

GLOBAL REPRODUCTIVE EQUITY STRATEGY

2021-2026

September 2021 | Gender Equity and Governance Program

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The Gender Equity and Governance program seeks to foster inclusive societies so that all people, and especially women and girls, are able to fulfill their life aspirations. Focusing on Sub-Saharan Africa, Mexico, and the U.S., we make grants to expand women's reproductive and economic choices; increase governments' responsiveness to the people they serve; and improve policymaking through the effective use of evidence.

The Hewlett Foundation has made this strategy public to partners, funders, and civil society as part of its commitment to openness, learning, and transparency. A [memo](#) was sent to the Hewlett Foundation's board detailing this new strategy in June 2021.

The Global Reproductive Equity strategy refresh team included: Carla Aguirre, Althea D. Anderson, Amy Arbreton, Kim Brehm, Aimée Bruederle, Lori Grange, Dana Hovig, Janet Holt, Cheikh Mbacké, Nathalie Scholl, Sarah Jane Staats, and Jasmine Sudarkasa.

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INTRODUCTION

Sexual and reproductive health and rights (SRHR) are foundational to the health and well-being of women and girls¹, their families, and their broader communities. Within SRHR, voluntary use of contraception and safe abortion are particularly critical to women’s and girls’ ability to pursue their life aspirations, including if or when to have children. Without them, hopes of gender equity will remain unrealized.

For these reasons, all women and girls should be able to seek, access, and use high-quality contraception and safe abortion care in line with their preferences and needs. Yet a range of obstacles continue to limit SRHR for many around the world. Critical barriers include under-resourced health systems; cultural norms and stigma around women’s sexuality, bodily autonomy, and role in society; and codified laws and policies designed to restrict SRHR. These barriers are especially acute across sub-Saharan Africa, where the need for SRHR is expected to grow in future years.

Despite these challenges, there has been significant progress toward improving SRHR in recent decades. Rates of contraceptive use and access to safe abortion have risen in every region around the world, resulting in declines in unintended pregnancy, maternal mortality, and pregnancy-related morbidity. Francophone West Africa (FWA), with the leadership of the [Ouagadougou Partnership](#) (OP), now has the fastest-growing rate of contraceptive use of any region in the world, reaching millions of new women and girls over the past 10 years. The introduction of medication abortion has resulted in a step change in access to safe abortion care, despite continued legal, cultural, and social restrictions. While these gains are impressive, sustaining and accelerating progress will require continued investment, attention, and innovation to reach those who lack access today.

The Hewlett Foundation has been committed to advancing reproductive health for more than 50 years with a strategy centered around field strengthening. Over the past five years, our grantmaking included core support to anchor SRHR service delivery, research, and advocacy organizations and catalytic investments in strengthening African-led SRHR advocacy and

platforms like the OP and the Safe Abortion Network (Centre ODAS). In addition, we made targeted investments to spur innovation, for example around human-centered design (HCD) and behavioral economics (BE). Our work focused primarily on East Africa and FWA – regions where women and girls continue to have high need for SRHR relative to other parts of the world.

Throughout our history in SRHR, the field has evolved in ways that have pushed us – and many of our peers and partners – to think and act differently, especially regarding equity. These changes have resonated deeply with our program team and are aligned with the foundation’s values. As a result, our strategy for the next five years will further center equity across multiple dimensions.

At the field level, we support the movement to decolonize global health and development and will continue to strive for more equitable funding practices and partnership models in SRHR. In part, this will entail a shift of power and resources to African institutions, social movements, and civil society actors – both directly in our grantmaking and indirectly through dialogue and learning with other funders. This work reflects an ongoing evolution in our strategy to increase support for African civil society organizations (CSOs), research institutions, and platforms that are closest to the issues, understand local context, and are best positioned to drive long-term, sustainable change.

We also recognize that overall progress on SRHR is insufficient if inequities persist, especially for those who face intersectional challenges along the lines of age, income, education, disability, and geography. Moving forward, our work will incorporate a more explicit focus on equitable outcomes and the development of SRHR policies and systems that effectively reach those with the greatest barriers. Aligned to this new focus, we have renamed our strategy. Our new name – “Global Reproductive Equity” (formerly “International Reproductive Health”) – reflects our commitment to advancing sexual and reproductive health, rights, and justice around the world and in our priority regions.

¹The term “women and girls” used here and throughout the document includes women, girls, trans, gender nonconforming, and intersex people.

OUR APPROACH TO STRATEGY DEVELOPMENT

In May 2020, we launched a strategy refresh process with a team of three women-owned firms – [Afton Bloom](#), [Niyei](#), and [Evaluating for Equality](#) – based in New York, Dakar, and London, respectively. Our approach to this strategy refresh process was grounded in the Hewlett Foundation’s [guiding principles](#) and a set of values we defined including equity, shared ownership, transparency, evidence generation and use, mutual respect, adaptability, and synergies with other Hewlett Foundation strategies.

The process spanned 14 months to ensure we had ample time to speak with and learn from a broad range of individuals and organizations globally and in East Africa and FWA. The refresh began with a retrospective evaluation of the 2014-2020 strategy that incorporated findings from four previous evaluations of our work in [FWA](#), [local advocacy](#), [HCD](#), and [BE](#). All current grantees were invited to provide input into the evaluation through interviews, focus groups, and a survey.

A landscape scan that looked at trends in SRHR, with a focus on East Africa and FWA, complemented the evaluation. Informed by input from current grantees and new voices that pushed us to think differently about our work, the landscape scan strengthened our understanding of the current and future state of SRHR. The scan’s findings were processed in a series of workshops with Hewlett Foundation staff, as well as with key field experts and practitioners in small-group sessions.

The strategy development process was aided by an advisory committee that included members with expertise across our three pillars (service delivery, research, and advocacy), experience in our priority geographies (East Africa and FWA), insight into the strategies of peer donors, and overall trends in SRHR. This committee met several times throughout 2020 and early 2021 to provide significant input at critical decision points.

WHAT WE HAVE LEARNED

Over the past five years, we made \$156 million in grants related to SRHR. Approximately 40% of those funds supported service delivery, 22% supported research, and 38% supported advocacy. While our strategy has focused on East Africa and FWA, only 42% of our portfolio was explicitly directed to work in these regions. The remaining grants were invested in global organizations and programs, some of which supported work in East Africa and FWA.



International Reproductive Health Grants
2014-2020.

Our support for the **FWA** region stands out as a bright spot of our work in the past 10 years. Recognizing a deep need for SRHR coupled with underinvestment in SRHR in the region, we took a catalytic approach that leveraged our voice and position in the field as well as grant dollars. In partnership with other donors, national governments, and civil society, we helped establish and launch the Ouagadougou Partnership in 2011, which continues to serve as a forum for learning and collaboration across the nine FWA countries and as a focal point for additional SRHR investment in the region.

We also supported international non-governmental organizations (INGOs) to expand in FWA, invested to strengthen civil society in the region, and funded consumer research on women's SRHR wants and needs. Supported by our investments,

FWA has experienced rapid progress, with 3.8 million new contraceptive users in the past seven years — more change than in the previous 21 years. FWA, however, continues to lag behind other regions, and further investment is needed to sustain progress.

Another concentrated focus has been **strengthening locally led advocacy** in East Africa and FWA. In 2016, we initiated a long-term effort to strengthen African CSOs advocating for SRHR. These organizations are closest to the issues and can hold African governments, donors, and others accountable to improve SRHR policies and increase SRHR resources. However, they are typically under-resourced, since supporting relatively small African CSOs can be challenging for global donors. Over the past five years, we have made strides toward building more equitable partnerships that shift resources and decision-making power to African CSOs, but more progress is needed. We will build on our learning to date to further improve our work.

Complementing these areas, we invested in **service delivery** of contraception and safe abortion care. Our investments consisted primarily of core general operating support to SRHR-focused INGOs and flexible program support for their work in East Africa and FWA. While these organizations play a critical role in the field, our support is often a small percentage of their overall budget and supports work well beyond our geographic focus in East Africa and FWA.

Alongside these grants, we also made targeted learning investments to test the application of HCD and BE to SRHR. While these resulted in some positive evidence, notably for HCD, questions around sustainability and scale remain. As a result, we will be sunsetting these investments in coming years.

In our previous strategy, we also made service delivery, advocacy, and research investments dedicated specifically to **safe abortion care**. As safe abortion care is typically not included in other platforms (e.g., the OP), a targeted approach is needed. Over the past five years, work led by our grantee partners at

the global, regional, and national levels contributed to the dramatic increase in the availability and use of medication abortion in East Africa and FWA through work on product registration, product distribution, and health care worker training. Our support for local advocacy also helped to advance abortion policy change and policy implementation in East Africa and FWA. While our safe abortion investments have had impact, we see an opportunity to realize greater synergies across our abortion portfolio.

Across these areas, our work is just one part of the continuously **evolving SRHR landscape**. In 2021, we are emerging from a period of unprecedented challenges, with four years of highly restrictive anti-abortion policy from the U.S. government and the dire implications of COVID-19. Both have strained health systems and made it harder for women and girls to access contraception and safe abortion care when needed. Due in part to consistent local advocacy, reproductive health services have largely been deemed “essential” during the pandemic. This aligns to an overall trend of increased support for reproductive health from global and national stakeholders reflected in commitments to FP2030, the OP, the [Generation Equality Forum](#), and others. The pandemic also highlighted the importance of new self-care options, such as medication abortion, that expand accessibility for women and girls. Heightened global attention on social justice has also elevated the critical role

of feminist movements in mobilizing public support and pressure for progressive SRHR policies, budgets, and laws.

However, there are also emerging threats to progress. Growing anti-SRHR and anti-gender movements, often fueled by external forces, have gained traction across East Africa and FWA. Restrictive legal and policy frameworks in East Africa and FWA and exclusion from donor and public funding continue to greatly limit access to safe abortion care. In addition, donor funding for SRHR is expected to stagnate or decline, representing a major challenge for the field. Even at current funding levels, there is a resource gap of \$4.2 billion to meet the existing global need for contraception and safe abortion care – nearly half of which is required in East and West Africa.

This poses a particular challenge as the population in these regions is growing, and demand for contraception and abortion care is expected to grow with it. Addressing these gaps will require new approaches to meet the growing SRHR needs and demands of women and girls.

WHAT THIS MEANS FOR OUR NEW STRATEGY

The lessons learned from our work to date and the challenges and opportunities we see in the evolving SRHR landscape have implications for our efforts moving forward. Our strategy refresh process affirmed the major obstacles that remain to achieve universal SRHR:

- A growing resource gap driven by increasing need, stagnating donor resources, and relatively low national funding commitments to SRHR in many African countries.
- National policies and legal frameworks that continue restricting access to contraception and especially to safe abortion care.
- Harmful or discouraging social and cultural norms and narratives that influence policymakers, health care providers, and community members to further restrict access to and use of contraception and safe abortion care, including growing organized opposition movements.

- Continued inequity in access to contraception and safe abortion care, despite general progress to strengthen and expand service delivery across Africa.

Our strategy refresh process, especially interviews with field experts and practitioners, also defined the assets the foundation can bring to these challenges. Many stakeholders highlighted the importance of the foundation's long-term commitment to strengthening the field, especially the foundation's public commitment to safe abortion as an integral component of SRHR. As a result of this position, the foundation is a trusted voice and convener in the field, an asset that can be leveraged alongside grant dollars to advance progress. Finally, the foundation's values-driven approach to funding and partnership based on mutual respect and transparency resonated strongly with shifts in the field.



Based on these key observations, we plan to maintain, further amplify, and shift certain elements of our current work as we move forward.

MAINTAIN

Some of the most foundational elements of our approach will remain consistent.

Geographic focus: Our work will continue to focus on East Africa and FWA, where we see the greatest need and opportunity to advance SRHR. In addition, we will continue to support work at the global level on abortion, as it is largely absent from global and regional compacts and frameworks that can play an important role in influencing national abortion policy and laws.

Field-strengthening approach: We will continue to maintain our field-strengthening approach via core support for critical field organizations and platforms alongside targeted investments in research production, evidence use, and learning-oriented pilots that can inform the work of other SRHR practitioners, policymakers, donors, and advocates.

AMPLIFY

There is much in our current strategy that we will not only maintain but amplify and grow. These are areas of our strategy where our work has just begun and will deepen in the next five years.

Safe abortion care: We will strengthen our work in support of universal access to safe abortion care as part of comprehensive SRHR by taking a multidimensional approach including advocacy, research, policy change, destigmatization, and service delivery in target geographies. As one of the few global donors who publicly support abortion work, we see a timely opportunity to build on momentum from the growing availability of medication abortion and the recent repeal of the U.S. government's Mexico City Policy.

Women's voices: Historically, decision making and priority setting in the SRHR field has been for women and for African stakeholders rather than women-led and African-led. As a result, those closest to the problems and needs are often not in key decision-making roles and not engaged to inform —

and more appropriately lead — solutions. Our new strategy will aim to change that dynamic by expanding our principled approach to strengthening local advocacy and improving our support for African civil society actors, including SRHR GSOs and feminist movements. Feminist movements are particularly important to reflect the critical links between SRHR and other areas of gender equity, including the right to education and decent work, freedom from gender-based violence, and supportive gender narratives and norms.

Narratives: Over the next five years, we will focus more on building support for SRHR, including work to amplify African narratives that promote SRHR and gender equity. Through our work with partners and African stakeholders, it has become clear that compelling narratives are foundational to a strong SRHR ecosystem and necessary to advance and sustain SRHR progress. However, this remains an underexplored and under-resourced area, despite significant discussion and concern in the SRHR field about growing anti-gender and anti-SRHR movements.

SHIFT

While we will maintain our approach and amplify our work in local advocacy, abortion, and narratives, we will also incorporate two major shifts into our new strategy.

African SRHR ecosystems: As noted above, local actors, including African CSOs, social movements, and researchers, are best positioned to drive progress but have been highly under-resourced as a result of historically unjust and inequitable power structures. While we have contributed to this dynamic as a funder in the past, our future strategy seeks to address this gap.

We will continue an ongoing evolution in our grantmaking, shifting funding from primarily global organizations and global headquarters to offices in East Africa and FWA and/or regional and national organizations, movements. We will carry out these changes in respectful partnership with our long-term global grantees to ensure continued evolution and progress across the SRHR field.

Equitable services: Over the next five years, our strategy will incorporate an explicit aim and related grantmaking around equitable service delivery that will ramp up as our investments in human-centered design (HCD) and behavioral economics (BE) wind down.

Access to contraception and safe abortion care has expanded significantly in much of East Africa and FWA, but further progress will require new strategies to reach the women and girls who face the greatest barriers, including women living in extreme poverty; young or unmarried women, who often face stigma when seeking contraception; and disabled or displaced women.

Together, these decisions to maintain, amplify, and shift priorities have informed our strategy for the next five years, detailed below.

WHAT WE HOPE TO ACCOMPLISH WITH OUR PARTNERS

After five years, we hope to see progress toward the overarching goal of our Global Reproductive Equity strategy:

Women and girls in East Africa and Francophone West Africa, especially those facing the greatest barriers, are increasingly able to seek, access, and use comprehensive reproductive healthcare – inclusive of abortion care – to further their health, well-being, and life aspirations.

Relative to our previous strategic goal, this places greater emphasis on addressing inequity and explicitly links SRHR to the broader well-being and life aspirations of women and girls.

We will work toward this goal through four **strategic out-**

comes. The **first two outcomes** seek to strengthen the enabling environment for SRHR, including support for critical field actors and efforts to address widely held gender and SRHR narratives and norms.

Our **third and fourth outcomes** take a more targeted approach to ensure that the most excluded women and girls and the most restricted services are included in East Africa and FWA’s SRHR agenda. Across these outcomes, others — including grantee partners, subgrantees, advisors, and peer donors — will be critical to the impact of our work.

OUR ULTIMATE GOAL

Women and girls in East Africa and FWA, especially those facing the greatest barriers, are increasingly able to seek, access, and use comprehensive reproductive healthcare – inclusive of abortion care – to further their health, well-being, and life aspirations.

OUTCOME #1

Local ecosystems are strengthened to more effectively advance policies, systems, and practices that support comprehensive reproductive health for women and girls in East Africa and FWA.

OUTCOME #2

African narratives that promote SRHR and gender equity positively influence public support for reproductive health policies and programs in East Africa and FWA.

OUTCOME #3

Solutions to mitigate inequity in access to and use of contraception and abortion care are developed and tested with pathways to scale in East Africa and FWA.

OUTCOME #4

Safe abortion is legal and/or decriminalized in a greater number of East and Francophone West African countries and is accessible to more women and girls in these countries.



Outcome 1 | Local ecosystems are strengthened to more effectively advance policies, systems, and practices that support SRHR for women and girls in East and Francophone West Africa.

The Hewlett Foundation is committed to playing an active role in the movement to shift power and resources within the SRHR field in collaboration with grantee partners, peer funders, and African and global stakeholders. We are making this commitment throughout our [Gender Equity and Governance](#) program, which will provide opportunities for co-investment across strategies.

Over the next five years, we seek to invest more than half of our Global Reproductive Equity resources in SRHR ecosystems in East Africa and FWA. We will make flexible investments to strengthen African SRHR CSOs, feminist movements, and research institutions. Where possible, we will channel funds through Africa-based re-grantors and funders. With these resources, African organiza-

tions will be able to strengthen organizational capabilities and grow their work to represent the voices of otherwise excluded African women. They are well positioned to pressure national governments and donors to prioritize and dedicate sufficient

resources to SRHR in decisive venues, including national budgeting processes and SRHR policy-influencing discussions. They can also serve as close advisors to ministries of health and gender and to service delivery providers, helping to ensure that policies and services are designed to meet the needs and preferences of women and girls.

We will also make investments to strengthen other critical elements of the African SRHR ecosystem, including supporting African research institutions that generate actionable evidence for SRHR policy and advocacy. To deepen

THE SRHR ECOSYSTEM

A range of actors are critical to advance progress on SRHR. These actors include – but are not limited to – CSOs, research institutions, social movements, health care providers, and policymakers. Equally important are the connections between actors within an ecosystem, who interact while working toward common SRHR goals. Over the next five years, we aim to better support local SRHR ecosystems to drive long-term, sustainable progress on SRHR in East Africa and FWA.

our focus on evidence use, our new investments will emphasize close partnerships between evidence producers and users to ensure that research findings respond to evidence gaps identified by advocates, movements, and policymakers. Our investments will enable African research institutions to sustain and scale their SRHR work and position them to receive more and better direct donor funding.

Recognizing that our resources alone will not be sufficient to build a healthy African SRHR ecosystem, we will work in parallel with our grantmaking to influence bilateral and private funders, service delivery organizations, research and advocacy organizations, and professional associations to shift funding

and transfer decision-making power to African stakeholders. Building on momentum from our previous strategy, we will model this change, respectfully transitioning our own funding and decision-making power to Africa-headquartered institutions and the African regional and country offices of INGOs.

Our approach will include individual discussions with current grantees based in the Global North, advocacy with and learning from private and bilateral funders, and engagement in a new funder community of practice on anti-racist, solidarity-centered approaches to supporting SRHR.





Outcome 2 | African narratives that promote SRHR and gender equity positively influence public support for reproductive health policies and programs in East and Francophone West Africa.

To complement this investment in critical ecosystem actors, we will launch a new area of grantmaking to bolster supportive African SRHR narratives. Investments will seek to strengthen African artists, activists, and social influencers who produce, circulate, and maintain supportive narratives about gender equity and SRHR. Our initial investment will be a landscape scan of existing work and research on African narratives related to SRHR

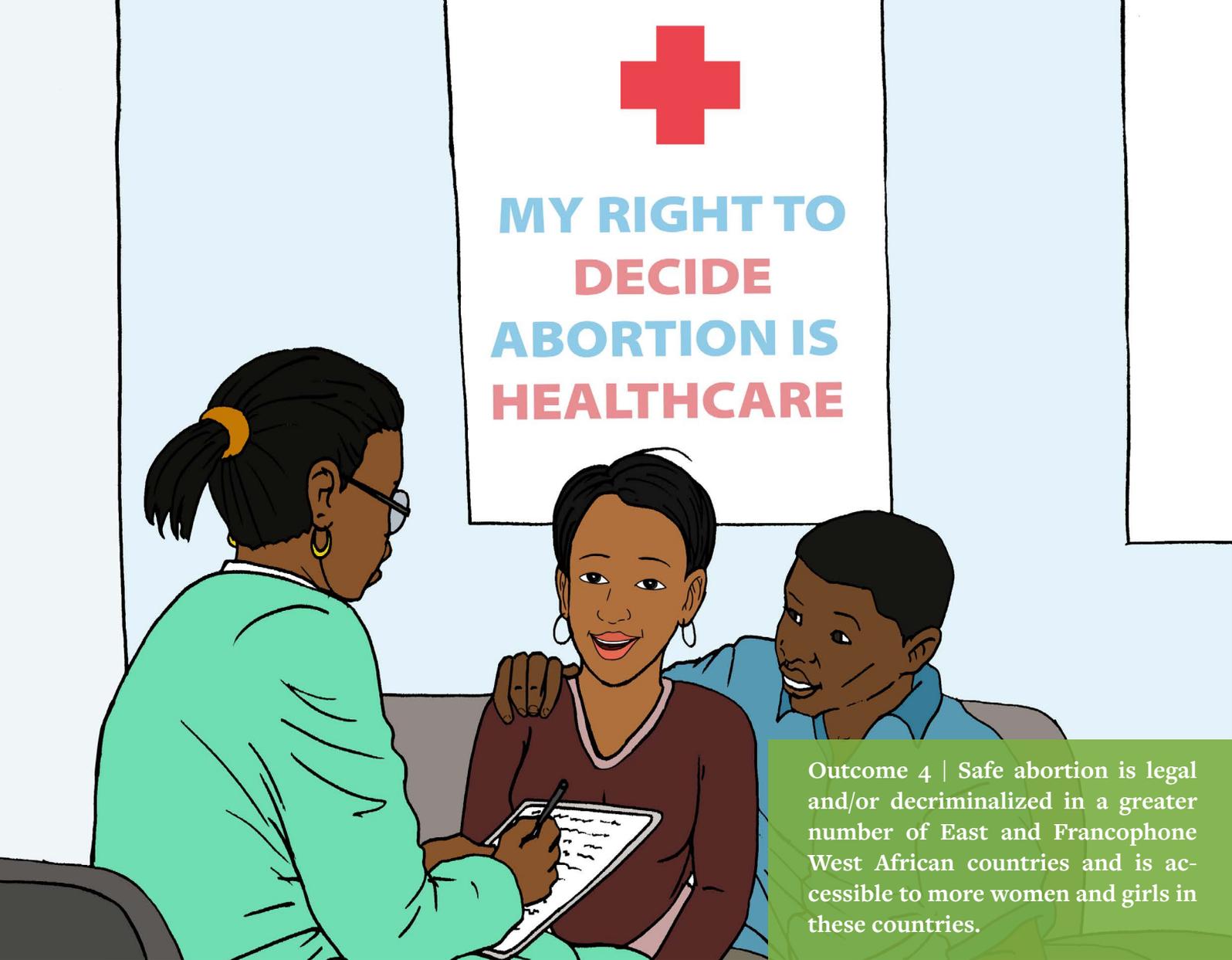
and gender equity, followed by a set of pilot investments. As this is a new area of grantmaking, we will focus on learning, seeking to understand the extent to which narratives influence public support for SRHR policies and programs in East Africa and FWA and to share our grantmaking approach and learnings to promote further understanding and investment.



Outcome 3 | Solutions to mitigate inequity in access to and use of contraception and abortion care are developed and tested with pathways to scale in East Africa and Franco-phone West Africa.

We will continue support to FWA and the OP to sustain progress in the region. [The OP's new 2030 strategy](#) is highly aligned to our strategy, including a focus on equity and lifting up countries that are behind their goals; an increased role for local civil society, especially youth and religious leaders; and a new network to bring the local research community formally into the partnership. We will also continue to fund key global organizations to grow in FWA in addition to funding local organizations, as we shift resources from global toward regional decision makers.

We will also support locally driven service delivery innovations to mitigate and reduce inequity in access to and use of contraception and abortion in East Africa and FWA. In the first year, we will support existing or new service delivery innovations that can be implemented and sustained at scale with other donor or domestic financing and local leadership. Innovations will focus on reaching people who are most excluded from SRHR services and could include behavioral insights, cross-sectoral efforts, or broader systems-level ideas. In parallel, we will invest in learning and evidence generation to raise awareness, attention, and resources for equity-focused service delivery innovations.



Outcome 4 | Safe abortion is legal and/or decriminalized in a greater number of East and Francophone West African countries and is accessible to more women and girls in these countries.

Over the next five years, we will take a strategic, focused, and public approach to catalyzing support for safe abortion care as an integral component of SRHR in Africa. As part of this public commitment, and partially modeled on our experience with the OP, we will invest in a new regional platform dedicated to safe abortion in FWA – the Safe Abortion Network, or Centre ODAS in French – that will convene champions dedicated to increasing access to abortion care across countries in the region for shared learning and collective action.

Our hope is that this platform will encourage additional funding for abortion care and will help funders, implementers, and advocates build on each other’s work and collaborate. In addition to supporting the Safe Abortion Network, we will fund elements of network member activities, including advocacy, service delivery, and research.

Additionally, we will continue to make investments in research, advocacy, and movement strengthening in line with

timely opportunities for progress in East Africa and FWA. We will purposefully take an open and responsive approach to these investments, turning to trusted partners in East Africa and FWA to identify opportunities. Our work will be guided by a recognition that pathways to progress on abortion access vary across contexts, and national and local efforts should be led by local actors.

Abortion care will be the only outcome in our new strategy where we will consider grants to global organizations for global work. As noted above, global frameworks and forums are critical to driving change, and global organizations often have more freedom to work on abortion than local organizations in contexts with high anti-abortion stigma. Over the next five years, the Hewlett Foundation will use its voice and presence, as well as targeted investments in advocacy, convening, and research, to continue pushing for the inclusion of safe abortion care as part of SRHR at the national, regional, and global levels.

WHAT WE HOPE TO LEARN WITH OUR PARTNERS

In line with the Hewlett Foundation's principles, evaluation and learning will be critical to our work in this strategy, especially in our new areas of work. This will include periodic reflection, iterative assessment, and responsive course correction. Aligned with our strategy, our approach to learning will be highly collaborative, to deliver learning for ourselves, our grantee partners, and to the broader field. We will seek regular opportunities to engage cohorts

of grantees and donor partners in learning events, including initial engagement to gather input on our proposed evaluation and learning approach.

For each area of work, we have defined outcomes that capture the change we hope to see at the end of our five-year strategy. We have also defined learning questions that will guide our work to track progress, evaluate impact, reflect, and adapt.



GOAL AND OUTCOMES

LEARNING QUESTIONS

OUR ULTIMATE GOAL

Women and girls in East Africa and FWA, especially those facing the greatest barriers, are increasingly able to seek, access, and use comprehensive reproductive healthcare – inclusive of abortion care – to further their health, well-being, and life aspirations.

- How do the investments across all four outcomes work together, and to what extent are they mutually reinforcing?
- Are these the “right” pathways to achieve our overarching goal? What might be missing?
- What does it take to ensure that the strategy embodies the principles and values of reproductive equity in its approach, processes, and outcomes? How can we effectively identify and mitigate biases and blind spots along the way?

OUTCOME #1

Local ecosystems are strengthened to more effectively advance policies, systems, and practices that support comprehensive reproductive health for women and girls in East Africa and FWA.

- What is needed for a sustainable, local SRHR ecosystem (e.g., types of organizations, connections, or networks)?
- What is the role of funders to support ecosystem strengthening, especially to support a responsible shift of resources and decision-making power?
- What are the roles of feminist movements in advancing SRHR policies, systems, and practices?

OUTCOME #2

African narratives that promote SRHR and gender equity positively influence public support for reproductive health policies and programs in East Africa and FWA.

- What are the mechanisms through which narratives that promote SRHR and gender equity influence and shape public opinion and discourse in East Africa and FWA?
- What factors facilitate or inhibit the proliferation of these narratives and the rejection of harmful narratives?
- How does work around narratives relate to efforts to combat anti-gender and anti-SRHR movements?

OUTCOME #3

Solutions to mitigate inequity in access to and use of contraception and abortion care are developed and tested with pathways to scale in East Africa and FWA.

- What will it take to support countries in the OP that are further behind on reaching their goals?
- What have we learned about promising ways to address the intersecting inequities faced by marginalized populations?

OUTCOME #4

Safe abortion is legal and/or decriminalized in a greater number of East and Francophone West African countries and is accessible to more women and girls in these countries.

- Where are the biggest opportunities for progress on abortion care in the next five years?
- What pathways are needed to broaden access to abortion care in East Africa and FWA? Who needs to be involved and how does progress take place?
- To what extent and how can collective action support progress on abortion care?

CONSIDERATIONS AND POTENTIAL RISKS

While we developed our strategy thoughtfully and carefully based on evidence and input from peers and partners, there are inherent risks to any approach. Our strategy is no exception, especially given the highly dynamic nature of the SRHR field today. We have defined several risks for our strategy, including the long-term impacts of the COVID-19 pandemic and the trajectory of SRHR and gender opposition movements.

- **Long-term impacts of COVID-19:** The pandemic could impact our strategy in a number of ways. With low access to vaccines in East Africa and FWA, continued lockdowns are possible, which will impede grantee activity and divert attention. More importantly, COVID-19 has strained health systems and national government budgets in the region and made it more difficult for women and girls to access reproductive health services. The long-term implications of the pandemic remain uncertain, so we will need to closely monitor the evolving situation and accept that our grantees and partners may face continued COVID-related challenges in the coming years.
- **Trajectory of opposition movements:** The forces that have emerged in opposition to gender equity and SRHR are mostly funded and supported from outside the region, especially from the U.S. and Russia. They have been growing steadily in recent years, though the change in the U.S. administration may have slowed their progress. We will continue to track gender and SRHR opposition movements along with our partners, as they present a significant risk to continued progress.

We must also consider the potential unintended consequences that could arise from our work.

- **Power shifting:** Transitioning funding from global stakeholders that are providing needed services, research, advocacy, and capacity building to regional and national stakeholders may disrupt existing service delivery and reproductive health research and advocacy. We will mitigate this risk by working closely with new and existing grantees to understand the timeline and implications of funding shifts and developing joint plans for transition, where possible.
- **Donor engagement:** A second risk is that peer donors fail to support African organizations with more and better funding, either due to administrative challenges or because they do not believe it will be effective. To mitigate this risk, we will actively share our approach and lessons with our peers and the field. We will establish platforms that make it easier for others to fund a wider variety of actors leading advocacy and research in East Africa and FWA. Also, we will expand the evidence base on why and how to support African organizations and strengthen local SRHR ecosystems through equitable partnerships.
- **Opposition and backlash:** The major risk for our work to develop new narratives and expand access to abortion care is that these efforts may not gain traction and/or may face significant backlash as a result of our funding. We will ensure that work related to narratives and safe abortion is developed and led by African stakeholders, who are the most credible actors in the space. We will also continue to foster transparency and openness with our grantees so we can quickly identify and work to mitigate potential harms.

The SRHR field is at a tipping point in its evolution, which our strategy directly reflects. Building on the momentum of the past several years, we believe the next five years hold tremendous promise to advance SRHR for women and girls. There is also a clear opportunity to move toward a more just and equitable SRHR field – a field that centers the voices and leadership of African women and puts power and resources in the hands of African organizations and movements. We are committed to this vision and excited to work with our partners – grantees, subgrantees, peer funders, and advisors – to make it a reality.

