

Family Planning: Francophone West Africa on the Move

A Call to Action



Acknowledgments

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Cover photo:

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Mother and baby in Senegal

Executive Summary

Although family planning is one of the most cost-effective, high-yield interventions to improve health and to accelerate development, West Africa is lagging behind all other regions in family planning use. With an average of 5.5 children per woman, the region has one of the highest fertility rates and fastest growing populations in the world. High fertility results in many unplanned pregnancies that pose serious health risks for mothers and children. In francophone West Africa, approximately three women die from maternal causes every hour, and one child under age 5 dies every minute. By reducing unplanned pregnancies and enabling healthy timing and spacing of pregnancies, contraception could save the lives of thousands of mothers, infants, and children each year.

In addition to saving lives, family planning also helps raise the status of women. Fewer, well-spaced children enable women to participate more in household income-generating tasks and community activities, promoting women's empowerment and gender equity. Reproductive choice is a basic right, essential for improving the quality of life for women, couples, youth, families, and communities. But without access to relevant information and high-quality services, that right cannot be exercised.

In February 2011, representatives from eight francophone West African countries attended the "Population, Development, and Family Planning in West Africa: An Urgency for Action" Conference in Ouagadougou to discuss how to accelerate progress. Participating countries included Benin, Burkina Faso, Guinea, Mali, Mauritania, Niger, Senegal, and Togo, with Ivory Coast joining the initiative later. Country delegations arrived at an important consensus, all agreeing to take concrete actions to increase the uptake of family planning in their respective countries. A similar commitment formed among the donors at the conference, who came together to pledge unprecedented cooperation and coordination in support of family planning in West Africa.

This report presents targeted areas of investments in family planning to spur progress in West Africa. It provides recommendations for advancing family planning, mobilizing political commitment and resources, and coordinating resources and actions.

Family planning can and should play a much larger role in the region's development. The returns on investment are enormous. For example, in francophone West Africa, investing in family planning to meet the unmet needs expressed by women to space or limit births would avert 7,400 maternal deaths and 500,000 child deaths in the next 10 years.¹ Cumulative savings of the costs of maternal and child health care will be US\$182 million for the next 10 years and US\$1.9 billion by 2040.² Moreover, a regional analysis indicates that every \$1 invested in family planning saves \$3 in other development sectors that contribute to achieving the MDGs (education, vaccinations, water and sanitation, maternal health, and malaria treatment)—a high return on investments!³

Research is also shedding new light on innovative models that increase family planning demand and access to services. One new concept originating in Senegal, Democratize, Demedicalize, and Decentralize—“the 3 Ds”—provides an innovative framework for structuring family planning interventions. **“Democratization”** focuses on expanding commitment for family planning through a multi-sectoral, participatory approach. The **“demedicalization”** of family planning means removing policy barriers to enable nonmedical and lower-level health care workers to provide a broad range of family planning services. These legal reforms are crucial for providing greater access to vulnerable populations (rural, urban poor, youth, displaced, refugees) through community-based distribution programs. And finally, **“Decentralization”** aims to strengthen health systems at the regional, district, and community levels to be able to effectively manage quality FP services while improving governance, accountability, and cross-sectoral collaboration.

How do we move forward with the commitments made at Ouagadougou? The Ouagadougou Initiative seeks to mobilize the many skills available in West Africa by pooling resources and by coordinating objectives and strategies. Governments and their partners need to use existing resources more strategically, but also expand and diversify funding sources: increasing public funding, attracting new funding partners for the region, and finding ways to better involve the private sector and civil society organizations. Ultimately, these actions should keep family planning visible and a high priority on government and donor agendas, and, consequently, help sustain the movement to improve and expand services in the region.

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Woman receiving counseling at a family planning clinic in Burkina Faso

I. Introduction

Although many regions of the world have significantly increased family planning use, francophone West Africa has not advanced at the same pace. To galvanize action, the government of Burkina Faso hosted an international conference, “Population, Development, and Family Planning in West Africa: An Urgency for Action,” which was held in Ouagadougou, Feb. 8-10, 2011. Country teams comprising governmental and non-governmental representatives from eight francophone West African countries (Benin, Burkina Faso, Guinea, Mali, Mauritania, Niger, Senegal, and Togo) attended the event with Ivory Coast joining the initiative later. The President of Burkina Faso, His Excellency Blaise Compaoré, officially opened the conference, which provided a forum for country teams and donors to jointly identify concrete solutions to meet the need for family planning in West Africa.

The conference was sponsored by several governments and donors including the Agence Française de Développement (AFD), the U.S. Agency for International Development (USAID), the French Ministry of Foreign and European Affairs, the Bill & Melinda Gates Foundation, the William and Flora Hewlett Foundation, the World Bank, the African Development Bank, the European Commission, and the German Development Cooperation (GIZ). Multilateral organizations such as UNFPA, WHO, and UNICEF participated as well as private organizations such as Equilibres & Populations, which provided logistical support, and many other private agencies that offered their technical expertise and support.

During the conference, the delegations acknowledged the critical role of family planning in achieving the Millennium Development Goals (MDGs) and country development strategies. Prioritizing family planning



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Mother and baby in Cote d'Ivoire

within the African political agenda will not only accelerate reductions in maternal and child mortality, but also improve the status of women (MDG 3), reduce poverty (MDG 1), and, more generally, support sustainable social and economic development by reducing the consequences of rapid demographic growth.

Concerted actions. At the end of the conference, each country delegation developed action plans for strengthening family planning programs and policies in their countries, focusing on the priorities that will most rapidly advance their programs.

In addition, at the conclusion of the conference, participants issued a call to action through the Ouagadougou Declaration (see Box 1). Highlights include: (a) a systematic integration of family planning into national development plans and strategies for economic growth and poverty reduction; and (b) regularly monitoring

Box 1

Ouagadougou Declaration for Population, Development and Family Planning in Francophone West Africa

- 1) Integrate population issues, as well as reproductive health (RH) and family planning (FP), into national development plans and strategies for growth and poverty reduction.
- 2) Accelerate the implementation of national strategies for RH and FP to address the unmet needs expressed by the populations, through best practices identified at the Ouagadougou conference.
- 3) Continuously disseminate culturally appropriate messages about population issues and FP to promote major changes in attitudes and reproductive behavior, with emphasis on the quality of life.
- 4) Increase by 30 percent the number of health professionals capable and authorized to offer the range of FP/RH services.
- 5) Ensure a steady increase in contributions of national budgets to support the cost of contraceptives.
- 6) Regularly monitor and evaluate the actions and measures implemented to ensure the achievement of the goal to reduce, by 2015, the maternal mortality ratio and the level of unmet family planning needs by at least 25 percent for the entire French-speaking region of West Africa.
- 7) Raise the institutional placement of family planning programs with the goal of obtaining a high-level commitment.

actions to ensure the achievement of the goal to reduce maternal mortality and the level of unmet family planning needs by at least 25 percent by 2015 for the entire French-speaking region of West Africa. Likewise, the donors issued a joint statement of commitment and formalized their commitment through the creation of an active partnership.

Building off the momentum of the Ouagadougou conference, this report aims to:

- Present key areas of investments to spur progress on family planning in the region; and
- Provide recommendations for advancing family planning and mobilizing political commitment and resources.

Content for this report includes input from experts from francophone West Africa working in family planning (see Appendix 1: Consultative Meeting), members of the country teams who attended Ouagadougou, background documents and recommendations from the Ouagadougou conference, and other resource materials focused on the region.



Father and son in Benin

2006 Peeter Vissinaal/Stockphoto

II. Need for Family Planning in Francophone West Africa

A recent examination of progress in achieving the Millennium Development Goals, conducted by the UN General Assembly in 2010, revealed significant shortcomings in West Africa. One reason that West Africa is struggling is that it has the highest fertility rates in the world: in the nine francophone West African countries, women average 5.5 births per woman. This rate is double that of Asia and more than three times that of Europe. The average number of births per woman is so high that populations in the majority of francophone West African countries are projected to double in the next 25 years—or in just one generation.⁴

A big factor underlying high birth rates is the low use of modern contraceptives: Only 9 percent of married women in West Africa use modern methods of family planning, compared to 25 percent in East Africa and 53 percent in Southeast Asia. Research also confirms a high unmet need for family planning in West Africa (see Box 2). In nine francophone West African countries, 28 percent of married women ages 15 to 49 want to avoid a pregnancy, but are not using any method of contraception.⁵

In six of the nine countries surveyed, an estimated one-third or more of women's need for family planning is unmet (see Figure 1).

Consequences of unmet need on health. Progress in achieving MDG 4 (reducing infant mortality) and

BOX 2

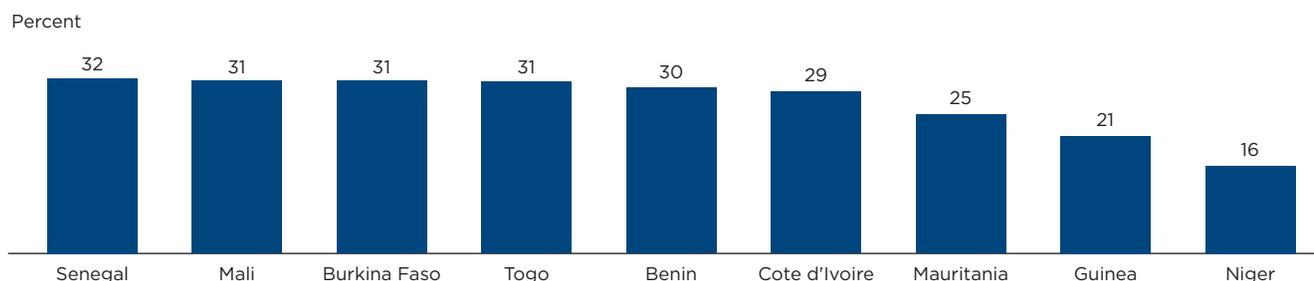
Definition: Unmet Need for Family Planning

The percentage of married women who say they prefer to postpone their next birth at least two more years, or to stop childbearing altogether, but they are not using any method of family planning.

Source: www.measuredhs.com/pubs/pdf/CR14/CR14.pdf.

MDG 5 (improving maternal health) has been particularly slow in West Africa. One consequence of high unmet need for family planning is high numbers of unplanned pregnancies, which can pose serious health risks to mothers and their infants. Health risks are highest for women who are young (under age 18), older (over age 35), have babies too close together, or who have had many births. These women face greater risk of complications and death as well as higher risks for their babies. About half of maternal deaths worldwide occur in sub-Saharan Africa, where one of every 31 women risks dying from complications of pregnancy and childbirth during her lifetime.⁶ In addition, high numbers of unplanned pregnancies also end in abortions. Unsafely performed abortions account for 12 percent of all maternal deaths in West Africa, equating to about 9,700 maternal deaths per year.⁷

Figure 1 Unmet Need for Family Planning



Sources: ICF International, Demographic and Health Surveys; and UNICEF, Multiple Indicator Cluster Surveys.

III. An Enormous Return on Investments

In family well-being: Family planning’s most immediate return is in empowering individuals and couples to choose the number, timing, and spacing of their children. They are then better equipped to provide each child with adequate food, education, and health care. Family well-being and productivity rise as a result.

In health: Increasing the investment in family planning in francophone West African countries will not only prevent 7,400 maternal deaths and 500,000 infant deaths in the next 10 years,⁸ but also significantly reduce the number of abortions.

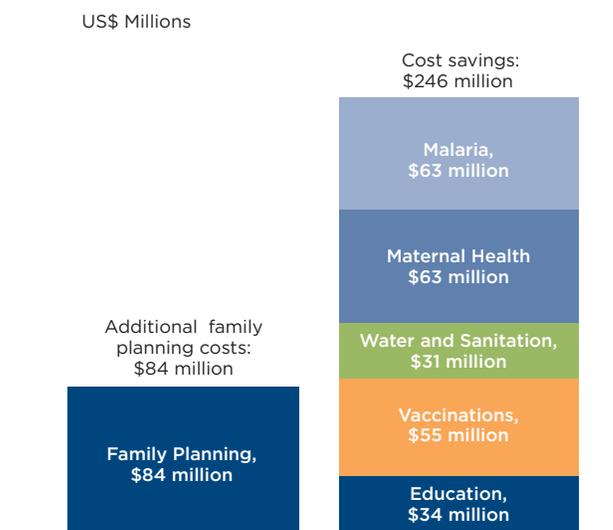
In development: Increasing the investment in family planning leads to significant returns in public sector savings.

Health: Cumulative savings of the costs of maternal and child health for nine French-speaking countries of West Africa will be US\$182 million for the next 10 years and US\$1.9 billion by 2040.⁹

Education: Slowing the pace of population growth will allow governments to improve the quality of education by reducing class size and upgrading the conditions of schooling. Fewer teachers will be needed and less spending will be required to ensure the needs of the school system. Over the next 30 years, francophone West African country governments could save US\$3 billion in primary and secondary school spending.¹⁰

Achieving the MDGs: Recent studies in West Africa determined that investments in family planning saved money for governments by reducing the size of the populations needing social services. Every \$1 invested in family planning saves \$3 in other development sectors that contribute to achieving the MDGs (education, vaccinations, water and sanitation, maternal health, and malaria treatment)—a high return on investments (see Figure 2)!¹¹

Figure 2 Family Planning and the MDGs: Cost Savings in West Africa Francophone Countries, 2010-2020



Source: *Achieving the MDGs: The Contribution of Family Planning in Francophone West Africa* (Washington, DC: Health Policy Project, The Futures Group Int., 2011).



Mother and daughter in Guinea

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IV. Strategic Steps for Accelerating Progress in Family Planning

STRENGTHENING NATIONAL ADVOCACY AND LEADERSHIP

Francophone West Africa needs increased political commitment to advance family planning programs. This goal will require new and creative leadership on the part of government officials and public administrators (see Box 3). While Ouagadougou began the process of reinvigorating family planning and engaging high-level country officials, transforming that energy into a sustained, visible movement calls for concerted effort among advocates and donors.

Convincing policymakers to take action requires evidence-based information, strategic thinking, strong advocacy skills, and persistence. Together, these factors lay the foundation for successful advocacy campaigns. But too often family planning advocates lack the basic skills required to effectively influence policy audiences. Local initiatives frequently consist of one-off attempts at reaching policymakers rather than ensuring a consistent stream of information, using formats and technologies that capture the attention of the people that matter. Moreover, learning opportunities in this area continue to be underfunded in West Africa, reaching relatively small numbers of stakeholders each year.

In addition to policy audiences, increased advocacy efforts are needed among all of those audiences that have the potential to influence leaders and society (NGOs, religious and traditional leaders, the media, women's groups, and youth) as well as to the general public to increase demand. Advocacy efforts to reach these audiences would benefit from the following:

- Reinforcing regional training institution staff with state-of-the-art curricula and advocacy skills; training country trainers (consultants) in family planning advocacy.
- Creating helpful advocacy tools that present family planning success stories and evidence (best practices, compelling data) in user-friendly formats.

Box 3

Rwanda's Approach to Family Planning: High-level Commitment

Rwanda is one of the poorest and most densely populated countries in Africa, and it has a tragic recent history of genocide. Despite these grave challenges, the Rwandan government is focused on economic growth and improved health for its people. Rwandan President Paul Kagame, along with the Minister of Health and other high-level officials, have all openly voiced their support for family planning as a development tool.

The positive political environment and strong support from the donor community contributed to a large increase in the use of modern contraceptives. The preliminary Rwanda 2010 DHS reports that the use of modern contraceptives increased from 10 percent of married women in 2004 to 45 percent in 2010, one of the most rapid increases in contraceptive use ever recorded.

*"Family planning is priority number one—not just talking about it, but implementing it."
President Paul Kagame, November 2007*

Source: Julie Solo. 2008. Family Planning in Rwanda: How a Taboo Topic Became Priority Number One. IntraHealth Int.; Rwanda Demographic and Health Survey 2010 (Preliminary Report).

- Supporting family planning advocacy networks or coalitions to increase coordination, leverage resources, and help build a sustained movement.
- Fostering use of mobile phones and social networks to expand reach to youth and the public.
- Increasing use of new technologies to create compelling presentations that present traditional messages in new ways (multimedia software including Flash animations).

Identify and Nurture New Champions

To reach target audiences, West Africa would benefit from a new generation of champions who need to be cultivated to reinforce and maintain advocacy efforts over the long term. This generation includes key high-level personalities (presidents, ministers, parliamentarians, mayors), representatives of youth (who know best how to create messages that speak to their peers), civil society (including national and international organizations), the media, and religious leaders who have many opportunities to address their communities. In addition, we need to embolden civil society and the news media to serve as the “watchdogs” for family planning and to hold governments and politicians responsible in both the global north and south.

Box 4

Imams Promote Family Planning in Mali

A project in Mali is helping religious leaders advocate for improved family planning and HIV/AIDS prevention efforts. One initiative uses verses from the Koran and other religious texts that support the idea of family planning as a way to promote quality of life over quantity of children. The project works with the Ministry of Health, Mali’s High Islamic Council, RIPOD (Islamic Network of Population and Development), and a research team to develop teaching tools and platforms for discussions with religious leaders and decisionmakers. The project also sponsors training aimed at building capacity, leadership, and advocacy skills among imams. Another local program targets Mali’s Christian population.

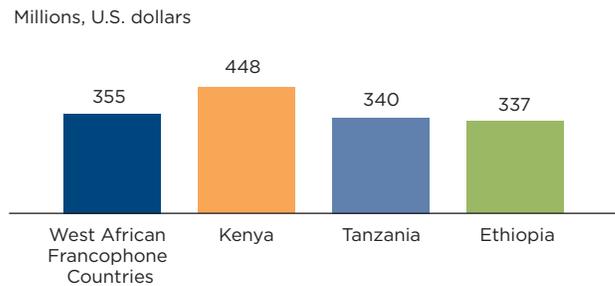


El Hadj Mamadou Traore, a member of Mali’s Islamic High Council, gave a presentation to religious leaders in support of birth spacing.

EXPANDING AND DIVERSIFYING FINANCING SOURCES

The percentage of family planning funding from each source in individual countries varies, but there is consensus that family planning is chronically underfunded. Figure 3 shows that in 2009, nine West African countries together received substantially less population assistance than Ethiopia, and about the same as Kenya and Tanzania, respectively. There needs to be a push to increase both the internally and externally generated amounts of funding for family planning in these West African countries.

Figure 3 Total Population Assistance to Countries in Millions of U.S. Dollars, 2009



Source: UNFPA, *Sub-Saharan Africa - Financial Resource Flows and Revised Cost Estimates for Population Activities, 2011.*

Internally Generated Funds

The use of internally generated funds indicates a certain level of government commitment to family planning. At this time, some country governments have not allocated any internal funds to contraceptive procurement. Strengthening national-level advocacy and leadership to increase the allocation of internally generated funds for family planning will be essential.

Budget Line Item for Contraceptive Commodities

An important strategy to increase and sustain funding for contraceptive commodities is to encourage each country to have a budget line item specifically for contraceptives. In 2010, of 35 countries surveyed from around the world, 50 percent had a budget line item and spent funds on contraceptive procurement.¹²

Externally Generated Funds

Concurrent with advocating for increased family planning funding from within governments and from current donors, it is also essential to attract new donors. Countries must be vigilant and take a proactive role to leverage additional family planning funding commitments by attracting new donors to the region. Some donors have voiced interest in funding family planning but say that country government leaders frequently do not ask for funds for family planning when given a choice.

Burkina Faso is a West African example of the diversification of funding from internal and external sources (see Figure 4).

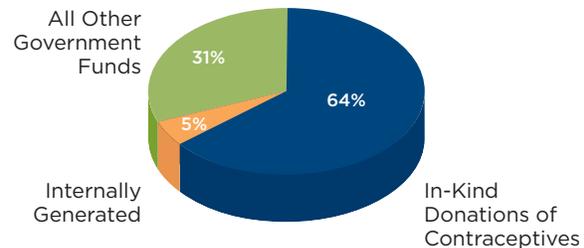
Engage the Private Sector

Support of governments and nonprofit organizations is essential in building and sustaining strong family planning programs; however, the private sector can play a critical role. Encouraging private sector partnerships has tremendous potential in addressing family planning needs in the region.

For governments to engage the private sector as partners, they need to play an enabling role while maintaining stewardship. Some key steps include:

- Strengthen key government functions, such as regulation, information collection, and oversight. Many countries need financial and technical support to build the capacity of regulatory bodies to develop and enforce quality standards and to manage health information systems.
- Modify policies and regulations that prevent private-sector entities from providing RH services and products. The reforms may include reducing tariffs and other import barriers on contraceptives and other reproductive health products; streamlining bureaucratic processes that prevent private providers from entering the market; and allowing a range of trained health care workers to provide reproductive health services.
- Build public-sector capacity to work with the private sector, including the development of skills such as how to negotiate and oversee contracts with private providers.
- Include private-sector providers in public-sector training programs on reproductive health to increase interest in and the capacity to provide these services. Private-sector groups should also participate in policy

Figure 4 Sources of Government Funding for Contraceptive Procurement in Burkina Faso, Fiscal Year 2009



Source: USAID | DELIVER PROJECT, Task Order 1. 2011. *Measuring Contraceptive Security Indicators in 2010: Data Update.*

forums and planning processes related to reproductive health so that government decisionmaking considers diverse perspectives.

Civil society also plays an important role in supporting and expanding family planning services. Civil society organizations are frequently flexible and willing to serve as change agents for innovative actions. They are often well-rooted in the communities where they operate and provide an important link between communities and reproductive health services. Civil society also has a pivotal role to play in fostering community dialogue and holding leaders accountable for making family planning accessible, affordable, and acceptable.

Donor and technical assistance agencies can support both governments and private-sector entities in developing public-private interventions. They can also support nongovernmental organization (NGO) advocacy efforts, as NGOs have a critical role to play in holding public and private providers and decisionmakers accountable for improving health.

The private sector is already a major source of health care in the developing world, with a strong likelihood of continued growth in the next decade. Given its size and importance, the private sector should be viewed as an indispensable partner in meeting reproductive health needs in developing countries. Collaboration with the private sector requires an understanding of the many actors involved and what motivates them. The diversity of private-sector groups can make collaboration a challenge; however, many interventions have been successful in engaging private-sector partners to achieve public health goals.

EXPANDING AND INNOVATING: MODELS FOR FAMILY PLANNING ACCESS AND DEMAND CREATION

In generating new funds for family planning it is essential to ensure existing funds have been spent on evidence-based practices, as this is the most efficient way to use limited resources. The following section highlights areas where family planning investments have been shown to reap strong benefits.

Capacity Building and Task-Shifting

A shortage of skilled health providers poses a significant challenge to many West African countries, making it difficult to meet health needs. In Ouagadougou, the delegations committed themselves to increase the number of providers of family planning services by 30 percent by 2015—a laudable goal that can be achieved by training more existing health professionals and community workers to provide family planning.

Training less-skilled professionals and community workers to provide health services, known as task-shifting, is a proven way to increase access to family planning. There is a strong evidence base to show that nonmedical providers can be effectively trained in family planning counseling as well as in the distribution of contraceptives. For example, in Senegal, nurses and midwives can now provide implants and intrauterine devices (IUDs), tasks that were previously reserved for gynecologists and midwives. In Ethiopia, a new cadre of health extension workers, trained and deployed throughout the country to address basic primary health care needs, is authorized to provide injectable contraceptives and will soon be providing contraceptive implants.

Because family planning service provision is so highly medicalized, meaning that only highly skilled medical providers are allowed to provide many long-term and permanent methods of family planning, task-shifting often faces resistance from health provider professional associations, unions, and government officials. In order for task shifting to be successful, national-level policies must demedicalize family planning and these changes need to have support from professional medical organizations in each country.

Compounding the provider shortage is the widespread preference of highly educated providers to stay in urban areas, which leads to an unequal distribution of medical providers within countries. Task shifting is an important family planning access strategy for those in rural areas, as nonmedical providers can be recruited from within rural communities. These providers often have no incentive to leave their community and tend to be better placed to address family planning within the local context.

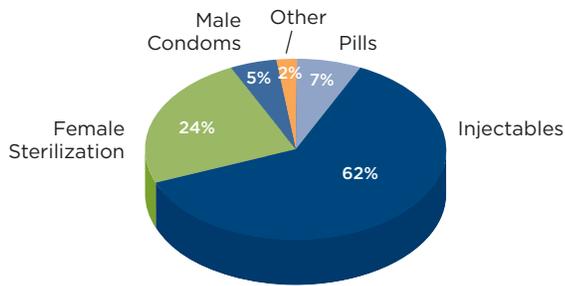
Task-shifting alone will not address all of the challenges faced by family planning programs in West Africa. Family planning providers need strong supervision, incentives, and motivation. Existing providers need to have retraining in family planning through in-service programs to ensure that clients receive quality services. Supervision and training of community workers must be provided by qualified and competent health personnel. In addition, all publicly funded medical and nursing schools need to have strong family planning curricula to ensure that newly trained medical providers have adequate family planning training.

Community-Based Distribution of Family Planning

There are vast regional inequalities in access to and use of contraceptives between urban and rural populations, with rural populations almost always suffering from fewer options. Bringing family planning services into communities is an important strategy to improve access to family planning and to satisfy unmet need. There are many different models that exist for the provision of community-based services.

A very recent success story is Malawi, which showed an increase in CPR from 33 percent in 2004 to 46 percent in 2010—an increase of about 2 percent each year.¹³ This increase in CPR can be partially attributed to an increased uptake in injectable contraceptives, which are being provided at the community level. Figure 5 shows the method mix of modern contraceptives in Malawi and demonstrates the high usage of injectable contraceptives. Given the mounting evidence base and a number of country success stories, six out of nine francophone West African countries have agreed to conduct pilot studies of this intervention.

Figure 5 Method Mix of Modern Methods of Contraception, Malawi, 2010



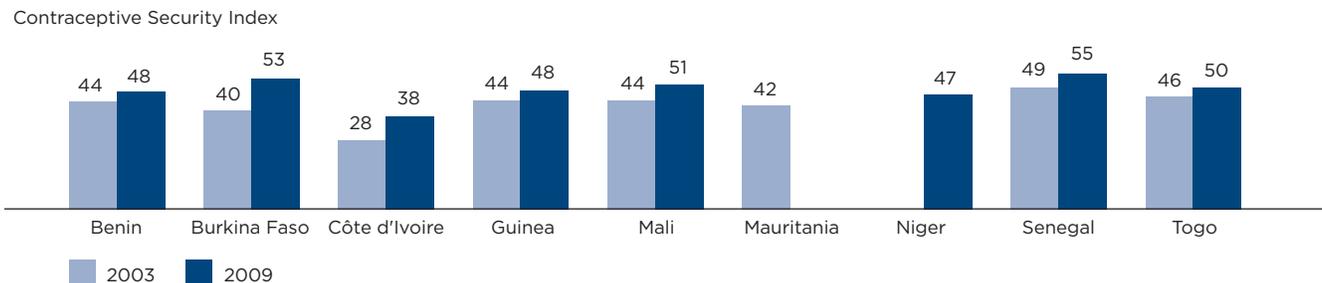
Source: National Statistics Office Malawi and ICF Macro. 2011. *Malawi Demographic and Health Survey Preliminary Report, 2010*. Calverton, MD: ICF Macro.

Contraceptive Security

Contraceptive security (CS) is essential for a successful family planning program (see Box 5). Achieving contraceptive security is a complex process and is difficult to measure and monitor. To address these challenges, an objective measurement of the level of a country's CS was created. The CS Index measures five primary components of CS: supply chain, finance, health and social environment, access to contraceptives, and utilization of contraceptives.¹⁴

CS Index values range from 0 to 100 (with 100 being complete CS). Figure 6 shows the CS Index values for nine West African Countries in 2003 and 2009.^{15 16}

Figure 6 Contraceptive Security Index for West African Francophone Countries, 2003 and 2009



Sources: John Snow, Inc./DELIVER and Futures Group/POLICY Project. 2003. *Contraceptive Security Index 2003: A Tool for Priority Setting and Planning*. Arlington, Va.: John Snow, Inc./DELIVER. USAID/DELIVER PROJECT, Task Order 1. 2009. *Contraceptive Security Index 2009: A Tool for Priority Setting and Planning*. Arlington, Va.: USAID/DELIVER PROJECT, Task Order 1.

BOX 5

Contraceptive Security exists when every person is able to choose, obtain, and use quality contraceptives and condoms for family planning and for the prevention of HIV and AIDS and other sexually transmitted infections.

Source: USAID | DELIVER PROJECT, Task Order 1. 2011. *Measuring Contraceptive Security Indicators in 2010: Data Update*. Arlington, VA: USAID | DELIVER PROJECT, Task Order 1.

Short-term focus should be placed on three important components of CS:

- *Coordinating committee for contraceptive security:* The presence of an active, multi-sectoral CS coordination committee can help maintain a focus on CS and long-term product availability issues, strengthen coordination between a broad range of stakeholders, and reduce duplication and inefficiencies. As government financing becomes an increasingly important source of funding for contraceptives, it is important to engage the Ministry of Finance and include them in these committees.¹⁷
- *Ensuring a budget line item for contraceptives and its full disbursement:* It is critically important to have a budget line item for contraceptives, but it does not ensure family planning funding. There needs to be the additional step of monitoring the budget to ensure that this allocated funding is disbursed as budgeted. Of 35 countries surveyed in 2010, 12 percent had a budget line item, but the funds were not actually dispersed for contraceptive procurement.¹⁸

- Coordinated Assistance for Reproductive Health Supplies (CARhs)*: The CARhs group is a partnership that brings together representatives of the world's key commodity suppliers to address the short-term supply crises that periodically befall countries. At its monthly meetings, the group identifies pending supply shortages, tries to understand their cause, develops solutions, and if possible, takes action. This group relies upon monthly Procurement Management and Monitoring Reports from countries in order to execute these tasks. In June 2012, 26 countries were submitting reports, including six countries from francophone West Africa. This partnership has proven successful in mobilizing donor financial resources, expediting contraceptive shipments, and transferring contraceptives between countries to avoid stockouts (see Box 6). More efforts should be focused on implicating francophone West Africa in this initiative. For more information go to: <http://www.rhsupplies.org/working-groups/systems-strengthening/coordinated-assistance-for-rh-supplies.html>
- Regional forum*: The Reproductive Health Supplies Coalition and regional partners have created a forum called La Sécurité Contraceptive en Afrique Francophone (SECONAF). The forum focuses on the area of Commodity Security for Reproductive Health (RHCS) and has a special interest in francophone Africa. With 61 organizations as members, SECONAF now has a strong sense of identity and purpose. The priority areas of intervention include the development of a regional early warning system for stockouts of contraceptives, advocacy and resource mobilization, systems strengthening, human resources for health, logistics, and many others. For more information, visit: www.rhsupplies.org/fr/les-groupes-de-travail/francophone-forum-seconaf.html

BOX 6

Coordinated Assistance

One of the CARhs's biggest recent successes is a transshipment of 100,000 overstocked sets of implants from Rwanda to Burkina Faso, saving more than \$2 million in supplies financing!

Source: The Reproductive Health Supplies Coalition.

Behavior Change Communication

Behavior change communication (BCC) is a strategy used by family planning programs to help create demand by raising awareness about the benefits of family planning. BCC campaign messages address concerns about adopting a new behavior and making the behavior socially acceptable. For family planning, this generally means showing people that contraceptives are safe, effective, easy to access and use correctly, within the cultural mainstream, and beneficial for the health and happiness of families.

BCC can use a variety of channels to reach its target audience, from mass media outlets that can reach a lot of people at once, to one-on-one communications that target individuals. Television and radio have been used to great effect in reaching the masses, both with short spots explicitly promoting family planning as well as by integrating pro-family-planning messages into popular entertainment programs. We need to expand BCC programs and explore more innovative ways of reaching those most in need to better enable them to make informed decisions. See Box 7 as an example of a radio campaign in Niger.

BOX 7

Behavior Change Communication in Niger



A BCC radio campaign was launched in Niger, initially, to encourage condom use. The campaign included naming the condom itself “Foula,” after the traditional Nigerien hat that is renowned for the protection it provides from the sun. The Foula campaign ensured that its message would reach the most vulnerable populations, including youth in urban and rural areas, by creating a radio series called *Les Aventures de Foula*. The successful mini-dramas were then expanded to address different themes such as early marriage, unplanned pregnancy, and spacing of births. The fictionalized and highly entertaining programming provided vital health information and family planning messages that was broadcast daily in French, Hausa, and Zarma on 46 radio stations for a combined total of 8,000 broadcasts

Source: German Development Cooperation, the German HIV Practice Collection, available at www.german-practice-collection.org/successful-programmes/sexual-health-and-rights/social-marketing-for-health-and-family-planning.

Service Integration

Integrating family planning service provision with health services benefits both clients and providers. Priority service areas for integration with family planning include HIV treatment and prevention; maternal health including postpartum and postabortion care (PAC); and immunizations and well child care. Service integration helps target priority populations for family planning, takes advantage of opportune timing, and provides

services to women with a proven need (like in the case of PAC). Offering multiple services during the same visit saves the time of busy providers and ensures that the patient makes one trip to the health center. Service integration also expands the reach of family planning programs to those who may not seek them out independently. For example, mothers who bring children in for vaccinations may be receptive to family planning messages in that context even if they would not have come to the health center explicitly for family planning services.

Service integration, while convenient for clients, can also help to cut health costs by utilizing existing facilities and the skills of existing providers, thus providing increased services without a commensurate increase in expenditures. Integrating family planning services with other sectors also helps to strengthen overall health systems and makes family planning programs more sustainable.

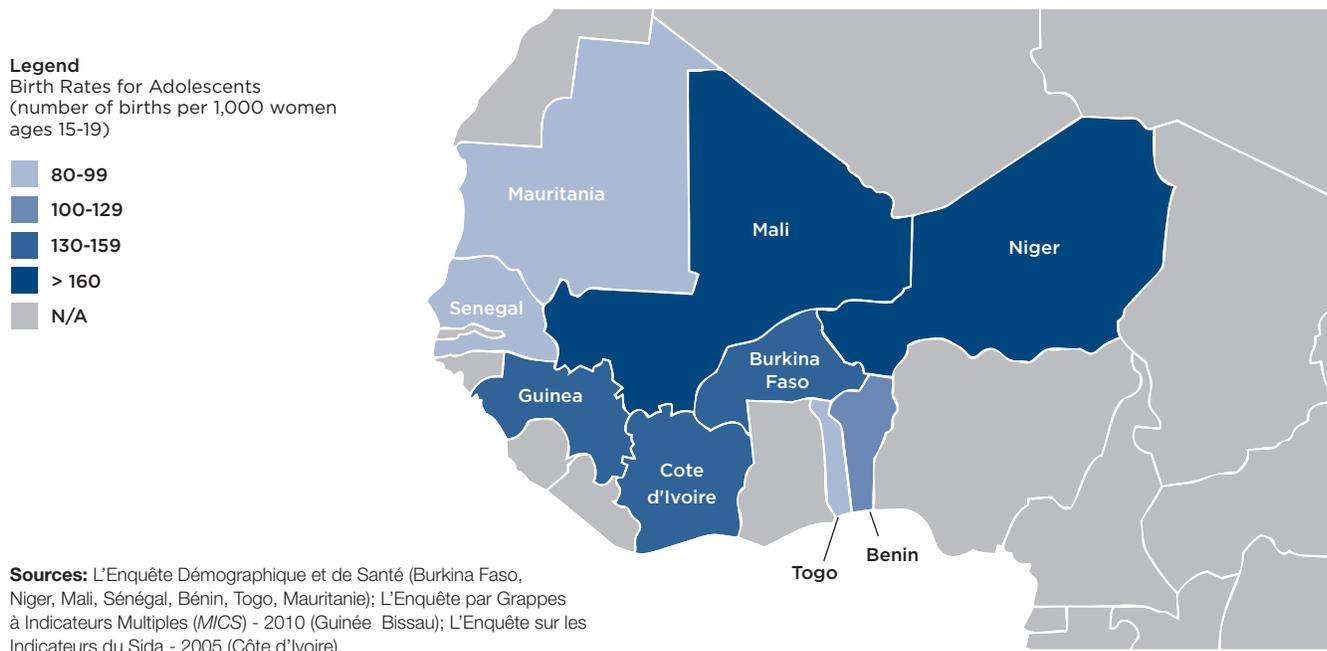
Promoting the Use of Data

Monitoring and evaluating programs and actions are absolutely necessary to measure progress. These types of assessments need to be integrated into national- and regional-level activities to allow critical analysis of programs and to guide their direction. To accomplish this goal, it is essential to incorporate a family planning component into the health information system.

Fostering Exchange

All types of actions and activities, including technical and managerial experiences—successful or not—deserve to be shared. WHO houses a tool, the Knowledge Gateway, which has proven to be useful in sharing information and in the organization of virtual discussion forums in family planning and other health topics. The Knowledge Gateway is a tool of the initiative “Implementing Best Practices/IBP,” a consortium of 37 organizations working in the field of reproductive health. For more information, visit: <http://knowledge-gateway.org/>

Figure 7 Birth Rates for Adolescents Ages 15 to 19



Youth-Friendly Services

Young people are now the majority of West Africa's population and are an important target group for creating demand for family planning. The high adolescent birth rates present in all of the priority countries (see Figure 7) demonstrate an opportunity for family planning education. Family planning services need to be tailored to the needs of this unique population and several measures are essential to increasing youth uptake of family planning:

Remove both de jure and de facto restrictions on access to family planning. Some jurisdictions limit contraceptive access to those who are married. In other places, though unwed teens may have legal access to family planning, providers may refuse to give it to them or ask for parental approval. These actions may create a hostile and unfavorable environment that discourages teens from protecting themselves against unplanned pregnancies.

Ensure confidentiality. Privacy and confidentiality are of utmost importance to most teens. Having separate waiting rooms and discrete entrances may help teens feel comfortable seeking family planning services. Creating a track record of staff professionalism and absolute patient confidentiality are also essential.

Promote accessibility. Adolescents often have inflexible schedules, and may not want to raise suspicion by missing school. Making sure clinics have after-school and weekend hours is one way to invite youth to come. Also locating facilities near public transportation routes facilitates youth patronage.

Train staff on adolescent issues. Special staff trainings on adolescent psychology, what services are most appropriate for teens, and above all, nonjudgmental provision of services can help foster an inviting atmosphere for youth.

V. Launching the Ouagadougou Commitment: Democratize, Demedicalize, and Decentralize

Taken together, a government and its partners can make significant progress in expanding family planning access to men and women, even in more remote areas, and addressing current unmet need to achieve the related Millennium Development Goals.

To launch and sustain momentum of the Ouagadougou Commitment, regional family planning leaders recommend focusing on the following priority issues.

DEMOCRATIZATION: BUILDING AND SUSTAINING COMMITMENT FOR FAMILY PLANNING AT ALL LEVELS

- **Maximize opportunities for regional cooperation.** Countries in francophone West Africa already have their own technical experts, innovative programs, and success stories, but the diffusion of talent and innovation has not always been strong in the region. An increased emphasis on south-to-south cooperation, including resource pooling, sharing of technical expertise, research collaboration, and greater use of communication technologies, would help countries capitalize on the vast capabilities already present in the region. New teleconferencing systems, email listservs, and even social networking sites can be utilized to help spread information and strengthen local exchange.
- **Incorporate family planning into national strategies and budgets.** Family planning advocates need to take a multi-sectoral approach and persuade decisionmakers to include family planning as a key component of all relevant development programs, including poverty-reduction strategies and action plans, debt-relief and sector-wide approaches, country strategic plans, and national health budgets.

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Family planning awareness-raising event in Senegal

- **Ensure contraceptive security.** Governments need to establish, protect, dedicate, and execute a contraceptive budget line item for contraceptive procurement and distribution. Exploring new resource avenues for contraceptives, such as the Global Fund to Fight AIDS, Tuberculosis, and Malaria, could help boost contraceptive availability. The presence of an active, multi-sectoral coordination committee that focuses on contraceptives can help maintain attention on contraceptive security and long-term product availability issues, strengthen coordination between a broad range of stakeholders, and reduce duplication and inefficiencies.
- **Build the evidence base—document proof of success.** Family planning is one of the best investments, with considerable returns on investments in the health, education, and economic sectors. These benefits need to be documented and quantified to better justify the importance of strengthening family planning services. Showing the number of lives that could be saved and the links between smaller family size and poverty reduction are powerful arguments. Demonstrating how family planning investments help achieve the Millennium Development Goals is another compelling advocacy message for high-level officials. (See family planning advocacy toolkit: <http://www.prb.org/Reports/2008/familyplanningadvocacytoolkit.aspx>)
- **Maximize advocacy opportunities.** High level meetings such as the Ouagadougou Conference and the International Conference on Family Planning, which was held in Dakar in November 2011, can help keep family planning on government and donor agendas. These meetings provide excellent opportunities to strengthen family planning commitment among authorities and technical and financial partners, and to give more visibility to the movement. In the months leading up to a regional or international conference, country advocates can use the occasion to draw attention to local program needs among policymakers and other influential leaders. Likewise, it is important to follow up and ensure that the commitments made at these meetings are respected and implemented.
- **Create and maintain coalitions of family planning champions.** Building and reinforcing leadership is essential for advancing family planning. A coalition of champions can better mobilize political support, and also reach out to the population, addressing misconceptions about family planning and supporting behavior change. A new generation of champions needs to be identified and nurtured to expand advocacy efforts. Champions must be provided with the training and tools to effectively advocate for and advance the family planning agenda. Fostering involvement of youth and youth initiatives will help engage this segment of the population and bring them into the advocacy process.

DEMEDICALIZATION: IMPROVING ACCESS TO FAMILY PLANNING

- **Initiate legal review and reform.** Reform of laws and regulations regarding family planning are needed to increase access to and use of contraception. Many contraceptives are encumbered with potentially unnecessary “medical” restrictions. Several francophone countries in West Africa have policies and protocols that are deemed restrictive and that impede access and contraceptive use. Existing research indicate that evidence-based “demedicalizing” of contraceptives—removing requirements such as unnecessary pelvic exams and allowing lower-level medical staff or trained nonmedical agents to provide contraceptives like injectables (task-shifting)—would increase women’s access, lower discontinuation rates, decrease financial and logistical hurdles for women, and ultimately reduce rates of unplanned pregnancies.

DECENTRALIZATION: FOSTERING ACCOUNTABILITY AND EXPANDING FAMILY PLANNING SERVICES

- **Expand community programs.** Access to contraception should be expanded through community-based distribution (CBD). Investing in community-based programs can increase demand, satisfy pockets of unmet need, and improve options for the harder-to-reach groups. While demedicalizing contraceptives is one crucial component of CBD, it takes more than legal reforms. Effective programs need commodities, strong management, quality-assurance mechanisms, ongoing training, and structures in place to motivate and support the CBD workers. Programs should target the more vulnerable populations such as the poor, the young, the uneducated, and those living in rural areas. Transferring knowledge and skills to nonmedical staff (task-shifting) helps build a larger cadre of family planning providers and increases access to services at the community level.
- **Strengthen health systems, reporting structures, and accountability between national and district levels.** Increased efforts to strengthen reporting processes and foster communication between national, district, and community levels could significantly strengthen family planning programs. The national level needs to take a more proactive stance on providing feedback to lower-level health facilities, responding to requests, and reporting back on local data collection efforts in a timely and accurate manner. If budget decisions have been decentralized to district leaders, another important step is to issue guidelines to foster the expansion and improvement of family planning services within their jurisdictions.

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Father and son in Burkina Faso



Woman with her children in Mauritania

VI. Conclusion

As we move forward toward attaining the Millennium Development Goals in 2015, there is still time for family planning to make a difference in West Africa. With sufficient political will and resources, well-run family planning programs can help improve the health of mothers and children, reduce household poverty, and give women more opportunities to contribute fully to development—simply by permitting people to realize their individual reproductive goals.

The Ouagadougou Commitment presents an historic opportunity. The determination of both country leadership and donors has imbued the family planning movement in the region with renewed optimism. We all must now take concerted actions to make sure that the movement does not lose momentum, and that West Africa will finally reap the tremendous lifesaving and development benefits that family planning has to offer.

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Annex - 1

TECHNICAL CONSULTATIVE MEETING BALTIMORE, MARYLAND (USA) - JUNE 29-30, 2011

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