WHA72 Joint statement delivered on behalf of Australia, Belgium, Finland, France, Germany, Guinea, Netherlands, Norway, Philippines, South Africa, Sweden, United Kingdom…….

Mr/Madam President,

It is my pleasure to deliver this statement on behalf of the Governments and people of Australia, Belgium, Finland, France, Guinea, Germany, Netherlands, Norway, Philippines, South Africa, Sweden and United Kingdom……..

Mr./Madam President,

Our discussion here at the World Health Assembly is an important milestone in the preparatory process of the UN General Assembly High-Level Meeting on Universal Health Coverage, to be held in New York in September. We would like to acknowledge the important contribution of civil society organizations to this process and to the multi-stakeholder consultation held in New York, on 29 April, under the auspices of the President of the UN General Assembly.

Mr./Madam President, our contribution today is articulated around three main points. First, we wish to emphasize that Universal Health Coverage (UHC) is essential to realize our joint vision for healthy lives, the well-being of all people, and fulfilling the right to health, and achieving all the sustainable development goals of the 2030 Agenda. We strongly believe that **sexual and reproductive health and rights is an indispensable and integral part of Universal Health Coverage. Integrating sexual and reproductive health and rights in Universal Health Coverage** will reduce the fragmentation of health services, strengthen health systems, promotive and preventive primary health care services and multisectoral approaches.

Mexico and Thailand are good examples. In Mexico, the health social protection system expanded health coverage and reduced out-of-pocket health expenditures for individual consumers, and in turn increased access by women to skilled birth attendants and antenatal care, services which used to be unaffordable for many. In Thailand, introducing universal health coverage improved access to sexual and reproductive health services for all populations, including the poorest.

Secondly, Mr./Madam President**, investing in sexual and reproductive health and rights is affordable, cost-effective and cost-saving.** Such investments significantly contribute to financial risk protection, coverage and responsiveness, and consequently foster economic development, poverty reduction and sustainable development.

We know that around 62 per cent of sexual and reproductive health services are financed out-of-pocket by consumers, with alarming implications for equitable access to these preventative and life-saving services. But we also know that if US$9 are invested per person, per year, essential sexual and reproductive health services can be available to all. According to UNFPA*,* investments in contraceptive and family planning services have helped save US$4 for every dollar invested in Zambia and US$31 for every dollar invested in Egypt across other sectors, including education, food security, health, housing and sanitation.

Increasing expenditures for reproductive, maternal, newborn and child health services by just $5 per person each year up to 2035 in 74 countries with high maternal and child mortality could yield up to nine times that value in economic and social benefits, including greater GDP growth through improved productivity.

And thirdly, Mr./Madam President, **investing in sexual and reproductive health services in Universal Health coverage is necessary to address the needs of women, girls, adolescents and people in most marginalized situations who need such services the most**. According to the recent Guttmacher-Lancet report on Sexual and Reproductive Health and Rights, 4.3 billion people of reproductive age worldwide – that is more than half of the world population- will have limited or no access to sexual and reproductive health services over their reproductive years. Paying attention to the sexual and reproductive health needs

of the poorest and most vulnerable women, adolescent girls and young people in universal health coverage schemes will help close the gaps in access, equity and gender equality, empower women and girls tangibly, and achieve universality, *leaving no one behind*.

In closing Mr./Madam President, we would like to recognize the leading role of WHO in supporting the promotion and implementation of the Universal Health Coverage. And we would like to call on the Director-General to ensure that sexual and reproductive health and rights is addressed at the core of the UHC High-Level Meeting in New York, and in subsequent UHC-related debates at WHO. Thank you.