Landscape Analysis Report on Young People's SRHR Regional Policy Advocacy

Issues, Spaces, Processes and Partners

Prepared under the Transform SRHR Project

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List of Acronyms and Abbreviations

Table 1: Acronyms and Abbreviations

Acronym	Full Meaning
WHO	World Health Organization
WAHO	West African Health Organization
UNICEF	United Nations Children's Fund
UNFPA	United Nations Population Fund
STIs	Sexually Transmitted Infections
SRHR	Sexual and Reproductive Health and Rights
SOAWR	Solidarity for African Women's Rights Coalition
SDGs	Sustainable Development Goals
SADC	Southern African Development Community
REC	Regional Economic Community
PPDARO	Partners in Population and Development Africa Regional Office
NGO	Non-Governmental Organization
MPoA	Maputo Plan of Action
KIIs	Key Informant Interviews
IGAD	Intergovernmental Authority on Development
ICPD	International Conference on Population and Development
HIV	Human Immunodeficiency Virus
GBV	Gender-Based Violence
FGM	Female Genital Mutilation
FEMNET	African Women's Development and Communication Network
ECOWAS	Economic Community of West African States
EANSAO	East African National SRHR Alliances Organization
EAC	East African Community
CSW	Commission on the Status of Women
CSO	Civil Society Organization
CSE	Comprehensive Sexuality Education
AYC	African Youth Commission
AU	African Union
APHRC	African Population and Health Research Center

Acronym	Full Meaning
ANSA	African Network for SRHR Alliances
AGYW	Adolescent Girls and Young Women
AfriYAN	African Youth and Adolescents Network on Population and Development
AfDB	African Development Bank
ACHPR	African Commission on Human and Peoples' Rights
ACERWC	African Committee of Experts on the Rights and Welfare of the Child

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On behalf of the SRHR Alliance Uganda, I extend my deepest appreciation to all partners, stakeholders, and young people who contributed to the successful completion of this landscape analysis on Young People's SRHR Regional Policy Advocacy: Issues, Spaces, Processes, and Partners. This study was undertaken under the Transform SRHR Project, and its findings provide critical insights into the opportunities and challenges shaping youth centred advocacy across Africa.

We are grateful to the consultant, Ms. Daisy Akoya Tuzo, for her dedication and expertise in leading this process with rigor and professionalism. Her work has ensured that the voices and experiences of young people, civil society organizations, and regional partners are captured and reflected in this report.

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We also recognize the resilience and courage of young people across Africa, who continue to champion their rights despite significant barriers. This report is dedicated to amplifying their voices and strengthening their participation in shaping policies that affect their lives.

As the Country Director of SRHR Alliance Uganda, I reaffirm our commitment to working with partners to translate these findings into actionable strategies. Together, we will continue to build a stronger, more inclusive, and sustainable SRHR advocacy movement that ensures every young person in Africa can access the rights, services, and opportunities they deserve.

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Country Director, SRHR Alliance Uganda

Executive Summary

This report presents the findings of the Landscape Analysis of Young People's Sexual and Reproductive Health and Rights (SRHR) Regional Policy Advocacy: Issues, Spaces, Processes, and Partners, conducted for the African Network for SRHR Alliances (ANSA) under the Transform SRHR Project. The study generated evidence-based insights into the regional SRHR advocacy ecosystem and identified opportunities to strengthen youth centred advocacy and policy engagement across Africa.

Young people aged 10 to 24 years make up over 30% of Africa's population yet continue to face significant SRHR barriers. These include adolescent pregnancy, HIV infections among adolescent girls and young women (AGYW), child marriage, gender-based violence (GBV), unmet need for contraception, limited access to youth friendly services, and exclusion from participation spaces. These challenges are worsened by poverty, harmful socio-cultural norms, restrictive laws, misinformation, anti rights movements, and weak implementation of existing commitments.

The study used a mixed methods approach combining desk review, stakeholder mapping, and Key Informant Interviews with SRHR Alliance partners and stakeholders from Uganda, Malawi, Ethiopia, Kenya, Ghana, Tanzania, and Rwanda. The analysis reviewed regional policy frameworks, advocacy spaces, institutional processes, actors, and partnerships influencing young people's SRHR. It found that Africa has strong SRHR policy foundations, including the Maputo Protocol, Maputo Plan of Action, Agenda 2063, the African Youth Charter, and REC strategies, but implementation remains uneven due to weak accountability, limited financing, socio political resistance, and inadequate youth inclusion.

Priority SRHR issues identified include limited access to comprehensive sexuality education, HIV vulnerability among AGYW, unsafe abortion, child marriage, stigma and discrimination against marginalized groups, and insufficient youth friendly SRHR services. Young people with disabilities, marginalised youth, rural youth, and displaced populations face heightened exclusion from both services and advocacy processes. Regional spaces such as the AU, EAC, SADC, IGAD, CSW, and ICPD offer important advocacy opportunities, but youth led organizations continue to face barriers related to funding, technical capacity, language, accreditation, and tokenistic engagement.

Advocacy across the region increasingly uses multi stakeholder engagement, digital campaigns, coalition building, litigation, grassroots mobilization, and evidence-based advocacy. Effective approaches combine meaningful youth leadership, engagement with traditional and religious leaders, and stronger links between grassroots, regional, and global platforms. However, advocacy remains fragmented, donor dependent, and shaped by power imbalances in which regional institutions, governments, and development partners dominate agenda setting and resources, while youth led organizations remain underrepresented.

Emerging risks include shrinking civic space, misinformation, anti rights narratives, declining donor funding, and growing political resistance to progressive SRHR agendas. At the same time, expanding digital advocacy platforms, stronger youth networks, improved accountability frameworks, and growing recognition of youth participation create important opportunities. The findings affirm ANSA's strategic role as a continental platform for coordinated SRHR advocacy, movement building, and youth engagement. The study recommends that ANSA strengthens institutional formalization, regional partnerships, research and knowledge management, digital visibility, and sustainable financing mechanisms to support country level alliances and youth led advocacy.

1. Introduction and Background

1.1 Introduction

Sexual and Reproductive Health and Rights (SRHR) remain central to achieving health, gender equality, human rights, and sustainable development outcomes across Africa. Young people, particularly adolescents and youth aged 10–24 years, continue to face multiple and intersecting barriers that limit their ability to access quality SRHR information and services, participate in decision making processes, and fully realize their rights. These challenges are compounded by persistent gender inequalities, harmful socio-cultural norms, stigma, poverty, inadequate youth friendly health services, and restrictive policy and legal environments.

Over the years, regional and continental institutions such as the African Union (AU), East African Community (EAC), Intergovernmental Authority on Development (IGAD), Economic Community of West African States (ECOWAS), and Southern African Development Community (SADC) have adopted several progressive frameworks and commitments aimed at advancing SRHR and youth participation. Key instruments such as the Maputo Protocol, the Maputo Plan of Action (2016–2030), the African Youth Charter, Agenda 2063, and the Sustainable Development Goals (SDGs) provide important policy foundations for promoting young people's health, bodily autonomy, gender equality, and access to comprehensive SRHR services.

Despite these commitments, implementation gaps remain significant across many African countries and regional institutions. Young people continue to experience limited participation in policy processes, inadequate access to regional advocacy platforms, and insufficient representation in decision making structures. In recent years, growing anti-rights movements and conservative narratives have further threatened progress in advancing youth centred SRHR policies and programming across the continent.

In response to these challenges, the African Network for SRHR Alliances (ANSA), through the Transform SRHR Project, commissioned this landscape analysis to examine the regional policy advocacy ecosystem for young people's SRHR in Africa. The study seeks to map the key SRHR issues affecting young people, identify existing advocacy spaces and policy processes, analyze the roles and influence of key actors and partners, and explore opportunities for strengthening coordinated and youth-led regional advocacy.

The report provides evidence based insights intended to support ANSA and its partners in developing strategic advocacy interventions, strengthening collaboration across alliances, and enhancing meaningful youth engagement in regional SRHR policy processes. The findings are also expected to contribute to broader efforts aimed at protecting and advancing young people's SRHR within increasingly complex political, social, and economic contexts across Africa.

1.2 Background to the Study

Young people's Sexual and Reproductive Health and Rights (SRHR) in Africa continue to face increasing social, political, and structural challenges despite the existence of progressive regional and global commitments. Across the continent, narratives surrounding SRHR are increasingly being shaped and influenced by conservative and anti-rights movements that challenge evidence based policies, restrict civic engagement, and undermine efforts to advance the rights of adolescents and young people. These dynamics have created significant barriers to the development and implementation of inclusive SRHR policies and programs that respond effectively to the diverse realities and needs of young people.

Young people aged 10–24 years constitute more than 30% of Africa's population, making them a critical demographic for the continent's social and economic transformation. However, many continue to experience persistent and intersecting SRHR challenges, including high rates of unintended pregnancies, early and unintended childbearing, HIV and other sexually transmitted infections (STIs), unsafe abortion, child marriage, gender-based violence (GBV), and limited access to youth friendly SRHR services. These challenges are often intensified by poverty, gender inequality, inadequate education, stigma, harmful socio-cultural norms, and weak health systems.

Adolescent girls and young women (AGYW) remain disproportionately affected by HIV and poor SRHR outcomes across sub-Saharan Africa. In 2023, an estimated 210,000 AGYW aged 15–24 acquired HIV globally, with

approximately 77% of these infections occurring in sub-Saharan Africa. In Eastern and Southern Africa alone, adolescent girls continue to face HIV infection rates that are more than three times higher than those of their male peers. At the same time, adolescent birth rates remain among the highest globally, contributing to increased maternal mortality, school dropout, economic vulnerability, and long-term social exclusion.

Despite these challenges, Africa has made important progress in establishing regional and continental SRHR frameworks aimed at promoting gender equality, reproductive rights, and youth participation. Key frameworks include the Maputo Protocol, the Maputo Plan of Action (2016–2030), the African Youth Charter, Agenda 2063, the East African Community (EAC) Sexual and Reproductive Health Rights Strategic Plan, and commitments under the International Conference on Population and Development (ICPD) and the Sustainable Development Goals (SDGs). These frameworks provide important normative guidance for advancing SRHR and strengthening accountability across Member States.

However, the implementation and operationalization of these commitments remain inconsistent across countries and regions. Many youth-led and civil society organizations continue to face limited access to policy spaces, inadequate information about decision making processes, weak coordination mechanisms, and insufficient financing to effectively engage in regional advocacy processes. Additionally, marginalized populations, including young people with disabilities, marginalised youth, displaced populations, and rural youth, remain underrepresented in both advocacy and policy engagement spaces.

Regional institutions such as the African Union (AU), East African Community (EAC), Intergovernmental Authority on Development (IGAD), Economic Community of West African States (ECOWAS), and Southern African Development Community (SADC) continue to provide important platforms for policy dialogue, coordination, and accountability on SRHR issues. However, these spaces remain underutilized by many youth-led organizations due to barriers related to funding, technical capacity, accreditation, and limited institutional inclusion.

It is against this background that the African Network for SRHR Alliances (ANSA), under the Transform SRHR Project, commissioned this landscape analysis to examine the evolving regional SRHR advocacy ecosystem in Africa. The study seeks to identify emerging advocacy issues, policy spaces, processes, actors, and opportunities that can strengthen youth centred advocacy and enhance the participation of civil society organizations and young people within regional policy processes.

The findings from this study are intended to inform ANSA's regional advocacy strategies, strengthen coalition-building efforts, and support evidence based engagement aimed at advancing and protecting young people's SRHR across Africa.

1.3 Purpose of the Landscape Analysis

The purpose of this landscape analysis is to generate comprehensive, evidence based insights into the regional policy advocacy ecosystem for young people's Sexual and Reproductive Health and Rights (SRHR) in Africa. The study seeks to examine the key issues, advocacy spaces, policy processes, actors, and partnerships shaping SRHR advocacy at continental and regional levels, with a particular focus on strengthening youth participation and influence in policy engagement.

The analysis was commissioned under the Transform SRHR Project implemented by the African Network for SRHR Alliances (ANSA) to support strategic and coordinated regional advocacy efforts amid increasing anti-rights narratives, shrinking civic space, and persistent inequalities affecting young people's access to SRHR services and information.

Specifically, the study aims to identify opportunities and entry points for meaningful youth engagement within regional institutions such as the African Union (AU), East African Community (EAC), Intergovernmental Authority on Development (IGAD), Economic Community of West African States (ECOWAS), and Southern African Development Community (SADC). The analysis also seeks to strengthen evidence based advocacy, improve coordination among alliances and partners, and enhance the visibility and influence of youth-led organizations within regional policy processes.

The study further intends to contribute to the development of strategic recommendations that can guide ANSA and its partners in designing effective advocacy interventions, strengthening coalitions, mobilizing resources, and responding to emerging SRHR challenges across the continent.

1.4 Objectives of the Landscape Analysis.

The study was guided by the following objectives:

1. To identify and analyze the major SRHR issues affecting young people across Africa, including emerging trends, barriers, and vulnerabilities.
2. To map formal and informal regional advocacy spaces where SRHR policies and decisions are discussed and influenced.
3. To examine regional policy processes, decision making structures, and entry points for youth and civil society participation.
4. To identify key actors, alliances, partners, and institutions influencing regional SRHR advocacy.
5. To provide actionable recommendations for strengthening youth-led and evidence based SRHR advocacy across the continent.

The findings from this landscape analysis are expected to support ANSA and its partners in strengthening regional advocacy coordination, enhancing youth leadership, and advancing inclusive and rights based SRHR policies and programs in Africa.

2. Study Methodology and Approach

This study applied a qualitative methodology to explore the regional SRHR advocacy ecosystem in Africa. The approach combined document review, comparative and trend analysis, and stakeholder perspectives through interviews and validation sessions as described below.

2.1 Study Design

The study adopts a qualitative design to generate nuanced, evidence based insights into the regional SRHR advocacy ecosystem in Africa. This approach is most appropriate given the study's focus on exploring policy processes, advocacy spaces, and youth participation, which require contextual interpretation rather than quantitative measurement. The design emphasizes descriptive, analytical, and participatory methods to ensure findings reflect both textual evidence and lived experiences of stakeholders.

2.2 Data Collection Approaches

- Desk Review. A comprehensive review of existing literature, policy documents, communiqués, and reports from regional institutions (AU, EAC, IGAD, ECOWAS, SADC) and civil society organizations were conducted. This established the current state of SRHR advocacy, highlight emerging trends, and identify gaps in youth participation.
- Comparative Analysis. Regional SRHR frameworks and advocacy processes were compared across institutions to identify similarities, divergences, and opportunities for harmonization. This analysis mapped how different regional bodies integrate youth perspectives and address SRHR priorities.
- Trend Analysis. Emerging trends such as anti-rights narratives, shrinking civic space, and evolving youth-led advocacy strategies were examined. This provided insights into vulnerabilities and opportunities shaping the SRHR landscape.
- Key Informant Interviews. Semi-structured interviews were conducted with representatives from youth-led organizations, CSOs and regional alliances. These interviews captured practical experiences, advocacy challenges, and perspectives on entry points for youth engagement.
- Stakeholder Validation. Preliminary findings were validated through consultative workshops with ANSA members, youth networks, and civil society partners. This participatory process ensures credibility, inclusivity, and alignment with advocacy priorities.

2.3 Analytical Approach

The study employed thematic and comparative analysis to synthesize data from desk reviews, interviews, and trend mapping. Key themes were coded and triangulated across sources to ensure consistency and depth. Comparative matrices were used to map advocacy spaces, actors, and processes across regional institutions. Validation workshops refined recommendations, ensuring they are actionable and responsive to emerging SRHR challenges.

2.4 Ethical Considerations

The study adhered to strict ethical standards to ensure credibility, inclusivity, and protection of participants. All key informants and stakeholders were engaged based on informed consent, and adhered to strict ethical standards to ensure credibility, inclusivity, and participant protection. Key informants and stakeholders provided informed consent, with clear communication on the study purpose and voluntary participation. Confidentiality was maintained through anonymized data and the removal of personal identifiers, while youth safeguarding and non-maleficence guided all SRHR discussions to avoid harm, stigma, or discrimination. Stakeholder validation workshops also strengthened accountability by allowing participants to review findings and ensure recommendations were responsive to youth and civil society priorities.

3. Study Findings

This section presents the key findings of the study, highlighting the major SRHR issues across Africa. It synthesizes evidence on maternal health, unsafe abortion, child marriage, adolescent pregnancy, access to SRHR information, unmet need for contraception, gender-based violence, harmful practices such as female genital mutilation, HIV and STI prevalence, and the situation of key populations.

3.1 African SRHR Policy Contexts

Pan-African SRHR policy frameworks provide the backbone for advocacy and programming across Africa. Developed and endorsed by the African Union, these frameworks establish continental priorities for universal access to SRHR services, elimination of harmful practices, and meaningful youth participation. They serve as the foundation upon which regional and national strategies are built, ensuring coherence and alignment in advancing SRHR across diverse contexts.

1) The Continental Policy Framework on SRHR (2005), adopted by the Conference of African Ministers of Health in Gaborone and endorsed by AU Heads of State in 2006, was the first continent-wide commitment to SRHR. It emphasized universal access to reproductive health services, maternal and child health, and integration of SRHR into national development plans. This framework provided the foundation for subsequent action plans and remains a reference point for aligning SRHR with Africa's demographic dividend and development goals.
2) The Maputo Plan of Action (2007–2015; Revised 2016–2030) was introduced to operationalize the Continental Policy Framework. The initial phase focused on scaling up family planning, reducing maternal mortality, and addressing unsafe abortion. Following a review, the Revised MPoA (2016–2030) was endorsed at the 27th AU Summit in Kigali. It calls for universal access to comprehensive SRHR services, elimination of harmful practices such as female genital mutilation and child marriage, reduction of unsafe abortions, and ensuring youth access to SRHR information and services. The plan aligns with the Sustainable Development Goals (SDGs 3 and 5) and Agenda 2063, positioning SRHR as central to Africa's transformation.
3) Agenda 2063: The Africa We Want, adopted in 2015, is the AU's 50-year strategic framework for inclusive growth and sustainable development. While broader than SRHR, it explicitly integrates health, gender equality, and youth empowerment as pillars of transformation. SRHR is embedded within its aspirations for a prosperous Africa based on inclusive growth, an Africa of good governance and human rights, and people-driven development leveraging youth and women's potential. The Revised Maputo Plan of Action was aligned with Agenda 2063 to ensure SRHR remains a priority in continental development planning.
4) African Youth Charter. The African Youth Charter, adopted in 2006, provides a continental framework for youth development, participation, and empowerment. The Charter recognizes young people as critical actors in social, political, and economic transformation and obligates Member States to promote youth participation in governance and policy processes. Within the context of SRHR, the Charter calls for:
    - Access to youth friendly health services
    - Protection from harmful cultural practices
    - Access to education and information Participation in decision making processes affecting young people

The Charter has become an important advocacy instrument for youth-led organizations engaging with governments and regional institutions on issues affecting adolescents and young people.

5) At the regional level, frameworks complement continental commitments. The EAC Sexual and Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) Policy Guidelines (2016–2030) provide a framework for harmonizing SRHR policies among member states. They emphasize adolescent health,

elimination of harmful practices, integration of SRHR into universal health coverage, and promotion of youth participation in policy processes.

6) Within West Africa, the Economic Community of West African States (ECOWAS), through the West African Health Organization (WAHO), has developed regional SRHR strategies focusing on maternal health, family planning, and adolescent SRHR. WAHO's Strategic Plan (2020–2024) prioritizes reducing maternal mortality, expanding contraceptive access, and addressing gender-based violence. It also emphasizes harmonization of laws and policies across member states to strengthen regional advocacy and service delivery.

7) In Southern Africa, the SADC SRHR Strategy (2019–2030) and the SADC SRHR Scorecard (2025) provide a monitoring and accountability framework for member states. These instruments focus on reducing adolescent birth rates, eliminating mother-to-child HIV transmission, and addressing gender-based violence. The scorecard tracks progress across indicators such as contraceptive prevalence, maternal mortality, and adolescent pregnancy, enabling evidence based advocacy and peer accountability among member states.

In conclusion, Pan-African and regional SRHR frameworks collectively provide a coherent roadmap for advancing SRHR across Africa. They emphasize universal access, elimination of harmful practices, and youth participation. However, their effectiveness depends on consistent implementation, accountability, and sustained advocacy at national and regional levels, particularly in the face of persistent inequalities and rising anti-rights narratives.

3.2 SRHR Situation in Africa

Despite strong Pan-African policy frameworks, Africa continues to face significant challenges in realizing Sexual and Reproductive Health and Rights (SRHR). The Guttmacher Institute (2023) estimates that the continent experiences 8.3 million unsafe abortions annually, contributing to 210,000 maternal deaths each year. Maternal mortality remains among the highest globally, with the WHO (2020) reporting an average of 545 deaths per 100,000 live births in Sub-Saharan Africa. These figures highlight the persistent gaps between policy commitments and service delivery, underscoring the urgent need for stronger health systems, skilled personnel, and financing to meet continental targets.

Child marriage continues to undermine SRHR outcomes across Africa. According to UNICEF (2023), 34% of women aged 20–24 in Sub-Saharan Africa were married before age 18, with prevalence exceeding 40% in countries such as Niger, Mali, and Malawi. Early marriage exposes girls to early pregnancies, obstetric complications, and denial of education, perpetuating cycles of poverty and vulnerability. The practice also limits girls' autonomy and participation in decision making, weakening their ability to access SRHR services and exercise reproductive rights.

Access to SRHR information remains uneven and inadequate. While many countries have adopted Comprehensive Sexuality Education policies, implementation is inconsistent. UNESCO (2022) reports that fewer than half of African countries have fully integrated CSE into school curricula, leaving millions of adolescents without accurate information on contraception, HIV prevention, and reproductive health. This gap contributes to high rates of adolescent pregnancy and sexually transmitted infections, while also reinforcing stigma and misinformation around sexuality and reproductive rights.

The unmet need for contraception is another pressing issue. The African Union SRHR Scorecard (2025) shows that in several regions, more than 25% of women of reproductive age who wish to avoid pregnancy lack access to modern contraceptives. Adolescents and marginalized groups are particularly affected, with barriers including cost, stigma, and weak supply chains. This unmet need leads to unintended pregnancies, unsafe abortions, and increased maternal mortality, highlighting the importance of scaling up family planning services and ensuring youth friendly delivery models.

Gender-based violence (GBV) remains pervasive and deeply intertwined with SRHR outcomes. The WHO (2021) estimates that 40% of women in Africa experience intimate partner violence, with survivors often denied access to reproductive health services. GBV increases vulnerability to HIV and other STIs, contributes to unwanted pregnancies, and discourages women and girls from seeking care due to stigma and fear of retaliation. Addressing

GBV requires integrated approaches that combine health, legal, and social protection services, alongside community-level advocacy to shift harmful norms.

Harmful practices such as female genital mutilation (FGM) persist in parts of Eastern and West Africa. UNICEF (2023) notes that over 200 million women and girls worldwide have undergone FGM, with the majority living in Africa. Despite legal prohibitions, cultural and social norms sustain the practice, causing long-term reproductive health complications including infertility, obstetric fistula, and increased risk of maternal mortality. Advocacy and community engagement remain critical to eliminating FGM and supporting survivors with appropriate health and psychosocial services.

HIV and adolescent pregnancy remain pressing concerns. UNAIDS (2022) reports that women and girls in Sub-Saharan Africa accounted for 63% of new HIV infections globally, reflecting gendered vulnerabilities and limited access to prevention services. Adolescent pregnancy rates in Eastern Africa stand at 92 births per 1,000 girls, nearly double the global average. These trends underscore the urgent need for youth friendly services, targeted interventions, and stronger integration of SRHR into education and community health systems.

Key populations including sex workers, key populations individuals, people who inject drugs, and people living with HIV, face unique barriers in accessing SRHR services. UNAIDS (2023) highlights that stigma, criminalization, and discrimination in health facilities discourage these groups from seeking care, increasing vulnerability to HIV and other STIs. For example, sex workers often face harassment when carrying condoms, while key populations individuals are denied services in contexts where their relations are criminalized. In humanitarian settings, key populations are further marginalized, with limited access to emergency contraception, post-rape care, and HIV prevention services. Addressing these barriers requires rights based approaches, decriminalization, and inclusive health systems that recognize the specific needs of marginalized groups.

3.2.1 Regional SRHR Context

Sub-Saharan Africa

Sub-Saharan Africa bears the highest global burden of maternal mortality, with the WHO (2020) estimating 545 deaths per 100,000 live births. Weak health systems, shortages of skilled personnel, and limited financing contribute to these outcomes. Child marriage remains widespread, with 34% of women aged 20–24 married before age 18 (UNICEF, 2023), fueling adolescent pregnancy and school dropout.

Access to SRHR information is inconsistent, as comprehensive sexuality education is often contested politically and socially, leaving adolescents vulnerable to misinformation. The unmet need for contraception is high, with more than 25% of women of reproductive age lacking access to modern contraceptives (AU SRHR Scorecard, 2025). HIV remains a major challenge, with women and girls accounting for 63% of new infections globally (UNAIDS, 2022). Gender-based violence is pervasive, with 40% of women reporting intimate partner violence (WHO, 2021). Key populations, such as sex workers and marginalised individuals, face criminalization and stigma, limiting access to SRHR services.

Western Africa

West Africa struggles with restrictive laws and stigma around SRHR. The Guttmacher Institute (2023) estimates 1.8 million unsafe abortions annually, driven by restrictive abortion laws and weak contraceptive access. Child marriage prevalence exceeds 40% in countries like Niger and Mali (UNICEF, 2023), contributing to high adolescent pregnancy rates.

Access to SRHR information is limited, with CSE implementation weak across most ECOWAS states. The unmet need for contraception is particularly acute among adolescents, contributing to unintended pregnancies and unsafe abortions. Harmful practices such as FGM remain entrenched, with prevalence above 70% in Guinea and Mali. Gender-based violence is widespread, with thousands of cases documented annually, yet survivors often lack access to post-violence reproductive care. Key populations face systemic exclusion, with criminalization of same-sex relations and sex work undermining access to HIV prevention and treatment services.

Southern Africa

Southern Africa is heavily burdened by HIV, with 53% of all people living with HIV globally residing in the region (UNAIDS, 2023). The SADC SRHR Scorecard (2025) shows progress in reducing adolescent birth rates and eliminating mother-to-child HIV transmission in five countries, but maternal mortality remains high. Child marriage rates are lower than in West Africa, but adolescent pregnancy remains a concern, particularly in rural areas.

Access to SRHR information is improving, with several countries integrating CSE into curricula, though resistance persists. The unmet need for contraception remains significant, with eight SADC countries failing to meet demand. Gender-based violence is pervasive, with 40% of women reporting intimate partner violence (WHO, 2021), and survivors often face barriers to accessing reproductive health services. Harmful practices are less prevalent than in West and Eastern Africa, but stigma against key populations remains high, undermining HIV prevention and SRHR access.

Eastern Africa

Eastern Africa continues to grapple with entrenched harmful practices. UNICEF (2023) reports adolescent pregnancy rates at 92 births per 1,000 girls, nearly double the global average. In 2024, 140,000 adolescent girls and young women acquired HIV, accounting for one-quarter of new infections in the region (UNAIDS, 2024). Child marriage and FGM remain widespread in Ethiopia, Kenya, and Tanzania, despite legal prohibitions. Access to SRHR information is limited, with CSE contested and unevenly implemented. The unmet need for contraception is high, particularly among adolescents and displaced populations. Gender-based violence is pervasive, exacerbated by conflict and humanitarian crises, with survivors often denied access to post-rape care and emergency contraception.

Key populations face severe exclusion, with criminalization and stigma against sex workers limiting access to HIV prevention and SRHR services. Humanitarian crises, conflict, displacement, and refugee flows, further disrupt service delivery, leaving adolescents and marginalized groups particularly vulnerable. Studies conducted in parts of Uganda found that only 22.6% of young people had access to at least three essential forms of SRHR and sexual and gender-based violence (SGBV) information and services. Barriers such as stigma, lack of confidentiality, restrictive laws and policies, inadequate financing, and cultural and religious opposition continue to limit young people's access to accurate information and quality services.

3.3 Main Key SRHR Issues

The regional SRHR advocacy agenda is shaped by several interconnected issues affecting adolescents and young people across Africa. These issues continue to influence policy priorities, funding allocations, and advocacy strategies at continental and regional levels.

a. HIV and AIDS Among Young People

HIV remains one of the most critical SRHR concerns affecting young people in Africa, particularly adolescent girls and young women (AGYW). Sub-Saharan Africa continues to account for the majority of global HIV infections among young people.

In 2023, approximately 210,000 AGYW aged 15–24 acquired HIV globally, with 77% of infections occurring in sub-Saharan Africa. Eastern and Southern Africa remain the most affected regions, where AGYW are nearly three times more likely to acquire HIV than their male counterparts.

Regional advocacy efforts continue to focus on:

- Expanding youth friendly HIV prevention services
- Increasing access to Pre-Exposure Prophylaxis (PrEP)
- Addressing stigma and discrimination
- Promoting gender-responsive HIV programming
- Strengthening youth participation in HIV governance structures

b. Adolescent Pregnancy and Child Marriage

High adolescent pregnancy rates continue to undermine the health, education, and socio-economic well-being of young women across Africa. Countries in Eastern and Southern Africa report some of the highest adolescent fertility rates globally.

Child marriage remains closely linked to adolescent pregnancy, school dropout, maternal mortality, and poverty. In parts of Eastern and Southern Africa, approximately 35% of girls marry before the age of 18.

Regional advocacy efforts emphasize:

- Comprehensive sexuality education
- Prevention of child marriage
- Access to contraception
- Girls' education and empowerment
- Enforcement of legal protections

Table 2: Selected SRHR Challenges Affecting Young People in Africa

SRHR Issue	Current Status/Trend	Advocacy Focus
HIV among AGYW	High infection burden in ESA	HIV prevention and youth centred services
Adolescent pregnancy	High fertility rates in several African countries	Access to contraception and CSE
Child marriage	Persistent in rural and fragile settings	Legal reform and community engagement
GBV and sexual violence	Increasing reports among adolescents	Protection systems and survivor-centered care
Unsafe abortion	Significant contributor to maternal mortality	Safe abortion advocacy and post-abortion care
Mental health and SRHR	Emerging concern among youth	Integrated youth health programming

c. Comprehensive Sexuality Education

Comprehensive Sexuality Education remains one of the most contested areas within SRHR advocacy. Evidence demonstrates that CSE improves young people's knowledge, reduces risky behaviors, delays early pregnancies, and promotes healthier relationships.

However, conservative actors continue to frame CSE as culturally inappropriate, contributing to policy resistance and misinformation.

Advocacy efforts focus on:

- Integrating age-appropriate CSE into school curricula
- Countering misinformation and anti-rights narratives
- Promoting evidence based programming

- Engaging parents, educators, and religious leaders

d. Gender-Based Violence (GBV)

Gender-based violence remains widespread across Africa and continues to disproportionately affect adolescent girls and young women. GBV includes sexual violence, intimate partner violence, harmful practices, and online harassment.

Humanitarian crises, displacement, poverty, and weak legal protections further increase vulnerability among young people.

Regional advocacy priorities include:

- Strengthening survivor-centered services
- Enhancing legal accountability mechanisms
- Addressing harmful social norms
- Integrating GBV prevention into SRHR programming

e. Exclusion of Marginalized Groups

Regional advocacy increasingly recognizes the need for intersectional approaches that address the experiences of marginalized young people, including:

- Young people with disabilities
- Marginalised youth
- Refugees and displaced populations
- Rural adolescents
- Young people living with HIV

Despite progress, many marginalized groups remain excluded from policy discussions and decision-making spaces.

3.4 Key Barriers to SRHR Access

Socio-Cultural Barriers

Socio-cultural norms, traditions, and stigma are among the most entrenched barriers to SRHR access in Africa. These practices often dictate gender roles, limit autonomy, and reinforce silence around sexuality, leaving adolescents and young people vulnerable. Child Marriage: In countries such as Niger (76%), Mali (54%), and Malawi (42%), girls are married before age 18. This practice forces adolescents into early pregnancies, exposes them to obstetric complications, and denies them education. It perpetuates cycles of poverty and limits their ability to make informed reproductive health decisions.

Female Genital Mutilation (FGM): Prevalence remains extremely high in Somalia (98%), Guinea (95%), and Sudan (87%). FGM is often justified as a cultural rite of passage but results in long-term reproductive health complications, including infertility, fistula, and increased maternal mortality. Survivors frequently face stigma when seeking SRHR services. Gender Inequality: Patriarchal norms across many African societies limit girls' autonomy in decision making. For example, in parts of Uganda and Nigeria, adolescent girls require parental or spousal consent to access contraception or HIV testing. This dependency discourages service uptake and undermines their rights.

Stigma Around Adolescent Sexuality: In many communities, unmarried adolescents are judged harshly when seeking contraception or SRHR services. Health providers may refuse services or treat them with hostility, reinforcing silence and misinformation around sexuality. Religious and Cultural Narratives: Narratives such as "contraceptives promote immorality" or "abortion is murder" are promoted by conservative religious and cultural leaders. These narratives discourage adolescents from accessing services and fuel opposition to SRHR policies.

Structural Barriers

Structural barriers refer to weaknesses in health systems, infrastructure, and service delivery that limit adolescents' and young people's ability to access SRHR services. These barriers are often compounded by rural isolation, humanitarian crises, and inadequate investment in health systems. Many African countries face chronic shortages of trained health personnel, essential medicines, and equipment. For example, in South Sudan, years of conflict have destroyed health infrastructure, leaving large populations without maternal or adolescent health services. In Sierra Leone, the Ebola crisis exposed fragile health systems, disrupting SRHR services for adolescents.

Adolescents in rural areas often travel long distances to reach health facilities. In Uganda, studies show that rural adolescents may walk over 10 km to access contraception or HIV testing, discouraging service uptake. In Ethiopia, mountainous terrain and poor road networks further isolate communities from SRHR services. Shortage of Youth-Friendly Services: Even where facilities exist, services are rarely tailored to adolescents. In Kenya, a 2022 survey found that fewer than 30% of health facilities offered youth friendly SRHR services, leading to low utilization among young people. Health workers often lack training in adolescent-friendly approaches, and facilities may not provide privacy, discouraging adolescents from seeking care. In conflict-affected regions such as DRC and NortherNigeria, SRHR services are disrupted by insecurity, displacement, and destruction of health infrastructure. Adolescents in refugee camps often lack access to emergency contraception, post-rape care, and HIV prevention services.

Economic Barriers

Economic barriers are among the most persistent obstacles to SRHR access, particularly for adolescents and young people who often lack independent income. Poverty, high service costs, and indirect expenses such as transport create inequities that exclude vulnerable groups from essential care. For instance, Nigeria, safe abortion services can cost up to $200–$300, far beyond the reach of adolescents from poor households. As a result, many resort to unsafe procedures, contributing to high maternal morbidity and mortality. Similarly, in Kenya, adolescents report avoiding clinics because they cannot afford consultation fees or contraceptives.

In rural areas, the cost of traveling to health facilities is prohibitive. For example, in Uganda, adolescents in remote districts often spend the equivalent of $5–$10 on transport to reach a clinic, an amount unaffordable for most young people. This discourages service uptake and delays care. Economic vulnerability drives adolescents into transactional sex to meet basic needs. In South Africa, studies show that young women from poor households are more likely to engage in relationships with older men for financial support, increasing their risk of HIV and unintended pregnancy. In many African countries, SRHR services are not covered under national health insurance schemes. For example, in Ghana, while maternal health is subsidized, contraceptives and adolescent SRHR services often require out-of-pocket payments, excluding vulnerable groups.

Legal and Policy Barriers

Legal and policy frameworks across Africa continue to shape whether adolescents and young people can access SRHR information, services, and protection. In many contexts, restrictive laws, policy gaps, and inconsistent implementation of continental commitments create barriers that limit access, deepen stigma, and expose young people to preventable harm.

These barriers are especially visible in relation to abortion, contraception, education, HIV services, and access for marginalized groups. In Senegal, abortion is prohibited except where it is necessary to save a woman's life, pushing many adolescents and young women toward unsafe procedures. Similarly, in Nigeria, restrictive abortion laws contribute to an estimated 1.25 million unsafe abortions annually, with young women disproportionately affected (Guttmacher, 2023). In Tanzania, policies that have historically excluded pregnant girls from returning to school have reinforced stigma, interrupted education, and limited future opportunities for adolescents who become pregnant.

Age of consent requirements also restrict access to essential SRHR services. In Uganda, adolescents under 18 require parental consent to access contraception or HIV testing. This discourages service uptake, particularly for young people who fear disclosure, judgment, or punishment from parents and caregivers. These legal and policy barriers undermine confidentiality, which is central to adolescent friendly SRHR services.

Criminalization further compounds exclusion for young people who are already marginalized. Same sex relations remain criminalized in more than 30 African countries, including Kenya, Nigeria, and Uganda. This legal environment limits access to inclusive SRHR services for marginalised adolescents and young people, while also increasing vulnerability to HIV, stigma, and discrimination. Similarly, the criminalization of sex work in many countries exposes adolescent sex workers to harassment, violence, and exclusion from health services.

Beyond restrictive laws, policy gaps also limit SRHR integration within broader health systems. Although continental frameworks such as the Maputo Plan of Action call for universal access to SRHR, many national policies have not fully integrated SRHR into universal health coverage. For example, in Ghana, contraceptives are not fully covered under the National Health Insurance Scheme, leaving many adolescents and young people to pay out of pocket. This creates a financial barrier that disproportionately affects those with limited income, reducing their ability to access timely and appropriate care.

Informational Barriers

Informational barriers remain a major constraint to adolescents' and young people's access to SRHR across the region. These barriers arise when young people do not receive accurate, comprehensive, age appropriate, and rights based information on sexuality, contraception, HIV prevention, consent, reproductive rights, and available services. In many contexts, information gaps are not accidental.

They are produced by weak education systems, contested policy environments, limited teacher capacity, religious and political resistance, digital misinformation, and persistent silence within families and communities. Formal education systems remain one of the most important entry points for SRHR information, yet coverage and quality are uneven. In Malawi, only 38% of adolescents report receiving any formal SRHR education (UNESCO, 2022), leaving a significant proportion of young people without structured information during a critical stage of development. In Uganda, comprehensive sexuality education is inconsistently implemented, with curricula often diluted or delayed due to political and religious opposition. As a result, many adolescents leave school without practical knowledge on contraception, HIV prevention, menstrual health, bodily autonomy, consent, and where to seek confidential services. Similarly, in Nigeria, many schools continue to emphasize abstinence only approaches, often omitting information on contraception, safe sex, and reproductive health choices. While abstinence may be presented as a moral or protective message, on its own it does not equip adolescents with the full range of knowledge required to make informed decisions or protect themselves from unintended pregnancy, sexually transmitted infections, and sexual exploitation.

Beyond the classroom, misinformation is increasingly shaping young people's understanding of SRHR. In Kenya, studies show that adolescents are turning to social media and digital platforms for information on sexuality, relationships, contraception, pregnancy, and HIV. While digital spaces can expand access to information, they also expose young people to myths and harmful narratives. Misinformation, including claims that contraceptives cause infertility or that HIV can be cured through herbal remedies, circulates widely online and can influence health seeking behaviour. This is particularly concerning where adolescents do not have trusted adults, trained educators, or youth friendly health providers to help them interpret and verify information.

Family and community silence further deepens these informational gaps. In many African households, sexuality remains a taboo subject, and parents or caregivers may avoid conversations on puberty, relationships, contraception, consent, and reproductive health. In Ethiopia, surveys indicate that fewer than 20% of parents feel comfortable discussing contraception with adolescents, leaving many young people to rely on peers, social media, or other unreliable sources. This silence is often rooted in fear that talking about sexuality encourages sexual activity, yet the

absence of accurate information can increase vulnerability by delaying help seeking, reinforcing shame, and preventing adolescents from understanding their rights and options.

Geography and inequality also affect access to SRHR information. In Zambia, while policies support adolescent SRHR, few youth friendly information platforms exist outside urban centres. Rural adolescents often lack safe spaces where they can ask questions, receive non-judgmental guidance, or access accurate information in formats that are relevant to their age, language, culture, and lived realities. This urban rural divide means that young people who are already underserved by health and education systems are also least likely to access reliable SRHR information.

Overall, informational barriers operate across multiple levels: schools that do not provide comprehensive content, families that avoid open discussion, digital spaces that circulate misinformation, and health systems that do not always create safe and adolescent responsive information channels. Addressing these barriers therefore requires more than curriculum reform. It requires investment in comprehensive sexuality education, teacher training, parent and caregiver engagement, youth friendly digital content, community dialogue, and accessible information platforms that enable adolescents and young people to make informed, safe, and rights-based decisions about their bodies and lives.

Technological and Digital Barriers

Access to digital technology increasingly shapes how adolescents and young people obtain SRHR information, seek confidential support, and connect to services. However, digital access remains uneven across many African contexts. UNICEF research on children's internet access in Ethiopia, Kenya, Uganda, Namibia, and Tanzania shows that barriers such as poor connectivity, cost, lack of devices, and unreliable electricity continue to limit children's access to the internet, with rural adolescents often more affected.

These barriers reduce access to online SRHR resources, telehealth options, referral platforms, and youth friendly information channels. (UNICEF).

Digital exclusion is also linked to privacy, affordability, and control over devices. Many adolescents depend on shared phones, family devices, or limited data bundles, making it difficult to search for information on contraception, HIV testing, pregnancy, sexual violence, or other sensitive issues without fear of exposure. In Kenya and other African contexts, wider digital exclusion is shaped by income, geography, infrastructure, and digital skills, which means that young people who already face barriers in health and education systems are often also least able to access reliable online SRHR information. (CAIS).

The quality of online information is another concern. Social media and peer networks can expand access to SRHR knowledge, but they also enable myths and misinformation to spread quickly. In Nigeria, studies have documented how myths and misinformation about family planning and contraceptives affect contraceptive use and trust in services. Across many low- and middle-income contexts, limited digital, media, and health literacy can also make it difficult for adolescents to distinguish credible SRHR information from harmful content. Addressing these barriers requires affordable data, stronger digital literacy, safe and confidential platforms, and credible youth friendly SRHR content. (Dove Medical Press)

3.5 Advocacy Spaces

Regional advocacy spaces provide important opportunities for influencing SRHR policies, commitments, financing, and accountability mechanisms. These spaces include formal intergovernmental institutions, technical forums, youth platforms, civil society networks, and digital advocacy arenas.

3.5.1 Key Advocacy Spaces for SRHR at AU Commission Level

At the African Union (AU) Commission level, key advocacy spaces for SRHR include the Specialized Technical Committees, the AU Summit of Heads of State, the African Commission on Human and Peoples' Rights (ACHPR),

and the AU Conference of Ministers of Health. These platforms meet regularly, annually or biannually, and provide opportunities for civil society networks such as ANSA (African Network of SRHR Alliances) to influence policy, monitor commitments, and push for stronger integration of SRHR into continental agendas.

Table 3: Key AU Commission Level Advocacy Spaces for SRHR

Advocacy Space	Mandate & Role in SRHR	Meeting Frequency	Opportunity for ANSA Influence
AU Summit of Heads of State	Highest decision-making body; endorses continental frameworks such as the Maputo Plan of Action and Agenda 2063.	Twice yearly (January & July).	ANSA can lobby through civil society side events, policy briefs, and direct engagement with national delegations to ensure SRHR remains on the agenda.
Specialized Technical Committee on Health, Population and Drug Control	Reviews and recommends health policies, including SRHR, for adoption by the AU Summit.	Every two years.	ANSA can present evidence, participate in consultations, and influence recommendations on adolescent SRHR, contraception, and GBV.
Conference of African Ministers of Health	Coordinates continental health priorities; originally adopted the Continental Policy Framework on SRHR (2005).	Biennial.	ANSA can engage ministers directly, submit position papers, and advocate for stronger financing and accountability for SRHR.
African Commission on Human and Peoples' Rights (ACHPR)	Oversees human rights treaties including the Maputo Protocol; hosts NGO Forums where SRHR advocacy is prominent.	Twice yearly (Ordinary Sessions).	ANSA can use NGO Forums to highlight SRHR violations, push for stronger monitoring, and engage with the Special Rapporteur on Women's Rights.
AU Gender Directorate & Women, Gender and Development Directorate	Coordinates gender equality and women's empowerment, including SRHR integration.	Continuous engagement; reports to AU Summits.	ANSA can collaborate on gender mainstreaming, youth participation, and SRHR accountability framework

The AU Commission offers multiple entry points for SRHR advocacy, each with unique mandates and regular convening schedules that allow for sustained engagement. For ANSA, these spaces represent opportunities to amplify youth voices, strengthen accountability, and push for inclusive policies that prioritize adolescents, women, and marginalized groups.

3.5.2 Regional advocacy spaces

At the sub-regional level, ECOWAS, EAC, IGAD, and SADC all provide formal advocacy spaces for SRHR. These bodies meet regularly, annually or biennially, and offer civil society networks like ANSA opportunities to influence policy, push for accountability, and ensure SRHR integration into regional health and development agendas.

Table 4: Regional Advocacy Spaces for SRHR

Regional Body	Advocacy Space / Mechanism	Meeting Frequency	Opportunity for ANSA Influence
ECOWAS	West African Health Organization (WAHO) coordinates SRHR, family	Annual ministerial meetings; technical working groups meet quarterly.	ANSA can engage through WAHO consultations, submit evidence briefs, and influence regional family

Regional Body	Advocacy Space / Mechanism	Meeting Frequency	Opportunity for ANSA Influence
	planning, and maternal health programs.		planning and adolescent SRHR strategies.
EAC	EAC Sectoral Council of Ministers of Health oversees implementation of the EAC RMNCAH Policy Guidelines (2016–2030).	Twice yearly.	ANSA can advocate for stronger adolescent SRHR integration, participate in stakeholder forums, and push for harmonized CSE policies across member states.
IGAD	IGAD Health and Social Development Division addresses SRHR in humanitarian and cross-border contexts.	Annual ministerial conferences; technical committees meet biannually.	ANSA can influence refugee and humanitarian SRHR programming, highlight adolescent needs, and push for inclusion of key populations in IGAD health strategies.
SADC	SADC Ministers of Health and SADC Parliamentary Forum oversee the SADC SRHR Strategy and Milestone Scorecard.	Biennial ministerial meetings; Parliamentary Forum meets twice yearly.	ANSA can use the SRHR Scorecard to hold governments accountable, advocate for financing, and push for youth friendly services across Southern Africa.

Regional economic communities, ECOWAS, EAC, IGAD, and SADC, are critical advocacy spaces for advancing SRHR in Africa. Their regular meetings provide structured opportunities for ANSA to influence policy, strengthen accountability, and ensure adolescents and marginalized groups are prioritized.

3.5.3 Other Key Advocacy Spaces for SRHR

Beyond the AU Commission and Regional Economic Community structures, additional advocacy spaces exist where SRHR issues are debated, monitored, and advanced. These platforms provide further entry points for ANSA to influence policy, accountability, financing, and youth participation.

Table 5: Other Key Advocacy Spaces for SRHR

Advocacy Space	Mandate & Role in SRHR	Meeting Frequency	Opportunity for ANSA Influence	Key Contact
Pan-African Parliament (PAP)	Legislative body of the AU; debates continental policies including health, gender, and human rights.	Twice yearly plenary; committees quarterly.	ANSA can lobby MPs to champion SRHR legislation and oversight.	Committee on Gender, Family, Youth & People with Disabilities
African Peer Review Mechanism (APRM)	Reviews governance and development performance, including health and gender indicators.	Country reviews every 3–4 years; continental summits annually.	ANSA can submit civil society reports highlighting SRHR gaps.	APRM Secretariat & National Governing Councils
African Committee of Experts on the	Monitors implementation of the African Charter on the Rights and Welfare	Twice yearly.	ANSA can present evidence on child marriage,	ACERWC Secretariat, Addis Ababa

Advocacy Space	Mandate & Role in SRHR	Meeting Frequency	Opportunity for ANSA Influence	Key Contact
Rights and Welfare of the Child (ACERWC)	of the Child, including adolescent SRHR.		adolescent pregnancy, and CSE.	
Regional Parliamentary Forums (SADC PF, ECOWAS Parliament, East African Legislative Assembly)	Debate and adopt resolutions on SRHR, gender equality, and youth empowerment.	Plenary sessions twice yearly; committees quarterly.	ANSA can lobby MPs, provide technical briefs, and push for harmonized SRHR laws.	Clerk/Secretariat of each Parliamentary Forum
African Development Bank (AfDB)	Provides financing for health and gender programs.	Annual meetings; thematic consultations.	ANSA can advocate for increased SRHR financing, ensuring adolescent health is prioritized.	AfDB Gender, Women and Civil Society Department
Civil Society Pre-Summits	Gather CSOs to consolidate positions on health, gender, and rights.	Ahead of AU/REC summits (biannual).	ANSA can coordinate with allies to present unified SRHR positions.	AU Citizens & Diaspora Directorate (CIDO)

In addition to AU Commission and REC structures, parliamentary forums, child rights committees, peer review mechanisms, and development financing institutions provide critical advocacy spaces for SRHR. These platforms meet regularly, biannually, annually, or in cycles tied to country reviews, and offer ANSA opportunities to influence legislation, financing, accountability, and youth participation.

3.5.4 Regional CSOs SRHR Advocacy Spaces

Regional CSOs such as IPPF Africa Region, AfriYAN, SOAWR, FEMNET, MenEngage Africa, AYC, and Girls Not Brides Africa provide strong advocacy platforms that complement AU and REC spaces. They meet regularly, annually, biannually, or quarterly, and offer ANSA opportunities to collaborate, co-host campaigns, and amplify youth and feminist voices.

Table 6: Regional CSO SRHR Advocacy Spaces

Regional CSO	Advocacy Space / Platform	Meeting Frequency	Opportunity for ANSA Influence	Key Contact
IPPF Africa Region	Coordinates member associations across Africa; engages AU, RECs, and UN agencies on SRHR.	Annual General Assembly; thematic consultations quarterly.	ANSA can partner on joint advocacy campaigns, share evidence, and co-host side events at AU/REC meetings.	Regional Director, Nairobi Office
AfriYAN	Youth-led network advocating for adolescent SRHR, HIV, and gender equality.	Annual youth forums; national chapters quarterly.	ANSA can collaborate to amplify youth voices and strengthen accountability.	AfriYAN Secretariat (UNFPA regional offices)

Regional CSO	Advocacy Space / Platform	Meeting Frequency	Opportunity for ANSA Influence	Key Contact
SOAWR Coalition	Advocates for ratification and implementation of the Maputo Protocol.	Biannual coalition meetings; advocacy missions aligned with AU Summits.	ANSA can join campaigns to push governments on Maputo Protocol compliance.	Equality Now, Nairobi (SOAWR Secretariat)
FEMNET	Feminist network advocating for gender equality and SRHR at AU and UN levels.	Annual General Assembly; thematic convenings quarterly.	ANSA can collaborate on feminist SRHR advocacy and joint campaigns.	FEMNET Secretariat, Nairobi
MenEngage Africa	Engages men and boys in gender equality and SRHR.	Biennial symposiums; national coalitions quarterly.	ANSA can partner to address socio-cultural barriers and GBV.	MenEngage Africa Secretariat, Johannesburg
African Youth Commission (AYC)	Continental youth body engaging AU and RECs on youth development, including SRHR.	Annual youth summits; biannual dialogues.	ANSA can leverage AYC platforms to push adolescent SRHR priorities.	AYC Secretariat, Addis Ababa
Girls Not Brides Africa	Coalition advocating to end child marriage across Africa.	Annual regional convenings; national coalitions quarterly.	ANSA can align advocacy on child marriage, adolescent pregnancy, and education rights.	Regional Coordinator, Girls Not Brides Africa
EANSAO	Umbrella body of East African SRHR Alliances; coordinates advocacy at EAC level.	Annual regional convenings; quarterly technical meetings.	ANSA can collaborate with EANSAO to influence EAC health councils, harmonize SRHR policies, and amplify youth voices.	EANSAO Secretariat (rotating among national alliances)
PPDARO	Partners in Population and Development Africa Regional Office; focuses on SRHR, family planning, and population policies.	Annual ministerial meetings; technical consultations biannually.	ANSA can leverage PPDARO's government links to influence policy, financing, and accountability for SRHR at AU and REC levels.	PPDARO Regional Director, Kampala Office

3.6 Regional Advocacy Processes ANSA Can Leverage

Regional advocacy processes, including policy consultations, ministerial conferences, scorecards, parliamentary forums, civil society pre-summits, human rights reporting, youth platforms, and population dialogues, provide structured entry points for ANSA to influence SRHR agendas. These processes meet regularly, whether annually, biannually, or in line with policy cycles, giving ANSA consistent opportunities to present evidence, mobilize youth voices, and hold governments accountable. This enables ANSA to position itself as a leading civil society actor

ensuring that adolescents and young people's SRHR needs remain central to Africa's regional and continental development agenda. Key processes include:

Table 7: Regional Advocacy Processes ANSA Can Leverage

Advocacy Process	Description	Frequency / Cycle	Opportunity for ANSA Influence
Policy Development Consultations	Regional bodies (AU, RECs, WAHO, EAC, SADC, IGAD) consult stakeholders when drafting SRHR strategies, guidelines, or frameworks.	Linked to new policy cycles (every 3–5 years).	ANSA can submit evidence briefs, mobilize youth voices, and ensure SRHR priorities are integrated into new frameworks.
Ministerial Conferences	Health, gender, and education ministers meet to adopt regional SRHR commitments (e.g., SADC Ministers of Health, EAC Health Council).	Biennial or annual.	ANSA can lobby ministers, present position papers, and push for adolescent SRHR financing and accountability.
Scorecard & Monitoring Mechanisms	Tools like the **SADC SRHR Milestone Scorecard** track progress on commitments.	Annual reporting.	ANSA can use scorecards to hold governments accountable, highlight gaps, and push for corrective action.
Parliamentary Forums	Regional parliaments (ECOWAS Parliament, EALA, SADC PF) debate SRHR laws and resolutions.	Twice yearly plenary; committees quarterly.	ANSA can engage MPs, provide technical briefs, and advocate for harmonized SRHR legislation.
Civil Society Pre-Summits	CSOs convene before AU/REC summits to consolidate positions on SRHR.	Biannual (ahead of AU/REC summits).	ANSA can coordinate with allies to present unified SRHR positions and influence official summit outcomes.
Human Rights Reporting Processes	Mechanisms like ACHPR sessions and ACERWC reviews assess compliance with SRHR rights.	Twice yearly sessions; country reviews every 3–4 years.	ANSA can submit shadow reports highlighting SRHR violations and push for stronger recommendations.
Youth Forums & Platforms	Platforms like AfriYAN, African Youth Commission, and EANSAO convene youth to influence regional SRHR agendas.	Annual youth summits; quarterly dialogues.	ANSA can amplify youth voices, co-develop advocacy campaigns, and ensure adolescent SRHR priorities are heard.
Population & Development Dialogues	PPDARO convenes governments on population, family planning, and SRHR financing.	Annual ministerial meetings; biannual technical consultations.	ANSA can leverage PPDARO's government links to push for financing and accountability on adolescent SRHR.

3.7 Actors and Partners

The regional SRHR advocacy ecosystem consists of diverse actors operating at continental, regional, national, and community levels. These actors play complementary roles in policy influence, financing, implementation, mobilization, and accountability.

Table 8: Key Actors and Institutional Partners in SRHR Advocacy

Actor / Institution	Role in SRHR Advocacy	Opportunity for ANSA Coalition
African Union Commission	Sets continental policy frameworks (Maputo Plan of Action, Agenda 2063).	ANSA can align with AU Gender Directorate and Health Division to push adolescent SRHR priorities.
Regional Economic Communities (RECs) – ECOWAS, EAC, IGAD, SADC	Develop regional SRHR strategies and convene ministers of health.	ANSA can form coalitions with regional CSOs to influence REC health councils and scorecards.
African Commission on Human and Peoples' Rights (ACHPR)	Monitors human rights compliance, including Maputo Protocol.	ANSA can submit shadow reports with CSO partners to highlight SRHR violations.
African Committee of Experts on the Rights and Welfare of the Child (ACERWC)	Oversees child rights, including adolescent SRHR.	Coalition opportunities around child marriage, adolescent pregnancy, and CSE.
African Development Bank (AfDB)	Provides financing for health and gender programs.	ANSA can partner with CSOs to advocate for SRHR financing in AfDB portfolios.

Regional Alliances and CSOs

Table 9: Regional Alliances and CSOs in SRHR Advocacy

Alliance / CSO	Role in SRHR Advocacy	Opportunity for ANSA Coalition
IPPF Africa Region	Coordinates SRHR service delivery and advocacy across Africa.	Joint campaigns and technical briefs to AU/REC meetings.
AfriYAN	Youth-led advocacy on SRHR and HIV.	Coalition with ANSA to amplify youth voices in AU and REC spaces.
SOAWR Coalition	Advocates for Maputo Protocol ratification and implementation.	ANSA can join campaigns to push governments on compliance.
FEMNET	Feminist advocacy network influencing AU and UN spaces.	Coalition opportunities around gender equality and adolescent SRHR.
MenEngage Africa	Engages men and boys in SRHR and GBV prevention.	ANSA can collaborate to address socio-cultural barriers and masculinities.
African Youth Commission (AYC)	Youth advocacy body engaging AU and RECs.	Coalition with ANSA to push adolescent SRHR into youth charters.
Girls Not Brides Africa	Advocates to end child marriage.	Joint advocacy on child marriage and adolescent pregnancy.
EANSAO	Coordinates East African SRHR alliances.	ANSA can collaborate to influence EAC health councils and harmonize SRHR policies.
PPDARO	Government-linked body focusing on population and SRHR.	ANSA can leverage PPDARO's government connections to push for financing and accountability.

Media, Academia, and Corporate Partners in SRHR Advocacy

Table 10: Media, Academia, and Corporate Partners in SRHR Advocacy

Actor / Group	Role in SRHR Advocacy	Opportunity for ANSA Coalition	Key Contact / Entry Point
Media Houses *(Pan*-African outlets like *Africanews*, *BBC Africa*, *Nation Media Group*)	Shape public opinion, amplify SRHR campaigns, expose violations.	ANSA can partner for investigative reporting, awareness campaigns, and youth friendly SRHR messaging.	Editors of health desks; media advocacy networks (e.g., African Media Initiative).
Academia & Research Institutions (e.g., Makerere University School of Public Health, University of Ibadan, University of Cape Town)	Generate evidence, conduct SRHR research, evaluate policies.	ANSA can collaborate on evidence generation, policy briefs, and training for advocates.	Deans of public health faculties; SRHR research centers.
Think Tanks (e.g., African Population and Health Research Center – APHRC, HEARD at University of KwaZulu-Natal)	Provide policy analysis and advocacy support.	ANSA can co-publish reports, use data for advocacy, and strengthen credibility.	Directors of SRHR research programs.
Corporate Partners (e.g., telecoms like MTN, Airtel; pharma companies; foundations like Mastercard Foundation)	Fund SRHR initiatives, support digital health platforms, expand access.	ANSA can build coalitions for financing, digital SRHR campaigns, and youth outreach.	CSR departments; corporate foundations.
Faith-Based Organizations (e.g., African Council of Religious Leaders, World Council of Churches Africa)	Influence socio-cultural norms and community acceptance of SRHR.	ANSA can engage progressive faith leaders to counter harmful narratives and promote rights based messaging.	Interfaith councils; national religious leaders.
Youth Movements (e.g., AfriYAN, African Youth Commission, Y+ Global)	Mobilize adolescents and young people for SRHR advocacy.	ANSA can form coalitions to amplify youth voices in AU/REC spaces.	Youth secretariats; national youth councils.

Actor / Group	Role in SRHR Advocacy	Opportunity for ANSA Coalition	Key Contact / Entry Point
Philanthropic Foundations (e.g., Ford Foundation, Hewlett Foundation, Gates Foundation Africa)	Provide funding and technical support for SRHR advocacy.	ANSA can collaborate for resource mobilization and scaling advocacy campaigns.	Regional program officers for health and rights.

Regional SRHR advocacy is shaped by a mix of continental institutions, RECs, and strong CSO alliances. For ANSA, coalition-building with actors like IPPF Africa, AfriYAN, FEMNET, SOAWR, EANSAO, and PPDARO offers powerful opportunities to influence policy, financing, and accountability. By strategically aligning with these partners, ANSA can amplify its voice, strengthen legitimacy, and ensure adolescent and youth SRHR priorities remain central in Africa's regional and continental agendas.

4. Discussion of Findings

4.1 Key SRHR Issues and Trends

The findings from the landscape analysis indicate that young people's Sexual and Reproductive Health and Rights (SRHR) in Africa continue to be shaped by persistent structural inequalities and evolving epidemiological and social trends. HIV remains a major public health concern, particularly among adolescent girls and young women (AGYW), who account for a disproportionate share of new infections in sub-Saharan Africa. In 2023, approximately **210,000 AGYW acquired HIV globally**, with **77% of these infections occurring in sub-Saharan Africa** (UNAIDS, 2024).

Adolescent pregnancy remains another critical issue, with Eastern and Southern Africa recording an average adolescent birth rate of approximately **92 births per 1,000 girls aged 15–19**, more than double the global average (UNFPA, 2024). These trends are closely linked to limited access to comprehensive sexuality education, unmet need for contraception, and persistent gender inequalities.

A key emerging trend is the increasing influence of misinformation and anti-SRHR narratives, which undermine evidence based advocacy and contribute to resistance against progressive SRHR policies. Additionally, the exclusion of marginalized groups—including rural youth, persons with disabilities, and marginalised youth—continues to deepen inequities in access to services and participation in advocacy processes.

4.2 Effectiveness of Regional Advocacy Spaces

Regional advocacy spaces such as the African Union (AU), Regional Economic Communities (RECs), and youth networks provide important platforms for influencing SRHR policy development. However, the effectiveness of these spaces is mixed.

Formal policy spaces (AU summits, REC ministerial meetings, technical working groups) carry high decision making power but remain largely inaccessible to youth-led organizations due to accreditation barriers, limited funding, and technical complexity. In contrast, informal spaces such as youth networks and civil society coalitions are more accessible but have limited direct policy influence.

Evidence from the analysis suggests that while regional frameworks such as the Maputo Plan of Action and the African Youth Charter provide entry points for engagement, actual youth participation remains largely symbolic rather than substantive. Less than a third of youth-led organizations report meaningful participation in regional policy processes, indicating a significant gap between policy intent and practice.

4.3 Strengths and Weaknesses of Current Advocacy Processes

The study analysis finds that SRHR advocacy processes in Africa are increasingly diverse and multi-layered, incorporating policy lobbying, evidence based advocacy, digital campaigns, and coalition building. These approaches have contributed to greater visibility of SRHR issues and improved coordination among actors.

A key strength is the growing use of data-driven advocacy tools such as scorecards, policy briefs, and regional accountability frameworks. These tools have improved the credibility and visibility of advocacy efforts at both national and regional levels.

However, several weaknesses persist. Advocacy efforts remain highly fragmented, with limited coordination across countries and organizations. Many youth-led initiatives are under-resourced, relying heavily on short-term donor funding, which affects sustainability. Additionally, weak integration between grassroots advocacy and regional policy engagement limits the overall impact of advocacy efforts. The absence of harmonized regional advocacy strategies further reduces collective influence on policy processes.

4.4 Power Dynamics Among Key Actors and Partners

The SRHR advocacy ecosystem is characterized by unequal power relations among actors operating at regional, national, and community levels. Institutions such as the African Union Commission, Regional Economic Communities, and national governments hold significant decision making authority over SRHR policies and resource allocation.

Development partners and UN agencies also wield considerable influence due to their control over funding and technical assistance. In contrast, civil society organizations and youth-led groups, while central to advocacy and implementation, often occupy weaker positions in decision making structures.

Table 11: Summary of Power Dynamics in SRHR Advocacy

Actor Group	Level of Power	Role in SRHR Advocacy	Key Constraint
AU & RECs	High	Policy formulation and coordination	Limited youth inclusion
Governments	High	Policy adoption and implementation	Political prioritization gaps
Donors/UN Agencies	High	Funding and technical support	Agenda influence imbalance
CSOs/NGOs	Medium	Advocacy and implementation	Resource constraints
Youth-led Groups	Low–Medium	Mobilization and representation	Limited access to decision spaces

These power imbalances significantly influence agenda-setting processes and often result in top-down policy approaches that do not fully reflect the lived realities of young people.

4.5 Emerging Risks.

The SRHR advocacy landscape is increasingly shaped by both emerging risks and new opportunities. One of the most significant risks is the rise of anti-SRHR movements and conservative narratives, which are actively challenging progressive SRHR policies at regional and national levels. These narratives are often well-funded and strategically organized, posing a threat to policy gains made over the past decades.

Another key risk is the shrinking civic space in several countries, which limits the ability of civil society and youth-led organizations to operate freely and engage in advocacy. Funding constraints and increasing donor dependency further exacerbate sustainability challenges.

Despite these risks, several opportunities are emerging. The expansion of digital platforms has created new avenues for youth engagement and advocacy, enabling broader reach and mobilization. Additionally, increased recognition of youth participation in regional frameworks such as the African Youth Charter and Agenda 2063 provides a normative basis for stronger inclusion.

There is also growing interest among development partners in supporting integrated SRHR programming, particularly those linking SRHR with gender equality, education, and climate resilience. These intersections present strategic opportunities for expanding the SRHR agenda.

Table 12: Emerging Risks and Opportunities

Category	Description	Implication for Advocacy
Anti-SRHR Movements	Increased organized opposition	Need for counter-narrative strategies
Civic Space Restrictions	Reduced freedom of advocacy	Strengthen protection mechanisms
Funding Constraints	Donor dependency	Diversify funding sources
Digital Advocacy Growth	Expanding online engagement	Scale youth-led campaigns
Policy Recognition of Youth	Increased normative support	Strengthen youth inclusion mechanisms
Cross-sector Integration	SRHR linked to broader development	Expand advocacy partnerships

4.6 Gaps and Emerging Opportunities for ANSA Engagement

While significant progress has been made in advancing SRHR in Africa, several gaps continue to undermine effective implementation and advocacy. These gaps also present strategic opportunities for ANSA to strengthen its regional impact.

Key Gaps

- Weak enforcement of existing SRHR policies and legal frameworks
- Limited meaningful youth participation in regional decision making spaces
- Fragmented advocacy efforts across countries and institutions
- Inadequate financing for SRHR programs and advocacy initiatives
- Persistent socio-cultural resistance and anti-SRHR narratives
- Limited availability and use of disaggregated SRHR data for advocacy

Emerging Opportunities

- Increasing recognition of youth-led advocacy in regional policy spaces
- Expansion of digital advocacy platforms and youth networks
- Growing emphasis on accountability mechanisms (scorecards, monitoring frameworks)
- Strengthening of regional collaboration through AU and REC platforms
- Increased donor interest in integrated SRHR and gender equality programming

5. Good Practices, Challenges, and Lessons Learnt

5.1 Good Practices in SRHR Advocacy in Africa

Good practices in SRHR advocacy across Africa demonstrate that data-driven approaches, youth leadership, coalition building, multi-sectoral partnerships, and pre-summit coordination are the most effective strategies for influencing regional and continental policy. These practices have led to tangible outcomes such as stronger commitments, policy reforms, and improved accountability. For ANSA, adopting and scaling these practices will strengthen its role in shaping SRHR agendas, ensuring adolescents and young people remain at the center of Africa's health and rights discourse.

1. Evidence-Based Advocacy

One of the most effective practices in SRHR advocacy across Africa is the consistent use of evidence to drive policy change. Policymakers are more likely to respond when advocacy is backed by credible data and monitoring tools. For instance, the SADC SRHR Milestone Scorecard has become a powerful accountability instrument, enabling civil society organizations to track government progress on commitments such as adolescent contraception access and HIV prevention. By presenting clear data gaps, CSOs have successfully pressured governments to allocate more resources and strengthen implementation. Similarly, research institutions like the African Population and Health Research Center (APHRC) have generated evidence on adolescent pregnancy and unsafe abortion, which advocacy groups in Kenya and Nigeria have used to push for reforms in reproductive health policies.

2. Youth-Led Engagement

Youth participation has proven to be a transformative practice in SRHR advocacy. When adolescents and young people lead or co-lead campaigns, SRHR issues gain legitimacy and urgency. Networks such as AfriYAN have mobilized youth across West Africa to influence ECOWAS health ministers, resulting in stronger commitments on adolescent SRHR. In Uganda, youth-led organizations successfully advocated for the inclusion of comprehensive sexuality education (CSE) in national frameworks, despite resistance from conservative actors. These examples highlight that advocacy is most impactful when young people are not just beneficiaries but active decision-makers shaping the agenda.

3. Coalition Building

Coalition building is another good practice that amplifies voices and reduces fragmentation among civil society actors. Regional alliances have demonstrated their effectiveness in influencing AU and REC spaces. The SOAWR Coalition (Solidarity for African Women's Rights) coordinated advocacy that led to widespread ratification of the Maputo Protocol, a landmark instrument for women's rights and SRHR. Similarly, the East African National SRHR Alliances Organization (EANSAO) has united national alliances to influence the EAC Health Council, ensuring adolescent SRHR is integrated into regional health strategies. These coalitions show that unified positions carry more weight and credibility in policy dialogues.

4. Multi-Sectoral Partnerships

SRHR advocacy has also benefited from partnerships beyond the health sector. Engaging media, academia, corporate partners, and faith leaders broadens legitimacy and reach. In Kenya, collaborations with mainstream media have helped debunk myths about contraception and amplify youth friendly SRHR messaging. Telecom companies such as MTN and Airtel have supported mobile-based SRHR campaigns, enabling confidential information to reach adolescents in rural areas. Universities like Makerere School of Public Health have partnered with CSOs to generate policy briefs that strengthen advocacy at AU and REC levels. These multi-sectoral partnerships demonstrate that SRHR is not just a health issue but a social, economic, and rights concern requiring diverse allies.

5. Civil Society Pre-Summits

Civil society pre-summits have emerged as a strategic practice for consolidating advocacy positions before AU or REC meetings. These gatherings allow CSOs to coordinate, draft joint communiqués, and present unified demands to heads of state and ministers. Ahead of AU Summits, CSOs have successfully influenced declarations by ensuring adolescent health and SRHR are included in official commitments. In SADC, pre-summits have been instrumental in pushing for the adoption of the SRHR Strategy and the Milestone Scorecard. This practice ensures that civil society voices are not fragmented but strategically aligned to maximize influence.

5.2 Key Challenges in Regional SRHR Advocacy

Regional SRHR advocacy in Africa faces complex challenges ranging from restrictive laws and fragmented civil society voices to limited financing, political resistance, weak accountability, and digital inequalities. These barriers highlight the need for stronger coalitions, sustainable funding, and innovative approaches to counter misinformation and cultural opposition. For ANSA, recognizing these challenges is essential to designing advocacy strategies that are resilient, inclusive, and capable of sustaining momentum across AU and REC spaces.

- **Restrictive Legal Environments.** A major challenge in regional SRHR advocacy is the persistence of restrictive laws and policies that criminalize or limit access to services. In many African countries, abortion remains heavily restricted, key populations' rights are criminalized, and sex work is outlawed. These legal barriers make it difficult for regional bodies such as the AU, ECOWAS, and SADC to adopt inclusive SRHR frameworks. For example, despite the Maputo Protocol's provisions on reproductive rights, several member states have resisted implementing progressive abortion laws. This creates a disconnect between continental commitments and national realities, limiting the effectiveness of advocacy efforts.
- **Fragmented Civil Society Voice.** Civil society organizations are critical actors in SRHR advocacy, but fragmentation often weakens their collective influence. Competing agendas, limited coordination, and donor-driven priorities sometimes result in disjointed advocacy messages at AU and REC levels. For instance, during AU pre-summits, CSOs have occasionally presented divergent positions on adolescent sexuality education, making it harder to secure unified commitments from policymakers. Without strong coalitions, advocacy risks being diluted, and governments exploit these divisions to avoid accountability.
- **Limited Financing.** SRHR advocacy across Africa faces chronic underfunding. Most initiatives rely heavily on donor support, which is often short-term and project-based. This undermines sustainability and continuity of advocacy campaigns. For example, youth-led organizations in West Africa have struggled to maintain momentum after donor projects ended, leaving gaps in regional advocacy processes. Limited financing also restricts participation in AU and REC meetings, as many CSOs cannot afford travel or engagement costs. This financial barrier reduces civil society presence in critical decision making spaces.
- **Political and Cultural Resistance.** Strong opposition from conservative political, cultural, and religious actors remains a significant challenge. These groups often frame SRHR as "Western" or "anti-African values," influencing governments to resist progressive commitments. For example, in East Africa, advocacy for comprehensive sexuality education has faced backlash from religious leaders who argue it promotes immorality. Similarly, in Nigeria, conservative actors have mobilized against family planning programs, spreading misinformation that contraceptives cause infertility. This resistance undermines regional advocacy gains and forces CSOs to constantly counter negative narratives.
- **Weak Accountability Mechanisms.** Even when governments sign onto continental or regional SRHR commitments, implementation and reporting remain weak. Many states fail to submit progress reports to AU or REC bodies, making it difficult to track compliance. For instance, while SADC adopted the SRHR Strategy and Milestone Scorecard, several member states have not consistently reported on indicators such as adolescent contraceptive uptake or GBV prevention. This lack of accountability reduces the effectiveness of advocacy, as commitments remain rhetorical without enforcement mechanisms.
- **Digital Divide and Misinformation.** The growing reliance on digital platforms for SRHR advocacy has exposed inequalities in access. Rural adolescents often lack internet connectivity, smartphones, or digital literacy, leaving them excluded from online campaigns. At the same time, misinformation spreads rapidly

through social media, undermining advocacy messages. In Nigeria and Kenya, false claims about contraceptives and HIV cures have circulated widely, eroding trust in SRHR programs. This digital divide and misinformation challenge make it harder for advocates to reach all populations equitably and ensure accurate information dissemination.

5.3 Lessons Learnt from Regional and Youth-Led Advocacy

Lessons from regional and youth-led SRHR advocacy in Africa emphasize the importance of youth inclusion, coalition building, evidence based approaches, continuous engagement, strategic framing, and multi-sectoral partnerships. These lessons show that advocacy is most impactful when it is inclusive, persistent, and grounded in credible data, while also engaging diverse actors beyond the health sector. For ANSA, applying these lessons will strengthen its ability to influence AU and REC spaces, ensuring adolescents and young people's SRHR priorities remain central to Africa's development and rights agenda.

1) **Youth Inclusion is Non-Negotiable.** A key lesson from regional advocacy is that young people must be meaningfully included in SRHR processes. Advocacy is stronger and more relevant when adolescents and youth are not just consulted but actively co design and lead program initiatives and campaigns. For example, AfriYAN West Africa mobilized youth networks to influence ECOWAS health ministers, resulting in stronger commitments on adolescent SRHR. In Uganda, youth-led organizations successfully pushed for comprehensive sexuality education (CSE) to be integrated into national frameworks despite resistance. These experiences show that youth leadership is critical in ensuring that policies reflect the realities of those most affected.

2) **Coalitions Amplify Impact.** Coalition building remains one of the strongest levers for increasing advocacy influence. When civil society actors engage policymakers through fragmented and competing messages, their influence is often diluted. Coordinated coalitions, by contrast, can consolidate evidence, align demands, and present a stronger collective position. The SOAWR Coalition demonstrated this through sustained advocacy that contributed to the widespread ratification of the Maputo Protocol. EANSAO also illustrates the value of regional coordination, bringing together East African SRHR alliances to engage the EAC Health Council and keep adolescent SRHR visible within regional health priorities. These examples show that collaboration across organizations and regions strengthens legitimacy, reduces duplication, and increases pressure on policymakers to act.

3) **Evidence Drives Policy Change.** Advocacy backed by credible data has proven far more effective than rhetoric alone. Policymakers respond to evidence that highlights gaps and provides solutions. The SADC SRHR Milestone Scorecard is a good example, as it has enabled CSOs to track government progress and hold leaders accountable for commitments. In Kenya, research from the African Population and Health Research Center (APHRC) on adolescent pregnancy was used to push for policy reforms and increased investment in reproductive health services. This demonstrates that evidence based advocacy is essential for influencing policy and securing resources.

4) **Engagement Must Be Continuous.** One-off advocacy events rarely lead to lasting change. A key lesson is that engagement must be sustained across AU and REC cycles to maintain momentum. For instance, civil society pre-summits ahead of AU meetings have been effective, but their impact is greatest when CSOs continue to follow up during ministerial conferences and technical committee meetings. In SADC, continuous engagement by CSOs ensured that the SRHR Strategy was not only adopted but monitored through the Scorecard. The key lesson is that advocacy must remain present throughout the policy cycle, from agenda setting to implementation, monitoring, and accountability.

5) **Strategic Framing Matters.** How SRHR issues are framed significantly affects their acceptance. Positioning SRHR as central to development, human rights, and economic growth increases political buy-in. For example, in Nigeria, advocates reframed family planning as an economic investment that reduces poverty and improves productivity, which helped secure government support despite cultural resistance.

Similarly, in EAC, advocates linked adolescent SRHR to achieving the Sustainable Development Goals (SDGs), making it harder for policymakers to dismiss the issue. Strategic framing ensures SRHR is seen as integral to broader development agendas.

6) **Partnerships Beyond Health.** SRHR advocacy is most effective when it engages actors beyond the health sector. Partnerships with media, academia, corporate partners, and faith leaders broaden legitimacy and reach. In Kenya, collaborations with mainstream media helped debunk myths about contraception and amplify youth friendly messaging. Telecom companies like Airtel supported mobile-based SRHR campaigns, reaching adolescents in rural areas. Progressive faith leaders in Senegal have also been engaged to counter harmful narratives around sexuality education. These partnerships demonstrate that SRHR advocacy must be multi-sectoral to succeed.

6. Recommendations, Way Forward and Conclusion

6.1 Recommendations for Strengthening SRHR Advocacy in Africa

1) **Strengthen Evidence-Based Advocacy.**

SRHR advocacy should be grounded in credible, current, and context specific evidence that shows the scale of need, identifies implementation gaps, and presents clear policy asks. Tools such as the SADC SRHR Milestone Scorecard can help track government commitments and strengthen accountability, while research institutions such as APHRC can support stronger analysis on issues such as adolescent pregnancy, unsafe abortion, contraception, and youth friendly services. Advocacy actors should deepen partnerships with universities, think tanks, public health institutions, and youth led researchers to generate evidence that is rigorous, locally grounded, and easy for policymakers to act on.

2) **Enhance Youth Leadership and Participation.**

Youth participation should move from consultation to real leadership in SRHR advocacy. Adolescents and young people should be resourced to co design campaigns, shape advocacy priorities, speak in AU and REC spaces, and engage policymakers directly. Networks such as AfriYAN and the African Youth Commission show the value of youth led advocacy in influencing regional and continental commitments on adolescent SRHR. Strengthening youth platforms, funding their participation, and creating formal roles for young people in advocacy processes will make SRHR advocacy more legitimate, responsive, and effective.

3) **Build Stronger Coalitions and Alliances.**

SRHR advocacy actors should invest in stronger coalitions that align priorities, coordinate messages, and present unified demands at national, regional, and continental levels. Fragmentation weakens influence and often leads to duplication, especially ahead of AU and REC policy moments. Alliances such as SOAWR, FEMNET, and EANSAO show that coordinated civil society voices can carry greater weight in policy dialogue. ANSA and similar networks should strengthen coalition leadership, support joint advocacy planning, and ensure adolescent SRHR remains visible across broader health, gender, education, and human rights agendas.

4) **Expand Multi-Sectoral Partnerships.**

SRHR advocacy must extend beyond health actors to include media, academia, corporate partners, and faith leaders. Media partnerships can amplify campaigns and counter misinformation, while telecom companies like MTN and Airtel have supported mobile-based SRHR outreach to rural adolescents. Universities such as Makerere School of Public Health have collaborated with CSOs to produce policy briefs that strengthen advocacy. Engaging progressive faith leaders, as seen in Senegal's interfaith dialogues on sexuality education, can also help counter cultural resistance. These partnerships broaden legitimacy and resource mobilization.

5) **Institutionalize Civil Society Engagement in Policy Processes.**

Civil society pre-summits ahead of AU and REC meetings have proven effective in consolidating positions and influencing official outcomes. Institutionalizing these processes will ensure CSOs consistently shape regional agendas. For example, pre-summits in SADC have been instrumental in pushing for the adoption of the SRHR Strategy and Scorecard. Formal recognition of CSO inputs in AU and REC policy cycles will strengthen accountability and ensure advocacy voices are systematically included.

6) **Secure Sustainable Financing.**

SRHR advocacy in Africa is often fully donor-dependent, which undermines sustainability. A key recommendation is to diversify funding sources by engaging local philanthropic foundations, corporate social responsibility programs, and regional development banks such as the African Development Bank (AfDB). Advocates should also explore innovative financing models, including partnerships with private sector actors and digital fundraising campaigns. Sustainable financing will ensure continuity of advocacy efforts and reduce vulnerability to donor priorities.

7) **Strengthen Accountability Mechanisms.**

Advocacy must focus on strengthening accountability for commitments made at AU and REC levels. Governments often sign protocols but fail to implement or report progress. Civil society should use tools like scorecards, shadow reports to ACHPR and ACERWC, and independent monitoring to hold leaders accountable. For example, CSOs in Southern Africa have used the SADC Scorecard to highlight gaps in adolescent contraceptive access, pushing governments to act. Embedding accountability into advocacy ensures commitments translate into tangible outcomes.

8) **Diversify Resource Mobilization.**

Sustainability requires ANSA to move beyond donor dependency. Strategic recommendations include engaging philanthropic foundations (Ford Foundation, Gates Foundation Africa), tapping into corporate social responsibility programs, and exploring partnerships with the African Development Bank (AfDB) for SRHR financing. ANSA could also pilot innovative financing models such as digital fundraising campaigns or partnerships with private sector actors to support youth-led initiatives. Diversifying resources will ensure continuity of advocacy efforts and reduce vulnerability to shifting donor priorities.

6.2 Way Forward and Sustainability Considerations

1) **Diversify and Secure Sustainable Financing:** The sustainability of SRHR advocacy in Africa depends on moving beyond donor dependency. ANSA and allied networks should actively pursue diversified resource mobilization, engaging philanthropic foundations such as the Ford Foundation and Gates Foundation Africa, corporate social responsibility programs from telecoms like MTN and Airtel, and regional development banks such as the African Development Bank (AfDB). Innovative financing models, including digital fundraising campaigns and blended financing partnerships with private sector actors, can also provide long-term support.
2) **Strengthen Institutional Capacity:** Sustainability requires strong institutions that can withstand leadership changes and funding fluctuations. ANSA should invest in capacity building for youth-led and community-based organizations, equipping them with skills in policy analysis, evidence generation, and coalition management. For example, training youth advocates to produce policy briefs and shadow reports will ensure consistent engagement with AU and REC processes. Building institutional resilience also means strengthening governance structures within ANSA to maintain credibility and accountability in regional advocacy.
3) **Embed Advocacy in Policy Cycles:** Advocacy must be continuous and aligned with AU and REC policy cycles to remain effective. ANSA should institutionalize participation in civil society pre-summits, ministerial conferences, and technical committee meetings, ensuring that commitments are not only adopted but monitored and implemented. For instance, sustained CSO engagement in SADC ensured the adoption and monitoring of the SRHR Strategy and Scorecard. Replicating this model in the EAC and AU spaces will guarantee that adolescent SRHR priorities remain visible throughout the year, not just during high-level events.
4) **Foster Multi-Sectoral Partnerships:** Long-term sustainability also requires broadening the advocacy ecosystem. ANSA should strengthen partnerships with media houses to amplify campaigns and counter misinformation, collaborate with universities like Makerere School of Public Health to generate evidence, and engage corporate partners to support digital SRHR outreach. Progressive faith leaders can also be mobilized to challenge harmful socio-cultural narratives around sexuality education and reproductive rights. These

partnerships will ensure SRHR advocacy is not siloed within health but embedded across social, economic, and cultural sectors.

5) **Position SRHR within Broader Development Frameworks:** Sustainability depends on embedding SRHR into broader continental and global development agendas. ANSA should frame SRHR as central to Agenda 2063, the Sustainable Development Goals (SDGs), and Africa's demographic dividend strategies. Linking adolescent SRHR to economic growth, equity, education, and poverty reduction helps keep the issue politically relevant and harder for policymakers to dismiss.

6.3 Conclusion

This study has demonstrated that SRHR advocacy in Africa is both dynamic and complex, shaped by diverse actors, political contexts, and socio-cultural realities. Over the past two decades, advocacy efforts have achieved notable progress, particularly through evidence-based approaches, coalition building, youth leadership, and multi-sectoral partnerships. These good practices have enabled civil society organizations, youth networks, and regional alliances to influence continental frameworks such as the Maputo Plan of Action, the SADC SRHR Strategy, and commitments under the African Union's Agenda 2063. They have also ensured that adolescent and youth voices are increasingly recognized as central to Africa's development agenda.

Despite these achievements, the study underscores persistent challenges that continue to undermine SRHR advocacy. These include restrictive legal environments, fragmented civil society voices, limited financing, political and cultural resistance, weak accountability mechanisms, and the digital divide remain significant barriers. These challenges highlight the tension between progressive continental commitments and conservative national realities, making advocacy both urgent and difficult. They also reveal the need for resilience, innovation, and stronger coordination among SRHR actors.

From these experiences, several lessons have been drawn. First, youth inclusion is non-negotiable—adolescents and young people must be empowered as leaders, not just beneficiaries. Second, coalitions amplify impact, as unified voices carry more weight in AU and REC spaces. Third, evidence drives policy change, with scorecards, research, and monitoring tools proving indispensable in holding governments accountable. Fourth, advocacy must be continuous and aligned with policy cycles, ensuring commitments are not only adopted but implemented. Fifth, strategic framing matters, positioning SRHR as central to development, human rights, and economic growth increases acceptance. Finally, partnerships beyond health, including media, academia, corporate actors, and faith leaders, broaden legitimacy and reach.

Looking forward, the recommendations and way forward emphasize the need to strengthen SRHR advocacy through evidence-based strategies, youth leadership, coalition building, multi-sectoral partnerships, sustainable financing, and stronger accountability mechanisms. For the SRHR Alliance Uganda /ANSA, this means positioning itself as a coalition leader, investing in youth-led advocacy, enhancing policy engagement, diversifying partnerships, and securing long-term resources. Sustainability will depend on embedding SRHR into broader frameworks such as the Sustainable Development Goals (SDGs) and Agenda 2063, ensuring advocacy remains relevant and politically acceptable.

As the analysis shows, sustaining SRHR advocacy in Africa will require actors such as ANSA and allied networks to adapt to shifting political contexts, strengthen collaboration, and engage more strategically in policy and accountability processes. This will help keep advocacy relevant, coordinated, and impactful, while advancing young people's access to rights, services, information, and opportunities across the continent.

7. Appendices

Annex 1: References

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