

# Improving Integrated Sexual and Reproductive Health and Reproductive Rights to build resilience in health systems in West and Central Africa



# BACKGROUND

West and Central Africa has enormous work to do to ensure equitable access to maternal, child and adolescent health services across the region. Despite improvements in recent years, there is much to be done if existing health systems are to reach the targets of the 2030 Sustainable Development Goals (SDGs). The United Nations first Every Woman Every Child strategy and the Global Strategy for Women's and Children's Health set the first goals for improving the health of the most vulnerable people in the world. This has now been updated with the 2015 Global Strategy for Women's, Children's, and Adolescents' Health which calls for an even more ambitious agenda, expanding coverage to a broader range of reproductive, maternal, newborn, child, and adolescent health services<sup>1</sup>. Calling for inclusivity despite the context, this Global Strategy could not be more relevant to the region.

West and Central Africa has the most challenging health indicators globally, particularly with regard to sexual and reproductive health. The region has the highest total fertility rate in the world, with an average of more than six children per women (6.3, 6.4 and 7.6 for Chad, Mali and Niger respectively<sup>2</sup>). The adolescent fertility rate is also the highest globally – 128 per 1000 women, with rates as high as 210 in Niger and 229 in the Central African Republic (CAR) – and adolescents make a significant contribution (13 percent) to maternal mortality and disabilities (obstetric fistula). Despite a reduction of 34 percent between 1990 and 2015, maternal mortality<sup>3</sup>

<sup>1</sup> The Partnership for Maternal, Newborn, and Child Health. Global Strategy for Women's, Children's and Adolescents' Health. [www.who.int/pmnch/activities/advocacy/globalstrategy/en/](http://www.who.int/pmnch/activities/advocacy/globalstrategy/en/).

<sup>2</sup> <http://www.unfpa.org/world-population-dashboard> (2015)

<sup>3</sup> <http://www.unfpa.org/world-population-dashboard> (2015)

in the West and Central Africa region is still unacceptably high at 679 deaths per 100,000 live births (fig. 1).

The region has the highest population in sub-Saharan Africa, with an estimated 369 million people living in 24 countries. While the HIV prevalence rates may seem low (two percent), in reality the absolute numbers are high – almost one third of the 25 million people in sub-Saharan Africa living with HIV are in this region, with women being disproportionately more affected compared to men (women make up 58 percent of adults living with HIV). Coverage of antiretroviral medicines for pregnant women living with HIV to prevent mother-to-child transmission has increased from 23 percent in 2010 to 48 percent in 2015 but is still low.<sup>4</sup>

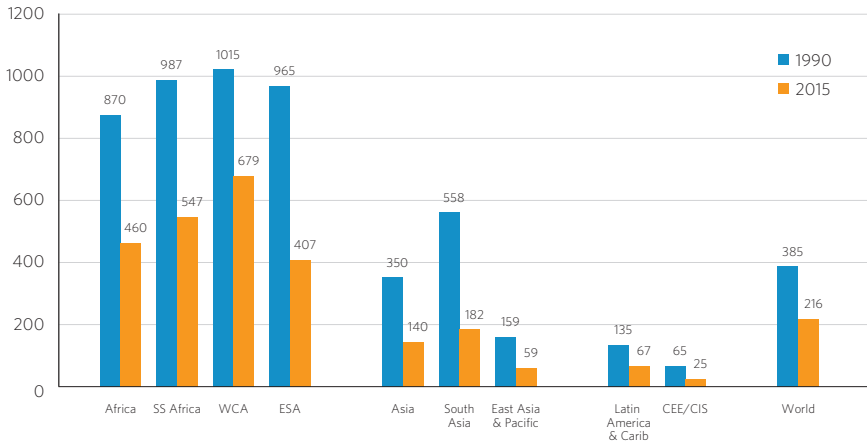
Evelyne Yao N'dri, 25 with her baby was 15 months, Ahua, Cote d'Ivoire, attending a family planning fair.  
© UNFPA / Habibatou Gologo



<sup>4</sup> UNAIDS, UNICEF, WHO 2015 report

**FIGURE 1**

Maternal mortality ratios 1990-2015 (deaths per 100,000 live births)



Source: <http://databank.worldbank.org/data/reports.aspx?source=world-development-indicators#>

The contraceptive rate in many countries is under 15 percent in many countries with lows of three percent in Chad and five percent in Guinea<sup>5</sup> while unmet needs are high, ranging from 23 percent in CAR and Chad to 34 percent in Ghana. Only 48 percent of pregnant women are assisted by skilled personnel at birth<sup>6</sup>.

In addition, the region faces a major challenge with insufficient skilled health personnel to meet the demand for health services. Ensuring sufficient skilled human resources with the necessary skills mix to address current and emerging health issues in an enabling environment are critical for building the resilience of health systems. The 2014 outbreak of Ebola virus disease in West Africa, mainly in Guinea, Liberia and Sierra Leone, where more than

<sup>5</sup> <http://www.unfpa.org/world-population-dashboard> (2015)

<sup>6</sup> <http://www.unfpa.org/world-population-dashboard> (2015)

28,000 people were infected, 11,000 people died and millions more were affected, clearly demonstrated the paramount importance of solid health systems if countries are to achieve SDGs and have the potential to harness a demographic dividend.

With this context in mind, UNFPA is intensifying efforts to accelerate universal access to quality maternal and reproductive health services. The ultimate aim is to work with governments, a broad range of development partners and all stakeholders to achieve access for all. The vision is to 'deliver a world where every pregnancy is wanted and every childbirth is safe'.

A holistic and integrated approach aligned to the UNFPA's Modes of Engagement (advocacy and policy dialogue, knowledge management, capacity development and service delivery) has been pertinent. In addition, taking advantage of the demographic dividend framework has proved a critical lever in bringing the various elements together and linking sexual and reproductive health (SRH) interventions with UNFPA's other programmatic areas. This paper highlights some of the key SRH interventions implemented through the UNFPA's modes of engagement with an emphasis on promoting the demographic dividend.

Sensitization at the school of husbands in Maiki, Niger.  
© UNFPA



# ADVOCACY AND POLICY

All countries in West and Central Africa (with the exception of Cape Verde and Sao Tome and Principe) are part of the Campaign to Accelerate the Reduction of Maternal Mortality in Africa (CARMMA) and are at various levels of its implementation. This campaign, launched in 2009, has been instrumental in bringing about high-level advocacy and policy dialogue at both continental and country levels to raise awareness on maternal health issues. It aims at mobilizing country level resources and efforts towards the elimination of preventable maternal deaths.

Family planning fair in Ahua,  
Cote d'Ivoire. © UNFPA/  
Habibatou Gologo

UNFPA's West and Central Africa Regional Office (WCARO) has also been actively involved in the review process of the Maputo Plan of Action (MPoA) and the 2005 Continental Policy Framework on Sexual Reproductive Health and Rights (SRHR), intended to accelerate the improvement of



SRHR in Africa - a vital foundation for the achievement of the International Conference on Population and Development goals. WCARO also played a pivotal role within the Ouagadougou Partnership and the Global FP 2020 Initiative - advocacy initiatives that have contributed to increasing access to family planning services.

A policy dialogue has also been conducted in Niger with stakeholders and decision makers including heads of local government, parliamentarians and religious and traditional leaders on strengthening the national system of integrated disease and maternal death surveillance and response (MDSR).

UNFPA (COs, WCARO and HQ) conducted a High Level Ministerial Dialogue on the Mano River Maternal Health Response to the Ebola virus disease (EVD) and actively participated in the Ebola Recovery Assessment in the three affected countries (Guinea, Liberia and Sierra Leone). As a result, Japan provided a financial support of USD one million to fund the midwifery response to the outbreak.

## FERTILITY

West and Central Africa has the highest total fertility rate in the world, with an average of more than six children per women

6.3

Chad

6.4

Mali

7.6

Niger



# CAPACITY DEVELOPMENT

UNFPA/WCARO organized a regional capacity building workshop for 70 government delegates and UNFPA staff on Universal Access to Integrated SRH services using the Human Rights Approach. It targeted 14 WCA countries which have developed country specific action plans for scaling-up Integrated family planning (FP) and maternal and newborn health (MNH) services. The main objective was to increase the coverage of SRH services by diminishing fragmentation and reducing missed opportunities.

In her opening remarks the Minister of Gender and Social Welfare of Togo said:

*In partnership with Jhpiego (originally the John Hopkins Program for International Education in Gynecology and Obstetrics), WCARO provided support to six countries (Benin, Chad, Cote d'Ivoire, Guinea, Senegal and Niger) in post-partum family planning, focusing on long acting methods. Furthermore, the regional office organized a Training of Trainers course for a pool of 18 practitioners and trainers to further provide technical support to other countries in the region in scaling-up post-partum family planning.*

Further, in an effort to reduce maternal, fetal and neonatal morbidity and mortality from obstetric complications, WCARO has focused on improving Emergency Obstetric and Neonatal Care (EmONC) services through two main strategies:

- (i) the development of a rapid model for EmONC Assessment and
- (ii) revising the recommendations for clinical practice in EmONC services.

While the second strategy is expected to help maternity health providers deliver quality obstetric care, the new rapid assessment tools will help programme managers collect and analyse data for decision making to improve maternal and neonatal health. The results of the surveys



conducted in Cameroon, Chad and Niger demonstrated the scientific validity, functionality, efficiency, affordability (around USD 100,000) and short duration (two to three months) of the rapid model as opposed to the current USD 500-600,000 and one to two years for the traditional EmONC needs assessment.

In collaboration with the Economic Commission of West Africa States (ECOWAS), UNFPA and WCARO developed a joint five-year Regional Strategic Plan to end obstetric fistula including integration of obstetric fistula<sup>7</sup> related-activities into routine maternal health services. Based on their specific context, all 15 ECOWAS countries developed country action plans for integrating obstetric fistula related-activities into maternal health services, including prevention, treatment and social reintegration of survivors.

With the UNFPA support, governments in Guinea, Liberia and Sierra Leone deployed midwives in the EVD affected areas to provide skilled birth attendance in health facilities. This support also facilitated the deployment of more than 5,500 community health workers for contact tracing.

<sup>7</sup> Incontinence caused by prolonged labor

Small boat to provide family planning services in remote areas of Benin. © UNFPA/Nadine Azifan



# SERVICE DELIVERY

This new born baby was delivered in Malakachala comprehensive health centre. The centre is supported by UNFPA to meet the sexual and reproductive health needs of women and girls. The facility receives a comprehensive reproductive health kit, that includes clean delivery kits for a clean and safe delivery process for pregnant women, family planning, treatment of STIs and GBV amongst others. It also receives dignity kits, that are distributed to visibly pregnant women during antenatal. The dignity kits contain the basic essentials needed to take care of the mother and her new born baby; it is also used as a strategy to encourage facility delivery as opposed to home deliveries.  
Credit: © UNFPA/Simi Vijay

Given the international financial crisis, organizational budget constraints and limited resources, the five-year French Muskoka Fund (EUR 95 million), started in 2011, has been of significant importance. It has supported eight beneficiary countries<sup>8</sup> to equip maternities, train health providers and manage maternal and neonatal health programmes. Using this funding mechanism, UNFPA, UNICEF, WHO and UN WOMEN have built a strategic partnership to accelerate reduction of maternal, neonatal and child mortality. These four UN agencies have worked together to provide joint financial and technical support for strengthening the countries' health systems. Activities are aligned with national policies and planning processes at the country level to ensure country ownership and sustainability.



Between 2011 and 2015, the Ouagadougou Partnership surpassed its goal of reaching an additional one million women in nine francophone countries in the region with

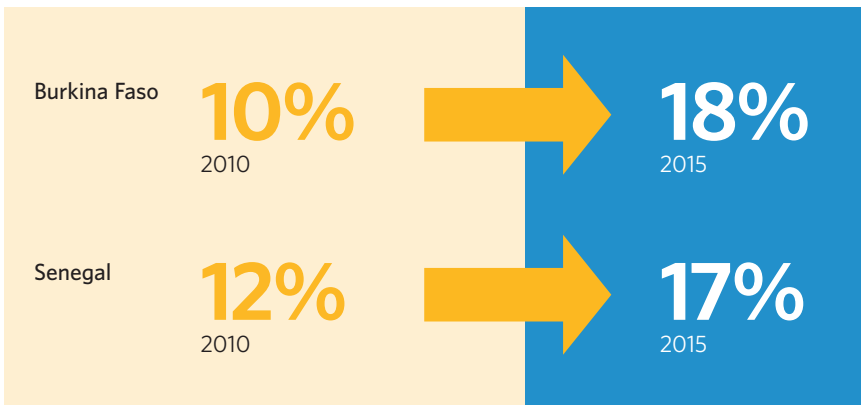
<sup>8</sup> French Muskoka Fund beneficiary countries : Benin, Chad, Côte d'Ivoire, Guinea, Mali, Niger, Senegal, Togo

contraceptive services. As a result, some countries have made tremendous progress in contraceptive prevalence rates (CPR) including in Burkina Faso which moved from 10 percent in 2010 to 18 percent in 2015 and Senegal which moved from 12 percent in 2010 to 17 percent in 2015.<sup>9</sup>

In response to the EVD outbreak in Guinea, Liberia and Sierra Leone, UNFPA activated its fast track procedures at all levels for the procurement of equipment and SRH commodities including condoms, contraceptives and life-saving commodities to affected countries. It was also instrumental in helping trace more than 82,000 contacts for EVD in the three countries and to prevent virus transmission, condom distribution has been strengthened. All these have been possible because of the re-programming flexibility of UNFPA internal budgets - but also because of the timely financial support of Japan.

Finally, WCARO supported the provision of post-partum intrauterine device (PPIUD) in six countries (Benin, Côte d'Ivoire, Guinea, Niger, Senegal and Togo) to increase family planning coverage.

### PROGRESS IN CONTRACEPTIVE PREVALENCE RATES



<sup>9</sup> <http://www.unfpa.org/world-population-dashboard> (2015)

# KNOWLEDGE MANAGEMENT

UNFPA WCARO led the revision and update of recommendations for clinical practice in EmONC services which is to be shared with countries, with the aim of helping maternity health providers deliver quality obstetric care to mothers and their newborns.

The 2013 situation analysis on obstetric fistula was updated in 2015. Experience sharing showed progress in preventing and treating obstetric fistula cases and managing the social reintegration of obstetric fistula survivors. However, the main challenges remaining are the cost and availability of treatment and weak support for social reintegration.

In partnership with WHO, West African Health Organization (WAHO) and the World Bank, UNFPA/WCARO co-organized a regional workshop on improving the quality of competency-based midwifery education and training for the six countries (Burkina Faso, Chad, Côte d'Ivoire, Mali, Mauritania, Niger) that are part of the Sahel Women's Empowerment and Demographic Dividend (SWEDD) project, and six other WCA countries (Benin, Cameroon, Guinea, Senegal, Togo). The Democratic Republic of Congo also attended this workshop. Each country developed action plans to strengthen midwifery education, practice and regulation for strengthening maternity care at the service delivery level.

UNFPA/WCARO in partnership with UNICEF, WHO, UN Women also provided joint inter-agency technical and financial support to the Réseau Africain en Education pour la Santé (RAES), a non-governmental organization based in Dakar, Senegal, to develop a soap opera called "C'est la Vie! - That's Life!". This is an innovative educative TV series with a cross-media campaign aimed at informing and raising public awareness on

SRHR. The campaign included TV broadcasts (TV5 monde and A+), radio adaptations and talk shows, radio and TV spots, mobile cinema and social media posts and reached more than 200 million people. It is designed to provoke debate on a variety of sexual health and rights issues within families, particularly amongst adolescents and youth, and most importantly between women, young people and health workers to improve the quality of care in health facilities. Negotiations are now underway for copyright broadcasting through national television channels in sub-Saharan Africa.

## Modes of Engagement

### Advocacy, Policy Dialogue and Advise

- Launching of the campaign to accelerate the reduction of maternal mortality in Africa (CARMMA) in 21 out of 23 countries
- Active participation in the review of the Maputo Plan of Action (MPoA) and the Continental Policy Framework on Sexual and Reproductive Health and Rights (SRHR) - a vital foundation of the ICPD goals
- Playing a pivotal role within the Ouagadougou Partnership and the Global FP 2020 Initiative for increasing use of family planning services in WCA Region. CPR has increased from 10% (2010) to 24% (2015) in Burkina Faso; and from 12% (2010) to 25% (2015) Senegal
- Conducted a policy dialogue in Niger involving parliamentarians, heads of local governments, religious, traditional leaders, civil society... for strengthening National System on integrated disease and maternal death surveillance response (MDSR)
- High Level Ministerial Dialogue on the Mano River Maternal Health Reponse to the Ebola Virus disease (EVD) and active participation in the Ebola Recovery Assessment

### Knowledge Management

- Revision and update of the "Recommendations for Clinical Practice in EmONC services aiming at helping maternity health providers to deliver quality obstetric care to mothers and their newborns
- Updated the situation analysis on obstetric fistula which has shown progress made by countries and highlighted the major remaining challenges
- Improving the quality of competency-based midwifery education and training in 12 countries with development of country action plans on strengthening midwifery education, practice and regulation
- Development of an educational TV series so called "C'est la Vie - That's Life" to raise awareness on issues related to sexual and reproductive health and rights (SRHR) including family planning, maternal health and quality maternity care.

### Service Delivery

- Support to service delivery in skilled birth attendance, emergency obstetric and neonatal care and family planning through equipment, training of service providers, management of MNH programmes in 8 countries using the French Muskoka Fund
- Strengthening national system of integrated disease and maternal death surveillance and response (MDSR) e.g National Forum on MDSR held in Niger in 2015
- More than 82,000 contacts traced for EVD in Guinea, Liberia and Sierra Leone
- Strengthened condom distribution as means to prevent transmission of Ebola virus
- Support to the provision of post-partum intrauterine device (PPIUD) services in six countries namely Benin, Côte d'Ivoire, Guinea, Niger, Senegal and Togo.

### Capacity Development

- Creation of a regional Master Degree training programme for midwives
- Regional capacity building workshop for 70 government delegates and UNFPA staff drawn from 14 WCA countries on Universal Access to Integrated SRH services using the Human Rights Approach
- Training of 18 trainers from 5 countries (Benin, Côte d'Ivoire, Mali, Niger, Senegal) as Master Trainers in Post-Partum Family Planning (PPFP) for scaling up PPFP through the provision of quality technical support to countries in the region
- Development of a rapid model tools for emergency obstetric and neonatal care (EmONC) Assessment that generates accurate and reliable information for a better programming to improve maternal and neonatal health
- Development of a joint five-year Regional Strategic Plan to end obstetric fistula including integration of obstetric fistula related-activities into routine maternal health services
- Support to the deployment of midwives in health facilities in the EVD affected areas and of more than 5,500 community health workers for contacts tracing.

# WAY FORWARD

Priority areas of focus going forward will include WCARO pursuing advocacy and policy dialogue with countries on CARMMA. In addition, WCARO, in cooperation with its partners, will accelerate progress in reducing maternal mortality through the implementation of high impact interventions with a focus on the six countries under the SWEDD Initiative. These include:

- developing a health workforce capable of providing integrated services, including contraception and maternal and child health care, closer to hard-to-reach, rural and underserved communities;
- using a human rights-based approach to scale-up family planning and maternal health services, including EmONC;
- strengthening surveillance and information systems that use new technologies, such as mobile phones and rapid data collection forms, to gather geographically targeted data for use in decision making and improvement of supply chains for reproductive health and lifesaving commodities; and
- developing new competencies to meet youth and adolescent health needs, particularly focussing on information and service delivery to adolescent girls.

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Coverphotos Sensitization by midwives at Koumra Regional Hospital on contraceptive  
methods and family planning, Koumra, Chad. © UNFPA/Ollivier Girard

A mother and baby in the district of Bo, Sierra Leone. © UNFPA



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every pregnancy is wanted  
every childbirth is safe and  
every young person's  
potential is fulfilled

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