



Agir pour la Planification Familiale

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Promoting a Favorable Policy Environment for Family Planning in Togo: The Contribution of AgirPF

INTRODUCTION

Concerned by the negative impact of persistent high fertility rates in their countries, several governments in the West Africa region, including Togo, participated in a conference titled Population, Development, and Family Planning (FP) in Francophone West Africa: an Urgency for Action, which was held in Ouagadougou, Burkina Faso, in February 2011. The conference participants created the Ouagadougou Partnership (OP), which committed countries to repositioning FP to a higher level on their respective national agendas. It is within the context of this dynamic that OP countries have put action plans in place aimed at revitalizing their FP efforts. Agir pour la Planification Familiale (AgirPF), a regional project financed by the U.S. Agency for International Development (USAID)/West Africa for the period 2013–2018 and implemented by EngenderHealth, supports the implementation of these action plans for the five intervention countries of Burkina Faso, Côte d'Ivoire, Mauritania, Niger, and Togo.

Among the strategic directions of AgirPF is the *improvement of the policy environment for FP programs*. To bring this about, the project has worked since 2013 in close collaboration with the five country governments, the OP, the West Africa Health Organization (WAHO), and other partners to identify the best approaches, taking into account FP analyses showing substantial unmet need for FP services, inadequacies in the offer of available services, weak political support for FP programs, and sociocultural obstacles to access to and use of services. Given the decisive role of strong political will and supportive religious and traditional leadership in the implementation of FP plans, Togo adopted a *two-fold advocacy strategy*, aimed at: 1) public administrators and other authorities, and 2) religious and traditional leaders. This brief describes the experiences of Togo in this effort.

CONTEXT

In Togo, reproductive health (RH) indicators continue to be of great concern: Maternal mortality rates are elevated (401 maternal deaths per 100,000 live births), as are infant and child mortality (49 deaths per 1,000 and 89 per 1,000 respectively), while the contraceptive prevalence rate for modern methods is only 17.3%, unmet need for FP is 34%, and the total fertility rate is 4.8 lifetime births per woman (MPDAT, MS, & ICF International, 2015).

The in-depth diagnoses carried out to prepare the FP action plans for 2013–2017 revealed the FP situation as it was in 2012–2013:

- *Total demand for FP* exceeded half of all women of reproductive age, but fewer than one-fifth of women were using FP services. They gave many reasons for such nonuse, including a desire for another child, difficulties in accessing services, and reasons of a socio-cultural nature.



- The diagnosis also showed that the *offer* of services was weak, with frequent stockouts, limited choice of contraceptives, and service providers without recent training, among other weaknesses. However, there were initiatives that could provide models for extending access to services, including a pilot project for task shifting.
- The *policy environment* was characterized by negative perceptions of leaders and policy decision makers, while an RH/FP law adopted in 2007 and several policy documents favorable to FP were not sufficiently translated into action. The amount of money allocated to contraceptive purchases from the government's own resources and their contributions to FP in general were weak. The level of political support was not enough to reduce barriers to services and to allocate the resources needed to improve services.
- Finally, the *sociocultural climate* was not very favorable to FP and was characterized by constraints related to religious and traditional practices.

IMPLEMENTATION OF THE ADVOCACY STRATEGY

Togo has implemented a twofold advocacy strategy by taking the following steps, supported with technical assistance from AgirPF and other partners:

- *Development of a "Strategic Action Plan for Advocacy and Policy."* This included an analysis of policy barriers to FP in Togo, as well as concrete measures to reduce the identified barriers through specific advocacy objectives.
- *Development of advocacy tools for public administrators and decision makers. These tools consisted of a RAPID¹ model for Togo as a whole and urban RAPID models for Lomé, Kara, and Sokodé.* These tools, which incorporate

pertinent and compelling data, were designed to help decision makers understand that promoting FP makes it possible to capture the demographic dividend², and thus dispel the notion that a rapidly growing population serves national development goals. The tools were prepared with representatives of many entities³ to ensure their credibility.

- *Development of an advocacy tool for religious leaders, known as "Religious RAPID."* This tool was designed with the active participation of religious leaders, incorporating forceful religious teachings from their respective sacred texts that are favorable to promoting FP. These tools have helped to advance a sensitive dialogue with religious communities regarding the benefits of FP for socioeconomic development and the demographic dividend. They made it possible to reach a consensus on the concept of "responsible childbearing," a more appropriate concept than "birth spacing," which previously served as the basis for their involvement in RH.
- *Training*, by transferring skills in advocacy to counterparts,⁴ including analyses of barriers to FP, effective use of data in policy dialogue, identification of target audiences, and tailoring of messages appropriate for advocacy objectives.
- *Preparation of advocacy plans*, produced in training workshops and finalized with assistance from AgirPF, and subsequently submitted to different funding sources.
- *Institutional strengthening⁵ of RCPFAS,⁶* with the assistance of AgirPF and WAHO, to ensure that this network can function effectively in pursuing long-term advocacy for FP and for capturing the demographic dividend. The strengthened capacity of the advocacy network has opened a new way to approach support for FP.

1. RAPID, which stands for Resources for the Awareness of Population Impacts on Development, is one of a suite of models known as SPECTRUM—easy-to-use policy models that provide policymakers with an analytic tool to support the decision making process. The models have been developed over the past four decades in response to needs expressed by donors, international development organizations, and national governments.

2. The demographic dividend refers to the accelerated economic growth that is expected to result from a decline in a country's birthrates and death rates and the subsequent change in the population's age structure. With fewer births each year, the size of a country's young dependent population will decline relative to the size of the working-age population. With fewer dependents to support, the society then has a window of opportunity for rapid economic growth if the right social and economic policies are developed and appropriate investments are made (PRB, 2012).

3. These entities included the key ministries (Health, Economy and Finance, Plan, Primary and Secondary Education, Environment and Forests, Labor, Communications, and Agriculture), the office in charge of population, the National Institute of Statistics and Demographic Studies, the Demographic Research Unit at the University of Lomé, and civil society organizations.

4. Counterparts included representatives of the Ministry of Health and other ministries, the Réseau de Champions en Plaidoyer pour le Financement Adéquat de la Santé, or RCPFAS), the Parliamentarian Network on Population and Development, religious leaders, women's organizations, Regional Health Directors, and the Youth Action Movement of the Togolese Association for Family Well-Being (MAJ-ATBEF).

5. This included a training workshop in March 2014 aimed at mobilizing resources for health financing, including FP, and obtaining technical and financial assistance through the preparation, implementation, and evaluation of their plans.

6. The RCPFAS networks were created through the support of WAHO, with the aim of implementing the 2001 Declaration of Abuja, which called on countries to allocate at least 15% of their national budgets to the health sector.

- *Creation and institutional strengthening⁷ of the Association of Religious Denominations of Togo for Health and Development (ACRT/SD)*, with the technical and financial assistance of AgirPF, in collaboration with the United Nations Population Fund, with the goal of supporting the advocacy efforts of religious leaders aimed at improving the socio-cultural climate for responsible childbearing.

To support the implementation of activities envisioned in the advocacy plans developed by different groups, the country RAPID, urban RAPID, and religious RAPID tools and the accompanying brochures have been widely used, specifically:

- With national, decentralized, and local administrators and other authorities, with the goal of demonstrating the need to increase budgets for FP from national and municipal budgets
- In the National Assembly, to raise parliamentary awareness in favor of FP and encourage an increase in resources allocated to FP
- In advocacy with diverse audiences, with the goal of reducing policy barriers to FP, including weaknesses in such areas as task shifting and implementation of the RH law and several policy documents
- With several audiences selected by youth organizations, with the goal of making available and accessible sexual and reproductive health (SRH) and FP services adapted to the needs of youth and adolescents
- At different levels within religious communities, to facilitate the institution of a policy for promoting responsible childbearing in Togo

RESULTS

The principal results generated by the implementation of the advocacy strategy in Togo can be summarized as follows:

- Adoption and signature of three texts required for implementing the RH law
- Adoption of a text underway to authorize task shifting to permanent birth attendants
- Provision of 125 million CFA for the purchase of contraceptive products in the 2016 annual budget

7. The ACRT/SD benefited from the facilitation of two high-level representatives of the Union of Religious and Tradition Groups of Burkina Faso (URCB), several advocacy training sessions, and support for the development of advocacy tools and for the development of a policy to engage religious leaders in the promotion of responsible childbearing.

- Provision of 150 million CFA for the purchase of contraceptive products in the 2017 annual budget
- Maintenance of 150 million CFA for the purchase of contraceptive products in the 2018 annual budget, despite cuts in the amount allocated to the health sector
- Written commitments for allocating resources to FP from municipal resources in Sokodé and Kara and several other towns in Togo
- Revision of policies, norms, and procedures in RH/FP
- Development of national policy and strategic planning documents for community-based interventions for the period 2016–2020
- Structured and organized advocacy for FP carried out by religious leaders, assisted by RAPID religious advocacy tools, creation of the ACRT/SD, and a policy to promote responsible childbearing
- Structured, systematic advocacy carried out by the MAJ-ATBEF aimed at increasing youth- and adolescent-friendly SRH/FP services
- Active participation of Togo in the regional high-level meeting of parliamentarians in Ouagadougou in July 2017 on maintaining adequate health financing and capturing the demographic dividend

OBSERVATIONS AND CONCLUSION

A coherent, coordinated advocacy effort in support of FP calling on decision makers to capture the demographic dividend is currently underway, with the assistance of tools and plans developed by stakeholders from many sectors and levels. Results from this advocacy are now measurable, and other results are expected. The successes that have been recorded can be explained by a number of key factors, notably:

- *The advocacy strategy* is focused on the two key determinants of the policy environment of FP—political support and the socio-cultural climate—so that government officials are less fearful of seeing their efforts in favor of FP contradicted by religious leaders.
- *The element of “ownership,”* which is critical to the credibility of advocacy messages, is evident in the wide range of key stakeholders integrally involved in the production of tools and advocacy plans.

- *The use of pertinent and compelling data in the RAPID tools* has persuaded public administrators and officials, as well as religious leaders, that investments in FP will sustainably serve the as foundations of socioeconomic development in their country.
- *Institutional strengthening and skills transfer* have assured a lasting advocacy presence for FP within the country.
- *The methodological approach of AgirPF and the regional partnership with WAHO* have increased the legitimacy and credibility of efforts at the country level.

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Agir pour la Planification Familiale Route de Djangble No. 5880
Face Stade de Kegue
16 BP 110
Lomé, Togo

Writers: Martin Laourou, Cyrille Guede, and Norine Jewell
Reviewers: Andre Koalaga, Eloi Amegan, Macoumba Thiam,
Emily Sonneveldt and Laura Wallach
Editor: Michael Klitsch