



# **ACCELERATE PROGRESS**

Sexual and Reproductive Health and Rights for All

## THE COMMISSION

The Guttmacher-*Lancet* Commission's report lays out the scope of the unfinished sexual and reproductive health and rights (SRHR) agenda; articulates a bold and evidence-based vision for SRHR that is grounded in human rights; provides an integrated, new definition of SRHR to guide this vision; and recommends a comprehensive package of essential SRHR interventions, going beyond the commonly recognized components of sexual and reproductive health. The report also highlights the benefits of investing in SRHR, not just from a health perspective, but also in terms of broader social and economic development.

The Commission consists of 16 commissioners from Africa, Asia, Europe, the Middle East, North and South America, with multidisciplinary expertise and experience in a broad range of SRHR issues. From 2016 to 2018, the Commission held numerous consultations and synthesized available evidence with the support of researchers at the Guttmacher Institute, the African Population and Health Research Center and other organizations affiliated with several of the commissioners. The Advisory Group for the Commission consists of 23 representatives from sexual and reproductive health and rights, global health, and funding organizations who provided valuable feedback on the report and its recommendations.

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**G**aps in sexual and reproductive health and rights (SRHR) take an enormous toll on individuals, communities and economies around the world. Closing these gaps requires a holistic approach that encompasses the right of all individuals to make decisions about their bodies—free of stigma, discrimination and coercion—and to have access to essential sexual and reproductive health services. The Guttmacher-*Lancet* Commission’s vision of universal access to SRHR is affordable, attainable and essential to the achievement of health, equitable development and human rights for all.

Sexual and reproductive health and rights are fundamental to people’s health and survival, to gender equality and to the well-being of humanity. Several decades of research have shown—and continue to show—the profound and measurable benefits of investing in sexual and reproductive health. And, through numerous international agreements, governments have committed to such investment. Yet weak political commitment, inadequate resources, persistent discrimination against women and girls, and an unwillingness to openly and comprehensively address issues related to sexuality have repeatedly stalled progress.

**Each year in developing countries:**

- more than 200 million women want to avoid pregnancy but are not using modern methods of contraception
- more than 45 million women have inadequate or no antenatal care
- more than 30 million women do not deliver their babies in a health facility

**Worldwide, each year:**

- 25 million unsafe abortions take place
- more than 350 million women and men need treatment for one of the four curable STIs

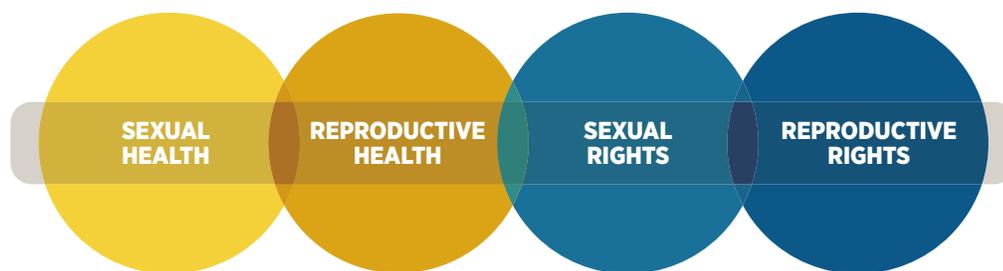
- there are nearly two million new HIV infections
- approximately 266,000 women die from cervical cancer

And at some point in their lives, nearly one in three women worldwide experience gender-based violence in the form of intimate partner violence or non-partner sexual violence.

Ultimately, almost everyone of reproductive age—some 4.3 billion people—will lack at least one essential sexual or reproductive health service over the course of their reproductive years.

The global community cannot continue to ignore or tolerate these gaps and failures—and we don’t have to. The rapid pace of technological change; momentum from the health, education, and economic gains of the last 20 years; and new, ambitious global development goals make progress in achieving sexual and reproductive health and rights—that is, health and human rights—possible for all.

We have the means and the knowledge to achieve universal SRHR. It is time to make SRHR a reality in people’s lives.



## A new definition

Since the **International Conference on Population and Development in 1994**, the global health and human rights communities have worked to define and advance SRHR, experiencing both advances and setbacks over that time. While the SRHR community widely recognizes that each component of SRHR is linked to the others, and that fulfilling sexual and reproductive rights is essential to attaining sexual and reproductive health, most global agreements have taken a narrow view of SRHR.

The Commission calls on governments, UN agencies, civil society and other key stakeholders to work toward a new, comprehensive definition of SRHR

that integrates the full range of peoples' needs and services that are rarely recognized or addressed in global discussions, including sexual well-being and personal autonomy. Building on numerous international and regional agreements, and on international human rights treaties and principles, the new definition reflects an emerging consensus on the services and interventions needed to address the sexual and reproductive health needs of all individuals. This definition offers a universal framework to guide stakeholders in developing policies, services and programs that address all aspects of SRHR effectively and equitably.

### ***Integrated definition of sexual and reproductive health and rights***

**Sexual and reproductive health is a state of physical, emotional, mental and social well-being in relation to all aspects of sexuality and reproduction, not merely the absence of disease, dysfunction or infirmity. Therefore, a positive approach to sexuality and reproduction should recognize the part played by pleasurable sexual relationships, trust and communication in promoting self-esteem and overall well-being. All individuals have a right to make decisions governing their bodies and to access services that support that right.**

Achieving sexual and reproductive *health* relies on realizing sexual and reproductive *rights*, which are based on the human rights of all individuals to:

- have their bodily integrity, privacy and personal autonomy respected
- freely define their own sexuality, including sexual orientation and gender identity and expression
- decide whether and when to be sexually active
- choose their sexual partners
- have safe and pleasurable sexual experiences
- decide whether, when and whom to marry
- decide whether, when and by what means to have a child or children, and how many children to have
- have access over their lifetimes to the information, resources, services and support necessary to achieve all the above, free from discrimination, coercion, exploitation and violence

**The Guttmacher-Lancet Commission also recommends an essential package** of sexual and reproductive health interventions that align with this comprehensive definition of SRHR. The package includes the commonly recognized components of sexual and reproductive health, including contraceptive services, maternal and newborn care, and prevention and treatment of HIV/AIDS. It also includes less commonly provided interventions that are necessary for a holistic approach to addressing SRHR: care for STIs other than HIV; comprehensive sexuality education; safe abortion care; prevention, detection and counseling for gender-based violence; prevention, detection and treatment of infertility and cervical cancer; and counseling and care for sexual health and well-being.

The Commission recommends that countries expand access to this package of services progressively, as resources and policy environments allow, always prioritizing the needs of vulnerable and marginalized populations. Essential sexual and reproductive health services aligned with the new definition must meet global standards for medical ethics, public health and human rights, including the “availability, accessibility, acceptability and quality” framework of the right to health.

### **Essential package of sexual and reproductive health interventions**

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- Comprehensive sexuality education
- Counseling and services for a range of modern contraceptives, with a defined minimum number and types of methods
- Antenatal, childbirth and postnatal care, including emergency obstetric and newborn care
- Safe abortion services and treatment of complications of unsafe abortion
- Prevention and treatment of HIV and other sexually transmitted infections
- Prevention, detection, immediate services and referrals for cases of sexual and gender-based violence
- Prevention, detection and management of reproductive cancers, especially cervical cancer
- Information, counseling and services for subfertility and infertility
- Information, counseling and services for sexual health and well-being

## **Costs and benefits of providing sexual and reproductive health services**

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**Meeting all needs for these services is affordable for most countries.** For example, in developing regions, an estimated US\$9 per capita annually would cover the total cost of fully meeting women’s needs for modern contraception and providing health services recommended by the World Health Organization to all pregnant women (including those who have miscarriages, stillbirths or abortions as well as live births) and to newborns.

And the investments would yield enormous returns. Evidence shows that access to sexual and reproductive health services saves lives, improves health and well-being, promotes gender equality,

increases productivity and household income, and has multigenerational benefits by also improving children’s health and well-being. The most recent data show that fully meeting the need for modern contraception in developing regions and ensuring that pregnant women and their newborns receive essential care would result in the following declines from 2017 levels: 67 million fewer unintended pregnancies (75% decline), 2.2 million fewer newborn deaths (80% decline) and 224,000 fewer maternal deaths (73% decline). These benefits would pay dividends over many years and facilitate the achievement of other development goals.

# A roadmap for achieving universal access to the full range of SRHR information and services

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**Finally, the Commission recommends high-priority actions** to be undertaken by national, regional and global policymakers, health practitioners, educators, and health and rights advocates. These recommendations are based on evidence and rooted in human rights, and address gaps in health services as well as social, cultural and economic barriers—including those that are gender-specific—that prevent people from fully achieving SRHR.

- Adopt and apply the report’s comprehensive definition of SRHR, with specific attention to sexual and reproductive rights
  - Support changes in laws, policies, and social norms and structures that enable all people to understand, protect and fulfill their SRHR and to respect the rights of others
  - Progressively expand access to the essential, integrated package of sexual and reproductive health interventions, ensuring that the needs of vulnerable and marginalized populations are addressed
  - Secure sustainable domestic and international financing to achieve full access to the essential sexual and reproductive health package
  - Take action on components of SRHR often neglected in program implementation, but which impact large numbers of people, including:
    - Provide access to safe abortion services and liberalize abortion laws where necessary
    - Ensure adolescents have access to sexual and reproductive health information and services without discrimination
    - Address sexual and gender-based violence through policies, services and prevention programs
    - Engage men to support women’s health, rights and autonomy and address the SRHR needs of men
- Provide additional support to groups often marginalized, disadvantaged and subject to discrimination:
    - Protect the SRHR of displaced and refugee populations and strengthen services in humanitarian settings
    - Acknowledge and address the SRHR needs of people of diverse sexual orientations, gender identities and expression, and sex characteristics
  - Address evidence gaps and prioritize SRHR research needed for policy and program decision making
  - Strengthen and use accountability processes at all levels to ensure that SRHR goals and commitments are realized

## Accelerating progress

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**We have the knowledge and tools we need**—in the form of global guidelines, protocols, technology and evidence of best practices—to ensure that all people receive confidential, respectful and high-quality sexual and reproductive health services. Many successful interventions have been piloted in low- and middle-income countries. Too often, however, these effective approaches are not implemented on a wide scale, are not integrated as part of a comprehensive approach to SRHR, or fail to reach vulnerable or marginalized groups.

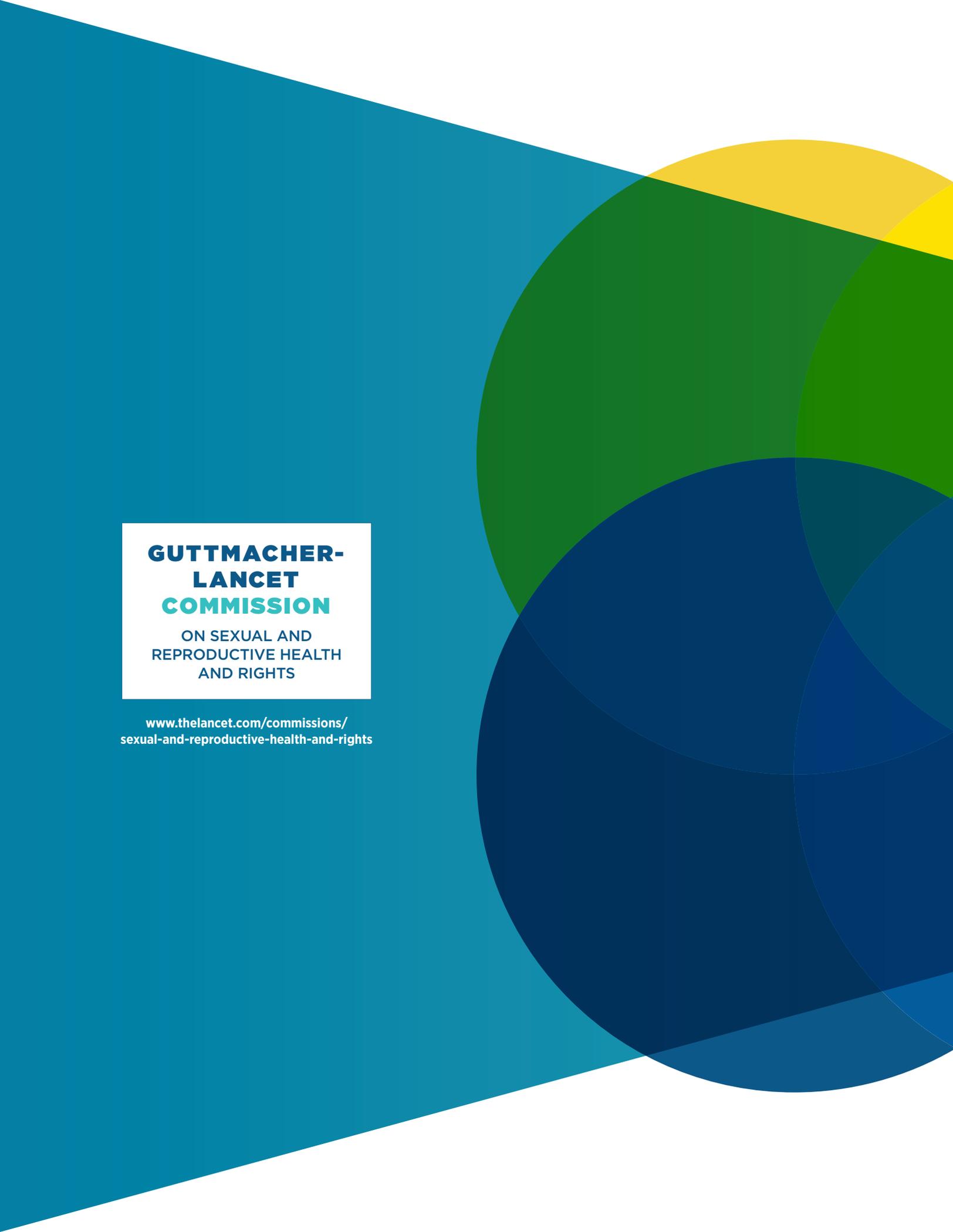
To accelerate progress, governments and donors must adopt and advance a comprehensive SRHR agenda that benefits all people. Civil society groups and others who recognize the essential benefits of advancing SRHR must work across sectors and hold governments accountable to their commitments. A shared commitment to evidence-driven SRHR policy and programming—that improves health and upholds human rights—is essential to support the ability of all individuals to live secure, fulfilling lives and to achieve global development goals.

## **ACKNOWLEDGMENTS**

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**The full report is available on *The Lancet* website:  
[www.thelancet.com/commissions/sexual-and-reproductive-health-and-rights](http://www.thelancet.com/commissions/sexual-and-reproductive-health-and-rights)**



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