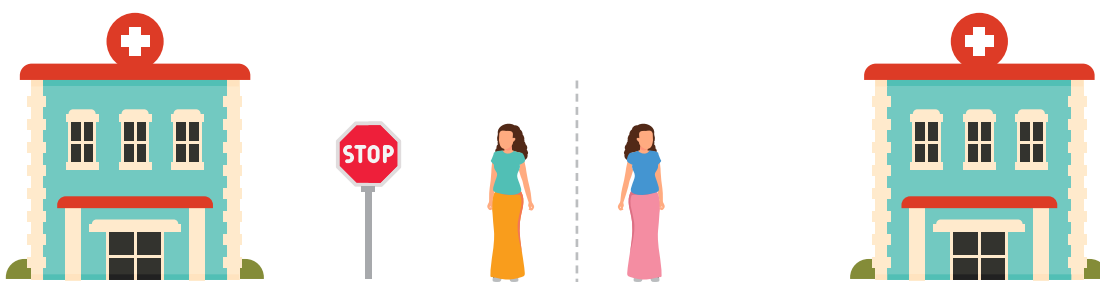


UNIVERSAL HEALTH COVERAGE AND ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH



More than 1 in 2 adolescent girls report at least one serious problem accessing health care.



In the majority of countries, **fewer than 20% of adolescents** are covered by any health insurance. While there has been progress in defining standards of adolescent-responsive health services, considerable barriers remain and adolescents are often the missing population in universal health coverage (UHC).

Health services play an important role in reducing preventable poor health and supporting young people to make a healthy transition into adulthood. They provide for a range of adolescent health needs, including sexual and reproductive health.

SEXUAL AND REPRODUCTIVE HEALTH SERVICES (SRH) FOR ADOLESCENTS

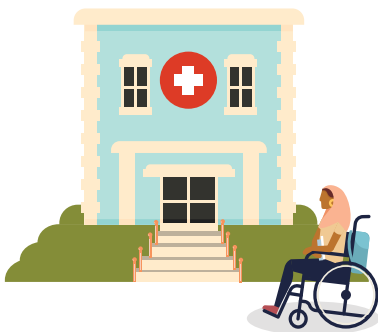
- ▶ Sexual and reproductive health services information, education and counselling
- ▶ Contraception counselling and commodities
- ▶ Antenatal, safe delivery, and postnatal care
- ▶ Prevention of unsafe abortion, safe abortion (to the fullest extent of the law), post-abortion care
- ▶ Menstrual health care
- ▶ Prevention, care and treatment of sexually transmitted infections (STIs) and HIV (including provision of condoms)
- ▶ Human Papillomavirus (HPV) immunisation to prevent cervical cancer
- ▶ Prevention, surveillance and care for sexual and gender-based violence
- ▶ Action to eliminate harmful practices (forced child marriage, female genital mutilation)
- ▶ Address associated risk factors (substance use, mental health, nutrition)

While many countries in Asia and the Pacific have made considerable progress towards effective coverage of sexual and reproductive health services, progress has not been realised for adolescents. Many national universal health coverage programmes exclude SRH services of particular priority for adolescents (such as contraception, HPV Vaccine, violence treatment and prevention interventions, comprehensive abortion services), and provide insufficient financial risk protection for young people.



WHAT ARE THE BARRIERS THAT LIMIT ACCESS TO SRH SERVICES?

Demand-side barriers	Health system barriers	Policy, regulatory and legal barriers
<ul style="list-style-type: none"> • Low SRH knowledge • Low health literacy • Lack of decision-making autonomy (particularly girls) • Embarrassment, shame, stigma • Socio-cultural norms 	<ul style="list-style-type: none"> • Judgmental health providers • Poor communication and counselling skills • Lack of privacy and confidentiality • Unwelcoming environment • Discrimination • Cost of services/commodities • Poor quality of care • Inconvenient opening hours 	<ul style="list-style-type: none"> • Exclusion of young people and SRH services from UHC • Mandatory requirement for parent, guardian or spouse consent • Policies that restrict access to services on the basis of marital status, age, migrant status



Many of these barriers are substantial for unmarried young people, young people with disabilities, young people with diverse SOGI/E, young key populations¹, and marginalised adolescents. Young people with disabilities, in particular, can face considerable stigma, discrimination, and violation of their right to privacy and autonomy when seeking SRH services.² Importantly, socio-cultural norms that prohibit sex outside of marriage are a strong disincentive to seek care if young people are afraid of disclosing sexual activity, particularly if confidentiality is not guaranteed.

Adolescent-responsive health systems standards

Adolescent-responsive health systems are those that provide quality care addressing these factors, in a way that is accessible, appropriate and acceptable to young people.

National policies and standards

Nearly all countries refer to adolescent-friendly health services (AFHS) in national reproductive health, HIV or youth policies. Those policies emphasise non-judgmental care that respects young people's rights, privacy and confidentiality, skills and training of providers, attention to the facility environment and opening times, provision of information and education materials; and, linkages with activities to increase awareness and demand for services and generate community support.

Most also specify a package of services that should be available to young people, with a strong focus on SRH including information and counselling about puberty and SRH, provision of condoms and contraception, pregnancy-related care, management of STIs, and provision of, or referral for, HIV testing and care, and services for sexual violence.

¹ Young men having sex with men (MSM), young transgender people, young people injecting drugs and young people selling sex.

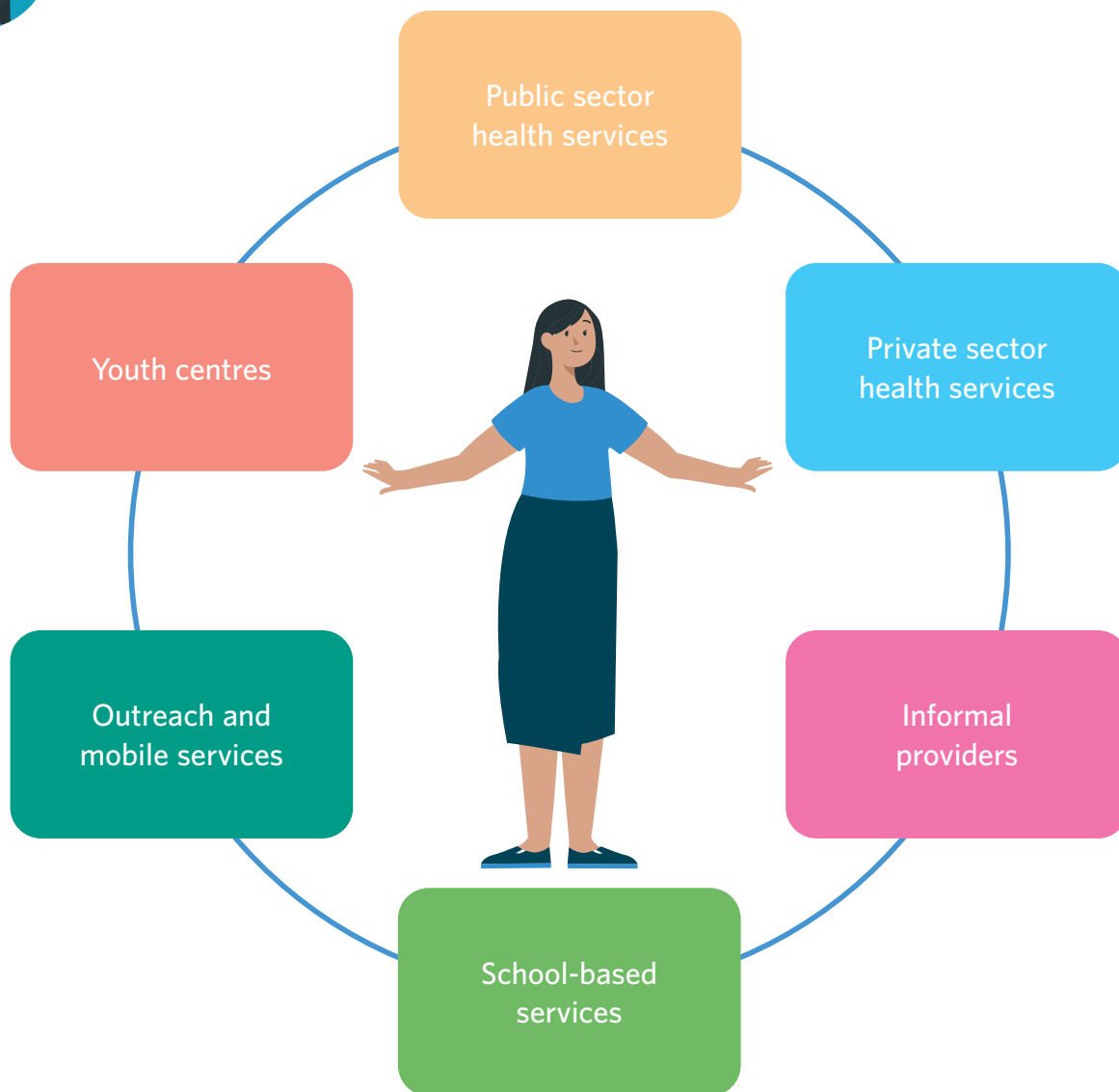
² Dean L, Tolhurst R, Khanna R, Jehan K. 'You're disabled, why did you have sex in the first place?' An intersectional analysis of experiences of disabled women with regard to their sexual and reproductive health rights in Gujarat State, India. *Glob Health Action* 2017; 10(sup2): 1290316.

Platforms for service delivery

There are several different platforms for reaching young people with SRH services in the region. While each is likely to have an important role in improving young people's SRH, these multi-sectoral platforms are often poorly coordinated, leading to gaps in coverage and quality.



WHAT ARE THE COMMON SERVICE DELIVERY PLATFORMS?



Health care staff are important gate-keepers to health care, and their knowledge, attitudes, and skills are major determinants of young people's access to quality services, including SRH services.



People only go to the dentist when their teeth hurt. It's the same with reproductive health.

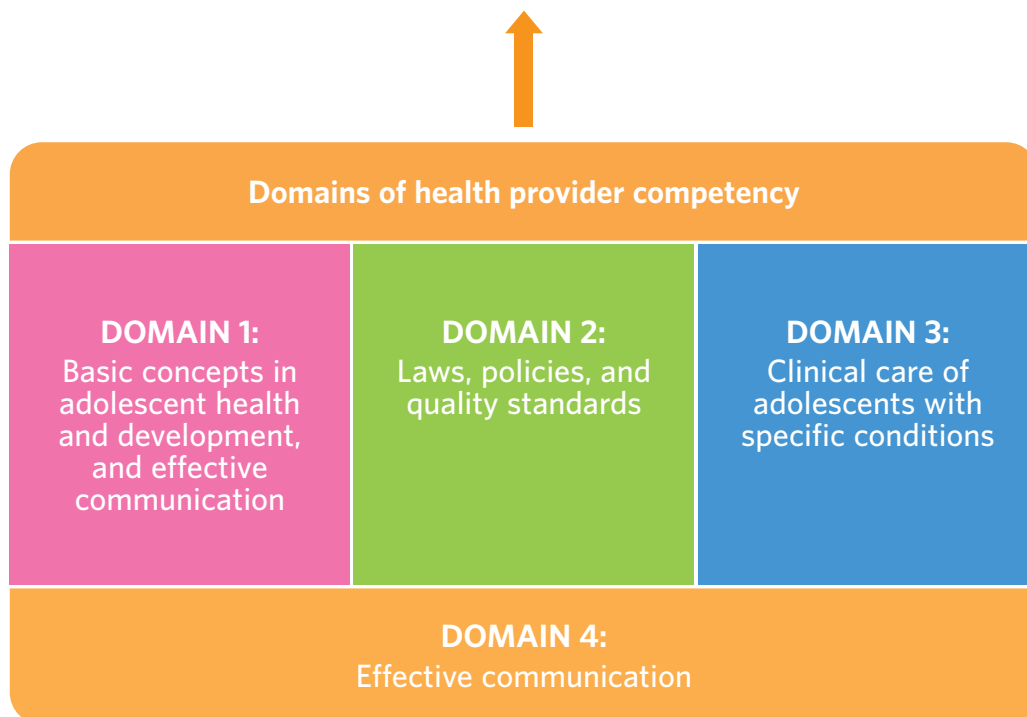
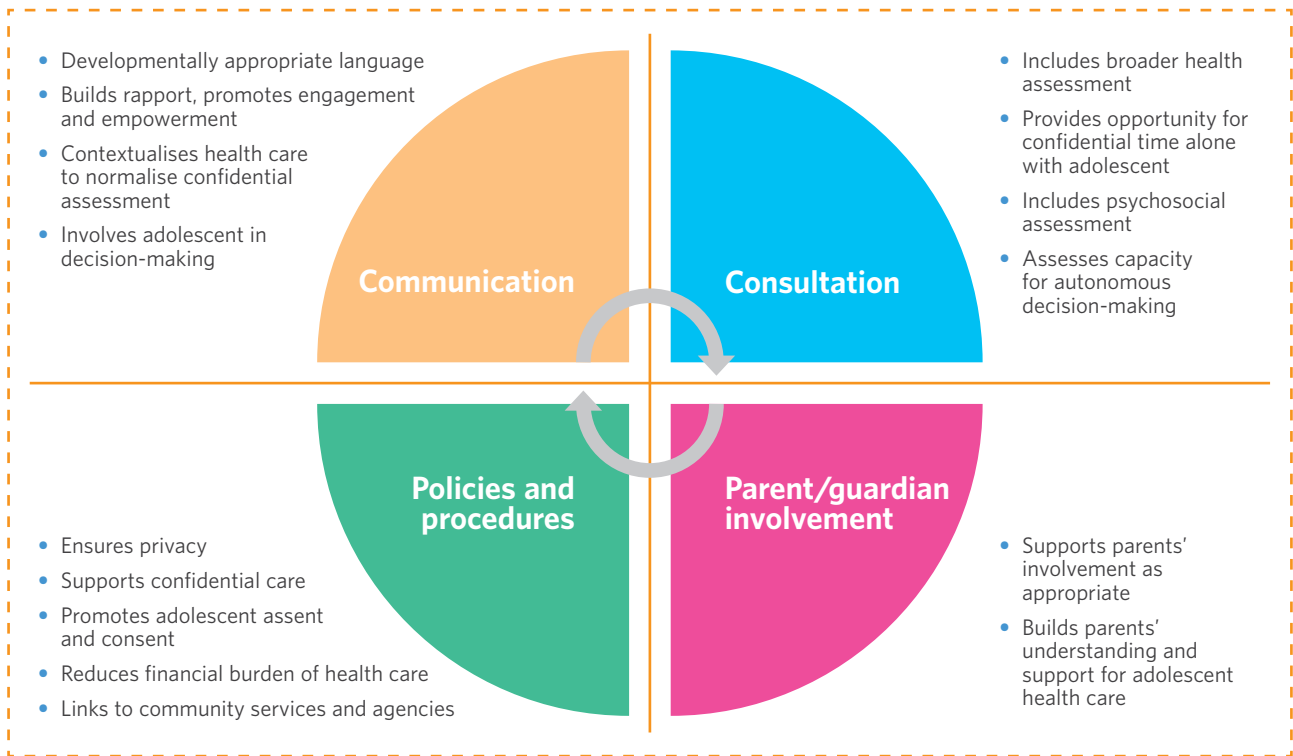
17-year-old woman,
Indonesia



As a person with a mental disability, it's difficult for me to get services.... When I go there to see someone they don't allow me, and they don't take me seriously.

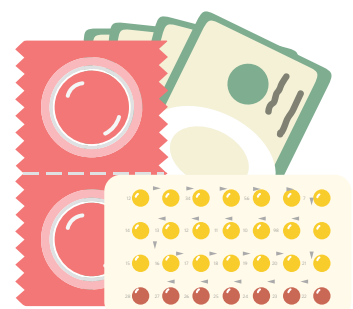
Young person,
Fiji

CONSIDERATIONS FOR HEALTH CONSULTATIONS WITH ADOLESCENTS, AND SUPPORTING HEALTH PROVIDER COMPETENCIES (ADAPTED FROM WHO AND SAWYER)



Health Financing

The cost of health services can be a significant barrier preventing young people from accessing quality SRH services. **Despite the recognition that adequately financing the health care of young people is essential for achieving universal health coverage, there remains limited evidence on the impact of health financing on young people.**





TAKE ACTION TO IMPROVE UNIVERSAL HEALTH COVERAGE FOR ADOLESCENTS

Strengthen service delivery across sectors and platforms

Prioritise adolescents
in UHC packages

Invest in health
workforce education

Implement legal
frameworks that
guarantee access
to services

Develop and
implement national
quality service standards

Bundle health
services across
multiple platforms

Engage other sectors
to address broader
determinants of health

Enhance financing

Assess the impact of
out-of-pocket payments
on adolescents and
remove or reduce
user fees

Cover all adolescents
with mandatory, prepaid,
pooled funding

Increase spending
on adolescent health

Include an
adolescent-specific
focus in UHC
investment plans

Ensure mechanisms
include the most
vulnerable and
marginalised

Improve governance through accountability, research, monitoring and evaluation

Engage adolescents
in policy, legislation
and programming

Monitor coverage, quality
and spending through
existing data systems

Report adolescent
health indicators

Make better use of
data to identify priority
needs and populations

Strengthen research
and policy capacity

For more information, see the full report United Nations Population Fund 2021. 'My Body is My Body, My Life is My Life: Sexual and reproductive health and rights of young people in Asia and the Pacific.'



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