



African Population and  
Health Research Center

## Webinar Series III

# Safeguarding Adolescent Sexual and Reproductive Health in the Current Funding Crisis

On Wednesday, November 12, 2025, the African Population and Health Research Center and its partners hosted the final webinar of their three-part webinar series, which addressed 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 third webinar aimed to showcase how funding agencies are responding to the crisis, and how they work to include recipient countries in funding decisions.

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



**Shahiya Ali Manik**  
South Asia Association for  
Regional Cooperation  
(SAARC)

“Last year, the **South Asia Association for Regional Cooperation (SAARC)** worked with UNICEF, UNFPA, and WHO to organize a dialogue on adolescent pregnancy in the region, with the aim of supporting a collaborative, region-specific approach to the issue. The dialogue led to the development of a regional technical brief and a regional action plan, which has been sent to the member-countries to develop their own national plans.

SAARC has funding to support this work from a number of sources, including the Asian Development Bank and UN agencies. Like all other regions, funding cuts are affecting its work. However, one real opportunity in the region is the existence of a South Asian Social Development Fund (SDF). The SDF has the capacity to support activities and compensate for the cuts in official development assistance, for the eight member-countries and for the international organizations that support them. The SDF window can be used even to support grassroots organizations, if their proposals are submitted through the government or through recognized bodies. In addition to its own work, SAARC is working with other funding partners to pool the available funds and to make the best use of the available resources to strengthen programs in countries.

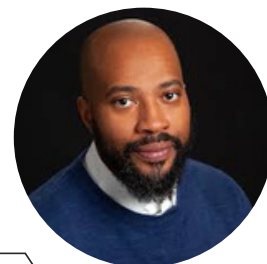
**We need all the relevant partners at the table, and there must be equality and allyship in decision making.**”

“The **International Development Research Centre (IDRC)**'s current strategic plan (2020 to 2030) has five focus areas, one of which is global health, within which sexual and reproductive health (SRH) and ASRH are housed.

IDRC's work with science governing councils (SGC) clearly illustrates IDRC's commitment to ensuring that LMICs are in the driver's seat. It supports national SGCs in 17 countries in Africa, in partnership with funding agencies from Sweden, South Africa, and UK, and elsewhere. In most countries, these SGCs have been underfunded and unable to carry out their mandate. IDRC's support to revive national institutions and to create a community of practice is a model that we are proud of. Some countries, such as Ghana, are beginning to invest in their revised SGCs, while others, like Sierra Leone, are setting up their own SGC. IDRC and its partners are supporting these SGCs to identify research priorities, call for proposals, select institutions and issue contracts, using their own resources complemented with some external support.

The Abuja Declaration on Health (2001) saw sub-Saharan African nations commit to a crucial goal: allocating 15% of their national budgets to the health sector. However, this commitment is largely unfulfilled. This failure stems not from decision-makers' ignorance of the poor state of health services or the scope of the problem, but from a lack of action. Therefore, experts and organizations are urgently called upon to press governments to honor their domestic financial commitments and decisively end their dependence on external funders, ensuring a sustainable, sovereign approach to national health security.

**Let us not give up hope. Every crisis opens up opportunities.**”



**Dr. Sam Oji Oti**

The International  
Development Research  
Centre (IDRC)

At the end of 2024, the **Packard Foundation** completed a strategy refresh. The new strategy has a regional focus, with a particular focus on Africa and South Asia. It has two major lines of work—firstly, creating an enabling environment for SRH, and secondly, developing new pathways for care.

Within these two broad lines of work, the Foundation is providing responsive grants to organizations that work with or support frontline providers of SRH services, thereby helping ensure that these services are not interrupted by the funding cuts. The Foundation has also made the process of applying for and reporting on grants easier. Further, the Foundation is also providing organizations with core funding and with support that matches their needs.

The Foundation has been working with other funders to leverage domestic resources by supporting the development of multi-funder compacts with countries that raise external contributions and urge for increased domestic resource allocation. A case in point of this is an 18-fold increase in resource allocation by the Government of Ethiopia for the purchase of contraception. Beyond these arrangements, the Foundation is seeking to work with other funders to reduce funding silos and provide larger and longer grants that have the potential of achieving greater impact.

**While the funding cuts have been a big blow, let us not despair. There are huge opportunities around us, such as SRH within the context of climate and humanitarian crises. At the same time, we must improve efficiency and learn to do more with less.**



**Yemeserach Belayneh**  
Packard Foundation



**Dr. Venkatraman Chandra-Mouli**

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

In the 30 years since the landmark conferences of Cairo and Beijing, the world has made notable, but inequitable progress on ASRH. This progress has been earned through investment and hard work.

The unprecedented cuts in official development assistance are already threatening programs and projects in low-and middle-income countries. Modelling studies suggest that if the funding gap is not met, this will result in a huge increase in illnesses and death, and in relation to sexual and reproductive health, an increase in maternal mortality and morbidity, unintended pregnancies, and unsafe abortions.

**WHO** has published guidelines for LMICs to deal with this unprecedented health financing emergency. WHO's Director General stresses that in the crisis lies an opportunity for countries to transition away from aid dependency towards sustainable self-reliance, based on domestic resources. Partnerships and allyship between and within countries are key to weathering this crisis and using it as an opportunity.

“SRH is a key priority for Norway, which has committed about 1% of its Gross National Income to international development aid, making it one of the most generous contributors to official development assistance. Further, Norway has announced an increase in its contributions, a life-saving grant in the current crisis.

Norway's focus on SRH is in three areas – safe abortion care, family planning and comprehensive sexuality education. It supports community engagement and norm change to create a supportive environment. It supports the health and education systems-strengthening as well as advocacy.

**NORAD** works with around 20 partners – multilateral agencies, organizations like Amplify Change and the Safe Abortion Fund, which supports grassroots-level organizations, and international NGOs. It requires these organizations to abide by good practice in human rights and equality. This includes meaningfully involving intended beneficiaries (such as young people and people living with disabilities) and not just reaching them with services.

Rationalizing work areas and budget lines on the one hand, and reporting lines on the other, to avoid siloing, is important. Also, greater coordination among funders in the context of funding cuts is equally important.

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**As Ayman Abdelmohsen said in the second webinar, investing in adolescents in non-negotiable, and it must be smart and sustained. Young people are powerful. Organizations that are working with them should ensure that young people are part of decision-making processes.**



**Nina Strøm**

Norwegian Agency for Development Cooperation (NORAD)

# Thank you!

...for joining us as we reflected on the interplay between the current global health funding landscape and efforts to decolonize global health.

If you missed out on any of the conversations, check out the [webinar series](#) on our YouTube channel.