



Population programs in Africa are at a crucial stage in their evolution. The intersection of increased government support for family planning and growing public demand for contraceptive services presents countries with the opportunity to accelerate their efforts to address the problems of poor reproductive health and rapid population growth. Yet, the scope of the task is daunting, especially since it will require comprehensive action on several different fronts. In addition to meeting the growing need for family planning and reproductive health services, African countries must make substantial investments in girls' education while expanding economic opportunities for women. These actions will require significantly higher amounts of funding from African governments and households and higher levels of assistance from international donors. The following recommendations identify priority areas for action by both governments and international donors.

## Expanding and Improving Family Planning and Related Reproductive Health Services

There is an urgent need in Africa to expand and strengthen family planning and related reproductive health services. By giving African men and women the opportunity to improve child spacing and end unwanted childbearing, expanded access to family planning will contribute to better health for mothers and children, while reducing reliance on abortion. Providing contraceptive services to the millions of women with an unmet need for family planning would also bring African countries one-third of the way closer to the two-child average family size consistent with population stabilization – and

advance the attainment of sustainable development.

Significant progress has been made in coverage of reproductive health care in countries such as Zimbabwe and Botswana. However, most African countries face an enormous challenge in rapidly increasing family planning and reproductive health coverage for the millions of couples – especially those living in rural areas – who currently lack access to services.

### Expanding Access

■ **Over the long run, governments must increase overall coverage of basic health care to improve access to family planning and reproductive health services.**

With only half the population in Africa having easy access to health care, it is crucial for African governments to aggressively expand primary health care facilities and staff – especially in rural and urban areas lacking adequate services – and raise the quality of basic health care. Without such improvements, efforts to expand access to family planning and reproductive health services will be extremely difficult.

At a time when African countries face so many competing health concerns, it is essential that the package of basic health services supported by health sector reform efforts include family planning and other reproductive health services. International donor agencies and family planning leaders must emphasize to governments the importance of these services to reducing infant and maternal mortality as well as to preventing the spread of HIV/AIDS and other STDs.

■ **In the short term, governments need to complete the process of incorporating quality family planning care into existing public sector health services.**

*African governments need to aggressively expand primary health care services.*

*Governments should review all laws relating to reproductive health to be sure legal systems support efforts to implement programs.*

Government health services, despite their weaknesses, are the primary source of contraceptive services in Africa, and are often the only source of modern health care for the poor. African governments must ensure that the existing network of public sector health facilities offers quality family planning services. This requires that they put in place trained staff with adequate supplies and equipment, offering the full range of contraceptive services appropriate to each level of the health system. Consistent availability of contraceptives and improved quality of services will help attract more family planning clients to the many underused public sector facilities in rural and peri-urban areas.

For the most part, countries should be able to accomplish these steps with existing staff and facilities. However, activities such as additional training and improvements in supervision, management and contraceptive distribution *will* require significant additional funding.

**■ Governments must greatly increase the scope and effectiveness of community outreach efforts to more quickly expand access to contraceptive services in rural and marginal urban areas.**

Governments can extend the reach of existing facilities by expanding community outreach programs – especially in West Africa, where the cultural barriers to family planning remain the greatest.

Governments should eliminate restrictions on distribution of oral contraceptives by community workers. A broad-based international experience has already demonstrated that community workers – with proper training in counseling and screening of clients – can safely and effectively distribute oral contraceptives. At the same time, community-based programs should build in adequate medical backup to address legitimate

concerns over nonprescription distribution of oral contraceptives.

Strategies to strengthen community outreach efforts should include building stronger referral systems between community workers and clinics, which provide methods the workers do not distribute themselves. Intensifying the coverage and frequency of home visits is another strategy which has had great success in North Africa and in Asian countries such as Bangladesh. Greater involvement of the community in all stages of program design and implementation – for example, consulting local leaders in the selection of community agents – is also important for increasing the effectiveness of outreach programs.

There is also still a need to continue testing outreach approaches to identify those best suited to a particular country or region. It is important for donors to maintain support for operations research on the design of culturally appropriate models for delivering services along the lines of ongoing efforts in the Navrongo region in Ghana. Donors and governments should also encourage greater sharing among African countries of lessons learned from such research.

**■ Governments must remove legal and regulatory barriers that limit access to family planning and other reproductive health services.**

Governments should move quickly to repeal the outdated laws prohibiting the sale and promotion of contraceptives still in effect in some French-speaking countries. Although these laws are rarely enforced, they contribute to ambivalence about family planning on the part of many medical professionals – especially in the private sector. Governments should conduct a thorough review of all laws relating to reproductive health and ensure that legal systems support efforts to implement reproductive health programs. Local NGOs, with the support

of international donors, have an important role to play in encouraging governments in these activities.

Governments must also lift regulatory barriers that prevent trained nurses and nurse-midwives from performing procedures, such as Norplant and IUD insertions; this kind of regulatory change is underway in some countries, for example in Kenya, and could significantly expand access to such methods. Governments also need to lift import duties and taxes that contribute to higher commercial prices for contraceptives.

■ **Especially as service delivery networks expand, governments need to greatly strengthen management of the basic systems that support the delivery of family planning and reproductive health services, with a special emphasis on contraceptive supply systems.**

Virtually all African countries need more and better trained managers and technical specialists to administer increasingly complex national-level reproductive health efforts. In addition, governments must develop management capability at the district and local levels as countries accelerate the decentralization of health services.

To a large extent, efforts to improve management of family planning programs will depend on broader efforts to improve public administration in Africa. Governments must redouble their efforts to professionalize the civil service, especially through better training and by improving compensation and other benefits.

Long-term commitment by both governments and donors to improve distribution and management of contraceptive supplies is needed if family planning services are to respond to the large anticipated increase in demand for contraception. Governments should concentrate on training staff and upgrading management information systems as they relate

to contraceptive supply; initial training of relevant health personnel should include instruction on supply management. Governments should implement efforts to integrate contraceptive and drug supply systems in a careful and gradual way so as to maintain the effectiveness of existing contraceptive distribution networks.

■ **The weakness of public sector health and family planning services in many countries requires an intensified effort to tap the full potential of the private nonprofit and commercial sectors.**

Governments should remove unnecessary restrictions on NGOs, and limit legal and regulatory barriers on private, commercial activities to those necessary to ensure the safety of clients. At the same time governments should encourage private practitioners – especially nurse-midwives – to provide family planning services.

Governments should draw on NGO expertise for activities such as development of national service standards and design and implementation of training. Furthermore, NGO and government family planning programs need to strengthen service links, particularly between NGO outreach workers and public sector clinics. While recognizing that governments bear the main responsibility for service provision, international donors should increase funding for NGO family planning and reproductive health services while helping NGOs improve their management and move towards greater self-sufficiency.

Social marketing programs need to broaden the range of contraceptive methods they provide, with special emphasis on highly popular oral and injectable contraceptives. Governments should work with drug companies and associations of pharmacists to lift restrictions on social marketing sales outside of pharmacies and allow advertising of specific contraceptive

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methods and brands. National social marketing programs should consider collaborating to market brands on a regional basis, in order to improve the efficiency of distribution networks. This would require, however, that governments lower existing barriers to the development of regional markets.

### **Improving Quality**

■ **Quality improvements are needed to help shift health services towards a more client-oriented approach and thus ensure the future sustainability of both government and NGO programs.**

Better training, supervision and counseling, along with improvements in public education on family planning, are all important to enhance the quality of services.

Governments should accelerate the trend towards use of supervisors for on-site training of service delivery teams, both to increase the cost-effectiveness of training and to improve the relevance of training content to real world working conditions. To support this approach, governments must strengthen the ability of supervisors to provide technical support to field staff, raise the frequency of supervisory visits and budget adequately for transportation costs associated with supervision. Health ministries must also ensure more relevant instruction on family planning and related reproductive health topics in the initial training health workers receive.

To improve counseling and ensure that clients are able to make informed and appropriate contraceptive choices, governments need to give field staff clear guidelines for provision of contraceptives based on medically sound criteria. Where these guidelines do not yet exist, governments should develop national standards for family planning and reproductive health

services; good models for such guidelines now exist in a number of African countries. These guidelines should be disseminated to all health facilities through intensive on-site orientation of clinic staff. Supervision should reinforce these guidelines and ensure that clinic staff are correctly applying established standards. Governments should also incorporate these standards into both initial training for health workers and refresher training for workers already posted at health facilities.

Public education efforts can support these improvements in services by giving clients better information on how contraceptive methods work and where to obtain them. Information campaigns must take into account that childbearing decisions often involve the extended family and community, and focus on a broad audience for messages on population, family planning and reproductive health.

■ **While ensuring wide access to a broad range of contraceptive methods, family planning programs must respond better to client needs for long-term contraception by expanding the availability of clinical methods.**

Given the lead time required to develop well functioning clinical services and to change attitudes among both the public and health workers, efforts to establish high quality sterilization and other clinical contraceptive services should start early in the evolution of national family planning programs. Sterilization training should begin with initial medical education in order to increase the numbers of trained physicians, and be reinforced with refresher training for those physicians who, following their education, regularly perform the procedure.

In the short run, a practical approach to meeting the demand for clinical methods is for governments to establish clinical services in a few, selected sites where quality – especially

with respect to counseling and infection prevention – can be maintained. Programs also need to work to dispel rumors and misinformation through better counseling and information about sterilization and other clinical contraceptive methods.

To make injectable contraceptives more accessible – especially in rural areas – programs should test feasible, safe and effective ways for health auxiliaries and community agents to administer injections, an approach that has been successful in Bangladesh and some other countries. This approach will require better training of field workers to maintain injection schedules, provide good counseling and follow-up, and ensure proper infection prevention.

## Reaching Adolescents and Men

■ **Governments must ensure that young people in Africa have the information, skills and means to protect themselves from unwanted pregnancy, AIDS and other STDs.**

Governments need to expand and improve school-based sexuality education, introducing programs early enough to reach children before they become sexually active. Information campaigns are also needed to reassure parents that good sexuality education does not encourage early sexual activity or promiscuity, but rather promotes the delay of sexual initiation and more responsible sexual behavior. Schools across Africa – not only in those countries currently hard-hit by AIDS – should quickly incorporate HIV and pregnancy prevention education into their curricula, beginning at the primary level. In the African context, it is also very important to expand programs that make information and services easily accessible to the large numbers of out-of-school youth; community-based programs involving

youth who reach out to and counsel their peers is one low-cost and effective strategy.

Information aimed at youth must be accompanied by improved access to services. Making existing public sector services more attractive to adolescents is an important first step in this effort, but one that will require changes in policy and in the attitudes of the many health workers who are currently reluctant to provide contraceptive services to young people. Where feasible, and especially in urban settings, governments and NGOs should also establish special youth-friendly clinics or centers to provide health and other services.

■ **Family planning and reproductive health programs also need to encourage increased male involvement in contraceptive use and greater efforts by men to support the reproductive health needs of women.**

Family planning and reproductive health programs must shift their almost exclusive focus on women to better recognize the needs of men and the important role they play in reproductive decisions. Public information campaigns can be effective in increasing men's knowledge of family planning methods and shaping their attitudes towards family size and contraceptive use. At the same time, clinics providing contraceptive services must be made more comfortable and welcoming to men. As part of these efforts, programs should encourage greater communication between couples on reproductive matters, and public education efforts should include special campaigns aimed at men.

More training is needed to expand the pool of physicians able to perform vasectomy and to counteract the negative attitudes of many health workers towards the procedure. Increasing demand for vasectomy requires attention to many of the

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same ingredients – such as good counseling and privacy – that are essential to improving quality of care for female sterilization clients. Recruiting satisfied vasectomy users to provide information to other men in the community who are considering the procedure has also proved to be a very effective approach in other regions.

Men are also a crucial audience for AIDS and STD prevention messages, since women are often at risk from their partners but have limited influence over male behavior. Mass media campaigns should encourage men to practice safer sexual behavior. Such campaigns must emphasize the benefits of mutual fidelity and the need for men to use condoms consistently with casual partners and sex workers to reduce the risk of infection to themselves and their wives.

### **Improving Population Policy**

#### **■ Governments must provide greater resources for formulation and coordination of population policy.**

The comprehensive approach to population policy promoted by the ICPD *Programme of Action* highlights the need for strong, national institutions that can take the initiative in planning population activities across different development sectors. With this objective, governments need to strengthen existing institutions charged with the development and coordination of population policy.

National population councils in Africa have an important role as advocates for population programs and in coordinating population policy. Where national population councils are working well, governments should link them more closely with broader national development councils and planning units; where such institutions do not yet exist or are not functioning

effectively, governments should consider integrating population policy functions into established national institutions for development policy.

Governments should expand training for staff in these policy institutions to enable them to integrate demographic analysis more effectively into national development plans. Financial and technical support from the international community can also help build the capacity of population councils and other national planning bodies to collect and use demographic information, and to present data in a way that policymakers can easily understand.

International agencies should continue to assist African countries in updating their policies and strategies to better reflect the principles of the ICPD *Programme of Action*. Especially where governments are concerned about the impact of AIDS on population growth, population policy institutions need to stress the health benefits of family planning and reinforce the synergies between family planning and AIDS/STD prevention. Such institutions should provide policymakers with up-to-date and accurate information on important trends relating to the AIDS epidemic – for example, projections that population will likely continue to grow even in those African countries hard-hit by AIDS. They also need to educate leaders about the potential for getting the epidemic under control, as appears to be happening now in Uganda where infection rates are falling.

In developing population policies, governments should also seek greater input from nonofficial players such as NGOs – including women's groups – and religious leaders. They need to disseminate these policies to a broader audience and to educate local leaders and program managers about population issues.

## **Strengthening Links Between Family Planning and Related Reproductive Health Services**

### **■ Programs need to improve linkages between family planning and other reproductive health services, without undermining the effective provision of contraceptive information and services.**

Policymakers and program managers throughout the region face a major challenge in their efforts to provide the comprehensive package of basic reproductive health services advocated by the ICPD. For this approach to succeed at the field level, programs must train workers in new skills; make equipment, drugs, and other medical supplies for diagnosis and treatment available; adapt client counseling and information; and broaden public education campaigns.

Achieving effective links among the various components of the reproductive health package will require thoughtful testing and introduction of new strategies to determine which combination of services works best to address reproductive health problems and is most cost-effective in different contexts. While broadening the scope of population programs, care must be taken not to undermine family planning services, which are still new, weak and greatly needed in many African countries.

### **■ One of the most pressing needs is for health and family planning services to do more to prevent the spread of HIV/AIDS and to screen for and treat other sexually transmitted diseases.**

The seriousness of the AIDS epidemic calls for urgent action on the part of African governments. Family planning programs are an important but underused vehicle to reach those at

risk of infection – especially married women in their childbearing years. Such programs must greatly strengthen their response to the threat posed by AIDS and other STDs.

In the absence of a low-cost treatment for AIDS, preventive efforts through education and promotion of condom use should continue to be the top priority. All women seeking family planning services should receive basic information about AIDS and STD prevention; those perceived to be at higher risk should receive more in-depth counseling. Strict adherence to infection control procedures, including handwashing, can also help prevent the transmission of infections during clinical procedures.

Community outreach programs also need to expand education on AIDS, STDs and related sexual health issues, while taking care not to overextend their field staff. These programs have a special advantage in identifying and reaching adolescents and others at high risk of infection. Governments also need to strengthen existing public education efforts that combine family planning promotion with AIDS prevention, for example, in the context of condom social marketing programs.

While the emphasis should be on prevention, health services should also seek to improve screening and treatment of STD patients – especially in light of evidence that treatment of common sexually transmitted diseases can significantly lower the chances of HIV transmission. Most health facilities in Africa lack the resources to perform sophisticated diagnostic tests, but do have the capacity to screen and treat individuals based on symptoms. Although this approach to treatment has limited effectiveness – especially in women – it is currently the best option available for African programs. Long-term improvements will require more research on cost-effective STD screening and treatment protocols. Meanwhile, high drug costs and inconsistent availability of drug

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supplies further limit treatment alternatives. One simple step to expand treatment would be for governments to allow nonphysicians to prescribe drugs to treat STDs, building on precedents that permit nurses and health auxiliaries to prescribe antibiotics for management of illnesses such as acute respiratory infections.

■ **To lower the risk of maternal death, governments must improve access to emergency obstetric care, with special emphasis on expansion of postabortion services.**

Lowering maternal death rates in Africa will require long-term investments in staff training, equipment and facilities in order to improve access to emergency obstetric care. In the short-term, governments should continue to train traditional midwives in providing regular, effective prenatal care and in safe management of routine pregnancies for the majority of African women who still give birth at home. Their training, however, should stress the need to refer those women who have high-risk pregnancies or experience complications during labor and delivery.

Within communities, prevention of maternal death must start with education on the importance of early identification of potentially dangerous situations and knowledge of when and how to take action. Programs need to reach not just pregnant women, but family members and others who have influence over the decision to seek medical intervention. There is a particular need to establish mechanisms to quickly and safely transport women requiring emergency care to the nearest health facility.

At the national level, health ministries should set protocols for management of life-threatening complications and use these as the basis for training health workers at referral centers and hospitals. These efforts should be supported by the provision

of nutrition supplements to pregnant women to reduce anemia, a condition which makes women less resistant to infection and more susceptible to hemorrhage in childbirth.

As part of efforts to reduce pregnancy-related deaths, health ministries and NGOs should continue research to educate African policy-makers and the general public on the prevalence and health impact of unsafe abortion. Current efforts in a few countries to review restrictive abortion laws need to be replicated more widely in light of the important impact access to safe abortion services has on women's health.

Meanwhile, governments should redouble efforts to train health workers in emergency postabortion care, including the use of low cost, lifesaving technologies such as manual vacuum aspiration. To increase the number of sites where emergency care is available, governments should intensify efforts to expand the role of nurses and other health auxiliaries in postabortion care.

Better access to family planning services will also reduce the exposure of women to the risk of maternal death and illness, lower the number of pregnancies to high risk women and reduce the number of unwanted pregnancies that might otherwise end in unsafe abortion. Countries must pay special attention to strengthening family planning and maternity care services for adolescents, who face a greater risk of death and complications from pregnancy and unsafe abortion. In addition, women treated in health facilities for abortion complications must have easier access to family planning information and services to reduce the number of repeat abortions.

## **Improving the Status of Women**

Expanding access to family planning and related health services is central to efforts to improve reproductive health and enable couples to have smaller

families. However, investments in girls' education and expanded economic opportunities for women are also key elements of broader efforts to empower women in all aspects of their lives, including their desire and ability to use available reproductive and child health services.

**■ African governments need to strengthen current efforts to raise school enrollment for girls.**

African women must have a more equal say on decisions related to childbearing and sexual relations that affect their own health and that of their families. It is also important to support the desire of many young women to delay marriage and first birth, especially since the childbearing patterns of today's youth will have enormous impact on future population size in the region. The most effective long-term strategy to achieve these goals is to encourage parents to send their daughters to school – and keep them enrolled – while simultaneously expanding economic opportunities for women.

The full engagement of African governments and the international community is needed to expand girls' access to education. Governments must go beyond small, pilot projects and apply a broad range of interventions to address the complex reasons that prevent girls from entering and completing school, making these efforts a key element of overall strategies to improve educational investment.

Building more schools and placing them closer to rural communities are appropriate responses but may be difficult given budget constraints in many African countries. Therefore, governments need to find ways to use existing facilities more efficiently and shift spending priorities from higher education to primary and secondary education.

Governments can lower the direct and indirect costs to girls and their families by providing scholarships,

books and transportation, and adjusting the school schedule to accommodate girls' household responsibilities. Governments should also hire and promote more women teachers, both as role models and to make the classroom environment safer and more acceptable to parents uneasy about sending their daughters to schools with mostly male staff.

Through research, policy dialogue, financing of innovative programs and support for local advocacy groups the international donor community should continue efforts to encourage African governments to give greater importance to educating girls.

**■ Countries must work to eliminate institutional and legal barriers that prevent women from becoming equal partners in development.**

Improving women's economic opportunities, together with expanded access to education, will help over the long-term to redress discrimination against women and inequality. Women's unequal status – perpetuated by formal legal systems and informal traditions – currently gives them little negotiating power with respect to sexual relations and condom use, exposing them to unwanted pregnancies and AIDS and other STDs.

Governments can help to empower women by ensuring that women, who do the bulk of farming in Africa, obtain better access to farm technology and agricultural inputs and to the credit necessary to finance their farming and trading activities. Through efforts to reduce employment discrimination, governments can also improve the chances of formal sector employment for women and give parents further motivation to keep their daughters in school. Governments should also ensure that legal systems promote equal rights for men and women, especially in matters such as inheritance and rights within marriage.

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■ **Efforts to halt the practice of female genital mutilation must focus on community education and should involve health professionals.**

African societies, with the moral and financial support of the international community, must bear the responsibility for efforts to end female genital mutilation. Legislation outlawing the practice sends an important political message; however, measures that punish practitioners are likely to be relatively ineffective in ending the traditional practice. Community education campaigns based on local customs and beliefs appear to have more potential to change attitudes towards FGM. Community health nurses, in particular, can play a greater role in educating men and women in the community about the health problems associated with the practice. Meanwhile, health professionals should expand their involvement in recognizing and treating complications from FGM. Nevertheless, appeals to stop the practice based on health concerns alone are likely to be inadequate to halt this deep-rooted cultural tradition. Again, education – of both men and women – is likely to be key.

## **Assuring Adequate Funding**

In many African countries, health needs are already great, health care systems are still weak and donor assistance for reproductive health is stagnating or falling. In this context, mobilizing the resources to fund the full range of reproductive health services advocated by the ICPD – while maintaining family planning as a central part of these efforts – remains a difficult task.

■ **Governments, private households and international donors must all increase their financial contributions if countries are**

**to reach the goal of universal access to the basic package of reproductive health services by the year 2015.**

Many African governments can increase spending on health by redirecting exorbitant military expenditures. Within the health sector, governments need to place greater priority on basic health care by reallocating resources from curative to preventive services, strengthening rural infrastructure and continuing progress towards decentralization of health services.

Even if tax revenues rise as African economies improve, many poor countries will still not be able to afford the basic package of health services. Charging clients can go part way towards making up for financing shortfalls, but introduction of user fees must be gradual and based on solid research on the willingness and ability of individuals to pay. Governments should encourage the spread of Bamako Initiative programs to improve essential drug supply and educate communities on the benefits of including contraceptives within these locally-managed efforts.

Given the magnitude of resources required to implement ICPD objectives, donors must continue to bear a large share of the costs of providing family planning and related reproductive health services. To meet the commitments made by the international community at the ICPD, donors must at least double their contributions for family planning and reproductive health programs in the region by the year 2000 from the current level of roughly \$500 million annually.

The international donor community must also search for ways to continue to support population and health programs in some of the larger “failed” states in Africa, such as Nigeria, Somalia and Sudan, whose governments for political reasons currently receive little foreign assistance. Channeling assistance through NGOs is one

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way that donors can continue to improve individual reproductive health and contribute to slower population growth without directly supporting these governments.

**■ Donors and governments must work together to make better use of limited population assistance.**

Especially as aid levels stagnate or decline, it is crucial for international donors and governments to use population assistance more effectively. Donors need to overcome differences in style and purpose to work together in a comprehensive and coordinated way that benefits national programs. Governments should strengthen their role in coordinating external assistance, as has occurred for example in Tanzania, where strong donor coordination by the Ministry of Health has been key to improving the contraceptive distribution system.

International technical assistance remains an important channel for African countries to gain access to new technologies and share “best practices” from Africa and outside the region. While outside technical assistance is often still appropriate, donors should maximize use of local family planning and reproductive health experts, thus helping to build and sustain the human resource base in both the public and NGO sectors. To further build sustainable programs, donors must increase efforts to support basic management capacity.

Donors should also encourage and provide funds for increased collaboration and sharing of experience among African countries, as USAID is doing in eastern and southern Africa. Together, donors and governments should explore and, where appropriate, foster regional partnerships. One example is the current interest of some African countries to lower program costs through joint procurement of contraceptives and other health commodities.

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