Agir pour la Planification Familiale

PROJECT BRIEF NO. 3 · OCTOBER 2016

Policy Advocacy to Increase Political Commitment to Family Planning: An Approach Using National and Urban RAPID Advocacy Tools

INTRODUCTION

In recent years, many governments and advocates in Francophone West Africa have instituted measures to elevate family planning (FP) programs higher on their national agendas. The role of FP is formally recognized in nearly all national strategies aimed at achieving the Sustainable Development Goals (SDGs), reducing poverty, slowing the rate of population growth, and improving the health of women and children.

Since 2012, several countries—including Burkina Faso, Côte d'Ivoire, Mauritania, Niger, and Togo, the five Francophone West Africa countries supported by Agir pour la Planification Familiale (AgirPF)—have adopted an innovative process under the leadership of the Ministry of Health to enlist key stakeholders from all sectors[1] to create action plans aimed specifically at repositioning FP as a national priority. (The formal titles of the action plans vary slightly, but all are aimed at reinvigorating their national FP programs and repositioning them higher on the national agenda.)

In the initial planning phases, stakeholders conducted an in-depth "diagnosis" of the FP situation using historical and current health and demographic data, service statistics, national and operational policy documents, and relevant literature illuminating their analysis. The diagnosis led to three major findings:

1. While demand for FP is relatively low compared with regions outside of Francophone West Africa, there is a significant unmet need for contraception: Many women want to delay or limit their births, are at risk of becoming pregnant, and are not currently using an effective contraceptive method.
2. Major policy barriers block the use of FP services and hinder efforts to improve their quality and availability,[2] and financial, human, and material resources to address these problems are seriously lacking.
3. Despite the formal recognition of FP as a component in national strategies, there is little political will to muster the level of financing and high-level interventions needed to fully implement the action plans for repositioning FP. Following many years in which crises such as HIV and AIDS diverted attention away from FP, the stakeholders concluded that the policy environment in general and attitudes toward contraception in particular are not very favorable for significantly improving and expanding FP.

[1] Stakeholders vary from one country to another and from one stage of the planning process to another. They are individuals committed to improving and expanding FP and include officials from the Ministry of Health (which has the lead planning role), representatives of other ministries (such as on women, the economy, communications, youth, and finance), nongovernmental service providers, the legislative branch, civil society organizations and interest groups, the private commercial sector, religious and traditional leaders, and the academic community.

[2] Among these barriers are medically unnecessary restrictions on who can provide certain services, absence of fee systems based on ability to pay, lack of integration of FP into other reproductive health services, a legal-regulatory vacuum (Côte d'Ivoire and Mauritania) or a failure to effectively implement existing reproductive health laws, and disproportionate urban-rural deployment of personnel.

USAID FROM THE AMERICAN PEOPLE | WEST AFRICA

AgirPF

EngenderHealth for a better life

AgirPF is committed to implementing the action plans for repositioning FP in the five francophone West African countries and is supporting policy advocacy to secure the commitment of key decision makers in that effort. (The ultimate goal of this advocacy is a change in "policy," defined here to include laws, regulations, and policies at the national and regional levels, as well as operational policies, formal positions, and any other practices and principles that guide decision making and resource allocation within government agencies and nongovernmental entities, as well as in any organized secular or religious communities.) This brief describes an approach to advocacy that uses national and urban computer models as a means of reaching public officials at all administrative levels who are in a position to strengthen FP programs.

CONTEXT: THE ENVIRONMENT FOR FAMILY PLANNING

Following completion of the action plans for repositioning FP, AgirPF assisted the ministries of health and stakeholders in the five countries to examine the policy environment for FP in greater detail and to prepare advocacy strategies aimed at actions to bring about specific improvements. Their analysis took into account features of the policy environment that are widely regarded as determinants of the strength of FP programs: the policy formulation process; the organizational structure for management and service delivery; the legal-regulatory system; the level and type of resources made available; the program components that are offered; and the evaluation and research system.

However, the two most important features of the environment they examined were *political support* and *the sociocultural climate*. On the one hand, vast resources are required to measurably improve FP service quality and access, and these can only be mobilized with political will and strong leadership among decision makers. On the other hand, sociocultural factors and religious and traditional leaders heavily influence decisions surrounding childbearing.

These two "key determinants" are related. Public officials are hesitant about taking forceful actions to strengthen FP when they fear it would expose them to censure from those who are viewed as guardians of moral values—religious and traditional leaders, many of whom are hostile to FP. Furthermore, religious and traditional leaders have considerable influence over contraceptive use in their communities, irrespective of the quality and availability of FP services. The desired outcome of FP advocacy in francophone West Africa is thus twofold: *increased actions by decision makers to improve and expand FP, accompanied by greater support for their actions from religious and traditional leaders.*

OBJECTIVE OF ADVOCACY

The objective of advocacy for the key determinant of political support—which this brief addresses—is that policymakers actively participate in implementing their country's FP repositioning action plans out of a conviction that FP is essential to their country's socioeconomic development.

Unfortunately, the objective of including FP in national policies and strategies for the SDGs, poverty, health, and population has not been transformed into visible and sustained actions favoring FP by national leaders. A major factor is that many policymakers, while sensitive to the health implications of contraception, do not understand the relevance of FP to their countries' priorities. On the contrary, they argue that population growth is needed for economic development, and they may view FP as an imposition of Western population control strategies that do not necessarily fit their national interests.

Furthermore, many decision makers recognize the value of contraception for maternal and child health but regard it as only one among a multitude of services equally deserving of scarce resources. This view has long been reinforced by advocacy strategies that focus exclusively on the health benefits of FP, with little concerted effort to educate policymakers about the impact of fertility on education, agriculture, land use, economic growth, and other critical aspects of national development. This approach has failed to attract much interest in FP from authorities and decision makers across all sectors, whose support is essential to elevating FP as a high national priority. These views on FP are also reinforced by skepticism among many policymakers that people have a strong desire for FP, despite evidence of unmet need and a latent demand for services.

METHODOLOGY

The underlying premise for the approach used is that decision makers do not see a clear link between high, unplanned fertility and negative impacts on socioeconomic development or perceive how it directly contradicts the notion that a bigger population is better for achieving national goals. The reason for this lack of knowledge is that projections of future essential needs (such as jobs, teachers, schools, and housing) used in national planning efforts do not systematically factor in alternative scenarios for rates of fertility and associated demographic growth or for investments in programs that might influence those rates.

An important advocacy strategy to help policymakers understand how greater investments in FP can advance aspirations for their country's development is to introduce

them to the concept of a "demographic dividend"[3] and to present them with persuasive data that relates planned fertility to individual well-being and socioeconomic development. A highly effective tool for implementing this strategy is a computer model known as Resources for the Awareness of Population Impacts on Development (RAPID),[4] which projects the consequences of fertility and population growth on different sectors, including the economy, education, health, urbanization, and agriculture. The model generates alternative scenarios of planned and unplanned fertility, and indicators for different sectors are forecast up to the year 2050. The results are translated into dynamic presentations and brochures used by advocates to stimulate dialogue among policy makers. RAPID model applications are being used in the five AgirPF countries to project scenarios at the national level and in selected urban centers. The national and urban applications differ only in the administrative level from which the data are drawn, so that the consequences of fertility and population growth can be understood by decision makers and other stakeholders with differing levels of responsibility.

An important feature of the RAPID model is its capability for institutionalization, through both in-country training and a participatory approach to its application, which engages representatives of key ministries, legislators, and a wide range of government and nongovernment organizations. This strategy vastly increases the credibility of the results generated and provides an in-country capacity for updating the model application. Another feature of the RAPID model that strengthens the appropriateness of the presentations and brochures is that the information they contain is arrived at through collaboration and consensus among the participants who apply the model regarding: identification of audiences and messages; agreement on data to be collected that are readily available; projections to show the magnitude of problems and needs in different sectors and to illustrate the estimated impact of different solutions; content of presentations and handouts; preparation of a dissemination plan; and monitoring and evaluation.

Advocacy training is a critical part of using RAPID. Workshops are conducted to strengthen the ability of counterparts to analyze policy barriers to FP and to use data in policy dialogue, with particular attention to the concept of a demographic dividend. Where the RAPID model has not yet been completed, participants also contribute to the validation of the presentations and handouts, and trainees participate in making presentations to target audiences. Participants also prepare advocacy plans with specific, measurable objectives to reduce policy barriers to FP.

Following the workshops, AgirPF supports partner networks with resources to strengthen and carry out their advocacy strategies. A part-time consultant has been placed in each country to accompany the networks with on-site technical assistance for the successful implementation of their plans, and brochures are being printed to accompany national and urban RAPID presentations.

To reinforce this methodology, AgirPF is collaborating closely with the West African Health Organization (WAHO) to build regional capacity for supporting the institutionalization of RAPID projections and presentations at the country level. This approach supports a continuous cycle of dissemination and updating of pertinent data in policy dialogue and advocacy. WAHO and AgirPF are also coordinating their technical and financial assistance, including support of counterparts for submission of formal applications for other sources of financial support.

RESULTS

As a result of AgirPF support in close collaboration with WAHO, Burkina Faso, Côte d'Ivoire, Mauritania, Niger, and Togo have all incorporated the RAPID model into their advocacy efforts, making projections at the national level and in 10 urban centers[5] and using the data generated by the models in presentations that highlight the value of the demographic dividend and advocate for specific actions to reposition FP higher on the national agenda.

Representatives of key ministries (Health, Economy and Finance, Agriculture, Public Service, Communications, Promotion of Women, and Education), National Assembly members, staff at the National Office of Population, the National Institute of Statistics, different university entities, technical and financial partner organizations, and civil society organizations have participated in the process of developing this advocacy approach.

Advocacy tools are now being presented to an audience of national and municipal authorities in the countries and cities involved, supported by AgirPF and often organized by WAHO leadership. While many in the audience initially believe that their countries need a large population to develop, the concrete facts in the presentations help them to understand that FP can contribute to a demographic

[3] The demographic dividend refers to the positive impact of a decline in fertility, which would increase the proportion of working-age people relative to dependent children, allowing resources to be diverted from expenditures on dependents to improvements in health and education and economic policies that attract investment and create jobs, resulting in accelerated economic growth.

[4] RAPID is one of a suite of models known as SPECTRUM, easy-to-use policy models that provide policymakers with an analytic tool to support the decision making process. The models have been developed over the past four decades in response to needs expressed by donors, international development organizations, and national governments.

[5] Lomé, Sokodé, and Kara in Togo; Ouagadougou and Bobo Dioulasso in Burkina Faso; Koudougou, Niamey, Maradi, Nouakchott, and Abidjan.

dividend and point the country in a more promising direction. The data presented demonstrate that a decrease in fertility is one of the key factors that can push a country toward emerging status. The facts clearly make the link between lower planned fertility and individual well-being and demonstrate how the demographic dividend improves the quality of life in the population, offering more opportunities for education, more investment in modern agriculture, and higher levels of savings and investments.

The national-level presentations are being used to advocate with the audience for concrete actions to reduce policy barriers to FP by increasing budgets allocated to FP, demedicalizing FP services, integrating FP into other reproductive health services, reducing fees charged for FP services for those less able to pay, adopting and implementing rules and regulations to carry out the reproductive health law, and adopting a reproductive health law where one has not been enacted (Côte d'Ivoire and Mauritania). The urban-level presentations are being used to advocate for actions to create line items for FP in municipal budgets to which funds would be allocated, as well as to create municipal committees responsible for promoting FP.

AgirPF is also providing technical assistance to prepare applications for grants to support the implementation of advocacy plans that have been developed by stakeholders.

CONCLUSION AND RECOMMENDATIONS

At the West African regional level, the reinforcement of WAHO's leadership role and support for advocacy campaigns have given greater credibility to the actions launched at the country level to increase political in favor of FP.

At the country and municipal level, greater credibility is given to the data produced by the RAPID models because local counterparts were engaged in generating them.

Specific recommendations:

- Presentations should be supported and continued, with assistance from AgirPF and WAHO, to seek additional financial resources for advocacy.
- A monitoring and evaluation system should produce documentation of activities and outcomes of advocacy, as well as recommended modifications in the advocacy strategy.
- Lessons learned from this experience should be documented and disseminated regarding how RAPID can be implemented in the future, regardless of who is doing it.

USAID | WEST AFRICA
FROM THE AMERICAN PEOPLE

AgirPF

EngenderHealth
for a better life

Avenir Health, an AgirPF subcontractor that provides technical assistance to its policy advocacy efforts, contributed to this brief. Avenir Health staff are pioneers in the field of demographic and projection modeling. They have produced many of the models currently being used by reproductive health and HIV and AIDS experts around the world, including the RAPID tool.

Agir pour la Planification Familiale
Route de Djagble No. 5880
Face Stade de Kegue
16BP110
Lome, Togo

Writers: Martin Laourou, Emily Sonneveldt, and Norine Jewell
Reviewers: Rouguiatou Diallo, Andre Koalaga, Aastha Mehta, Natasha Lerner, Maimouna Toliver, Elisabeth ArlottiParish, and Sharone Beatty
Editor: Michael Klitsch.
Graphic Designer: Robin Kintz