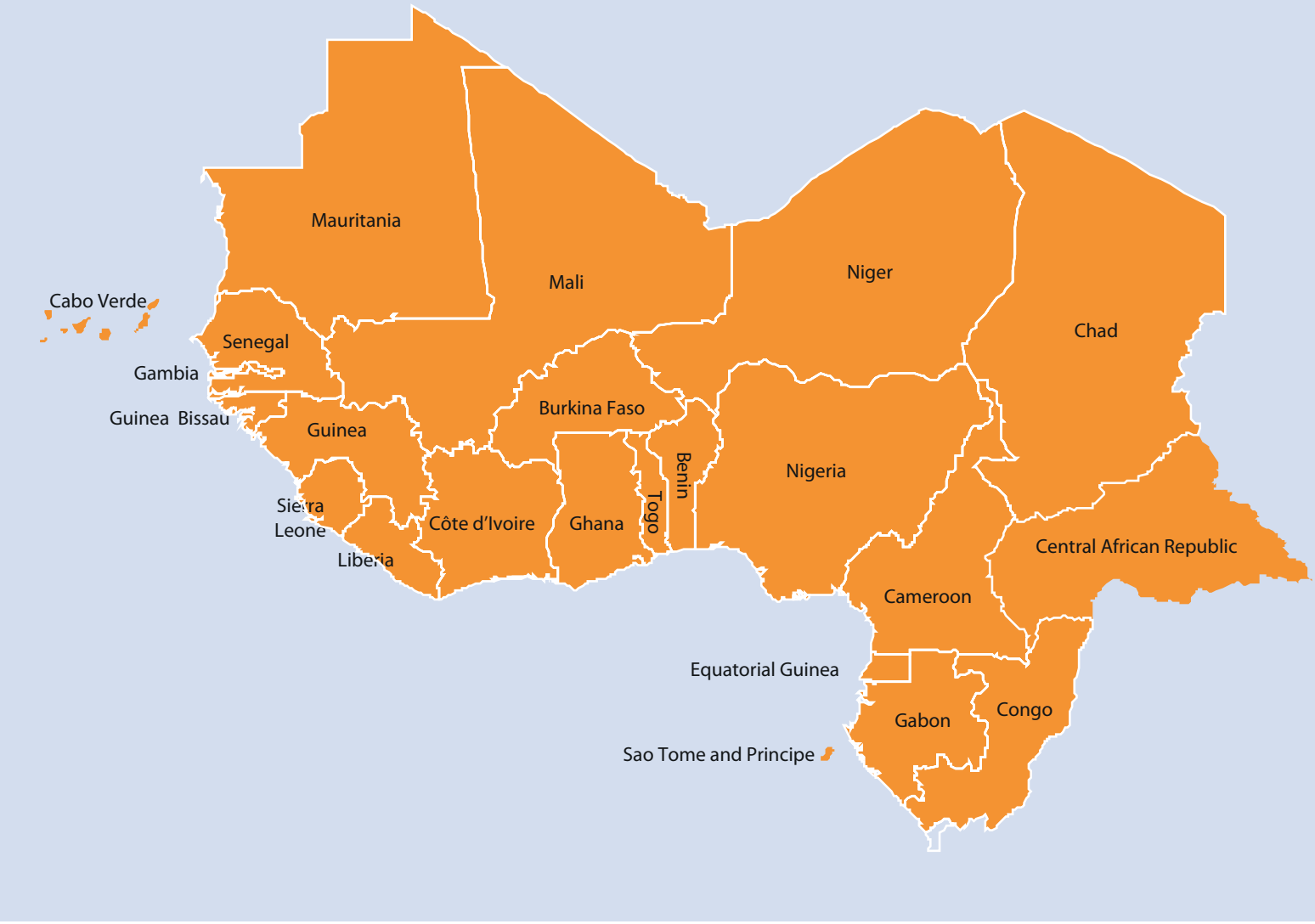
United Nations Population Fund

FINAL REPORT

Regional Consultation meeting with Faith Based Leaders on Reproductive Health and Demographic Dividend

Because everyone counts



Abbreviations	Meaning
AfDB	African Development Bank
BSCC	Behaviour and Social Change Communication
CBS	Community Based Service
DD	Demographic Dividend
ECOWAS	Economic Community of West African States
FGM	Female Genital Mutilation
FP	Family Planning
IDB	Islamic Development Bank
MCH	Maternal and Child Health
MDGs	Millennium Development Goals
RAPID	Resources for the Awareness of Population Impacts on Development
RH	Reproductive Health
SDGs	Sustainable Development Goals
TFPs	Technical and Financial Partners

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FOREWORD

Dr Mohamed Ibn Chambas
Special Representative of the Secretary General and Head of the United Nations Office for West Africa (UNOWA)

This brochure presents highlights of the regional consultative meeting on reproductive health and demographic dividend that was held in Dakar, Senegal, from 26 to 27 October 2015 with Faith-Based Organizations (FBOs) and leaders. This meeting of fourteen ECOWAS members and Mauritania aimed at building and expanding partnership with non traditional actors to ensure that UNFPA interventions align with the sustainable development goals and targets for 2030 as well as Agenda 2063 of the African Union.

Involving FBOs and leaders in these efforts is crucial. They are key opinion leaders and role models. They influence the way communities engage with and decide on issues. They also influence the way communities accept health services. Hence, the Dakar meeting gathered Faith-based organizations and technical and financial partners (AfDB, IDB, UNOWA, UNICEF, OAFLA, UNAIDS, UNDP, WB, URI, USAID, Ouagadougou partnership, DFID, France, European Union, etc.) to understand and underline the key role their support to Member States plays in creating synergy to achieve the demographic dividend.

The United Nations Office for West Africa (UNOWA) is fully committed to supporting UNFPA, ECOWAS member states and Mauritania in their efforts on policy dialogue, advocacy, resource mobilization and the implementation of country action plans. UNOWA understands the interplay between health, development and peace. It acknowledges there are strong linkages between these processes and the theme of the consultative meeting. UNOWA intends, therefore, to be an active player in this initiative. For, there can be no development without peace and good health.

In this respect, we urge all partners to support country action plans, in particular UNFPA, whose commitment is crucial. UNFPA has established the United Nations Inter-Agency Working Group on engagement with faith-based organizations for sustainable development. It plays a coordinating role within this platform of ten United Nations sister agencies. The need to work with faith-based organizations, among the key players for change at the community level, should no longer be a matter for debate. Instead, it should be a systematic and deliberate commitment of partners aiming at the same objective.

This is even more necessary today with the existence of a regional platform for sharing knowledge between faith-based organizations and leaders, generating evidence from successful experiences, challenges and lessons learned on the demographic dividend, and understanding the interrelationship with reproductive health and maternal and child health. To strengthen the partnership between FBOs and governments, country action plans have been developed to cover the period from 2016.

The Dakar consultative meeting came up with the Dakar Declaration of FBOs. This is going to be key instrument for supporting policy dialogue, advocacy and resource mobilization for the country action plans.

I. INTRODUCTION

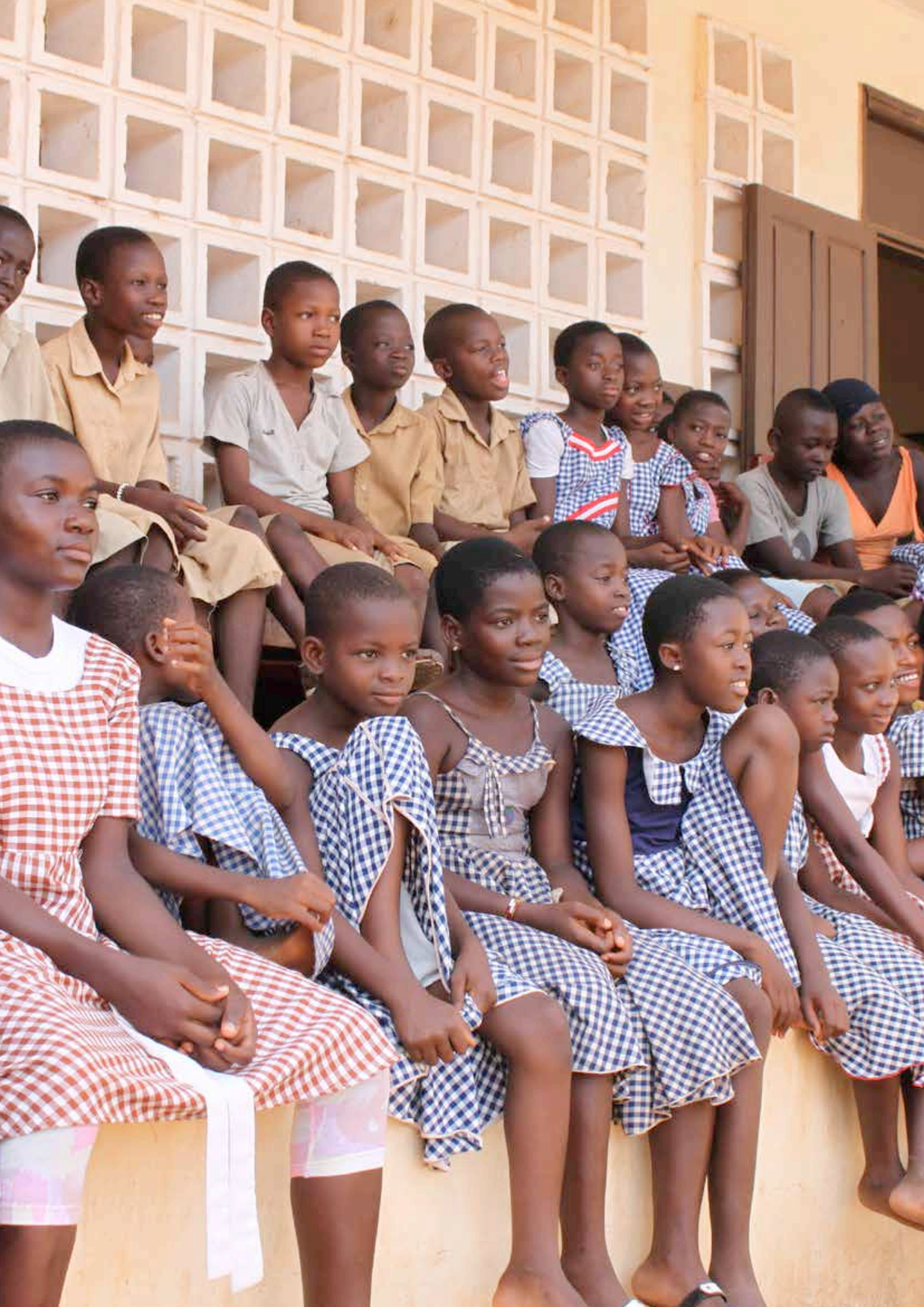
Public health in the developing countries and African countries in particular, has improved considerably in recent years. The progress shows in the morbidity, mortality and disability indicators used for epidemiological studies on public health. However, much still has to be done. Health concerns are still among the major challenges tormenting communities, governments and their partners, in particular reproductive health indicators. The most common diseases in these countries, including on reproductive health, affect the most vulnerable and needy populations. The solutions that governments have been providing for years against reproductive health issues fall short of set targets, and we have seen the limitations of the technocratic approach which predominated in the past. It is now clear that only a holistic approach with all social players can sustain the hope of dealing better with public health concerns. This new approach has made it possible to more fully understand all the determinants of health and comprehend the central role individual behaviour plays in enhancing health and well-being.

Religious leaders and traditional/customary chiefs therefore have a major role to play in this area as the custodians of beliefs and traditions. To improve their contribution, particularly in the field of reproductive health, UNFPA, the United Nations Population Fund, worked together with the Ministry of Health and Social Action to organize this meeting in Dakar. The focus of the meeting was the contribution faith-based organisations (FBOs) are making to improve access to reproductive health (RH), services which are a key prerequisite for achieving the demographic dividend (DD).

II. OPENING SESSION

Eminent authorities gave the keynote statements during the opening ceremony. These statements all centred on the importance of the event and the impact it may have in improving public health and socio-economic development. Almost all the authorities stressed the important role of health, particularly reproductive health, in Africa's socio-economic development, and also the need to understand its determinants. They accordingly put particular emphasis on the imperative need for all communities to be fully involved in, and committed to the development and implementation of all adequate solutions to challenges for youth health and employability, whenever these arise. On their part, the religious leaders severally explained that none of the major religions opposes reproductive health. Instead, the Koran and the Bible consider health as a precious gift from God which has to be protected and preserved properly. In introducing the demographic dividend concept, the discussants explained the importance of investing more in Maternal, NeoNatal, Child and Adolescents Health (MNCAH) and RH, and in youth education, especially education for girls, to keep them in school and create jobs for all young people. The Prime Minister of Senegal hammered on the importance of creating jobs for the youth, underlining that **"without employment, the dividend can become a nightmare".**

The demographic dividend was presented from this stage as a strategic approach that can contribute to reduce poverty. For this and other reasons, there is need to lift the barriers that prevent youth and women from getting access to quality reproductive health services. This is a huge effort in which the commitment of everyone counts, including faith based leaders and organizations.



III. DEMOGRAHPIC DIVIDEND : GENERALITIES AND PARTNERSHIPS

The discussants defined the demographic dividend as "a generational economy, economic growth that comes with a relative increase in the number of working age persons and a drop in the number of young people below 15 years of age". It occurs when the drop in maternal mortality rate leads to changes in population distribution by age. This means fewer investments will be needed to respond to the youngest groups, and adults will be relatively more in the working age population. This phenomenon creates an opportunity for economic growth and faster human development in a country, being that more resources are available to be invested in economic development and family wellbeing. There is a well-established link between poverty and fertility, and interplay between wellbeing (poverty) and reproductive health (fertility). To enjoy the benefits of the demographic dividend, efforts must be made in the following areas:

Health

Reproductive health and family planning to give everyone, especially young people, access to RH commodities;

Education

Longer periods of schooling especially for young girls to complete their schooling in specific skill areas under high-growth sectors that meet the demand in the job market;

Economy

Creating decent jobs for young women and men in a flexible market;

Governance

Establishing a healthy and stable political environment where transparency, gender approach and accountable management prevail;

Such actions will improve health, productivity and sustained economic growth, maximizing the interplay between these three levels. The diagram below shows the three levels of action for the achievement of DD.

IV. ROLE OF FAITH-BASED ORGANIZATIONS IN ACHIEVING THE DEMOGRAPHIC DIVIDEND

Faith-based leaders/organizations are civil society organisations with a solid reputation for providing education, religious enlightenment and codes of conduct to their fellow citizens. They contribute to education in all areas that relate to people's living conditions and way of life. The leaders in these faiths are examples and spiritual guides that people turn to for assistance on several occasions. There is no denying that their role in our societies keeps changing constantly. They are respected, trustworthy and vital anchor points for reaching the population. This is why governments and their partners include them as key partners. Most faith-based organization are already covering development-related areas, particularly in the field of health as a whole. Some build, equip and run health facilities that range from hospitals to health centres, and play a key role in promoting health. They have been asking persistently that efforts should be made to equip them with the appropriate knowledge and skills and the tools they need to conduct their RH and DD activities as effectively as possible".

The meeting reached a consensus that faith-based organizations play a key role in RH, as human development takes place in an environment where the social values embedded in our religions and traditions prevail. For many of the participants, religion cannot be separated from the State, therefore governments need to work together with religious leaders to tackle major development challenges and accelerate the efforts being made to achieve DD.

V. COUNTRY EXPERIENCES AND PARTNERSHIPS WITH FAITH-BASED ORGANIZATIONS ON REPRODUCTIVE HEALTH AND THE DEMOGRAPHIC DIVIDEND

From the experiences shared by the 14 ECOWAS Member States and Mauritania, the participants were able to assess the epidemiological and demographic situation in each of these countries, as well as the true level of involvement that religious leaders have in RH. They also saw the constraints and challenges each country had identified in this area.

The indicators on each country enabled them to describe the state of population and health in each country. It goes without saying that the countries have many similarities, but also huge disparities in areas such population and, to a lesser extent, in maternal and child mortality. The 15 countries present at the meeting have a total population of 340.116.984 inhabitants, with an average number of 22.674.466 inhabitants and extremes varying between 182.800.000 inhabitants in Nigeria and 1.500.000 inhabitants in Guinea Bissau. On maternal mortality, the average rate in the 15 countries varies between 1072 in Liberia and 341 in Burkina Faso. Here also, one notes there are considerable disparities between the countries. The same goes for child mortality that varies from 27 p.1000 in Togo to 94 p.1000 in Guinea Bissau. The lowest fertility rate is in Ghana (4.2), while the highest is in Niger (7.6). Contraceptive prevalence has generally been on the low side in all the countries with a regional average of 14.2%. The highest prevalence rate was recorded in Ghana (27%) while the lowest was in Guinea (6.0%). The unmet needs are consequently still very high with extremes observed in Togo (33.5%) and Nigeria (16%). The population growth rate continues to be a major source of concern and ranges between 3.9% in Niger and 1.8% in Sierra Leone. These statistics tell us the scope and persistent gravity of health concerns pertaining to reproductive health, and family planning in particular, in the 15 countries present at the meeting.
The good practices identified in the country presentations can be summarized as:

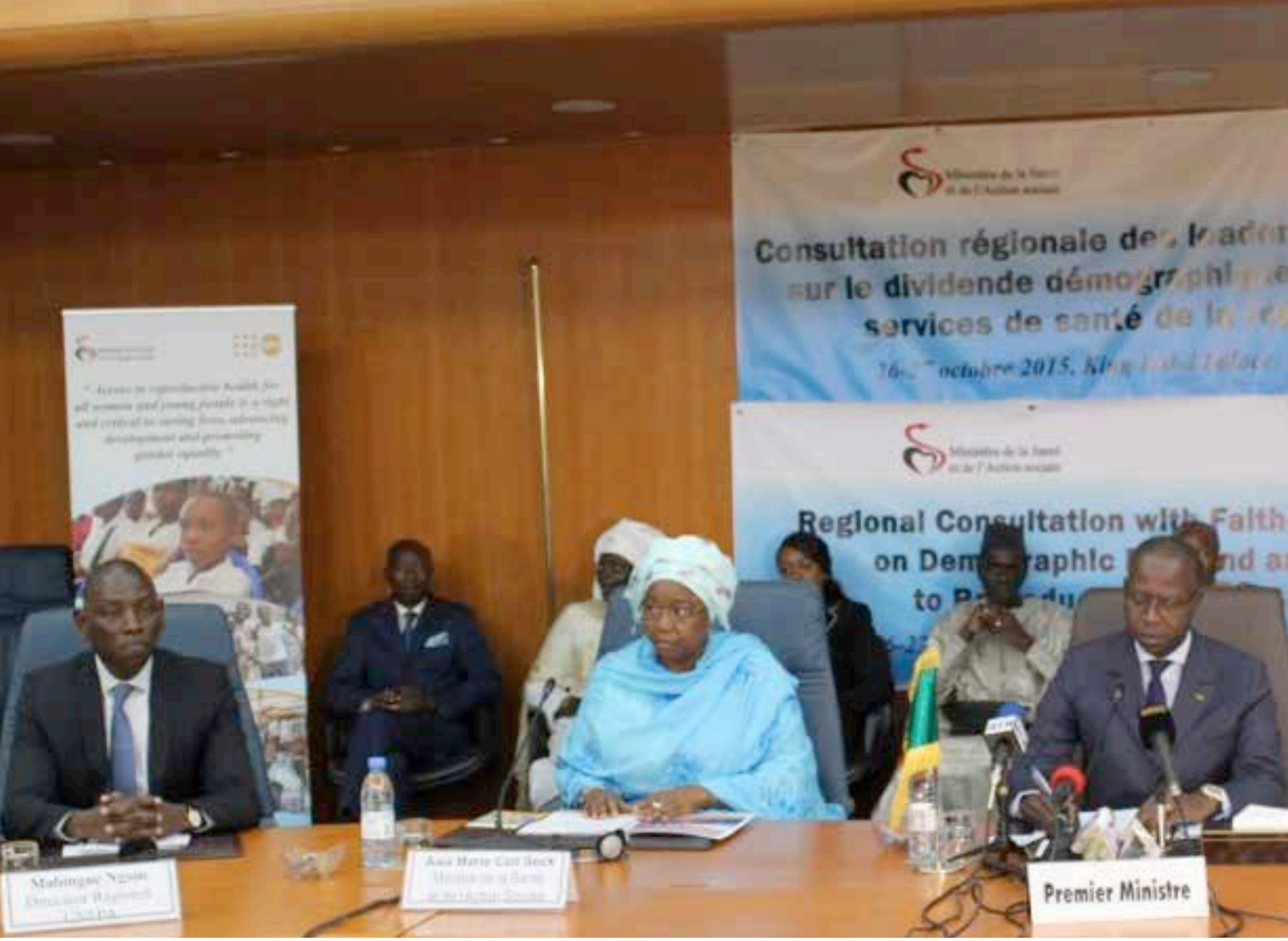
- **Use of various mechanisms to develop capacity for leaders in RH;**
- **Public private partnerships, as well as partnerships with civil society organizations and government institutions;**
- **Scaling up of RH services for increased geographical coverage;**
- **Production and use of advocacy tools and creation of broader networks;**
- **Community participation and policy dialogue.**

Most of the constraints and challenges reported in the country experiences originate from ignorance and resistance to change. This last point has several varied causes, including socio-cultural barriers. The lack of resources and adequate RH and FP training were underlined also by many of the discussants.

As concerns the opportunities countries have identified for RH and FP initiatives with religious leaders and traditional chiefs, the participants most often mentioned:

- **Government commitment to support RH/FP and other determinants of DD;**
- **The existence of plans, strategies and policies for an enabling environment on RH and FP;**
- **The availability of validated tools, such as the RAPID model, based on evidence from behaviour and social change communication (BSCC), as well as RH and FP training programmes;**
- **The existence of networks and partnerships working together in various areas of RH and FP.**

RAPID seems to be the most popular tool countries are using for advocacy and for behaviour and social change communication.



VI. ROLE OF REPRODUCTIVE HEALTH IN ACHIEVEING THE DEMOGRAPHIC DIVIDEND

Reproductive health is an integral part of health, as defined by the World Health Organization (WHO) – A state of complete physical, mental and social wellbeing, and not just the absence of disease or disability. It focuses on modes of reproduction and the functioning of the reproductive organs at all stages of life. RH therefore plays a pivotal role in the achievement of DD, as defined above. Implicit in DD is the health of the population in general, and particularly the reproductive health of women and young girls in particular. Change in the age structure of a population (declining fertility and mortality), is the first stage in the process leading to demographic transition, which is a sine qua non for operationalizing DD. There is clear evidence that improving reproductive health by reducing maternal mortality, improving the health of young people and promoting the gender approach for increased access to quality RH services, are crucial steps for achieving DD. The interplay between health, peace and development is now well established. The participants in the Dakar meeting recognized unanimously that religious leaders and traditional chiefs are the best allies for overcoming socio-cultural barriers and for changing RH behaviour to ensure that youth, girls and women have the opportunity to fully develop their potential. They recognized also that particular emphasis should be placed on the gender component throughout the social and economic development process and in peace building efforts. In the same vein, efforts must be made to create the conditions for building on the values which religious leaders and traditional chiefs represent, so that these can be used effectively to strengthen peace and social cohesion, and to promote RH. The countries present at the meeting reported on progress in the draft action plans they have developed on how to achieve DD with increased involvement from faith-based and customary organizations in the various areas of RH for 2016

and beyond. All the draft plans used the same framework. They each include three major challenges to be addressed and the key action areas for each challenge. The challenges which countries identified in RH and DD fall under two main groups: the group on challenges in institutional and resource capacity development, and the group on challenges in service delivery by those organizations.

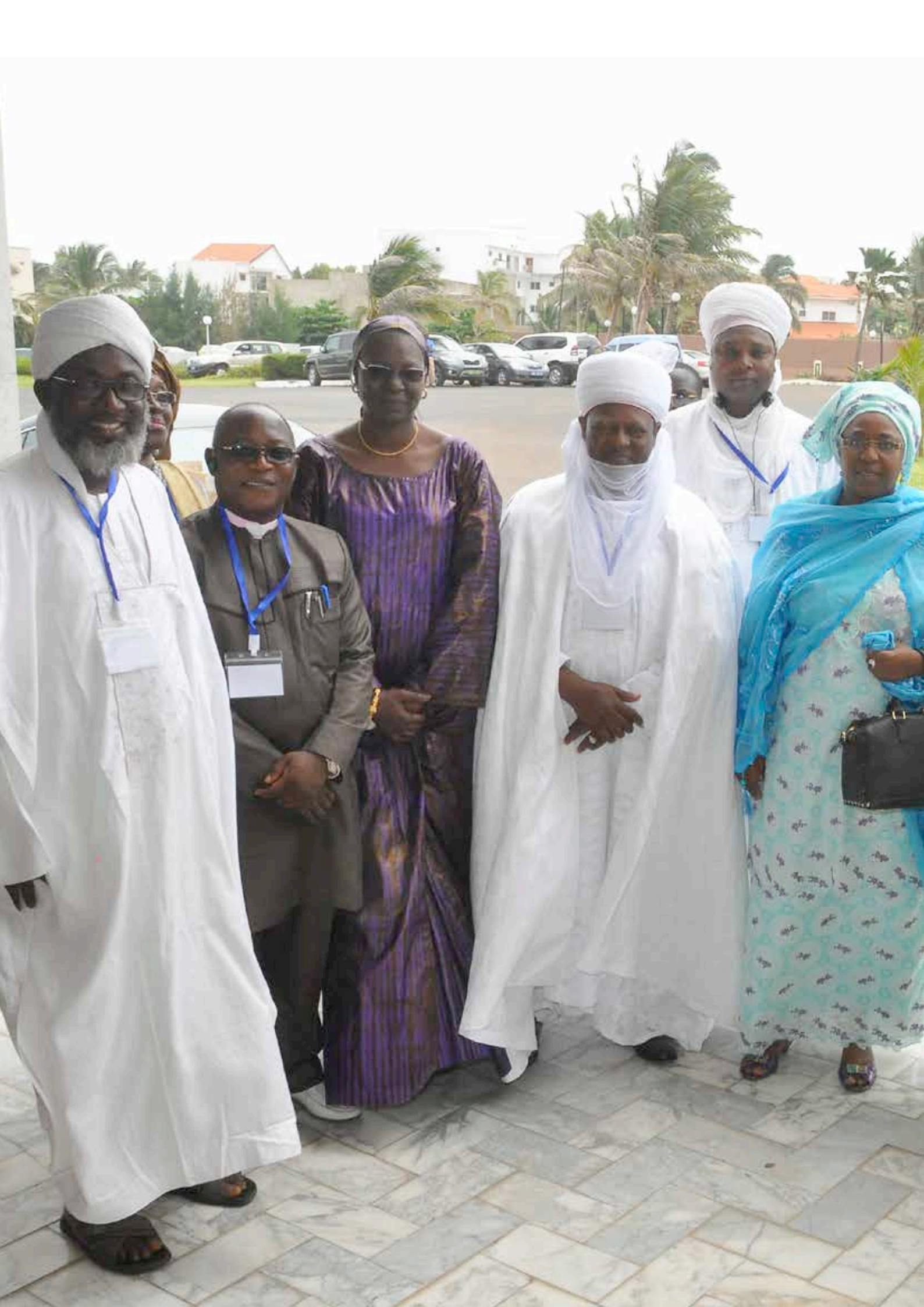
Challenges in developing the capacities of faith-based and customary organizations: this aims at upgrading the level of understanding and knowledge in RH and DD that religious leaders need to have in order to properly conduct their actions for information and education, as well as to advocate effectively to government authorities. They want to gain ownership of the concept on the demographic dividend and to better understand the interplay between RH and economic development, so that they are better equipped to carry out their service delivery and coordination initiatives. Such capacity development also includes the allocation of resources to their organizations to ensure that the structures work properly, to improve the policy environment, and to expand and revitalize faith-based networks while also improving the way they are coordinated.

Challenges in RH/FP service delivery: the challenges mentioned here are basically those that hinder the strengthening of RH service delivery. The challenges are designed differently, but they all aim at access to and use of RH services. The main concerns are: strengthening community based services, increasing access to information on youth RH to tackle unwanted pregnancies, improving the perception of FP and understanding how it relates to maternal mortality and development, reducing maternal mortality and morbidity rate tied to early marriages, female genital mutilation, increasing use of modern contraceptive commodities, and scaling up best practices.

For each of these initiatives in the draft plans, there is a cost estimate for implementation. Each country therefore has a budget estimate for all the actions planned, except Burkina Faso, Guinea Bissau and Nigeria. The amounts in these budgets differ from one country to another and range between 4.175.000 dollars (Sierra Leone) and 200.000 dollars (Guinea). The estimates and plans are going to be reviewed and refined by the participants and their colleagues once they return to their respective countries.

VII. DIALOGUE BETWEEN MINISTERS AND RELIGIOUS LEADERS

The meeting was a great opportunity for the religious/traditional leaders and health ministers present to discuss ways to strengthen their collaboration and partnership. The dialogue between religious leaders and governments has been going on for years in most of these countries. Both parties have been working together to overcome barriers and ensure good bonding in this area. DD simply gives a new impetus to already well-established relations. The African Union itself is already working with faith-based organizations and many important meetings have been organized with them. Some countries such as Mali have even set up a Ministry of Religious Affairs and Worship. This dialogue gets reinforced every time there is a major phenomenon that poses a threat to the health and wellbeing of the population. This was the case with the advent of the HIV/AIDS pandemic and the Ebola virus disease in Sierra Leone and in Guinea. All the participants recognized the importance of having this dialogue between health ministries and religious and traditional leaders to enhance support for RH and achieve DD. The Dakar meeting was a major opportunity to further discuss RH and DD and to define ways of working more effectively together. To bring about change, there has to be a critical mass of stakeholders using several approaches and tools.



VIII. COMMITMENT OF RELIGIOUS LEADERS AND TRADITIONAL CHIEFS

After two days of enlightening debates and discussions, the religious leaders and traditional chiefs demonstrated their interest and enthusiasm to play an active role in promoting health, and particularly RH, to catalyse the achievement of the demographic dividend. Such enthusiasm, displayed at all stages of the proceedings, culminated in the preparation of the Dakar Declaration which lends eloquent testimony to their commitment and determination to strengthen the activities they are pursuing in various areas of RH. The key elements of their commitment, as stated in the Dakar Declaration under appendix 2 of this report, focus mainly on the following:

- Achieving the Sustainable Development Goals (SDGs) through universal access to RH, equality for girls and women and the achievement of DD;
- Lifting the social and cultural barriers that hinder access to RH services;
- Contributing to health services, including the building of facilities, the training of health workers and contribution towards the empowerment of women and youth;
- Training the youth as a key contribution to achieving DD and attaining the SDGs;
- Combating discrimination, violence, injustice and abuse of the rights and dignity of women, young girls and families under the banner of religion, culture and tradition, as well as fighting against manipulation, indoctrination and the forms of abuse witnessed through acts of terrorism;
- Preventing violent extremism, radicalization, hatred, prejudice, intolerance and stereotypes based on religion and culture;
- Protecting young people against factors that make them vulnerable, such as drug trafficking;
- Implementing strategies and forging successful partnerships based on evidence, experience, challenges and lessons learned on health issues, including RH within the context of DD;
- Strengthening the fight against maternal and child mortality, as well as youth mortality, building on the voices of opinion leaders and their example in providing and accepting health services;
- Strengthening community leadership and commitment to development;
- Promoting dialogue, harmony and cooperation between and among the faith-based organizations in Africa;
- Scaling up and strengthening the relations that religious and customary organizations have with ECOWAS Member States and Mauritania, UNFPA and other partners;
- Mobilizing youth-centred investments with a view to achieving the demographic dividend;
- Advocating to governments, and particularly to Finance Ministers, to obtain from Africa Development Bank and Islamic Development Bank an allocation of financial resources to sexual and reproductive health and the demographic dividend in Africa;
- Developing national plans for partnership with religious and customary organizations, governments and partners to more effectively integrate sexual health in the processes that will lead to the achievement of the demographic dividend.

IX. CLOSING CEREMONY

As for the opening ceremony, the highlights in the closing ceremony were the key statements on the wicked problems holding back the achievement of DD. The authorities once again hammered on the scope and gravity of these problems and, more than at the opening ceremony, on the solutions underway and those that have been recommended in the country action plans, and especially on the expectations raised by this meeting. They stated also that there was more convergence than divergence on RH among the institutions present at the meeting. Accordingly, these participants were asked to collaborate more closely together and continue working together during the period of transition from the MDGs to the SDGs. The SDGs are goals that must be taken very seriously, and efforts to achieve them must begin immediately to ensure expected results are achieved with benefits for all.

Religious leaders are key actors for boosting the long expected changes in individual and community behaviours towards improved, effective and sustainable use of reproductive health services.
Mabingue Ngom, Regional Director, UNFPA

Achieving the Demographic Dividend requires strong investments in health, in particular reproductive health programmes, in education with a specific attention on girls' education and in job creation for young people.
His Excellency Mahammed Boun Abdallah Dionne, Prime Minister, Senegal

If our population growth is not backed by education, health or employment, we may have a young population in disarray with no real opportunity to build the country or the continent.
Prof. Awa Marie Coll Seck, Minister of Health and Social Welfare, Senegal

We must train more religious leaders on reproductive health and allow exchanges between different countries in the sub-region to share the successful experiences in some countries.
Reverend Pastor Mathieu FAGLA, Global Higher Committee of the Church of Heavenly Christianity Benin

There is support from Muslim, Christian and traditional leaders since religions and tradition are not opposed to family planning.
Dada Daagbo Hounou, Vodun Hwendo Spiritual Leader, Benin

There is a new type of well-educated Imams, who can read between the lines and find out how things are going.
El Hadj Oumar Diène, Permanent Secretary of Imams and Ulemas in Senegal

CONCLUSION

The Dakar meeting was another key step to secure lasting solutions to the burdensome state of women, child and youth health and boost sustainable development on the African continent. These two days of consultation with religious and traditional leaders paved the way for a new era in RH/FP across West Africa. The meeting set out to consolidate, expand and strengthen the role of religious leaders and traditional chiefs in promoting sexual and reproductive health as a key first step for success in DD.

From the discussions and experiences shared during the meeting, there is no doubt that religious leaders and traditional chiefs are among the key players who must be on board the bandwagon for the kind of social transformations we desire. The meeting proceedings attest clearly that these leaders are the custodians of moral and cultural values that determine, to a large extent, the behaviour patterns of communities and individual persons. They have the rare privilege to be able to integrate in their day-to-day activities the education component in the process leading to desired changes. At the meeting, they demonstrated also that they would bring enthusiasm and commitment to the efforts being made to improve public health including reproductive health and wellbeing. Better still, they all know the complex nature of youth and women's sexual and reproductive health issues in their respective countries, and the need for them to address such issues in a tactful and insightful manner.

This lends a particular aspect to the matter. Looking at the taboos, stigma and myths around RH/FP, religious leaders and traditional chiefs can play an exceptional role, considering the level of credibility, power and public trust required to work towards desired changes with all the segments of society. For example, the RH programme officers in several countries have been making vain attempts to involve men in FP. All this could change by involving religious and traditional leaders in more effective ways. They could contribute also to lift the other barriers and obstacles some have been attributing to religion and culture.

Religious and traditional leaders require governments and technical/financial partners to give them the support they need to develop their capacities in sexual and reproductive health for the achievement of DD. They also want to have the resources to support their activities in this regard. They made firm commitments at the end of the meeting and have already drafted their plan of action to intensify their initiatives on health, particularly RH, in order to contribute in accelerating the achievement of DD in the countries within the region. The Ministers present alongside UNFPA and other partners have committed themselves to supporting efforts to finalize and implement these action plans. This raises hope for all that we are on the eve of a new dawn in the fight against maternal and child mortality in the region.

Table of country action plans

Country	Expected results	Budget (USD)
Benin	All faith-based associations participate in RH/FP. Community based service delivery is enhanced by the FBOs concerned.	100 000
Burkina Faso	Leaders have ownership of the DD concept and the relationship between RH and development. Access to youth-friendly RH information for safe sexual behaviour is ensured. FP is understood as one of the engines of the demographic dividend. The empowerment of women and their participation in the creation of wealth is reinforced. The managerial and institutional capacity of URCB and partner entities is developed.	2 191 000
Côte d'Ivoire	Community perception of FP and its interrelationship with maternal mortality prevention and development is improved. The high rate of maternal mortality, early marriages and female genital mutilation (FGM) reduces at an accelerated rate. FBOs and leaders coordinate, monitor and evaluate DD interventions.	460 000
Gambia	The prevention of teenage pregnancies is ensured (18% GDHS, 2015). The use of modern contraceptive methods is increased (CPR 8% - GDHS, 2013). Male involvement in reproductive health is increased.	341 000
Ghana	Harmful cultural practices, such as early marriage and female genital mutilation, are tackled by religious and traditional leaders. Collaboration between Government, CHAG, COMOG and other FBOs is effective. The resources allocated to CHAG and COMOG are sufficient and regular.	616 000
Guinea Bissau	The coordination of FBO interventions on reproductive health, including family planning and education, is ensured. Safe births, attended by skilled health workers, increase through the establishment of maternity homes.	250 000
Guinea Conakry	The capacities of religious leaders are strengthened. Additional resources are mobilized. The capacity and the commitment of religious leaders and political leaders are reinforced. Faith-based networks are revitalized.	200 000
Liberia	The misperceptions on reproductive health, which hinder collaboration between FBOs and Government, are corrected. The abilities of youth to gain access to reproductive health, maternal health, neonatal health, child health and youth health services are improved	200 000
Mali	Advocacy for the establishment of a draft law on early marriage is reinforced through the empowerment of women and the demographic dividend. Actions against early marriage are promoted.	1 270 000
Mauritania	The capacities of religious leaders are strengthened. Awareness-raising activities around concepts such as FP, early marriage and early pregnancy, and access to contraceptive methods (for legally married couples) are conducted. A national advocacy and communication strategy to better involve religious leaders in promoting RH is developed.	470 000

Country	Expected results	Budget (USD)
Niger	A framework for lasting partnership with religious organizations is established. Religious leaders have improved knowledge on topics such as demographic dividend, population and development, reproductive health, prevention of child marriage and maternal deaths, women's literacy and girls' education. Increased involvement of religious leaders in social mobilization for reproductive health (pre and post-natal consultations, family planning / birth spacing), girls' education, women's literacy and prevention of child marriage.	850 000
Nigeria	Religious and traditional leaders are less resistant to communicating on reproductive health issues. Advocacy conducted to address the unmet reproductive health needs of internally displaced people. Reduced risk of unattended births.	547 601
Senegal	Religious leaders have access to a strategic framework on demographic dividend and Reproductive Health/Family Planning programmes. Parents, families and community leaders in target areas promote RH/FP services, girls' education and retainement at school. Adolescents/youth in the intervention areas are better protected against harmful practices and cancer of the cervix through advocacy, family life education and awareness creation about the importance of immunization against HPV. Action plan activities are coordinated and monitored.	200 000
Sierra Leone	Religious groups have increased capacities to advocate the improvement of maternal health, adolescent health, and the promotion of gender equality. Improved knowledge on access to and use of reproductive health services and contraceptive methods recorded at rural health centres. Comprehensive family life education is integrated into national curricula and disseminated for implementation.	300 000
Togo	An inter-faith platform on RH/FP issues is established. Increased contraceptive prevalence to meet the country's significant unmet needs. Early marriages, early pregnancies and persistent gender based violence (GBV) are addressed.	670 000
Regional level	An annual regional meeting is organised as a platform for discussion on interesting practices and experiences at country level, and as a seminar on topics related to DD and action plan reviews. A secretariat is established to organize the conference, follow up on regional initiatives and promote innovative practices. A virtual research, documentation and experience sharing platform is established and maintained.	525 000
	TOTAL	**10 956 601**

Annex 1 : Dakar Declaration of Faith-Based Leaders on Harnessing the Demographic Dividend in West Africa Dakar, 27 October 2015

1. We, leaders of religious and traditional groups, Faith-Based and Interfaith organizations, traditional leaders Ministers from ECOWAS Members States and Mauritania and Partners, having met in Dakar, Senegal, from 26-27 October, 2015 to engage with each other on how we can secure a better future for the youth of our countries and build an innovative partnership to ensure their empowerment through adequate access to Education and Health, including Reproductive Health as a key pillar for achieving the Demographic Dividend;
2. Bearing in mind that our contribution to the sustainable development of all people in our societies, particularly our young people, is at the heart of our God-given responsibilities as leaders and that the empowerment of young people particularly benefits all;
3. Cognizant of the important role and influence that we as Faith-based leaders have in building moral and ethical values, shaping opinions, driving consensus and affecting decisions of countries and individuals alike, particularly of young people and the overwhelming confirmation as further demonstrated by the examples shared from various countries through our deliberations with policy makers, religious and traditional leaders, experts and other stakeholders of our on-going role in increasing access to education and health including access to reproductive health and the reduction of maternal mortality;
4. Recognizing that Africa is entering the new Post-2015 era with a youthful population which remains its most valuable assets and surest hope of achieving the Sustainable Development Goals and taking us closer to our dream of a "free and prosperous continent driven and managed by its own citizen" as clearly articulated in the African Union Agenda 2063;
5. Aware of the fact that about 44% of the population of West Africa is less than 15 years old, and represents one of the most youthful populations of the world and also cognizant of the fact that West Africa have one of the highest fertility rates in the world;
6. Further noting that having a large youthful population in itself is not a guarantee of the demographic dividend as harnessing it requires targeted investments in education, health and the creation of an enabling economic environment in order to ensure youth empowerment and job creation; ;
7. Also noting with concern that West Africa is confronted with serious challenges for young people and women with high rates of maternal and child mortality, child marriage and other harmful practices that impede the holistic development of young people who are our greatest resource and the attendant high cost of inaction;
8. Concerned about the high rate of internally displaced persons and their vulnerability across Africa and the impact of insurgency and natural disasters on maternal and neo-natal health services;
9. Fully aware of the potential of demographic dividend to contribute to the accelerated and sustained development of our continent;
10. Acknowledging that Faith-Based leaders are currently well positioned to partner with governments to secure the demographic dividend in Africa;
11. Do declare as follows:
12. We affirm the just adopted Sustainable Development Goals which call for further reducing maternal deaths, ensuring universal access to reproductive health, achieving equality for all women and girls and harnessing the demographic dividend, all of which will be achieved if we as Faith–Based and Interfaith Organization leaders, governments and partners commit to work together to meet these goals;
13. We acknowledge that health is a blessing from God and some of our common responsibilities is to encourage the removal of socio-cultural barriers to reproductive health;
14. We welcome, encourage and celebrate initiatives from Faith-Based and Interfaith Organizations within our countries as they contribute significantly to the provision of health care, and services including through building health facilities, training health professionals and contributing to the health and empowerment of women and adolescents girls; and we praise them for their commitments and efforts to educate and empower youth as a major contribution towards harnessing the demographic dividend and achieving the Sustainable Development Goals;
15. We further welcome the considerable experience of Faith-Based and Interfaith Organizations in faith-friendly family planning advocacy, but we remain extremely concerned that many women, adolescent girls and families still suffer

discrimination, violence, gross injustice and abuse of their human rights and dignity in the name of religion, culture and traditions. We denounce these practices and pledge to work together to advance human well being and realize the rights of all individuals with particular attention to women and young people in our societies and communities;

16. We further condemn the manipulation, indoctrination and abuse that is manifested through terrorist acts and call on all, especially faith-based leaders, to work in partnership in addressing the issue of countering violent extremism, radicalizations and terrorism in Africa and to combat hatred, prejudice, intolerance and stereotyping on the basis of religion and culture and protect young people from the factors that make them vulnerable to these acts including drug trafficking;
17. We recognize family planning and reproductive health as morally laudable as they contribute to family wellbeing and women and children's health and we agree to create a regional knowledge-sharing platform for Faith-Based and Interfaith organizations and religious and traditional leaders to build a strategic evidence-base on successful experiences/partnerships, challenges and lessons learned around reproductive health in the context of the demographic dividend;
18. We commit to act as opinion leaders and role models in the provision and acceptability of health services to accelerate the eradication of Maternal, Child and Adolescent mortality and to play an active role in community leadership and engagement towards development;
19. We affirm the need to promote Inter and Intra-religious dialogue at national and regional levels, harmony and cooperation in Africa;
20. We call on ECOWAS Member states and Mauritania; UNFPA, the UN system and other partners such as the African Union, the Organization of African First Ladies Against HIV and AIDS (OAFLA), the Islamic Development Bank and the African Development Bank (AfDB) to scale-up and strengthen their relationship with Faith-Based and Interfaith organizations on issues of reproductive health and by mobilizing investments for youth in order to harness the demographic dividend;
21. We call upon governments to allocate adequate budget towards health within national budgets by fulfilling their commitments to spend at least 15 percent of their national budgets on health
22. We request Dr. Mohammed Ibn Chambas, the UN Secretary General's Envoy for West Africa, to use his good offices in collaboration with UNFPA to mobilize additional resources to support advocacy efforts of Faith-Based and Interfaith organizations in the implementation of their national plans;
23. We encourage Faith-Based and Interfaith Organizations to undertake the necessary advocacy with their governments in general and Ministers of finance in particular in order to invite the African Development Bank (AfDB) and the Islamic Development Bank (IDB) to avail financial resources to support Reproductive Health and the Demographic Dividend agenda in Africa;
24. We welcome the development of national partnership plans bringing together Faith-Based and Interfaith Organizations, governments and partners with the objective to further integrate reproductive health into the drive towards demographic dividend in Africa;
25. We are grateful to Dr. Babatunde Osotimehin, Executive Director of UNFPA for his support, to UNFPA for the dedication and commitment of the organization in ensuring a successful consultation and for its continuous efforts towards engaging the faith-based community as an important and indispensable partner to build a better world for youth in general and adolescent girls in particular;
26. We express our utmost appreciation to H.E. Mr. Macky Sall, President of the Republic of Senegal under whose auspices this consultation was convened, for his personal commitment and dedication to working with faith-based leaders in addressing the development challenges which our countries are facing, and to the government and people of Senegal for their warm hospitality.
27. We respectfully invite H.E. the President of the Republic of Senegal to bring the outcomes of our consultation to the attention of ECOWAS, African Union and to the United Nations General Assembly and in addition propose to the Security Council the theme of youth and demographic dividend for stability, peace, security and development.

May Peace Prevail on Earth

Annex 2 : Agenda of the consultation Partnering with Faith-based Leaders to Increase Access to Reproductive Health Services 26 - 27 October 2015, Dakar, Senegal

Time	Activites principales	Item / Facilitator / Speaker / Panelist
TECHNICAL MEETING / Monday, 26 October		
9.00 - 10.00	Session I: Opening Ceremony · Opening Prayer: one representative of muslim and christian faith · Representative of FBO	Mabingue Ngom, Regional Director, UNFPA/WCARO Message from Religious Leaders - HRH Dr Yahiya Haliru, Emir of Shonga, Nigeria - Iman Oumar Diene, Senegal Opening Remarks: His Excellency Mahammed Boun Abdallah Dionne, Prime Minister of Senegal Moderators: Mbaye Diouf, MOH, Senegal and Mr. Justin Koffi, UNFPA/WCARO
10.00 – 10.30 / Coffee Break		
10.30 - 11.30	SESSION II : Demographic Dividend: Overview and partnerships · Presentation on Demographic Dividend (20mins)- Latif Dramani, Thies University · Questions/Responses (40mins discussions)	Moderator: Cheikh Mbacke
11.30 - 12.30	SESSION III: Role of Faith-Based Organizations(FBOs) in achieving the Demographic Dividend» - Introduction - Panelists interventions - Summary of discussions	HRH, Dr Haliru Yahaya, Emir of Shonga, Nigeria(7mins) Cheikh Mahi Cisse, Senegal (7mins) Reverend Fred Degbe, Ghana (7mins) Reverend William Tolbert III, Liberia (7mins) Moderator: Emmanuel Ivorgba, Regional Coordinator for West Africa, URI
10.00 - 10.30 / Lunch		
13.30 - 15.30	SESSION IV: Country experiences in collaborating with FBOs · Country experience sharing in improving access to reproductive health services - 5mn presentation by country · Discussions	Moderator: Madina Rahman, Deputy Minister Sierra Leone
15.30 - 16.00	SESSION V: Role of reproductive health in the achievement of the demographic dividend: country action plans for 2016 · Introduction to group work: preparation of country action plans	Modérateur: Babatunde Ahonsi, UNFPA/Ghana
10.00 - 10.30 / Coffee Break		
16.30 – 18.00	SESSION V(cont'): Role of reproductive health in the achievement of the demographic dividend: country action plans for 2016 · Group work per country to prepare country action plans	Country teams

Annex 2 : Agenda of the consultation Partnering with Faith-based Leaders to Increase Access to Reproductive Health Services 26 -27 October 2015, Dakar, Senegal

Time	Activites principales	Item / Facilitator / Speaker / Panelist
MINISTERIAL MEETING / Tuesday, 27 October		
09.00 - 9.30	SESSION VI : Introductory messages for day 2 - Opening Prayer : one representative of muslim and christian faith - Statements	Dr Mohamed Ibn Chambas, UNSG Special Representative for West Africa, UNOWA Mabingue Ngom, Regional Director, UNFPA/WCARO Pr. Awa Marie Coll Seck, Minister of Health and Social Affairs, Senegal Moderator: Dr Seynabou Ba Diakhate, Senegal
9.30 - 10.30	SESSION VI(cont') : Presentation of country action plans for 2016 · Presentation of country action plans (5mn per country) · Discussions	Moderator: Pr. Awa Marie Coll Seck, Minister of Health and Social Affairs, Senegal
10.30 - 11.00 / Coffee break		
11.00 - 13.00	SESSION VI (cont') : Presentation of country action plans for 2016 · Presentation of country action plans (5mn per country) · Discussions	Moderator: Pr. Awa Marie Coll Seck, Minister of Health and Social Affairs, Senegal
13.00 - 14.30 / Lunch Break		
14.30 - 15.30	SESSION VII: High Level Interactive Dialogue of Ministers and Faith-Based Leaders Panel: · Participating Ministers from ECOWAS (Guinea Bissau, Mali, Niger, Sierre Leone) · HRH Dr H N Haliru Yahaya, Nigeria · Mr Mathieu Fagla, Benin · Mr Dominique Basse, Senegal	Moderator: Ambassador. Dr Mussie Hailu, Directeur URI
15.30 - 16.15	SESSION VIII: FBOs contribution to the Demographic Dividend - Presentation of Commitments	Facilitators: Adeyemi Olu Adekunle, Nigeria
16.15 - 17.00	SESSION IX: Adoption of the Dakar Declaration · Presentation and Adoption of the Dakar Declaration	Facilitator: Serge Bounda, Chief UNFPA liaison office to AU/ECA
17.00 - 17.30 / Coffee break		
17.30 - 18.00	SESSION IX: CLOSING CEREMONY Closing remarks: - Vote of thanks: FBO Representative - Mabingue Ngom, Regional Director, UNFPA/WCARO - Pr. Awa Marie Coll Seck, Minister of Health and Social Affairs, Senegal - Closing prayer: one Christian and one muslim	Moderator: Pr. Awa Marie Coll Seck, Minister of Health and Social Affairs, Senegal

List of Participants

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Boureima Diaide
Buanie Georges
Cadri Seidi
Cecile Compaore
Cheikh Aziz Mbacke
Cheikh Diery Cisse
Cheikh Djibril Diop Laye
Cheikh Mahi Cisse
Cheikh Mbacke
Cheikh Ould Zein
Cheikh Tidiane Ba
Christine Muhigana,
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Husseini Zakaria
Ibou Diouf
Imam Abdallahi Sarr
Imam Moussa Gueye
Imam Mousse Fall
Imam SANNI Karimou
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