

ADDING IT UP

Investing in the Sexual and Reproductive Health of Adolescents in the Ouagadougou Partnership Countries



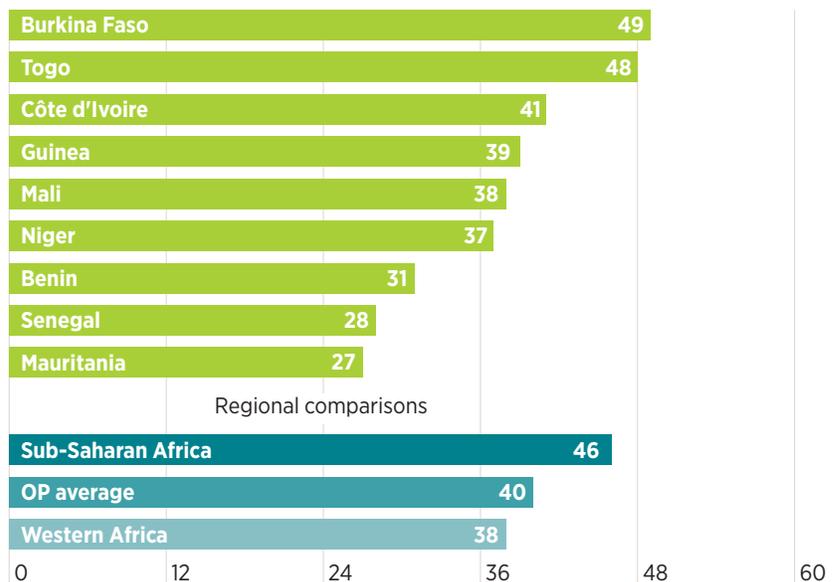
The Ouagadougou Partnership (OP),* formed in 2011, supports the nine Francophone countries in West Africa† to address the need for modern contraception in the region. The OP's goal is to increase modern contraceptive use by an additional 6.5 million users between 2020 and 2030. However, the OP has a rapidly growing population of young women aged 15–24, who make up 42% of all reproductive-age women on average across the OP countries. Adolescents aged 15–19 are just beginning sexual activity, marrying and bearing children, yet their reproductive health needs often go unmet, and their voices go unheard.‡ The OP 2030 goal cannot be achieved without addressing the needs of young people, and of adolescents in particular. The OP is therefore aiming to reach one million additional young people by 2030.

Vast unmet need for contraceptive services

- As of 2020, 1.9 million adolescent women in the OP countries are married or are unmarried and sexually active§ and want to avoid pregnancy. Of these, 745,000 use a modern contraceptive method, but 1.1 million do not.
- The level of demand that is satisfied with modern methods varies greatly among adolescents across the OP countries: As few as 27–28% of adolescents who want to avoid a pregnancy rely on modern methods in Mauritania and Senegal, while as many as 48–49% do so in Togo and Burkina Faso.
- Overall in the OP countries, the level of demand satisfied with modern methods is lower for adolescents (40%) than for all women of reproductive age (47%).
- One result of limited modern contraceptive use is unintended pregnancy: Of the estimated 1.5 million pregnancies that occur each year among adolescents

Adolescents' level of demand satisfied with modern methods varies greatly across countries in the Ouagadougou Partnership

% of need met with modern methods



Notes: Demand for family planning satisfied with modern methods is the percentage of adolescents aged 15–19 who want to avoid a pregnancy and are currently using a modern contraceptive method for delaying/spacing births or preventing childbearing. OP=Ouagadougou Partnership.

in OP countries, 39% are unintended. Adolescent women who want to avoid a pregnancy but do not use a modern method account for nine out of every 10 adolescent unintended pregnancies in the partnership countries.

Impact of meeting adolescents' sexual and reproductive health needs

- If all adolescents in the OP countries who want to avoid a pregnancy were to use modern contraceptives, unintended pregnancies, abortions and maternal deaths would fall dramatically:
 - > Unintended pregnancies would drop by 76%
 - > Abortions would drop by 75%
 - > Maternal deaths would drop by 19%

Investing in the future by meeting adolescents' needs today

- Investments are necessary to meet the critical need for modern contraceptives for all adolescents wanting to avoid pregnancy. Investing in contraceptive information and services can actually save costs by preventing unintended pregnancies,

*<https://partenariatouaga.org/en/about-us/the-partnership/>

†Benin, Burkina Faso, Côte d'Ivoire, Guinea, Mali, Mauritania, Niger, Senegal and Togo.

‡Some 10–14-year-olds have also begun sexual activity and thus also are at risk of unintended pregnancy and childbearing. However, because these young adolescents are often excluded from national surveys used to estimate contraceptive and pregnancy-related care needs and coverage, we focus only on adolescents aged 15–19.

§Married adolescents are assumed to be sexually active. Unmarried adolescents are considered sexually active if they report having had sex in the 30 days prior to the survey.

which reduces the need for pregnancy-related and newborn health care.

- More specifically, every 1,000 West Africa CFA francs spent on adolescents' contraceptive services above the current level would save 3,131 CFA francs in pregnancy-related and newborn health care costs (or US\$3.13 saved for every additional US\$1 spent).**
- Fully meeting the need for modern contraceptives among all adolescent women in the OP countries will require an increased investment of 22 billion CFA francs (US\$39 million), or 147 CFA francs (US\$0.26) per capita per year. The required country-level increases in per capita investment vary widely, from 70 CFA francs (US\$0.13) annually in Senegal to 304 CFA francs (US\$0.54) annually in Côte d'Ivoire.

Meeting the challenge through the Ouagadougou Partnership's youth strategy

Adolescents' and young women's sexual and reproductive health and rights cannot be achieved without hearing directly from them. Young people must be actively involved in planning for their futures and in the policy and funding decisions that affect their lives. The OP has therefore launched a long-term youth engagement strategy^{††} to better incorporate youth voices and needs into policies and programs.

- Youth leaders can advise on interventions to address and target youth, including those interventions contained with each country's Costed Implementation Plan for Family Planning (CIP).
- Countries should report annually on the involvement of youth in such processes and on the portion of funding used to support youth-focused programming.
- Each country's CIP should include specific

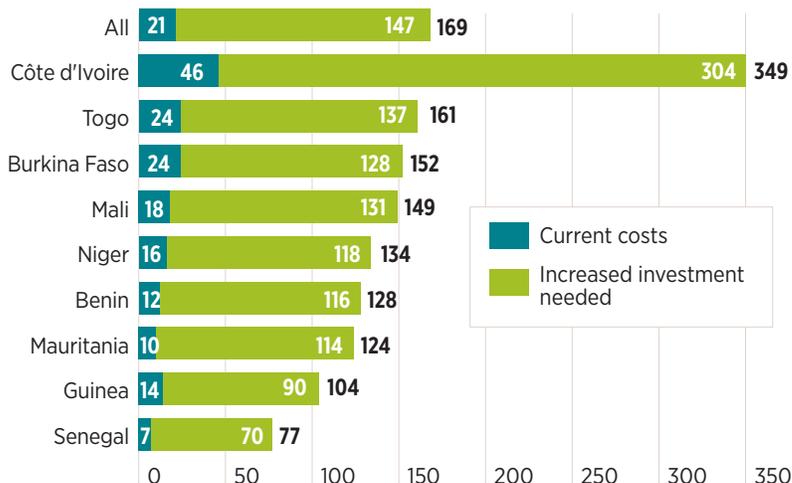
**As of October 14, 2020, there were about 559 West African CFA francs per U.S. dollar.

††<https://partenariatouaga.org/en/ocpu-youth-strategy/>

‡‡Western Africa, which includes the nine OP countries, has the world's highest prevalence of marriage before age 18. In addition, according to the United Nations Children's Fund, it has made the least progress in reducing child marriage (<https://data.unicef.org/resources/child-marriage-latest-trends-and-future-prospects/>).

Increased investments are essential to meeting adolescents' needs for modern contraceptives in the Ouagadougou Partnership countries

Per capita costs (in CFA francs)



Notes: Numbers may not add to totals because of rounding.

ic indicators on youth (e.g., the proportion of activities focused on youth and the percentage of the CIP budget spent on youth-oriented activities), so that evaluations of country progress include how youth needs are being met and what progress has been made.

- Countries should aim to direct a minimum of 15% of their family planning budget to youth and should have a specific goal to increase this funding each year, regardless of whether they are already meeting this target.

Meeting the OP target of one million additional youth users cannot be achieved without better tailoring investments to youth, investing in evidence-based interventions, and increasing the overall scale and scope of such investments. To facilitate improved investments, numerous barriers to providing care must be overcome, including removing policy restrictions that limit young people's access to services and eliminating child marriage.^{††} Investments also need to increase today in anticipation of rising needs in the future: As more of the growing population of young people become empowered to decide when and if they marry and have children, investments that allow adolescents to plan their futures and exercise their sexual and reproductive rights will only become more important.

Sources

Unless otherwise noted, the information in this fact sheet comes from Sully E et al., *Adding It Up: Investing in Sexual and Reproductive Health 2019*, New York: Guttmacher Institute, 2020. Additional information on the methodology and further data can be found in *Adding It Up: Investing in Sexual and Reproductive Health 2019—Methodology Report*.

Acknowledgments

This fact sheet was made possible by a grant from the Bill & Melinda Gates Foundation. The findings and conclusions contained within are those of the authors and do not necessarily reflect the positions or policies of the donor.



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December 2020