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## West African Countries Gaining in Prioritizing and Funding Family Planning and HIV Programs

### INTRODUCTION

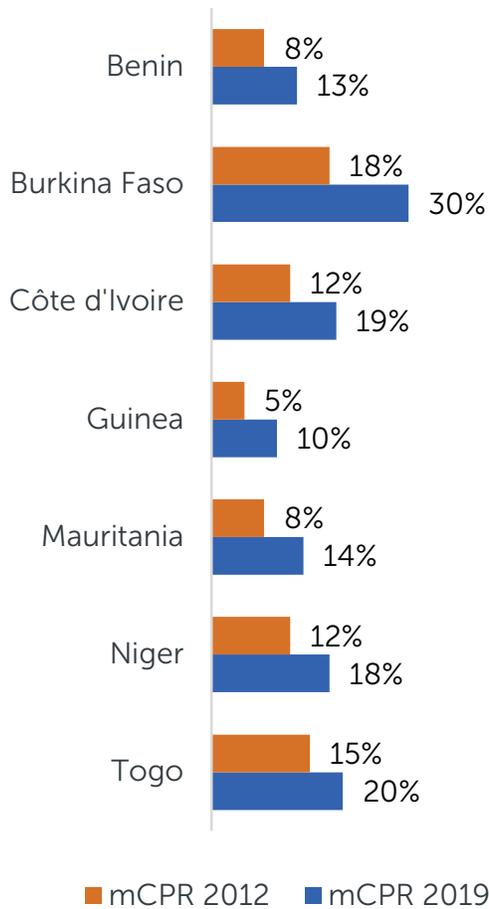
Long a region with lagging health indicators, West Africa has become a dynamic arena for policy advances in two historically sensitive areas: family planning and HIV.

In family planning, the Ouagadougou Partnership, first developed in 2011, continues to elicit commitments from nine West African governments, along with development partners, to address high levels of unmet need. By 2019, the partnership's member countries had reached more than 3 million new family planning users, exceeding the goal of 2.2 million by 2020 (Fleischman, 2020). In a

region with service, cultural, and other barriers to family planning, many countries have nevertheless achieved increases in modern contraceptive use (see Figure 1).

In HIV, all 15 countries in the Economic Community of West African States (ECOWAS) have signed the groundbreaking 2015 "Dakar Declaration on Factoring Key Populations in the Response to HIV and AIDS in ECOWAS Member States." Typically, governments have been hesitant to fund programming for key populations most at risk for HIV—these include sex workers, people who inject drugs, transgender people, and men who have sex with men. But, as part of the declaration, governments

Figure 1. Increases in Modern Contraceptive Prevalence Rate (mCPR) in Select Countries in Francophone West Africa



Note: mCPR measured among married/in-union women of reproductive age. Figures are rounded.

Source: StatTrack, n.d.

committed to improve access to and use of HIV services among these groups and to tackle stigma and discrimination barriers to better health among them. The need for action is pressing. In Western and Central Africa, the Joint United Nations Programme on HIV/AIDS (UNAIDS) estimated that key populations and their sexual partners accounted for 64 percent of all new infections in 2018, even as these groups represented a small proportion of the overall population (UNAIDS, 2019).

While high-level policy commitments in family planning and HIV are critical, these need to be

converted into operational policies, programs, and services. Recognizing this, the U.S. Agency for International Development (USAID)-funded Health Policy Plus (HP+) project has helped stakeholders bridge the policy-to-action gap in both family planning and HIV. This summary highlights important efforts and achievements across seven countries: Benin, Burkina Faso, Côte d'Ivoire, Guinea, Mauritania, Niger, and Togo.

## ADVANCES IN FAMILY PLANNING

Years of groundwork supporting West African stakeholders set the stage for positive policy changes in family planning. Some important facilitators of change and achievements are described below.

**Costed Implementation Plans Spur Collective Action.** The Ouagadougou Partnership generated high-level policy attention and commitments on family planning. Under the partnership, costed implementation plans (CIPs) for family planning proved to be foundational policy instruments for catalyzing unified action toward shared program and financing aims (Fleischman, 2020). HP+ West Africa supported the capacity of governments to develop, validate, and update CIPs in Benin, [Burkina Faso](#), Cameroon, [Côte d'Ivoire](#), [Guinea](#), [Mauritania](#), [Niger](#), and [Togo](#). CIPs convert high-level political support into actionable plans, which describe the strategies, activities, and financing needed for countries to achieve their commitments. HP+ supported stakeholders to sharpen their advocacy skills to influence CIPs, such as in Burkina Faso, where youth champions successfully pushed for 28 percent of the CIP 2017–2020 budget to be allocated for activities focused on adolescents and young people. Regular multisectoral steering committee meetings and reviews of CIP progress helped keep family planning on the policy agenda and foster healthy competition among member countries to accelerate progress.

**Data and Evidence Inform Sound Decision Making.** The CIPs and other policy and advocacy activities drew upon modeling data demonstrating

the social and economic returns from family planning investments. HP+ and its predecessor policy projects worked with the West Africa Health Organization (WAHO) to train more than 800 individuals in the region and engaged parliamentarians and others in using powerful policy models for decision making and advocacy. From 2015 to 2019, for example, HP+ worked with stakeholders in [Burkina Faso](#), [Côte d'Ivoire](#), and [Niger](#) to use the DemDiv, or demographic dividend, model. In countries where high fertility rates are starting to decline, this model is useful to examine how combined investments in family planning, education, and the economy can generate faster economic growth aided, in part, by changes in the population age structure.

### **Advocacy Alliances Advance Policy**

**Implementation.** While producing a CIP is a promising step, advocates need to promote the implementation and funding of it. From 2016 to 2017, in partnership with WAHO, HP+ trained and supported 120 stakeholders and WAHO's Networks of Champions in best practices for developing and implementing advocacy strategies. These efforts, using Advance Family Planning's SMART Tool, took place in Burkina Faso, Côte d'Ivoire, Mauritania, Niger, and Togo. Drawing upon their advocacy skills, family planning supporters could activate three key levers to spur policy implementation: agenda setting, or activities that focus attention on an issue; coalition building or strengthening alliances that sustain attention on an issue; and policy learning, activities that enhance knowledge on an issue among decision makers. Since the training, advocates have effectively engaged diverse audiences, demonstrating that they understand that different groups have varying stakes in family planning, whether it be healthier families or better economic outcomes.

**Stakeholders Hold Officials Accountable for Delivering on Commitments.** The Ouagadougou Partnership countries updated their international family planning commitments in 2017. Leveraging the Motion Tracker, an accountability tool developed by Samasha Medical Foundation, HP+ West Africa worked closely with multiple partners to support countries to assess their own progress toward these commitments. In Burkina Faso,

HP+ West Africa, along with the Ouagadougou Partnership Coordination Unit and the USAID-funded Strengthening Civil Society for Family Planning in West Africa project, helped Samasha and stakeholders introduce and adapt the Motion Tracker. This involved strengthening the capacity of the Ministry of Health to lead a participatory, inclusive process for selecting Motion Tracker indicators, collecting data, and reviewing and validating findings. In 2020, stakeholders validated several reports that provided clear information on how commitments were implemented in Burkina Faso, Côte d'Ivoire, and Togo.

## **Key Results**

**Improved Access to Family Planning.** Family planning supporters in West Africa have achieved numerous wins in policy implementation over recent years. In Côte d'Ivoire, for example, advocates implemented their action plans from the HP+/WAHO advocacy training, securing adoption in 2017 of a policy to scale up immediate postpartum family planning services to 40 percent of public health centers. Advocates also succeeded with a related policy directing public providers to offer women in labor and the immediate postpartum period a choice of five family planning methods, following World Health Organization guidelines. These successes were a result of collective action among diverse change agents, including the WAHO Network of Champions, national and international civil society organizations, donor-funded projects, and multilaterals such as the United Nations Population Fund (UNFPA).

In many francophone West African countries, overly medicalized service delivery relying on physicians has limited people's access to family planning. **Task-sharing policies** can address this challenge. These policies involve delegating some service delivery functions from scarce high-level providers to mid-level providers, community providers, or other health personnel, who are trained and supported to provide information and certain contraceptive methods safely to clients. From 2017 to 2020, HP+ West Africa assisted stakeholders in developing task-sharing scale-up plans in Burkina Faso, [Côte d'Ivoire](#), Niger, and Togo. The plans outline steps for training,

supportive supervision, progress monitoring, and accountability for results among responsible parties. To strengthen commitment, the task-sharing plans were developed through a participatory process, involving government ministries, youth groups, advocates, international organizations, donors, and others. In many settings, an expansion of task sharing is occurring. In Togo, for example, in 2020, 1,296 community health workers were empowered to provide injectable contraceptives, while auxiliary nurses can now offer long-acting contraceptive methods to clients.

### **Mobilized Domestic Funding for Family Planning.**

Across countries, the cost of implementing the CIPs exceeded the resources of the national government. To mobilize more funding, HP+ helped stakeholders garner support from subnational officials and private sector groups. In 2018, HP+ West Africa facilitated a regional workshop with 36 mayors to advocate for increased domestic resources for family planning. During the workshop, mayors and municipal heads from Benin, Burkina Faso, Côte d'Ivoire, Mali, Mauritania, Niger, and Togo developed action plans and made commitments to create budget line items for family planning. Among participants, 16 mayors made commitments totaling about 90 million West African francs (CFA) (US\$165,314).<sup>1</sup>

Since the conference, officials have allocated funds for family planning. In Burkina Faso, for example, the mayor of Bobo Dioulasso invested CFA 20 million (US\$36,736) and mobilized an additional CFA 70 million (US\$128,577) to support family planning and better maternal and child health in his municipality. In Niger, the mayor of Dosso invested CFA 57 million (US\$104,699) over six months for the purchase of family planning products and the financing of income-generating activities for women in the municipality (HP+, 2020). Additionally, a community leader in Tessaoua, Niger, engaged about 250 religious and traditional leaders and mobilized 26 tons of millet, worth about CFA 4 million (US\$7,347), to fund efforts to reduce maternal mortality. An

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<sup>1</sup> The exchange rate for West African francs (Communauté financière d'Afrique, or CFA) is 1 CFA = .00183682 USD; 1 USD = 544.420 CFA.

additional contribution of CFA 8 million (US\$14,695) was made by UNFPA.

Complementing these efforts, advocates have pushed for national governments to mobilize more domestic funding for family planning commodities, promoting a more sustainable supply chain. In Niger, the Ministry of Health increased its allocation for contraceptives in 2019 from CFA 62 million to CFA 200 million (US\$113,883 to US\$367,364). In Burkina Faso, the government increased its budget for contraceptives in 2018 from CFA 500 million to CFA 1.3 billion (US\$918,410 to US\$2,387,867). In Côte d'Ivoire, the government has budgeted CFA 400 million (US\$734,728) annually for contraceptive supplies since 2016 while Togo has budgeted CFA 150 million (US\$275,523) a year since 2017.

The private for-profit sector represents a promising but sometimes overlooked source of support for family planning. In 2018, HP+ West Africa facilitated a regional workshop with 48 private sector representatives from six West African countries to mobilize domestic resources for CIP implementation. The workshop highlighted family planning's role in achieving the demographic dividend, universal health coverage, and the Sustainable Development Goals (for an example, see our brief on [Investing in Family Planning to Accelerate Progress toward the SDGs: Focus on West Africa](#)). After group work and plenary sessions, participants developed action plans and signed a joint commitment to increase access to and use of family planning services. Their individual commitments totaled about CFA 500 million (US\$918,410). After the conference, participants made good on their commitments. In Togo, for example, Espace Architecture provided CFA 3 million (US\$5,510) for family planning services and supported a nongovernmental organization, Action Contre le SIDA, to provide 268 women with free services.

In sum, multiple factors have propelled promising changes in family planning service availability and use. An historic multisectoral coalition of champions, armed with strong evidence, came together to promote national family planning commitments. Recognizing that commitments

are not sufficient, family planning champions translated these commitments into practical policies, programs, and services. Stakeholders monitored on-the-ground action and demanded accountability for results. With task-sharing policies in place, country programs are better equipped to make high-quality services more accessible to the most vulnerable populations. Efforts to engage diverse new champions and partners—from mayors to religious leaders, to private sector entities—bode well for making the most of scarce resources and meeting increasing demand for family planning services into the future.

## SUPPORT FOR HIV PROGRAMMING

As with family planning, in the HIV sector, various facilitators have spurred promising policy changes in West Africa. Some important activities and achievements are summarized next.

**Dakar Declaration Roadmaps Spur Collective Action.** Key populations, who bear the heaviest HIV burdens in West Africa, are also subject to stigma and discrimination, which adversely affects their ability to obtain timely care and confidential, high-quality services. The Dakar Declaration (2015) marked a defining moment in mobilizing high-level political support for an HIV response focused on people most affected by the virus. To convert that support into action, HP+ West Africa strengthened the capacity of government partners in Burkina Faso, Côte d'Ivoire, Mali, and Togo to develop Dakar Declaration roadmaps for stigma reduction and protections for key populations. The roadmaps describe activities, costs, and monitoring and accountability mechanisms for improving equitable access to services while reducing acts of violence and other violations of human rights against key populations. These measures are foundational instruments for collective action.

**Advocates Advance Social Change Efforts.** In recent years, a social justice movement has emerged in Africa that promotes human rights for gender and sexual minorities. Across the region, HP+ West Africa has helped stakeholders



capitalize on social change processes to strengthen understanding of how to improve health and HIV services for gender and sexual minorities. This effort has encompassed training 102 advocates for key populations in forging alliances for change with diverse constituencies, including governmental actors; regional bodies; international donors; multilaterals, such as UNAIDS and the World Bank; and civil society organizations, such as networks and associations of people living with HIV and youth and women's organizations. The project has also supported key population stakeholders to form collaborative networks, gain representation on committees and technical working groups, and develop accountability mechanisms that monitor government HIV services and investments.

**Policy Monitoring Promotes Accountability for Services.** People living with HIV and affected communities that access and utilize HIV services

often lack the capacity to participate in decision making that shapes HIV programs. HP+ West Africa provided grants to three local HIV organizations, two in Burkina Faso and one in Togo, to incorporate HIV policy priorities into the monitoring efforts of community and facility-based accountability “observatories.” In Burkina Faso, for instance, the local grantees are helping the Citizen Observatory on Access to Health Services to document and report on how new policies on user fees, HIV testing, and viral load monitoring are implemented at health facilities. With grants and tailored technical assistance, HP+ has promoted more self-reliant and sustainable local partner capacity in HIV policy monitoring and accountability, critical areas for the well-being of people living with HIV.

### **Sustainability Planning Identifies Capacity Needs for Greater Self-Reliance in HIV.**

Most funding for the HIV response in West Africa comes from foreign donors. To sustain action as donor funds decrease, countries will need to scale up domestic resources for HIV services in the coming years (for example, see our policy brief on [Mapping the Health Budgeting Process in Togo and Identifying Opportunities for Civil Society to Advocate for HIV Program Funding](#)). In Burkina Faso, [Senegal](#), and Togo, HP+ worked with government, international and local nongovernmental organizations, and United Nations agencies to apply the U.S. President’s Emergency Plan for AIDS Relief’s Sustainability Index and Dashboard. In Togo, the dashboard’s results informed major government policy documents, including the Operational Plan for the Fight against HIV/AIDS 2019–2020 and the Strategic Plan 2021–2025, particularly in its new emphasis on HIV-related laboratory services and human resources.

## **Key Results**

### **Improving the Enabling Environment for Key Populations and Meeting HIV and AIDS Goals.**

Following advocacy efforts, the governments in Burkina Faso and Togo adopted new policies in 2019 to strengthen the enabling environment to achieve UNAIDS’s 90-90-90 goal, which aims to end the epidemic by 2030 and, by 2020, for 90 percent of all people living with HIV to know their

### **Box 1. HIV Policy Achievements in West Africa, 2015–2021**

- Updated, implemented, and monitored “HIV Test and Treat” policy in Burkina Faso and Togo.
- Updated and scaled-up guidance on index testing and self-testing in Togo.
- Implemented enhanced HIV case finding among key populations in Togo.
- Implemented differentiated service delivery, including multi-month antiretroviral (ARV) prescription and dispensing policies in Burkina Faso and Togo.
- Updated HIV treatment protocol in Togo for a new ARV regimen.
- Updated policy on eliminating informal user fees for HIV services in Burkina Faso and Togo.
- Developed and implemented guidance, policies, and activities to reduce stigma and discrimination against key populations and people living with HIV.

HIV status, 90 percent of all people with diagnosed HIV infection to receive sustained antiretroviral therapy, and 90 percent of all people receiving antiretroviral therapy to have viral suppression (UNAIDS, n.d.). These activities advanced policy priorities flowing from the Dakar Declaration (see Box 1), such as expanding index testing. Index testing, in which close contacts (family members and sexual partners) of a person with confirmed HIV infection (index case) are contacted for testing, improves identification of HIV cases and facilitates better links to care and treatment.

In Burkina Faso, advocates supported by HP+ engaged with the government to secure official approval of a National Antiretroviral (ARV) Transition Plan (2019) to implement the

latest, most effective ARV regimen—tenofovir, lamivudine, and dolutegravir (TLD), based on WHO recommendations. In 2019, with inputs from HP+, the government of Burkina Faso also updated guidelines on “Test and Treat,” through which people diagnosed with HIV receive early treatment to reduce disease progression and the further spread of HIV. These guidelines also incorporated differentiated service delivery approaches to provide efficient and effective care to clients. In Togo, HP+ supported stakeholders in crafting and disseminating a government circular adopted in 2020 to provide public sector HIV testing and treatment services at no cost to clients, including free viral load testing for people living with HIV.

## APPLYING LESSONS IN FAMILY PLANNING AND HIV

In West Africa, supporters have translated high-level policy commitments in family planning and HIV into concrete plans and actions. The specific circumstances of policy change vary from country to country but similar factors have spurred change across countries and health areas. One of these is the creation of effective stakeholder alliances, comprising government, donors, and civil society, which have propelled family planning and HIV onto the region’s policy agenda. Several interrelated components have helped sustain policy attention and advance action:

- Deploying trained and networked advocates—along with family planning supporters at the international, regional, and national levels—to harness the power of collective action for policy change and implementation
- Applying concerted effort to convert high-level support into on-the-ground action
- Increasing attention to advocacy for domestic financing of services and commodities
- Conducting regular, transparent progress reporting in the region for shared understanding of status and to spur healthy competition across countries

- Generating and tailoring data and evidence to inform decision making
- Monitoring policy implementation to drive advocacy and accountability efforts

These efforts reflect years of groundwork with stakeholders to strengthen their capacities in policy, advocacy, governance, and finance. Systems-level capacities have been especially important in helping drive policy changes in West Africa. These capacities enable stakeholders to convene across sectors, form alliances, facilitate and implement evidence-based strategies, and cultivate new supporters in government and the private sector. With these capacities in place, stakeholders are well-positioned to continue to advance family planning and HIV programming in West Africa.

## REFERENCES

Fleischman, J. 2020. *An Improbable Success: The Ouagadougou Partnership’s Advances in Family Planning Across Francophone West Africa*. Dakar: Ouagadougou Partnership.

Health Policy Plus (HP+). 2020. “In Niger, A Local Leader Makes Family Planning a Priority.” Available at: <http://www.healthpolicyplus.com/FPinNiger.cfm>.

Joint United Nations Programme on HIV/AIDS (UNAIDS). n.d. “90-90-90: An Ambitious Treatment Target to Help End the AIDS Epidemic.” Available at: <https://www.unaids.org/en/resources/909090>.

Joint United Nations Programme on HIV/AIDS (UNAIDS). 2019. *Communities at the Centre: Defending Rights, Breaking Barriers, and Reaching People with HIV Services, Global AIDS Update*. Geneva: UNAIDS.

StatTrack. n.d. “Core Indicator 1: Additional Users.” Available at: <http://www.track20.org/stattrack/>.

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