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Investing in Her Future: Sustainable and Innovative Financing for Women's SRHR in a Changing Global Landscape

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Advancing
women's health
in Africa

SPEAKERS



KEYNOTE SPEAKER

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Executive Summary

With global funding in decline and fragile gains in women's health at risk, Africa faces a decisive moment: move beyond donor dependency or risk reversing years of progress. African nations must act strategically to protect recent gains, sustain progress and build resilient systems needed for lasting impact. This is a chance to reframe Sexual Reproductive Health and Rights (SRHR) as a driver of economic growth, anchored in domestic leadership, innovation, accountability and equity. To secure outcomes and harness Africa's demographic dividend, governments should align around three strategic priorities:

- 1. Reframe SRHR as an economic driver:** Integrate women's health into national plans across education, infrastructure, labor, and social protection to boost human capital, productivity and long-term economic growth.
- 2. Secure sustainable domestic financing:** Expand Domestic Resource Mobilization (DRM) through gender-responsive budgeting, earmarked revenues (excise taxes, trade levies, mobile transaction fees), strategic purchasing, insurance expansion, and structured public-private partnerships to strengthen service delivery and expand risk pooling.
- 3. Strengthen accountability and community ownership:** Institutionalize community-led monitoring, transparent budget tracking and performance-based purchasing to ensure resources translate into measurable results and equitable access.

Case studies from Kenya and Rwanda have demonstrated how SRHR integration into Universal Health Coverage (UHC), coupled with disciplined health budgeting yields measurable progress. Strategic investments in workforce equity, local manufacturing, innovative financing, digital health, and cross-sector planning have delivered tangible results, even in resource-constrained environments. However, supply security remains fragile; stockouts tied to funding gaps (e.g., UNFPA Supplies) have led to service disruptions, emphasizing the need for co-financing compacts, stronger procurement and last-mile systems.

Alongside stronger supply chains, the engagement of private sector is recognized as an important yet underutilized partner for financing and service delivery, with potential contributions in local manufacturing, supply chain management, diagnostics, and blended finance. Youth-led and community-driven approaches are also key to strengthening advocacy, accountability, and sustainability. Accountability improves when financial and health data are integrated, with real-time dashboards linking spending to outcomes for adaptive

management. Together, these approaches can close funding gaps, mobilize innovation, and sustain momentum.

The future of women's health in Africa depends on shifting from fragmented, donor-driven programs to coordinated, country-owned systems that are financially sustainable, gender-responsive, and evidence-based. Sustainable SRHR financing is central not only to reducing maternal mortality and improving women's health, but also to driving inclusive economic growth, securing Africa's demographic dividend, and fostering resilient health systems. Achieving this vision demands joint action across governments, the private sector, development partners, and communities by embedding SRHR into national budgets, aligning resources with evidence-based priorities, and ensuring transparency and inclusivity.

With deliberate leadership and collective commitment, Africa will deliver lasting progress in women's health and secure the foundation for resilience, equity, and shared prosperity across the continent.

Background

Sexual Reproductive Health (SRH) in Sub-Saharan Africa (SSA) remains severely underfunded relative to need. Between 2013 and 2023, SSA received over US\$100 billion in Development Assistance for Health, yet less than 10% was directed to SRH, maternal care, and female cancers^[1]. Despite this, the region still accounts for roughly 70% of global maternal deaths, with an estimated 178,000 women expected to die in 2024, most from preventable causes^[2]. Domestic governments finance only about 36% of total health expenditure, while 35–40% comes from out-of-pocket payments and 10–15% from external aid^[3]. This reliance on unsustainable and inequitable models deepens vulnerability.

Reductions in global donor funding have been associated with projections of millions of unintended pregnancies and thousands of maternal deaths; a 27% funding gap in UNFPA Supplies (2022) led to contraceptive stockouts in over a dozen countries^[4]. More than two decades after the 2001 Abuja Declaration pledged 15% of national budgets for health, only a handful of African Union states have met this target and even then, SRHR receives only a fraction of allocations.^[5]

The economic case for action is clear. Every US\$1 invested in contraception saves about US\$4 in public service costs, while broader maternal and reproductive health investments can return up

to US\$9 in productivity and health gains.^[6] With over 70% of Africa's population under 30 years, the continent has an indispensable opportunity to secure a demographic dividend through strategic investment in women's health, youth empowerment, and resilient primary healthcare systems.^[7]

Key Discussions

Integration of SRH into Kenya's UHC Agenda

Kenya provides a timely example of how SRHR can be embedded as a core pillar of its UHC program, directly linking public health outcomes to economic growth. By positioning health as a driver of national development, the government has placed SRH, maternal, and newborn health at the center of its UHC strategy. These reforms are structured around four mutually reinforcing pillars:

- **Human Resources for Health (HRH):** Address gender gaps in recruitment, leadership, and career development; ensure equitable deployment of health workers; and leverage women's community insights to design responsive, people-centered services.
- **Health Products & Technologies:** Secure family planning and essential commodities through stronger supply chains, local pharmaceutical manufacturing, pooled procurement, and innovative financing mechanisms to guarantee quality and affordability.
- **Healthcare Financing:** Advance sustainable SRHR financing via progressive income-based contributions, targeted benefit packages for vulnerable groups, community-level funding for priority services, and risk-pooling arrangements to protect households from catastrophic health spending.
- **Digitization:** Enhance health data systems and registries to monitor SRHR and maternal-newborn health trends, guide resource allocation, and strengthen DRM through improved revenue capture and fraud control.

Despite this progress, implementation faces challenges- resistance to financing reforms, competing fiscal priorities, and the struggle to secure long-term budget commitments. Yet, Kenya is reframing SRHR as a high-return investment in human capital, essential to enabling women's full economic participation while building resilient, future-ready health systems.



Strategic Investment in Africa's Young Population and Women's Health

Africa's youthful population presents a unique opportunity for inclusive growth—provided that investments in healthcare and youth empowerment are prioritized. A global health funding crisis now threatens to reverse progress, with projections of over four million unintended pregnancies and 8,340 maternal deaths in just three months. [8] Such setbacks would erase decades of gains in women's health and human capital development.

Safeguarding these gains demands decisive government action to protect SRH within macro-fiscal frameworks and UHC benefit packages, strengthen DRM and purchasing efficiency, and integrate SRHR into education, labor, and social protection strategies to maximize human capital returns.

Framing women's health as a core driver of national development requires breaking out of traditional health advocacy. This means governments must:

- 1. Mainstream SRHR across all sectors:** Integrate SRH priorities into every ministry and agency.
- 2. Build unconventional alliances:** Engage private sector, cultural leaders, and communities to widen ownership and accountability.
- 3. Normalize SRHR conversations:** Encourage open conversations in homes, schools, workplaces, and faith spaces to reduce stigma.
- 4. Broaden the advocacy base:** Mobilize youth, civil society, and faith groups to overcome policy resistance and community-level cultural barriers.

Innovative Financing for Family Planning (FP) through Private Sector and Youth Partnerships

Sustainable family planning in Africa requires diversified funding beyond constrained national budgets. Two underutilized yet high-impact levers—private sector partnerships and youth-led initiatives are proving effective in closing funding gaps, driving innovation, enhancing accountability and securing long-term program viability.

Private sector engagement is delivering measurable results. In Nigeria, the Private Sector Health Alliance

has mobilized corporate funding for family planning in line with FP2030 commitments.

Youth-led action is reshaping advocacy and accountability. Capacity-building across commitment-making countries equips young leaders with skills in data management, smart advocacy, and knowledge sharing, ensuring they influence funding decisions and hold governments accountable—far beyond symbolic participation.

While ambitious fiscal targets, such as dedicating 25% of tax revenue to SRH and FP, remain challenging in the near term, these approaches offer practical, scalable pathways. Expanding private sector collaboration and institutionalizing youth-driven financing advocacy can increase resources, strengthen accountability, and ensure locally responsive, sustainable solutions.

Sustainable SRH Financing and Commodity Security in SSA

SSA accounts for over 70% of global maternal deaths, yet SRH commodity security across the region remains fragile. [9] Stockouts, procurement delays, and overreliance on donor funding continue to undermine both trust in health systems and health outcomes. While governments increasingly recognize the health and economic dividends of investing in family planning and maternal health, national co-financing has remained more aspirational than operational.

Current Barriers and Challenges

- 1. Fragmentation and duplication:** Disconnected initiatives and overlapping programmes create inefficiencies and dilute limited resources.
- 2. Inconsistent political will:** Commitment to SRH fluctuates across administrations, limiting continuity and sustainability.
- 3. Policy–technical disconnect:** Technical experts often fail to engage finance and political decision-makers early, resulting in limited buy-in.
- 4. Overly technical advocacy:** Data-heavy proposals often fail to resonate with political leaders who manage and allocate budgets.
- 5. Weak budget defense:** SRH priorities are not consistently championed during fiscal negotiations, leading to chronic underfunding.
- 6. Supply chain volatility:** Stockouts, inadequate

buffer stocks, and weak last-mile systems perpetuate inequities in access.

(transport, water, sanitation) that directly affects access and outcomes.

Policy Shifts and Pathways to Sustainability

A. Budget Integration & Co-Financing

- **Embed SRHR commodity lines in national and subnational budgets** via Medium-Term Expenditure Framework (MTEFs) to ensure predictability.
- **Establish co-financing agreements** (e.g., with UNFPA Supplies) detailing cost-sharing, accountability, and performance milestones.
- **Conduct fiscal space analyses** to prioritize high-impact commodities and cost-effective delivery channels.

B. Transparency, Procurement, and Delivery Performance

- **Institutionalize open contracting and e-procurement**, supported by public dashboards that track stock levels, lead times, and last-mile delivery.
- **Use performance-based contracts with suppliers and logistics partners**, rewarding timely and complete deliveries.

C. Gender-Responsive Health Financing (GRHF)

- **Integrate gender indicators and sex-disaggregated targets** in planning, budgeting, and parliamentary oversight to reflect real needs.
- **Scale proven models rather than reinventing pilots**, adapting them to local political and cultural contexts with strong leadership.
- **Engage women, youth, and marginalized communities in budgeting** so allocations reflect lived realities.
- **Track and publish results** (e.g., maternal mortality, contraceptive coverage, elimination of harmful practices) to sustain political and public attention and accountability.

D. Domestic Financing Commitments: Moving Beyond the 2021 Abuja Declaration

- **Reassess and broaden “health spending” definitions** to include enabling infrastructure

- **Strengthen DRM** through insurance expansion, earmarked taxes, and innovative mechanisms that reduce donor dependence.
- **Improve cross-sector coordination** among health, infrastructure, finance, and planning to align investments.
- **Leverage international partnerships to complement—not replace—domestic financing.**
- **Showcase feasibility through country exemplars** (e.g., Rwanda exceeding 18% in some years through political will and disciplined fiscal management).

E. Role of FP2030 and DRM

- **Annual operational planning** that keeps family planning visible and funded across sectors (health, education, agriculture, environment).
- **Support to fiscal space analyses** that identify new resources and efficiency gains via high-impact practices.
- **Embed emergency preparedness and robust data systems** to protect family planning during shocks.
- **Convert commitments to measurable results** through performance tracking and peer learning platforms.

The Role of Community-Led Monitoring (CLM) for Accountability in SRH Investment

By centering the voices of women, girls, and other community members in decision-making, CLM ensures accountability, responsiveness, and equity—preventing top-down approaches from overlooking urgent, on-the-ground needs.

In Nigeria, Nigeria Health Watch has successfully used town halls to bring community members into direct dialogue with health authorities, resulting in tangible improvements such as security fencing and the restoration of water supply in maternity wards. This model bridges the gap between grassroots realities and policy, strengthens trust, keeps SRH priorities visible on the political agenda, and improves service delivery by feeding findings into budgeting, procurement, and supervision processes.

To scale CLM, it must be embedded in planning and monitoring cycles, secured in domestic budgets, and strengthened with feedback loops that deliver real-time insights to decision-makers controlling resources.

Leveraging Economic Evidence for Budget Advocacy in Maternal and SRHR

UNFPA's (2022) analysis estimates that USD 79 billion in family planning investments could yield USD 660 billion by 2050. ^[10] However, many governments still allocate resources through incremental budgeting, adjusting last year's figures for inflation rather than using performance-based or strategic purchasing approaches. This limits efficiency, accountability, and the ability to link spending directly to measurable results.

Key actions to strengthen budget advocacy include:

- **Institutionalize economic evidence**—Embed cost-effectiveness studies, cost-benefit analyses, investment cases, and distributional impact assessments within medium-term expenditure frameworks.
- **Adopt performance-based budgeting and strategic purchasing**— Use performance-based budgeting and strategic purchasing so funding reflects real outcomes such as fewer maternal deaths or higher contraceptive uptake.
- **Enhance transparency and oversight**— Expand budget portals, procurement dashboards, and strengthen citizen engagement alongside legislative scrutiny.
- **Translate numbers into narratives**—Link SRHR investments to jobs, productivity, poverty reduction, and broader economic growth to appeal to decision-makers beyond the health sector.

Ultimately, data provides evidence, but stories inspire action. SRHR and maternal health must be positioned as essential economic infrastructure. Demonstrating impact with tangible results can secure political commitment and sustained financing. This, in turn, will help close gaps, strengthen accountability, and deliver measurable health and development outcomes across Africa.

Key Takeaways and Call to Action

Transforming women's health in Africa requires bold, coordinated action from governments, the private sector, development partners, civil society, and innovators. Progress will only be achieved through concrete commitments that ensure sustainable financing, strengthen systems, and uphold accountability. The priorities below set out where urgent action is most needed.

1. Governments

- **Key Takeaway:** SRHR financing is still fragmented and vulnerable to external shocks. Without protection, equity and access remain at risk.
- **Call to Action:**
 - **Secure funding:** Ring-fence SRHR allocations in national and subnational budgets.
 - **Expand resources:** Use progressive taxation, strategic purchasing, and equitable insurance models to increase fiscal space.
 - **Integrate into UHC:** Embed SRHR as a core benefit package with costed implementation plans and provider payment mechanisms that reward quality and equity.
 - **Institutionalize gender-responsive budgeting:** Track and publish sex-disaggregated data to ensure transparency and accountability.

2. Sector & Investors

- **Key Takeaway:** Private sector innovation and financing are underutilized in strengthening SRHR service delivery and supply chains.
- **Call to Action:**
 - **Mobilize blended finance:** Channel capital toward upgrading clinics, supply chains, and digital health systems.
 - **Support local manufacturing:** Facilitate technology transfer and ensure quality-assured production of essential SRHR commodities to reduce import dependence.
 - **Build results-focused partnerships:** Expand diagnostics, logistics, and last-mile delivery solutions through PPPs and regulatory clarity.

3. Development Partners

- **Key Takeaway:** Donor support is still significant but must transition from substituting to catalyzing domestic systems.
- **Call to Action:**
 - **De-risk reforms:** Provide catalytic, time-bound financing to accelerate domestic resource mobilization and reform adoption.
 - **Align with national systems:** Harmonize procurement, reporting, and supply chain investments with government frameworks.
 - **Invest in evidence-based interventions:** Fund fiscal space analyses, investment cases, and monitoring to ensure resources target high-impact interventions.
 - **Support community accountability:** Channel resources to civil society-led monitoring for stronger transparency

4. Civil Society & Communities

- **Key Takeaway:** Community-led monitoring and local advocacy ensure reforms are people-centered, accountable, and inclusive.
- **Call to Action:**
 - **Lead community monitoring:** Track budgets, stock availability, and service delivery quality at local level.
 - **Champion SRHR locally:** Conduct culturally resonant campaigns that normalize SRHR, reduce stigma, and counter misinformation.
 - **Strengthen transparency:** Ensure community-generated evidence informs budget allocation and adaptive management at all levels.

5. Data & Digital Systems

- **Key Takeaway:** Technology and real-time data can transform efficiency, accountability, and equity in SRHR financing and service delivery.
- **Call to Action:**
 - **Leverage digital systems:** Deploy tools that improve supply chain visibility, claims management, and financial tracking.
 - **Integrate data systems:** Link health and financial data to directly connect resources with measurable outcomes.

- **Track coverage effectively:** Use unique identifiers and registries to strengthen equity, reduce leakages, and target vulnerable groups.

Conclusion

Women's health must be reframed as a national development priority and the engine of Africa's demographic dividend. Securing this future requires moving away from donor dependency toward country-owned, gender-responsive, and financially sustainable health systems. This means anchoring efforts in diversified SRHR financing, integrating them into UHC reforms, and ensuring they are guided by gender-responsive budgeting. With private sector innovation, community-led accountability, evidence-based advocacy, and the power of digital health and local manufacturing, Africa can protect hard-won gains, build resilient systems, and drive inclusive growth. **The message is urgent: Investing in women's health is investing in Africa's stability, prosperity, and future.**

Speaker Snapshots

"The sustainable development of Africa is contingent upon the health, rights, and agency of women and girls. Achieving this objective requires sustainable, domestically driven financing mechanisms rather than reliance on external funding sources."

Dr. Oluwatosin Kolade
Health Systems Strengthening,
Health Financing & SRH Expert,
UNFPA



"We must strengthen evidence-based advocacy for gender-responsive health financing by documenting and sharing best practices from Nigeria and across Africa. These case studies are essential for budget advocacy and for ensuring that funds are properly utilized, especially for SRHR."

Vivianne Ihekweazu
Managing Director,
Nigeria Health Watch



"Africa's future depends on intentional investment in women and youth. Our continent holds unparalleled potential—but without access to care and opportunities, our young people cannot thrive."

MODERATOR
Mokgadi Mashishi
COWHA Chair



“Africa continues to face setbacks in women’s health due to low investment. Deliberate action is needed at all levels to ensure women’s participation and sustain the progress achieved.”

Dr. Sultani Matendehero
Senior Deputy Director,
Ministry of Health, Kenya



“The COVID-19 pandemic exposed how fragile our health systems can be. It is unacceptable to rely on temporary attention—we must make deliberate, evidence-based investments to strengthen and sustain them for the long term.”

Yusuf Tukur Nuhu
Senior Lead, Advocacy and
Country Engagement North, West
& Central Africa Regional Hub,
FP2030



“With donor funding shrinking and traditional allies shifting priorities, safety nets are no longer guaranteed. If we are serious about UHC, economic progress, and gender equality, women’s health can no longer be an afterthought.”

Natasha Gilani
Project Manager,
COWHA



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COWHA is an initiative from AHB which also serves as the secretariat and research lead at the Coalition. This report is developed by AHB.

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