

# Sexual and reproductive health interventions in the WHO UHC Compendium

*Advancing universal access  
to comprehensive sexual and  
reproductive health services in the  
context of universal health coverage*



## Universal health coverage and sexual and reproductive health and reproductive rights

### **Purpose of this document:**

Intended for all stakeholders working towards universal health coverage (UHC) in sexual and reproductive health (SRH) services, this document accompanies the UHC Compendium of interventions, and serves as a guidance note to version 1.0 of the database. To enable easy access to all SRH-related interventions in the UHC Compendium, this document collates them. It also gives a brief overview of the UHC Compendium website and initial steps to navigate it. This document will be updated alongside version 2.0 of the database.

### **Links to other resources:**

In addition to UHC Compendium-related guidelines and tools, this document is a complementary resource to additional forthcoming guidance on strengthening the integration of sexual and reproductive health in primary health care policies and strategies towards UHC.

UHC means that “all people have access to the health services they need, when and where they need them, without financial hardship. It includes the full range of essential health services, from health promotion to prevention, treatment, rehabilitation, and palliative care” (1).

Universal access to a comprehensive range of SRH services is fundamental to achieving UHC.<sup>i</sup> The 1994 International Conference for Population and Development (ICPD) first defined reproductive and sexual health. The ICPD Programme of Action and the Sustainable Development Goals (SDGs) both link SRH to the human rights of individuals and couples to decide on the number, spacing and timing of their children, and to be free to make reproductive choices without fear of discrimination, coercion or violence (2,3). In its Thirteenth General Programme of Work, WHO commits itself to contributing to national efforts to achieve both target 3.7<sup>ii</sup> of SDG 3 on health, and target 5.6<sup>iii</sup> of SDG 5 on gender equality (2).

Since very few countries will be able to integrate a comprehensive package of SRH services into their health benefit packages – at least initially because of budget constraints – progressive realization will be needed to achieve universal access. This means that countries may start with a smaller package to prioritize the most impactful services. This package should be universally guaranteed and expanded over time to include more comprehensive services, as resources and capacity become

- i Goal 3. Target 3.8: Achieve UHC, including financial risk protection, access to quality essential health-care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all.
- ii Goal 3. Target 3.7: By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.
- iii Goal 5. Target 5.6: Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences.

available to include them and deliver coverage. Each country will need to identify an initial set of health services in its benefit package that protect the vulnerable and promote gender equality and human rights, while allowing for existing service availability, population coverage, delivery costs and financing strategies. There is a critical need for tools that support local decision-makers to select interventions systematically to facilitate affordable and effective service delivery for high-burden conditions.

## The UHC Compendium of Interventions

The evidence base for effective SRH interventions included in the UHC Compendium is drawn from the latest systematic reviews and will be regularly updated.

The UHC Compendium is an innovative tool that will enable countries to work within a structured architecture to explicitly select interventions that support linkages across health-system levels to facilitate integrated service delivery; it will help with selecting interventions that encompass principles of equity, social values and rights. The UHC Compendium assists countries to access information on health interventions, and to identify and select priority health services in a structured, systematic and transparent way. The database is designed to support service planning, resource needs projections and economic analysis. It will be updated as follows.

- Version 1.0 includes a list of health services with associated reference documents and health programme data.
- Version 2.0 will be available in 2021 and will introduce a selection interface, where countries can create their own custom intervention lists. The content will also be expanded to include intersectoral interventions, as well as additional data on resource inputs. Version 2.0 will also have linkages to burden-of-disease data and to other global data and knowledge repositories, such as *Disease Control Priorities*, third edition (DCP3).

Following the initial major releases, the UHC Compendium will be continually updated to reflect the latest evidence and common use cases.

## UHC Compendium database structure

The UHC Compendium architecture draws on and crosses over with several international classification systems, including the Global Burden of Disease (GBD) and the International Statistical Classification of Diseases and Related Health Problems, 11th revision (ICD-11), allowing countries to use their context-specific burden of disease to prioritize relevant interventions and actions. GBD groups are used to organize higher-level categories in the UHC Compendium, and ICD-11 provides nomenclature for certain conditions. The International Classification for Primary Care, version three (ICPC-3) provides the structure and nomenclature for common presentations found in the section on foundations of care, including symptoms and syndromes.

The hierarchy within the UHC Compendium is:

- groups
- subgroups
- intervention categories
- interventions
- action categories
- actions
- tasks for resource inputs
- products for resource inputs (data on resource inputs will be available in mid-2021).

**Groups and subgroups** are the highest-level category and include: foundations of care; reproductive and sexual health; growth, development and ageing; noncommunicable diseases and mental health; violence and injury; and communicable diseases. Groups are further divided into smaller but related subgroups.

**Intervention categories** include individual or collections of diseases, disorders, conditions and/or intervention areas and are used to identify services needed to address major disease burden. Related conditions that often require similar diagnostic services are listed together at the intervention category level. Throughout the UHC Compendium, level 2, 3 and 4 GBD causes are linked to intervention categories and interventions.

**Interventions** include the processes of health promotion, prevention, screening, diagnosis, treatment and/or management of disorders. They help define the health services needed to achieve the health goals in the respective intervention categories and are aligned with the International Classification of Health Interventions (ICHI) definition. Interventions are:

- undertaken with the objective of improving human health by promoting healthy behaviours, preventing disease, screening for disease or injury, curing or reducing the severity or duration of an existing disease, or restoring function lost through disease or injury; and
- further defined by a group of minimally divisible actions, which often can be implemented together for a clearly defined population in need.

**Action categories** serve as an organizing structure to ensure that the relevant components of an intervention are included.

**Actions** are specific promotive, preventive, diagnostic, rehabilitative, palliative or therapeutic services or activities that can be provided by a health worker and can be linked to resource inputs such as workforce requirements, medications, devices or other products.

**Tasks** further delineate an action and facilitate more accurate linkages to workforce, products and costing data.

**Products** delineate specific medications, devices, diagnostic and biomedical equipment, and consumable medical supplies. Data on resource inputs will be available in mid-2021.

## Data in the UHC Compendium

Services (actions) in version 1.0 of the UHC Compendium are linked to health programmes, programme-specific intervention packages, the stage of life course, sex, the SDGs and reference documents.

Data can be easily accessed via the “Interventions by programme area” or “Explore the database” buttons. Users may search for data by:

- programme area (e.g. sexual and reproductive health)
- life course (e.g. early adulthood)
- SDGs (e.g. SDG 5.6)
- cross-cutting keywords (e.g. violence against women)
- database architecture terms.

## SRH Interventions in the Compendium

**SRH interventions and related actions** within the UHC Compendium are aligned with the WHO *reproductive health strategy* (4), the WHO *Framework for operationalizing sexual health and its linkages to reproductive health* (5) and the report of the Gutmacher–Lancet Commission on SRHR (6). Within the UHC Compendium, the SRH interventions fall into one of the subgroups in Table 1.

**Table 1. How sexual and reproductive health interventions are grouped in the UHC Compendium**

Group	Subgroup	Intervention category
Reproductive and sexual health	Pregnancy and birth	Antenatal care
		Labour and childbirth care
		Postnatal care
		Abortion* Ectopic pregnancy*
	Sexual health and family planning	Contraception and family planning
		Infertility
		Sexual health**
		Female genital mutilation (FGM)
		Intimate partner and sexual violence
		Comprehensive sexuality education***, ****
Noncommunicable diseases and mental health	Cancers	Breast cancer****
		Cervical cancer
		Prostate cancer****
		Ovarian cancer****
		Uterine cancer****
Communicable diseases	Communicable diseases (excluding neglected tropical diseases)	HIV
		Sexually transmitted infections

\* Included as separate intervention categories due to disparate interventions despite being in the same ICD category.

\*\* Interventions to promote sexual functioning and sexual well-being across the life course.

\*\*\* Cross-sectoral intervention linked to ministries of education.

\*\*\*\* Data under review and consideration and will be released in version 2.0 updates in 2021.

## Locating SRH interventions in the UHC Compendium

Figures 1 and 2 show how to locate SRH interventions in the UHC Compendium, and Figure 3 shows the example of accessing contraception and family planning.

**Figure 1. “Health programme” searches return comprehensive lists of services for entire programmes, including for “sexual and reproductive health”**

The screenshot shows the WHO UHC Compendium interface. The top navigation bar includes 'World Health Organization', 'Health Topics', 'Countries', 'Newsroom', 'Emergencies', 'Data', and 'About Us'. The left sidebar contains navigation options: 'UHC Compendium', 'Interventions by programme area', 'Life course distribution', 'Addressing SDG goals', 'Explore the database', 'Survey', 'Frequently asked questions (FAQs)', and 'References for'. The main content area displays a grid of program icons: Occupational health, Rehabilitation, Nutrition, Sexual and Reproductive health (highlighted with an orange border), Violence prevention, Maternal and newborn health, Critical care, and Healthy ageing. Below this, a table of filtered interventions is shown, with a filter for 'HP/Value Sexual and reproductive health'.

**Table 1: Filtered Interventions**

Group	Subgroup	Intervention category	Intervention	Action category	Action	Life course	Sex
Reproductive and sexual health	Pregnancy and birth	Abortion	Abortion related care	02. Health promotion and prevention	Contraceptive injection	f) Early adolescence (10-14 years) g) Later adolescence/early youth (15-19 years) h) Later youth (20-24 years) i) Early adulthood: 25-49 years a) Pregnant and lactating women	Female
Reproductive and sexual health	Pregnancy and birth	Abortion	Abortion related care	02. Health promotion and prevention	Counselling on abortion, including miscarriage and intrauterine fetal death	f) Early adolescence (10-14 years) g) Later adolescence/early youth (15-19 years) h) Later youth (20-24 years) i) Early adulthood: 25-49 years a) Pregnant and lactating women	Female
Reproductive and sexual health	Pregnancy and birth	Abortion	Abortion related care	02. Health promotion and prevention	Counselling on post-abortion contraceptives	f) Early adolescence (10-14 years) g) Later adolescence/early youth (15-19 years) h) Later youth (20-24 years) i) Early adulthood: 25-49 years a) Pregnant and lactating women	Female
Reproductive and sexual health	Pregnancy and birth	Abortion	Abortion related care	02. Health promotion and prevention	Counselling on self-care for abortion	f) Early adolescence (10-14 years) g) Later adolescence/early youth (15-19 years) h) Later youth (20-24 years) i) Early adulthood: 25-49 years a) Pregnant and lactating women	Female

**Table 2: Summary Statistics**

Last update	Total interventions	Total actions
13 December 2020	38	244

Disclaimer: This visualization illustrates content within the UHC Compendium database that is available to date. Content will evolve over time as the database is further expanded.

**Figure 2. Database searches return lists of services for programme-specific packages important to sexual and reproductive health, such as violence against women**

The screenshot shows the WHO Compendium search interface. The search term 'violence against women' is entered in the search bar. The results table is filtered to show three entries, all under the 'Reproductive and sexual health' group and 'Sexual health and family planning' subgroup. The interventions are 'Intimate partner and sexual violence (see also Violence section)' and the actions are 'Care and support for survivors of intimate partner and sexual violence, including rape'. The action categories are '02. Health promotion and prevention' and '06. Targeted assessment'. The actions are 'Early recognition of violence based on clinical presentation', 'Clinical assessment to diagnose depression', and 'Clinical assessment to diagnose PTSD'. The life course categories include 'All ages', 'Pregnant and lactating women', 'Later adolescence/early youth (15-19 years)', 'Later youth (20-24 years)', 'Early adulthood: 25-49 years', 'Middle adulthood: 50-64 years', 'Later adulthood (>65 years)', 'Early childhood (28 days-4 years)', 'Later childhood (5-9 years)', and 'Early adolescence (10-14 years)'. The table also shows a total of 16 interventions and 127 actions.

Group	Subgroup	Intervention category	Intervention	Action category	Action	Life Course	Sex
Reproductive and sexual health	Sexual health and family planning	Intimate partner and sexual violence (see also Violence section)	Care and support for survivors of intimate partner and sexual violence, including rape	02. Health promotion and prevention	Early recognition of violence based on clinical presentation	All ages	All
Reproductive and sexual health	Sexual health and family planning	Intimate partner and sexual violence (see also Violence section)	Care and support for survivors of intimate partner and sexual violence, including rape	06. Targeted assessment	Clinical assessment to diagnose depression	a) Pregnant and lactating women g) Later adolescence/early youth (15-19 years) h) Later youth (20-24 years) i) Early adulthood: 25-49 years j) Middle adulthood: 50-64 years k) Later adulthood (>65 years) d) Early childhood (28 days-4 years) e) Later childhood (5-9 years) f) Early adolescence (10-14 years)	
Reproductive and sexual health	Sexual health and family planning	Intimate partner and sexual violence (see also Violence section)	Care and support for survivors of intimate partner and sexual violence, including rape	06. Targeted assessment	Clinical assessment to diagnose PTSD	a) Pregnant and lactating women g) Later adolescence/early youth (15-19 years) h) Later youth (20-24 years) i) Early adulthood: 25-49 years j) Middle adulthood: 50-64 years k) Later adulthood (>65 years) d) Early childhood (28 days-4 years) e) Later childhood (5-9 years)	

Disclaimer: This visualization illustrates content within the UHC Compendium database that is available to date. Content will evolve over time as the database is further expanded.

Last update	Total interventions	Total actions
13 December 2020	16	127

**Figure 3. Example of accessing interventions and actions for contraception and family planning**

**Group:** Reproductive and sexual health

**Subgroup:** Sexual health and family planning

**Intervention category:** Contraception and family planning

**Action:** Male/female condoms

**Tags:**

- Stage of life course (e.g. later adolescence/early youth (15–19 years))
- Sex (all)
- Health programme (e.g. SRH, primary health care, adolescent health)
- SDG (e.g. 3.7, 3.8, 5.6)
- Short-text descriptions (e.g. condom is a coitus-dependent barrier method...)\*
- Keywords (e.g. self-care interventions)
- References (GRC and/or other) (WHO 2016; Selected practice recommendations for contraception)

\* Short text is not included in version 1.0 but will be available version 2.0 in 2021



## Ensuring the integration of comprehensive SRH services in priority-setting processes towards UHC

The following steps and considerations are essential for ensuring the integration of comprehensive SRH services in benefit and service packages as part of national priority-setting processes towards UHC.

1. Review and utilize the UHC Compendium and other global guidance on integrating SRH services in UHC policies and strategies.
2. Review existing benefit and service packages for the inclusion (and exclusion) of specific SRH services and, in the case of exclusions, identify the underlying reasons and potential actions for ensuring inclusion.
3. Use evidence to advocate the prioritization of SRH services in packages.
4. Ensure that the priority-setting process is transparent and evidence-based, taking into account emerging new evidence, epidemiological changes, the needs of various populations – and especially those that are marginalized and vulnerable – and budgetary changes, based on reliable locally generated data.
5. Advocate the inclusion of equity, rights and gender equality in priority-setting criteria alongside impact, affordability and efficiency.
6. Ensure the participation of all relevant SRH stakeholders in priority-setting processes, especially stakeholders who in some settings are hard to reach (e.g. representatives of women's groups, youth groups, key populations, ethnic minorities, people with disabilities etc.).
7. Ensure public availability of information about what is included for SRH in the benefit and service packages to which people are entitled, including information about how these services are financed.
8. Monitor the financial protection of the SRH services included in benefit and service packages, especially for women, and marginalized and vulnerable groups. In instances of poor financial protection and barriers to access, advocate corrective action.

## References

1. Universal Health Coverage. In: World Health Organization [website]. Geneva: WHO; no date ([https://www.who.int/health-topics/universal-health-coverage#tab=tab\\_1](https://www.who.int/health-topics/universal-health-coverage#tab=tab_1), accessed 10 December 2020).
2. Promote health. Keep the world safe. Serve the vulnerable. Thirteenth general programme of work 2019–2023. Geneva: World Health Organization; 2018 (<https://apps.who.int/iris/bitstream/handle/10665/324775/WHO-PRP-18.1-eng.pdf>, accessed 10 December 2020).
3. Programme of Action. Adopted at the International Conference on Population and Development, Cairo, 5–13 September 1994. New York: United Nations Population Fund; 2004 ([https://www.unfpa.org/sites/default/files/event-pdf/PoA\\_en.pdf](https://www.unfpa.org/sites/default/files/event-pdf/PoA_en.pdf), accessed 10 December 2020).
4. Reproductive health strategy to accelerate progress towards the attainment of international development goals and targets. Geneva: World Health Organization; 2004 ([https://apps.who.int/iris/bitstream/handle/10665/68754/WHO\\_RHR\\_04.8.pdf](https://apps.who.int/iris/bitstream/handle/10665/68754/WHO_RHR_04.8.pdf), accessed 10 December 2020).
5. Sexual health and its linkages to reproductive health: an operational approach. Geneva: World Health Organization; 2017 (<https://apps.who.int/iris/bitstream/handle/10665/258738/9789241512886-eng.pdf>, accessed 10 December 2020).
6. Starrs AM, Ezeh AC, Barker G, Basu A, Bertrand JT, Blum R, et al. Accelerate progress—sexual and reproductive health and rights for all: report of the Guttmacher–Lancet Commission. *The Lancet Commissions*. 2018;391(10140):2642–92. doi:10.1016/S0140-6736(18)30293-9.

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