

Outline of Final Report for Guttmacher-*Lancet* Commission on Sexual and Reproductive Health and Rights

Section 1

Context – vision:

Key argument: Ultimately, SRHR is fundamental to human existence and to the human experience, and essential to sustainable, equitable development at all levels – to building societies that are productive, peaceful and stable.

Narrative: Access to SRH services and fulfillment of sexual and reproductive rights are crucial to the improvement of health outcomes and the achievement of gender equality and the empowerment of women, girls and all vulnerable groups, enabling all people to:

- i. Enjoy good sexual and reproductive health
- ii. Express their sexuality and form sexual relationships freely, maintaining a sense of autonomy and bodily integrity
- iii. Freely and intentionally create families, if desired, and attain desired family size (number, timing of births)

Achievement of i-iii is key to attaining the following benefits:

- iv. Pursue educational and employment opportunities
- v. Engage in social, economic, civic and political spheres
- vi. Full enjoyment of human rights

Section 2

Develop a **comprehensive definition of SRHR** that reflects the context of the modern, rapidly changing world as outlined above, as well as the Sustainable Development Goals.

- a. Define each of the components of SRHR (SH, RH, SR, RR) as separate/distinct elements
- b. Proposed an integrated definition of reproductive health, sexual health, reproductive rights and sexual rights.
- c. Briefly summarize the global framework and commitments by the international community on SRHR

Section 3

Context – global trends and challenges:

- a. Global trends that impact SRHR including population dynamics, the delinking of sex and reproduction, new reproductive technologies, social and economic changes, and displaced and refugee populations
- b. Social, cultural, structural and legal factors that influence SRHR including gender norms, education and work, healthcare provision, and national laws and policies.

Section 4

The **organizing principle for the SRHR action agenda** that will be presented in this report will be based on the **life-course approach**: *recognizing that SRHR issues affect people throughout their life span*. The following aspects of sexual and reproductive health will be discussed:

- a. SRH care for adolescents (respectful and confidential)
- b. Prevention/care for those who experience gender based violence
- c. Prevention, detection, management of HIV/AIDS and STIs/RTIs
- d. Contraceptive services, including both men's and women's needs and attitudes
- e. Maternal/newborn health care, including antenatal, intrapartum and postpartum/postnatal and referral to emergency obstetric and newborn care

- f. Safe abortion services and postabortion care
- g. Diagnosis and treatment of infertility, and access to assisted reproductive technologies
- h. Prevention, detection and management of sexual and reproductive cancers

Section 5

Discuss interventions for sexual and reproductive health care, and the cross cutting themes that affect all dimensions of SRH including:

- a. Information, education and counseling
- b. Quality of care
- c. Integration
- d. Rights-based care
- e. Affordability
- f. Commodities and supplies

Section 6

Present investment case for SRHR action agenda:

- a. Current and projected financial resource needs to 2030, and possible strategies to address these needs
- b. Potential impact of achieving universal/equitable access to SRHR: define/quantify (to extent possible) benefits outlined in section 1.a.

Section 7

Develop a framework for action and accountability:

- a. Addressing SRHR needs requires action in realms of government and finance, law/policy, donor investment, health systems and health care providers, communities and civil society, research and development of new technologies and education. Taking into account how many countries are resource constrained, this section will discuss how SRHR fits into the hard decisions around budget allocations and prioritized health service packages.
- b. Recommendations will be organized to address: 1) Policy gaps 2) Knowledge gaps 3) Service gaps 4) Programmatic gaps 5) Resource gaps
- c. Accountability framework/measures:
 - i. Need a framework of monitoring, review and action
 - ii. Suggest a set of SRHR indicators for the field to use to monitor progress

*Note: The targeted key **audiences** for this report include (different formats and channels for different audiences):*

- a. High-level policymakers – heads of state, ministers of finance, etc.
- b. Donors and development partners
- c. Parliamentarians
- d. Health care providers and public health systems
- e. Global health and development community
- f. Media
- g. SRHR community, civil society including NGOs/CSOs – need their support, endorsement, and ownership to gain acceptance
- h. Research community
- i. Activists
- j. Judges