African Population and Health Research Center

Webinar Series II

Safeguarding Adolescent Sexual and Reproductive Health in the Current Funding Crisis

On Wednesday, October 22, 2025, the African Population and Health Research Center and its partners held the second 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 aim of the second webinar was to showcase the effects of the sharp cuts in four countries and at global level and discuss how governments and multilateral agencies are responding to safeguard the gains in ASRH.

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

Dr. Fernando Zingman
Fundar-Argentina

Argentina has a robust legal framework for ASRH. There is a dedicated national body that promotes adolescent health, providing technical support for activities across all 24 provinces. A strong feminist civil society movement has complemented and amplified the government's efforts. As a result of these combined efforts, impressive progress was being made.

However, the change in political leadership at the end of 2024 led to the dismantling of the national program, funding being slashed, and the SRHR and gender rights agenda being attacked. Given that many international organizations are themselves weakened and funding agencies exclude Argentina because it is a middle-income country, NGOs and other civil society bodies are doing whatever they can to protect the gains.

In the context of the current crisis, countries should aim to safeguard critical activities with their limited resources. They should support and connect efforts, including those of volunteers. They must document what is happening as well as continually advocate for political support and funding. Giving up is not an option.

YOU SAID...

As CSOs in Liberia, we are working on building stronger coalitions among ourselves to avoid duplication of efforts, as domestic resources are limited.

In Argentina, there has been a significant cut in funding for health and education policies for adolescents and young people. This has also led to a loss of income for the population.

The funding cuts in my country have led to a number of people losing their jobs abruptly.

From Malawi, we have also witnessed disruption in community-based adolescent health services. This has impacted marginalized adolescents living in hard-to-reach areas. While the funding cuts have been a shock, with drug stockouts and a reduced health workforce, the Ministry of Health is working towards integrating services initially provided by partners.

Our **Exemplars in Global Health** study identified several countries in sub-Saharan Africa and South Asia that had reduced adolescent fertility more than neighboring countries. Political support has been key to this, however, in the context of the financial crisis, there is a real risk that this progress could unravel.

Moving forward, countries should ensure strong multisectoral collaboration to build synergy and avoid duplication. They should also continue to invest in foundational issues, such as education and social protection, to prevent child marriage and adolescent pregnancy.

Dr. Naa Dodua Dodoo
African Institute for Development Policy (AFIDEP)

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Hans Katengeza
Ministry of Health -Malawi

In **Malawi**, young people are facing many challenges, including a high rate of sexually transmitted infections, unintended pregnancies, and a high prevalence of mental health challenges. Following the funding cuts, we have leveraged the national domestic resource mobilization strategy- developed by the Ministry of Health's Planning Department- to lobby for increased local funding.

We are also engaging with Members of Parliament, specifically through the Parliamentary Committee on Health, to advocate for a budget increase in accordance with the Abuja Declaration's target of 15% for sexual and reproductive health and rights (SRHR) support. We have also held meetings with the Ministry of Finance regarding the necessary budget increase for core SRHR interventions.

Governments need to prioritize resource mobilization for domestic financing, a paradigm shift from donor dependence, as we have learned from the funding cuts recently. One advice to other countries is that let us start mobilizing domestic financing for sustained gains in our interventions.

When we invest in adolescents, and when they are seen as agents of change, we can achieve sustainable impact. It is important that we reaffirm adolescents' rights as a non-negotiable policy and program priority; safeguarding adolescent reproductive health is not an option.

We need to advocate for better funding and invest in evidence-based, gender-responsive interventions that are delivered through integrated health and social systems that link education, health, and social protection.

Dr. Ayman Abdelmohsen
UNFPA

Sharmila (Dahal) Paudel
Department of Health Services- Nepal

Nepal has made impressive progress in ASRH over the years. The Government of Nepal entered into a five-year government-to-government agreement with the USA for a range of activities. The abrupt ending of this agreement came as a shock. The weakening and breakdown of supply chains has affected service provision, leading to an increase in unmet need for contraception and unsafe abortion. Provision of youth-friendly health services, and data gathering and analysis for accountability and logistics management have also been weakened.

We are reassessing priorities and matching them with domestic budgets. For crucial areas, we are ring-fencing budget allocations, thereby protecting these work areas. In our decentralized system, we support district-level governments in increasing their budgetary allocation. We are also integrating quality certification into existing systems, making us less reliant on external partners. We are also working to integrate youth-friendly health services into existing delivery structures and task shifting. At the same time, we are preparing to implement youth-led accountability mechanisms to assess the quality of care and stockouts, and assigning responsibility for the provision of different interventions to the relevant sectors. For example, overseeing peer education will be the responsibility of the Youth Department.

Countries should accept that true and secure progress can only be made through domestic financing. Those working on adolescent health should learn to speak the language of economists and not just talk about ethics and rights, but also about risks and benefits.

Even though we made a concerted effort to integrate ASRH into wider programs and collaborate with many partners, the USAID cuts are seriously affecting **Benin**. We have had to cancel activities, particularly community-based ones, which are crucial for ASRH. The funding cuts have also meant that technical support agencies, which played a key role in complementing and supporting the government's actions, are no longer available. Together, these factors are already beginning to compromise the provision of information and education, and the demand for and supply of sexual and reproductive health services.

We have reviewed and refined our priorities and shared them with our remaining partners. We have also identified a shortlist of critical activities to safeguard, and are strengthening coordination so that together, all sectors can address these national priorities. We are using our own resources to address these issues, and we have called on our partners to do the same. We are supporting our existing partners to do their best while searching for new partners.

Past and present crises have taught us that countries must prepare for future crises. In terms of concrete actions, careful, data-based planning, diversifying sources of funding, and strengthening collaboration are very important.

Dr. Edith Djenontin-Kotchofa
Ministry of Health-Benin