



African Population and
Health Research Center

Webinar Series

Safeguarding Adolescent Sexual and Reproductive Health in the Current Funding Crisis

On Wednesday, September 17, 2025, the African Population and Health Research Center and its partners held the first of a three-part webinar series addressing the significant funding cuts affecting global health, particularly adolescent sexual and reproductive health (ASRH), in low- and middle-income countries (LMICs).

Over the past two years, overseas development assistance has drastically reduced, with ASRH initiatives in LMICs being particularly hard hit. This puts decades of progress at risk, as essential services like contraception, maternal care, and HIV treatment are disrupted.

The full recording of the webinar is available [here](#). Below are some key takeaways from the panelists and speakers:



Dr. Caroline Kabiru

Head of the Sexual, Reproductive, Maternal, Newborn,
Child and Adolescent Health Unit at the African
Population and Health Research Center

“The Second Lancet Commission on Adolescent Health and Wellbeing Report notes that the resources that are dedicated to adolescent health are not nearly enough to match the scale of the challenge, and they’re not being directed to the areas where they are needed the most.

For example, between 2016 and 2021, specific funding for adolescent health made up only 2.4% of total development assistance for health, despite adolescents making up a quarter of the world’s population. This significant funding gap poses a direct threat to adolescent health and wellbeing.”

“Adolescents were named in the Millennium Development Goals (MDGs) but they were not addressed for the first ten years because there were other burning priorities, such as maternal mortality, childhood mortality, and HIV/AIDS deaths in adults and children. Adolescents were left aside until a movement put them on the agenda during the last five years of the MDG era and into the SDG era.

We are shocked by the unprecedented cuts in official development assistance. We are saddened by it, but we cannot afford to be paralysed. We cannot afford to be silenced. We must get up, regroup, and move ahead. Without that, adolescents will be pushed off the agenda again.”



**Dr. Venkatraman
Chandra- Mouli**

Communicator, advisor, teacher, and supporter of
adolescent advocacy, research, and action,
Geneva, Switzerland



Dr. Gilda Sedgh
Senior Fellow, Guttmacher Institute

“Can we ensure that adolescent sexual and reproductive health remains a priority? Yes, but there is work to be done. We need to make a case for investment. We’ve spent a long time elevating the rights-based argument for sexual and reproductive health and rights, and rightly so. However, we must ensure that advocates and decision-makers have access to the investment case. We know, through research conducted by the Guttmacher Institute, that every dollar that is spent on contraceptive services for adolescents beyond current levels would save US\$3.70 in the cost of maternal and newborn care, and abortion care.

Adolescent sexual and reproductive health is a development multiplier. When girls and young women can avoid unintended pregnancies, they can stay in school longer, they can make more substantive contributions to the labour force and the economy, and they are more likely to avoid poverty. These points aren’t new to us, but we must emphasize them and continue to build the evidence base on the returns on investment in sexual and reproductive health and rights, including for adolescents.”

“We need to shift the center of the agenda to the Global South. We can accomplish this in several ways. The first approach is to increase representation on boards and in decision-making processes. The second approach is to consider establishing the major centers of work in the Global South. This will lead to greater proximity and opportunity to influence the agenda. It will also contribute to moving away from Global North-centric perspectives.

Travel costs and visa barriers often prevent leaders, scientists, young people, and others from participating in critical conversations. Shifting meetings to the Global South could address this issue. The third way in which we need a shift is in our ideological approach to global health. For this, we must work on ourselves, introspect, and consider how we are educating future leaders. Building educational centers of excellence in the Global South, building equitable partnerships for training, and building equity in syllabi can contribute to this shift. I hope we can all work together and make this happen.”



Dr. Shashika Bandara
Post-doctoral Fellow, McGill University



Dr. Catherine Kyobutungi

Executive Director,
African Population and Health Research Center

“We need to shift power from Global North academics and institutions to their counterparts in the Global South, but we also need to shift power beyond us as academics to others – community leaders and members, decision-makers in government, and young people too.”

We must make sure that our perspectives as academics in the Global South are not the only ones and not even the dominant ones. We must start listening to the people directly affected by the problems we wish to solve and meaningfully incorporate their perspectives in our work.”

“As is true for other sectors, Northern universities need to develop new models of allyship, where there is far more equitable distribution of resources than is often the case. We in the Global North can no longer benefit from high indirect costs and salaries that sustain us while leaving our Southern partners at an economic and social disadvantage. Allyship requires that we treat our global partners as equals.”



Prof. Robert Blum

Sr. Professor, Bloomberg School of Public Health

Next...

Webinar II: Safeguarding progress-How countries are responding to ASRH funding cuts

Date: Wednesday, October 22, 2025

Time: 1700-1800h EAT (convert to your time zone [here](#))

Registration Link:

https://us02web.zoom.us/webinar/register/WN_OnBtuwpySTqR4LetUtEGoQ_