

Comment on the paper “Population Policy Adoption in Sub-Saharan Africa: An Interplay of Global and Local Forces” by Rachel Sullivan Robinson

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The article is timely as many countries in sub-Saharan Africa are increasingly integrating population issues in policy decisions and as population and youth HAVE become top agenda including at the African Union level (African Union, 2016). It is evident that both global and local factors influenced national population policy adoption in the region. It would be interesting to see how coercive and normative pressures shaped implementation of the policies. Likewise, it is important to look at the short and long term impact of coercive pressure vis-à-vis normative pressure on buy in from local politicians and other decision makers since population is and will be a contentious issue depending on how and by whom it is presented.

Though it is encouraging to see access to contraception has improved and rights issues are being discussed widely, it is very difficult to say national population policies have adequately influenced decision makers looking at the lengthy and complicated debates at local, regional and global fora to incorporate population issues in past and current development agendas such as the MDGs and SDGs (IPPF, 2012).

Countries that developed population policies did not have clear and immediate implementation plans outlining who should do what, how and when (Hailemariam et al., 2003). Both coercive and normative pressures lead to suspicion and lack of ownership and thus lack of implementation mechanisms, lack of sustainable resource allocation and mainstreaming of population issues in different sectors as a cross cutting agenda.

In addition to desired high fertility and limited implementation capacity as elaborated by the author, donor driven, fragmented and project based approaches to population and reproductive health issues, especially family planning, are key challenges for significantly lowering fertility.

Family planning was promoted as a major strategy to curb population issues but programs are highly donor driven, project based, poorly coordinated, target based not rights based. Support to population activities from government donors largely depended on political will and which party is on power and for how long. Some successful population programs had sig-

nificant setbacks because of political changes in the north which led to substantial funding cuts (Bogecho, 2006; Canada, 2015).

Lately countries have prioritized family planning issues and developed costed national implementation plans by bringing stakeholders together. Number of governments allocating local resources for family planning has increased. It is also encouraging to see that population and family planning programs are more coordinated and increasingly use human rights principles as a foundation to ensure quality of care and provision of rights based services for couples and individuals (Scoggins et al., 2015).

Countries with significant progress achieved this because of ownership by governments and non-state actors and due to improved coordination among local and international organizations and donor agencies. Where government leadership and involvement is higher results are encouraging (USAID Africa Bureau and others, 2012).

If we don't move away from project based funding and patchy implementation and we don't promote an integrated and program approach it would be difficult to bring meaningful impact. Many initiatives and innovations phase out because they are implemented in silos and short-lived.

Moving forward, existing policies and implementations plans should be reviewed and updated since a number of them are over two decades old and do not reflect the current reality. Both coercive and normative pressures did not promote participation and it is time to put in place policies that are developed using bottom up approaches through community participation especially women and young people. We should change from 'push' to 'pull' approach by creating awareness, demand and sustainable behavioural change.

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