



3RD ANNUAL OUAGADOUGOU PARTNERSHIP MEETING

PARIS, FRANCE

December 18-19, 2014

Ouagadougou Partnership Coordination Unit

IntraHealth International
Bureau du Sénégal
85, Lot C & E, Sacré-Coeur Pyrotechnique
Dakar, BP 5328 Dakar Fann, Sénégal
+221 33 869 74 94
www.intrahealth.org



FAMILY PLANNING
Ouagadougou Partnership

TABLE OF CONTENTS

LIST OF ACRONYMS.....	3
INTRODUCTION.....	4
Progress made by the Ouagadougou Partnership	5
9 countries, 9 action plans for a movement that goes beyond 2015.....	5
Promising quantitative and qualitative advancements.....	5
Increases in the number of additional women using modern contraceptive methods.....	5
Funding for FP on the rise	6
Implementing innovative approaches and high-impact interventions	7
Task shifting: a strategy to address the shortage of human resources.....	9
Partnership collaboration and strengthening opportunities	10
Seizing existing opportunities... ..	10
...But also reinforcing achievements.	12
Alliances with networks: EPF & APFDP	12
Alliances with the network of journalists.....	12
Ongoing commitment from countries	14
Challenges faced by the Partnership.....	14
Supporting countries to have policies that respond to the critical shortage of human resources	14
Strengthening the collaboration between actors across intervention areas.....	14
Ongoing mobilization of internal and external financial resources	14
Identifying common indicators to monitor OP progress.....	15
Establishing communication, exchange, and discussion mechanisms within the OP	15
Recommendations	15
Policies	15
Finances	15
Programmatic.....	16
Coordination and collaboration	16
Organizing the next annual meeting.....	16
2015 Priorities for the OP.....	16
2015 will be an important year for the Ouagadougou Partnership.....	16
CONCLUSION	17
ANNEXES.....	18
Annex N°1 : Agenda	18

Day one: Countries and core donors meet to discuss the status of countries' CIP implementation and innovations to speed progress.	18
Annex N°2 : List of participants	21
Annex 3: Parliamentarians' Declaration	27
Annex 4: Speeches and Opening Remarks	30
French Agency for Development.....	30
French Ministry of Foreign Affairs.....	32
French Ministry of Foreign Affairs.....	34
Niger's Minister of Public Health.....	36
Annex 5: Photo Gallery	38

LIST OF ACRONYMS

AFD	French Agency for Development
APFDP	African Parliamentary Forum on Population and Development
CHW	Community Health Worker
CIFF	Children's Investment Fund Foundation
CIP	Costed Implementation Plan
CPR	Contraceptive Prevalence Rate
CSO	Civil Society Organization
DFID	Department for International Development
ECOWAS	Economic Community of West African States
EPF	European Parliamentary Forum
FP	Family Planning
FP2020	Family Planning 2020
GFF	Global Financing Facility
HPP	Health Policy Project
ISSU	Senegal Urban Health Initiative
JHU-CCP	Johns Hopkins Center for Communication Programs
KfW	Kreditanstalt für Wiederaufbau
MDG	Millennium Development Goals
MFPF	French Movement for Family Planning
MSI	Marie Stopes International
OP	Ouagadougou Partnership
OPCU	Ouagadougou Partnership Coordination Unit
PAI	Population Action International
PMA2020	Performance Monitoring and Accountability 2020
PNP	Policies, Norms, and Procedures
PRB	Population Reference Bureau
PSI	Population Services International
RH	Reproductive Health
RHSC	Reproductive Health Supplies Coalition
RMNCAH	Reproductive, Maternal, Newborn, Child and Adolescent Health
SECONAF	Contraceptive Commodity Security in Francophone Africa
UNFPA	United Nations Population Fund
WAHO	West African Health Organization
WB	World Bank
WHO	World Health Organization
WHO/IBP	World Health Organization Implementing Best Practices Initiative

INTRODUCTION

In West Africa, women's access to modern contraceptive methods remains poor. Recent contraceptive prevalence rates (CPR) and unmet need for family planning (FP) across the region highlight this situation. In 2012, only 11% of women aged 15 to 49 in the region were using a modern contraceptive method as compared with 57% in other developing regions and 61% in developed regions¹. Furthermore, in 2012, 29% of women aged 15 to 49 experienced an unmet need for modern contraception as compared with 18% in other developing regions and 19% in developed regions².

During the Ouagadougou conference in 2011, francophone West African countries recognized that promoting FP was an urgent matter. As a result, they set a goal of reaching one million additional women using modern contraceptive methods by 2015 which would results from doubling the CPR in almost all countries. Countries adopted costed implementation action plans for FP in order to reach that goal and fulfill other commitments made during the conference.

Each year, the nine countries comprising the Ouagadougou Partnership (OP) meet to exchange ideas, assess the implementation of activities, analyze progress, and consider new perspectives for the coming year. This document presents the report of the 3rd annual Partnership meeting held in Paris on December 18th and 19th at the invitation of the French Ministry of Foreign Affairs and International Development and the French Agency for Development.

This meeting built upon the recommendations from the 2013 annual meeting in Addis Ababa, including that annual meetings focus on exchanging experiences between countries, provide more information on donors in various countries, and better assess the progress made by the Partnership. The 3rd annual Partnership meeting had the following five objectives (refer to Agenda in Annex 1):

- Review progress towards the goal of one million additional users of modern contraception
- Learn from countries about positive innovations, developments, and challenges
- Present and discuss progress on core donors' 2014 commitments to the region
- Introduce the Partnership to potential new donors
- Identify objectives for the Partnership for 2015

In order to facilitate exchanges, the meeting was held in a friendly atmosphere. There were 135 participants (see list of participants in Annex 2), and top government officials played a significant role during the meeting (see Box 1). An entire day was devoted to countries and their technical partners to discuss innovative and promising experiences via presentations, discussion panels, and poster presentations. The second day served as a platform for donors (key and potential) to share and exchange information, discuss their investments and aspirations for the sub-region. Parliamentarians also participated on the second day and it was an opportunity for them to present their declaration, which was prepared during a workshop the day preceding the annual meeting. Lastly, the meeting presented the global progress documented by the Partnership and the challenges deserving particular attention in 2015.

Box 1: The conference had an exceptionally strong political presence thanks to the participation of His Excellency Mr. Mano Aghali, Ministry of Public Health of Niger, Dr Xavier Crespín, Director General of WAHO, as well as to the contributions of top French government officials such as Ms. Anne-Marie Descôtes, Director of Globalization, Development, and Partnerships and Mr. Frédéric Bontems, Director of Development and Global Public Goods, Ministry of Foreign Affairs, and Mr. Christophe Paquet, Head of the Health Division at the French Agency for Development, to cite only a few.

¹ United Nations Population Division, 2014

² Idem

Below is a summary of themes addressed along with the main conclusions and recommendations arising from the discussions occurring during the two days.

PROGRESS MADE BY THE OUAGADOUGOU PARTNERSHIP

9 countries, 9 action plans for a movement that goes beyond 2015

Although they have various completion dates, each of the nine Partnership countries has an approved costed implementation plan (CIP) for family planning which is currently being implemented.³ The situation in the region remains ambitious and very promising because most countries have completion dates set for beyond 2015. The completion date for Togo's plan is set for 2017. For Benin, Guinea, Mali, and Mauritania, it is set for 2018, and the Ivory Coast and Niger both set their completion dates for 2020. Senegal and Burkina Faso, whose completion dates are set for 2015, are considering revising and updating their plans. Each country's plan dates are found in the table below.

Table 1: FP action plan dates for Ouagadougou Partnership countries

COUNTRY	BEGINNING OF PLAN	END OF PLAN
Burkina Faso	2013	2015
Senegal	2012	2015
Togo	2013	2017
Benin	2014	2018
Guinea	2014	2018
Mali	2014	2018
Mauritania	2014	2018
Ivory Coast	2015	2020
Niger	2012	2020

Source www.partenariatouaga.org

It must also be noted that during the process to develop the FP CIPs, several family planning interventions and projects were already being implemented in the countries. As a result of these plans and the momentum generated by the Partnership, implementation of interventions is accelerating, the number of innovations is increasing, and the coordination of activities and collaboration between actors are becoming stronger. To date, the results that have been documented are encouraging and promising.

Promising quantitative and qualitative advancements

Increases in the number of additional women using modern contraceptive methods

Each year, actions undertaken by the Partnership in the areas of programming, policies, and finances result in an increasing number of women using modern contraceptive methods. Between 2012 and 2013, the number of women of reproductive age (15-49 years old) using modern contraceptive methods increased from 3,339,000 à 3,634,000⁴. This represents an additional 295,000 women⁵ using modern contraceptives

³ To date, Guinea has not yet officially launched its FP CIP.

⁴ Estimations provided by Track20 and available in their activities' report published on November 3, 2014.

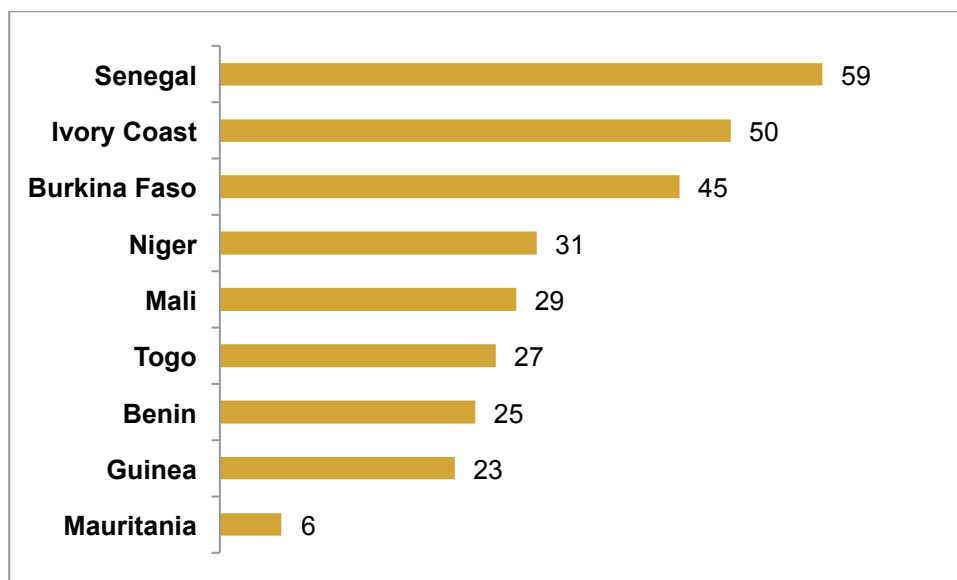
⁵ <http://www.track20.org/download/resources/FP2020%20Progress%20Report%202013-2014%20For%20Print.pdf>

⁵ Number of new users determined by subtracting the number of women using modern contraceptive methods in 2012 from the number in 2013.

over the period of one year. While this figure may seem low, it means that the CPR at least doubled in most countries going from 0.5% to 1% in a year.

The following chart shows the number of additional women per country within the Ouagadougou Partnership between 2012 and 2013.

Chart 1: Additional women aged 15-49 using modern contraceptives, 2012-2013 (in thousands)



Source: Estimations provided by Track20

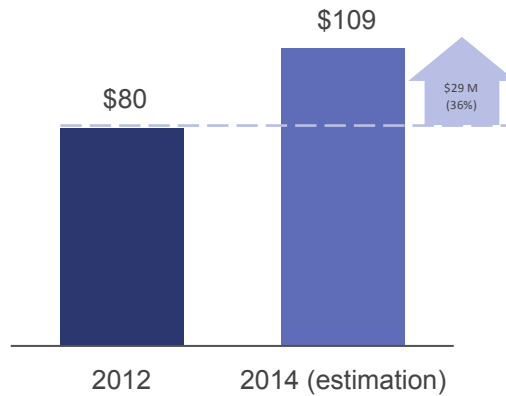
Funding for FP on the rise

Recognizing the importance of strengthening coordination and collaboration among donors for the success of the OP, the key donors⁶ have made a commitment to consult each other more frequently and to coordinate their efforts in country, to the extent possible, in order that investments become more efficient and effective for the overall benefit of countries and their CIPs.

During the meeting, key donors reaffirmed their commitment to and support of the Partnership. This commitment is demonstrated by their investing more funds in the region between 2012 and 2014 as shown in the chart below. Projects funded cover strategic areas for repositioning FP in the region and those included in the CIPs, specifically access to FP services, availability and supply of FP commodities, demand creation, and creating an enabling environment for FP.

Chart 2: Evolution of funding from Ouagadougou Partnership donors

⁶ USAID, UNFPA, Bill & Melinda Gates Foundation, MAE, AFD, and William & Flora Hewlett Foundation.



Source: Meeting with donors, appraised cost of execution plans for countries

An important reminder from country representatives was that most governments have contributed financially to CIPs by allocating funds to buy commodities. As modest as they may appear, these contributions highlight a progressive upward trend towards government institutionalization.

Nonetheless, it should be noted that funding gaps still exist in most countries, particularly for activities focused on demand creation and coordinating and monitoring and evaluation of interventions. These ongoing funding gaps show that it is necessary to mobilize the support of new donors for countries and to encourage all donors to align their funding with the CIPs.

Implementing innovative approaches and high-impact interventions

This 3rd annual meeting made it possible to share promising innovations from each of the countries. Organized according to the four main components of the CIPs, participants were able to exchange what innovative approaches and interventions are being implemented by countries, with their partners, to reduce unmet need and improve access to modern contraceptive methods.

Box 2: FP funding by governments and partners is increasing, but needs to continue growing. Ouagadougou Partnership core donors have augmented their funding by \$29 million US dollars over the past two years. This represents a 36% increase in funding to Partnership countries since 2012.

Creating demand for FP. Senegal has launched a national communication campaign entitled “Moytoun Nef” or “avoiding closely spaced pregnancies”, during which awareness messages were broadcast via radio and TV ads in French as well as in Wolof (the main language spoken in Senegal), on posters, and via religious tenants. A mid-term review of this campaign has highlighted a good level of exposure to and recollection of the messages, as well as positive impacts on religious teachings, behaviors and beliefs.

Niger has scaled up the husband schools approach, which demonstrated satisfactory results. It has also launched a reproductive and sexual health initiative aimed at adolescents and youth called “Burkinatray Bayrey/Ilimin Zama dunia” or “knowledge for dignity”, whose objective is to reach 250,000 adolescent girls aged 10-19 within four years to strengthen their knowledge, attitudes and life skills and help them adopt positive behaviors.

The challenges confronted by all countries with demand creation include reinforcing communication based on religious tenants for FP, diversifying strategies in order to improve men’s involvement, and intensifying and improving quality of community-level interventions.

Accessibility and supply of contraceptives. Three countries presented their experiences. Burkina Faso is currently experimenting with FP tasks shifting, and has recently introduced Sayana Press and Implanon via a pilot project. This project reached 26,000 new users within only a few months. Burkina Faso also reduced the cost of contraceptives by 50%, thereby facilitating access to contraceptives for thousands of women.

In the Ivory Coast, free consultation days linked with the FP communication campaign have resulted in a large-scale distribution of contraceptives such as condoms (185,760 pieces) and injectables (11,576 doses). And Togo, a pioneer in FP task shifting, combined mobile strategies with open house days and covering 35 out of its 40 health districts.

For all countries, the main challenge for the accessibility and supply of contraceptives remains that of task shifting given the shortage of human resources. Task shifting is a proven approach, producing results quickly when properly implemented. It was recommended that countries should clearly position themselves concerning this approach, adopting and integrating task shifting into their health policies, norms and protocols (PNP).

Creating an enabling environment. Guinea and Mali shared their innovations regarding creating of an enabling environment for FP. In Guinea for example, the Republic's ministries and administrations made written commitments following advocacy work. Mali has intensified efforts to disseminate the RH law in French and in other national languages so as to increase the population's awareness and knowledge of it. In addition, the institutionalization of national FP campaigns has increased use of FP services and that of injectables. Mali has also substantially increased the budget line for contraceptives from 3.65% in 2011 to 15.52% in 2014.

Although countries are implementing activities to reach the objectives set in their CIPs, important challenges remain to creating an enabling environment for FP. It is crucial to eliminate financial barriers for clients by lowering costs. In this respect, some countries have taken actions that will facilitate achieving their goal, such as, Burkina Faso. They have cut the cost of contraceptives in half, and Niger has made them free. The topic of de-medicalization, a commitment made during the 2011 Ouagadougou conference, was also thoroughly debated. Several countries are still conducting pilot projects which de-medicalization services and these are producing very good results, but no country has truly integrated or adopted such changes as part of their health policies, norms, and procedures.

Coordination, monitoring, and evaluation. Benin has adopted an innovative approach through its Integrated Annual Work Plan. This tool, designed by all partners involved in RH/FP, consolidates information about all of the activities including locations of intervention, and corresponding budgets. This tool enabled the staff of the ministry's Division of Maternal and Child Health to better perform their role of monitoring and coordination, hence facilitating targeted and integrated supervision.

Mauritania also shared their experience regarding coordination; one which highlighted the difficulties encountered to ensure a stronger coordination of their CIP implementation process. Multiple coordination mechanisms continue to exist and the CIP still lacks resources to set up the monitoring and evaluation system.

Overall, the countries, except for a few, continue to face difficulties to effectively coordinate implementation of their CIPs, along with monitoring and evaluation of them. Several countries have experienced difficulties defining and collecting data to better monitor their CIP indicators. This is due in part to the fact that the Partnership does not yet have a plan to monitor and evaluation Partnership progress, employing standard indicators or a harmonized data processing and collection methodology. Countries have asked for support to harmonize indicators across the region which could facilitate monitoring of Partnership progress.

The afternoon poster session raised awareness about the numerous partners involved in the region who also support the countries with implementation of their CIPs. Table 2 below presents a selection of current partners and projects implemented in the countries and across the region. It was acknowledged that coordination at the national and regional level across the Partnership is an ongoing challenge.

Table 2: Diversity of interventions supporting the implementation of OP country costed implementation plans

TOPIC	INTERVENTION ZONE	PARTNER
Urban access to family planning services	Ivory Coast, Burkina Faso, Niger, Mauritania, and Togo	AgirPF/EngenderHealth Project
Urban access to family planning services	Senegal	ISSU/IntraHealth Project
Advanced strategies and outreach for remote clients	Burkina Faso, Mali, Niger, and Senegal	Marie Stopes International
Total market approach	Global approach ⁷	RHSC/SECONAF
Youth sexuality and reproductive health	Global approach	Evidence to Action (E2A)/Pathfinder
Youth sexuality and reproductive health	Togo	IPPF
Taking into account young girls in vulnerable situations in the context of sexual and reproductive health policies and programs	Burkina Faso, Niger, and Benin	Balance & Population
Knowledge sharing on a global scale	Ouagadougou Partnership Countries	K4Health/JHU-CCP
Scaling up best practices	Global approach	Implementing Best Practices Consortium/WHO
FP advocacy	Senegal and Burkina Faso	Advance Family Planning
Social franchising	Mali	Population Services International
Performance monitoring and accountability	Burkina Faso, (other countries: Nigeria, Ghana, Ethiopia, DRC, Kenya, Uganda)	PMA2020/Gates Institute at Johns Hopkins
CSOs contribution to FP action plans implementation	All 9 OP countries	Civil Society for /FP regional coalition
Market segmentation	Niger	Hope Consulting

Task shifting: a strategy to address the shortage of human resources

Today, task shifting for provision of FP services is a proven approach and one recommended by the WHO. This is an effective approach to operationalize the 3D strategy of democratization, decentralization, and de-medicalization. This 3D strategy was recognized and identified by the Ouagadougou Partnership countries in 2011 as an alternative to the shortage of human resources for health that they face. There is a growing interest in implementing task shifting as mentioned above; however, no country has fully adopted and integrated this approach into its PNPs yet due to the policy changes required and weak political buy-in.

Two studies on different aspects of task shifting have been conducted by Population Council and Futures Group, respectively. The preliminary results of both studies were shared with participants during the meeting and the final reports will be available in the coming months. The study by Population Council, conducted in collaboration with the Ouagadougou Partnership Coordination Unit (OPCU), examined the literature documenting current experiences with task shifting in the nine countries. Results indicate that task shifting is employed most often for counseling and community-based distribution of contraceptives, either

⁷ This means that this intervention is also implemented in other countries beyond the Ouagadougou Partnership countries

for initial or re-supply of pills (depends on the country) or injectables (a method provided at community level in only a few countries). However, a clear regulatory framework throughout the region remains to be defined. To make these practices legal, current legislation and policies will need to be revised. Additionally, it is necessary to ensure that CHWs are trained and supervised appropriately. In an effort to meet the growing needs of women for contraception, the study results emphasized the importance for countries to move towards the integration of task shifting into their PNPs.

The results of this study also revealed the dearth of documentation about the experiences with task shifting in the countries; implementing partners were often not responsive to inquiries requesting documentation. The primary source of information was donors' websites, but such information was not sufficiently detailed. The discussions highlighted the necessity to have a technically-focused meeting or workshop in the region focusing on embracing task shifting and integrating this approach into PNPs.

The second study, conducted by the Futures Group, explored the lessons learned about task shifting through an analysis of PNPs in four OP countries: Burkina Faso, Mauritania, Niger, and Togo. Results revealed that the main delegated tasks include the distribution of products such as condoms (male and female), counseling on periodic abstinence methods, resupply of pills (rarely initiation of pills), and to a lesser extent, provision of injectables. The main recommendations proposed in this study are:

- Operational: scaling-up community-based distribution of contraceptives and promoting long-acting methods of contraception through nursing assistants, certified nurses, and matrones.
- Training: training male and female midwives to offer implants, IUDs, and to establish a calendar and cycle of regular continuing education opportunities and to establish a certification system for CHWs.
- Policy: reinforcing public-private partnerships to offer FP services and advocating for the review of PNPs to integrate the WHO guidelines on FP task shifting.

PARTNERSHIP COLLABORATION AND STRENGTHENING OPPORTUNITIES

Seizing existing opportunities...

A large number of donors and strategic partners participated in the 3rd annual meeting including the European Commission, UK's Department for International Development (DFID), Family Planning 2020 (FP2020), Children's Investment Fund Foundation (CIFF), the World Bank (WB), Women Deliver, and the German Cooperation. A stronger and more defined cooperation and collaboration with these donors and partners could strengthen the OP and further contribute to needed resources by countries.

Family Planning 2020, whose objective is to reach 120 million new users of modern contraceptive methods by 2020, is an important OP partner. The nine OP countries are among the 69 countries targeted by FP2020 and all nine have complied with the conditions required by FP2020 including having a national FP costed implementation plan and making a commitment to FP2020. FP2020 has pledged to assist OP countries to mobilize additional resources, offer tools and information on various domains of FP, and monitor country performance. The OPCU and FP2020 have a memorandum of understanding between them to facilitate achievement of their mutual objectives. The countries were also strongly encouraged to submit a proposal to the Rapid Response Mechanism initiated by FP2020, if needed, to enable accelerated implementation of their CIP.

The World Bank and UNFPA Sahel initiative, worth about 200 million USD, aspires to improve economic opportunities for women and young girls as well as improve their sexual and reproductive health.

The goal of this initiative is to help the Sahel, where poverty, food insecurity, droughts, and conflicts are widespread, seize the opportunities offered by the demographic dividend. Five out of the nine OP countries are part of this initiative: Ivory Coast, Burkina Faso, Mali, Mauritania, and Niger. Since FP is an important contributor to improving economic opportunities, this initiative provides a good opportunity to help respond to funding deficits noted in OP countries' FP CIPs.

Global Financing Facility (GFF). As an innovative fund started by the WB Group in support of "Every Woman, Every Child", the GFF offers an opportunity to mobilize international assistance to developing countries in order to accelerate progress towards achieving the Millennium Development Goals (MDG) and put an end to avoidable maternal and child deaths by 2030. More specifically, the GFF is pursuing the following five objectives⁸:

- Finance national Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) scale-up plans and measure results
- Support countries in the transition toward sustainable domestic financing of RMNCAH
- Finance the strengthening of civil registration and vital statistics systems
- Finance the development and deployment of global public goods essential to scale up
- Contribute to a better coordinated and streamlined RMNCAH financing architecture

As such, the GFF provides a window of opportunity for OP countries to potentially reduce or eliminate funding gaps of their CIPs. However, the Democratic Republic of the Congo was the only francophone country to have been designated as a frontrunner country for consultations launched by the GFF.

Children's Investment Fund Foundation (CIFF) is a private foundation based in London. Each year, it mobilizes \$150 million in support of nutrition, education, and climate change projects. It also focuses on prevention of maternal mortality and HIV/AIDS, and on adolescent reproductive health. In 2014, it invested approximately \$34 million in maternal health of which \$18 million went to Sayana Press. It is also a potential partner for further support of FP programs in OP countries.

Department for International Development (DFID) has made commitments to FP2020. With this commitment, the DFID plans on doubling its funding so as to reach 10 million women with modern contraceptive methods. It should be noted that the DFID is also co-founder of FP2020 and plans on encouraging FP2020 countries to honor their commitments, particularly towards youth. The DFID also emphasizes policy engagements, especially regarding abortion laws. DFID has bilateral programs in 19 of their 28 focus countries.

European Commission: The European Union, based on Article 208, has established a mandate related to the International Conference on Population and Development and MDGs, under the guidance of the Commission and the Council of Ministers to strengthen health care systems so that they better cover health services, provide universal access to RH services, take into account vulnerable groups, and develop approaches based on rights. It contributes to bilateral help in the health sector, Global Fund, and supports civil society.

Women Deliver: Through its funding mechanism, Women Deliver advocates at the global level for improved health of women, and young girls. This broad movement follows global discussions to ensure that RH is taken into account in development goals. It is also planning to launch a platform during the 4th conference in May 2016 in Copenhagen.

German cooperation represented by the KfW: Through its health and social protection division, it covers 36 countries to improve health and social indicators, fight against polio and tuberculosis, and

⁸ <http://www.worldbank.org/content/dam/Worldbank/document/HDN/Health/GFFExecutiveSummaryFINAL.pdf>

promote FP. Several projects are currently underway in Guinea, Mali, and Ivory Coast. One of its important branches, the KfW, unfortunately no longer has health as its primary focus in some partnership countries.

The presentations given by these donors and strategic partners sparked interest from the countries. Presentations were followed by discussions about funding mechanisms and equal access to funding. The countries suggested creation of a global funding mechanism for FP similar to that of the Global Funds to Fight AIDS, Tuberculosis and Malaria.

...But also reinforcing achievements.

Alliances with networks: EPF & APFPD

The African Parliamentary Forum on Population and Development (APFPD), supported by the European Parliamentary Forum on Population and Development (EPFPD or EPF⁹), was also one of the major participants of this 3rd annual OP meeting. Acknowledging the importance and influence of parliamentarians on the creation and adoption of laws which contribute to countries fulfilling their commitments, the EPF organized a discussion and reflection day between European parliamentarians, African parliamentarians, and key FP actors in francophone Africa in parallel with the OP meeting.

The OP annual meeting was an occasion for francophone parliamentarians to reaffirm their pledge to ensure that FP commitments made in Ouagadougou are implemented, specifically with regards to policies and resource mobilization. They emphasized their contribution as the creation of a legal framework promoting FP by revising and adopting RH laws and decrees, and ensuring fulfillment of technical, financial, and political commitments, as well as the creation and increase of budget lines allocated to the purchase of contraceptives. This reaffirmation by African parliamentarians was one of the major achievements of this 3rd annual meeting and took the form of a declaration made to all OP members (see Annex 3).

Alliances with the network of journalists

Promoting contraceptive methods is an important component of demand creation and requires engagement

Box 3: His Excellency, the Minister of Public Health of Niger showed through his presence, the importance his government places on the sensitive and complex issue of FP. He reaffirmed Niger's commitment to the Ouagadougou Partnership's goal and objectives as well as its wish to make family planning a national priority. Lastly, he urged donors and partners to help the Partnership improve service delivery to youth, access to FP services and information through mobile clinics, and the creation of sites for community-based distribution of contraceptives in villages located far away from health facilities.

of the media, both men and women. To support

greater demand creation and media engagement, the Population Reference Bureau and the Population Council, in collaboration with the OPCU, recently organized a competition of excellence in media production focused on FP. Winners of this competition were presented their awards during the 3rd annual meeting. The journalists work as a network of journalists committed to FP and aware of their roles in influencing

⁹ EPF is the European Parliamentary Forum on Population and Development based in Brussels. It serves as a cooperation and coordination platform for parliamentary groups across Europe regardless of party affiliation to focus on improving health and sexual and reproductive rights on an international level.

perceptions and behaviors. They took this opportunity to present their work and reaffirm their commitment to contribute to the OP movement and to achieve the Partnership's objectives.

Ongoing commitment from countries

The 3rd annual meeting was also an occasion for countries to reaffirm their commitments to the OP. Niger's Minister of Public Health honored annual meeting participants with his presence throughout the second day. Through his speech (see Annex 4), he reaffirmed his and his country's commitment to make FP a national priority.

The West African Health Organization (WAHO) was represented by its Director General. He thanked the French authorities for the invitation on behalf of the ECOWAS and the Assembly of Health Ministers. He also stressed the mission, vision, and objectives of his institution and the necessity for the OP to work with WAHO to improve the quality of health services and coverage, and funding in West Africa.

The general secretaries of the ministries of health of the OP countries used the occasion to reaffirm commitments made in 2011 by their countries, and to stress the importance of implementing the CIPs to contribute to the reduction of maternal mortality and to the improvement of women and girls' health, as well as families' wellbeing in general.



PICTURE 1: His Excellency Mr. Mano Aghali, Niger's Public Health Minister (right) with Dr Xavier Crespin, Director General of WAHO.

CHALLENGES FACED BY THE PARTNERSHIP

In following the pattern of previous annual meetings, after assessing the progress made throughout the Partnership, participants identified remaining challenges within the OP. These challenges are organized around five essential topics.

Supporting countries to have policies that respond to the critical shortage of human resources

Francophone West African countries are confronted with an ongoing shortage of qualified health workers, few resources to train or retrain existing health workers, and the challenge of redeploying workers to rural areas where unmet need for FP is higher. Today, task shifting to deliver FP services is recommended and supported by the WHO as one solution for the shortage of human resources. Partnership countries have not yet incorporated this recommendation into their PNPs, however, it is one of the commitments they made in February 2011 in Ouagadougou, and it was also extensively debated during the 2nd annual meeting in Addis Ababa.

Strengthening the collaboration between actors across intervention areas

Although participants acknowledged that coordination is crucial, much improvement is still needed. Many actors are involved throughout the region but sometimes operate in isolation of each other. It is vital for collaboration between partners and stakeholders to be effective in order to optimize impact and maximize efficiency. The absence of thematic working groups or communities of practice among partners works against coordination and collaboration efforts needed in countries.

Ongoing mobilization of internal and external financial resources

Key OP donors have supported national FP CIPs since the launch of the Partnership through funding invested to implement FP activities. Although contributions have increased from \$80 to \$109 million dollars between 2012 and 2014, and countries allocate domestic resources to procure contraceptives, funding for implementation of CIPs is still considered insufficient. Therefore, efforts to mobilize resources, both internal and external to the Partnership must continue. To that end, a review of financial gaps will be conducted by Health Policy Project (HPP) in four OP countries (Burkina, Mauritania, Niger, and Togo) to improve resource mobilization strategies.

Identifying common indicators to monitor OP progress

Each Partnership country has its own system and indicators to monitor progress. However, it is important to have similar indicators and comparable data across the Partnership to have a regional perspective, as well as a system that provides regular updates on progress. A next step includes a discussion at the regional level to reach consensus and agree upon harmonized definition of the indicators needed to better monitor CIP implementation.

Establishing communication, exchange, and discussion mechanisms within the OP

Sharing and exchange of experiences among and between the countries has been weak since the OP was established. Several promising innovations have been initiated by countries and the overall Partnership would benefit from sharing them more widely. It is important for the OP to foster discussions among countries to enable learning, both about and from the difficulties and the successes experienced by others.

RECOMMENDATIONS

At the end of the two days of reflections and discussions, recommendations were made to support the OP in reaching its goal. These recommendations are categorized to respond to the challenges mentioned above. There are also a set of specific recommendations for the next OP annual meeting.

Policies

Regarding policies, the following actions should be considered:

- Helping countries formally adopt task shifting for FP services. This could be achieved by revising PNPs based on WHO recommendations.
- Developing an innovative and comprehensive community health policy specifying the roles of the various health professionals.
- Defining OP's agenda for post-2015. This could be accomplished during the donors' meeting in mid-2015 as well as during a meeting with health ministers before the end of the year.
- Reinforce public-private partnerships for FP service delivery.

Finances

Regarding finances, the following actions should be considered:

- Developing and implementing a strategy for internal and external resource mobilization by countries. The upcoming analysis of financial gaps, to be conducted by Health Policy Project in four partnership countries, could help countries to develop this strategy. Reinforcing the collaboration between the OPCU and HPP so that the financial gap review process can be replicated in the other five OP countries.
- Working with parliamentarians to create, maintain, and make changes to budget lines allocated to contraceptives in the health budgets of OP countries.

- Mobilizing additional financial resources.

Programmatic

In programmatic terms, the following actions are recommended:

- Systematizing annual review of CIPs. It is preferable that OP countries review their action plans annually to assess implementation status, measure progress, share successful experiences, identify bottlenecks, and as needed, redefine the strategy to achieve their objectives.
- Intensifying and scaling up successful innovations presented by countries, corresponding to the four components of their CIPs. In particular, involving religious leaders in demand creation; reinforcing involvement of the media, particularly for regions with lower CPR, and engaging men. In terms of improving access to services and the creation of an enabling environment for FP, the recommendations are to include task shifting in PNPs, to build capacity of health workers, to reduce stock-outs, to harmonize RH laws at the regional level, and to honor commitments made in Abuja regarding health financing. With regards to coordination, monitoring, and evaluation, it was recommended to harmonize indicators of CIP progress at the regional level, and for countries to create and employ coordination mechanisms to assist them with better monitoring of their CIP implementation.
- For countries such as Burkina Faso and Senegal whose plans' completion dates are 2015, revision of their plans is recommended in order to define new objectives.

Coordination and collaboration

In terms of coordination and collaboration, the following actions are recommended:

- Intensifying exchanges of best practice and experiences between countries.
- Coordinating interventions within donor groups to increase efficiency at country level.
- Creating a regional platform to facilitate exchange and for advocacy.
- Organizing meetings between donors and countries at the country level.
- Further mobilizing technical and financial partners around monitoring of CIPs.

Organizing the next annual meeting

Regarding the organization of future annual meetings, the following recommendations were made to the OP:

- Increase the number of days of the annual meeting to allow more time for discussions between OP members to occur.
- Establish a system for sharing/communicating best practices and documentation thereof.
- Involve new actors (governments, private sector, etc.).
- Organize a day for countries to meet prior to the annual meeting.

2015 PRIORITIES FOR THE OP

2015 will be an important year for the Ouagadougou Partnership

The final year of the MDGs, 2015 is also a year to assess results of commitments made in February 2011 during the Ouagadougou conference, as well as to establish new objectives for the future. This is also the year when two of the nine countries' action plans will reach their completion date, while other countries conduct reviews in order to improve implementation of their CIPs. Therefore, prioritizing activities for the OP is vital in order to optimize impact. The following priorities selected for 2015:

- Mobilizing new funding sources for FP.

- Organizing visits from donors to countries to discuss progress and challenges specific to each country.
- Supporting opportunities for exchanging and sharing technical and implementation experiences.
- Encouraging Ministers of Health and donors to identify the Partnership's objectives for 2020.
- Contributing to the fight against Ebola by strengthening health systems.

CONCLUSION

At the conclusion of the 3rd OP annual meeting, it is clear that four years following the launch of the Partnership, the momentum generated in Ouagadougou in February 2011 remains strong. Partners are increasingly present, confident, committed, and motivated to reposition family planning. The progress achieved by countries shows that if this trend continues, objectives for 2015 will be attained.

Nevertheless, coordination and collaboration between stakeholders (between donors, between technical partners, and between countries) needs to be improved to become more efficient. On the one hand, more synergy is needed between stakeholders so that all entities have the same information on progress and challenges regarding the implementation of CIPs, and on the other hand, all entities need to share more information about successful innovations and experiences.

Coordination and monitoring and evaluation mechanisms at the country level are another aspect of the Partnership that needs strengthening in order to facilitate assessment of progress. As such, identifying indicators to monitor Partnership progress will be a priority for early 2015. Collaboration among institutions specializing in monitoring and evaluation, together with regional partners, all of whom support OP countries, will be needed to develop a solid monitoring and evaluation plan for the Partnership.

As mentioned above, in 2015, countries will be encouraged to continue their efforts towards reducing maternal and child mortality. By ensuring that goals for increasing contraceptive prevalence rates are achieved as quickly as possible, OP countries will be able to make considerable progress and help save the lives of thousands of women and young girls.

ANNEXES

Annex N°1: Agenda

ANNUAL MEETING OF THE OUAGADOUGOU PARTNERSHIP 18-19 DECEMBER. PARIS, FRANCE.

Day one: Countries and core donors meet to discuss the status of countries' CIP implementation and innovations to speed progress.

18 DECEMBER	TOPIC	FORMAT
08:45 – 09:45	Welcome, introduction to the two days, and review of FP progress in the region (France, facilitator, FS)	Remarks and presentation
09:45 – 10:05	“Creating demand” activities implementation status (Niger and Senegal, 10 minutes each)	Presentations
10:05 – 10:45	“Creating demand” implementation discussion (panel of Niger, Senegal, and MAE and AFD representatives)	Audience questions to a panel
10:45 – 11:00	Break	
11:00 – 11:30	“Increasing access and improving supply” activities implementation status (Burkina Faso, Côte d’Ivoire, and Togo, 10 minutes each)	Presentations
11:30 – 12:10	“Increasing access and improving supply” implementation discussion (Burkina Faso, Côte d’Ivoire, Togo, and USAID and UNFPA representatives)	Audience questions to a panel
12:10 – 12:30	“Enabling the environment” activities-implementation status (Guinea and Mali, 10 minutes each)	Presentations
12:30 – 13:00	“Enabling the environment” implementation discussion (Guinea, Mali, and Hewlett Foundation representatives)	Audience questions to a panel
13:00 – 14:00	Lunch	
14:00 – 14:20	“Monitoring and evaluation” activities-implementation status (Benin and Mauritania, 10 minutes each)	Presentations
14:20 – 15:00	“Monitoring and evaluation” implementation discussion (Benin, Mauritania, and Gates Foundation representatives)	Audience questions to a panel
15:00 – 15:30	Awards for Excellence in media productions on Family Planning (Population Council, PRB, OP, Journalists)	Remarks by journalists & awards to winning journalists
15:30 – 15:45	Brief introduction to the poster session (facilitator), and followed by a break	
15:45 – 17:15	Concurrent implementing partner and stakeholder poster sessions	Countries and donors circulate among poster presentations
19:00 – 22:00	Mini-conference and reception at L’Hotel du Ministre	Presentations and remarks by journalists, Ministers, donors, and the OPCU

Table 1: Implementing partners/topic pairings

TOPIC	PRESENTER
Urban access to family planning services	AgirPF Project/EngenderHealth
Urban access to family planning services	ISSU Project/IntraHealth
Rural access to family planning services, and remote-client outreach	Marie Stopes International
The Total Market Approach	RHSC/SECONAF
Youth sexuality and reproductive health	Evidence to Action (E2A) Project/Pathfinder
Youth sexuality and reproductive health	IPPF
Including vulnerable young girls in SRRH policies and	Equilibres et Populations
Global knowledge sharing	K4Health Project/JHU-CCP
Scaling up best practices	Implementing Best Practices Consortium/WHO
FP advocacy	Advance Family Planning
Franchising	Population Services International
Performance monitoring and accountability	PMA2020/Gates Institute at Johns Hopkins
CSO FP activity in the region	West Africa Civil Society Coalition
Market segmentation to improve the rate of use of modern methods in Niger	Hope Consulting

Day two: Celebrate and share progress with new audiences, and identify common challenges and priorities

19 DECEMBER	TOPIC	FORMAT
09:00 – 09:20	Welcome and highlights from day one (France, Facilitator)	Remarks
09:20 – 09:35	OP Core donors' contributions and activities, and priorities for 2015 (USAID representatives)	Presentation
09:35 – 10:20	Panel discussion on OP core donors' contributions and activities, and priorities for 2015 (all donors)	Audience questions to a panel
10:20 – 11:00	FP2020 update (BS)	Presentation and group discussion
11:00 – 11:15	Break	
11:15 – 12:15	Panel discussion of invited donors	Panel and group discussion
12:15 – 13:15	Lunch	
13:15 – 13:45	Next steps in determining funding gaps (HPP/Futures Group)	Presentation and group discussion
13:45 – 14:30	Indicators of monitoring & evaluating the CIPs, Collaboration OP/Track20 (AS, ES)	Presentation and group discussion
14:30 – 14:45	Break	
14:45 – 15:30	Progress on task sharing (Population Council and Futures Group reps)	Presentation and group discussion
15:30 – 16:15	Panel of European and African Parliamentary Forums (ND, BJT, HD, BO, MRE)	Panel and group discussion
16:15 – 17:00	Closing remarks (FS, France, other OP donors)	Remarks

FS = Fatimata Sy, OP Coordination Unit/IntraHealth

RN = Rodrigue Ngouana, OP Coordination Unit/IntraHealth

AS = Aoubacar Sissoko, OP Coordination Unit/IntraHealth

ES = Emily Sonneveldt, Track20

OP = Ouagadougou Partnership

ND = Neil Datta, EPF Secretary

BJT = Baroness Jenny Tonge, House of Lords, UK, President of EPF

HD = Hon. Mrs Haoua Dia Thiam, Parliamentarian, Senegal

BO = Hon. Mr. Bakary Ouattara, Parliamentarian, Ivory Coast

MRE = Hon Mrs Marie Rose Nguini Effa, Parliamentarian, Cameroun, Vice-President of APF

Annex N°2: List of participants

CORE DONORS GROUP	
INSTITUTION	REPRESENTATIVE
USAID/Washington	Alisa Cameron
USAID/Washington	Alexandra Todd-Lippock
USAID/Washington	Carmen Tull
USAID/Regional Office	Rachel Cintron
USAID/Senegal	Fatou N'diaye
USAID/Benin	Omoyele Adjognon
USAID/Mali	Madina Sangare
Hewlett Foundation	Tabara Ndiaye
Facilitator	Cheikh Mbacke
Bill & Melinda Gates Foundation	Perri Sutton
Bill & Melinda Gates Foundation	Monica Kerrigan
Bill & Melinda Gates Foundation	Caitlin Feurey
Bill & Melinda Gates Foundation	Hannah Cameron
French Agency for Development	Philippe Orliange
French Agency for Development	Christophe Paquet
French Agency for Development	André Romain
French Agency for Development	Nathalie Bougnoux
French Agency for Development	Absolu Adrien
French Agency for Development	Walfard Philippe
Ministry of Foreign Affairs and International Development	Frédéric Bontems
Ministry of Foreign Affairs and International Development	Thomas Dubois
Ministry of Foreign Affairs and International Development	François Sow
Ministry of Foreign Affairs and International Development	Mariam Diallo
Hewlett Foundation	Margot Fahnestock
UNFPA	Benoit Kalasa
UNFPA	Marie Soulié
UNFPA	Giftly Addico
UNFPA - Belgium	Ivan Hermans

PARTNERS	
ORGANIZATION	REPRESENTATIVE
Planned Parenthood Global	Carole Osero
Advance Family Planning	Alison Bodenheimer
Pathfinder/Evidence to Action	Carina Stover
Pathfinder/Evidence to Action	Regina Benevides
Population Action International (PAI)	Wendy Turnbull
International Planned Parenthood Federation (IPPF)	Lucien Kouakou
EngenderHealth/AGIR/PF	Rouguiatou Diallo
JHU/CCP-K4Health	Sarah Harlan
Population Services International (PSI)	Jennifer Pope
Population Services International (PSI)	Nene Fofana
Population Council	Nafi Diop
Futures Institute	Emily Sonneveldt
Futures Institute	Sarah Fohl
Population Reference Bureau (PRB)	Susan Rich
Population Reference Bureau (PRB)	Victoria Ebin
Marie Stopes International (MSI)	Susan Sanders
Marie Stopes International (MSI)	Sue Holland
Futures Group/Health Policy Project	Modibo Maiga
Futures Group/Health Policy Project	Jay Gribble
Equilibres & Populations	Serge Rabier
Equilibres & Populations	Aurélia Gal-Régniez
Equilibres & Populations	Dominique Pobel
Hope Consulting	Jessica Vandermark
Bill & Melinda Gates Institute for Population and Reproductive Health	Shani Turke
Bill & Melinda Gates Institute for Population and Reproductive Health	Caroline Moreau
IntraHealth/ISSU	Cheick Seck

STAKEHOLDERS	
INSTITUTION	REPRESENTATIVE
FP2020	Beth Schlachter
FP2020	Olusesi Aliu
SECONAF	Badara Seye
Reproductive Health Supplies Coalition (RHSC)	Brian McKenna
eTri Labs	Senam Beheton
WHO Implementing Best Practices (WHO/IBP)	Suzanne Reier
Partners in Population & Development	Abdelylah Lakssir
Redstone Strategy Group	Ivan Barkhorn
Redstone Strategy Group	John Whitney
West African Health Organization (WAHO)	Xavier Crespin
West African Health Organization (WAHO)	Johanna Austin
Women Deliver	Katja Iversen
Children's Investment Fund Foundation (CIFF)	Miles Kemplay
Children's Investment Fund Foundation (CIFF)	Alice Molinier
World Bank	Christophe Lemiere
DFID	Meena Gandhi
KfW Entwicklungsbank (German Development Bank)	Vanessa Gleiss
European Commission	Walter Seidel
Belgian Cooperation	Marie-Paule Duquesnoy
Medecins du monde	Simon Sandrine
Orange	Hussein Jaffar
Mouvement Français pour le Planning Familial (MFPF)	Tiendrebeogo Stella

EPF	
ORGANIZATION	REPRESENTATIVE
EPF Executive Secretary	Neil Datta
EPF Consultant	Vincent Villeneuve
Member of Parliament United Kingdom	Jennifer Tonge
Member of Parliament Cameroun	Marie-Rose Nguini
Member of Parliament Benin	Joachim Dahissiho
Member of Parliament Ivory Coast	Ouattara Bakari
Member of Parliament Mali	Samassekou Belco
Member of Parliament Mauritania	Vatma Mint Ely Mahmoud
Member of Parliament Niger	Aoua Ibro Na Allah
Member of Parliament Togo	Manavi Isabelle Djigbodi Ameganvi
Member of Parliament Guinea	Holomokoni Kourouma
Member of Parliament Senegal	Haoua Dia Thiam
National Advisor of Central Africa Transition	Edgard Mbaikoua Bemaide
EPF Assistant	Stephania Morales
UNFPA Expert Parliamentarian Affairs	Ragaa Saïd

MEMBERS OF INTRAHEALTH	
INSTITUTION	REPRESENTATIVE
Ouagadougou Partnership Coordination Unit (OPCU)	Fatimata Sy
Ouagadougou Partnership Coordination Unit (OPCU)	Marie Victoire Dione
Ouagadougou Partnership Coordination Unit (OPCU)	Rodrigue Ngouana
Ouagadougou Partnership Coordination Unit (OPCU)	Aboubacar Sissoko
IntraHealth	Sara Stratton
IntraHealth	Roy Jacobstein

COUNTRY TEAMS	
BENIN	
TITLE	REPRESENTATIVES
Technical Advisor to the Health Partnership	Edmond Sossa Gbedo
Medical Epidemiologist, Head of FP, Adolescent and Youth	Conrad Essoh-Dhé-Sou Deguenon
Executive Director of ABPF, Focal Point for Civil Society	Yves Sossou
Civil Society	Laurence Adetoutou
Journalist	Béatrice Koumenougbo Essehouenou
Journalist	Makéba Tchibozo Komlan
BURKINA FASO	
TITLE	REPRESENTATIVES
Director of Family Health	Sanou Bicaba Isabelle
Responsible for FP within Division of Family Health	Cheick Oumar Ouedraogo
Civil Society	Ousmane Ouedraogo
Journalist	Boureima Sanga
IVORY COAST	
TITLE	REPRESENTATIVES
Assistant Director General of Health	Kouassi Edith Clarisse
Director of RH/FP	Amoin Virginie Kouakou Nee Konan
Head of FP Division	Amoin Émilienne Kouassi
Civil Society	CEVA Paule Annick MADY
Technical Advisor, ; State Minister, Ministry of Plan and Development	Konan Guessan Narcisse
Director General, National Office of Population	Tanoh Adjoba Marie Brou
GUINEA	
TITLE	REPRESENTATIVES
Secretary General, Ministry of Health	Younoussa Ballo
National Director, Family Health and Nutrition	Mamady Kourouma
Division Head, Family Health, Focal Point for FP	Madina Rachid
Civil Society	Robert Sarah Tambalou
MALI	
TITLE	REPRESENTATIVES
Secretary General, Ministry of Health	Ousmane Doumbia
National Director of Health	Binta Keita
Head of FP Division	Bore Saran Diakite
Civil Society	Mamoutou Diabate
MAURITANIA	
TITLE	REPRESENTATIVES

Secretary General, Ministry of Health	Ahmed Ould Sid'Ahmed Ould Dié
National Coordinator for RH	Mahfoudh Boye
Responsible for Monitoring and Evaluation of National RH Plan	Mohamed Lemine Mohamed Khoune
Civil Society	Aliou Diop
NIGER	
TITLE	REPRESENTATIVES
Secretary General, Ministry of Health	Alzouma Dari Issifi
Director, Maternal and Child Health	Adama Kémou Atto Yacouba
Head of FP Division	Guero Issoufou
Civil Society	Issa Sabo Gado
Minister of Public Health	Excellence Mr Mano Aghali
SENEGAL	
TITLE	REPRESENTATIVES
Secretary General, Ministry of Health	Moussa Mbaye
Director of RH and Child Survival	Bocar Mamadou Daff
Head of FP Division	Papa Chimère Diaw
Civil Society	Balla Moussa Diedhiou
Journalist	Mame Mbagnick Diouf
TOGO	
TITLE	REPRESENTATIVES
Secretary General, Ministry of Health	Gado Agarassi Napo-Koura
Head of Division of Family Health	Tchiguiri Kolman Kassouta N'Tapi
Point Focal - Ouagadougou Partnership	Simtokina N'Gani
Civil Society	Afua Senam Ahoussu épse Toussa

Annex 3: Parliamentarians' Declaration

Parliamentarians' declaration for family planning

Made in Paris on the 17th of December, 2014, at the French National Assembly

(Originally developed and sanctioned in French)

Our call and commitment to guarantee universal access to contraception and family planning services

Foreword

1. We, parliamentarians from francophone West and Central African countries and Europe, gathered at the French National Assembly in Paris in advance of the 3rd Ouagadougou Partnership, acknowledge that economic prosperity depends first and foremost on healthy children born of healthy mothers, stress the importance of family planning to improve child and maternal health as well as economic growth, and pledge to keep on mobilizing to ensure appropriate support for access to contraception and family planning services in our countries' national and international health and development policies.
2. We note that commitments made at the 2011 Ouagadougou and 2012 London summits have led to progress¹⁰ as the number of women and young girls using modern contraceptive methods as well as funding for family planning programs have increased significantly.
3. We praise the level of commitment, efforts, and initiatives shown by our country leaders and governments with regards to family planning, and particularly in Africa, to adopt, ratify, and comply with regional and continental political instruments such as the Maputo protocol, the Abuja declaration, the Maputo Action Plan, and more recently, the Ouagadougou declaration, the FP2020 initiative, and the African Common Position on the Post-2015 Development Agenda, despite remarkable yet still insufficient progress towards the implementation of these policies and the achievement of their objectives.
4. We are happy to see that the use of modern contraceptive methods in francophone Africa is increasing, that the achievement of the established objective for the Ouagadougou Partnership is now within our reach, and that this collective and collaborative adventure has become an occasion to agree on what progress has been made, what means need to be implemented to ensure initiatives are successful, and to further mobilize to meet family planning needs.
5. However, we deeply regret the fact that across the world, over 255 million women and young girls wanting to avoid pregnancy were not able to access modern contraceptive methods, and that each year, this leads to over 80 million unintended pregnancies, 30 million unplanned births, and 20 million unsafe and avoidable abortions.
6. We stress that despite the progress made, sub-Saharan Africa is lagging behind other regions of the world. Although only accounting for 15% of women and young girls aged 15 to 49 in the developing world, it represents rates of 63% of child mortality and 89% of mother-to-child transmission of HIV.¹¹
7. We point out that in order to reduce the number of pregnancy-related deaths, reduce neonatal mortality, and eliminate mother-to-child transmission of HIV, it is essential to address all unmet needs regarding contraception and access to family planning services including care, information, counseling, and reproductive and sexual health education.
8. In accordance with the ICPD's Program of Action, we reaffirm that the right to family planning is a human right based on the "acknowledgment of the fundamental right for all couples and people to freely and responsibly decide of the number of children they want and of their birth spacing and to be informed of ways to achieve it."¹²

¹⁰ Partnership in Progress FP2020, 2013-2014 Report, November 3rd, 2014

¹¹ Adding it Up, Costs and Benefits of Investing in Sexual and Reproductive Health, December 4th, 2014

¹² Program of action adopted at the International Conference on Population and Development (ICPD), September 5-13, 1994, Cairo, Egypt.

9. We emphasize that the success of FP policies and programs requires strengthening political commitment to improve services, namely to increase available stocks of male and female condoms, information, education, and communication.
10. We are convinced that at a time when our governments and international organizations are looking towards development goals for post-2015, they must acknowledge the necessity and profitability of larger investments in the field of access to health services and sexual and reproductive rights, including the right to family planning and medical abortion which save lives and are at the heart of fair and sustainable development.

Our call

We, parliamentarians, considering the 2011 Ouagadougou Declaration¹³ and the commitments made regarding the FP2020 initiative, ask our governments, donors, and all partner organizations of the Ouagadougou Partnership and FP2020 to:

1. Keep pursuing the Ouagadougou Partnership and FP2020 initiative commitments beyond 2015, and inform our parliaments and fellow citizens of what progress is being made via a clear and modern medium.
2. Strengthen the budgetary resources allocated to the achievement of commitments laid out in our policies pertaining to health and official development assistance by supporting civil society and seeing to a transparent and efficient use of development assistance, among other things.
3. Defend human rights, gender equality, and women and young girls' rights, namely the right to make choices and have control over their lives and bodies.

We, parliamentarians, considering the 2013 Call to action made in Addis Ababa¹⁴, ask our governments and all world actors involved in family planning to:

1. Speed up and intensify their efforts towards access to voluntary and quality health and sexual and reproductive rights as well as family planning services, including the broadest possible choice of contraceptive methods, and to make this the priority of national and international health development programs for post-2015.
2. Ensure the integration of universal access to health and sexual and reproductive rights into the global development agenda for post-2015 and into the African Common Position for Africa.
3. Reaffirm and follow through political, technical, and financial commitments made to support women's rights, health, and sexual and reproductive rights particularly at the international level regarding the Universal Declaration of Human Rights, the ICPD Program of Action, the Beijing Platform for Action, and particularly in Africa regarding the Maputo Protocol, the Abuja Declaration, the Maputo Action Plan, and more recently the Ouagadougou Declaration and the FP2020 initiative.
4. Commit to support universal access to family planning services in order to completely eliminate by 2030 unmet contraceptive needs and inequality in access to information and family planning services.

We, parliamentarians, having regrettably noticed the lack of sustained actions supporting additional investments in family planning in the African Common Position on the Post-2015 Development Agenda, ask heads of states and governments of francophone Africa to incorporate family planning into the negotiations on the international development agenda for post-2015 as an essential component to realize the demographic dividend.

Our commitment

We, parliamentarians, considering the 2014 Stockholm Statement of Commitment¹⁵, make a commitment to:

1. Support the achievement of commitments to the Ouagadougou Partnership and the FP2020 initiative regarding the reduction of unmet family planning needs in all francophone African countries.

¹³ Call to action/Ouagadougou Declaration in support of the population, development, and family planning in francophone West Africa. Conference "Population, Development, and Family Planning in Francophone West Africa: The Urgency to Act", Ouagadougou, February 8-10, 2011

¹⁴ Call to Action, 3rd International Conference on Family Planning, November 12-15, 2013, Addis Abeba, Ethiopia

¹⁵ Stockholm Statement of Commitment on the implementation of the ICPD beyond 2014, International Parliamentarians' Conference on the Implementation of the ICPD Program of Action (IPCI/ICPD), April 23-25, 2014, Stockholm, Sweden.

2. In our countries, support political and social mobilization to change mentalities and behaviors, eliminate violence against women and girls and fight against harmful traditional practices, namely female genital mutilation (FGM), child marriage, and early forced marriage.
3. Across all our national territories, promote universal access to health and sexual and reproductive rights for all, namely to quality care and to information and sexual and reproductive health services for adolescents and youth specifically.
4. Question our governments and raise their awareness as to the legal, regulatory, budgetary, and social obstacles to access to information and sexual and reproductive health services, in particular for adolescents and youth, and reflect upon the importance of guaranteeing universal access to contraception and to a broad range of modern contraceptive methods, including emergency contraception as recommended by the World Health Organization.
5. Defend sexual and reproductive rights in our assemblies and ensure principles of equality and non-discrimination are complied with regarding the creation, adoption, and implementation of family planning legislation, policies, and programs.
6. Promote democracy, international agreements, and an approach based on human rights in all efforts towards sustainable development and the eradication of poverty and social inequalities for which all remain responsible.
7. Galvanize and develop mobilization, action and cooperation of national and regional parliamentary networks on population and development.
8. Systematically and actively monitor the progress and impact of our work via national and regional parliamentary structures in association with our United Nations, civil society, and youth partners.

Annex 4: Speeches and Opening Remarks

French Agency for Development

Opening remarks Day 1

Annual Ouagadougou Partnership Meeting

Thursday, December 18, 2014, Mistral Auditorium

Mr. Philippe Orlange, Executive Director for Strategy, Partnerships, and Communication (French Agency for Development or FAD)

(Originally delivered in French)

- It is a great honor to open this 3rd annual OP meeting and to welcome in this Nelson Mandela auditorium at the FAD, such a broad panel of actors all committed to solving the same challenge: **improving family planning services in francophone Africa.**
- **A considerable challenge indeed, whose impact will go beyond the health sector.** The United Nations' demographic projections have been revised upwards, which means that Africa's population could reach 2.7 billion people by 2050 (while the initial estimate was pointing to 2 billion people). Because rates of fertility and unmet need for family planning are still high today, the **demographic transition in sub-Saharan African is far from over.**

However, in countries with low resources, the economic, environmental, and social pressure resulting from such a high demographic growth **threatens achieved and future progress in terms of development.** This has been stated publicly by some leaders (e.g. President of Malawi, Professor Ouattara (Republic of Ivory Coast).

In fact, a great number of **African countries are engaged in a race against the clock to find homes, feed, educate, and provide health care to their population.**

> **2 key figures:** the number of young people under 14 in SSA is going to double by 2050. In the next 20 years, 100 million of young people aged 15 to 24 in SSA will be entering the job market >>> what can be seen as great richness could turn into a **social time bomb** if the prospects in terms of education, employment, and integration are not up to par (consider the case of Arab Spring).

- **Improving sexual and reproductive health** constitutes, in this regard, a major development issue with a direct impact on demographic growth. However, helping countries during their demographic transition should be a process that does not only focus on this issue and which must take place as part of a logic whose aim is **to strengthen global health systems** (and particularly primary health care, including children) and **make sure that population issues are taken into account** in development strategies (issues of girls' education and autonomy, social protection and universal health coverage, youth integration and jobs, urban and rural balance, etc.).
- **This is another major challenge** since actions must be **maintained over long periods of time** and occur as part of a **dynamic "from the inside"** supported by political leaders, all of civil society, and the private sector. This requires:
 - A strong commitment and **great political courage from decision makers** as it becomes a long term vision going beyond the amount of time served in office and involving important changes within African societies. Pointing out the complexity of the topic of family planning, which involves both the **service delivery aspect** with available, various, and quality products, and the **demand aspect** as well as individual rights and the evolution of socio-cultural norms (e.g. social status of maternity, gender equality, marriage, early pregnancy, etc.) over the long term, necessarily.

- To **start with the foundation**: allowing SSA couples to have access to modern contraceptive methods. Today, 25 to 30% African women would like to have access to such methods but cannot. It is a fundamental right that they are being denied, and this has dire consequences on the health of mothers, adolescents, and children.
- **The AFD is one of the development agencies that are actively mobilizing to overcome this challenge**, not only because it produces a great amount of data (studies on the demographic dividend, research on the relationship between demographic and economic growth, etc.), but also because it implements France's "MUSKOKA" commitments towards maternal and child health.

The AFD is unique in that **it is present in all 9 Partnership countries** through its MUSKOKA projects and that it has entrusted the implementation of these projects to the administrations of the countries in keeping with the Paris declaration. By making maternal, neonatal, and child health **one of its strategic intervention areas by 2019**, the AFD therefore plans to make a long term commitment to countries.

- **The last challenge consists in coordinating and looking for which technical and financial partners complete each other** in order to optimize the impact of allocated funding and be able to provide appropriate support in significantly various contexts.
- The **Ouagadougou Partnership**, which brings us together in Paris today, definitely addresses all of these challenges by combining the efforts of countries and technical and financial partners in order **to meet the needs of current generations (medium term) and invest to guarantee a better future for the next generations (long term)**.
- I'd like to extend my warmest thanks to all organizers and participants, and wish you good debates!

Reception organized as part of the 3rd annual Ouagadougou Partnership meeting

Minister's Office

December 18, 2014

Reception Opening speech

**Anne-Marie DESCÔTES, Director of globalization, partnerships, and international development,
French Ministry of Foreign Affairs**

(Originally delivered in French)

Health ministers' representatives,

Parliamentarians,

Dear partners,

It is deeply satisfying to see you all gathered here in Paris despite the Ebola crisis on which we are currently concentrating our efforts. This crisis shed light on how fragile health systems are in certain regions when they are faced with a widespread epidemic. It highlights the importance to invest more in health over the long term, namely by supporting national policies aimed at strengthening health and social systems. Such investments are costly, but we can find a way to make them more efficient. Contraception is in fact one of the most cost effective public health interventions. As a very efficient and inexpensive means to prevent rather than cure, it has the same positive impact on women's health as vaccination has on children's health. Contraception saves lives. It must be remembered that still today, over 350,000 women die each year from pregnancy-related complications in the world. These deaths are the first cause of mortality for adolescent girls in Africa. Most of these deaths could be avoided if all women had access to family planning information, products, and services as well as to modern contraception.

Dear partners,

Such observations must make us change the focus of our interventions. We will have to address the issues that we have not been able to solve during the past twenty years in a more direct way.

Here are three pieces of information in particular that I would like to share with you:

1/ Given the forecast in terms of demographic growth in West and Central Africa, and in particular in the Sahel, low contraceptive prevalence has become a strategic issue with strong implications on economy and safety. Demographic growth, in particular in the Sahel, will be one of the biggest challenges the sub-region will face in the coming decades. The population of countries in this region should double by 2014 and triple by 2060. They will have to deal with a rapid increase in their needs for investments in education, health, food security, and job creation. It is urgent to take action in the region.

2/ The demographic significance of youth requires answers whose impact will be maximized in the long term. The region is experiencing the largest generation of youth in its history. Investing in youth is a major requirement to promote sustainable development and safer, equitable, and more inclusive societies. It's

one of the priorities of our Secretary of State for Development and Francophonie. Access to contraception for youth will be one of the focuses developed in this action plan. West Africa is the world's region with the highest rates of adolescent pregnancy. Limited access to contraception is a major obstacle to youth's autonomy, in particular with regards to education, jobs, and money. Access to contraception is a fundamental right that we must guarantee for them. We must make progress on culturally-sensitive topics such as early marriage and pregnancy by developing an approach based on rights which goes beyond just providing products and services, but also aims to improve legislation and policies and encourage a shift in social norms for communities to abandon harmful traditional practices. This represents a sustainable and efficient approach at the same time.

3/ We know we are dealing with difficult and complex topics. That is why we need a collective answer to these issues. This is illustrated by France's commitment within this Partnership along with the 9 francophone African countries, the United States Agency for Development, the Bill & Melinda Gates Foundation, and the Flora & William Hewlett Foundation, which have recently been joined by the United Nations Population Fund (UNFPA) and the World Bank. Our dearest wish is for this mobilization to continue and to intensify. I'm saying this in a place steeped with history where significant negotiations succeeded and where great processes were initiated. I am referring specifically to the illustrious declaration made by Robert Schuman on the 9th of May, 1950, when he was Minister of Foreign Affairs. This declaration is considered to be the foundation of the process of European unity. I thank the representatives of the European Commission, Great Britain, Germany, and Belgium for their presence as well as the representatives of Denmark, Sweden, and the Netherlands for their involvement.

Before I turn the floor over to Fatimata Sy, allow me to express a wish that I hope you will share. Firstly, I hope that in 2015, universal access to contraception and more generally to sexual and reproductive rights will be fully integrated as priorities into the post-2015 agenda. Then, I hope that through this partnership for West Africa, our mobilization for universal access to contraception will intensify and grow by welcoming new partners. These are ambitious, but attainable objectives. I know that I can count on you all to help me achieve these objectives as part of the partnership that brings us together.

Thank you.

Opening Remarks of Day 2

3rd Annual Ouagadougou Partnership Meeting

Ministerial Conference Center

Friday, December 19, 2014

9:00-9:30

Frédéric Bontems, Director of development and global public goods

(Originally delivered in French)

Mr. Minister,

Dear partners,

I am pleased to open this day at the side of Mr. Mano Aghali, Niger's Health Minister. Mr. Minister, we are honored by your presence. I must mention that yesterday, you were celebrating Niger's national holiday in Niamey. Your presence in Paris testifies to your commitment.

I also welcome all of our Partnership partners as well as the representatives of European agencies who accepted our invitation. They are present here for the first time. Dear colleagues, we are pleased that you could join us today to reflect upon the ways to develop family planning in West Africa.

As our Director, Mrs. Anne-Marie Descôtes, stated yesterday, the low contraceptive prevalence rate in partnership countries and beyond in West Africa, is for France a strategic issue with strong implications on the economy and well-being of societies. The challenges are clear: the population of countries in this region should double by 2014 and triple by 2060. As a result, they will be faced with a rapid increase in their needs for investments in social areas, particularly education, health, and food security, but also in the long term to create jobs. We must clearly state that there will be no demographic dividend unless younger generations are guaranteed an access to social services, health, education, and decent employment, as well as to the realization of their fundamental rights.

All 16 priority poor countries as defined by the Interdepartmental Committee on International Cooperation and Development (ICICD) are among the countries with the highest fertility rates. West Africa has the lowest rates of contraceptive use in the world and an average modern contraceptive prevalence rate of just under 15%. Therefore, it is urgent to take action in the region, and France would like to contribute to the collective effort.

Through its participation in the Partnership, France's goal is to maintain the movement initiated in Ouagadougou in 2011 and attract all partners such as governments, civil society in these countries or international donors: bilateral or multilateral agencies, development banks or private foundations. This would enable the development of a broader access to sexual and reproductive products and services in West African countries. If we all want it, we can attempt to give ourselves the means to integrate and coordinate our efforts.

Regarding the method to be used, France is known for its specific mode of operation. It is attached to the principles associated with aid harmonization in the Paris Declaration and IHP+, the international health partnership. It boldly supports an approach based on supporting national action plans, and it encourages development partners to do the same for better consistency and efficiency. In parallel, it strongly encourages that all commitments made towards family planning, which is often integrated into or part of maternal and child health services, lead to tangible and quantifiable actions by the health ministers or other relevant ministers of Partnership countries as well as by international donors.

Ladies and gentlemen, dear partners, once again, thank you for being present. I wish you the best in your future work.

Niger's Minister of Public Health

3rd Annual Ouagadougou Partnership Meeting

Ministerial Conference Center

Friday, December 19, 2014

Remarks by

His Excellency Mr. Mano Aghali, Minister of Public Health of Niger

(Originally delivered in French)

Mr. Director General of the West African Health Organization,

Honorable people's representatives,

Ouagadougou Partnership members,

Dear guests,

Ladies and gentlemen,

It was my strongest wish to attend this important meeting with you, despite the fact that organizing the Republic's holiday events has been tiring. Indeed, Niger just celebrated the 56th anniversary of its Republic and His Excellency the President Mahamadou Issoufou wanted this celebration to be very special.

Ladies and gentlemen,

My presence here among you shows how important the high authorities of my country consider the sensitive and complex matter of family planning to be. In effect, Niger is one of the countries where the demographic and socio-health indicators are most concerning. I know that the nine West African countries represented here share some of these realities. We also share a reality that could turn into a strength, if we meet the necessary requirements, but that, for the time being, could be a factor leading to implosion if we do not consider it carefully. I am talking about our extremely young populations. In effect, in most of our countries, youth and adolescents account for over half of the population. As you know, they constitute an extremely fragile population group with specific needs in terms of sexual and reproductive health, and it is on these needs that must work arduously in the coming years.

Ladies and gentlemen,

As stated in our reproductive health laws, reproductive health is a fundamental human right of which no one may be denied. That is why our States must work to prevent any woman or any couple from being denied access to family planning information and services.

Ladies and gentlemen,

The 2013-2020 action plan for family planning in Niger was launched on February 7, 2013, by His Excellency Mr. Brigi Raffini, Prime Minister and Head of State. On that day, this plan, which was endorsed by all actors,

saw the UNFPA commit to 49% of the costs and the USAID's commit to 10 million dollars over 5 years. It must be stressed that the latter's interventions are carried out via projects such as Agir PF and Deliver Project. Since then, other donors have committed such as the Hewlett Foundation and the Bill & Melinda Gates Foundation via projects like IMPACT with Pathfinder International and "Leadership in University" with Evidence to Action. It must be stressed that the Common Funds have strongly supported the implementation of the 2011-2015 HDP (Health Development Program).

The map of technical implementation partners has also expanded with the establishment of Population Services International (PSI), Marie Stopes International (MSI) etc. in Niger.

I am taking advantage of the opportunity of being here to extend my heartfelt thanks to these partners, friends of Niger. May this serve to remind them that we are sincerely thankful and that we are determined to make this fruitful collaboration continue.

Ladies and gentlemen,

As you know, this plan comes in response to the "call to action" issued at the 2011 International Conference on family planning in Ouagadougou. This call comes as a result of observations that francophone West Africa is characterized by the highest rates of maternal, infant and child mortality in the world, and that low use of family planning methods worsens and maintains these mortality rates.

Here, I am reaffirming Niger's commitment to Ouagadougou Partnership objectives as well as its wish to make family planning a national priority. However, we need the support of all actors in our country: traditional chiefs, civil society, religious leaders, women's and youth's organizations, men, etc.

We also need the support of all partners, namely, as I was saying earlier, with regards to service offerings specific to youth, to improve access to family planning services and information through mobile clinics, and to create sites for community-based distribution of contraceptives in villages located far away from health facilities.

Ladies and gentlemen,

I am pleased to see the presence of the WAHO here, and I recognize its leadership on the Ebola issue in the ECOWAS. I also take advantage of this opportunity to express my sympathy for our neighboring peoples of Mali and Guinea who were struck by this disease which constitutes a hardship for our populations and health systems.

I could not finish my statement without thanking all partners who are helping Niger and welcome the help of those would like to contribute.

I also take advantage of this occasion to thank France for this invitation and for its hospitality.

I also express my thanks to the Ouagadougou Partnership Coordination Unit for its relentless work which requires an ongoing level of commitment every day.

Have a nice day and keep sharing. Thank you.

Annex 5: Photo Gallery

You can also download all pictures by using the following link:

<https://www.flickr.com/photos/129394862@N03/page1/>

