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Research Article

Analysis of the Political Economy and Financing of Family Planning in Togo: Challenges, Opportunities, and Prospects

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Abstract

Background: Sexual and reproductive health (SRH), including family planning (FP), is crucial for human development and the reduction of maternal and infant mortality. In Togo, although progress has been made in accessing SRH services, significant disparities persist, particularly in rural areas and among youth. The funding for FP largely relies on international partners, which jeopardizes the sustainability of interventions. *Methods:* The study employed a methodological approach combining a literature review and interviews with key stakeholders involved in the budgeting process. The analysis examined political commitments, available funding sources, and public expenditures specifically allocated to FP, while identifying major constraints and opportunities for resource mobilization. *Results:* The findings indicate that over 80% of FP funding comes from external partners. Togo has made political commitments regarding FP, but budget execution and domestic resources remain inadequate. Unmet needs for contraception affect 24.1% of women of reproductive age, and challenges persist in accessing services, particularly for youth and in rural areas. *Conclusions:* Despite notable advancements, FP funding in Togo remains heavily dependent on external financing, posing risks to the sustainability of programs. It is crucial to increase national investments, improve coordination among stakeholders, and diversify funding sources to ensure equitable and sustainable access to reproductive health services.

Keywords

Family Planning, Health Financing, Sexual and Reproductive Health, Health Systems, Health Governance, Resource Mobilization

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1. Introduction

Sexual and reproductive health (SRH), including family planning (FP), is a cornerstone of human development, social equity, and the fulfillment of fundamental rights. According to the World Health Organization (WHO), access to SRH services significantly reduces maternal and child mortality, prevents unintended pregnancies, and promotes women's autonomy [1]. In Togo, despite notable progress in access to maternal health and family planning services, significant disparities persist particularly in rural areas and among youth and adolescents [2].

2. Context and Justification

The modern contraceptive prevalence rate among women in union increased from 17.1% in 2014 to 23.2% in 2023, reflecting gradual improvement, yet still falling short of the actual needs, according to Track20 [3]. At the same time, unmet needs for contraception remain a pressing concern, affecting nearly 24.1% of women of reproductive age [4]. These figures highlight the urgency of strengthening efforts, particularly through stable and sustainable financing for SRH and FP services.

Currently, funding for these services in Togo is still largely dependent on technical and financial partners, who provide more than 80% of resources dedicated to family planning [5]. This heavy reliance jeopardizes the long-term sustainability of interventions, especially in a global context marked by shifting international aid dynamics. On the other hand, domestic resources remain limited: the share of the national budget allocated to health ranged between 6% and 8.8% from 2019 to 2023 well below the 15% commitment made by African states under the Abuja Declaration [6, 7].

This article presents a critical analysis of FP financing in Togo by examining available funding sources, trends in public and external expenditures, budgetary mechanisms, and structural challenges. It also highlights opportunities to strengthen domestic resource mobilization and offers concrete recommendations for enhancing the effectiveness and sustainability of investments in reproductive health.

3. Literature Review

3.1. Health System Organization

Togo's health system operates under a decentralized administrative structure with three levels: central, intermediate, and peripheral [8]. The central level, led by the Ministry of Health, is responsible for policymaking and national program coordination. The intermediate level consists of Regional Health Directorates across the six health regions, which implement national directives and supervise district operations. The peripheral level encompasses health districts, which deliver direct services to the population through health centers, district hospitals, and community health posts.

Health service delivery is structured along three tiers: primary care (dispensaries, health centers), secondary care (district and regional hospitals), and tertiary care (university hospitals and referral centers). This organization allows for patient referral based on the complexity of medical needs. However, the system faces multiple challenges, including limited financial accessibility, regional disparities, a shortage of qualified personnel, and inadequate health insurance coverage. While the private sector and NGOs supplement public services, improved regulation, capacity-building, and stronger governance are essential to achieving universal health coverage.

3.2. Socioeconomic Context of Togo

Togo experienced sustained economic growth between 2021 and 2023 [9]. The average annual real Gross Domestic Product (GDP) growth rate was 6.0%, demonstrating the resilience of the Togolese economy amid global and regional uncertainties. In 2023, the growth rate reached 6.4%, up from 5.8% in 2022 and 6.0% in 2021, indicating steady economic progress [9]. Social indicators also reflect progress, particularly in poverty reduction. National poverty incidence declined from 45.5% in 2018 to 43.8% in 2021 a 1.7 percentage point reduction partly due to social policies and increased public investments in priority sectors [10].

Nonetheless, Togo's fiscal situation remains concerning. Public debt as a percentage of GDP increased steadily from 53.7% in 2019 to 66.7% in 2023. Projections for 2024 anticipate a slight decrease to 66.4%, yet this does not signify a genuine reversal of the trend [11]. Rising debt levels, coupled with increasing interest rates, are placing heightened pressure on fiscal space, significantly limiting the government's capacity to fund strategic investments, particularly in key social sectors such as health and education [12]. In terms of health, Togo continues to face major challenges, despite measurable progress in reproductive health and family planning in recent years.

In Togo, the maternal mortality ratio stands at 399 deaths per 100,000 live births an alarmingly high rate that reflects insufficient access to emergency obstetric care and quality reproductive health services [13]. Under-five mortality remains a concern at 71 per 1,000 live births, and infant mortality (before age one) is estimated at 27 per 1,000 live births [13].

Regarding fertility, the total fertility rate is 4.2 children per woman, indicating a slow demographic transition that is gradually underway. This is partly due to limited access to family planning services [12]. The modern contraceptive prevalence rate is 26.3%, according to Track20 [3], showing

encouraging progress, though still inadequate to meet growing demand. Unmet needs for contraception remain high, affecting 24.1% of women of reproductive age [8].

Service delivery indicators show that 75.1% of births are attended by skilled health personnel an improvement in access to obstetric care, although significant disparities persist between urban and rural areas [4]. The health system continues to suffer from both quantitative and qualitative shortages in human resources, and the overall quality of care remains suboptimal [13, 14].

These indicators underscore the urgent need to increase investments in health infrastructure, skilled personnel, and awareness campaigns on family planning and maternal health.

The overarching objective of this analysis is to better understand the financing landscape for family planning (FP) in Togo at both the national and subnational levels. The aim is to generate evidence-based recommendations for improving the mobilization and efficient use of financial resources in support of sexual and reproductive health services.

4. Study Objective

This analysis aims to deepen the understanding of the national context regarding the financing of FP services in Togo from 2017 to 2023.

Specific Objectives

The specific objectives of this study are to:

(1) Analyze the commitments made by Togo in the field of family planning.

(2) Identify the available funding sources (public budgets, technical and financial partners, NGOs, private sector) and assess their respective contributions to the overall health budget.

(3) Analyze public and external expenditures specifically allocated to FP, highlighting key trends.

(4) Identify major constraints related to health sector financing, particularly those directly affecting the availability, quality, and accessibility of FP services.

(5) Assess progress made in the area of FP in Togo.

(6) Propose strategic entry points for effective advocacy, supported by current data and evidence.

Formulate operational, evidence-based recommendations to influence public policy and strengthen sustainable domestic investment in FP.

5. Methodology

5.1. Study Design and Data Collection Methods

This study adopted a qualitative, descriptive, and analytical design, combining document review and semi-structured interviews with key informants. A structured document review grid was developed to systematically extract relevant information from national policy documents, budget reports, strategic plans, finance laws, and international agreements related to FP. Semi-structured interviews were conducted using a thematic interview guide covering the following dimensions: i) Political commitments and international conventions ratified by Togo; ii) FP funding volumes and sources; iii) Financial flows and mechanisms; iv) Mapping of the budgeting process (planning, arbitration, execution, monitoring); v) Budget execution rates for FP; vi) Progress achieved, structural challenges, and advocacy opportunities. Data triangulation between documentary sources and interviews enhanced the credibility and validity of the findings.

5.2. Sampling Strategy

The study employed a maximum variation sampling strategy combined with theoretical representativeness. This approach enabled the inclusion of actors with diverse roles and perspectives across the budget cycle to reflect a broad range of institutional experiences and viewpoints. The selection of key informants was guided by their expertise, institutional role, and involvement in decision-making related to FP financing.

5.3. Sample Description

The sample included senior officials and experts from the following institutions: a) The Ministry of Health, particularly the Directorate of Maternal and Child Health and technical units responsible for FP programming; b) The Ministry of Economy and Finance, including the Budget Directorate and the Directorate of Public Investment; c) The Ministry of Planning and Development; d) International partner organizations, including the World Health Organization (WHO), the United Nations Population Fund (UNFPA), and the Ouagadougou Partnership Coordination Unit (OPCU); e) Non-governmental organizations (NGOs) involved in the implementation and monitoring of FP programs in Togo. Data from the interviews were analyzed thematically, with particular attention to identifying convergences, tensions, and opportunities for improvement in the FP financing process.

5.4. Stakeholder Selection Criteria and Sampling Strategy

The stakeholders were selected based on the following criteria: direct involvement in the budgeting process related to family planning (including planning, allocation, execution, and monitoring); recognized technical or strategic expertise in family planning and health financing; key institutional positions within ministries, technical and financial partners, or NGOs; and representation of the diverse institutions engaged in family planning financing in Togo. The sampling strategy combined maximum variation sampling with theoretical representativeness to ensure the inclusion of a broad range of

profiles and experiences. In total, fifteen key informants were interviewed.

5.5. Data Analysis Methods

The document analysis involved coding and synthesizing budgetary and programmatic data using a structured analysis framework to identify funding volumes, sources, financial flows, and key stages of the budgeting process. Interview transcripts were analyzed thematically, initially by thematic categories and subsequently refined through units of meaning. Initial codes derived from the interview guide themes were further developed through inductive coding to capture emerging ideas and critical issues. Methodological triangulation was conducted by cross-referencing findings from the document analysis with qualitative data from the interviews, enabling verification of data consistency, identification of potential discrepancies or contradictions, and strengthening the reliability of conclusions. Additionally, validation sessions were held with select informants to confirm interpretations and refine the analysis.

6. Results

6.1. Political Will and Accountability

Togo has adopted various normative and regulatory documents to guide the health sector, with particular attention to reproductive health and family planning. These documents provide an essential reference framework for implementing interventions and strengthening services in these domains. The table 1 below shows Key Policies and Legal Frameworks Related to Family Planning Financing in Togo.

Table 1. *Key Policies and Legal Frameworks Related to Family Planning Financing in Togo.*

Policy/Law	Year	Key Issues Related to FP Financing
Law No. 2007-005 on Reproductive Health	2007	Affirms the right to reproductive health for all and establishes the State's responsibility in providing and financing contraceptive methods. The law also allows the sale of contraceptive products under public coordination.
Public Health Code	2009	Authorizes the provision of all FP methods (except abortion) and ensures their availability in public and private health facilities. Strengthens public leadership in coordinating funding.
National Costed Implementation Plan for FP (PANB)	2023-2026	Stabilizes domestic financing for FP through a dedicated budget line. Encourages advocacy to increase national and local resources for FP.
National Health Development Plan (PNDS)	2023-2027	Prioritizes the reduction of maternal and neonatal mortality and the strengthening of FP services. Emphasizes the integration of modern contraceptive methods into antenatal and postnatal care.
National Health Policy Toward 2030	2023	Provides a general framework aimed at universal access to quality health services, including FP. Emphasizes system resilience and participation of local stakeholders in financing.
National FP Financing Strategy	2022	Sets objectives to mobilize sustainable domestic resources and reduce dependence on international partners for funding FP products and services.

The table 2 below shows Gaps and Strengths in the Legal and Policy Framework for Sexual and Reproductive Health and Family Planning (SR/FP) in Togo.

Table 2. *Gaps and Strengths in the Legal and Policy Framework for SR/FP in Togo.*

Gap/Strength	Description	Consequences
Outdated Reproductive Health Law (2007)	The law is outdated and does not reflect WHO's new orientations (new technologies, sexual minorities, abortion, etc.).	Mismatch between the legal framework and current needs. Obstacle to the adoption of modern SR/FP policies.
Absence of Implementing Regulations	No regulatory texts have been adopted to govern the implementation of the SR law.	Difficulty for providers to comply with the law. Limited access to guaranteed rights for beneficiaries.

Gap/Strength	Description	Consequences
Existence of Strategic Plans (PNDS, PANB)	Policies are accompanied by detailed strategic plans (PNDS 2023-2027, PANB 2023-2026).	Delays in disbursing allocated funds. Weak alignment between plan priorities and local realities.
Weak Dissemination of Laws and Policies	Laws and policies, such as the SR law and the PANB, are not well known at the subnational level.	Lack of awareness of legal provisions among local staff and communities. Difficulty in engaging local actors in advocacy efforts.
Dependence on External Funding	A large share of contraceptive product funding comes from technical and financial partners (UNFPA, USAID).	Program vulnerability in the event of reduced or withdrawn external funding. Low mobilization of domestic resources for SR/FP.

6.2. Political and Financial Commitments to Health and Family Planning in Togo

For several years, Togo has made significant commitments to improve the health of its population, particularly in the areas of FP and sexual and reproductive health (SRH).

First, under the Abuja Declaration, the Togolese government committed, as early as 2002, to increase the national health budget allocation by at least one percentage point annually. The goal is to progressively reach the 15% target recommended by African Heads of State in the Abuja Declaration adopted in April 2001.

Additionally, as part of the FP2030 initiative and the Ouagadougou Partnership (OP), Togo has made clear and measurable commitments to strengthen access to quality FP and SRH services.

6.3. Togo's Commitments Under FP2030

Within the FP2030 initiative, Togo has established an ambitious vision for 2030. The overarching objective is to ensure equitable access to quality sexual and reproductive health services, including family planning, for the entire population. Particular attention is given to adolescents, youth, and women including those living in emergency situations in accordance with fundamental human rights.

To achieve its vision for improved family planning, Togo has set several specific goals. Central to these is increasing the modern contraceptive prevalence rate (mCPR), aiming to raise mCPR among women in union from 23.1% in 2020 to 32% by 2026, and for all women from 20.4% to 29.5% over the same period. The country also seeks to ensure a sustainable supply of contraceptives by boosting national budget allocations; in 2022, a government subsidy was introduced to cover 50% of contraceptive needs, with national contributions expected to increase by 25% annually from 2023 to 2026. Additionally, Togo aims to expand access for adolescents and youth to accurate information and youth-friendly services to reduce unmet needs in this vulnerable group. To support consistent availability, the country plans to strengthen logistics and distribution systems, targeting an increase in the proportion of health facilities without stockouts from 36.9% in 2020 to 70% by 2026.

6.4. Togo's Commitments Under the Ouagadougou Partnership

As a member of the Ouagadougou Partnership, Togo has made concrete commitments to strengthen the sustainability of FP financing and promote greater local ownership. These include mobilizing increased domestic resources to reduce reliance on international technical and financial partners and adopt a more autonomous and sustainable approach to SRH financing. Additionally, Togo is committed to enhancing civil society's involvement in FP implementation by mobilizing 10% of the required financial resources through local initiatives, thereby reinforcing collaboration with CSOs and local governments.

6.5. Commitments by Political Decision-makers

In addition to technical and strategic initiatives, Togolese authorities have made strong budgetary and institutional commitments to ensure the sustainability of family planning efforts.

Since 2016, the government has established a dedicated budget line for contraceptive security. This line has been consistently maintained, demonstrating a strong political will to sustainably support access to contraceptives.

Policymakers have pledged to gradually increase domestic funding, in order to support the effective implementation of the National Costed Implementation Plans (PANB). This approach aims to achieve national strategic objectives in family planning while reducing reliance on external funding.

The government has also expressed its intent to strengthen intersectoral coordination, particularly among relevant ministries and technical and financial partners. The objective is to ensure the continuity of contraceptive supply nationwide through a coherent and integrated approach to intervention.

The table 3 below provides an Overview of Health and Family Planning Programs in Togo.

Table 3. Overview of Health and Family Planning Programs in Togo.

Program/Regime Name	Objective	Geographic Scope	Target Population	Covered Population (Year)	Funding Sources	Governance & Covered Services
Universal Health Insurance Scheme (AMU)	Achieve universal health coverage (UHC) to reduce financial risks related to healthcare.	National	All citizens and permanent residents.	6.01% in 2023	Household contributions, public subsidies, technical and financial partners (TFPs)	Governed by INAM and CNSS; covers basic medical services and hospital care.
SR/FP Program	Secure contraceptive products and FP services.	National	Women of reproductive age, adolescents.	Data not available	Public budget, UNFPA, USAID, other TFPs	Managed by DSME and partners; includes contraceptives, awareness campaigns, and free access during open days.
School AMU	School health insurance for students in public and private schools.	National	Primary and secondary school students.	2 million students in 2022	Public subsidies and TFPs	Managed by INAM and Ministry of Education; covers basic consultations and hospitalizations.
Wezou Program	Partial coverage of healthcare costs for pregnant women and newborns.	Pilot in Kara, then national expansion	All pregnant women regardless of status.	Pilot in 2021, expansion planned	State budget (3 billion FCFA mobilized)	Managed by Ministry of Health; covers prenatal consultations, normal deliveries, cesarean sections within defined limits.
Medical Assistance Scheme (RAM)	Support for economically vulnerable populations.	Progressive rollout	Populations living in poverty.	Data not available	Public budget and external funding	Governed by CNSS; covers essential health services.
SWEDD (Sahel Women Empowerment and Demographic Dividend)	Empower women and girls in health, education, and the economy.	Regional (West Africa)	Girls and women of reproductive age.	Data not available	World Bank, TFPs	Led by Ministry for the Promotion of Women; includes FP awareness, economic empowerment, education, and early marriage prevention.

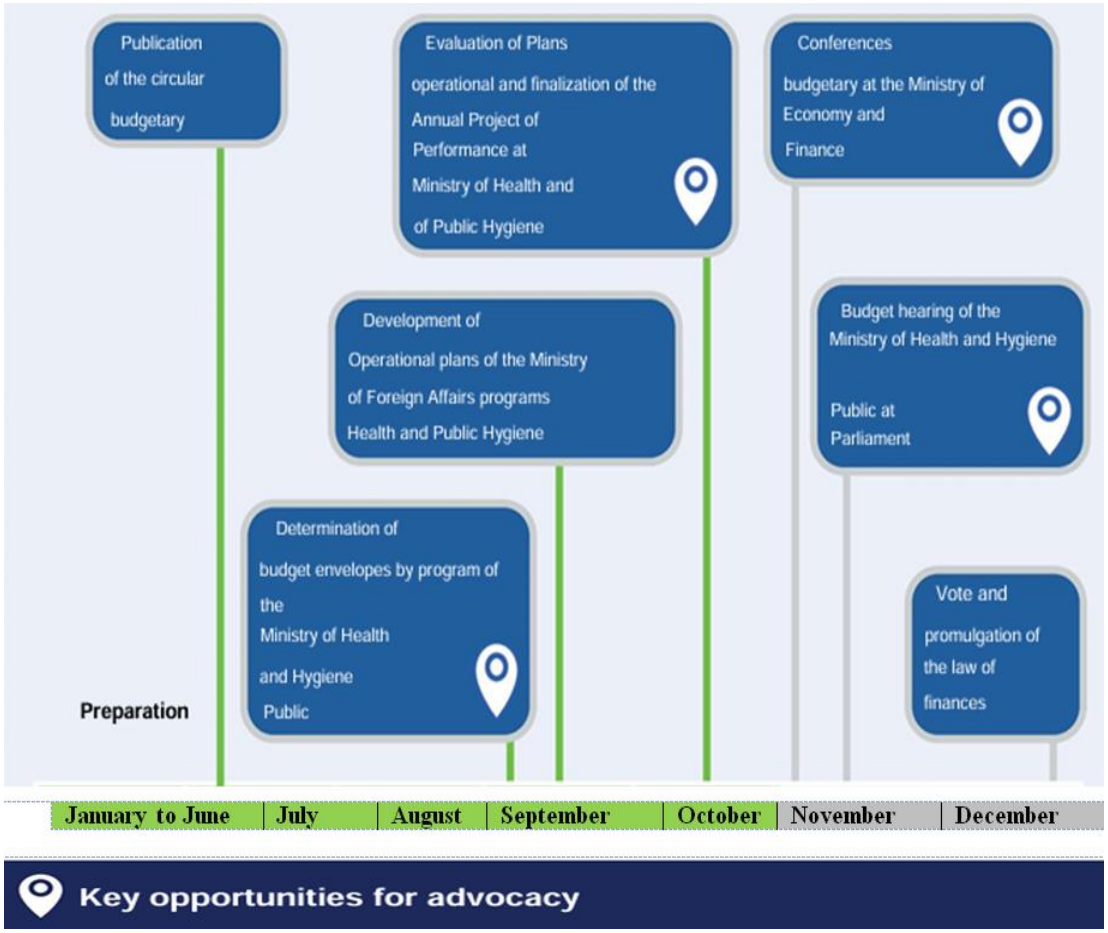
6.6. Mapping the Budget Process, Key Advocacy Stakeholders, and Advocacy Opportunities

6.6.1. Mapping the Health Sector Budgeting Process

The State budget process in Togo follows an annual cycle running from January to December. Although the exact dates of budget formulation may vary from year to year, the process generally adheres to a similar timeline and level of engagement from ministries, localities, and Parliament.

The annual cycle officially begins when the Ministry of Economy and Finance issues the budget circular in July. This circular outline the timeline for each step of the budget cycle and provides guidelines for sectoral budget proposals. Throughout this process, numerous opportunities exist for civil society organizations (CSOs) to engage in advocacy, particularly to influence allocations for the health sector and, more specifically, for family planning (FP).

For the exact dates and milestones of the current year's budgeting cycle, stakeholders are advised to consult the most recent budget circular, as well as to engage with the Ministry of Health and Public Hygiene or the National Assembly. The figure 1 below illustrates identified advocacy opportunities



Source: author

Figure 1. *Advocacy opportunities.*

6.6.2. Budget Preparation Phase

In July, during the budget preparation year, the Ministry of Economy and Finance (MEF) initiates the budget process by issuing a budget circular. This circular provides ministries and agencies with guidelines for drafting the upcoming fiscal year's budget.

Following the issuance of the budget circular, the Financial Affairs Directorate (DAF) of the Ministry of Health (MOH) informs all programs under the MOH including the Directorate of Maternal and Child Health (DSME) of the budget ceilings. The DAF establishes ceilings based on the previous year's MOH ceiling, historical allocations to each program, and needs expressed by the programs themselves.

Typically, in September, the MOH programs develop their operational plans for the upcoming year. Each plan outlines the planned activities, monitoring indicators, and requested resources. For some expenditure categories, programs may request amounts that exceed the indicative envelope set by the DAF; such envelopes are considered "indicative." However, the DAF prohibits programs from requesting more than the indicative ceilings for non-variable expenditure categories such as operating costs.

In October, the General Directorate of Budget and Finance (DGBF) of the MEF sends a budget framework letter to all ministries. This letter describes the country's macroeconomic context, fiscal policies, and budget ceilings allocated to each ministry. The MOH ceiling is based on past budget execution levels, the priorities outlined in the National Health Development Plan (PNDS), the Medium-Term Expenditure Framework (MTEF), and projected donor contributions.

Following this, the DAF assesses the MOH's Annual Performance Plan (PAP), which summarizes each program's activities and proposed budgets. The DAF adjusts or validates financial requests from programs according to the budget framework ceiling, prior allocations, and ministry priorities. By November, the MOH submits its PAP and corresponding budget to the DGBF. Budget conferences are held where DAF must justify proposed budget lines for specific programs and expenditure categories.

After discussions with each ministry's DAF, the DGBF consolidates the approved budgets by ministry and program (including family planning) into the draft finance bill. Once finalized, the draft finance bill is submitted to the Council of Ministers by the MEF. After adoption by the Council of Ministers, the draft becomes a proposed finance bill and is

submitted to the National Assembly. The budget allocation for family planning can change across the draft, proposed, and enacted finance bills; therefore, CSOs must monitor these documents carefully and engage in advocacy accordingly.

6.6.3. Approval and Execution Phases of the Budget

The approval process of Togo's state budget in Parliament follows a structured sequence. In November, the Prime Minister submits the finance bill, accompanied by a cover letter, to the National Assembly. The Finance Committee then reviews the bill in consultation with the Ministry of Economy and Finance (MEF) and relevant technical departments from other ministries, incorporating feedback from various parliamentary committees. Each committee may delegate members to participate in the Finance Committee's discussions. During budget debates, the Minister of Economy and Finance, along with other government representatives, presents the proposed budget. Each minister, including the Minister of Health, defends their respective budgets before the Finance Committee. Members of Parliament (MPs) analyze performance and program documents, pose questions, and advocate for budget allocations that address the health and development priorities of their constituencies. Although CSOs members attend these sessions as observers, they may influence MPs beforehand. The finance law must be adopted by Parliament before December 31, with the MEF Minister responding to critiques and presenting the government's final position, following a recommendation from the Senate. Once promulgated by the President of the Republic, the budget takes effect between December and January. During the execution phase, the MEF requires ministries and programs to submit financial documentation categorized by expenditure type prior to fund disbursement.

6.6.4. Advocacy Opportunities

The budget process presents several critical advocacy opportunities. Stakeholders aiming to align the public budget with specific health sector priorities should leverage these moments to influence key decision-makers. During budget preparation, advocates can meet with the DAF. After submission to the MEF, continued advocacy ensures health priorities are retained in the draft bill. Globally, targeted advocacy at key points of the budget cycle has proven effective in increasing health allocations. Advocates should prepare in advance, identify key decision-makers, compile evidence, and develop compelling advocacy messages.

6.6.5. CSO Advocacy Opportunities

CSOs can intervene at multiple points during the process to keep HIV and family planning funding prioritized. The infographic below (not included here) summarizes these opportunities.

Key Audiences for Advocacy

DAF of the Ministry of Health: Prepares the ministry's budget, defends it during joint reviews, and submits documentation for Treasury disbursements. It favors programs aligned with ministry priorities and well-justified funding requests.

DGBF of the MEF: Oversees many stages of the budget process, defines ceilings, and includes MOH (especially the National AIDS Control Program) in the draft finance bill. Prefers programs with strong past budget execution and alignment with the PNDS.

Finance Committee of the National Assembly: Plays a key role in reviewing the bill and influencing final allocations. Supports interventions promoting population well-being. Other MPs advocate for programs benefiting their constituencies.

Health Sector Funding Sources

According to the 2023 Annual Performance Report, health financing in Togo is supported by multiple complementary sources with varying levels of contribution. The government budget accounts for only 8.80% of the national budget, approximately USD 230.7 million out of a total of USD 2.62 billion. Health insurance schemes, primarily the compulsory health insurance introduced in 2023, contribute 3.6%. Households remain the largest contributors, covering 66.0% of total health expenditures through out-of-pocket payments, voluntary contributions, co-payments, and service fees. External funding from bilateral and multilateral partners, grants, and other aid sources plays a significant role, representing 42.95% of the sector's financial resources.

Proportion of the National Budget Allocated to Health (in thousands of USD)

Between 2017 and 2023, Togo's health budget experienced a significant increase in absolute terms, reflecting the government's growing commitment to the sector. The share of public expenditure dedicated to health rose from approximately 6.5% in 2017 to nearly 7.1% in 2023, indicating a strengthened prioritization of health in national budgetary policies.

Overall budget execution remained satisfactory, with a generally strong alignment between allocations, disbursements, and actual expenditures throughout most of the period. However, discrepancies observed in 2018, and more recently in 2021 and 2023, highlight challenges in fund management or accounting, as well as potential delays in disbursement. These fluctuations call for increased vigilance to ensure the optimal and transparent use of allocated resources.

The notable increase in funding starting in 2020 likely coincides with the exceptional mobilization of resources in response to the COVID-19 pandemic, underscoring the country's capacity to adapt its budget to public health emergencies. Nevertheless, the upward trend observed through 2023 confirms that health remains a long-term strategic priority.

To ensure the effectiveness of these investments, it is essential to strengthen budget monitoring, evaluation, and

management mechanisms, while pursuing strategies aimed at stabilizing and optimizing health financing. Such efforts will contribute to more effectively addressing the growing public health needs and enhancing the impact of expenditures in this critical sector. The analysis of Table 4 and figure 3, 4 and 5 below shows that 1,3% of the national health budget is allocated to family planning.

Table 4. *Health Sector Budget Allocation (2017-2023).*

Year	Total Health Budget (USD thousands)	Disbursed Health Budget (USD thousands)	Health Budget Expenditures (USD thousands)	% of Public Expenditures on Health
2017	126,260	126,260	115,781	6.45%
2018	161,270	161,270	148,369	5.49%
2019	413,274	413,274	379,356	6.20%
2020	613,510	613,510	524,715	8.30%
2021	569,799	527,775	517,127	7.00%
2022	676,588	676,588	585,496	7.10%
2023	875,358	683,437	932,212	7.10%

Source Annual Performance Report (2020, 2021, 2022, 2023)

6.7. Budget Process and Timeline - Health Sector

The budgeting process for the health sector follows both a top-down (national level) and bottom-up (subnational level) structure, in accordance with Organic Law No. 2014-013 of June 27, 2014, relating to public finance laws. Budget allocation is based on the needs of central directorates, programs, and decentralized services.

Table 5. *Budget Preparation Process Health Sector.*

Step	Period	Responsible Entity
Needs Assessment	February to April	Regional Directorates, DPS, and Local Health Facilities
Budget Framework Letter	September	Prime Minister and Ministry of Economy and Finance (MEF)
Preparation of PAP/DPPD	September to October	Ministry of Health (RPROG, Action Managers)
Arbitration and Validation	October to November	MEF, Council of Ministers
Parliamentary Adoption	November to December	National Assembly

PAP - Priority Action Program

The Priority Action Program (PAP) is a budget planning document that consolidates the priority actions to be implemented in the health sector to achieve established goals. It is aligned with the National Health Development Plan (PNDS) and serves as a basis for the allocation of financial resources. The PAP enables the monitoring of program implementation and the evaluation of their impact.

DPPD - Multiannual Expenditure Planning Document

The DPPD is a strategic document used to plan public expenditures over a multi-year horizon. It helps ensure the consistency and sustainability of investments and budget allocations in line with national development priorities.

6.8. Financial Flows

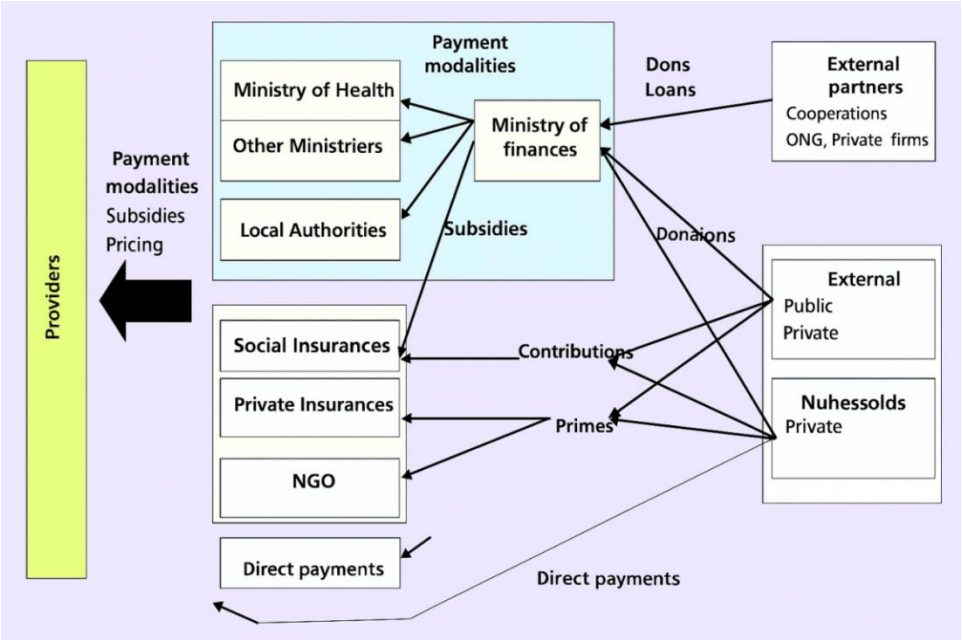
According to Figure 2 (below), the successful implementation of family planning and reproductive health (FP/RH) programs relies on the active engagement of a diverse set of stakeholders, each playing a distinct role in the mobilization and management of resources. Government institutions are responsible for shaping policy frameworks and

allocating funding. TFPs contribute through specialized expertise and financial support. Civil society organizations advocate for human rights and equitable access to services, while communities play a crucial role in generating demand and participating in service delivery. When these actors work in concert, they foster stronger and more sustainable FP/RH systems that are responsive to the real needs of the populations they are intended to serve.

The Ministry of Finance plays a central role in fund management. It acts as a primary collection point, pooling resources from taxes, donations, and loans. These funds are then redistributed in the form of grants to support the financing of the health sector.

Households and businesses also contribute significantly to health financing. They are responsible for paying insurance contributions and premiums, thereby directly supporting the financing of healthcare services.

In addition, insurance companies and NGOs are involved in managing payments related to health services. Their role includes ensuring the effective implementation of reimbursement mechanisms, cost coverage, and financial support for beneficiaries. The figure 2 below shows the financial flows.



Source: author

Figure 2. *Financial flows.*

The financing of the health system relies on the coordinated contributions of several key.
Flow of Funds to Subnational Levels.

Table 6. *Health Fund Disbursement and Expenditure Approval Procedures by Entity.*

Entity	Health Fund Disbursement Procedure	Health Expenditure Approval Procedure
Ministry of Health	Funds are allocated through the Revised Finance Law and disbursed following approval by the Ministry of Finance.	Expenditures are approved based on the priorities of the National Health Development Plan (PNDS) and aligned with the Priority Action Programs (PAP).
Directorate of Financial Affairs	Manages and monitors budget execution through reports on mobilized funds and levels of implementation.	The Directorate of Financial Affairs ensures expenditure monitoring and compliance with the allocated budget.
Technical and Financial Partners (TFPs)	TFPs disburse funds based on agreements and conventions signed with the State and beneficiary projects.	Partners follow expenditure validation procedures involving accountability mechanisms and financial audits.

Entity	Health Fund Disbursement Procedure	Health Expenditure Approval Procedure
Public Health Facilities	Health facilities receive grants after validation of documentation and objectives set by the relevantities.	Health facilities submit funding requests validated based on financial reports and performance indicators.

6.9. Family Planning Financing by Stakeholder

Since 2012, Togo has undertaken a structured process to reposition FP, particularly through the development and implementation of successive National Action Plans. These initiatives aim to strengthen access to and utilization of FP services across the country. This process has evolved with the ongoing support of several TFPs.

Evaluations conducted on the various action plans have shown that resources mobilized for the implementation of family planning interventions come from diverse sources. These include the government, technical and financial partners, the private sector, local governments, and CSOs.

However, despite this diversity in funding sources, technical and financial partners remain the primary contributors to the financing of the Budgeted National Action Plans (PANBs). This reflects a significant dependence on external partners to ensure the effective implementation of the planned family planning interventions.

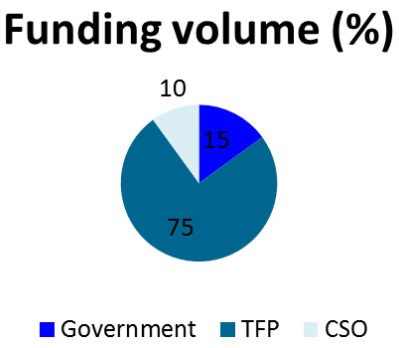


Figure 3. *Funding Volume.*

SRH Funding Volume and Trend Curve from

The current health financing structure in Togo reveals a strong dependence on TFPs, who account for 75% of available resources (figure 3). This exposes the system to considerable risks related to the stability and sustainability of funding. This reliance underscores the urgency for the government to increase its investments particularly in FP through policies aimed at allocating a larger share of the national budget to health, thereby enhancing the sector's autonomy and resilience.

Although CSOs contribute only 10% of the funding, their role is strategic in ensuring the relevance and effectiveness of interventions at the community level. It is therefore essential to provide them with greater financial and technical support to maximize their impact.

In sum, a more balanced distribution of contributions among the government, TFPs, and CSOs is crucial to ensuring sustainability, effectiveness, and broader coverage of health services in Togo.

The reliance of SRH /FP on external funding exposes the sector to significant volatility, particularly during times of crisis (figure 4). While the government's financial commitment has remained stable, it is still insufficient to ensure long-term autonomy. At the same time, the role of CSOs remains marginal and unstable due to fluctuating resources.

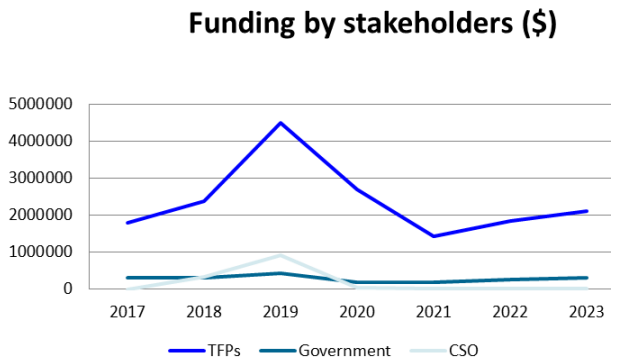
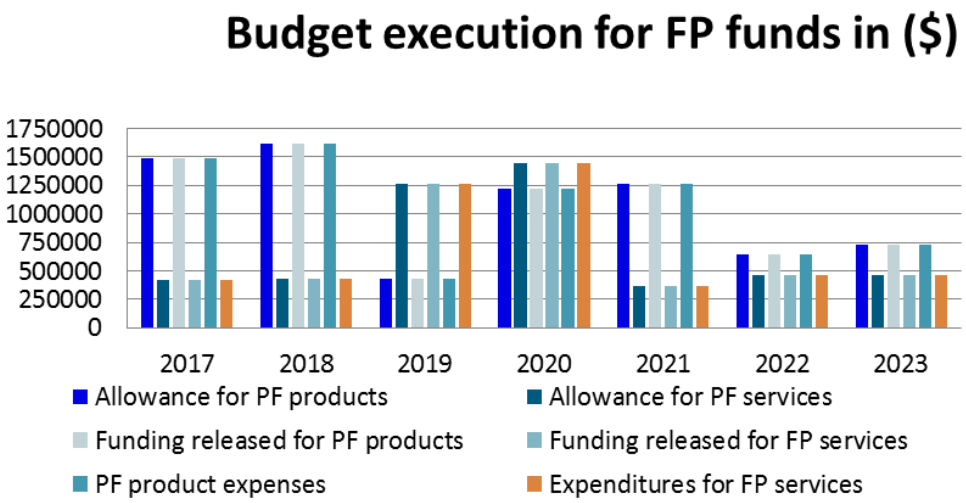


Figure 4. *Funding Trend Curve.*

Source: Final Evaluation Report of the 2017-2022 Budgeted National Action Plan (PANB)

Between 2017 and 2023, investments in FP in Togo benefited from exemplary budget execution, with utilization rates approaching 100%, reflecting rigorous resource management (figure 5). After an increase in funding for FP products and services through 2018-2020, significant variability emerged, characterized by a sharp decline in allocations for products in 2019 and for services in 2021. This instability is likely attributable to dependence on external funding, shifts in political priorities, and the impact of the COVID-19 pandemic beginning in 2021, which redirected budgets towards the health response. Despite a slight rebound in 2023, funding remains below previous levels, underscoring the need for thorough analysis and a strategy to stabilize and sustainably strengthen resources allocated to family planning.



Source: DSMIPF Annual Reports, 2019-2023

Figure 5. *Budget Execution for Family Planning Funds.*

6.10. Progress and Challenges in Access to Family Planning Services in Togo

Over the years, Togo has made notable advances in reproductive health and family planning. However, these achievements are accompanied by persistent structural and institutional challenges that require tailored responses to ensure equity and sustainability of services.

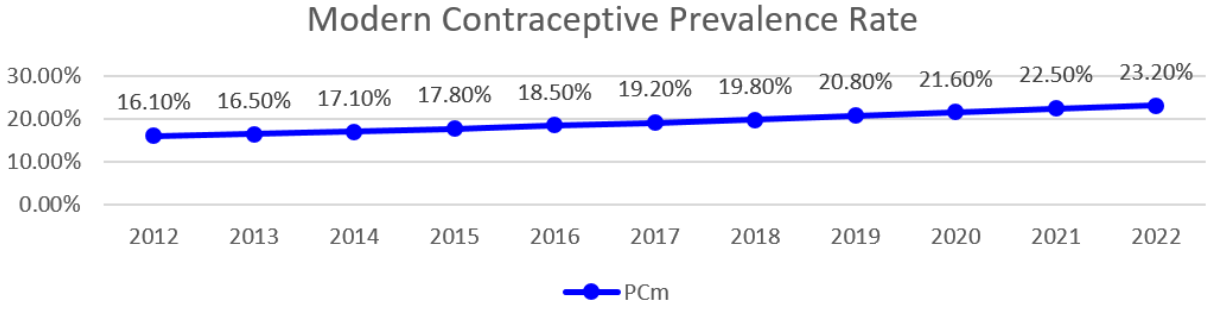
During the past decade, Togo has experienced significant progress in reproductive health, reflecting a gradual improvement in access to family planning and maternal health services.

Moreover, the rate of births attended by skilled personnel has markedly increased, rising from 61.5% in 2014 to 75.1% in 2023. This improvement indicates better medical supervision during childbirth and a reduction in associated risks.

Furthermore, coverage of emergency obstetric and neonatal care (EmONC) has dramatically expanded, increasing from 7.1% in 2014 to 59.4% in 2023. This major advancement in the management of obstetric emergencies contributes to reducing maternal and neonatal morbidity and mortality.

First, the modern contraceptive prevalence rate (mCPR) has significantly progressed, increasing from 17.1% in 2014 to 23.2% in 2023 (Figure 6). This trend reflects growing adoption of modern contraceptive methods, indicating improved public awareness and increased availability of services.

Although the progression curve has not always been linear, it has shown steady growth since 2015. Nevertheless, there remains a need to accelerate or intensify interventions to meet demand effectively.



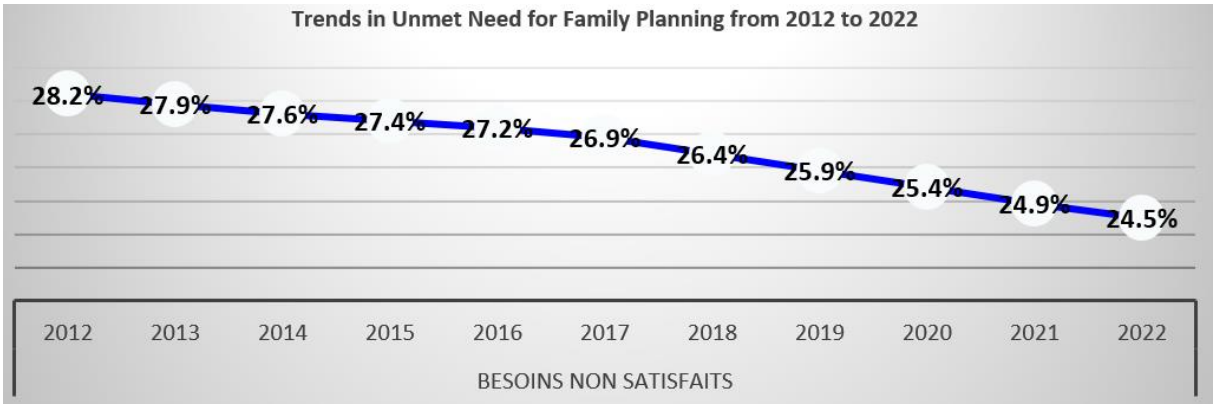
Source: Togo, FP2030 Indicator Overview: 2022 Measurement Report

Figure 6. *Modern Contraceptive Prevalence Rate.*

Unmet need for contraception refers to fecund women who are not using any contraceptive method but wish to delay their next birth (spacing) or who desire to have no more children at all (limiting).

Interventions carried out within the framework of the implementation of the 2017-2022 Budgeted National Action Plan (PANB) have contributed to improving the indicator related to unmet need for contraception.

According to data from the FP2030 indicator monitoring report, from 2016 to 2021, the unmet need steadily declined year after year, decreasing from 27.2% in 2016 to 24.5% in 2022, representing a reduction of nearly 3 percentage points, as illustrated in the figure 7 below.



Source: Togo, FP2030 Indicator Overview: 2022 Measurement Report

Figure 7. *Unmet Need for FP.*

7. Discussions

7.1. Study Limitations

This study presents several methodological and structural limitations. First, the sample, composed exclusively of institutional actors involved in the budgeting process (ministries of Health, Planning, Economy and Finance, NGOs), may not fully capture the breadth of perspectives, particularly those of field actors, civil society, or family planning service beneficiaries. Furthermore, data derived from semi-structured interviews may be influenced by respondents' subjectivity or their institutional positions. Restricted access to certain sensitive or unpublished financial information also limits the scope of analysis, especially regarding financial flows and budget execution. Moreover, the quality of the analysis heavily depends on the reliability and currency of the documents reviewed during the documentary analysis. The variability of the political and economic context, which may shift budget priorities from year to year, also poses a constraint on the generalizability of results.

Another significant limitation lies in the exclusion of community participation, notably through Health Management Committees (COGES). Indeed, budgets stemming from self-financing at health centers, managed locally by COGES, represent a significant contribution to service operations, including family planning activities. The omission of these community resources in the budgetary analysis constitutes a blind spot that limits comprehensive understanding of actual grassroots financing. This also reduces the study's ability to assess local engagement and co-financing dynamics that may strengthen service sustainability. For a more exhaustive analysis, future studies should incorporate community financial flows to more accurately reflect multisectoral efforts in family planning.

7.2. Innovation Points

The establishment of a dedicated budget line for FP in Togo represents a significant advancement in prioritizing reproductive health at the national level. This specific budget allocation serves as a strategic lever to enhance the visibility and traceability of funds earmarked for FP, thereby facilitating monitoring and advocacy efforts directed at policymakers. Moreover, this budgeting mechanism can serve as a model for other West African countries facing similar challenges in sustainable FP financing. Comparisons with countries such as Kenya and Ethiopia, which have implemented dedicated budget lines and have recorded notable improvements in modern contraceptive prevalence rates, underscore the potential of this Togolese innovation policymakers [15]. These countries have also demonstrated how targeted resource management fosters increased mobilization of domestic funds and optimizes expenditure efficiency.

7.3. Analysis of Family Planning Financing Trends

According to funding volume, data indicate that FP financing in Togo is largely dominated by TFPs, who provide 75% of the budget, followed by the Togolese government at

only 15%, and CSOs at 10%. This funding structure reflects a strong dependence on external aid, which, although common in many sub-Saharan African countries, raises concerns regarding sustainability and financial autonomy.

Similar dependence is observed in several countries in the region. For example, according to UNFPA, most francophone West African countries rely on donor funding for over 70% of their FP programs. Burkina Faso, despite establishing a dedicated FP budget, still depends on TFPs for nearly 80% of contraceptive supplies. Nigeria, a more populous country with oil resources, shows slightly higher state commitment (approximately 25%) but remains reliant on external funding [16].

This situation undermines long-term efforts, as TFP funds are often conditional, unstable, or project-cycle dependent. It also limits multiannual budget planning and complicates rapid responses to emerging needs, especially for adolescents and youth. Conversely, countries like Ethiopia and Kenya have progressively increased their domestic financing share (30-40%), enabling them to ensure more equitable and stable access to FP services even amid donor withdrawal or reallocation.

Therefore, to strengthen the resilience of its reproductive health system, Togo would benefit from gradually increasing state financing particularly by integrating FP into the health benefit package covered under universal health coverage mechanisms and mobilizing local resources, including through the COGES and local governments. This would not only enhance national ownership but also improve predictability and sustainability of FP interventions.

Regarding funding by actor, FP financing from 2017 to 2021 reveals strong reliance on technical and financial partners, who provide the majority of resources with a notable peak in 2019 followed by a significant decline in 2020 and 2021, likely due to the COVID-19 pandemic's impact [17]. The government's contribution remains low and relatively stable, with a slight peak in 2019, illustrating limited national financial ownership and marked dependence on external funding a common phenomenon in sub-Saharan countries [18]. Meanwhile, CSO funding is variable, with an increase in 2018-2019 followed by a sharp drop, often reflecting intermittent project-based support [19]. This financial structure, characterized by predominance of external funds, limited state participation, and unstable CSO support, is typical of the region and raises concerns about the sustainability of FP programs. The overall decline in funding in 2020-2021 highlights the sector's vulnerability to global health crises, underscoring the need for governments to increase financial commitment, develop innovative mechanisms to diversify funding sources, and strengthen CSO involvement to ensure greater resilience and sustainability of family planning services [20].

Regarding family planning budget execution, analysis of funding data from 2017 to 2021 shows a pattern of initial stability followed by significant year-to-year fluctuations. In 2017 and 2018, allocations, disbursements, and expenditures for FP products and services were perfectly aligned, reflecting consistent political commitment and budget management [4, 7]. In 2019, a shift occurred with a significant reduction in product funding while allocations for services increased, possibly indicating strategic adjustment or financial constraints. The year 2020 marked a notable rebound (+57% compared to 2019), potentially influenced by increased needs related to the COVID-19 pandemic [13, 20]. However, this increase was not sustained: in 2021, allocations dropped sharply, particularly for services, calling into question medium-term funding sustainability.

Compared to other sub-Saharan countries such as Kenya, Burkina Faso, or Senegal, Togo presents the particularity of institutionalizing a dedicated FP budget line, a significant progress [3]. However, absolute amounts allocated remain modest, and their instability reveals structural fragility. Countries like Kenya have secured FP financing through durable partnerships with international donors [21, 22], improving service access and strengthening health systems [22]. Conversely, Togo appears to rely more on its domestic budget, which, while indicative of some autonomy, makes funding more vulnerable to economic fluctuations. This dependence is compounded by the absence of sustainable financing mechanisms, recurring low political prioritization, and budget planning that does not always account for growing needs, especially of adolescents and youth [21]. Moreover, the share of the national health budget dedicated to FP remains below 1%, a trend similar to the regional average and far below recommendations needed to achieve universal health coverage goals [20].

Another point to highlight is the exclusion of community financing from the analysis, particularly funds mobilized by the COGES. These resources, though not budgeted at the subnational level, play a non-negligible role in the availability of FP products and services at health centers, especially in rural areas. Their absence from the analytical framework constitutes a limitation.

In conclusion, despite undeniable progress, Togo's financial outcomes in family planning require strengthening multiannual planning, creating a dedicated national fund, and mobilizing local resources more effectively. It is also crucial to integrate monitoring and evaluation mechanisms for spending effectiveness and to encourage active community participation to ensure a lasting impact on reproductive health indicators and the reduction of maternal mortality.

7.4. Significant Dependence on External Funding

FP financing in Togo remains heavily reliant on TFPs, which fund approximately 82.3% of reproductive health programs. This dependence on international funding is primarily supported by organizations such as UNFPA, USAID, KfW, and WHO [22-24]. This funding model exposes the country to considerable risks, particularly due to possible shifts in priorities by these international partners, making

program continuity vulnerable.

Only 1.3% of funding comes directly from the Togolese government's budget, raising concerns about the sustainability of FP. This low level of domestic financing implies that any reduction or withdrawal of external aid could seriously compromise the country's ongoing FP efforts.

However, it is important to note that the Togolese government has made a significant step by maintaining a dedicated budget line for FP since 2016, demonstrating political commitment to this cause. Nevertheless, although this commitment is essential, the allocated amount remains relatively insufficient, limiting the reach and impact of programs. Addressing this shortfall in domestic funding is crucial to ensure long-term stability of reproductive health initiatives.

7.5. Budget Allocation for Health Below International Commitments

Despite continuous efforts to improve financing in this critical sector, the health budget allocation in Togo remains inadequate. Indeed, the share of the national budget dedicated to health falls well short of the commitment made by African countries at the Abuja Declaration, which stipulates that 15% of national budgets should be allocated to health. Between 2019 and 2023, this share fluctuated between 6.2% in 2019 and 8.8% in 2023, remaining far below the target [8].

Furthermore, when compared to the WHO recommendations, Togo faces a significant gap. The WHO guidelines recommend spending at least USD 86 per capita to provide adequate basic health services. However, in 2023, per capita health expenditure remains well below this threshold [12]. Although the overall health budget doubled between 2019 and 2023, it is clear that funding needs greatly exceed current allocations, especially as Togo's population continues to grow, thereby increasing demand for basic health services.

Thus, while progress is evident, the current budgetary situation does not satisfactorily meet the growing health sector needs in Togo. Increasing budget allocations and adopting more efficient fund management mechanisms are key challenges for improving health outcomes in the country.

The comparative analysis of FP budgets across the region reveals significant disparities. For instance, Kenya allocates approximately 3.5% of the national health budget to FP, whereas Togo, despite having a dedicated budget line, allocates a relatively modest share [25]. These figures highlight the urgent need to increase allocated resources and improve budget execution. Furthermore, stakeholder perspectives reveal major barriers particularly for youth including stigma, lack of tailored information, and limited access to services [26]. These obstacles directly affect contraceptive demand and hinder coverage expansion. In response, it is critical to develop clear strategies, such as integrating family planning into universal health coverage schemes, to ensure sustainable financing and enhanced accessibility [20, 27, 28]. Integration within UHC would reduce out-of-pocket costs for users and promote more inclusive and equitable service delivery.

7.6. Persistent Challenges

Despite significant advances in family planning, persistent challenges hinder universal and equitable access to sexual and reproductive health services. These barriers undermine not only the effectiveness of interventions but also their long-term sustainability.

Firstly, adolescents and youth remain largely underserved, particularly regarding family planning. Due to their specific vulnerabilities, young people face difficulties accessing services tailored to their needs. This lack of access is exacerbated by social, cultural, and institutional barriers. In many contexts, youth experience stigma, misinformation about contraceptive methods, and lack of support from social and political actors, greatly limiting their ability to exercise reproductive health rights [21].

Moreover, rural areas continue to present major challenges for family planning access. In these regions, access to reproductive health services is severely limited. Health infrastructure is often inadequate, and the lack of qualified medical personnel remains a significant obstacle to delivering appropriate services. Additionally, the absence of proximity-based facilities such as mobile clinics or community health centers further hampers rural population coverage [20].

Finally, stockouts of contraceptives remain a recurring problem. Although commitments have been made by the government and technical and financial partners to ensure continuous supply, these interruptions continue to weaken service continuity. Frequent contraceptive supply disruptions erode users' trust in the health system, leading to reduced adherence to contraceptive methods and a return to riskier practices. This situation prevents comprehensive and reliable FP coverage [21].

Hence, despite progress, these challenges highlight the need for a holistic and coordinated approach involving improved infrastructure, targeted training for medical personnel, and strengthened contraceptive stock management to guarantee reliable family planning access for all.

7.7. Structural and Institutional Constraints

The challenges facing FP in Togo are largely exacerbated by structural and institutional constraints that hinder the effectiveness and sustainability of interventions. These barriers must be addressed in a targeted manner to ensure better reproductive health system performance over the long term.

On one hand, weak coordination between public and private actors remains a major obstacle. This lack of collaboration prevents the creation of effective synergies and

limits complementary efforts in implementing interventions. The absence of coordination results not only in duplication of activities but also gaps in coverage of essential services. Indeed, private and public interventions often operate in isolation, leading to inefficient management of financial and human resources, negatively impacting service quality [21].

On the other hand, the lack of sustainable financing mechanisms poses a significant barrier to developing a resilient reproductive health system. Togo remains dependent on external funding, often irregular and unpredictable, which compromises medium- and long-term continuity of actions. This lack of stable internal resources impedes long-term planning and jeopardizes the sustainability of reproductive health programs. Without robust and predictable national financial mechanisms, the sustainability of FP interventions remains in question [1].

7.8. Opportunities for Improvement

Despite the challenges and constraints, several opportunities exist to enhance the performance of the FP system in Togo. The country's commitment to global initiatives such as FP2030 and the Ouagadougou Partnership represents a major opportunity for mobilizing both national and international resources. These partnerships help strengthen the coordination of efforts, promote the exchange of best practices, and support family planning in a more sustainable manner. Moreover, these initiatives are critical for ensuring effective monitoring of financial and technical commitments [16].

Another opportunity lies in the development of innovative financing mechanisms. For instance, integrating family planning into existing health insurance schemes, such as Universal Health Insurance (AMU) and School AMU for School-Aged Children, could ensure broader and more equitable coverage of family planning services. This approach would not only diversify funding sources but also make reproductive health services more accessible to a wider population especially those in rural and marginalized areas [12].

In addition, strengthening governance and accountability constitutes a strategic path to improve the management of resources allocated to FP. Engaging CSOs in the monitoring of public expenditures and health programs could serve as a powerful lever to ensure transparency and efficiency in the use of funds. Participatory governance and enhanced accountability in the management of human and financial resources could also reinforce citizens' trust in public policies related to SRH [16].

Finally, modernizing the legal framework is essential to ensure the sustainability of family planning efforts. Revising the 2007 Reproductive Health Law could create a robust and flexible legal foundation to facilitate resource allocation, funding management, and expansion of FP services. Legislative updates would also help ensure better coordination among public and private actors and adapt interventions to the country's current demographic and social realities [25].

8. Conclusion

Family planning financing in Togo has made significant progress, particularly due to political commitment and international initiatives. However, it remains heavily reliant on external resources, which undermines the long-term sustainability of these programs. The limited mobilization of domestic resources, infrastructural inadequacies, and persistent access challenges especially among youth highlight the urgent need for increased national investment and improved coordination among stakeholders.

To ensure equitable and sustainable access to reproductive health services, it is essential to diversify funding sources, integrate FP into UHC mechanisms, and revise the legal framework. These measures, combined with strengthened governance and greater involvement of CSOs, will help consolidate gains and effectively respond to the growing needs of the Togolese population.

Abbreviations

AMU	Assurance Maladie Universelle
COGES	Comité de Gestion
CSO	Civil Society Organization
DAF	Direction des Affaires Financières
DGBF	Direction Générale du Budget et des Finances
DPPD	Document de Planification Pluriannuel des Dépenses
DSME	Direction de la Santé de la Mère et de l'Enfant
DSMIPF	Division de la Santé Maternelle, Infantile et de la Planification Familiale
EmONC	Emergency Obstetric and Newborn Care
FP 2030	Family Planning 2030
INSEED	Institut National de la Statistique et des Études Économiques et Démographiques
KFW	Kreditanstalt fÜr Wiederaufbau
MEF	Ministère de l'Économie et des Finances
MICS	Multiple Indicator Cluster Surveys
MOH	Ministry of Health
NGO	Non-governmental Organization
OPCU	Ouagadougou Partnership Coordination Unit
PANB	Plan d'Action National Budgétisé
PNDS	Plan National de Développement Sanitaire
PTF	Technical and Financial Partners.
RH/FP	Reproductive Health / Family Planning
SRH	Sexual and Reproductive Health
SWEDD	Sahel Women's Empowerment and Demographic Dividend
UHC	Universal Health Coverage
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development

VTP	Voluntary Termination of Pregnancy
WB	World Bank
WHO	World Health Organization

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Komi Ameko Azianu: Formal Analysis, Writing - review & editing

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Conflicts of Interest

The authors declare no conflicts of interest.

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