

Family Planning in West Africa:

The critical role of French support

November 2016



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Equilibres & Populations, a Paris-based nongovernmental organization created in 1993, works to promote the health and rights of women and girls of all ages. As part of its work in Francophone West Africa, Equilibres & Populations advocates for contraceptive access among those women who want it; it also promotes family planning in French development-policy discussions. Equilibres & Populations' principal interventions focus on building capacity among civil society and citizens in West Africa.

Equilibres & Populations wishes to thank the Ouagadougou Partnership for coproducing a family-planning advocacy week in Paris in June 2016, the event that led to this publication.

We warmly thank members of the West African delegation: Fatimata Sy, Rodrigue Ngouana, Laurent Aholofon Assogba, Aïssa Bouwaye, Abaché Ranaou, Idrissa Maïga, Fatou Ndiaye Turpin, Jean-Pierre Guengant, and Romaric Ouitona, as well as Estelle Breton, who provided very valuable support.

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We thank IPPF EN for press relations and other communications related to the conference, part of a European initiative to mark the midpoint of the Family Planning 2020 (FP2020) Partnership.

Summary

Recommendations for French development policymakers

In June 2016, a family planning delegation from West Africa met with French development-policy stakeholders in Paris. Equilibres & Populations facilitated these meetings along with a related conference during a week of family-planning advocacy. Based on how these discussions enriched our many years of thinking on the subject, and after considered reflection, Equilibres & Populations offers the following recommendations to French development policymakers.

Strategically

1. Continue defending sexual and reproductive health and rights (SRHR), particularly for women and girls, in multilateral contexts and through bilateral diplomacy.
2. Maintain a high level of political engagement with the Ouagadougou Partnership.
3. Ensure that the future Health Strategy of the French Ministry for Foreign Affairs and International Development (MFAID) gives priority to SRHR.

Financially

In the medium and long term

1. Allocate sufficient funding to implement recommendations from the MFAID Population and SRHR Strategy Report.
2. Ensure transparent financial commitments for actions recommended by the MFAID Population and SRHR Strategy Report.

Immediately

3. Earmark funding for AFD family planning and SRHR programmes at pre-2015 levels.
4. Extend funding commitments for the French Muskoka Fund through 2020.
5. Increase direct contributions to the United Nations Population Fund (UNFPA) and UN Women.
6. Use part of the funds collected through innovative financing mechanisms for family planning and SRHR.

Operationally

1. Link SRHR with the fight against communicable diseases.
2. Promote gender equality, of which SRHR is the cornerstone, as a contribution to the fight against climate change.
3. Intensify collaboration with French and West African civil society organizations.
4. Verify that MFAID and AFD have sufficient human resources to (a) implement recommendations from the Population and SRHR Strategy Report and (b) accelerate the growth of gender and development expertise among government agencies.

Introduction

Population growth, development, and women's empowerment: complex and crucial challenges

West African countries see some of the world's highest fecundity rates, averaging 5.7 children per woman. Niger's population today is triple that of thirty years ago; its fecundity rate – the highest in the region – stands at 8 children per woman. Across West Africa, modern contraception use remains very limited and varies by country. Only 10% to 20% of women aged 15-49 use modern contraceptive methods; the youngest women, aged 15-19, see an even lower rate. From 20% up to 60% of adolescent girls undergo forced marriage. Maternal mortality rates remain very high, averaging 510 deaths per 100,000 live births.

These figures cannot sum up the linkages between population growth, development, and women's empowerment. Rather, these linkages stem from complex and overlapping factors. All this leads us to ask: What conclusions may we draw from the juxtaposition of these alarming numbers?

COMBINING DIVERSE ANALYSES

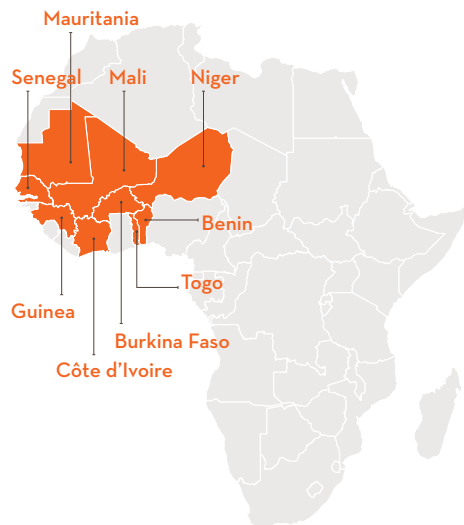
Some analysts describe population growth as a danger to the future of West Africa. They believe that the predicted doubling of the population by 2040 will mean significant pressure on social services and employment; such growth would have a strong impact on spatial arrangements while also threatening stability. By contrast, many politicians believe that their countries would benefit from larger populations. Other observers predict dire health problems: maternal and infant deaths, complications from unintended pregnancies, risks posed by unsafe abortions. A broader vision would integrate all the data and possible outcomes, while targeting the individual as its endpoint. Equilibres & Populations advocates this approach – setting goals around the individual's needs and rights, and emphasizing the primacy of women's empowerment.

In June 2016, Equilibres & Populations and the Coordination Unit of the Ouagadougou Partnership organized a Paris visit for a West African delegation. This visit had two goals. First, it sought to facilitate broader thinking and to build relationships among all stakeholders. Second, it aimed to increase French involvement as a strategic partner and donor in population issues, sexual and reproductive health and rights, and especially family planning. Since 2011, France has helped build and expand the Ouagadougou Partnership, thus contributing to the region's first recorded successes in many years. How might we strengthen this trend of success? How can we ensure that such efforts simultaneously meet the goals of the Ouagadougou Partnership, Family Planning 2020, and the United Nations Sustainable Development Goals adopted in September 2015?

FAMILY PLANNING CAN LEVERAGE PROGRESS

This publication presents the main solutions proposed during the week of meetings between the West African delegation and French stakeholders; it includes ideas advanced during a conference held on 8 June 2016 at the French Academy of Sciences (Académie des Sciences). These ideas and solutions, emanating from varied professionals and drawing upon their experience and fieldwork, place access to family planning at the center of all the challenges cited above. Whatever the perspective adopted – promoting women's and men's rights, or responding to population growth – and regardless of the term used (development driver, lever or keystone), all stakeholders recognized family planning as *the* crucial element in development policy and programs. Furthermore, funding for family planning has shown a good return on investment, since each euro spent generates 4-6 euros in future social and public service savings.

The promising Ouagadougou Partnership had its launch in February 2011, during the Regional Conference on Population, Development and Family Planning in Ouagadougou, Burkina Faso. Aiming to accelerate progress in family planning service usage, the Partnership has matched nine governments from French-speaking West African countries with technical and financial partners in Europe and elsewhere.





The West African Family Planning Delegation in Paris, June 2016

THE CRITICAL ROLE OF FRANCE

French development policy in general prioritizes West African countries; they also receive specific emphasis in its official strategy report, France's External Action on the Issues of Population and Sexual and Reproductive Health and Rights 2016-2020, adopted in October 2016. The present publication concurs with the strategy report on many fronts, such as the centrality of family planning along with sexual and reproductive health and rights more generally; it will also propose ways to translate strategy into operations.

West Africa stands at a turning point; France now has an opportunity to play an even greater development role in the region. It can do so, first of all, by allocating the funding needed to accelerate adoption of modern contraceptive methods. France can make a difference in many other ways, too. The first part of this publication presents the various needs of West Africans; the second proposes five main areas for action, and the third and final part provides detailed recommendations, which are summarized as recommended actions on page 3.



Part 1

Very low contraceptive prevalence rates and a variety of needs

VERY LOW CONTRACEPTIVE PREVALENCE RATES

In 2016, West Africa had very low prevalence rates of modern contraception use. (The prevalence rate refers to the percentage of women of reproductive age who use [or whose partners use] modern contraceptive method(s) at a given point in time.) Among West African women aged 15-49, the prevalence rate ranged between 13% and 21% (see *graph below*); this means that less than one in five women used a modern contraceptive method. The West African rates were substantially lower than those of some East African countries – two to three times lower than the highest rates. If we only look at married and in-union women in West Africa, the prevalence rate falls to about 10%.

Modern contraceptive prevalence rates
(2016 estimates for all women aged 15-49)

West Africa

Benin	16.1%
Burkina Faso	20.7%
Côte d'Ivoire	17%
Mali	14.1%
Niger	13%
Senegal	16.1%
Togo	18.7%

East Africa

Kenya	43.2%
Rwanda	29%

Since the Ouagadougou Partnership began in 2011, modern contraceptive prevalence rates have increased. Analysts estimate that in Burkina Faso, 40,000 to 50,000 women begin using modern contraceptive methods every year, and that Senegal gained about 215,000 new users between 2013 and 2016.

In West Africa, only one in ten married women uses a modern contraceptive method.

Thus the Ouagadougou Partnership has largely met its original target – to reach 1 million users in West Africa; its 2015-2020 target has now increased to 2.2 million new users.

However, in West Africa growth in contraceptive prevalence remains relatively slow, or at least rather unequal. In countries with very low prevalence rates, the data show that sustained momentum in growth remains difficult to achieve.

In countries showing slightly more progress, the data confirm that the coming years will bring an acceleration. This implies a window of opportunity that we cannot afford to miss; it also indicates the need for greater efforts in lagging countries. In both cases, immediate action is imperative!

To put recent progress into perspective, we must remember that family-planning data collection and modeling remain relatively imprecise, even though the reliability of both has improved. Therefore, one must analyze the data with caution, especially when it reflects minor changes or trends. When we measure contraceptive prevalence, an increase or decrease of two or three percentage points might seem encouraging or worrying, but is not especially significant. However, 15- or 20-point gains will express real positive change.

Traditional versus modern contraceptive methods

We usually distinguish between “modern” contraceptive methods and “traditional” methods; the former are considered more effective and safer for women’s health, the latter less effective and more dangerous.

The data presented in this publication, taken for the most part from a 2015 FP2020 report, tally only modern and not traditional methods toward total contraception use; the analysis assumes that women using traditional methods have an unmet need for contraception.

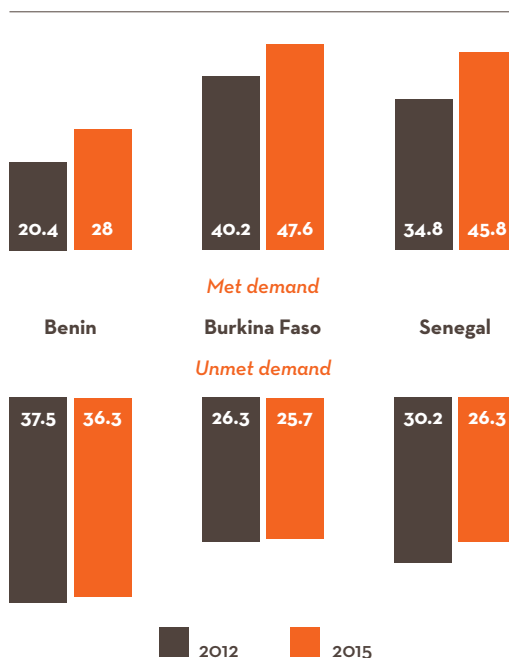
EXPRESSED VERSUS UNEXPRESSED NEEDS

A 25-year-old sexually active woman who wants protection against unintended pregnancy and sexually transmitted diseases; a couple who wants to wait before having a second child; a married adolescent who wants to avoid pregnancy until she is older: these three examples represent cases – a few among many – of what we call “expressed needs” or demand.

Along with expressed needs, we must consider a second type of demand – conventionally, although clumsily, termed “unexpressed needs.” In other words, these are needs that would find expression if those concerned knew their options and rights. Generally, we find these rights enumerated in the 1948 Universal Declaration of Human Rights, beginning with the first article: “All human beings are born free and equal in dignity and rights.” The 1994 United Nations International Conference on Population and Development (ICPD) in Cairo (Egypt) enlarged heretofore purely demographic population issues and put individual rights at the center of development.

Expressed needs for modern methods of contraception (2012-2015)

(married and in-union women)



Nearly all nations subsequently adopted its action plan. In 1995, the Fourth World Conference on Women in Beijing (China) liberated women from a uniquely procreative role and emphasized their right to “control all aspects of their health, in particular their own fertility” (Article 7).

In 2015, the 17 goals adopted in the new UN 2030 Agenda for Sustainable Development completed these standards with health target #3.7 (“By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.”) and gender equality target #5.6 (“Ensure universal access to sexual and reproductive health and reproductive rights, as agreed in accordance with the Programme

of Action of the International Conference on Population and Development, the Beijing Platform for Action, and the final documents of their review conferences.”)

Percentage of women who received information on family planning during recent contact with a health service provider (2012-2015)

Burkina Faso	37.1%
Guinea	6.6%
Mali	16.4%
Niger	16.9%
Senegal	22.2%
Togo	20.1%

These official texts express grand principles that remain either unknown to the public or too abstract for application to an individual’s own life. Such gaps in understanding family planning become amplified when, as often happens, individuals dare not seek out information on such intimate topics; they are generally even less inclined to insist on their rights. Ensuring these universal rights means we must first make them known to all – translating them into local languages, using the spoken vernacular, and prioritizing reaching the disadvantaged and those who suffer the greatest discrimination.

SOCIAL NORMS MATTER

A number of economic, social, and cultural norms and beliefs affect decisions about contraceptive use; these norms and beliefs weigh especially heavily on women and youth.

Consequences for women

Men and women do not have exactly the same contraceptive needs nor do they encounter the same obstacles in fulfilling them. This does not arise simply from biological differences – i.e., that women can become pregnant and men cannot. Social mores, norms, habits, and traditions foster inequality for women everywhere. Twenty years after the Beijing Conference on Women, many still cannot control their fecundity or sexuality, particularly in West Africa.

Even the methods of compiling statistics prove revealing. Surveys almost always confuse family planning with women’s access to contraception, even when some women have no intention of starting a family. Furthermore, few surveys even mention the less-developed option of male contraception. To date, most large-scale studies show numbers only for married and in-union women, since they do not necessarily collect data for all women of reproductive age. This implicitly validates the idea that a married woman automatically has more need of contraceptives than an unmarried one.

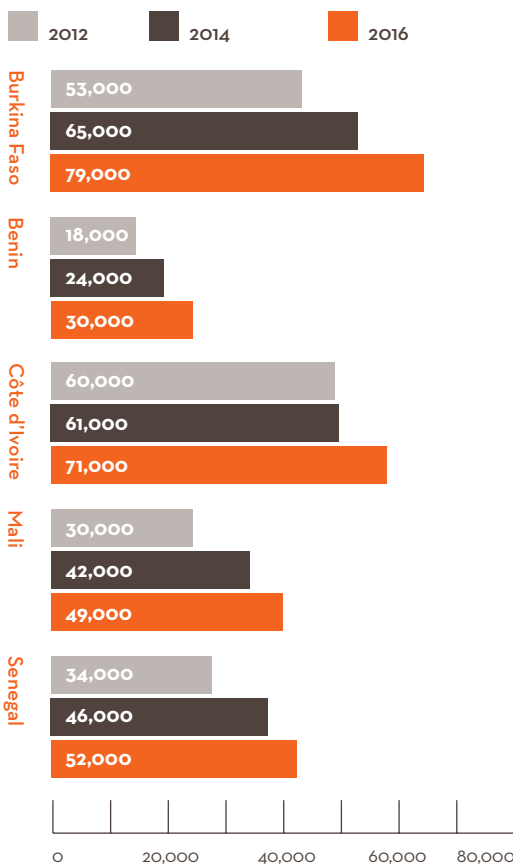
Such social inequality among women directly affects the number of unintended pregnancies. In absolute terms, the latter have continued to increase over the past four years, showing us that family planning efforts in West African countries remain insufficient.

Number of unintended pregnancies per year (2012 / 2016)

	2012	2016
Burkina Faso	102,000	109,000
Côte d'Ivoire	345,000	413,000
Mali	177,000	189,000
Niger	125,000	144,000
Togo	126,000	132,000

When a woman faces an unintended pregnancy, she may take the risk of seeking an unsafe, non-medical abortion, under conditions that may produce serious or even fatal complications. Worldwide, women undergo 22 million unsafe abortions annually, leading to 47,000 maternal deaths – nearly two-thirds of which occur in Africa.

Number of unsafe abortions averted due to modern contraceptive use (2016 projected)



Youth needs

Young people matter, and not only because they represent the future; in West Africa, they also represent a large percentage of the population. However “youth” is defined – generally 10 to 24 year olds – this percentage will not decrease in coming years. In Niger, for example, children under 14 years of age account for half of the total population! Other countries can count a slightly smaller percentage of under 14-year-olds. Young West African girls and boys will therefore remain central to policy management in family planning and SRHR.

The question of youth and adolescent access to contraception raises different issues than those concerning adults. Social norms and taboos have an even stronger power over young individuals growing up, particularly during adolescence; those under 18 have no legal responsibility for most of their decisions. Dominant social images steer young men toward affirming their virility; parallel representations lead young women to accept an inferior status, and a destiny as mothers of many children.

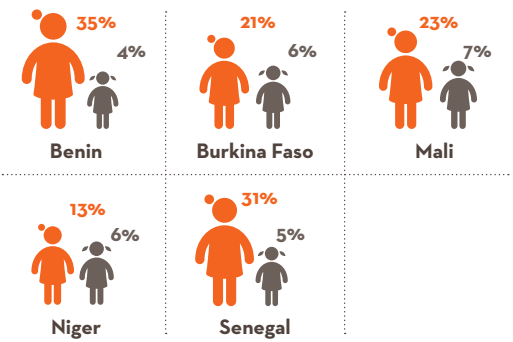
The risk of maternal death among 15-19 year olds is 30% higher than the next higher age grouping, partly because adolescent bodies are less ready for pregnancy, but also because younger women have the least access to information, skilled assistance, and other resources.

“Complications from pregnancy and delivery [...] are the leading cause of mortality among adolescent women in Africa.”

MFAID 2016 Population and SRHR Strategy Report

We can see large differences in modern contraception prevalence rates between two younger age groups. In Burkina Faso, women aged 15-19 use modern contraceptive methods half as often as women aged 25-29. In Senegal, four times fewer young women use modern contraceptives compared to their elders. In all West African countries, the average falls considerably for young rural women; we may assume that they have the greatest expressed and unexpressed needs for contraception.

Family planning use and needs among young women in five West African countries



■ Unmet family planning needs (aged 15-19 in union)
■ Contraceptive prevalence rate (modern methods) (aged 15-19 in union)

Data taken from the most recent Demographic and Health Surveys

A final indicator speaks volumes: the number of births among adolescent women. Every year in Niger, one out of five young women aged 15-19 gives birth (20%). In comparison, in the East African country of Rwanda, only 5% of 15-19 year olds give birth, half the number in Benin and three times fewer than in Burkina Faso or Mali.

As young African women, we confront a double burden of discrimination: first because we are young and second because we are women.

Alexia Hountondji, Youth Ambassador for the Ouagadougou Partnership (Benin)

These numbers provide an evocative glimpse of the West African reality. To have the full picture, we must increase efforts to collect more precise data with better disaggregation by gender, age group, etc. Without a more complete picture, we cannot develop better-targeted and therefore more effective solutions.



Part 2

Five solutions to the challenges

The challenges outlined in the preceding section arise from many complex factors, and preclude any single, infallible solution. However, if groups of professionals work together – government representatives, civil society organizations, international organizations, and citizens – we may overcome them.

How can we begin to reverse the trend? This section proposes five solutions that will advance SRHR and family planning in West Africa. These priorities emerged from discussions during the June 2016 advocacy week, led by the West African Family Planning delegation in Paris. They generally overlap with

Equilibres & Population's field expertise and the priorities highlighted in the MFAID Population and SRHR Strategy Report.

The vectors of change presented here have no neat divisions between them. Rather, their interdependence is what will make them effective. If our efforts can build momentum for family planning, it will carry very significant and lasting benefits for many West African men and women, and contribute to regional development and stability.

①

Reducing gender inequality

Reducing inequality between men and women is a goal in and of itself, one that supports family planning. Conversely, the more that social norms encourage a balance of power and responsibilities between men and women, the less fearsome the obstacles to family planning become. All development stakeholders acknowledge this virtuous circle; it has also been part of official French discourse since France adopted the 2013 “Gender and Development” strategy.

The primary family planning obstacles arise at three different levels. On a personal level, women may fear opposition from their family or partner. They may also fear stigmatization by those outside their inner circle. On the institutional level, laws may require a woman to obtain her husband’s permission before accessing family planning services. In addition, the lack of family planning information for women and couples, together with persistent prejudice against contraception, may hamper use of existing services. On a general level, other obstacles affect service quality and affordability: financial barriers limit women’s decisions on the basis of perceived cost; discrimination occurs during healthcare facility admission; unsuitable opening hours prevent access; and a lack of confidentiality creates fears that deter potential users.

The situation calls for two types of action. In the long term, interventions should encourage egalitarian social imagery and, in the short term, they should have very concrete positive effects on women’s lives, showing that change can benefit the whole society. Other worthwhile actions include better information for women, along with healthcare worker retraining to reduce discrimination. It is crucial to engage men in family planning decisions — encouraging them both to share responsibility for contraception and to help physically and financially with maternal and infant care.

The fight for gender equality and women’s empowerment involves the entire population, along with policymakers.

Fatou Ndiaye Turpin, National Coordinator,
Siggil Jiggéen Network, Senegal

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Better serving the specific needs of youth



For young people, meeting family planning needs and ensuring SRHR may generate profound changes. Such change begins with improving access to accurate, complete information and suitable services.

The education system has a crucial contribution to make. School coursework must include classes that raise awareness about family planning. In the medium term, classes should evolve into complete sex education programmes. Affordable, appropriate contraceptive methods for needy youth present a significant challenge, since young people are less likely than adults to be financially independent.

In terms of service quality, healthcare workers need special training on how to care for youth and ensure their access – eliminating situations in which workers deny treatment or prescriptions for patients they consider “underage.” This calls for increased research about youth issues as well. Findings from large-scale, methodical studies would allow healthcare professionals and others to rethink less effective actions and guide their programmes toward more innovative solutions.

More specifically, adolescents should become a priority in themselves. Legislative reform, while necessary where laws have dictated inequality, will not completely mitigate age and gender discrimination. In West Africa, campaigns to change public perceptions about adolescents, and especially about their SRHR, remain more necessary than ever.

Working on behalf of youth implies more than improving services and programmes; it also means bolstering and facilitating their participation in all the processes that affect them, and allowing them to make their own decisions.

Working for youth without young people means we are working against them!

Romarc Ouitona, President of Young Ambassadors for Family Planning, Benin

3

Improving contraceptive product quality



Availability of contraceptive products is a *sine qua non* for family planning access; product quality assurance is equally indispensable. In the first sense of the word, quality means a product safe for women's health and effective against unintended pregnancies. In this connection, we must ensure that intellectual property issues do not reduce availability of the best products in West Africa in comparison to other regions. Second, quality means access to product-related information and services as well to the products themselves. In its third sense, quality becomes synonymous with variety. No single modern contraceptive method is perfect or ideal. Each product has features that users may find more or less suitable. Globally, this means supplying the widest possible range of safe and effective modern contraceptive methods.

Product quality is not a neutral, purely technical factor, but one also shaped by society and social relations. Thus we note delays and lack of research on products that women can control, which require measures to “catch up.” For example, female condoms – currently the only wholly woman-controlled method for protection against both unintended pregnancy and sexually transmitted diseases (STDs) – remain generally unavailable to potential users. Furthermore, potential manufacturers, such as those already producing male condoms, remain uninterested in developing products for women. This pro-male asymmetry applies to female sexuality in general, and obviously is not limited to West Africa. And yet contraception is considered almost entirely a women's issue, although the potential exists to expand male contraception with more determined efforts.

Principle modern contraceptive methods

1. Permanent

- Female sterilization
- Male sterilization

2. Long-acting

- Intrauterine device (IUD)
- Implants

3. Short-term

- Injectables
- Pills
- Female condom
- Male condom

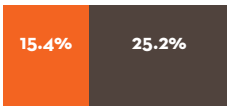
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Stimulating demand

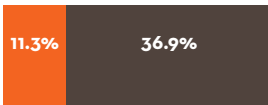
Improving the range of contraceptive services and product availability remains essential, but would solve only one part of the problem. Increasing demand for products and services is equally vital.

Demand for modern contraception (married and in-union women)

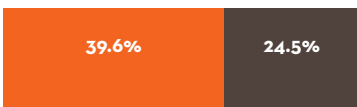
West Africa



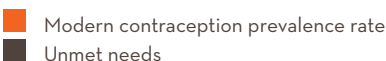
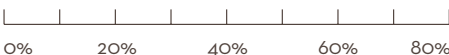
Central Africa



East and Southern Africa



Latin America



West Africa has the world's lowest demand for modern contraception because of economic, social, and cultural factors. We can engage the last two, and simultaneously stimulate demand, by discussing and disseminating information about family planning issues and rights.

The Niger case proves helpful in illustrating the importance of stimulating demand. In 2015, needs-satisfaction rates for modern contraceptive methods reached 42.5% of married and in-union women, one of the highest rates in the region. Those with unmet needs accounted for only 19.5%, one of the lowest rates. However, these two percentages, apparently signaling desired outcomes, disguise an opposing truth. Obstacles to family planning access occur even before Nigerien women know they need contraception – in other words, it often remains an unexpressed need.

The three other solutions cited above help stimulate demand. Defending rights for women and youth mitigates the taboos that curb expressions of need. Improving product quality and variety helps prompt and maintain interest from potential users. The problem is not simply a lack of contraception; sometimes it is the lack of consistent use that leads to unintended pregnancy.

5

Building civil society



Public authorities naturally turn to local civil society organizations (CSOs) for discussion and information. Local CSOs, representing citizens in each country, have more legitimacy than foreign or international organizations. In theory, no one contests this fact. In practice, however, most West African CSOs confront both organizational weaknesses and growing management demands from donors; this means that local CSOs receive only a small share of grant monies, despite their superior ability to identify needs and mobilize citizens.

Local CSOs can play a key role as intermediaries in advertising and public relations efforts geared toward social change; they can create community dialogue and mass- or social-media messages, along with spotlighting committed individuals willing to share their personal experiences. Local CSOs also serve as entry points in the defense of individual and group rights; they advocate for family planning and SRHR policy commitments, and monitor such commitments once made. The 2016-2020 Population and SRHR Strategy underscores the role of civil society in strengthening women's rights legislation, and praises the use of simple language to explain such rights and laws to affected populations and government representatives countrywide.

Gaining civil society support is crucial, and requires building CSO capacity in several areas: administration, finance, advocacy, public relations, and advertising. Northern CSOs can play an important role as facilitators for these forms of capacity-building. We must also bolster synergy between national and regional organizations in order to multiply impacts and ensure critical mass – the latter essential for positive outcomes in family planning and rights. Other groups also merit priority treatment: those defending women's rights, those who give voice to youth, and those with expertise in SRHR, for more effective use of needs-based analyses.



Part 3

France: a natural partner, providing irreplaceable support

The actions and solutions proposed above require commitments on many levels and involve several types of actors. Historic and linguistic ties make France a natural partner for West Africa. However, France currently provides too little funding relative to its financial capacity or the needs of West African populations. This holds especially true today: for the first time in years, 2016 saw a worldwide plateau in family-planning funding.

"If we do not increase our efforts in the next few years, we may not be able to meet our commitment to the 120 million women who rely on us."

Elizabeth Schlachter, FP2020 Executive Director

Financial investment remains absolutely necessary but insufficient. This section presents strategic, financial, and operational elements immediately needed to optimize French actions abroad, as recommended in the report on France's External Action on the Issues of Population and Sexual and Reproductive Health and Rights 2016-2020, published by the French Ministry of Foreign Affairs and International Development (MFAID) in October 2016.

MAINTAINING STRATEGIC COMMITMENTS

A relevant institutional framework

France has solid frameworks to draw upon in promoting SRHR and family planning. First, the descriptive and flexible United Nations Sustainable Development Goals suffice to balance the French and international frameworks. At the national level, the law guiding development and international solidarity policy highlights the “following great challenges: improving sexual, reproductive, maternal, neonatal and infant health and population policies in priority sub-Saharan African countries [...]”. Consequently, since the publication of the MFAID 2016-2020 strategy report, only one level of national strategy remains unclear: the forthcoming MFAID Health Strategy.

In keeping with the French approach, this strategy should count SRHR among its priorities; it should also explicitly mention French projects that support family planning. The strategy will require alignment with the Agence Française de Développement's (AFD's) sectoral intervention framework, Health and Social Protection (2015-2019). The 2016-2020 MFAID report will also need to clarify its monitoring indicators; sometimes it sets numerical targets, while at others it settles for current statistics.

Exploiting strengths

The 2016-2020 MFAID strategy presents population issues as a challenge. A rights-based approach represents more than simple statement: it is the course of action that France has chosen to pursue for four years. This marks the first time that SRHR have reached a strategic level within French development policy – a sign of great progress. Gradually, the rights-based approach should take root more thoroughly among French foreign aid officials and representatives.

The strategy's first objective calls for “strengthening international, regional and national normative frameworks for sexual and reproductive rights.” This validates a course of action previously suggested by the 2013-2017 Gender and Development Report. For the past several years, France has established itself as one of the main SRHR defenders in diplomatic circles, despite a difficult context (given that conservative countries slow international progress on rights expansions).

France should pursue this course of action regardless of which political party holds power between now and 2020, if only for reasons of consistency: as a universalist culture, France cannot present one message in United Nations fora and another in national arenas. West African men and women have the same fundamental rights as French men and women. By definition, these rights must be defended in the same terms, no matter where they are negotiated and no matter what the issue – from fighting maternal mortality to accessing safe and legal abortion.

The 2016-2020 MFAID strategy affirms that France “will remain committed to the Ouagadougou Partnership”, without, however, spelling out what that means in concrete terms. This declaration absolutely requires active confirmation over the next four years: genuine, strategic involvement, spontaneous dialogue with participating nations, and ongoing, effective actions coordinated with other donors.

“Ensuring sexual and reproductive rights is the primary prerequisite for creating equal opportunities for men and women.”

MFAID 2016 Population and SRHR Strategy Report
(quote taken from the preface by Jean-Marc Ayrault and André Vallini)

FINANCIAL COMMITMENTS: DO MORE AND DO IT BETTER

Moving toward transparent, substantial, and long-term funding

The 2016-2020 strategy report does not mention funding commitments, a situation that calls for public review of current and future funding before building the 2018 aid budget. This would allow more consistent and therefore more effective actions; it would also, of course, permit greater democratic transparency. Lawmakers and taxpayers could follow

the progress of French investments through analyses compiled and distributed by CSOs. This review would also provide an opportunity for France to showcase its actions. At present, France only releases very general numbers on its contributions at international events. While such amounts may impress in absolute terms, their calculation remains opaque to the public, rendering them less informative and risking the appearance of unreliability.

No matter how one presents the data, total funding should be substantial. As a reminder, France committed to an extra €100 million per year from 2010 to 2015, earmarked for maternal and infant health through the Muskoka Initiative. Since the objectives set out in the 2016-2020 strategy go beyond this single target, they call for higher funding levels. Multi-year funding is indispensable in areas that do not allow for making or measuring progress on a short-term basis.

Example of a funding table for implementation of the 2016-2020 Population and SRHR Strategy (€)

	SRHR commitment	2017 disbursements
Global Fund contribution (XX% for SRHR)	X million	X million
Bilateral family planning programme (100% for SRHR)	5,000,000	5,000,000
Direct contribution to UNFPA	3,000,000	3,000,000
Total	XX,XXX,XXX	XX,XXX,XXX

Immediately applicable commitments

The SRHR programmes implemented by AFD's Health and Social Protection department call for earmarking and protection from budget cuts – the most direct way to execute the strategic courses of action prescribed. In addition, budgeting should prefer aid in the form of grants over loans.

The French Muskoka Fund (Fonds Français Muskoka, or FFM) coordinates programmes with four United Nations (UN) agencies: UNFPA, World Health Organization, United Nations Children's Fund (UNICEF), and UN Women. The FFM received €10 million in funding for 2016. Between 2011 and 2015, the annual amount contributed averaged €19 million. Any commitment beyond 2016 will only make sense if it extends to the end-date of the 2016-2020 strategy report. In addition, the amount committed should return at minimum to its initial pre-2016 levels.

Direct French contributions to two key agencies – UNFPA (€500,000 in 2015) and UN Women (€400,000 in 2015), an agency advocating for SRHR – remain almost insignificant. Smaller nations than France have invested tens of millions of euros. To preserve its diplomatic credibility on SRHR issues, France should increase its support to UNFPA, either as “core support” or through the FFM. The same holds true for UN Women; it happens to be the agency currently receiving the least funding from the FFM.

All these contributions should come in part from a deliberate reorientation of official development aid budgets – a logical step given the new political priority assigned to SRHR. Innovative financing mechanisms may also facilitate funding, particularly the increase in revenue that will come from the financial transactions tax.

OPERATIONAL COMMITMENTS: CONSISTENCY AND COMPLEMENTARITY

It is crucial to ensure operational consistency between the various sectors of French foreign aid. Although a measure of specialization will inevitably occur among divisions and departments (and is, in fact, desirable), functional silos will prove a threat to effectiveness. For example, the SRHR approach (with family planning promotion at its heart) should articulate with the fight against AIDS. That may seem obvious, but a truly integrated approach demands constant effort.

In West Africa, family planning and SRHR issues often intersect with a range of critical development challenges. Much remains to be done, but the Ouagadougou Partnership’s initial results have shown the value of political will: for great numbers of men and women, it means fuller exercise – and more concrete respect – of their sexual and reproductive rights. French development policy has a duty to rise to these challenges. Substantial continued funding would translate French values into tangible progress across the world.

Beyond global health actions, efforts to promote gender equality, with SRHR as their cornerstone, require integration with the fight against climate change. They also call for working with West African and French CSOs, indispensable agents of social change and innovation. Obviously, we cannot hope to do more and continue to improve with fewer staff each year. Such efforts need additional human resources – to implement complicated programmes in the field, to represent France in international fora, and to promote a rights-based approach. Such efforts would also benefit from accelerating development of gender and development expertise among government representatives.



Some members of the West African Family Planning delegation meet with Danielle Bousquet, President of the High Council for Equality between Women and Men.

Members of the West African Family Planning Delegation (Paris, June 2016)

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Sources

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