribute to achieving UHC?

UHC is achieved when all people in all communities have access to the high-quality health services they need, and that using those services does not cause financial hardship. Services include health promotion, prevention, treatment, rehabilitation and palliative care.<sup>1</sup> There is global commitment to achieving UHC through people-centred, integrated policies and programmes. A life-course approach provides an evidence- and rights-based framework to do so.<sup>2</sup> The principle of “leaving no one behind” is central to UHC, the Sustainable Development Goals (SDGs) and the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030) (see Box 1).

Countries can only achieve UHC by increasing government investment in health care for the entire population, especially at the primary health care level.<sup>3,4</sup> Primary health care is the most cost-effective way to address most health challenges. It provides a platform for multisectoral action, integrating services, social accountability and innovations such as digital health.

**Women of all ages, children and adolescents account for two thirds (66%) of the world's population, rising to 76% in sub-Saharan Africa.**<sup>5</sup> UHC cannot be achieved without addressing their specific needs for quality health care. Those experiencing poverty, exclusion, violence and discrimination, and those living in humanitarian and fragile settings often have the least access to quality care and financial protection.<sup>6,7</sup> By meeting their needs, countries can make considerable progress towards achieving UHC.

**Women, children and adolescents have significant unmet health needs:** Preventable deaths and the burden of ill health among women, children and adolescents across the life course remain unacceptably high (see Box 2). Adolescents face particular challenges in terms of access to and quality of care, as they have specific needs (including for confidentiality) and may not be reached by mechanisms aimed at children and adults.<sup>8</sup>

**Lack of resources and influence – often reflecting poverty, gender inequalities and other social determinants – place women, children and adolescents at higher risk of ill health and can exacerbate financial hardship:** Large inequities in health outcomes and service coverage persist across the life course, indicating that the equity principles underpinning UHC are not being realized. Linking UHC benefits packages specifically to the health needs of vulnerable populations can help achieve gender balance and equity.<sup>9</sup>

**The socioeconomic benefits from investing in women's, children's and adolescents' health are high:** For example, an analysis of the returns from investing in reproductive, maternal, newborn and child health in 74 high-burden countries found a projected benefit–cost ratio of 8.7 to 1, based on a per capita expenditure of less than US \$5.<sup>10</sup> Another study found that improving the physical, sexual and mental health of adolescents aged 10–19 years could bring a 10-fold economic benefit.<sup>11</sup> Enabling women to plan their pregnancies through improved access to contraception increases women's economic productivity, household income and savings, and GDP per capita.<sup>12</sup> Comprehensive, integrated investments in sexual and reproductive health and rights benefit men and other genders as well.

**There is a strong legal imperative to uphold the rights of women, children and adolescents to the highest attainable standard of health, as required by international law.** Discrimination, abuse and violence against women, children and adolescents are among the most widespread human rights violations, and erode physical and mental health and well-being. Women's human rights include their right to have control over and decide freely and responsibly on all matters related to their sexuality, free of coercion, discrimination and violence.<sup>13</sup> Realizing these rights is essential to achieve gender equality, empower women, address inequities in access to care, and accelerate progress in preventing ill health and reducing mortality.<sup>14</sup> Allocating adequate resources to improve WCAH is a central part of a rights-based approach to health financing and UHC and a concrete step towards ensuring that throughout the life course no one is left behind.

### Box 1 Every Woman Every Child focus areas

Since 2010, the Every Woman Every Child (EWEC) movement, led and supported by two successive United Nations Secretaries-General, has put the survival, health and well-being of women, children and adolescents at the top of the development agenda. Between 2010 and 2018, EWEC partners mobilized US\$ 88 billion and 742 commitments.<sup>15,16</sup> In 2018, more than 400 million women, children and adolescents were reached by services as a result of these commitments.<sup>16</sup> In May 2016, WHO Member States adopted a resolution in support of the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030),<sup>17</sup> which is closely linked to the SDGs, UHC and primary health care. And in 2017, the EWEC community defined the following six focus areas for action, all of which depend on and contribute to progress towards UHC.<sup>18</sup>



**Early childhood development:** Investing in health, nutrition and well-being during the early years of life has a profound impact on brain development, affecting a child's learning, health, behaviour and ultimately income.



**Adolescent health and well-being:** Investments in adolescents' health and well-being can transform the lives of young people and generate significant economic returns, yielding a triple dividend: health benefits for adolescents, for the adults they will become, and for the next generation.



**Quality, equity and dignity in UHC:** QED efforts aim to ensure equitable access to high-quality care throughout pregnancy, childbirth and the postnatal period, and that all women, newborns, children and adolescents have a positive experience of care that respects and fulfils their rights.



**Sexual and reproductive health and rights:** Providing a comprehensive package of services that addresses sexual and reproductive health needs and rights throughout the life course benefits women, adolescents, children and societies at large and is highly cost-effective.



**Empowerment of women, girls and communities:** Laws, policies and social norms that advance gender equality and combat discrimination, coercion and violence are crucial to ensuring that populations and communities survive, thrive and transform; women, children and adolescents must be agents of change in these processes.



**Humanitarian and fragile settings:** Humanitarian and development sectors must align to ensure that the needs of women, children and adolescents are met in humanitarian and fragile settings, including access to adequate quality services and interventions across the life course.

## Box 2 Unmet health needs across the life course

- In 2017, 295,000 women died from preventable causes related to pregnancy and childbirth, almost all in developing countries; the lifetime risk of maternal death is 1/37 in sub-Saharan Africa compared with 1/7,800 in Australia and New Zealand.<sup>19</sup>
- 5.3 million children died under the age of 5 in 2018; most of those deaths could have been prevented by vaccines and other simple, affordable interventions.<sup>20</sup>
- In 2018, 2.5 million newborns died in their first month of life, mostly from preventable causes.<sup>20</sup> Up to 30 million newborns require inpatient care every year, but only 50% of small and sick newborns have access to quality care.<sup>21</sup>
- Half of the 2.6 million stillbirths each year occur during labour and birth; many of these deaths could have been prevented if the mothers had been in good health and had received appropriate care during pregnancy and childbirth.<sup>22</sup>
- In low- and middle-income countries, an estimated 250 million children aged under 5 years (more than 4 in every 10) are at risk of suboptimal development due to extreme poverty and stunting.<sup>23</sup>
- Some 250 million children are living in countries affected by armed conflict, while 160 million are very likely to suffer from famine and crises of food security.<sup>24</sup>
- In 2017 globally, HIV was among the top 10 causes of death for adolescents (aged 10–19 years), and each day, 460 adolescent girls became newly infected with HIV.<sup>25</sup>
- In 2017, 214 million women of reproductive age in developing countries who wanted to avoid pregnancy were not using a modern contraceptive method; 43% of pregnancies in these countries are unintended.<sup>26</sup>
- In 2016, 3.9 million unsafe abortions occurred among girls aged 15–19 in developing regions, contributing to maternal mortality and lasting health problems.<sup>27</sup>
- Gender discrimination, harmful gender norms, early marriage, female genital mutilation, gender-based and sexual violence, and lack of decision-making power are among the factors that impact negatively on the health and well-being of many women and girls.
- More than 1 in 3 (35%) women worldwide have experienced physical and/or sexual violence by an intimate partner or sexual violence, not including sexual harassment, by any perpetrator.<sup>28</sup> In some crisis settings more than 70% of women have experienced gender-based violence.<sup>29</sup>
- Other specific health challenges across the life course for girls and women include nutritional problems (e.g. iron deficiency anaemia), breast, cervical and ovarian cancers, and postpartum depression.



## How can UHC contribute to improving women's, children's and adolescents' health?

To meet the particular needs of women, children and adolescents through UHC policies and programmes, the following key elements must be addressed.

**Financial protection:** Health financing mechanisms must ensure that no one – including women, children and adolescents – suffers financial hardship or reduced living standards due to payment for health services.<sup>30</sup> There are a range of options for organizing the financing of health systems to ensure financial protection, encompassing both public and private sector service provision. However, it is crucial to make sure that financing systems are gender-responsive, and to assess financing options according to how much people pay relative to their ability to pay – particularly addressing the greater burden of out-of-pocket and informal payments faced by women. This type of analysis is especially relevant for women, children and adolescents to ensure that inequities are reduced and rights are respected.<sup>9</sup>

**Health services and interventions:** Health systems must decrease financial and non-financial barriers to and ensure the availability and accessibility of essential, integrated health services and interventions across the life course. Awareness and knowledge of these must be promoted among the population. Health systems must also support health literacy and self-care interventions, which enable individuals and families to make informed decisions and can be pivotal for reaching vulnerable populations.<sup>31</sup> Services and interventions include those for sexual, reproductive, maternal, newborn, child and adolescent health and nutrition, which are promotive, preventive and cost-effective.<sup>9</sup> Most interventions are best delivered at primary health care level close to where people live, through health centres and community-based services. Some vital services (such as emergency care and management of complications) require effective referral systems and higher-level care. Targeted plans and innovative strategies are needed to ensure the availability and accessibility of high-quality WCAH services, including sexual and reproductive health and rights interventions, for the poorest and most marginalized groups, with clear equity-based targets prioritizing services for the most disadvantaged.

**Health workforce:** A sufficiently trained, resourced, distributed and supported health workforce – with the appropriate skill mix to provide good quality primary health care – is vital to accelerate progress towards achieving UHC and improving WCAH. Some of the greatest inequities in health outcomes arise from health workforce gaps.

a. See *Global Strategy for Women's, Children's and Adolescents' Health (2016-2030)*, Annex 2. The World Health Organization has developed a comprehensive repository for UHC interventions across the life course (2019).



**Quality of care:** Commitment to and investment in quality of care in both public and private sectors are essential. High-quality care is people-centred, responds to the unique needs of all women, newborns, children and adolescents, treats everyone with respect, dignity and kindness, and is delivered in a safe, effective, timely and efficient manner. Women, children, adolescents and communities must be actively engaged in designing and implementing quality improvement strategies.

**Supportive legal and policy environments:** National laws and policies must guarantee and protect the right to health and access to essential services. Laws and policies that prohibit or restrict access to health services by individuals or groups based on age, sex, ethnicity, religion, disability, marital status, sexual orientation, gender identity or other prohibited grounds for discrimination must be rescinded. Interventions to help communities understand people's rights to high-quality health care must be supported, and they must be included in decision-making processes that affect them and the services they need.

**Data:** Robust, representative and disaggregated data on WCAH from health information systems and from population-based surveys are essential to provide evidence for making decisions on health priorities and the allocation of resources, and for tracking progress towards the fulfilment of commitments.

**Accountability:** Accountability should focus on primary health care, the main pathway to achieving UHC targets. Strong sociopolitical accountability is needed at all levels and should include the health workforce, parliaments, civil society and the media. Citizens' hearings can bring the voices of communities to the attention of leaders and policy-makers, and mechanisms for community monitoring of local health service delivery can help ensure that services meet the needs of the local population. Independent accountability is vital to end corruption and promote social justice, the rule of law and good governance, as envisaged in the SDGs. The accountability agenda is crucial to building a healthier, more secure world.



## What must we do?

In the run-up to the High-Level Meeting on UHC on 23 September 2019, the message must be loud and clear: women, children and adolescents (and their health) are essential to achieving the UHC-related SDG targets. This urgent call must reach delegates, missions, advocates and other key stakeholders. Collective efforts by civil society and governments will be key to a successful outcome.

Beyond the High-Level Meeting, it is also vital to ensure that UHC policies and programmes prioritize gender equality and WCAH interventions, as well as identify the best ways to meet the specific needs of women, children and adolescents. This is essential for delivering UHC and the SDGs and enabling all women, children and adolescents to survive and thrive, leaving no one behind.

We must work together to:

- Ensure that the delivery of a comprehensive package of WCAH interventions across the life course, with an endeavour to reach the furthest behind first, is prioritized in all efforts to achieve UHC and strengthen health systems. This package includes sexual and reproductive health-care interventions, including family planning services, information and education.
- Make UHC policy design processes in countries inclusive and transparent, involving diverse stakeholders including adolescents, women's organizations, marginalized and disadvantaged groups, civil society and health-care professional associations.
- Incorporate equity- and rights-based factors, including gender equality, into country UHC prioritization processes and ensure they are based on the principles of nondiscrimination, informed choice, transparency and accountability.
- Ensure that UHC policies enshrine the core principles of human rights and that WCAH interventions are available, accessible, acceptable and of high quality for all, especially for disadvantaged populations.
- Foster multisectoral efforts to address the social determinants of health, including those that impact access to and utilization of WCAH interventions, and promote dialogue about the contributions of other sectors (especially education) to WCAH and UHC.
- Increase domestic financing to support UHC programmes, including WCAH interventions, taking into account how financing schemes affect women's, children's and adolescents' access to high-quality services, in order to ensure financial protection.
- Integrate WCAH metrics showing the effective coverage and quality of comprehensive services into health information systems and UHC monitoring frameworks, improve data quality and disaggregate UHC coverage data by equity dimensions, including wealth quintile, gender identity, sex, age, geographic location and country-specific factors.
- Continue to build and promote the use of country-specific evidence on the cost and cost-effectiveness of WCAH interventions to achieve allocative efficiency, and support country-specific WCAH resource tracking to ensure that prioritization can be based on contextually relevant evidence.
- Commit to focus all planning and activity for UHC and WCAH accountability on country needs and country impact, in alignment with established national review mechanisms for health, human rights and SDG impact.



## Useful UHC resources

**Alliance for Gender Equality and UHC:** <https://www.womeningh.org/uhc-gender>

**Primary health care:** <https://www.who.int/health-topics/primary-health-care#tab=overview>

**UHC 2030:** <https://www.uhc2030.org/>

**WHO:** [http://www.who.int/universal\\_health\\_coverage/en/](http://www.who.int/universal_health_coverage/en/)

## Global strategies, action plans, standards and guidance for women's, children's and adolescents' health

- Global Strategy for Women's, Children's and Adolescents' Health (2016-2030): [http://www.everywomaneverychild.org/wp-content/uploads/2017/10/EWEC\\_GSUpdate\\_Full\\_EN\\_2017\\_web-1.pdf](http://www.everywomaneverychild.org/wp-content/uploads/2017/10/EWEC_GSUpdate_Full_EN_2017_web-1.pdf)
- Strategies toward ending preventable maternal mortality: [https://www.who.int/reproductivehealth/topics/maternal\\_perinatal/epmm/en/](https://www.who.int/reproductivehealth/topics/maternal_perinatal/epmm/en/)
- Every Newborn, a joint action platform for the reduction of preventable newborn deaths and stillbirths: <https://www.healthynewbornnetwork.org/issue/every-newborn/>
- Quality, Equity, Dignity, a network for improving quality of care for maternal, newborn and child health: <http://www.qualityofcarenetwork.org/>
- Standards for improving quality of maternal and newborn care in health facilities: [https://www.who.int/maternal\\_child\\_adolescent/documents/improving-maternal-newborn-care-quality/en/](https://www.who.int/maternal_child_adolescent/documents/improving-maternal-newborn-care-quality/en/)
- Standards for improving the quality of care for children and young adolescents in health facilities: [https://www.who.int/maternal\\_child\\_adolescent/documents/quality-standards-child-adolescent/en/](https://www.who.int/maternal_child_adolescent/documents/quality-standards-child-adolescent/en/)
- Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential: [https://www.who.int/maternal\\_child\\_adolescent/documents/nurturing-care-early-childhood-development/en/](https://www.who.int/maternal_child_adolescent/documents/nurturing-care-early-childhood-development/en/)
- Global Accelerated Action for the Health of Adolescents (AA-HA!): guidance to support country implementation: [https://www.who.int/maternal\\_child\\_adolescent/topics/adolescence/framework-accelerated-action/en/](https://www.who.int/maternal_child_adolescent/topics/adolescence/framework-accelerated-action/en/)
- Global standards for quality health care services for adolescents: [https://www.who.int/maternal\\_child\\_adolescent/documents/global-standards-adolescent-care/en/](https://www.who.int/maternal_child_adolescent/documents/global-standards-adolescent-care/en/)
- Reproductive health strategy to accelerate progress towards the attainment of international development goals and targets: [https://www.who.int/maternal\\_child\\_adolescent/documents/global-standards-adolescent-care/en/](https://www.who.int/maternal_child_adolescent/documents/global-standards-adolescent-care/en/)
- The global strategy and action plan on ageing and health: <https://www.who.int/ageing/global-strategy/en/>

## References

1. Universal health coverage. Fact sheet. Geneva: World Health Organization, 2019. [http://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-\(uhc\)](http://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-(uhc))
2. Kuruvilla S, Sadana R, Villar Montesinos E et al. A life-course approach to health: synergy with sustainable development goals. *Bull World Health Organ.* 2018; 96:42–50. <https://www.who.int/bulletin/volumes/96/1/17-198358.pdf>
3. McIntyre D, Meheus F, Røttingen JA. What level of domestic government health expenditure should we aspire to for universal health coverage? *Health Econ Policy Law.* 2017; 12:125–137. <https://www.cambridge.org/core/journals/health-economics-policy-and-law/article/what-level-of-domestic-government-health-expenditure-should-we-aspire-to-for-universal-health-coverage/B03E4FAA9DB51F4C9738CB584C9C8B31>
4. Shared responsibilities for health: a coherent global framework for health financing. Final report of the Centre on Global Health Security Working Group on Health Financing. London: Chatham House, 2014. <https://www.chathamhouse.org/publication/shared-responsibilities-health-coherent-global-framework-health-financing>
5. Calculated from: United Nations Population Division. World Population Prospects 2019. Based on 2020 projections. <https://population.un.org/wpp/Download/Standard/Population/>
6. Hosseinpoor AR, Bergen N, Schlottheuber A, Boerma T. National health inequality monitoring: current challenges and opportunities. *Glob Health Action.* 2018; 11(sup1):70–74. <https://www.tandfonline.com/doi/full/10.1080/16549716.2017.1392216>
7. WHO, UNAIDS, UNFPA, UNICEF, UNWomen, The World Bank Group. Survive, Thrive, Transform. Global Strategy for Women's, Children's and Adolescents' Health: 2018 report on progress towards 2030 targets. Geneva: World Health Organization, 2018. <https://www.who.int/life-course/partners/global-strategy/gswcah-2018-monitoring-report/en/>
8. Waddington C, Sambo C. Financing health care for adolescents: a necessary part of universal health coverage. *Bull World Health Organ.* 2015; 93:57–59. <https://www.who.int/bulletin/volumes/93/1/14-139741/en/>
9. Witter S, Govender V, Ravindran TK et al. Minding the gaps: health financing, universal health coverage and gender. *Health Policy Plan.* 2017; 32(5):v4–v12. [https://academic.oup.com/heapol/article/32/suppl\\_5/v4/4036321](https://academic.oup.com/heapol/article/32/suppl_5/v4/4036321)
10. Stenberg K, Sweeny K, Alexson H et al. Returns on investment in the continuum of care for reproductive, maternal, newborn and child health. In: Black R, Laxminarayan R, Temmerman M et al, eds. *Reproductive, Maternal, Newborn and Child Health: Disease Control Priorities*, 3rd ed. Vol. 2. Washington, DC: The International Bank for Reconstruction and Development / The World Bank, 2016. Chapter 16. <https://www.ncbi.nlm.nih.gov/books/NBK361897/>
11. Sheehan P, Sweeny K, Rasmussen B et al. Building the foundations for sustainable development: a case for global investment in the capabilities of adolescents. *Lancet.* 2017; 390:1792–1806. [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)30872-3/fulltext?elsca1=tlpr](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)30872-3/fulltext?elsca1=tlpr)
12. Starrs AM, Ezeh AC, Barker G et al. Accelerate progress – sexual and reproductive health and rights for all: report of the Guttmacher–Lancet Commission. *Lancet.* 2018; 391:2642–2692. [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)30293-9/fulltext#seccesstitle620](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)30293-9/fulltext#seccesstitle620)
13. Sixty-third session of the Commission on the Status of Women. New York: UN Women, 2019. <http://www.unwomen.org/en/csw/csw63-2019>
14. Leading the realization of human rights to health and through health: report of the High-Level Working Group on the Health and Human Rights of Women, Children and Adolescents. Geneva: World Health Organization, 2017. <https://www.who.int/life-course/publications/hhr-of-women-children-adolescents-report/en/>

15. The Partnership for Maternal, Newborn & Child Health. The PMNCH 2014 accountability report: Tracking financial commitments to the Global Strategy for Women's and Children's Health. Geneva: PMNCH, 2014. [https://www.who.int/pmnch/knowledge/publications/2014\\_pmnch\\_report/en/](https://www.who.int/pmnch/knowledge/publications/2014_pmnch_report/en/)
16. Open Consultants Inc., Berlin; forthcoming 2019.
17. Sixty-ninth World Health Assembly. Committing to implementation of the Global Strategy for Women's, Children's and Adolescents' Health. Geneva: World Health Organization, 2016. <https://apps.who.int/iris/handle/10665/252782>
18. Every Woman Every Child Partners Framework. [https://drive.google.com/file/d/OB6FOe\\_DjgW1aZUVpT1hoMmpmcUU/view](https://drive.google.com/file/d/OB6FOe_DjgW1aZUVpT1hoMmpmcUU/view)
19. Trends in maternal mortality: 2000-2017: estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division. Geneva: World Health Organization, 2019.
20. UN Inter-agency Group for Child Mortality Estimation. Levels and trends in child mortality: Report 2019. New York: UNICEF, 2019.
21. Survive and thrive: Transforming care for every sick newborn. Key findings. Geneva: World Health Organization, 2018. <https://apps.who.int/iris/bitstream/handle/10665/276655/WHO-FWC-MCA-18.11-eng.pdf?ua=1>
22. De Bernis L, Kinney M, Stones W et al. Stillbirths: ending preventable deaths by 2030. Lancet. 2016; 387:703–16. [https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(15\)00954-X.pdf](https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(15)00954-X.pdf)
23. Black MM, Walker SP, Fernald LCH et al. Early childhood development coming of age: science through the life course. Lancet. 2017; 389:77–90.
24. Bouchane K, Yoshikawa H, Murphy KM, Lombardi J. Early childhood programmes for refugees. Paris: UNESCO, 2018
25. Women and HIV: a spotlight on adolescent girls and young women. Geneva: UNAIDS, 2019. <https://www.unaids.org/resources/documents/2019/women-and-hiv>
26. Adding it up: investing in contraception and maternal and newborn health, 2017. New York: Guttmacher Institute, 2017. <https://www.guttmacher.org/sites/default/files/factsheet/adding-it-up-contraception-mnh-2017.pdf>
27. Darroch J, Woog V, Bankole A, Ashford LS. Adding it up: costs and benefits of meeting the contraceptive needs of adolescents. New York: Guttmacher Institute, 2016. <https://www.guttmacher.org/report/adding-it-meeting-contraceptive-needs-of-adolescents>
28. Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence. Geneva: World Health Organization, 2013. <https://apps.who.int/iris/bitstream/handle>
29. Women and girls in emergencies. Copenhagen: CARE, 2018. [https://insights.careinternational.org.uk/media/k2/attachments/CARE\\_Women-and-girls-in-emergencies\\_2018.pdf](https://insights.careinternational.org.uk/media/k2/attachments/CARE_Women-and-girls-in-emergencies_2018.pdf)
30. Health financing: Key policy messages. Geneva: World Health Organization, 2019. [https://www.who.int/health\\_financing/topics/financial-protection/key-policy-messages/en/](https://www.who.int/health_financing/topics/financial-protection/key-policy-messages/en/)
31. Narasimhan M, de Longh A, Askew I, Simpson PJ. It's time to recognize self-care as an integral component of health systems. BMJ 2019; 365: l1403. <https://www.bmj.com/content/365/bmj.l1403>