

HEALTH POLICY PROJECT / WEST AFRICA

Building capacity for improved health policy, advocacy, governance, and finance

Overview

The family planning (FP) policy and advocacy environment in francophone West Africa has improved since the Ouagadougou “Population, Family Planning and Development: Urgency to Act” conference in February 2011 and the London Summit on Family Planning in 2012. However, the contraceptive prevalence rate remains low in West Africa at 11 percent for modern methods, and unmet need for family planning in the nine francophone countries remains high at 28 percent.¹ To address these challenges, there is a need for innovative strategies to increase access to FP services and for appropriate policies to strengthen the delegation of power and mobilize national budgetary resources for family planning.

HIV prevalence in West Africa has declined significantly in recent years, but data show the highest level of new infections are attributed to men who have sex with men (MSM) and sex workers (SWs). Stigma and discrimination (S&D) exacerbate the epidemic among these populations, preventing individuals from getting tested or seeking lifesaving care and treatment. To improve their access to and use of services, S&D must be addressed through developing and implementing supportive policies, practices, and programs, with the target populations’ active participation.

The Health Policy Project (HPP) in West Africa conducted activities related to both family planning and HIV and key populations. HPP worked in Burkina Faso, Côte d’Ivoire, Mauritania, Niger, and Togo to localize expertise and generate financial and programmatic evidence to advance policies and advocacy efforts for improved family planning throughout the region.

To improve the enabling environment for key populations in West Africa, HPP collaborated with key stakeholders to strengthen the capacity of government, nongovernmental organizations, and civil society to conduct advocacy for policy change. HPP policy analyses in the region provided evidence for decision making and accountability, thereby promoting equity, inclusivity, and human rights.

Health Programming Improved for Family Planning

HPP provided technical assistance to countries to strengthen their national and subnational policy, advocacy, governance, and finances for strategic, equitable, and sustainable health programming.

- Supported the development of costed implementation plans (CIPs) for family planning and the organization of resource mobilization days in Burkina Faso, Niger, Togo, Mauritania, Côte d’Ivoire, Benin, Guinea, Mali, and Cameroon. As a result of these plans, the task-shifting study



Photo by Olivier Deveault

Models and Frameworks Applied for Evidence-based Decision Making

HPP has applied several models to support evidenced-based decision making. Outcomes of these applications are just being realized.

- Applied the Repositioning Family Planning Framework in Benin, Burkina, Côte d'Ivoire, Guinea, Mali, Mauritania, Niger, Senegal, and Togo.
- Applied the DemDiv model² in Côte d'Ivoire in April 2015.
- Applied the ImpactNow model³ in Côte d'Ivoire and Burkina Faso in May 2015.
- Contributed to the development of a national FP policy in Togo.
- Conducted a CIP Gap Analysis in Burkina Faso, Niger, Togo, Mauritania, and Cameroon to evaluate the funding needs to achieve CIP goals and engage stakeholders in resource mobilization.

HPP supported, and work done in partnership with the Advanced Family Planning project, Burkina Faso adopted a task-shifting policy, allowing for community health workers (CHWs) to dispense injectable contraception. Niger and Senegal have adopted similar policies stemming from CIP recommendations. The CIPs have helped to

- Increase awareness among key decisionmakers of the key activities and costs required to reach FP objectives
 - Reinforce multisectoral collaboration among all ministries, civil society, the private sector, and development partners involved in family planning
 - Support national strategies to reposition family planning and increase ownership of FP efforts in-country
 - Increase resource allocations from the national budget for the purchase of contraceptives and reinforcement of the supply chain—for example, in Niger (200 million FCFA committed at the London Summit, though only 20 have been effectively allocated) and Mauritania (15 million d'Ouguiyas per year allocated for the first time)
 - Support the adoption of a national policy in community health in Togo, which allows CHWs to provide the first prescription for pills and injectables
- Collaborated with AgirPF to develop an advocacy tool for religious leaders in Togo, Burkina Faso, Niger, and Mauritania to promote family planning. In implementing the tool, these leaders have become FP champions in their countries, and FP use is already rising in selected communities. For example, religious leaders in Togo have reported an increase in modern contraceptive method use in districts where they conducted advocacy activities.
 - Collaborated with AgirPF, DELIVER, and the West African Health Organisation (WAHO) to develop a joint action plan to conduct advocacy activities on task sharing and increase the allocation of FP resources in national budgets in Burkina Faso, Niger, Togo, and Mauritania.

Collaborative Regional Approaches Applied to HIV Advocacy

HPP collaborated with WAHO, regional civil society networks, and the Abidjan-Lagos Corridor Organization (ALCO) to articulate the policy changes needed to improve access to and availability of HIV services for MSM and SWs.

- Supported WAHO in hosting a regional meeting on key populations with representatives from ministries of health, ministries of human rights and/or justice, and national AIDS councils from all 15 Economic Community of West African States (ECOWAS) countries and representatives from key populations; 12 countries signed the declaration of support for key populations.

- Strengthened the capacity of ALCO to conduct advocacy training.
- Assessed 209 policy documents for 15 key areas that impact access to services for mobile key populations along the Abidjan-Lagos corridor and Burkina Faso.
- Assessed HIV and sexual and reproductive health integration in Côte d'Ivoire to inform best practices in the region.

Local Capacity for Advocacy and Policy Development Strengthened

HPP conducted policy analyses and a series of multisectoral advocacy workshops in Togo and Burkina Faso to improve policies, strengthen the capacity of key stakeholders, and increase participation of key populations in advocacy and policy and program development, implementation, and monitoring.

- Informed development of the National AIDS Strategy 2015–2020 (currently under review and validation), using data from policy analysis in Burkina Faso.
- Informed development of the most recent Global Fund for AIDS, Tuberculosis and Malaria (GFATM) concept note using data from policy analysis in Togo.
- Collaborated with the African Sex Workers Alliance to strengthen the organizational capacity of civil society organizations to improve SW representation and access to health services; increased SW engagement in Burkina Faso, including through the addition of two SWs in the Country Coordinating Mechanism (CCM) (see Policy and Advocacy Wins box, p. 4) and participation of SWs in development of the National AIDS Strategy 2015–2020.



Photo by Bintou Deme

Ministers of health from 12 countries in West Africa signed a declaration of commitment to invest in health, social, and legal/justice services for key populations most affected by HIV in the region. The regional meeting on “Key Populations and the HIV/AIDS Epidemic in West Africa: Recommitting to Action” was supported by WAHO and the United States Agency for International Development (through HPP), in partnership with the United Nations Programme on HIV/AIDS.

Policy and Advocacy Tools in Action in West Africa

With its partners, HPP created several useful tools:

Policy Assessment and Advocacy Decision Model for MSM/TG/SWs

- Validated and disseminated policy analysis in Burkina Faso (2012)
- Conducted, validated, and disseminated policy analysis in Togo (2013)
- Conducted an abbreviated policy analysis in five OCAI countries (Côte d'Ivoire, Ghana, Togo, Benin, and Nigeria) and Burkina Faso (2015)

Roadmap for Implementing and Monitoring Policy and Advocacy Interventions

- Conducted advocacy planning workshops for MSM and SWs in Burkina Faso (2014/2015) and Togo

Policy and Advocacy Wins: Examples from Burkina Faso

- Minimum package of services developed for key populations, includes SWs/MSM/detainees (2014)
- Two SW representatives and one MSM representative on the GFATM Country Coordinating Mechanism (2015)
- National AIDS Strategy 2015–2020 (under validation) includes new supportive policies for key populations
- Minister of Health signs WAHO declaration to support key populations (2015)
- Advocacy committee gains support from Minister of Justice to block proposed law criminalizing same-sex sexual relations and marriage (2015)

The Way Forward

Collaborative work in the focus countries across West Africa should continue to ensure an enabling policy environment and build advocacy capacity among key stakeholders related to family planning, HIV, and key populations. Multisectoral approaches will be crucial to further efforts in each of these areas at both national and subnational levels; this will include continued commitment from ECOWAS countries to implement actions from the WAHO Declaration of Support for key populations. Future efforts to advance family planning should include

- Advocating family planning and resource mobilization among high-level decisionmakers, including on the demographic dividend, by providing data for decision making and building stakeholders' capacity to use it
- Developing and implementing comprehensive task-sharing policies to ensure access to FP services, mainly for adolescents/youth and women in rural and poor areas
- Strengthening public-private partnerships in support of achieving the Sustainable Development Goals

Additionally, strategies that advance policy and advocacy for HIV and key populations should include

- Developing and implementing supportive policies, including operational guidelines and budgets, to improve access to services for key populations
- Developing and implementing policies to specifically address S&D and the health needs of key populations, including training and protocols for health providers and law enforcement
- Continuing to strengthen the capacity and visibility of regional entities such as ALCO to support mobile key populations through advocacy training and coordinating community mobilization and provision of services across borders
- Supporting governments' efforts to strengthen health systems and address supply chain challenges
- Integrating key populations in the Togo HIV discrimination monitoring system
- Establishing a human rights/discrimination monitoring system in Burkina Faso



Photo by Health Policy Project, Togo

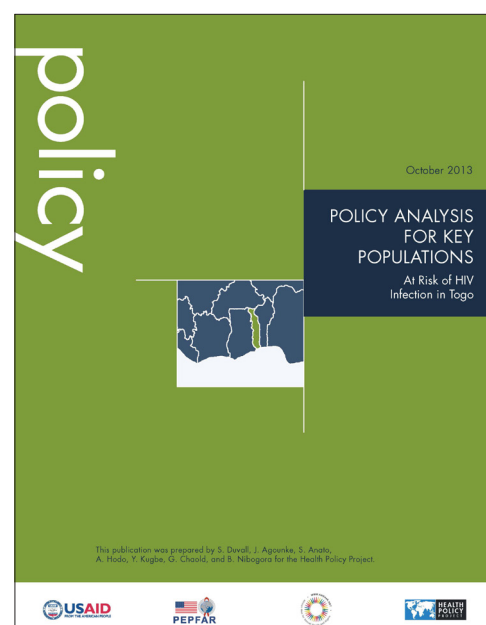
Selected Publications

FP

- *Repositioning Family Planning: Baseline Report (available in English only for eight countries)*
- *Repositioning Family Planning in West Africa: Pricing Contraceptive Synthesis Report*
- *Le Suivi de l'Appui Budgétaire de l'Etat à la Planification Familiale dans Quatre Pays d'Afrique de l'Ouest : Rapport de Synthèse Provisoire (French only)*
- *Repositionnement de la Planification Familiale : La Politique de Tarification des Contraceptifs (available in French only for Burkina Faso, Mauritania, Niger, and Togo)*
- *Repositionnement de la Planification Familiale : La Délégation des Tâches (available in French only for Burkina Faso, Mauritania, Niger, and Togo)*

HIV

- *Assessment of Policy and Access to HIV Prevention, Care, and Treatment Services for Men Who Have Sex With Men and for Sex Workers in Burkina Faso and Togo (JAIDS Journal of Acquired Immune Deficiency Syndromes, Volume 68, Special Issue)*
- *Policy Analysis for Key Populations at Risk of HIV Infection in Togo*
- *L'Efficacité et l'Effizienz (E2) pour des réponses VIH durables : l'Importance des populations clés*
- *Breaking Bad: Policy Impact on Access to Lubricant among Sex Workers, Men Who Have Sex with Men, and Transgender Persons in Burkina Faso, Togo, and Kenya*
- *Staying Undercover: Closing Consent & Confidentiality Policy Gaps to Increase HIV Testing & Counseling (HTC) Uptake Among Sex Workers (SW) & Men who Have Sex with Men (MSM) in Burkina Faso*



Notes

1. Contraceptive prevalence among currently married women ages 15–49; see the Population Reference Bureau 2014 World Population Data Sheet. Unmet need among currently married women; see Family Planning Ouagadougou Partnership. n.d. *Family Planning: Francophone West Africa on the Move—A Call to Action*.
2. The demographic dividend is an opportunity for economic growth, development, and improved well-being that arises as a result of changes in population age structure. The DemDiv model allows users to design multiple scenarios showing how combined policy investments in family planning, education, and the economy can generate a demographic dividend not possible under the status quo. Visit <http://www.healthpolicyproject.com/index.cfm?id=software&get=DemDiv> for more information and to download the model.
3. ImpactNow estimates the health and economic impacts of FP use in the near term (2–7 years). It models the impacts of different policy scenarios and compares the results of those scenarios in advocacy materials. Visit <http://www.healthpolicyproject.com/index.cfm?id=software&get=ImpactNow> for more information and to download the model.

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