



If we made existing SRHR services more pleasure-inclusive for young people, would the benefits be worth the extra cost?



The answer, across 99 World Bank classified low and middle income countries:

there is an estimated extra \$23 return in social and economic benefits for every \$1 invested in making existing SRHR services pleasure-inclusive.

\$23 : \$1



Put differently:

Stigmatizing pleasure costs money.

Pleasure is one of the highest-yielding investments in global health you've never heard of...

...nearly three times the return of **standard contraceptive** programming, and equal to **global nutrition** investments. In other words, **we lose \$23 for every \$1** already spent on traditional SRHR. And now we've got the data to prove it.

What \$1.6 billion buys, over 10 years, across 99 countries

World Bank classified low and middle income countries



Upgrading existing SRHR programming for 15–24-year-olds (same clinics, same staff, same channels, deepened rather than replaced) is projected to deliver, by 2050:

IMPACT	PROJECTION
Extra condom user-years	30.7 million
Unintended pregnancies averted	4.3 million
Abortions averted	2.1 million
Lives saved	90,000+ mostly women and children

Additional investment required:
\$1.6 billion over 10 years

No parallel program and no new infrastructure to build. The clinics, staff and budget lines already exist.

This just uses them better and gives the young people walking through the door an actual reason to engage with what's on offer.

Where the money works hardest

Returns vary sharply by region, and that variation tells its own story: the highest multipliers show up exactly where need is greatest.

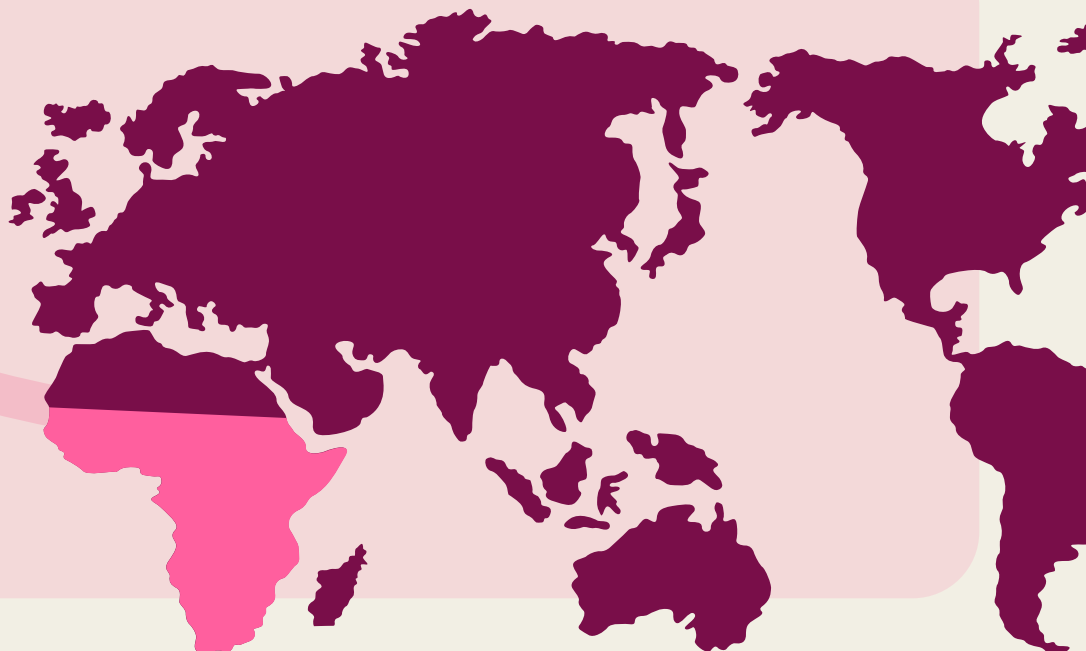
Sub-Saharan Africa

208 : 1

Global average

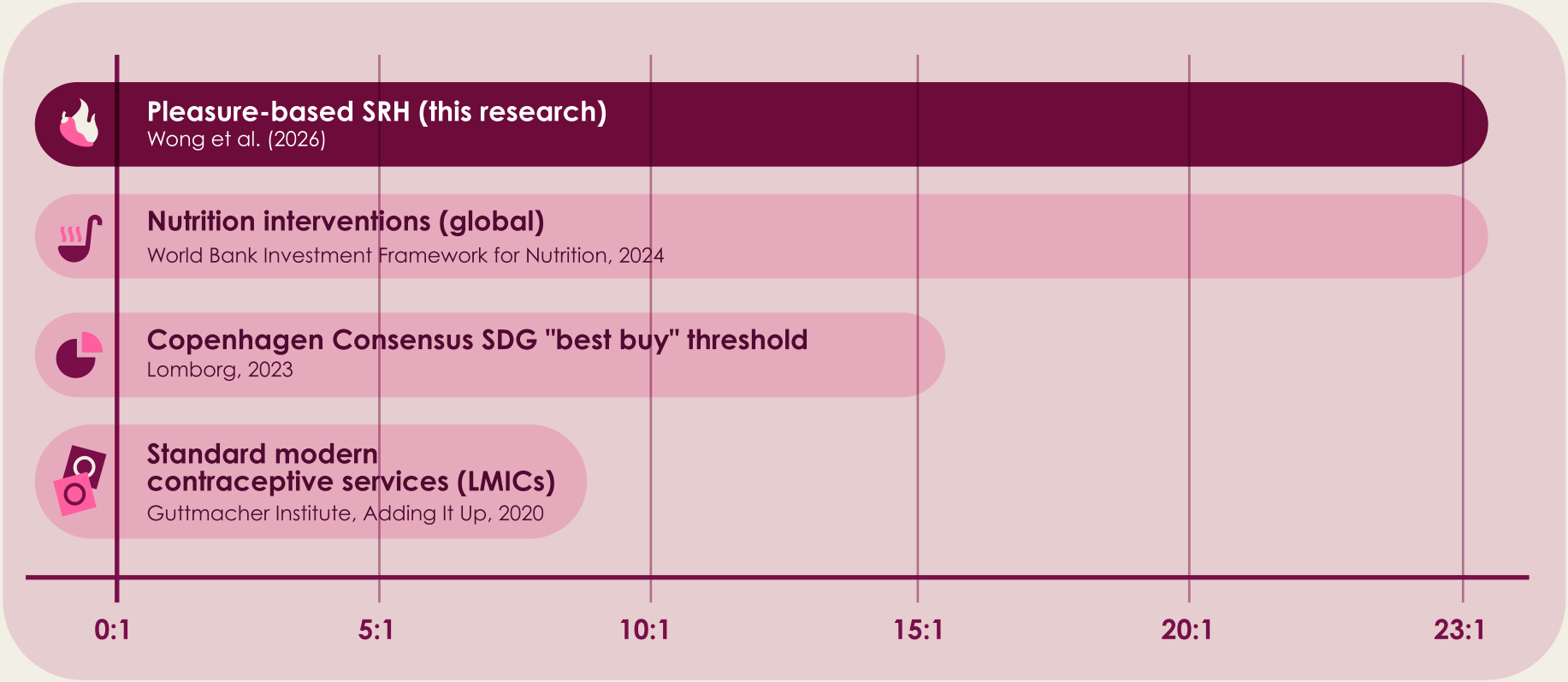
23 : 1

REGION & BENEFIT TO COST RATIO



How \$23:1 stacks up against other "best buys"

They are all great buys, but **pleasure beats the benchmark** economists use to identify the world's smartest development investments.



What actually changes on the ground

Pleasure-based sexual health doesn't require a new program. It's the existing program, made more effective.

The Pleasure Project's systematic review with WHO* found pleasure-inclusive approaches significantly increased sexual health outcomes over standard SRHR programming.

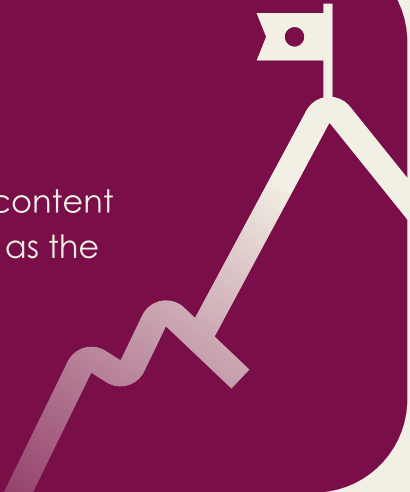
Built on that evidence, the shift of this investment case centres on:

- Training and values clarification for staff**, usually the single biggest line-item in getting a program off the ground.
- Content** that doesn't read like a clinic pamphlet, and because it **actually engages people**, it keeps generating conversation long after it's published.
- A few extra moments in every consultation, spent on **consent and satisfaction** instead of risk alone.
- Better commodities**: condoms and lubricants chosen for how they feel for the client, not just what they cost.

* Zaneva M, Philpott A, Singh A, Larsson G, Gonsalves L (2022) What is the added value of incorporating pleasure in sexual health interventions? A systematic review and metaanalysis. PLoS ONE 17(2): e0261034.

Costs are the heaviest at the start.

Training, trust-building with gatekeepers and content development are the early costs that reduce as the assets and skills built along the way become reusable resources for the whole field.



These numbers are conservative, too. The model puts no dollar value on autonomy, dignity, relationship quality or sexual satisfaction, the things this approach is actually built around.

...not a ceiling.

Count those, and **\$23 is a floor...**

Why this should matter to you

Funders and multilaterals.



No parallel infrastructure and no new supply chain.

Just a multiplier on a program you've already decided is worth funding. This is the version of SRHR that performs **three times better**.

Governments.



The staff, clinics and budget lines are already yours.

What changes is the return: stronger numbers on adolescent health, maternal and child health, HIV and gender equality, all from one line item.



Philanthropists.

You've already funded the health facilities, the commodities, the training for health care professionals.

They're all worthy of the money already going into them. But to get \$23 more bang for every buck you're spending, all you need to do is top these up with pleasure-based approaches to SRHR.