African Population and Health Research Center

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Advancing Sexual and Reproductive Health and Rights Policy in Africa - Why is it so hard?

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The Uncomfortable Truth About Policy Change

Policy advocacy is a relentless pursuit—demanding persistence through uncertainty, resistance, and the possibility that impact may remain invisible for years. In the Sexual and reproductive health and rights (SRHR) space across sub-Saharan Africa, this discomfort is not an anomaly; it is the norm. For those working to advance SRHR across sub-Saharan Africa, confronting this discomfort is an inherent part of their job. Despite the increasing efforts to engage policymakers on issues such as adolescent pregnancies, unsafe abortions, and the criminalization of sexual and gender minorities, the persistently poor SRHR outcomes highlight a stark paradox.

Why is meaningful change elusive if the evidence is compelling and the advocacy persistent?

Since 2018, the **Challenging the Politics of Social Exclusion (CPSE)** program, led by the African Population and Health Research Center (APHRC) and funded by the Swedish International Development Cooperation Agency (Sida), has been addressing this question. CPSE is more than an endeavor to contribute to the growing need for evidence and informed policies in the SRHR space—it is about resilience, looking at how evidence can facilitate a shift in policy landscapes at regional, sub regional and national levels. At the regional level, the program engages the African Union, the Gender is my Agenda Campaign and the African Commission on Human and Peoples' Rights (ACHPR). The sub-regional level bodies included the East African Community (EAC), the Southern African Development Community (SADC), the SADC Parliamentary Forum and the Economic Community of West African States (ECOWAS) provide platforms and opportunities for amplifying evidence, set and advance SRHR agenda and strengthening advocacy around SRHR issues. At the national level, the seven countries were earmarked including: Burkina Faso, Kenya, Liberia, Malawi, Rwanda, Sierra Leone, and Zambia. These seven countries were considered to be at a strategic tipping point with the potential to advance SRHR through evidence-informed decision-making **(that is, making decisions based on the best available research and data)**. On the other hand, the regional bodies provided a platform not only to assess progress but also to leverage their distinct stakeholder engagements, which would push for the adoption and domestication of certain rights frameworks, such as the Maputo Protocol, by member countries. In CPSE's engagements in these countries and with different regional and sub-regional bodies, one important lesson is that SRHR is a contentious and difficult topic to navigate.

SRHR policy advocacy in a fractured landscape

The seven countries in CPSE's focus represent a sample of Africa's broader policy landscape, where progress is both rapid and agonizingly slow. Governance structures range from relatively progressive to deeply conservative. Cultural and religious influences dictate public discourse, often shaping policy more than data ever could. Health systems, strained by economic instability, must contend with competing priorities.

CPSE has zeroed in on three politically sensitive areas of SRHR:

- **Adolescents' SRHR** – Addressing the realities of unintended teenage pregnancies, access to contraception, and the reintegration of pregnant and parenting adolescents.
- **Safe Abortion and Post-Abortion Care** – Confronting legal and social barriers that drive unsafe abortion rates, with devastating consequences.
- **Sexual and Gender Minority (SGM) Inclusion** – Challenging the systemic exclusion and criminalization of LGBTQI+ individuals, which undermines public health efforts.

These focus areas are filled with resistance, but may also be where policy change is most urgent.

From the outset, CPSE was clear that it was never just about gathering evidence—it is about using that evidence as a lever for change. Research alone does not shift policy; what matters is how, where, and with whom that research is deployed.

In Burkina Faso and Malawi, CPSE's deep dive into adolescent SRHR provided a granular understanding of the lived realities of pregnant and parenting adolescents. The evidence-informed stakeholder engagements dissected the key findings further, prompting action toward the need to re-integrate adolescent mothers into the education system. This also prompted the program team to support the participation of parenting adolescents in the Africa Children Summit as a way of adding the actual voices of the affected, in a majorly policy-centric discourse with a view that such could broaden the advocacy landscape that could tilt the scale in the favour of those most affected.

In Sierra Leone and Liberia, CPSE's research on abortion incidence and severity of complications sparked critical, if not uncomfortable, conversations. But here, policy advocacy is not just about the data—it's about dismantling the cultural and religious barriers that keep these issues locked in silence. Strategically, where silence

beckoned, the values clarification for action and transformation (VCAT) model was employed. The model helped CPSE to initiate ordinarily difficult discussions aimed at shifting perceptions among civil society organizations, paving the way for legislative discussions on safe abortion and post-abortion care including access to SRH services and information for adolescents and young women.

In East Africa, CPSE's approach focused on bringing SRHR to the forefront of national and county-level government engagements leveraging existing platforms or initiating conversations. In SADC, the program contributed to the drive for the domestication of model SRHR laws through partnerships with SADC PF. At the African Union level, CPSE has provided technical support to GIMAC, ensuring that SRHR evidence informs high-level continental discussions. All these, among many more, were done to build a critical mass of actors that can rely on evidence and contemporary policy approaches for the sake of a huge number of Africans who continue to be socially excluded.

Yet amidst the discomfort, CPSE carved out significant wins—some planned, others emerging from careful adaptation. What, then, made the difference?

What worked and why?

One of the most compelling successes of the CPSE program was APHRC's emergence and sustained recognition as a leading knowledge partner and neutral advisor across national, sub-regional, and regional SRHR policy spaces. This was not an incidental achievement but rather the outcome of deliberate and well-calibrated strategies rooted in trust-building, mutual respect, and complementarity with partners. By anchoring its work in evidence-informed policy engagement, the Center effectively bridged the often-distant worlds of research and decision-making.

A significant strength of the program was its regional approach, which leveraged synergies with key institutions, including the SADC Parliamentary Forum, the EAC, the Regional Psychosocial Support Initiative (REPSSI), United Nations (UN) agencies, and civil society networks. These partnerships enabled CPSE to not only participate in high-level forums but also contribute substantively to policy formulation processes, such as the SADC SRHR strategy and the EAC SRHR Bill (2021). This access and influence were made possible through years of consistent, value-based engagement, marked by the MoU signed with SADC PF, the observer status granted to APHRC at the plenary, and the trust placed in the Center to provide technical support during critical resolution-setting sessions. There was also an MoU signed with Eastern Africa National Networks of AIDS and Health Service Organizations (EANNASO) that provided opportunities for joint engagement and collaboration on working with the EAC and East African Legislative Assembly (EALA), particularly on the EAC SRH Bill 2021.

Moreover, the CPSE program excelled in building capacity at multiple levels—among parliamentarians, civil society organizations, the media, and researchers—on how to translate evidence into action. Over 30 capacity-strengthening sessions, as well as the facilitation of technical working groups and advisory panels, demonstrated a growing appetite for homegrown evidence and skills, particularly among policymakers, who reported improved communication and advocacy competencies.

Crucially, the program's responsiveness to emerging needs and opportunities—such as invitations to high-level panels, research agenda-setting workshops, and technical committees—allowed APHRC to remain agile and relevant. Whether at the African Union's strategic dialogues, national policy discussions, or grassroots youth forums, APHRC consistently provided credible evidence and strategic framing on sensitive and often controversial topics, including abortion, LGBTQI+ rights, and adolescent SRHR.

The deliberate inclusion of youth-led and grassroots movements also proved transformative. By equipping these groups with tools, training, and platforms to influence policy, CPSE contributed to a more resilient and decentralized advocacy ecosystem. In countries like Liberia and Sierra Leone, these movements have carried forward the momentum, engaging policymakers with increasing confidence and effectiveness, even in the absence of direct program support.

Finally, CPSE's adoption of adaptive learning approaches—such as outcome harvesting and

results-based management—ensured that the program remained reflective and responsive to the complex systems within which it operated. These approaches helped the team track tangible shifts in policy, discourse, and practice, providing a robust learning foundation for CPSE 2.0.

What didn't go as planned?

Despite these significant strides, the CPSE program also encountered challenges that tempered its ambitions and tested its adaptability.

One of the key setbacks was the misalignment of priorities between the CPSE program and some of its implementing partners. While the program was intentionally grounded in strong partnerships, differing timelines, expectations, and strategic focuses occasionally led to delays or re-scoping of activities. These experiences underscored the importance of joint planning, regular reviews, and building institutional rather than individual-level partnerships to ensure continuity and shared ownership.

Another challenge was the heightened hostility and anti-rights legislation targeting LGBTQI+ communities, which intensified across several countries during the program's implementation. Uganda, Mali, Ghana, and even Kenya introduced or sustained repressive legal frameworks, making it difficult to share evidence or hold convenings on LGBTQI+ inclusion openly. In some instances, planned dissemination efforts had to be paused, redirected, or conducted discreetly to safeguard participants and staff. This evolving legal and social landscape compelled the program to continually reassess its risk management protocols, which in turn limited the visibility of some of its advocacy efforts.

The inability to disseminate key findings in certain contexts such as the findings from the political economy analysis of abortion study in Zambia was another example of a goal that was not met. Despite having robust, policy-relevant findings, political sensitivities curtailed dissemination plans. While follow-up engagements were planned with Sida-supported partners, the delay marked a lost opportunity for real-time influence.

Moreover, financial sustainability and dependency remained a concern, particularly among grassroots organizations and youth movements. While capacity was undoubtedly built, many local partners remain reliant on external funding for major engagements, including high-level advocacy and convenings. Without continued investment, there's a risk of momentum loss in some geographies.

Lastly, the complexity of measuring influence in policy spaces made it difficult to attribute specific outcomes solely to CPSE interventions. While outcome harvesting helped identify signs of progress, the nonlinear nature of policy influence necessitated nuanced storytelling—one that could trace contribution, rather than attribution, in an increasingly complex policy ecosystem.

Lessons for the future

Evidence alone is not enough. It must be paired with strategic engagement, political will, and cultural competency. This calls for the collaboration of different players to be willing and deliberate on working together for a common cause that uplifts individuals and enhances livelihoods across the continent.

Relatedly, multi-sectoral partnerships are key, and sustained change requires collaboration across research institutions, civil society, government, and regional bodies. Adaptability is also essential. When political landscapes shift, advocacy must change with them. There is no ideal situation where you can confidently say you have things right. Not everyone supports, and even with a vast majority of understanding, we must always be prepared for the other side.

Above all, the discomfort of pushing for SRHR policy change is a sign of progress. The resistance, the delays, and the outright opposition are indicators that deeply entrenched norms are being challenged.

Forging ahead

The fight for SRHR policy reform in Africa is not just about laws and frameworks—it is about dismantling exclusion systems and ensuring that health, dignity, and autonomy are not privileges but rights. CPSE has proven that change is possible, but it is neither quick nor guaranteed. The road ahead remains complex, requiring patience, innovation, and an unwavering commitment to the cause.

Everyone involved in driving change—researchers, advocates, policymakers, and affected communities must be prepared to navigate discomfort, because if policy change were easy, it would have already happened.

The work continues.