

What Drives Progress in Achieving Adolescent SRHR Targets in Low- and Middle-Income Countries?



Adolescent sexual and reproductive health and rights (ASRHR) remain a pressing challenge in many African contexts, where high adolescent fertility, early marriage, inequitable access to services, and uneven program quality persist. Policymakers and implementers often lack clear, practical examples with estimated costs, benefits, and real-world delivery models of what works at scale. The Exemplars in Adolescent Sexual and Reproductive Health and Rights (ASHER) initiative, led by AFIDEP with partners in Africa and South Asia, helps fill this gap by distilling actionable lessons from countries that have achieved measurable, sustained progress.

The Exemplars in Adolescent Sexual and Reproductive Health and Rights (ASRHR) project examined successful strategies to reduce adolescent fertility and advance ASRHR by studying six positive outlier countries that achieved sustained progress- Cameroon, Ghana, India, Malawi, Nepal, and Rwanda. These key findings can support decision-makers to allocate resources more effectively, craft evidence-based policies, and diagnose areas for further research

Why These Countries?

Each showed a sustained downward trajectory in adolescent fertility rates (ASFR) and meaningful system and policy reforms that advanced ASRHR

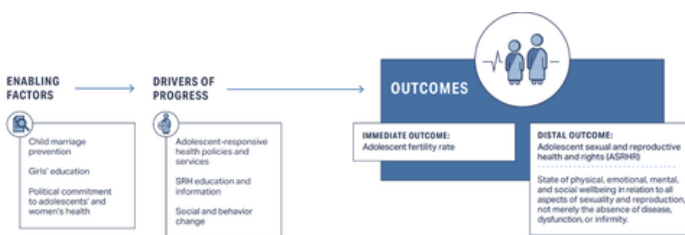


What Actually Works?



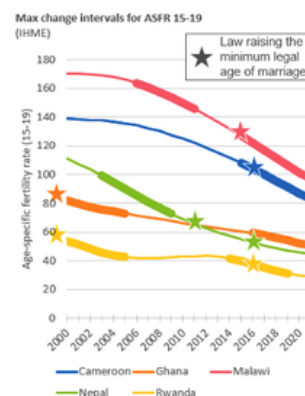
- Strong political commitment matters-** Progress occurred when governments treated adolescent SRHR as a national development priority
- Keeping girls in school is one of the most powerful interventions-** Girls' education (enrolment, retention, transition) consistently correlates with delayed marriage and reduced adolescent pregnancy.
- Youth-friendly health services drive behaviour change-** Youth-Friendly Health Services (YFHS) and Integrated Health Services (INHS), which link counseling, contraception, and referrals, are the most cost-effective levers across countries.
- Community engagement is essential-** Programs worked best where communities were involved, not bypassed.
- Multisectoral action is the real game changer-** No country reduced adolescent pregnancy through the health sector alone.

Framework for ASRHR Progress



Preceding and during periods of rapid progress, Exemplar countries commonly focused on strengthening enabling environments.

Enabling factors for ASRHR Progress



Legal reforms to end child marriage and expand free, compulsory education correlated with girls staying in school longer, which can delay pregnancies and improve maternal and sexual and reproductive health outcomes.

Conducted between 2022-2024, the Exemplars in ASRHR research drew on a robust mixed-methods design, combining quantitative analyses with qualitative insights from policy and program reviews, key informant interviews, and adolescent focus groups to understand the most effective strategies for reducing adolescent fertility and advancing ASRHR. Two youth advisors per country informed research design, validated findings, and supported dissemination efforts alongside country-based partners.

In-country research was conducted by Evidence for Sustainable Human Development Systems in Africa (EVIHDAF) in Cameroon, the Kwame Nkrumah University of Science and Technology (KNUST) in Ghana, the Public Health Foundation of India (PHFI) in India, the Center for Research on Environment, Health, and Population Activities (CREHPA) in Nepal, and the University of Rwanda in Rwanda.

