

FAMILY PLANNING IN FRANCOPHONE WEST AFRICA: A NEW PARTNERSHIP PARADIGM

9 Governments



Donors and Partners

Coordination Unit



February 2011

December 2015

December 2020

URGENCY TO ACT

Goal: 1,000,000 additional users
Results: 1,306,000 additional users

ACCELERATION PHASE

Goal: 2,200,000 additional users

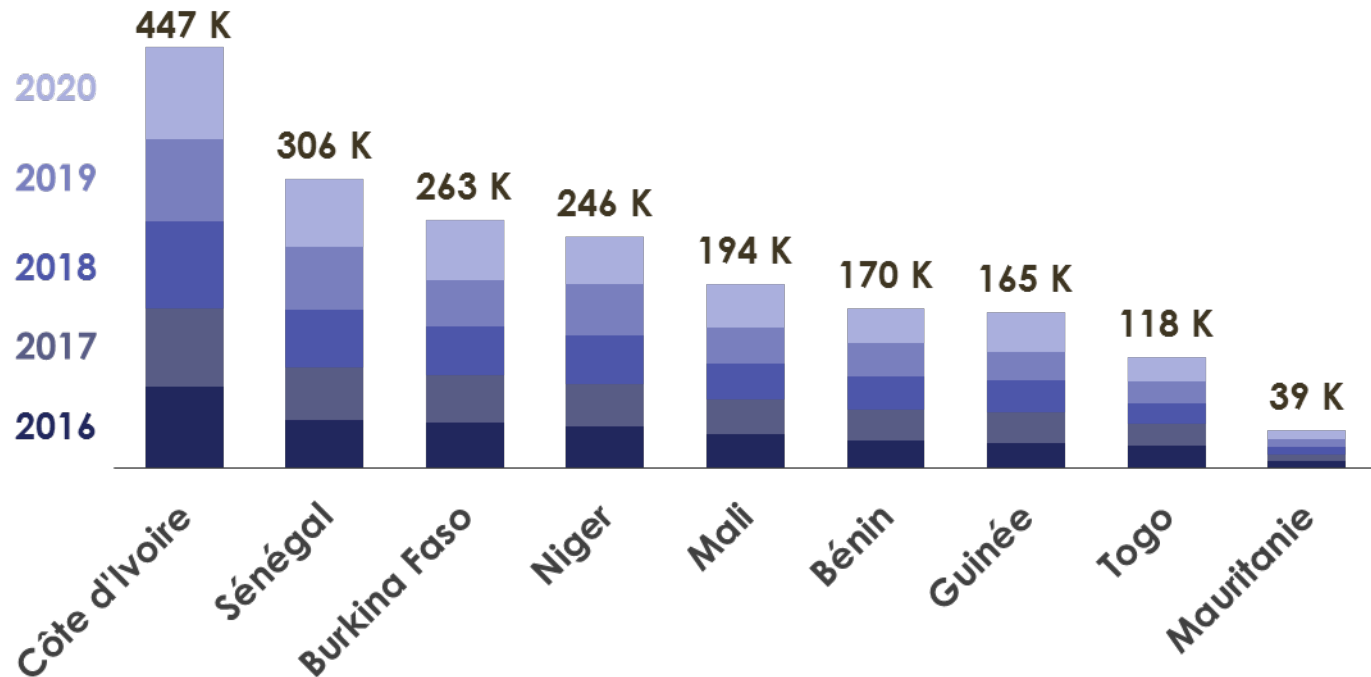


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Country Engagement for a Common Goal

Additional users of modern methods

Women ages 15–49 in West African francophone countries, Estimates for 2015-2020

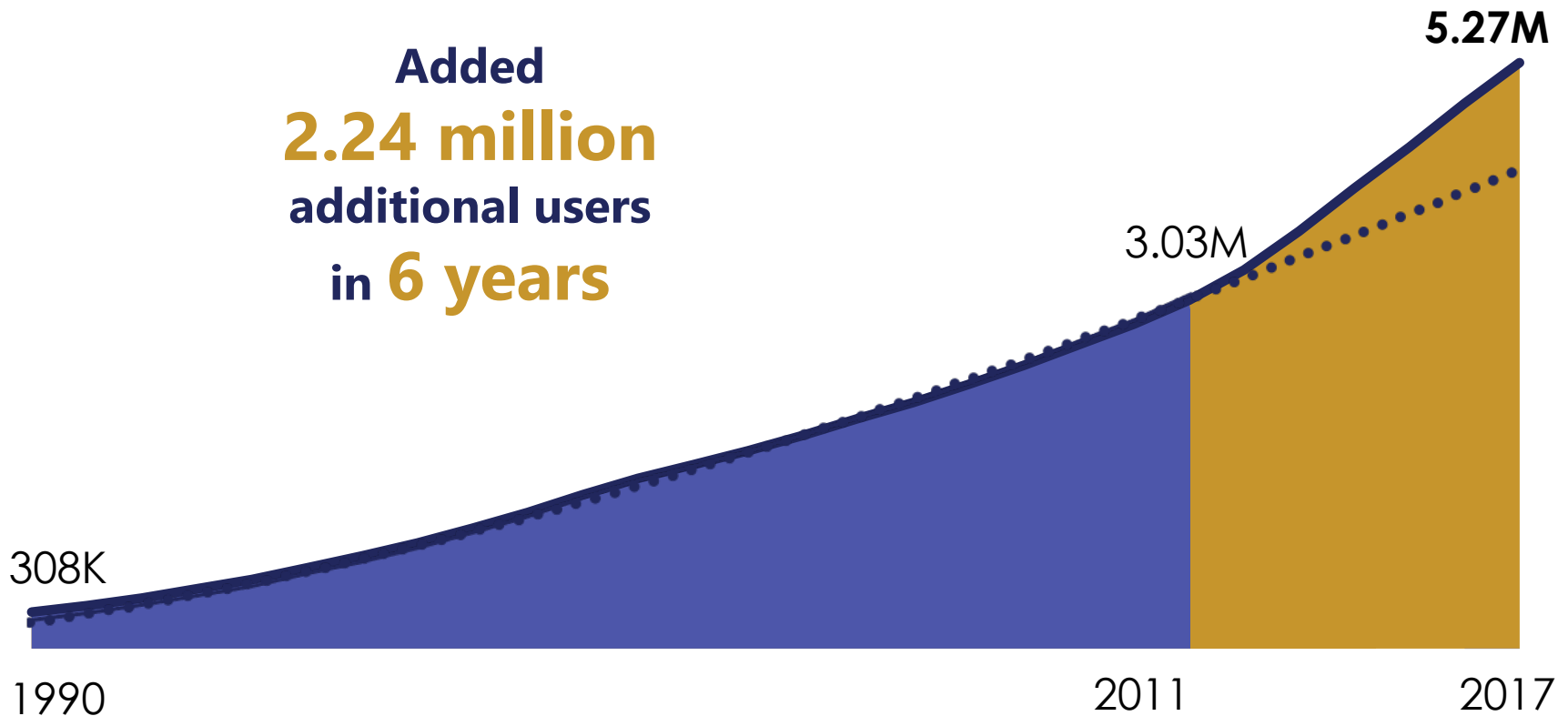


Slow Progress Until 2011

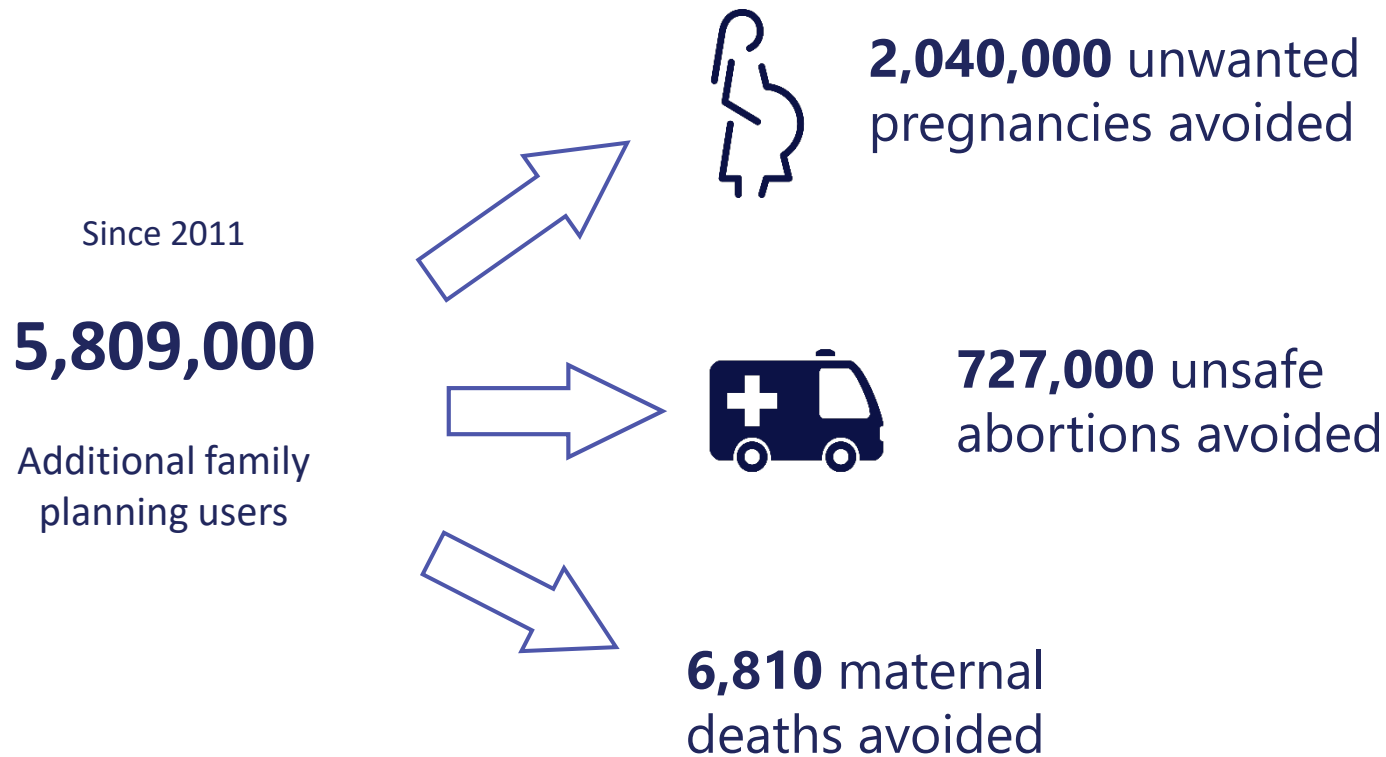
We added
2.7 million additional
users in **21 years**



Since 2011, the Partnership Helped Accelerate Progress



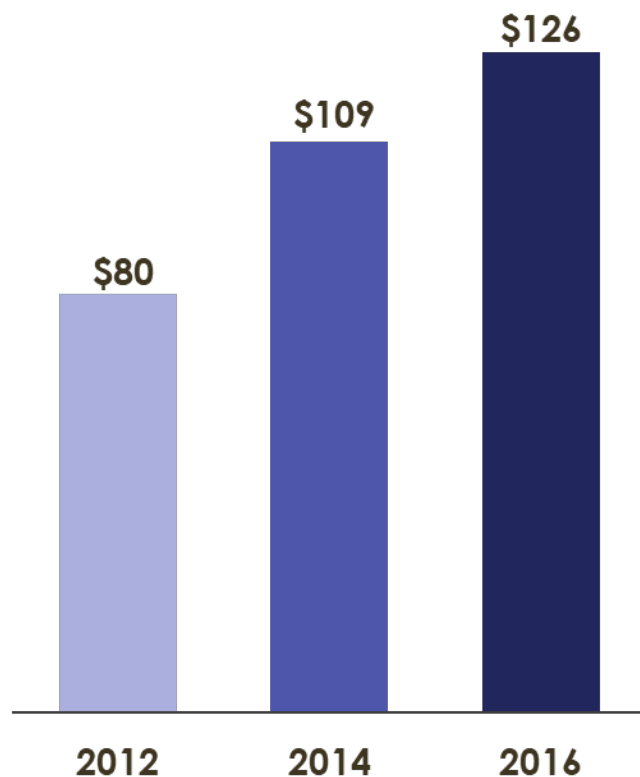
Impact Since Launch of Ouagadougou Partnership



Funding Keeping Pace With Growing Demand

Support from key donors

\$millions



- Founding donors continue to support Ouagadougou Partnership
- New \$17 million commitment from new donors in recent years
- All countries created a new line item for FP in national budgets



Objectives

1. Maintain momentum and acceleration
2. Link FP to other women's rights & empowerment
3. Intensity high impact interventions
4. Actively follow up and assess work of donors, governments, and civil society organizations in second phase of acceleration
5. Align activities, funding, and 2020 goals



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Toward Acceleration



New ambitious objective of 2.2 million additional users



Commitments made at London FP Summit reenergized the community



New donors



The new “motion tracker” helps with country accountability



FAMILY PLANNING

Ouagadougou Partnership

Sharing/Replication of Best Practices

- Study visits
- Coordination platforms
- Donor caravans
- Regional meetings



Photo via Twitter: @PQuagaPE

Major Challenges

- Respect commitments
- Demand creation
- Youth and adolescents
- Task sharing
- SRHR* laws
- Multisectoral approach
- Domestic Resource Mobilization



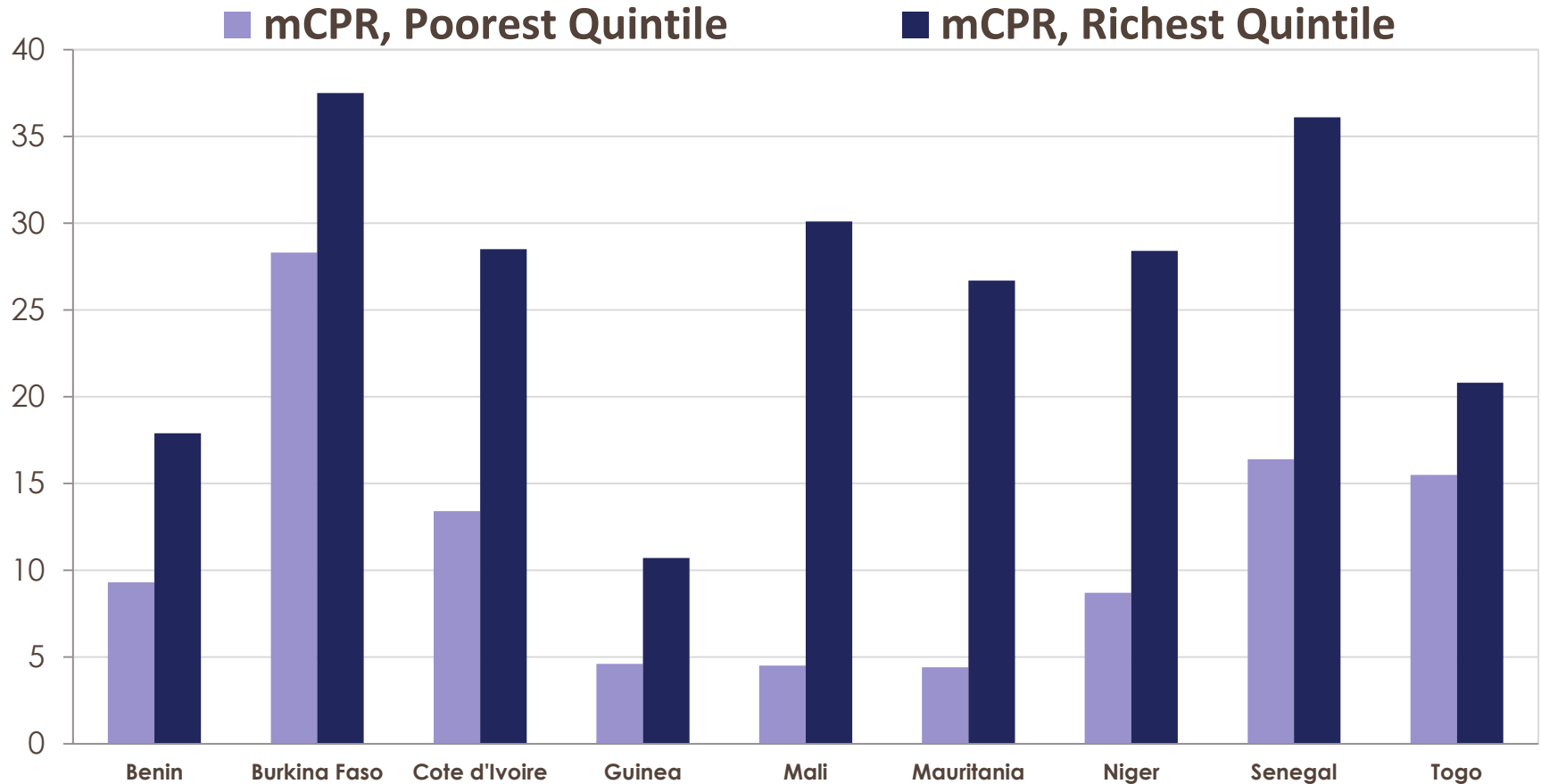
* Sexual and reproductive health and rights

Beyond 2020 and Toward the Future...



Married women using modern contraception in **OP countries**: Poorest & richest wealth quintiles (%)

Contraceptive use (mCPR) in richest wealth quintile is higher or much higher than in poorest wealth quintile.



Data source: Population Reference Bureau, 2019 Family Planning Data Sheet



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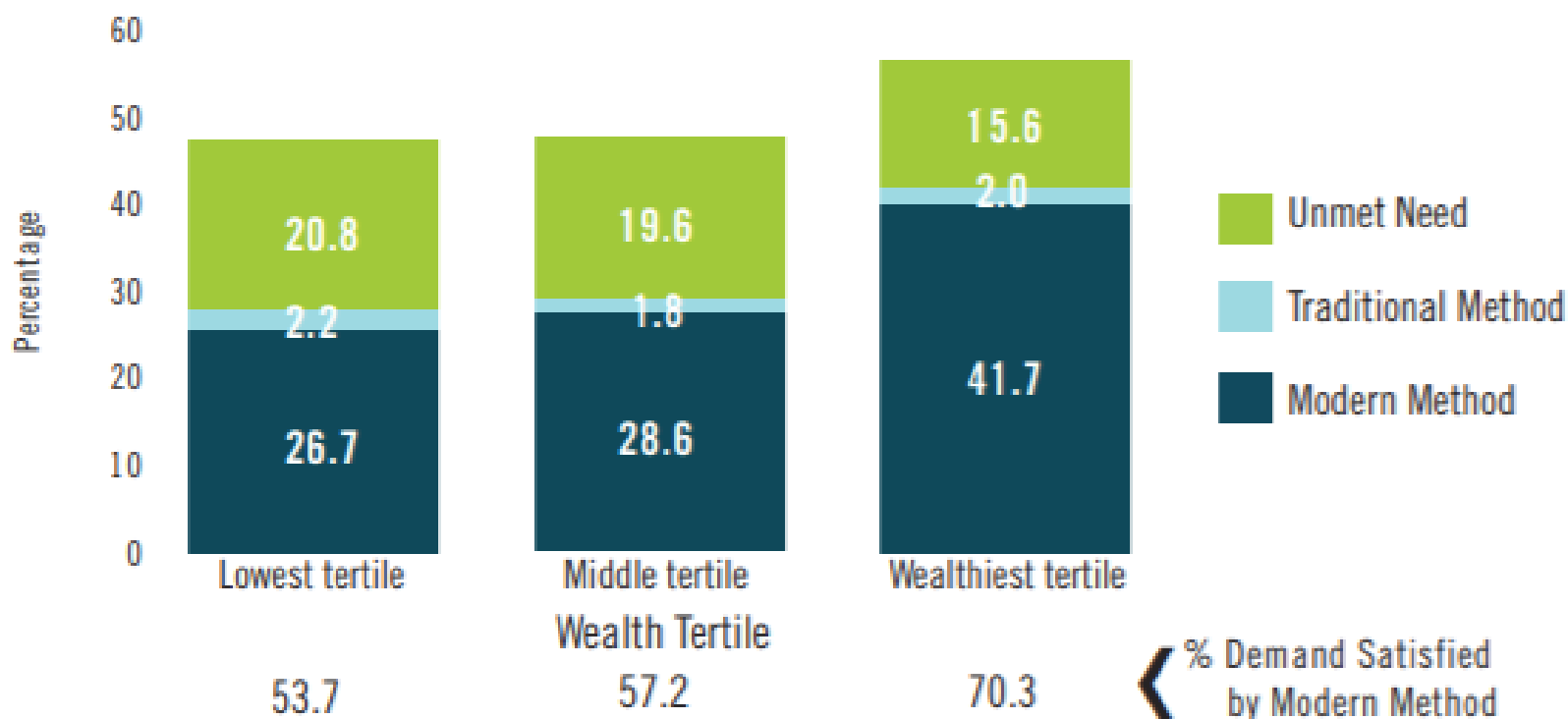
Contraceptive use, unmet need, and % demand satisfied by wealth and urban/rural residence, Senegal (typical pattern)

	mCPR	Need satisfied	% of demand satisfied by modern methods
Total (Senegal)	25.4%		
Urban	33.4%		
Rural	19.9%		
Highest wealth quintile	38.1%	8.3%	
Lowest wealth quintile	14.6%	19.9%	

Data source: *Senegal Continuous Demographic and Health Survey, 2018*

Contraceptive Use and Unmet Need by Wealth Tertiles in OP Cities: Niamey (Niger)

Current Use and Unmet Need Among Women in Union of Reproductive Age, by Wealth Tertile



Overall mCPR in Niamey is 32.1%

Data source: PMA2020, FP Brief, Niamey, Niger, Round 4, 2017



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Highest Areas of Unmet Need

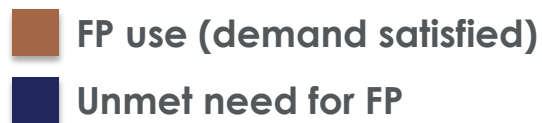
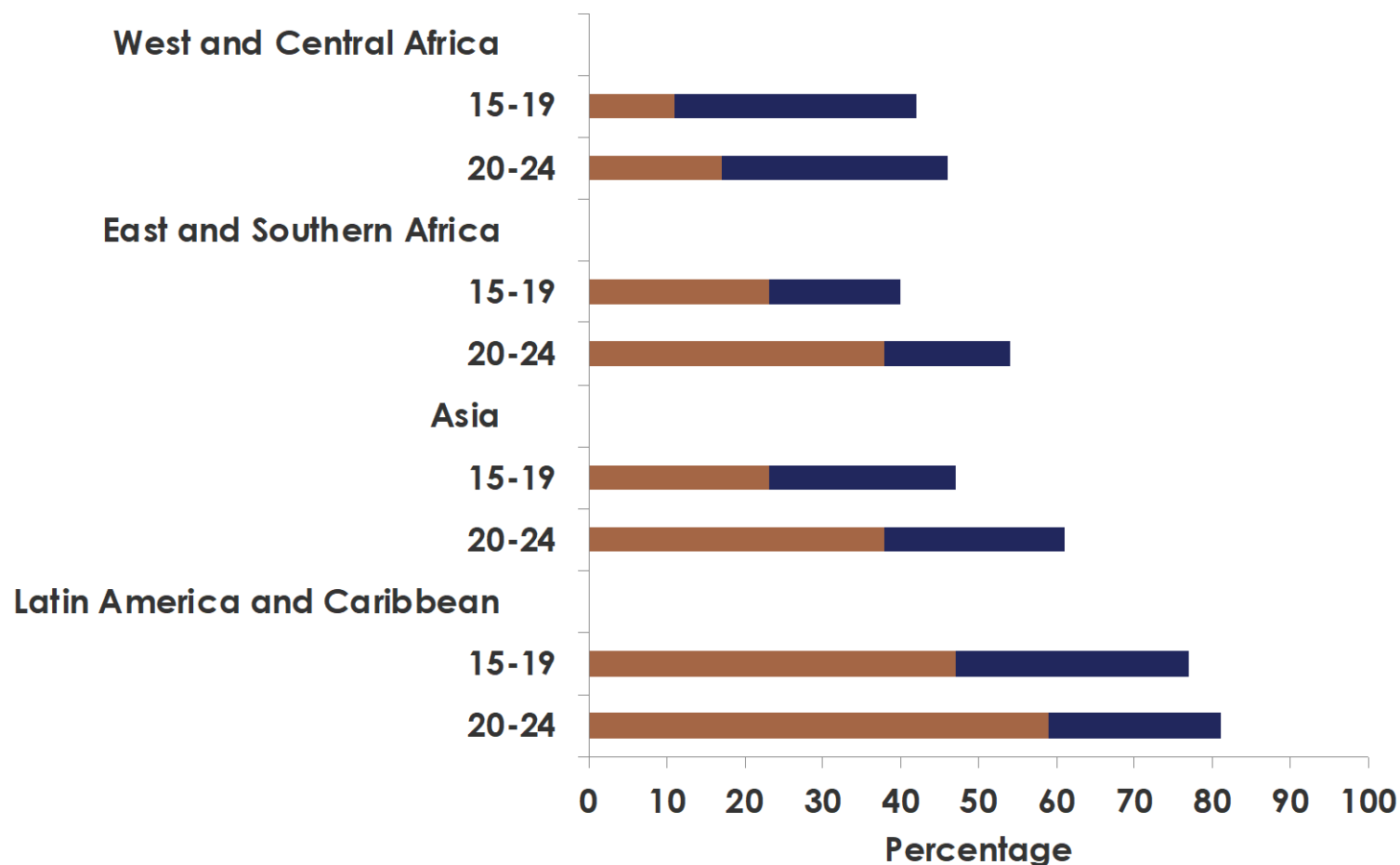
Over 218 million women in the developing world have an unmet need for family planning

- Youth
- Postpartum women: 40% of all unmet need
- Discontinuers: 38% of all unmet need

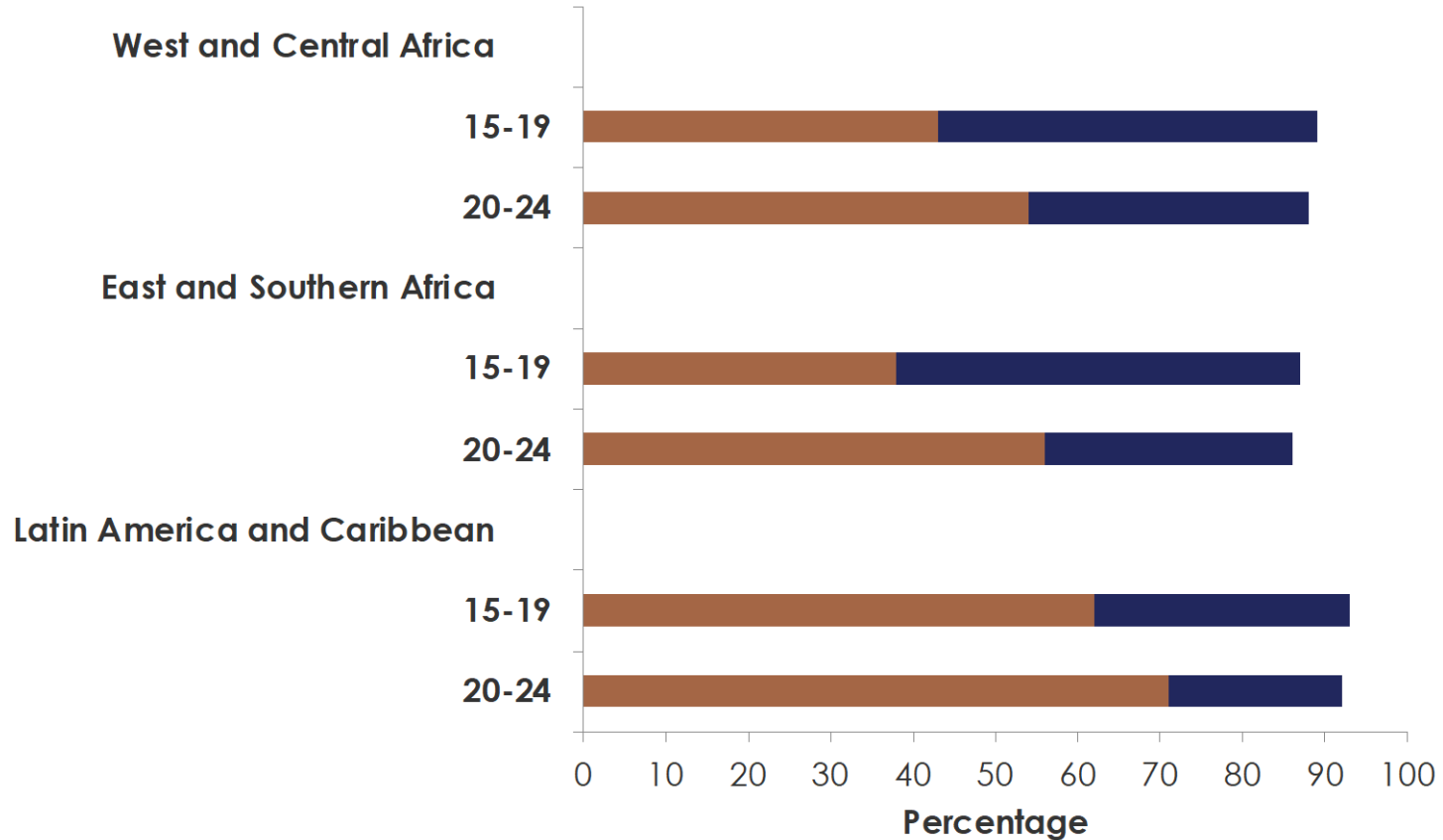
Programs also have to meet ongoing needs of current FP users



Young Married Women: High Demand for FP & High Unmet Need



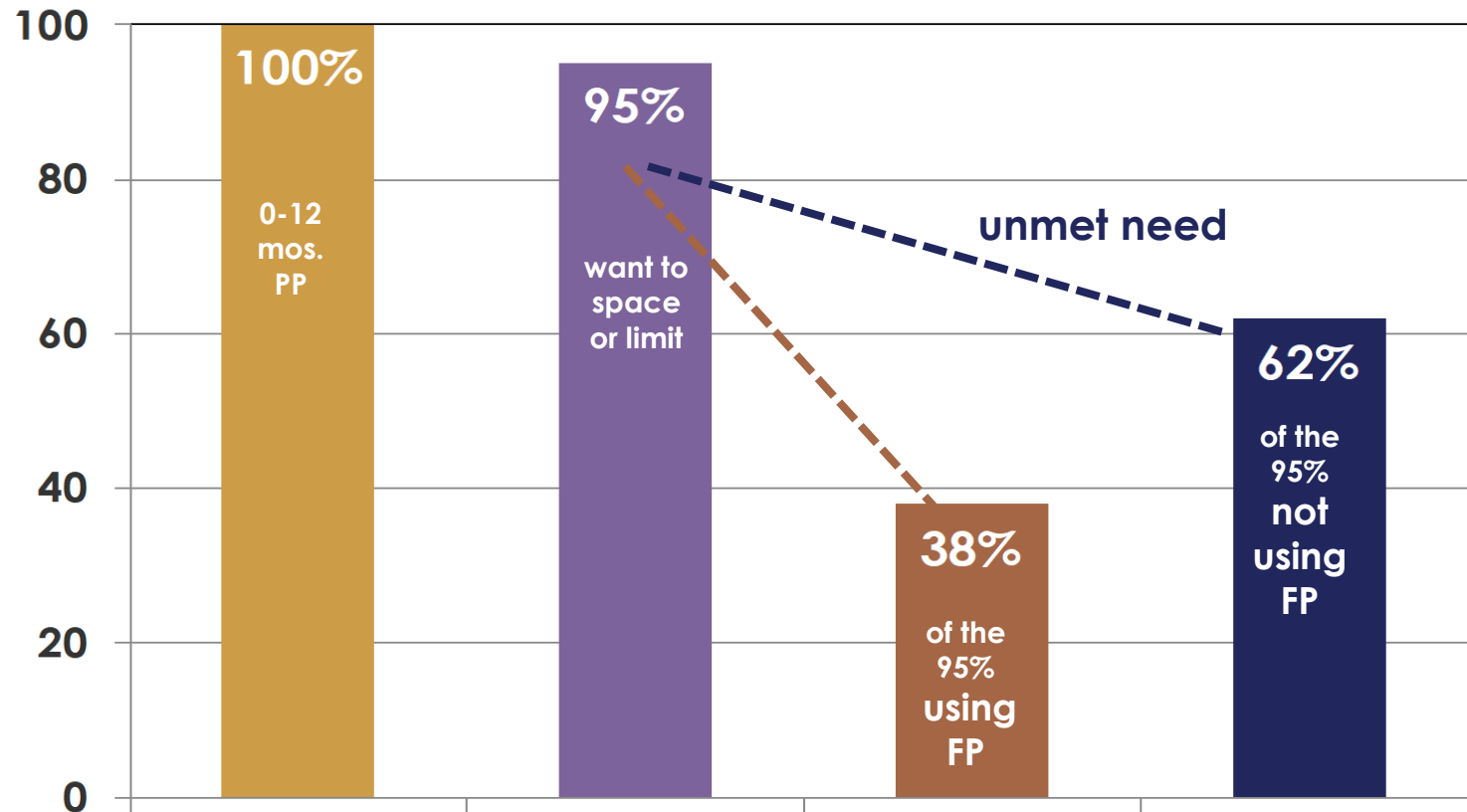
Young Unmarried Sexually-Active Women: Even Higher Demand for FP & Unmet Need



Postpartum Women: Very High Motivation to Avoid a Next Pregnancy, Yet Very High Unmet Need for FP

61% of all 0-1-year postpartum women have unmet need for FP

This is 40% of all unmet need for FP



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Cost Barriers

Limited ability to pay prevents the poor from accessing care, hindering progress in both FP and maternal, neonatal, and child health

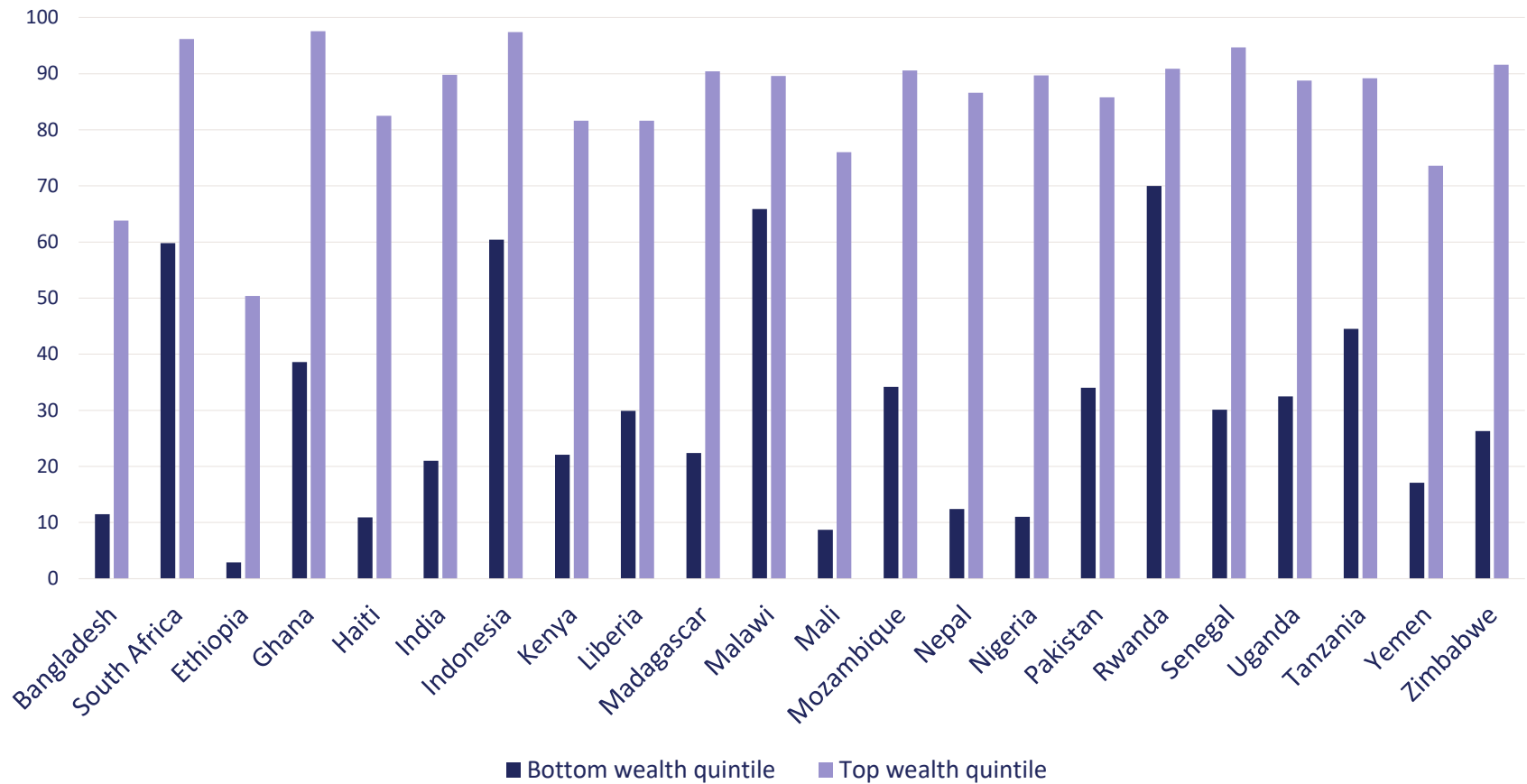
- High direct costs, indirect costs, and limited **incomes prevent poor women from being able to pay** for the EPCMD* and FP services they need
- Financial considerations outweigh perceived benefits of seeking care, **limiting mothers' use of services, and uptake of FP** (when they wish to avoid pregnancy)
- **High out-of-pocket costs** can subject those poor women who do seek care to **financial catastrophe**, pushing them further below the poverty line
- Because consumers, especially the poor, lack resources, providers have few incentives to invest in serving them

* Ending Preventable Child and Maternal Death



Wealth Difference in Skilled Birth Attendance

There is a marked difference between the rich and poor in access to skilled birth attendance (and post partum family planning):



Most recent DHS or MICS data available for each country. No data available for South Sudan or Afghanistan.

Source: WHO: "Global Health Observatory Data Repository;" Expert interviews; Dalberg analysis.



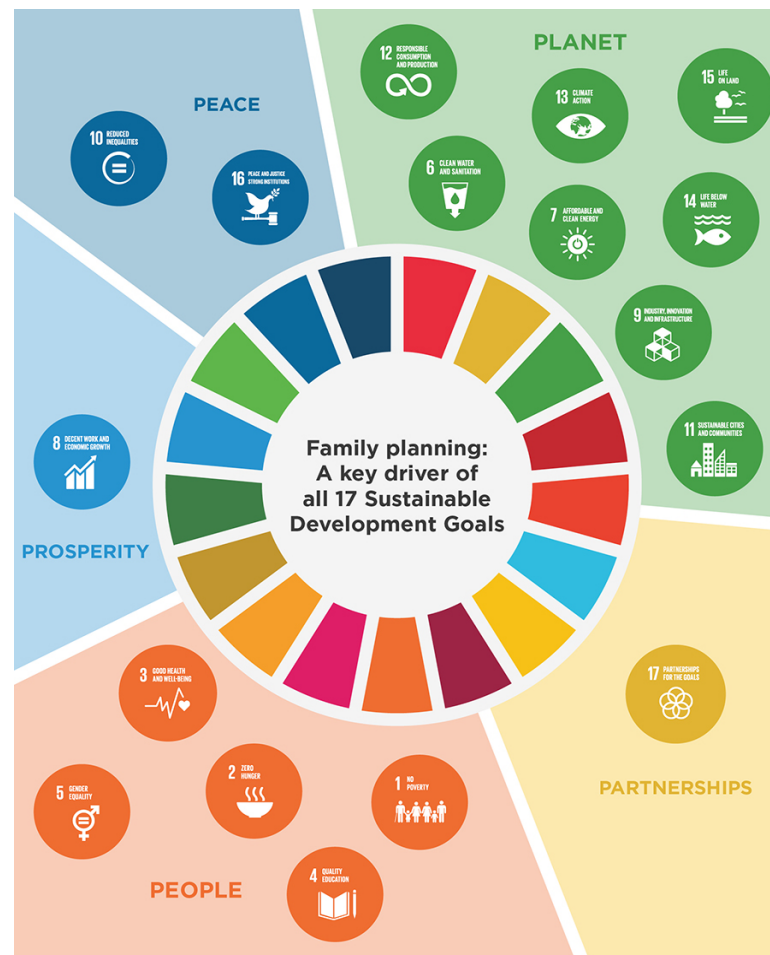
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Why Access to FP Matters for Poor, Urban Women

- 56% of maternal deaths occur in Africa
- Lifetime risk of maternal death in sub-Saharan Africa: 1 in 59; higher in francophone West Africa (FWA):
 - 1 in 23 in Niger; 1 in 27 in Mali
- For every instance of maternal death, there are 15-20 instances of serious morbidity (e.g. fistula)
- FP reduces maternal mortality by ~30%
- Unmet need in FWA is high
- "Tyranny of the average": these are only averages — the situation is far worse for poor urban women
- We know what to do programmatically

FP has a positive impact on all 17 SDGs (benefits beyond health)



Adapted with permission from Starbird E, Norton M, Marcus R. Investing in family planning: key to achieving the sustainable development goals. Glob Health Sci Pract. 2016;4(2):191-210. <http://www.ghsjournal.org/content/4/2/191>



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Strong Political Will



The Ouagadougou Partnership in Niger with the President

© Picture by EtriLabs.

A Dynamic and Influential Civil Society



A Growing Network of Champions



Partners Ready to Try New Ideas



Regional orientation workshop on the motion tracker

More and More Donors Involved in West Africa

