



## Help desk report – For Health & SRHR Queries

<b>Date:</b>	12-March-2018
<b>Query:</b>	<p>The assignment would be aimed at producing a short background document which can increase our understanding of the Sexual and Reproductive Health and Rights (SRHR) within the framework of Universal Health Coverage (UHC).</p> <p>We would specifically ask you to outline the following</p> <ol style="list-style-type: none"> <li>Actors (donors, multilaterals, governments, civil society) working in this space. For example: World Health Organization is championing UHC, supported by the Japanese and the German governments, but what actors have positioned their SRHR work within the framework of UHC? What are their focus areas?</li> <li>Publications (broadly defined) that mention SRHR in the context of UHC (list of references with links to full text doc) and if time permits, summary or highlights of relevant section in the docs.</li> </ol>
<b>Content:</b>	<ol style="list-style-type: none"> <li><b>Overview</b></li> <li><b>Background</b></li> <li><b>Methods</b></li> <li><b>Results</b></li> <li><b>References</b></li> <li><b>Additional information</b></li> <li><b>Appendix</b></li> </ol>

### 1. Overview

This document provides an overview of actors that have positioned their SRHR work in the framework of UHC, a list of relevant publications and potential entry points for Sida to advocate for their SRHR agenda in the context of UHC. This is an initial overview based on a brief search and does not contain any analysis of the results.

### 2. Background

Sida is exploring entry points to advocate for their SRHR agenda within the UHC framework. As a first step they would like to have an overview of actors that have positioned their SRHR work in the context of UHC and a list of relevant publications.

### 3. Methods

We have searched for actors and literature in Pubmed, Google scholar and Google using the search terms presented in Table 1. We have combined the search terms of category 1 and 2 using AND. The SRHR sub-topics are based on the WHO framework for operationalizing sexual health and its linkages to reproductive health.<sup>1</sup> We only included articles that explicitly mention both ‘universal health coverage’ and ‘sexual reproductive health and rights’ or a SRHR related sub-topic. We have excluded articles that discuss specific interventions, like the impact of conditional cash transfers on maternal and newborn health. We have categorized the articles in scientific and grey literature publications and have identified and categorized the actors related to these publications. When we came across articles that could potentially be of interest for Sida in order to advocate for its SRHR agenda within the context of UHC we included these in a separate list.

<b>Table 1. Overview of search terms used to identify actors and literature</b>	
<b>Search category 1 “UHC”</b>	<b>Search category 2 “SRHR”</b>
UHC	SRHR
Universal health coverage	Sexual reproductive health and rights
Universal coverage	<i>SRHR-subtopics:</i>
Affordability	<ul style="list-style-type: none"> <li>• Abortion</li> <li>• Comprehensive sexuality education &amp; information</li> <li>• Adolescent sexual health</li> <li>• Sexual function psychosexual counselling</li> <li>• Sexual/Gender based violence OR S/GBV</li> <li>• HIV OR AIDS OR sexually transmissible infections</li> <li>• Fertility care</li> <li>• Family planning</li> <li>• Contraception OR contraceptives</li> <li>• Female genital mutilation / cutting</li> <li>• Perinatal OR Antenatal OR intrapartum OR postnatal care</li> <li>• Maternal health</li> </ul>

<sup>1</sup> Stephenson et al. Detangling and detailing sexual health in the SDG era. Lancet Vol 390 September 9, 2017

## 4. Results

First, we provide an overview of actors that have positioned SRHR within the UHC context. Second, we present a list of identified publications (scientific and grey literature) and the related actors. Third, we list interesting publications that we came across during our search and provide potential entry points for Sida's SRHR agenda within the UHC discussion that can be further explored.

For most publications, full text versions can be found by clicking on the links in the table or by accessing the additional folder "References UHC SRHR".

### 4.1 Overview of actors

Table 2 provides an overview of actors for various categories that have positioned SRHR in the UHC context.

<b>Category</b>	<b>Names</b>
Multilateral organization	WHO (global health workforce alliance; department of reproductive health and research); UNAIDS; World Bank; UNFPA (Thailand; HQ Geneva, Switzerland); UNDP; Global Fund, International AIDS Vaccine Initiative (IAVI)
Bi-lateral organisations/ donors	DFID; USAID; NORAD, US government; Japan (JICA, IPPF Japan Trust Fund for HIV and Reproductive Health)
Foundations	Rockefeller Foundation; Women's Health and Reproductive Rights Foundation of Thailand; Bill & Melinda Gates Foundation; Wellcome Trust; Feminist Majority Foundation
Governments	Ministry of Public Health Thailand, International Health Policy Program (IHPP); Health Intervention and Technology Assessment Program (HITAP); President of Chile (Michelle Bachelet)
Consultancy firms	Management Sciences for Health (MSH); Mott McDonald; Novametrics Ltd, UK; HERA
Research institutions / Universities	Harvard Medical School / Harvard TH Chan School of Public Health; Asian-Pacific Resource and Research Centre for Women; LaTrobe university Melbourne; Ramalingaswami Centre on Equity and Social Determinants of Health, Public Health Foundation of India, Bangalore; University of Queensland; University of Cape Town; Achutha Menon Centre for Health Science Studies, Sree Chitra Tirunal Institute for Medical Sciences and Technology, Kerala, India; University of Technology Sydney, Australia; Instituto de Cooperación Social Integrare, Barcelona, Spain; Institute for Global Health and Development, Queen Margaret University; Centre on Global Health Security Chatham House; The Royal Institute of International Affairs, London, UK; The Aspen Institute; ICRW International Center for Research on Women
Networks/ Coalitions/Programmes	International Women's Health Coalition; International Women's Coalition New York: Countdown to 2030 Collaboration; Action for Global Health (AfGH);
Other NGOs	Stop Aids Now; International Planned Parenthood Federation (IPPF); International Confederation of Midwives (ICM), The Hague, The Netherlands; Family care international; Population action international; Marie Stopes International-US; Board of Church & Society of The United Methodist Church; International Women's Health Coalition
<sup>1</sup> We have not included the actors of the countdown 2030 in this overview (see article 2 in Table 3 for more actors).	

## 4.2 Overview of publications

### A. Scientific publications

Table 3 provides an overview of identified scientific publications and the related actors.

No	References (chronologically and including links to full text)	Actors
1.	Homer et al. (2018) <u>Barriers to and strategies for addressing the availability, accessibility, acceptability and quality of the sexual, reproductive, maternal, newborn and adolescent health workforce: addressing the post-2015 agenda</u> . BMC Pregnancy Childbirth. 20;18(1):55. doi: 10.1186/s12884-018-1686-4.	University of Technology Sydney, Australia/Instituto de Cooperación Social Integre, Barcelona, Spain/Novametrics Ltd, UK/UNFPA, Geneva, Switzerland/WHO, Geneva, Switzerland/International Confederation of Midwives (ICM), The Hague, The Netherlands:
2.	Countdown to 2030: <u>tracking progress towards universal coverage for reproductive, maternal, newborn, and child health</u> . Lancet. 2018 Jan 30. pii: S0140-6736(18)30104-1.	Countdown to 2030 Collaboration (76 authors from various institutions): <ul style="list-style-type: none"> <li>• Ties Boerma (University of Manitoba), Jennifer Requejo (Johns Hopkins Bloomberg School of Public Health), Cesar G Victora (Federal University of Pelotas), Agbessi Amouzou (Johns Hopkins Bloomberg School of Public Health), Asha George (University of the Western Cape), Irene Agyepong (University of Ghana), Carmen Barroso (Independent Accountability Panel), Aluisio J D Barros (Federal University of Pelotas), Zulfiqar A Bhutta (Aga Khan University; The Hospital for Sick Children), Robert E Black (Johns Hopkins Bloomberg School of Public Health), Josephine Borghi (London School of Hygiene &amp; Tropical Medicine), Kent Buse (UNAIDS), Liliana Carvajal Aguirre (UNICEF), Mickey Chopra (World Bank Group), Doris Chou (WHO), Yue Chu (Johns Hopkins Bloomberg School of Public Health), Mariam Claeson (Global Financing Facility), Bernadette Daelmans (WHO), Austen Davis (Norwegian Agency for Development Cooperation), Jocelyn DeJong (American University of Beirut), Theresa Diaz (WHO), Shams El Arifeen (International Center for Diarrheal Disease Research), Fernanda Ewerling (Federal University of Pelotas), Monica Fox (Johns Hopkins Bloomberg School of Public Health), Stuart Gillespie (International Food Policy Research Institute), John Grove (WHO), Tanya Guenther (Save the Children USA), Annie Haakenstad (Harvard T H Chan School of Public Health), Ahmad Reza Hosseinpoor (WHO), Sennen Hounton (UN Population Fund), Luis Huicho (Centro de Investigación en Salud Materna e Infantil; Centro de Investigación para el Desarrollo Integral y Sostenible; Universidad</li> </ul>

		<p>Peruana Cayetano Heredia; Universidad Nacional Mayor de San Marcos), Troy Jacobs (US Agency for International Development), Safia Jiwani (Johns Hopkins Bloomberg School of Public Health), Youssouf Keita (Johns Hopkins Bloomberg School of Public Health), Rajat Khosla (WHO), Margaret E Kruk (Harvard T H Chan School of Public Health), Nana Taona Kuo (Every Woman Every Child Team), Catherine Kyobutungi (African Population and Health Research Center), Ana Langer (Harvard T H Chan School of Public Health), Joy E Lawn (London School of Hygiene &amp; Tropical Medicine), Hannah Leslie (Harvard T H Chan School of Public Health), Mengjia Liang (UN Population Fund), Blerta Maliqi (WHO), Alexander Manu (Liverpool School of Tropical Medicine), Honorati Masanja (Ifakara Health Institute), Tanya Marchant (London School of Hygiene &amp; Tropical Medicine), Purnima Menon (International Food Policy Research Institute), Allisyn C Moran (WHO), Oscar J Mujica (Pan American Health Organization), Devaki Nambiar (Public Health Foundation of India), Kelechi Ohiri (Harvard T H Chan School of Public Health), Lois A Park (Johns Hopkins Bloomberg School of Public Health), George C Patton (University of Melbourne), Stefan Peterson (UNICEF), Ellen Piwoz (Bill &amp; Melinda Gates Foundation), Kumanan Rasanathan (UNICEF), Anita Raj (University of California, San Diego), Carine Ronsmans (London School of Hygiene &amp; Tropical Medicine), Ghada Saad-Haddad (American University of Beirut), Mariam L Sabin (Partnership for Maternal, Newborn &amp; Child Health), David Sanders (University of the Western Cape), Susan M Sawyer (University of Melbourne), Inacio Crochemore M Silva (Federal University of Pelotas), Neha S Singh (London School of Hygiene &amp; Tropical Medicine), Kate Somers (Bill &amp; Melinda Gates Foundation), Paul Spiegel (Johns Hopkins Bloomberg School of Public Health), Hannah Tappis (Johns Hopkins Bloomberg School of Public Health), Marleen Temmerman (Aga Khan University), Lara M E Vaz (Save the Children USA), Rajani R Ved (National Health Systems Resource Center), Luis Paulo Vidaletti (Federal University of Pelotas), Peter Waiswa (Makerere University), Fernando C Wehrmeister (Federal University of Pelotas), William Weiss (Johns Hopkins Bloomberg School of Public Health; US Agency for International Development), Danzhen You (UNICEF), Shehla Zaidi (Aga Khan University).</p> <ul style="list-style-type: none"> <li>• Acknowledgments: Our work was supported by the Bill &amp; Melinda Gates Foundation, and the US and Norwegian Governments. The Wellcome Trust provided support for equity analyses.</li> </ul>
3.	Sundewall J, Poku NK. (2018) Achieving sexual and reproductive	<b>Karolinska Institutet, Sweden</b>

	health and rights through universal health coverage. <i>BMJ Sex Reprod Health.</i> 2018; 0:1-2.	
4.	Witter S, Govender V, Sundari Ravindran TK, Yates R. (2017) <u>Minding the gaps: health financing, universal health coverage and gender.</u> <i>Health Policy and Planning</i> , 32, v4-v12 doi: 10.1093/heapol/czx063.	Institute for Global Health and Development, Queen Margaret University, UK/Health Economics Unit, School of Public Health and Family Medicine, University of Cape Town, South Africa/Sree Chitra Tirunal Institute for Medical Sciences and Technology, Kerala, India/Centre on Global Health Security Chatham House, The Royal Institute of International Affairs, London, UK:
5.	Jay, J., Buse, K., Hart, M., Wilson, D., Marten, R., Kellerman, S., ... & Dybul, M. (2016). <u>Building from the HIV response toward universal health coverage.</u> <i>PLoS medicine</i> , 13(8), e1002083.	UNAIDS / Stop Aids Now / World Bank / Rockefeller Foundation / Management Sciences for Health / Harvard Medical School / Global Fund / Harvard TH Chan school of public health:
6.	Sen G, Govender V. (2015) Sexual and reproductive health and rights in changing health systems. <i>Glob Public Health</i> 2015;10:228-42.	Ramalingaswami Centre on Equity and Social Determinants of Health, Public Health Foundation of India, Bangalore, India; Health Economics Unit, School of Public Health and Family Medicine, University of Cape Town, Cape Town, South Africa:
7.	Tangcharoensathien V, Chaturachinda K, Im-em W. (2015) Commentary: <u>Thailand: sexual and reproductive health before and after universal health coverage in 2002.</u> doi: 10.1080/17441692.2014.986166. <i>Global Public Health</i> ;10(2):246-8. Epub 18 December 2014.	International health Policy Program, Ministry of Public Health, Thailand; Women's Health and Reproductive Rights Foundation of Thailand, UNFPA Thailand:
8.	Michelle Bachelet (2015) <u>Towards universal health coverage: applying a gender lens.</u> <i>Lancet.</i> Vol 385 (4)	Michelle Bachelet, President Chile:
9.	Gita Sen, Veloshnee Govender. (2015) <u>Sexual and reproductive health and rights in changing health systems.</u> <i>Global Public Health</i> 10:2, pages 228-242.	Ramalingaswami Centre on Equity and Social Determinants of Health, Public Health Foundation of India, Bangalore, India; Health Economics Unit, School of Public Health and Family Medicine, University of Cape Town, Cape Town, South Africa:
10.	Germain A, Sen G, Garcia-Morenoc C et al. (2015) <u>Advancing sexual and reproductive health and rights in low- and middle-income countries: Implications for the post-2015 global development agenda.</u> <i>Global Public Health.</i> Vol. 10, No. 2, 137-148	International Women's Health Coalition, New York, NY, USA; Ramalingaswami Centre on Equity and Social Determinants of Health, Public Health Foundation of India, Bangalore, India; Department of Reproductive Health and Research, World Health Organization, Geneva, Switzerland; The Judith Lumley Centre, La Trobe University, Melbourne, VIC, Australia:
11.	Claire E Brolan, Peter S Hill. (2014) <u>Sexual and reproductive health and rights in the evolving post-2015 agenda: perspectives from key players from multilateral and related agencies in 2013.</u> <i>Reproductive Health Matters</i> 22:43, pages 65-74.	University of Queensland

12.	Sundari Ravindran, T. K. (2014). <u>Poverty, food security and universal access to sexual and reproductive health services: a call for cross-movement advocacy against neoliberal globalisation</u> . <i>Reproductive Health Matters</i> , 22(43), 14-27.	Asian-Pacific Resource and Research Centre for Women
13.	Waddington, C., & Sambo, C. (2014). <u>Financing health care for adolescents: a necessary part of universal health coverage</u> . <i>Bulletin of the World Health Organization</i> , 93, 57-59.	Mott McDonald
14.	Kowalski S. (2014). <u>Universal health coverage may not be enough to ensure universal access to sexual and reproductive health beyond 2014</u> . <i>Glob Public Health</i> . 2014;9(6):661-8.	International Women's Coalition New York
15.	Jansen et al (2014). <u>Realizing universal health coverage for maternal health services in the Republic of Guinea: the use of workforce projections to design health labour market interventions</u> . <i>Risk Management and Healthcare Policy</i> 2014;7 219-232.	Global Health Workforce Alliance, WHO
16.	Fried, S. T., Khurshid, A., Tarlton, D., Webb, D., Gloss, S., Paz, C., & Stanley, T. (2013). <u>Universal health coverage: necessary but not sufficient</u> . <i>Reproductive health matters</i> , 21(42), 50-60.	UNDP
17.	Berer M. A new development paradigm post-2015, a comprehensive goal for health that includes sexual and reproductive health and rights, and another for gender equality. <i>Reprod Health Matters</i> 2013;21:4-12.	Editor <i>Reproductive Health Matters</i> .
18.	Rodin. (2013) <u>Accelerating action towards universal health coverage by applying a gender lens</u> . <i>Bull World Health Organ</i> ;91:710-711.	Rockefeller Foundation
19.	Sundari Ravindran (2012) <u>Universal access: making health systems work for women</u> . <i>BMC Public Health</i> , 12(Suppl 1):S4.	Achutha Menon Centre for Health Science Studies, Sree Chitra Tirunal Institute for Medical Sciences and Technology, Medical College P.O, Trivandrum- 695 011, Kerala, India:
20.	Whelan, P. (2010). <u>Abortion rates and universal health care</u> . <i>New England Journal of Medicine</i> , 362(13), e45.	Harvard Medical School

21.	Yates R. (2010) <u>Women and children first: an appropriate first step towards universal coverage</u> . Bull World Health Organ;88:474-475.	Chatham House, Royal Institute of International Affairs UK/ before DFID, WHO
22.	Culwell, K. R., Vekemans, M., Silva, U., Hurwitz, M., & Crane, B. B. (2010). <u>Critical gaps in universal access to reproductive health: contraception and prevention of unsafe abortion</u> . International Journal of Gynecology & Obstetrics, 110(Supplement).	International Planned Parenthood Federation
23.	Fathalla, M. F., Sinding, S. W., Rosenfield, A., & Fathalla, M. M. (2006). <u>Sexual and reproductive health for all: a call for action</u> . The Lancet, 368(9552), 2095-2100	World health organization
24.	Teerawattananon, Y., & Tangcharoensathien, V. (2004). <u>Designing a reproductive health services package in the universal health insurance scheme in Thailand: match and mismatch of need, demand and supply</u> . Health Policy and Planning, 19 (suppl_1), i31-i39.	<u>Health Intervention and Technology Assessment Program (HITAP)</u>
25.	Tangcharoensathien, V., Tantivess, S., Teerawattananon, Y., Auamkul, N., & Jongudomsuk, P. (2002). <u>Universal coverage and its impact on reproductive health services in Thailand</u> . Reproductive Health Matters, 10(20), 59-69.	<u>The International Health Policy Program, Thailand (IHPP)</u>

## B. Grey literature

Table 4 provides an overview of identified grey literature and the related actors.

<b>Table 4. Overview of grey literature on UHC and SRHR and related actors</b>		
<b>No</b>	<b>References (chronologically and including links to full text)</b>	<b>Actors</b>
1.	Universal Health Coverage Forum 2017. <u>Tokyo Declaration on Universal Health Coverage: All Together to Accelerate Progress towards UHC</u> .	International AIDS Vaccine Initiative (IAVI), Global Fund mentioned declaration.
2.	International Plan Parenthood Federation/Government of Japan/Health for All. (2017) Leaving no one behind: universal health coverage. Summary report. 2017.	Study was funded by IPPF Japan Trust Fund for HIV and Reproductive Health
3.	Action for Global Health (AfGH) /Countdown2030 (2017) <u>Universal Health Coverage: Sexual and</u>	<ul style="list-style-type: none"> <li>• <u>Action for Global Health (AfGH)</u> is a broad European network (led by Plan International UK) of development and health organisations advocating for European governments to play a</li> </ul>



	<u>Reproductive Health and Rights on the Agenda. Discussion paper.</u>	<p>more proactive role in enabling developing countries to meet the right to health for all and the Health-related Sustainable Development Goals (SDGs). Established in 2006, today AfGH is active in France, Germany, Italy, Spain, The Netherlands, the UK and Brussels - and has over 50 member NGOs across these countries.</p> <ul style="list-style-type: none"> <li>• <u>The Countdown 2030 Europe Consortium</u> brings together 15 leading national and Brussels-based non-governmental organizations, drawing on a strong 10-year record of successful and strategic advocacy, we are working in 12 European countries and with the EU institutions to count down with European governments to 2030 and ensure that sexual and reproductive health and family planning are a funding priority for European donors and a policy priority in Europe and globally. These efforts are steered by our lead partner, International Planned Parenthood Federation European Network (IPPF EN).</li> </ul>
4.	HERA right to health and development (2017) Universal health coverage - For sexual and reproductive health in the Asia-Pacific region.	HERA right to health and development, Belgium. Work was funded by UNFPA
5.	<u>Human Reproduction Program (HRP) annual report 2016</u>	Human Reproduction Program (HRP) (Special Programme of Research, Development and Research Training in Human Reproduction based at WHO Department of Reproductive Health and Research including the UNDP/UNFPA/UNICEF/WHO/World Bank
6.	Management Sciences for Health (MSH) (no date). <u>Sexual &amp; reproductive health in the context of Universal Health Coverage.</u>	Management Sciences for Health (MSH)
7.	<u>UN Foundation's Universal access project.</u> (no date) Briefing cards: <u>Sexual and Reproductive Health and Rights (srhr) and the Post-2015 Development Agenda</u>	<u>UN Foundation's Universal access project.</u> Publication is supported by following actors: Family care international/Planned parenthood/Global leaders council for reproductive health, Aspen Global Health and Development, At The Aspen Institute/ Population Action International, Healthy Families Healthy Planet/Feminist Majority Foundation/ Aspen Global Health and Development, At the Aspen Institute/ MSI-US/Healthy Families, Healthy Planet/General Board of Church & Society of The United Methodist Church/International Women's Health Coalition/ ICRW International Center for Research on Women

### 4.3 Additional publications and potential entry points for Sida's SRHR

Based on the identified literature and KIT's expertise on UHC and SRHR we have listed several additional publications in Table 5 that might be interesting for Sida to read.

Furthermore, we have identified two potential entry points for Sida's SRHR agenda in the UHC context. These are preliminary ideas by KIT and can be further explained and explored through a skype call.

#### **Methods for priority setting in health**

There is quite some literature available on methods and principles for priority setting in the context of universal health coverage. Such methods can for example support the design of benefit packages. Cost-effectiveness is often used as a leading criterion to set priorities, however recently it is more acknowledged that other criteria like equity/fairness and human rights also play an important role (see articles on fairness in Table 5). Methods like multi criteria decision analysis (MCDA) and evidence informed deliberative processes (EDP) have been proven successful to include multiple other considerations besides cost-effectiveness.

We assume that including other criteria (like equity, gender equality and human rights considerations) is in line with Sida's SRHR agenda and that it would be of interest to explore how priority setting methods like MCDA and EDP can contribute to incorporating Sida's principles like human rights in priority setting decisions towards UHC. The article by Baltussen et al 2017 describes the EDP method and includes a case study on priority setting in HIV control in Indonesia.

#### **Integrated people centred health services (IPCHS) framework of WHO**

The Tokyo UHC declaration 2017 clearly states that for the achievement of UHC a people centered health system approach is warranted. The WHO toolkit for implementation of IPCHS at subnational level globally is about to be developed in 2018. This toolkit aims to support stakeholders globally.

We assume that a people centered approach is in line with Sida's SRHR agenda and that the toolkit could be an important entry point for Sida. At the moment, it is unclear how SRHR interventions are embedded in the IPCHS framework and it would be worthwhile to explore how Sida could potentially contribute to this.

No	References
1.	World bank group. Cotlear D, Nagpal S , Smith O et al. (2015) <u>Going universal - How 24 Developing Countries Are Implementing Universal Health Coverage Reforms from the Bottom Up</u> . Washington 2015
2.	<u>UHC in Africa: a Framework for Action</u> . World bank 2016
3.	Achieving equity within universal health coverage: a narrative review of progress and resources for measuring success. <i>International Journal for Equity in Health</i> 2014, 13:72.
4.	Alex Voorhoeve et al. <u>Making fair choices on the path to universal health coverage: a précis</u> . Volume 11, Issue 1 January 2016 , pp. 71-77
5.	Voorhoeve et al. (2016) Three Case Studies in Making Fair Choices on the Path to Universal Health Coverage. <i>Health Hum Rights</i> . 2016 Dec;18(2):11-22.
6.	WHO (2014). <u>Making fair choices on the path to universal health coverage. Final report of the WHO Consultative Group on Equity and Universal Health Coverage</u> . Geneva 2014.
7.	Norheim. (2016) <u>Ethical priority setting for universal health coverage: challenges in deciding upon fair distribution of health services</u> . <i>BMC Medicine</i> . 4:75
8.	Paolucci et al. (2017) <u>Decision Making and Priority Setting: The Evolving Path Towards Universal Health Coverage</u> . <i>Applied Health Economics and Health Policy</i> . Volume 15, Issue 6, pp 697-706.
9.	Chalkidou, Glassman, Marten et al (2016) <u>Priority-setting for achieving universal health coverage</u> <i>Bull World Health Organ</i> 2016;94:462-467.

10.	Tangcharoensathien V, Patcharanarumol W, Panichkriangkrai W, Sommanustweechai A (2017) Policy choices for progressive realization of universal health coverage: Comment on “Ethical perspective: five unacceptable trade-offs on the path to universal health coverage.” Int J Health Policy Manag. 2017;6(2):107–110. doi:10.15171/ijhpm.2016.99
11.	Guinto et al 2015. Universal health coverage in 'One ASEAN': are migrants included? Glob Health Action. 2015 Jan 24;8:25749.
12.	Hayati R, et al. (2018) Scoping literature review on the basic health benefit package and its determinant criteria. Global Health. Mar 2;14(1):26.
13.	Schmets G, Rajan D, Kadandale S, editors. <u>Strategizing national health in the 21st century: a handbook</u> . Geneva: World Health Organization; 2016.
14.	WHO (2016). <a href="#">Integrated people centred health systems framework</a> .
15.	Baltussen R, Jansen MP, Bijlmakers L, et al. (2017) <u>Progressive realisation of universal health coverage: what are the required processes and evidence?</u> BMJ Glob Health;2:e000342.

## 5. References

No additional references. See list of identified references under 4.

## 6. Additional information

None.

## 7. Appendix

See separate Zip folder “References UHC SRHR” that contains pdf files of majority of identified publications.

### **About KIT help desk reports:**

The KIT help desk is funded by the Swedish International Development Cooperation Agency (Sida) and provides technical assistance for Sida staff in response to specific queries. The reports are based on maximum 3 days of work by KIT advisors. For any further request or enquiry please contact [sida@kit.nl](mailto:sida@kit.nl).

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