COMMENTARY

From evidence to action: Investment cases for strengthening sexual and reproductive health and rights financing in West and Central Africa

DOI: 10.29063/ajrh2026/v30i7s.1

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Abstract

This article provides an overview of UNFPA's investment case approach in West and Central Africa, drawing on national and subnational analyses from Chad, Ebonyi State (Nigeria), Gabon, Ghana, Guinea, Nigeria (federal level), and Sierra Leone. Across these settings, the investment cases quantify the costs, benefits, financing gaps, and fiscal space opportunities associated with scaling priority sexual and reproductive health and rights (SRHR) services. The evidence demonstrates consistently high economic returns and substantial long-term losses associated with inaction. It also highlights early policy traction through evidence-informed advocacy, including the creation of new budget lines, increased domestic allocations, and stronger stakeholder engagement around SRHR financing. Together, the findings provide a roadmap for integrating SRHR investment into national planning and public financial management systems, offering governments and development partners actionable strategies to advance sustainable and domestically financed SRHR programmes across West and Central Africa. *(Afr J Reprod Health 2026; 30 [7s]: 9-19).*

Keywords: Reproductive health financing, Investment case, Economic returns, Fiscal space analysis, West and Central Africa

Résumé

Cet article présente un aperçu de l'approche du dossier d'investissement de l'UNFPA en Afrique de l'Ouest et du Centre, en s'appuyant sur des analyses nationales et sous-nationales réalisées au Tchad, dans l'État d'Ebonyi (Nigeria), au Gabon, au Ghana, en Guinée, au Nigeria (niveau fédéral) et en Sierra Leone. Dans ces différents contextes, les dossiers d'investissement quantifient les coûts, les bénéfices, les déficits de financement et les opportunités d'espace budgétaire associés à la mise à l'échelle des services de santé reproductive (SR) prioritaires. Les données démontrent des rendements économiques systématiquement élevés ainsi que des pertes substantielles à long terme liées à l'inaction. Elles soulignent également les premiers succès politiques obtenus grâce à un plaidoyer fondé sur des données probantes, notamment la création de nouvelles lignes budgétaires, l'augmentation des allocations nationales et un engagement accru des parties prenantes autour du financement de la SR. Ensemble, ces conclusions tracent une feuille de route pour l'intégration de l'investissement dans la SR au sein des systèmes de planification nationale et de gestion des finances publiques, offrant aux gouvernements et aux partenaires au développement des stratégies exploitables pour faire progresser des programmes de SR durables et financés au niveau national en Afrique de l'Ouest et du Centre. *(Afr J Reprod Health 2026; 30 [7s]: 9-19).*

Mots-clés: Financement de la santé reproductive, Dossier d'investissement, Rendements économiques, Analyse de l'espace budgétaire, Afrique de l'Ouest et du Centre

Introduction

Sexual and reproductive health and rights (SRHR) financing remains one of the most persistent and consequential challenges in West and Central Africa. Despite decades of national and international commitments to universal access to SRHR, the region continues to record some of the highest rates of maternal deaths and unmet need for family planning in the world.[1-3] Chronic underinvestment has left most national health systems dependent on external assistance, while fiscal constraints, competing priorities, and weak budget execution further undermine progress.[4-8]

The stakes are exceptionally high: West and Central Africa is the fastest-growing region in the world, with nearly two-thirds (approximately 64%) of its population currently under the age of 25.[9] This demographic structure represents both a challenge and an opportunity. Without adequate investment in SRHR services, rapid population growth will continue to strain social sector systems and labour markets. With sustained, evidence-based investment, however, countries can harness the demographic dividend and accelerate inclusive development.[10-14]

In this context, the United Nations Population Fund's (UNFPA) West and Central Africa Regional Office (WCARO) supports governments to strengthen evidence-based planning and domestic resource mobilisation for SRHR through the development of investment cases. Since 2020, UNFPA has initiated more than 30 studies across the region, generating growing evidence linking SRHR priorities to fiscal policy, budget processes, and national development planning.[15]

This special edition of the *African Journal of Reproductive Health* brings together selected country experiences to document these efforts and distil policy-relevant lessons for decision-makers, researchers, and practitioners. The articles demonstrate how rigorous economic analysis, combined with strategic advocacy, can inform financing decisions and improve the availability, quality, and sustainability of SRHR services.

UNFPA WCARO's investment case approach underpins these contributions. The methodology integrates economic and demographic modelling with structured advocacy planning, explicitly aligning analytical outputs with national budget cycles and public financial management (PFM) processes. By embedding the methodology within the SMART Advocacy framework,[16] the approach translates evidence into targeted, actionable messages for Ministries of Finance, Planning, and Health, thereby increasing the likelihood of policy uptake and budgetary reform.

This special edition is structured to provide both empirical evidence and strategic policy guidance. Six articles present SRHR-focused investment cases across diverse contexts: Chad, characterised by conflict and fragility; Sierra Leone, a severely resource-constrained setting; Ghana and Guinea, fast-growing lower-middle-income economies; Gabon, an upper-middle-income country; and Ebonyi State, Nigeria, offering a subnational perspective. The special edition also includes a fiscal space analysis for Nigeria, whose demographic weight and health outcomes significantly influence regional SRHR progress. Collectively, these contributions examine the affordability, sustainability, and efficiency of SRHR financing—core concerns of the International Conference on Population and Development (ICPD) Programme of Action (POA) and the Sustainable Development Goals (SDGs) related to health and gender equality.[17,18]

This introductory article outlines the investment case methodology promoted by UNFPA WCARO, synthesises emerging evidence and early advocacy outcomes, and discusses regional trends and policy implications. It further positions the special edition as a technical reference for advancing sustainable SRHR financing in West and Central Africa and beyond.

A novel way approach to investment cases

Globally, UNFPA defines an investment case as an analytical and advocacy instrument used to assess value for money and return on investment in achieving defined goals, including the three Transformative Results: ending the unmet need for family planning, preventable maternal deaths, and gender-based violence (GBV) and harmful practices.[19] At the country level, an investment case can serve multiple purposes: documenting financial baselines, estimating the resources required to meet national targets, and projecting the economic returns associated with improved SRHR outcomes.

In West and Central Africa, UNFPA adapted and strengthened the global framework to reflect the region's fiscal and political realities. Two major enhancements were introduced. First, the analytical components were broadened to address policy-relevant questions most commonly arise during budget dialogue: which interventions should be prioritised; how much additional financing is required; what returns can be expected; what losses will accrue in the absence of new investment; and which financing options are feasible. To address these comprehensively, the original toolkit—focused on situation analysis, costing, and cost-benefit assessment—was expanded to include budget analysis, funding gap estimation, cost-of-inaction modelling, and fiscal space analysis. Second, the methodology was explicitly linked to structured advocacy planning to ensure that analytical findings translate into actionable guidance for decision makers.

The adapted UNFPA WCARO methodology functions as an integrated evidence framework. It begins with a situation analysis establishing demographic, epidemiological, and service-delivery baselines, identifying trends in fertility, contraceptive prevalence, maternal mortality, and essential service coverage. This stage also identifies systemic bottlenecks—such as workforce shortages, commodity stockouts, and sociocultural barriers—while situating SRHR outcomes within broader socioeconomic and fiscal contexts. Budget analysis then examines the magnitude, composition, and execution of government and partner financing over time, highlighting inefficiencies and opportunities for reprioritisation.

Costing exercises quantify the resources required to scale priority interventions, using tools such as Lives Saved Tool (LiST) and the OneHealth Tool to model business-as-usual and scale-up scenarios.[20,21] Funding-gap analysis compares projected resource needs with existing expenditure levels to estimate annual shortfalls.

The economic dimension is captured through cost-benefit analysis, which monetises anticipated benefits from improved SRHR outcomes, including healthcare savings, productivity gains, and broader macroeconomic effects. Results are commonly expressed as benefit-cost ratios (BCRs). Complementing this, cost-of-inaction analysis estimates the economic and social losses associated with stalled investment, framing forgone productivity, rising healthcare expenditures, and demographic pressures as measurable fiscal risks.

Fiscal space analysis assesses the feasibility of mobilising additional resources to close identified gaps. It examines expenditure reprioritisation, revenue reforms, efficiency gains, expanded official development assistance (ODA), and innovative financing mechanisms. By grounding these options in macro-fiscal diagnostics, the analysis identifies policy choices that can expand SRHR financing without compromising fiscal stability.

Another defining feature of the UNFPA WCARO approach is its deliberate integration of policy engagement. Each investment case concludes with an action plan translating analytical findings into targeted 'asks' for Ministries of Finance, Planning, and Health. These are linked to expected results, responsible actors, and sequenced advocacy steps designed to influence budgetary and PFM processes.

This technical-advocacy model is reinforced through SMART Advocacy, a structured nine-step methodology supporting UNFPA and partners in achieving results-oriented policy change.[22] Between mid-2023 and the end of 2025, 20 UNFPA offices in West and Central Africa convened SMART Advocacy workshops, engaging stakeholders to analyse SRHR financing challenges and develop joint action plans.[23] Most plans were anchored in investment case findings. Together, the investment case and SMART Advocacy approaches form a mutually reinforcing system: robust evidence generates compelling investment arguments, while structured advocacy enhances the likelihood that these arguments influence policy and PFM decisions.

An overview of articles in the special edition

This section provides a synthetic overview of the special edition. It highlights the principal findings of each article and summarises key indicators to enable cross-country comparison (Table 1). Together, the contributions illustrate both the diversity of contexts across West and Central Africa and the common structural constraints shaping SRHR financing efforts in the region.

Chad family planning investment case[24]

Chad records among the world's highest fertility and maternal mortality levels, with extremely low contraceptive uptake—7% among women of reproductive age and under 4% among adolescents. More than 80% of family planning financing is externally funded, exposing the programme to significant vulnerability. The investment case models an ambitious scale-up to reach 67% contraceptive prevalence by 2050, projecting more than 186,000 maternal deaths averted and 23 million cases of stunting prevented. Each dollar invested could yield nearly 90-fold returns by 2030, rising to more than 300-fold by 2050. Priority recommendations include increasing domestic allocations, establishing a dedicated contraceptive budget line, integrating family planning within universal health coverage (UHC), and piloting innovative financing mechanisms.

Table 1: Summary of investment case findings (ambitious scenarios) and fiscal space analysis

Country	Technical focus	Coverage targets	Modelling period	Funding gap (USD)	Maternal deaths averted	Unintended pregnancies averted	Socio-economic benefits (USD)	BCR	Cost of inaction (% of GDP)	Best financing options
Chad	Family planning	mCPR 20% (2030)	2024-50	362M	~186,000	…	152B (to 2050)	87:1 (to 2030) 318:1 (to 2050)	1.3% by 2030 rising to 25% by 2050	(i) Increase national budget allocations, incl. dedicated FP line; (ii) integrate FP within UHC; (iii) sustain/align external funds; (iv) adopt innovative financing mechanisms
Ebonyi State, Nigeria	Reproductive health	Unmet need 8%; mCPR 24%; full MH scale-up	2024-30	19M	~1,275	~130,000	2.1B (to 2048)	19:1	12% (of state GDP)	(i) Strengthen tax administration; (ii) improve efficiency incl. pooled procurement and PBF; (iii) attract donor co-financing
Gabon	Family planning & maternal health	mCPR 34% (2030)	2025-30	FP:39M MH:172 M	~340	~15,000	800M	63:1	35% of GDP	(i) Establish protected FP budget line for commodities; (ii) integrate FP within UHC benefit package; (iii) strengthen procurement and supply chain efficiency; (iv) gradually increase domestic co-financing as donor support declines
Ghana	Reproductive health	Unmet need 16%; mCPR 60%; full MH scale-up to MMR 113	2024-30	430M	~8,600	~8,000,000	8.7B total 7.6B MH 1.1B FP	MH: 23:1 FP: 7:1	1.6%	(i) Increase health budget share; (ii) strengthen tax capacity; (iii) reduce

Country	Technical focus	Coverage targets	Modelling period	Funding gap (USD)	Maternal deaths averted	Unintended pregnancies averted	Socio-economic benefits (USD)	BCR	Cost of inaction (% of GDP)	Best financing options
										inefficiencies in the health sector
Guinea	RMNCH+N	Various: mCPR, antenatal care, delivery and postnatal care, vaccine, diarrhea, cute respiratory infection	2026-50	450M	~54,500	~1,400,000	3.1B (to 2030) 28.3B (to 2050)	12:1 (to 2030) 111:1 (to 2050)	2.8B by 2030 rising to 28.1B by 2050	(i) Strengthen domestic revenue mobilisation; (ii) improve health budget execution and efficiency; (iii) prioritise primary health care within national allocations; (iv) align donor financing with long-term health system strengthening
Sierra Leone	Family planning	mCPR 50%	2024-30	65M	~10,000	~3,100,000	638M	10:1	0.8%	(i) Strengthen tax collection; (ii) increase health budget share; (iii) allocate 1% of national health budget to FP
Nigeria	Fiscal space for reproductive health	…	…	…	…	…	…	…	…	(i) Reprioritise federal/state budgets; (ii) improve health sector budget execution; (iii) introduce revenue reforms incl. harmonised 'sin' taxes and VAT increase; (iv) issue diaspora bond; (v) explore blended finance

Ebonyi State reproductive health investment case[25]

Ebonyi State faces high unmet need for family planning (23%), low contraceptive prevalence (8%), and maternal mortality exceeding 500 deaths per 100,000 live births. Rural and low-income populations are disproportionately affected, while only 1.4% of the state health budget is allocated to reproductive health. The investment case estimates that increasing contraceptive prevalence to 24% by 2030—at a cost of just over USD 13 million—could avert nearly 130,000 unintended pregnancies and approximately 1,300 maternal deaths, generating about USD 1.1 billion in socioeconomic benefits (BCR: 19:1). Recommended financing strategies include strengthening tax administration, improving expenditure efficiency, institutionalising SRHR budget lines, and leveraging performance-based and donor co-financing mechanisms.

Gabon family planning and maternal health investment case[26]

Despite its upper-middle-income status, Gabon has experienced declining modern contraceptive prevalence and rising maternal mortality. The investment case models four scenarios for scaling up family planning, emergency obstetric care, and selected periconceptual interventions between 2025 and 2030. Under the most ambitious scenario, more than 15,000 unintended pregnancies, 340 maternal deaths, and 2,100 child deaths could be averted. Total socioeconomic benefits are projected at approximately USD 800 million, yielding a BCR of 63:1. Importantly, scale-up produces net system savings by reducing demand for high-cost emergency obstetric care. Although short-term financing gaps remain, the analysis identifies domestic revenue mobilisation, efficiency gains, and innovative financing instruments—including health taxes and carbon credit revenues—as viable pathways to sustainable expansion and strengthened human capital development.

Ghana reproductive health investment case[27]

Ghana has achieved progress in SRHR outcomes; however, maternal mortality remains above 300 deaths per 100,000 live births, and unmet need for family planning persists. Public health expenditure remains below the 15% Abuja Declaration benchmark, contributing to a USD 430 million financing gap for SRHR scale-up. The investment case projects that expansion through 2030 could avert more than 8 million unintended pregnancies and 8,000 maternal deaths, generating returns of up to twenty times the amount invested. The cost of inaction is estimated at up to 1.6% of gross domestic product (GDP). Increasing the health sector's budget share and improving spending efficiency are identified as the most feasible financing options.

Guinea reproductive, maternal, newborn, and child health plus nutrition (RMNCH+N) investment case[28]

Guinea faces persistently high maternal and child mortality, limited effective coverage of essential services, and substantial reliance on out-of-pocket spending. The RMNCAH+N investment case models four scale-up scenarios for 2026–2030, requiring incremental financing of USD 200–450 million. Projected economic returns by 2030 range from USD 1.8 to 3.2 billion (BCRs: 6.7–12), while the cost of inaction is estimated at USD 1.6–2.8 billion. Over longer horizons, returns increase markedly, with benefit–cost ratios reaching 111 and cumulative losses from inaction exceeding USD 28 billion by 2050. Fiscal space analysis indicates that strengthened domestic revenue mobilisation, combined with efficiency gains and targeted innovative financing, could enable sustainable scale-up without undermining macroeconomic stability.

Sierra Leone family planning investment case[29]

Sierra Leone faces high fertility (4.2 births per woman), unmet need for contraception of 25%, and heavy reliance on external financing, which accounts for nearly 90% of family planning expenditures. The investment case estimates that achieving 50% modern contraceptive prevalence by 2030 would require USD 65 million in additional funding but could avert more than 3 million unintended pregnancies and 10,000 maternal deaths, generating approximately USD 640 million in socioeconomic benefits (BCR: 10:1). The cost of inaction is estimated at up to 0.8% of GDP. Strengthening domestic revenue collection, increasing the health budget share, and allocating 1% of the national health budget to family planning are identified as feasible financing strategies.

Rapid fiscal space analysis for reproductive health in Nigeria[30]

Nigeria remains central to the global maternal health burden, with nearly 75,000 preventable maternal deaths annually and a modern contraceptive prevalence rate of 17%. Federal health allocations have averaged below 4% of the national budget for over a decade, and the 2025 budget eliminated nearly all federal funding for family planning. The fiscal space analysis identifies strategies to expand SRHR investment without compromising macroeconomic stability, including expenditure reprioritisation, improved budget execution, modest tax reforms (e.g. harmonised "sin" taxes and gradual VAT increases), and strategic borrowing instruments such as diaspora bonds. Blended finance mechanisms could further mobilise external capital.

Early impacts

Although this special edition primarily documents methodologies and findings, several countries had already translated evidence into policy and budgetary action at the time of publication. These early outcomes illustrate how investment cases, combined with SMART Advocacy, can catalyse tangible financing reforms.[23]

In Chad, investment case findings strengthened collaboration between the Ministries of Health and Finance and elevated family planning financing within national policy dialogue. SMART Advocacy translated technical evidence into economic arguments, contributing to the establishment of a national SRHR budget line and the first domestic allocation for contraceptive procurement. Government plans now include significant increases in family planning allocations, and engagement with private sector actors has yielded initial commitments to support commodity financing. The creation of a national SMART Advocacy Steering Committee further strengthened governance and created new avenues for monitoring disbursements, marking foundational steps toward more predictable domestic financing for this agenda.

In Ebonyi State, Nigeria, investment case findings informed coalition-building and repositioned family planning as a budget priority. Sustained political engagement resulted in allocations of ₦10 million for contraceptive procurement in 2024 and ₦20 million in the 2025 health budget. Family planning was incorporated into the state health insurance benefits package, and a Steering Committee was established to sustain momentum and ensure that political promises convert into funded programmes.

In Ghana, the investment case clarified financing gaps and strengthened high-level engagement. SMART Advocacy supported the development of financing objectives and a multisectoral Steering Committee, facilitating targeted communication with ministers and parliamentarians. These efforts contributed to the procurement of USD 5 million in family planning commodities and accelerated implementation of a national Costed Implementation Plan.

In Sierra Leone, investment case findings mobilised consensus around financing priorities. Engagement with senior officials led to the introduction of a dedicated family planning and reproductive health budget line in the 2025 national budget. The overall health sector allocation increased from 7% to 9% of the national budget, creating fiscal space for up to USD 30 million in additional resources for essential health services.

Strategic insights for policy, practice, and research

Evidence from investment cases across West and Central Africa underscores a clear conclusion: SRHR is both a fundamental human right and a high-return development investment for governments. Modelling results consistently demonstrate strong economic returns across diverse contexts. BCRs range from 7:1 in Ghana to nearly 90:1 in Chad by 2030, rising substantially higher over longer horizons. Maternal health and broader SRHR interventions yield similarly robust returns, with ratios of 12:1 in Guinea, 19:1 in Ebonyi State, 23:1 in Ghana, and 63:1 in Gabon. These gains are particularly pronounced in high-growth settings, underscoring the centrality of SRHR investment to macroeconomic stability, poverty reduction, and human capital development.

The case for action is further reinforced by cost-of-inaction estimates. In Chad, forgone growth linked to delayed investment could reach 25% of GDP by 2050 and 35% of GDP in Gabon; in Sierra Leone, losses through 2030 are estimated at 0.8% of GDP; in Ghana, 1.6%; and in Ebonyi State, 12% of state GDP. These findings demonstrate that postponing SRHR investment represents not fiscal prudence but substantial economic and social risk.

Despite this evidence, SRHR programmes remain chronically underfunded and heavily reliant on external assistance. On average, approximately 6% of national budgets in West and Central Africa are allocated to the health sector, with 18% of health budgets directed to SRHR services.[31] Countries such as Chad and Sierra Leone depend on donors for most family planning commodities and service delivery. Subnational patterns mirror this trend: Ebonyi State allocates only 1.4% of its health budget to SRHR. Such dependence creates structural vulnerability amid tightening global ODA flows.

Across the studies, three cross-cutting pathways emerge for strengthening sustainable SRHR financing. First, budget prioritisation is essential. Progress toward the Abuja Declaration target of allocating 15% of national budgets to health will require reallocating expenditure from lower-impact sectors toward essential services.[32] Second, domestic revenue mobilisation offers near- and medium-term opportunities. Health-promoting excise reforms—such as harmonising "sin" taxes in line with Economic Community of West African States (ECOWAS) norms—and progressive taxation of luxury goods, high-value financial transactions, property, digital services, and tourism can generate predictable revenue streams.[32,33] Over time, strengthening tax administration and reducing illicit financial flows may further expand fiscal space.[34,35] Third, addressing systemic inefficiencies is critical. Fragmented budgeting, weak procurement systems, and inconsistent budget execution constrain effective SRHR financing. Establishing dedicated SRHR budget lines and improving execution can enhance predictability and value for money.[36,37]

Domestic reforms may be complemented by catalytic external financing. The UNFPA Supplies Partnership Match Fund demonstrates how co-financing mechanisms can incentivise domestic commitment rather than perpetuate dependency. Participating governments increased contraceptive spending fivefold, reaching USD 52 million in 2024.[38] This illustrates how evidence-informed advocacy, combined with structured incentives, can shift national financing trajectories.

Decentralisation also emerges as an important accelerator. Subnational experience in Ebonyi State demonstrates how localised analysis and advocacy can rapidly improve equity and service delivery. Decentralised budgeting strengthens accountability, shortens feedback loops between evidence and action, and enables financing strategies tailored to local contexts.[39,40]

Policy implications are clear. Embedding investment case processes within national planning and budget cycles enhances impact. When Ministries of Finance and Planning co-own analyses, investment cases evolve from technical documents into decision-support tools guiding PFM reforms. Institutionalising multisectoral steering committees further supports continuity and accountability. However, economic evidence alone is insufficient. The SMART Advocacy methodology has proven critical in translating analysis into time-bound actions aligned with fiscal calendars. Experience in Chad, Ebonyi State, Ghana, and Sierra Leone demonstrates that combining rigorous analysis with structured advocacy can yield measurable financing gains within a single budget cycle.

Strengthening national analytical capacity remains a priority. While many studies relied on external modelling expertise, sustained progress requires institutionalising these skills within national systems and linking updates to Medium-Term Expenditure Frameworks (MTEFs). Expanded subnational and regional collaboration can further support peer learning and adaptation. Future research should continue refining the evidence base. Investment cases rely on modelling assumptions related to intervention effectiveness, behavioural change, and demographic and macroeconomic projections. Although they provide valuable estimates, broader gender, equity, and intersectoral benefits may be underestimated. Research priorities include longitudinal tracking of realised outcomes, deeper integration of gender and economic modelling, expanded subnational analyses, and examination of intersectoral linkages between SRHR, education, labour markets, and climate resilience.

Overall, investment cases in West and Central Africa have evolved from costing exercises into strategic instruments for financing dialogue and reform. Their sustained influence will depend on institutionalisation, political commitment, and continued alignment between evidence and fiscal decision-making. The findings presented in this special edition indicate that resilient and equitable development requires consistent and strategic investment in SRHR services.

Using this special edition

This special edition is intended as both a reference and a practical guide for policymakers, development partners, researchers, and advocates concerned with SRHR financing in West and Central Africa and comparable settings. Following this introductory synthesis, readers may examine individual country articles to understand how investment case methodologies are applied across diverse fiscal and political contexts. The fiscal space analysis complements these country studies by examining macro-fiscal policy levers relevant across income levels.

Taken together, the contributions provide a coherent evidence base linking demographic dynamics, economic returns, and PFM. Readers are encouraged to draw on comparative findings—including those summarised in Table 1—to inform domestic resource mobilisation strategies, refine advocacy messaging, and strengthen multisectoral planning. The special edition also offers practical insights for institutionalising investment case approaches and enhancing accountability in SRHR financing.

Conclusion

The evidence presented in this special edition demonstrates that investing in SRHR in West and Central Africa is both a social imperative and a highly effective macroeconomic strategy. Central to this conclusion is the investment case methodology, which—grounded in economic analysis, fiscal realism, and structured advocacy—connects demographic priorities with PFM reform.

Across varied contexts, sustained and well-prioritised SRHR investments generate substantial returns through strengthened human capital, improved productivity, reduced inequities, and lower long-term fiscal pressures. Realising these gains, however, requires political commitment, proactive domestic resource mobilisation, and institutional capacity to translate evidence into budgetary decisions. Embedding investment cases within national planning and budget processes, supported by cross-sectoral collaboration, can reduce dependence on external financing and advance sustainable domestic funding.

Ultimately, the evidence affirms a central message: inclusive growth and demographic transformation in West and Central Africa depend on consistent, strategic, and accountable investment in SRHR services.

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