4th Annual Meeting of The Ouagadougou Partnership

Cotonou, Benin
December 9th-11th 2015
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# ACRONYMS

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>ABPF</td>
<td>Benin Family Protection Association</td>
</tr>
<tr>
<td>CIFF</td>
<td>Children's Investment Fund Foundation</td>
</tr>
<tr>
<td>CBD</td>
<td>Community-Based Distribution</td>
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<tr>
<td>CSO</td>
<td>Civil Society Organization</td>
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<tr>
<td>CPR</td>
<td>Contraceptive Prevalence Rate</td>
</tr>
<tr>
<td>DFID</td>
<td>Department for International Development</td>
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<tr>
<td>DHS</td>
<td>Demographic and Health Survey</td>
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<tr>
<td>FP</td>
<td>Family Planning</td>
</tr>
<tr>
<td>GFF</td>
<td>Global Facility Fund</td>
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<tr>
<td>IMCI</td>
<td>Integrated Management of Childhood Illnesses</td>
</tr>
<tr>
<td>IUD</td>
<td>Intra-Uterine Device</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
<tr>
<td>MDG</td>
<td>Millennium Development Goal</td>
</tr>
<tr>
<td>MAJ</td>
<td>Youth Action Movement</td>
</tr>
<tr>
<td>OP</td>
<td>Ouagadougou Partnership</td>
</tr>
<tr>
<td>OPCU</td>
<td>Ouagadougou Partnership Coordination Unit</td>
</tr>
<tr>
<td>PAI</td>
<td>Population Action Internationale</td>
</tr>
<tr>
<td>PMA</td>
<td>Performance Monitoring and Accountability</td>
</tr>
<tr>
<td>PNLS</td>
<td>National AIDS Program</td>
</tr>
<tr>
<td>PNP</td>
<td>Policies, Norms and Procedures</td>
</tr>
<tr>
<td>PSI</td>
<td>Population Services International</td>
</tr>
<tr>
<td>RH</td>
<td>Reproductive Health</td>
</tr>
<tr>
<td>SDG</td>
<td>Sustainable Development Goal</td>
</tr>
<tr>
<td>TFP</td>
<td>Technical and Financial Partner</td>
</tr>
<tr>
<td>UNFPA</td>
<td>United Nations Population Fund</td>
</tr>
<tr>
<td>WAHO</td>
<td>West-African Health Organization</td>
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I. INTRODUCTION

The Conference on Population, Development and Family Planning held in Burkina Faso February 8–11, 2011, marked a turning point in repositioning family planning (FP) in francophone West Africa.

This region is facing some of the lowest contraceptive prevalence rates (12% on average), some of the highest unmet needs (1 out of 4 women), as well as high maternal mortality rates (on average 510 deaths per 100,000 live births). In order to bridge those gaps, governments, donors, and the international community need to invest more resources in reproductive health and provide increased technical support in that area.

With this in mind, the nine francophone West-African countries created the Ouagadougou Partnership and agreed on a common goal: To achieve one million additional female users of modern contraceptive methods by the end of 2015. To that end, the various countries involved developed costed action plans, which are now referred to as key resources by all the stakeholders involved in RH/FP initiatives at the country level.

To monitor the implementation of these action plans, the nine countries and their partners agreed to convene annual meetings. The 4th annual meeting that was held December 9–11 2015 was of paramount importance for the Ouagadougou Partnership, as 2015 marked the end of the “Urgency for Action” phase that lasted from 2011 to 2015 and paved the way for a new phase which will be completed in 2020. During that time, the OP countries developed a vision, a mission, and new objectives for the coming years.

This report provides an overview of the 4th annual meeting that was held at Cotonou’s Azalaï Hotel December 9-11, as well as recommended actions and initiatives to be implemented going forward.

1.1 Objectives

As in previous years, the OP annual meeting was based on an inclusive and participatory dialogue with the following objectives:

- Review the progress made by the nine countries in achieving 1 million additional users of modern contraceptive methods
- Share the various stakeholders’ (donors, governments, CSOs, and implementing partners) achievements
- Develop the vision, the mission, and the OP’s new objectives for the 2016-2020 timeframe
- Share promising results with the various countries, based on scientific evidence, to update and implement their action plans.

1.2 Approach

The annual meeting was convened by a national committee created by the Government of Benin, under the leadership of the Ministry of Health and was presided over by the Division of Maternal and Child Health (DSME).

As part of an opinion poll conducted ahead of the meeting, the various OP stakeholders mentioned that they wanted the event to adopt an inclusive approach and identified areas of
interest. The meeting revolved around several plenary sessions and panel discussions, three side meetings involving stakeholders and seven side sessions focusing on high potential areas going forward\(^1\).

### 1.3 Participation

Approximately 250 participants attended the Cotonou meeting. These various participants represented delegations of the nine countries included in the OP, including civil society organizations, youth associations, religious leaders, donors, elected representatives, and implementing partners at the country level.\(^2\)

### 1.4 Opening of the meeting

The opening ceremony was presided over by His Excellency the Minister of Health in Benin, Dr. Pascal Dossou-Togbê. It featured powerful speeches, discussions with the Youth Ambassadors Association and the Benin Family Protection Association’s (ABPF) Youth Action Movement (MAJ), and the screening of documentaries.

In her opening speech, the president of the organizing committee, Dr. Olga Agbohoui, welcomed the participants and reminded them of all the achievements that had led to the meeting. Recognizing that FP is the cornerstone of sustainable development, she emphasized the need for OP countries to join forces for broader impact.

Her speech was followed by an address by the General Director of the West-African Health Organization (WAHO) who highlighted the high level of expertise available in reproductive health, and more specifically in FP, through all the stakeholders participating in the meeting. He also underlined how the progress made by the Ouagadougou Partnership made this venture a catalyst for hope. He later emphasized key achievements documented over the past few years in improving maternal and child health indicators, including the 45% decrease of maternal mortality that occurred between 1990 and 2012 (MDG World Report), going from 998 to 510 maternal deaths per 100,000 live births, as well as the reduction of child mortality in West Africa, going from 117 to 97 deaths per 1,000 live births. According to him, these are partly the results of OP-led synergized actions through FP repositioning and the implementation of the eight commitments made in 2011. However, challenges still must be overcome in order for indicators to reach a more acceptable level. Finally, he acknowledged the significant contributions made by the financial and technical partners (FTPs) and the Ouagadougou Partnership Coordination Unit (OPCU).

The US Ambassador in Benin thanked the Government of Benin on behalf of the FTPs for organizing the 4th annual meeting. While recognizing the key role played by the OP in improving the well-being of mothers and children, she emphasized the correlation between the level of maternal and child health indicators and the development of the various countries. In her closing remarks, the US Ambassador, on behalf of the FTPs, made a commitment to provide further coordinated support to OP member countries, as efforts undertaken to reposition FP represent a key investment in socioeconomic development and generate opportunities for all citizens. She finally wished the participants abundant success in the meeting, emphasizing how important this event would be for the future of the Ouagadougou Partnership.

Before the Minister of Health’s opening speech, the audience was shown a short film on Benin that is used as an advocacy tool (“Engage: how Benin is about to succeed through ongoing investment”). The film can be summarized as follows: If we all make efforts to ensure FP becomes the cornerstone of our country’s development, we will reduce unwanted pregnancies, maternal deaths during child delivery and deaths of children under 1. Therefore, investing in FP is about investing in the future of a country.

In his speech, Benin’s Minister of Health (representing the President of Benin who could not attend) mentioned that increasing access to FP remained a major challenge at the country level. He also mentioned that the proportion of adolescents and youth 10–24 years old represents one third of Benin’s population and that other OP countries are facing major problems related to sexual and reproductive health: lack of contraceptive use in a context of unprotected sexual intercourse, proliferation of STIs and HIV/AIDS, high unwanted pregnancy rates,\(^3\)

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\(^1\)See Agenda in Annex 1  
\(^2\) See List of Participants in Annex 2
complications related to abortions, use of unreliable information sources in the area of adolescent health, transactional sex caused by the degradation of the socioeconomic fabric.

Therefore, adopting family planning is at the heart of thriving families and constitutes the cornerstone of reducing maternal and neonatal mortality reduction that underlies development.

According to the Minister of Health, the annual meeting provides an opportunity to forge new partnerships and mobilize much needed additional resources. He also acknowledged the role played by technical and financial partners through their daily support in improving health indicators, especially in the area of maternal and child health. He then officially declared the 4th Annual Meeting open and wished for successful outcomes during the proceedings.

II. OVERVIEW OF RESULTS AND MILESTONES AFTER FOUR YEARS OF IMPLEMENTATION

In 2011, when this initiative was first launched, an estimated 3 million women were using contraceptive methods. The Ouagadougou Partnership set out to increase that number to 4 million users of modern contraceptive methods within four years. To achieve this milestone, countries and donors made several commitments.

2.1 Progress made by the Ouagadougou Partnership from 2011 to 2015

Since the Ouagadougou Partnership was first launched, the member countries met annually to assess their achievements and the pace of their progress and to discuss the challenges they faced along the way. The 4th annual meeting held in Cotonou gave participants a similar opportunity while allowing them to collectively review, reflect on and celebrate their results and achievements toward their common goal.

As shown in Highlight #1 above and in Figures 2 and 3 below, the “Urgency for Action” phase that covered the past four years proved to be mostly positive. Through the development of costed action plans that garnered support from the various stakeholders, the nine member countries were able to design result-oriented interventions that eventually helped them exceed their original goal by 20%. The nine OP countries also managed to leverage increased financial resources for family planning. From 2012 to 2014, the Ouagadougou Partnership’s six main donors increased their FP-related funding by 36%, which in turn spurred greater motivation at the country level.

Highlight #1 The nine countries were able to add 1,180,000 new female users between 2012 and 2015. Moreover, donors increased their financial support to OP countries by 36% between 2012 and 2014. As a result, the countries were able to first meet and then exceed their original goal while donors stood by their commitments.
As mentioned above, these improved indicators resulted from the successful implementation of promising initiatives in each country. Table 1 below highlights some of the achievements that were celebrated during the annual meeting.

**Table 1. Promising initiatives developed at the country level**

<table>
<thead>
<tr>
<th>Country</th>
<th>Initiative</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benin</td>
<td>Engage Benin’s religious leaders in FP promotion</td>
<td>Involvement and commitment of religious leaders in promoting FP through the funding of their own action plans based on their communities’ needs.</td>
</tr>
<tr>
<td>Burkina Faso</td>
<td>Djandioba Days to promote family planning</td>
<td>Integrated FP services and activities as part of the Djandioba celebrations (community events and traditional dancing events)</td>
</tr>
<tr>
<td>Ivory Coast</td>
<td>FP service delivery through advanced strategies</td>
<td>FP service delivery through free mobile clinics.</td>
</tr>
<tr>
<td>Guinea</td>
<td>Use of ICTs as part of FP promotion efforts</td>
<td>Use of new information and communication technologies (mobile phones) to raise awareness about FP</td>
</tr>
<tr>
<td>Mali</td>
<td>Task sharing to increase overall use of long-acting methods</td>
<td>Strengthened capacity among matrones at community health facilities to train this cadre of health workers in implant insertion</td>
</tr>
<tr>
<td>Mauritania</td>
<td>New logistics for contraceptive product procurement</td>
<td>Creation of new systems improving the management of contraceptive products in hard-to-reach areas by using camels and by taking local customs into account</td>
</tr>
<tr>
<td>Niger</td>
<td>Husbands’ Schools</td>
<td>Overcome sociocultural barriers to FP through the creation of Husbands’ schools to get men actively involved in FP-related decision-making</td>
</tr>
<tr>
<td>Senegal</td>
<td>Informed Push Model</td>
<td>Improved procurement of a wide range of contraceptive products at health facilities across Senegal’s health districts</td>
</tr>
<tr>
<td>Togo</td>
<td>Community-based distribution of contraceptive products</td>
<td>Contraceptive products (including injectables) offered at the community level by trained health providers.</td>
</tr>
</tbody>
</table>

From 2011 to 2015, the Ouagadougou Partnership also facilitated knowledge and data sharing among stakeholders through monitoring and evaluation meetings, events that brought together CSO coalitions, country level visits carried out by donors, annual meetings with key stakeholders, and meetings at the Ministry level. These encouraging results were also generated through collaborative approaches developed among the stakeholders themselves.

However, various roadblocks and challenges still need to be overcome, including barriers hindering the creation of demand for FP and preventing health workers from meeting users’ needs in that area, the need to effectively take into account the needs expressed by the youth, and the importance of improving contraceptive security, which remains a major challenge in West Africa. Other challenges at the country level include successful FP integration in health services, regular monitoring of FP action plans through novel approaches, and mobilizing additional funding for FP through new financial instruments, such as GFF, SWEDD, and the countries’ own financial resources.

Based on this overall assessment—introduced by the OPCU during a presentation, through discussions and during plenary sessions—the stakeholders led further deliberations and laid some of the foundations of the Ouagadougou Partnership for the years to come.
2.2 Donors’ deliberations and insights

As for every annual meeting, OP donors had the opportunity to meet in Cotonou to assess the support they have provided at the country level and to discuss their future contributions to the Ouagadougou Partnership. They deemed the results achieved by the OP over the past four years to be positive. They also discussed the donors’ joint statement to be made as part of the Ministry-level meeting that will endorse the next phase of the Ouagadougou Partnership. This joint statement includes a renewed commitment to support member countries as part of the next phase.

In brief, after deliberating for three hours, the donors lauded the achievements yielded by the Partnership and encouraged countries to keep their momentum to pursue this trend and inspire other regions in francophone Africa to do the same. The donors agreed to finalize the content of their joint statement by email for the second phase of the Partnership (2016–2020). They also reached a consensus on several components that would strengthen the Partnership over this period of time, such as increased support and better alignment of their funding with the national FP action plans.

2.3 Discussions with country level stakeholders and partners

Similar to what happened with the donors, country stakeholders held a separate meeting to discuss three key topics with their partners (civil society and implementing partners): (1) learning lessons from the implementation of FP action plans, (2) identifying the extent of civil society’s contributions, and (3) assessing which strengths the OP should build upon during the next phase (2016–2020). They drew the following conclusions:

Implementation of FP action plans

During the first phase, the countries identified key areas that would help them fulfill their commitments: community-based distribution of contraceptives (including injectables) at the community level; commitments made by higher authorities, FTPs, civil society, religious leaders, and traditional leaders in the area of FP; task-shifting to increase service availability and accessibility at the community level; integration of long-acting methods in the training for trainers; introduction of Implanon; contraceptive security with weekly monitoring of products; strengthening and extending FP service delivery; recruitment of additional human resources in some countries; increased involvement of religious leaders in the implementation of FP action plans; and increased financial resources made available by the countries themselves to facilitate the procurement of contraceptive products.

However, some areas still need to be improved. These include the launch of country action plans by higher officials to translate the countries’ commitments into actions at the higher level; the inadequate mobilization and distribution of resources for FP, including national resources; insufficient participation at the community level; the insufficient scale-up of successful innovative strategies and the fact that they have not been prioritized by the FTPs; the private sector’s insufficient contribution in mobilizing resources and improving service delivery; the lack of understanding of adolescents’ and youth’s needs within the various strategies being implemented; the lack of buy-in from men in FP programs; and sociocultural barriers hindering FP use.

Civil society contributions

During the OP’s first phase, the countries thought CSOs displayed steady involvement and a strong commitment in implementing the national costed action plans and in developing strategies to increase FP use among youth. They also noted increased CSO participation in the development and monitoring of action plans.

During this session, the various stakeholders and other participants directly involved in the action plans discussed future priorities based on the achievements that occurred during the OP’s first phase. As a result, these key
participants suggested possible areas for reflection that were later used in developing the roadmap for the OP’s second phase. They included: intensifying demand creation; scaling up high impact initiatives; setting up adequate task-shifting practices; ensuring the availability of free contraceptives and including sexual education in educational programs; organizing special day events to mobilize additional resources for FP; increasing advocacy efforts at the higher level and in the private sector; mapping partner-sponsored interventions to better distribute resources in each zone; accelerating the implementation of the SWEDD and Agir PF projects; and implementing communication approaches targeting adolescents and youth.

2.4 Strengthening advocacy skills among youth ambassadors

The issue of young ambassadors in this session was also a key area of focus throughout the 4th annual meeting. For this reason, the meeting organizing committee gave these ambassadors the opportunity to familiarize themselves with new tools that they will use in future FP advocacy interventions to fulfill their roles as agents and defenders of their own rights.

The results of a survey recently conducted by PAI regarding the contributions of youth in the action plans of 4 OP member countries were used as the basis for this initiative. Based on these results, it appeared that capacity needed to be strengthened among youth ambassadors in the use of the AFP SMART tool. This area is particularly relevant given the importance of youth involvement as part of the OP’s next phase. The youth ambassadors will also play the role of “watchdogs” and should be adequately prepared to carry out that mission while ensuring their needs are met.

At the end of this youth-centered session, the youth ambassadors shared some recommendations targeting the OP members.

- Formalize the costed action plans drafting process so that engaged youth can provide meaningful contributions.
- Integrate youth in the development of the country plans.
- Provide technical and financial support to implement youth-centered interventions as part of the costed action plans.
- Strive for greater transparency regarding all available resources and partners’ activities during plan implementation.
- Adopt a holistic approach by taking into account the political and regulatory environment in the area of reproductive health and in other relevant areas.
- Ensure the efficiency of evidence-based interventions and be attentive to the needs of vulnerable populations (out-of-school children, married youth, young single mothers, etc.).
- Provide increased financial resources to young people and existing youth networks to build on their advocacy expertise and ensure the success of their activities.

2.5 Benin’s successful experience

As host country for the 4th Annual Meeting of the Ouagadougou Partnership, Benin had an unprecedented opportunity to highlight its experience, achievements, and preliminary results achieved through the implementation of its 4-year FP action plan launched in 2014.

Participants learned that Benin made significant progress toward its goal and that several initiatives led by various stakeholders supporting the Government of Benin and the implementation of the action plan are already underway.
At the 2013 International FP Conference held in Addis Ababa, Benin had made eight commitments. Table 2 below highlights the progress made toward these commitments.

**Table 2. Status of Benin’s FP commitments**

<table>
<thead>
<tr>
<th>Commitments</th>
<th>Implementation status</th>
<th>Observations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Progressively increase the budget allotted by the Government toward the purchase of contraceptive products to 250 million FCFA by 2018</td>
<td>Completed: 200 million FCFA have been budgeted toward this commitment.</td>
<td>The contraceptive products budgeted for in 2015 were purchased for 200 million FCFA.</td>
</tr>
<tr>
<td>Provide modern FP methods free of charge to young people starting in 2015</td>
<td>Ongoing</td>
<td>Feasibility study conducted in collaboration with national and international consultants. Methods will be free of charge by 2016.</td>
</tr>
<tr>
<td>Disseminate the National Population Policy Statement</td>
<td>Completed</td>
<td>Updated and validated statement.</td>
</tr>
<tr>
<td>Bring CPR above 20% by 2018</td>
<td>Currently being implemented</td>
<td>Costed national action plan in FP developed, launched, and disseminated FP promotion campaign. Introduction to CBD/FP. Creation of a national CSO network promoting FP use.</td>
</tr>
<tr>
<td>Increase collaboration with the private sector and CSOs to ensure the availability and accessibility of family planning methods across the country</td>
<td>Completed</td>
<td>Contracts signed with local and international NGOs</td>
</tr>
<tr>
<td>Introduce FP, including injectable methods, at the community level</td>
<td>Implemented: Ongoing activity</td>
<td>Approximately 1,200 community volunteers deployed in 7 out of 34 health zones. A pilot introduction of injectables is currently taking place in one health zone.</td>
</tr>
<tr>
<td>Revise policies, norms, and procedures to strengthen task-shifting in order to improve reproductive health and disseminate the law on reproductive health</td>
<td>Completed</td>
<td>Documents have been revised</td>
</tr>
<tr>
<td>Strengthen communication about FP, particularly information targeting adolescents and youth who expressed an unmet need</td>
<td>Implemented: Ongoing activity</td>
<td>Interpersonal communication through focus groups as part of FP promotion campaigns. Youth-oriented sensitization activities and training sessions with peer educators and through mass media awareness-raising initiatives.</td>
</tr>
</tbody>
</table>

However, some challenges remain: accurate data needs to be generated to support FP indicators, without systematically having to rely on Demographic and Health Surveys that are only available every five years; the logistics information management system needs to be improved; the continuum of care must be provided; cultural barriers to FP (pro-natalist mindset) as well as religious obstacles need to be eliminated (by increasing...
every religious denomination’s buy-in of and involvement with FP); and geographical challenges (unavailability of services in all health facilities) and financial impediments (allowances for contraceptive product purchases still depend on the level of funding provided by the TFPs) must be addressed.

**Highlights of some key experiences in the field: FP made available to key populations and greater involvement of Benin’s religious leaders in FP promotion**

Experiences were highlighted via discussion panels and presentations detailing the approaches being used. Participants found out that Benin had developed ways to integrate FP into HIV services, while addressing FP needs among the most vulnerable populations through several projects, including the Abidjan-Lagos Corridor Project.

The benefits of the integration process include a guaranteed continuum of care, increased reach and coverage of services, increased service use (due to greater efficiency and reduced stigmatization), improved data collection, integrated supervision of service quality, and better cost-efficiency at the central level.

Benin also developed a specific approach to involve religious leaders in the promotion of FP. It is important to note that Benin is a multi-religious country. Actions have been taken to develop FP communication skills among religious leaders to eventually harmonize the messages they share and how they advocate for and raise awareness about FP.

### III. LEARNING FROM EVIDENCE AND EXPERIENCE

The Cotonou meeting also focused on ways countries could learn from evidence and past experiences. Indeed, sharing evidence-based data helped the participants reflect on the approaches that had been implemented so far in their countries and generated interest in innovative result-oriented initiatives that the various countries could eventually adopt or adapt. Experiences were shared through oral presentations highlighting research outcomes and approaches used at the sub-regional level. These presentations were delivered during plenary sessions and side events.

#### 3.1 Contraceptive revolution: Looking at demographic transition through a forward-thinking lens

This oral presentation took place during a plenary session and was followed by a discussion panel. The main conclusion from these discussions was that the concepts of emergence, demographic transition, demographic dividend, and contraceptive revolution are intertwined. They also should not be ignored, as no country on earth has achieved positive development outcomes without controlling fertility and mortality rates. The same goes for OP member countries, as they hope to reap the benefits of a demographic dividend in the coming years. To achieve this goal, countries will need to invest in five crucial components:

- **Accelerate fertility transition**
- **Improve human capital (health and education)**
- **Save and invest in productive activities**
- **Create highly productive employment**
- **Implement a stable and reliable legal and political environment to ensure good governance.**

These investments will only be successful if the following conditions are met. These include:

- **Ensuring that women are aware of their reproductive rights to eventually increase demand for FP**
- **Developing three or four messages associated with the main stages of women’s reproductive lives, thus helping them make informed decisions, plan for their children’s future in a rapidly evolving world, and eventually space births and have greater control over the size of their families**
- **Getting men to accept women’s reproductive rights.**
Other topics were addressed in separate meetings during which stakeholders and participants had the opportunity to share experiences and discuss scientific evidence. A total of six side sessions took place, focusing on topics that had been pre-identified by OP members. For each topic, we will only present the conclusions drawn from the participants’ discussions.

### 3.2 Family Planning and Adolescent Reproductive Health

This session dealt with three key experiences in the area of adolescent sexual and reproductive health: the survey conducted on the effective integration of youth in FP action plans; the needs expressed by young people themselves; and ways to address the needs of vulnerable girls in Niger.

Following this fruitful discussion, the following recommendations were made:

- Systematically integrate youth, including the most vulnerable individuals, throughout the development of action plans and during the implementation and monitoring processes
- Ensure that this approach remains cost-effective (evaluate the cost, allocate resources, and implement adequate monitoring and evaluation protocols).

### 3.3 Monitoring FP indicators through innovative data collection platforms

Traditional demographic and health surveys may still be the only way to monitor RH indicators in some countries. However, the periodicity of these surveys make it difficult to have an accurate overview of the needs to be met and to monitor progress toward the goals identified by the Ouagadougou Partnership and FP2020. Over the past few years, several initiatives were launched to bridge such gaps, including the continuing DHS in Senegal and the Performance Monitoring and Accountability 2020 (PMA2020) initiative in Burkina Faso and Niger.

The continuing DHS takes place annually and generates indicators that are later used for decision-making purposes. It is based on a reduced but representative sample that will be compounded after three years. Using the data from the continuing DHS, Senegal managed to increase its contraceptive prevalence rate by 8 percentage points within three years. On the other hand, the PMA2020 initiative is based on sentinel surveys collecting information via smartphones. It produces fewer errors than a regular census and gives users the opportunity to rapidly synthesize information and share it at the community level for a fraction of the cost. In Burkina Faso and in Niger, where this initiative has been implemented, indicators are generated every six months, helping each country assess their overall impact in FP.

The following recommendations were made after this session:

- Facilitate the implementation of these initiatives in other OP member countries
- Ensure progressive ownership of these ICT-based data collection approaches at the national level, especially among ministry level stakeholders.

### 3.4 Integrating FP in health service delivery

The benefits of RH/FP integration in other health services are now widely recognized. Like other international stakeholders, the Ouagadougou Partnership supports service integration and recognizes that any type of service delivery provides an opportunity for service integration. This side session was based on this general consensus. It gave participants the opportunity to share regional data on service integration and the promotion of post-partum IUDs with Jhpiego, as well as unique experiences, such as improving vaccination services in Benin and community-based health services in Mali.

The recommendations that were made following the session mostly targeted member countries:

- Increase the availability of post-partum FP service delivery (IUD)
- Use all available opportunities to share information about the benefits of FP
- Scale up innovative integrated interventions

---

4th Annual Meeting of the Ouagadougou Partnership
Adapt data reporting tools to the structure of integrated FP services
Sensitize new providers on the integration of FP to other services
Clearly describe what the integration process entails by drafting standard-setting documents.

3.5 Contraceptive security in francophone West Africa

While RH/FP policies promote increased access to and use of RH commodities, contraceptive security remains a major challenge in OP member countries. This session gave participants the opportunity to understand contraceptive security challenges at the global level, advances that have been made, and bottlenecks remaining in OP member countries. The session also focused on the introduction of new products, such as Sayana Press, in three OP countries (Burkina Faso, Niger, and Senegal) and highlighted the recent experience of Togo in implementing the Informed Push Model+.

The following recommendations were made as part of the session:

- The role played by the private sector should be clearly defined, and this sector should be represented during annual meetings. It would also be important to involve manufacturers, importers, and distributors of contraceptives and supplies.
- Any effort to ensure contraceptive security and the availability of basic contraceptive commodities should involve the private sector (for-profit sector, NGOs, and faith-based organizations), as well as the clinical sector and service delivery points.
- The Sayana Press pilot results in Burkina Faso, Niger, Uganda, and Senegal should be considered an experience to build upon by other OP countries in order for these initiatives to be replicated and scaled up.
- Governments should adopt a forward-thinking approach and monitor product quality. They should also facilitate product registration based on the rapid verification of quality and efficiency data.

3.6 FP funding opportunities: GFF, SWEDD, and countries’ own funding mechanisms

Achieving the OP objectives hinges on the level of funding devoted to the action plans. Funding therefore remains a key issue. This timely session helped participants understand the content of the Sahel Women Empowerment and Demographic Dividend (SWEDD) regional project being implemented in six countries (including five OP countries) and the new GFF funding mechanism being used in Senegal.

All these funding opportunities share two common features: Both financial contributions and leadership occur at the country level. This session highlighted the need for countries to assess the situation and create coordination mechanisms between stakeholders, while involving civil society entities to yield significant results.

3.7 Policy environment and addressing FP as part of the SDGs

The introduction of the newly created Sustainable Development Goals (SDGs) is of utmost importance for the OP countries, since some of them have failed to achieve their Millennium Development Goals (MDGs). That is the reason why one of the sessions was entirely devoted to FP as part of the SDGs.

Through discussions with participants, the SDGs were defined as inclusive, integrated, and indivisible goals that promote health for all human beings of all ages. Family planning is considered to be a control component in order to achieve the SDGs. To meet these goals, countries will need to achieve a 75% rate of met needs in modern contraceptive methods. Achieving this ambitious goal will require country level financing and increased integration at the institutional level.

To achieve the SDGs, RH/FP policies will be further integrated at the institutional level and a multisector approach involving all stakeholders will be developed. Advocacy efforts will be carried out and highlight the linkages between FP and SDGs in the long term. Connections will also be made with other commitments, such as FP2020, GFF, and the National Strategy for Maternal and Child Health.
3.8 FP goals and the anticipated impact of various FP-centered interventions

Measuring contraceptive prevalence at the country level is one the goals set by the OP. However, it requires knowing the impact of implemented strategies on their contraceptive prevalence rates. This session helped participants understand how such a process could occur through the "FP goals" approach developed by Track20.

Indeed, to identify the potential impact of interventions, it is important to first make strategic and operational decisions that can later be used to optimize results. This model revolves around several key stages, including assessing the impact of interventions through a comprehensive literature review and a modelling exercise. A simulation exercise was also conducted based on assumptions related to crucial factors: accessibility, demand, and policy environment.

Implementation of this approach requires strict application of the following steps: specify which technical group should be involved, collect baseline data, and discuss possible interventions from the validated baseline and ways to use such information. The availability of quality data is a prerequisite for this approach to be successful.

At the end of the session, participants recommended that Track20 provide technical support at the country level to help them use this approach.

IV. OUTLOOK FOR THE OUAGADOUGOU PARTNERSHIP

The third and last day of the OP Annual Meeting was primarily devoted to discussions regarding the future of the Ouagadougou Partnership. In its first phase (2011–2015), the OP displayed its ability to add value to country level interventions, while bringing all nine member countries together and engaging them to act and improve RH/FP within the sub-region. The OP managed to generate continuous momentum in FP promotion while attracting new investors in the sub-region.

Maintaining this momentum and ensuring sustainable results were a recurring theme among OP members throughout the annual meeting. Based on the various results achieved this far, members agreed to maintain the OP and add even more ambitious objectives.

4.1 Setting new objectives for the Ouagadougou Partnership

The Partnership will need to define its new ambitions, assess its current situation, maintain its traditional donors and attract new ones, and consolidate its efforts for more significant impact in RH/FP across its nine member countries. This will require the definition of a new common goal. Members were able to define this new goal by first assessing progress made in the various countries during the first phase and analyzing how advances differed from one country to the next. It is important to note that average growth over the past four years (2011–2015) reached 2.7 points with a 1.7–6.1 point variation and an annual average of 0.7, ranging from 0.4 to 1.5 points.

Some key elements were also defined in further detail to harmonize their interpretation at the regional level. These include the following:

- Modern CPRs take all women into account and not only married women.
- Generally, rates focusing on all women grow at a slower pace.
- "Additional user" does not equal "new user."

Figure 4 below shows the evolution of CPRs (all things being equal) for each country until 2020.
4.2 Accelerating progress: 2016–2020

Defining a new goal is also a way for the PO to keep momentum in FP and ensure cohesion and buy-in among stakeholders and accountability among member countries. By aligning its commitments with those of FP2020, the OP will build on the results yielded so far and accelerate progress to achieve 2.2 million additional users by 2020. This goal was set based on current trends in each country. A 15% add-on margin will be used to take into account variable dynamics at the country level. Based on current trends, the nine member countries will achieve 1.9 million additional users by 2020. When taking into account variable dynamics at the country level, the 15% add-on coefficient would allow countries to achieve 2.2 million additional contraceptive method users by 2020, as shown in the following graph.

Figure 3. Evolution of modern contraceptive prevalence rates by country following current trends

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<tbody>
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<td>Bénin</td>
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<td>Burkina Faso</td>
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<td>Côte d’Ivoire</td>
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<td>Guinée</td>
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<td>Mali</td>
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<td>Mauritanie</td>
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<td>Niger</td>
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<tr>
<td>Sénégal</td>
<td>21.1</td>
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<td>Togo</td>
<td>21.8</td>
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4.3 Accelerating progress: 2016–2020

The Partnership’s first phase (Urgency for Action) raised awareness about the delayed progress in the various countries and yielded encouraging results. Now that all countries have developed a costed action plan, tested promising approaches and strategies, and implemented stakeholder mobilization and intervention monitoring mechanisms, member countries and their partners have agreed that the next phase of the OP should focus on accelerating progress to build upon recent achievements. The OP is entering a new era supported by a shared collective vision, as well as renewed ambitions and strategies.
A shared collective vision

In 2012, the Partnership defined a vision to address crucial unmet FP needs in francophone West-African countries. Two main strategies had been selected to achieve that goal:

- To better coordinate efforts among technical and financial partners in order to optimize support provided to the countries
- To strengthen cooperation among national governments to overcome common obstacles.

The next phase (2016–2020) will be supported by the same vision while focusing on collaboration with implementing partners to identify and apply efficient solutions.

Multiplying strategic alliances

Collaboration among RH/FP stakeholders in West Africa remains a key issue for the OP. Therefore, the Ouagadougou Partnership unit has, since its inception, developed ways to support countries and facilitate partner alignment with national priorities. The 4th Annual Meeting gave some institutions and stakeholders the opportunity to renew their commitment and formalize their collaboration with the OP.

Collaborating with FP2020

The collaboration between the OP and the FP2020 initiative is critical to properly coordinate country-level interventions. Like the Ouagadougou Partnership, FP2020 is promoting FP through almost identical approaches. The 9 OP member countries are among the 69 countries included in the FP2020 global movement. Therefore, the meeting gave participants and partners a great opportunity to understand how these two initiatives intersect.

The collaboration between the two initiatives could be summarized as follows: Further development of common advocacy actions targeting countries and donors; and monitoring of action plan implementation (with FP2020 focusing on quantitative data and Track20/OP focusing on qualitative data). The two initiatives will share the same focal points and will co-host regional workshops.

Collaborating with WAHO

WAHO is an ECOWAS institution that specializes in health and whose mission is to influence health policies in ECOWAS member countries. Combining WAHO comparative advantages with those of OPCU will undoubtedly advance the OP agenda. At the end of the 4th Annual Meeting, WAHO and OPCU signed a memorandum of understanding to formalize their collaboration, fully aware that joining forces and harmonizing policies and approaches, while intensifying advocacy and accelerating the implementation process, will yield positive results. These entities agreed to keep each other informed of their priorities, to consult on a regular basis, to ensure adequate communication among focal points, to mobilize resources to be used as part of MNCH projects, and to provide technical support at the country level as part of the action plan implementation process.

Renewed commitment by the Bill & Melinda Gates Foundation

It is important to note that the Bill & Melinda Gates Foundation supported the meeting and committed an additional 120 million US dollars through the “Challenge Initiative.” These funds will be spread out over the next three years. Part of these funds will be used to support the Ouagadougou Partnership.

Implementing an alliance of religious leaders

During a side event, religious leaders from the nine member countries developed a statement declaring their renewed commitment to support country level efforts in implementing FP action plans. They also created an
alliance facilitating coordination and collaboration among religious leaders. The full statement is included in Annex 4.

**Launch of a 2nd contest to award excellence in media production on FP**

As in Paris in 2014, when journalists engaged in FP promotion were awarded, the 4th Annual Meeting hosted the 2nd contest in outstanding FP media production for journalists working in the nine member countries. The contest was launched as part of the official dinner organized by the Government of Benin.

This contest was organized and endorsed by Population Council and the Ouagadougou Partnership. Journalists from various media outlets could compete (radio, print, and online media). The overall goal was to encourage media production dealing with the benefits of FP for the population, while holding decision makers and program managers accountable and advancing the FP agenda at the national level.

**V. CONCLUSION AND RECOMMENDATIONS**

The OP annual meeting held in Cotonou was highly successful due to participant diversity, content quality, discussion impact, session attendance, and contribution relevance.

This event gave participants the opportunity to move from the “urgency for action” phase to the “accelerating progress” phase. Despite the encouraging results that were documented, participants were aware of the significant challenges that the member countries are currently facing, and they made several recommendations to address them.

**Challenges related to the second phase (Accelerating progress) 2016–2020:**

- RH/FP services will have to meet the need of constantly growing populations.
- RH/FP services will need to be integrated in traditional service packages.
- Intercountry partnerships will need to be implemented to improve knowledge and best practice sharing.
- Services targeting adolescents and youth will need to be strategically prioritized in action plans.
- FP will need to be integrated at the institutional level to ensure needs are addressed through a multisector approach.
- Action plans will need to be funded by diversified sources.
- Action plans will need to be aligned with Vision 2020 and will be reviewed annually.

**Recommendations for member countries (including civil society entities):**

- Action plan discussion and monitoring frameworks should be made operational (through a technical steering committee) in order to further integrate FP at the institutional level.
- Coordination and communication with technical and financial partners should be improved.
- CSO coalitions should play a more proactive role and increase their participation in the OP.
- Relevant government units, as well local authorities and private sector entities, should be more involved.
- Member countries should systematically review their costed action plans.
- Systematic measures should be taken to increase youth participation in developing and implementing country action plans.
- The right to accessible family planning services should become a universal right.
- Resource mobilization strategies and plans should be developed in alignment with the new OP objectives after creating country teams specialized in that area.
- Action plans should be used as programming, advocacy, and resource mobilization tools.
Recommendations for donors:

- Coordinate efforts to optimize support provided at the country level.
- Implement a technical assistance network at the country level.
- Pursue the funding of pilot initiatives and prioritize the scaling-up of proven approaches and result-oriented initiatives.
- Systematically support the review of costed action plans.
- Align projects and programs to priorities identified as part of costed action plans.
- Increase funding and help countries mobilize additional resources to make up for gaps.
- Maintain and strengthen dialogue and coordination within and between countries.
## ANNEX 1: MEETING AGENDA

### Objectives:
- Review the progress made by the nine countries toward their common goal of achieving 1 million additional users of modern contraceptive methods
- Share various stakeholders’ (donors, governments, CSOs, and implementing partners) achievements
- Develop the OP’s vision, mission, and new objectives for the 2016–2020 timeframe
- Share promising results with the various countries, based on scientific evidence, in order to update and implement their action plans.

### Day 1 (December 9): Celebrating achievements and assessing results

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<tr>
<th>Time</th>
<th>Agenda</th>
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<tbody>
<tr>
<td>7:30–08:00</td>
<td>Participant registration and orientation (Organizing Committee)</td>
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<tr>
<td>08:00–08:45</td>
<td>Welcoming address (OA and FS) -- One minute of silence for the victims of terrorist attacks -- Presentation (participants, agenda, objectives, methodology and logistics) (CM) -- Security brief (UNFPA/Benin)</td>
<td>Speeches and presentations</td>
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<tr>
<td>08:45–09:45</td>
<td>Progress made by the Ouagadougou Partnership from 2011 to 2015 (FS)</td>
<td>PPT</td>
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<tr>
<td>09:45–10:00</td>
<td>Signing of a MoU between WAHO and OPCU</td>
<td>Plenary session</td>
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<td>10:00–10:15</td>
<td>Coffee break</td>
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<tr>
<td>10:15–13:15</td>
<td><strong>Side events with relevant stakeholders</strong></td>
<td>Moderated discussions</td>
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|            | - **Donors**: Status of priorities adopted in June 2015 regarding the OP governance framework and the post-2015 objectives (FS and CM)  
|            | - **Countries**: FP action plan implementation status, status of coalitions, and identification of future priorities (RD and KO)  
|            | - **Youth ambassadors**: Involvement of youth and adolescents in the development of FP action plans and update on advocacy tools (LC)  |                                  |
| 13:15–14:15| Lunch                                                                  |                                  |
| 14:15–16:15| **Plenary session**: **Focused discussion on Benin**                 | Presentations and discussions    |
| 15:40–16:30| Preparation of the opening ceremony                                   | MOH Benin                        |
Day 2 (December 10): Learning from evidence and experience

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<tr>
<td>08:00–09:30</td>
<td>Introduction of the agenda for the day</td>
<td>Presentations and discussions</td>
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<tr>
<td></td>
<td>– Review of Day 1 (spokespersons)</td>
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<tr>
<td>09:30–09:45</td>
<td>Coffee break</td>
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<td>09:45–09:55</td>
<td>Message by Melinda Gates</td>
<td>Video</td>
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<td>09:55–11:45</td>
<td><strong>Plenary session and panel discussion</strong></td>
<td>Presentations and panel discussions</td>
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<td>Contraceptive revolution: Looking at demographic transition through a</td>
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<td>forward-thinking lens (JPG)</td>
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<td>11:45–12:00</td>
<td>Introduction to the side sessions (CM)</td>
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<tr>
<td>12:00–13:00</td>
<td>Lunch</td>
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<td>13:00–14:30</td>
<td><strong>Side sessions 1:</strong></td>
<td>Presentations and Q&amp;A</td>
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<td>– Family Planning and Adolescent Reproductive Health</td>
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<td>– Monitoring FP indicators through innovative data collection platforms</td>
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<td>– Integrating FP in health service delivery</td>
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<td>– Contraceptive security in francophone West Africa</td>
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<td>14:30–14:45</td>
<td>Coffee break</td>
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<td>14:45–16:15</td>
<td><strong>Side sessions 2:</strong></td>
<td>Presentations and Q&amp;A</td>
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<td>– Funding FP: GFF, SWEDD and countries’ own funding mechanisms in 2015</td>
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<td>– Policy environment and addressing FP as part of the SDGs</td>
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<td>– Identifying new FP objectives</td>
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<td>16:15–17:30</td>
<td><strong>Poster display session and booths</strong>: Each partner is given an</td>
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<td>opportunity to make a presentation and hold a discussion with</td>
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<td>counterparts regarding actions implemented at the sub-regional level.</td>
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Day 3 (December 11): Future of the Ouagadougou Partnership

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<td>09:00–09:30</td>
<td>– Introduction of the agenda for the day (CM)</td>
<td>Presentations, discussions</td>
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<td>– Review of Day 2 (CM)</td>
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<tr>
<td>09:30–10:15</td>
<td><strong>Collaboration between FP2020 and the OP (FS and MS)</strong></td>
<td>Presentations, discussions</td>
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<td>10:15–10:45</td>
<td><strong>Presentation of the assessment methodology used to identify new objectives (ES)</strong></td>
<td>Plenary session</td>
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<td>10:45–11:00</td>
<td>Coffee break</td>
<td>Presentations, discussions</td>
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<tr>
<td>11:00–12:30</td>
<td><strong>Post-2015 Agenda: A new Phase for the OP</strong></td>
<td>Presentations, discussions</td>
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<td></td>
<td>Vision and potential OP objectives for 2016–2020 (RN)</td>
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<td>12:30–13:30</td>
<td>Lunch</td>
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<td>13:30–14:30</td>
<td><strong>Discussion of ways the Partnership can remain strong over the next phase (2016–2020) (CM)</strong></td>
<td>Panel discussion</td>
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<td>14:30–15:30</td>
<td>Break to finalize conclusions and recommendations</td>
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<tr>
<td>15:30–16:30</td>
<td>– Presentation of conclusions and recommendations to be submitted during the Ministry-level meeting (RN, FS)</td>
<td>Presentations and speeches</td>
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<td>– Closing remarks</td>
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ANNEX 2: LIST OF PARTICIPANTS

You can find the list of institutions and participants attending the 4th annual meeting by clicking here: http://partenariatouaga.org/events/participants
ANNEX 3: OPENING ADDRESS

Welcoming address from Dr Pascal Doussou-Togbé, Minister of Health of Benin

- Your Excellency, Mr. President of the Republic, Head of State, and Head of Government,
- Mr. Prime Minister,
- Mr. Vice Prime Minister,
- Ministers of State,
- Members of the Government,
- Ambassadors,
- Technical and Financial Partners,
- Honorable deputies,
- Members of the Ministers’ cabinets,
- The Central and Technical Directors, Managers, and Officials at various levels of the Ministries,
- The delegates from the nine Ouagadougou Partnership countries,
- Honored Guests,
- Ladies and Gentlemen,

I am pleased on this Wednesday, December 9th, 2015, to see you all here in this red room at the Palais des Congrès for the official opening ceremony of the 4th Ouagadougou Partnership Meeting.

Ladies and Gentlemen,

Since the meeting in Ouagadougou in 2011, francophone countries in the West-African region have been involved in a movement called the Ouagadougou Partnership. This movement to address demographic challenges decided to improve maternal and child health in each of the member countries by promoting family planning. The goal is to enroll at least one million new users by the end of 2015.

To do this, Benin has been committed to the process to develop its budgeted action plan since November 2013. Its implementation should allow us to overcome challenges in four areas: demand, supply, an enabling environment, and monitoring/coordination to achieve a contraceptive prevalence of 20% by 2018.

Indeed, family planning continues to be a major challenge for our country. The 2011–2012 Demographic and Health Survey shows that contraceptive prevalence in Benin, at 8%, is one of the lowest in the sub-region. Similarly, unmet need rose from 33% in 2006 to 35% in 2011.

Also, the population group of adolescents and youth in the 10-to-24-years age bracket, who make up one-third of Benin’s population, are facing considerable problems in sexual and reproductive health. These include: not using contraceptive methods during unprotected sex, with the proliferation of STI/HIV/AIDS; the frequency of unintended pregnancies; complications from induced abortions; using unreliable sources of information about adolescent and youth health; and engaging in transactional sex due to moral degradation and economic hardship.

Ladies and Gentlemen!!!
Adopting family planning is at the heart of thriving families and constitutes the cornerstone of reducing maternal and neonatal mortality.

Despite the government’s efforts, reflected in increased funding allocated to purchase contraceptives this year, the implementation of this plan requires additional resources so that we are able to achieve the goals that we have set. Therefore, this is the place to forge new partnerships to mobilize the necessary resources.

This is the place for me to thank all of the technical and financial partners for the daily support that they provide to us with the goal of improving health indicators, in general, and maternal and child health indicators, in particular.

I cannot end my remarks without thanking His Excellency, the President Doctor Yayi Boni and his entire government for his commitment and actions to improve the health of the Beninese people, especially for women and children.

My gratitude especially goes out to the technical and financial partners for their ongoing support in my sector. Also, thank you to all the technical managers from the various levels who contribute to achieving the objectives each day, and to all of you here today who have so kindly demonstrated, through your presence at this event, that Benin, like the other Ouagadougou Partnership member countries, has made decisive progress in development by repositioning family planning.

Therefore, I welcome all of the delegates from the nine Ouagadougou Partnership countries and each guest to this important meeting in the hospitable land of Benin.

Long live health for development!

Long live the Ouagadougou Partnership!

Long live international cooperation!

Long live Benin!

Thank you very much.
ANNEX 4: STATEMENT REGARDING THE CREATION OF A RELIGIOUS LEADER ALLIANCE

Minutes from the meeting regarding the creation of an alliance bringing together West-African religious leaders to promote health and development

During the Ouagadougou Partnership’s 4th Annual Meeting held December 9–11, 2015, at Cotonou’s Hotel Azalai, a side event brought together Imam Moussé Fall of Senegal, Imam Mouhamadou Bachir Oumarou of Niger, Imam Hido Mouhamed Awali of Togo, Imam Sylla Seyni Facinet of Guinea, Dr. Kienrega Youssouphe of Burkina Faso, Imam El hadj Zeydi Makan Dramé of Mali, Reverend Adou Anoh Gustave of the Ivory Coast, and Imam Abdoulah Sarr of Mauritania.

This meeting focused on creating a religious leader alliance representing the Ouagadougou Partnership’s nine member countries. Each religious leader is involved in advocacy and sensitization activities in their communities to foster better understanding of FP. Based on this situation, it is crucial to create a religious leader alliance and unite these influential individuals through a single entity.

The name of the alliance was briefly discussed to ensure it would be in keeping with the Partnership’s founding principles and that it would be accepted in the nine countries.

Following this discussion, three individuals—Imam Moussé FALL (Senegal), Hido Mouhamed Awali (Togo), and Dr. Kienrega Youssouphe (Burkina Faso)—formed a group to develop a draft report that would be submitted to other members of the alliance for feedback.

However, we focused our attention on the quality of our interventions as they should concentrate on key result-oriented aspects and not dwell on mistakes that were made in the past.

As part of its discussions, the alliance made the following recommendations:

- Ask the Ouagadougou Partnership Coordination Unit to support the alliance’s first meeting
- Receive financial support in order to implement the alliance’s action plan
- Permanently involve members of the coordination unit in the alliance’s activities during each Partnership meeting.

Cotonou, 12/11/2015
ANNEX 5: PHOTO GALLERY
You can also download all the pictures at this address: http://partenariatouaga.org/multimedia/4eme-reunion-annuelle-du-partenariat-de-ouagadougou/