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Saving Lives and Improving Health Outcomes in Burkina Faso through Increased Access to Contraceptives

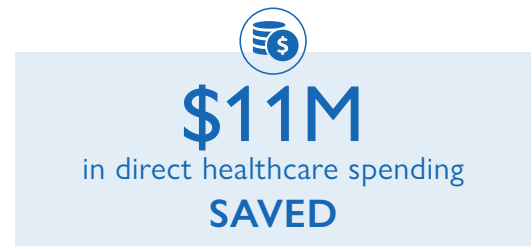
Access to voluntary family planning and reproductive health (FP/RH) services is vital for safe motherhood and healthy families. Having a choice of modern contraceptives allows couples to plan and space births, ensuring families have the means to properly care for their children. USAID ensures an uninterrupted supply of quality FP commodities worldwide through the USAID Global Health Supply Chain Program—Procurement and Supply Management (GHSC-PSM) project.¹

With a population of at least 20 million²—more than double what it was in 1990—the average woman in Burkina Faso gives birth to 5.2 children in her lifetime.³ In 2019, approximately 26.5 percent of women in Burkina Faso had an unmet need for FP—meaning they wanted to avoid pregnancy but were not using a modern method of birth control.⁴

The maternal mortality ratio in Burkina Faso is 320 per 100,000 live births, compared to 534 for sub-Saharan Africa, on average.⁵ The child mortality rate is 88 deaths among children under 5 per 1,000 live births, compared to 76 for the sub-Saharan region.⁶

To address Burkina Faso's maternal and child health needs, the Government of Burkina Faso is collaborating with USAID and other partners. This includes increasing investment in FP/RH to reach a projected modern contraceptive prevalence rate of 27.8 percent among all women aged 15 to 49, regardless of marital status, by 2020.⁷ In addition, as a major strategy for reaching its contraceptive prevalence goal, reducing maternal mortality and realizing the demographic dividend, Burkina Faso has adopted a policy of providing contraceptives to women at no cost.

Estimated health impacts from USAID procurement investments



¹Unless otherwise noted, all figures reported in this brief are over the life of the GHSC-PSM project and do not reflect USAID's contraceptive investment prior to FY 2017. The figures reflect delivered commodities, not shipped commodities, and may not be comparable to figures reported in previous materials.

²World Bank, population (2019).

³Population, total - Burkina Faso | Data (worldbank.org). Accessed December 3, 2020.

⁴Fertility rate, total (births per woman). <https://data.worldbank.org/indicator/SP.DYN.TFRT.IN?locations=BD-IN-SN-KE-ZA-CD-TZ&locations=BF-ML-NE>. Accessed December 3, 2020.

⁵Family Planning 2020, "Burkina Faso: FP2020" [Burkina_Faso_2019_CL_Handout.pdf](https://www.familyplanning2020.org/en/Burkina-Faso-2019-CL-Handout.pdf) (familyplanning2020.org). Accessed December 3, 2020.

⁶World Bank, Maternal Mortality Ratio. <https://data.worldbank.org/reports.aspx?source=2&series=SH.STA.MMRT&country=BF>. Accessed December 3, 2020.

⁷World Bank, Child Mortality Rate. <https://data.worldbank.org/indicator/SH.DYN.MORT>. Accessed December 3, 2020.

⁸Family Planning 2020, Benin [Burkina_Faso_2019_CL_Handout.pdf](https://www.familyplanning2020.org/en/Burkina-Faso-2019-CL-Handout.pdf) (familyplanning2020.org). Accessed December 3, 2020.

USAID Contraceptive Investment

In partnership with the Government of Burkina Faso and other in-country stakeholders, USAID has supported the procurement and distribution of over 386,500 FP/RH products to more than 450 USAID-supported facilities and organizations in Burkina Faso from FY 2017-2020. The contraceptives, when combined with proper counseling and correct use, are estimated to provide approximately 475,250 couple years protection⁸ and to help prevent:

- 217,000 unintended pregnancies
- 500 maternal deaths
- 90,000 abortions
- 4,800 child deaths⁹

These investments in contraceptives have the potential of saving approximately **\$11 million** in direct spending on healthcare—resources that can be reinvested in Burkina Faso's health system.

Through its investments in contraceptives and supply chains, USAID, in collaboration with other global and in-country partners, is helping Burkina Faso meet its people's FP/RH needs. Countries that partner with USAID to invest in FP/RH can achieve greater self-reliance by improving their overall health systems and empowering families to plan for their futures.

Methodology

The indicators presented in this brief were calculated by entering procurement data from the GHSC-PSM project database¹⁰ into the Impact 2 model,¹¹ a socio-demographic mathematical model used to measure the impact of FP/RH programs.

The FP/RH impact indicators, as reported in this brief, estimate the global demographic, health and economic impact of the GHSC-PSM project thus far. To make these calculations, GHSC-PSM adjusted certain criteria in the model. For more information, please contact PSMMonitoringandEval@ghsc-psm.org.

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“We are grateful to USAID for its considerable support in achieving our goals for reducing maternal and neonatal mortality. USAID, through the supply of contraceptives as well as capacity building of supply chain actors at all levels of Burkina Faso's health system, contributes significantly to the availability of quality products at the last mile.”

–Dr. Valerie Marcella Zombré Sanon,
Family Health director of Burkina Faso



GHSC-PSM staff explaining proper storage procedures to a health worker. Photo credit: GHSC-PSM

CONTRACEPTIVE METHODS ¹²	TOTAL PRODUCTS DELIVERED FY 2017-2020*
Combined oral contraceptives	75K
Implantable contraceptives	110K
Injectable contraceptives	200K
Standard days method	1.5K
TOTAL NUMBER OF CONTRACEPTIVES DELIVERED	386,500
TOTAL VALUE OF COMMODITIES	\$1,095,943**

*Data through Q2 of FY 2020

**This figure represents solely the calculation of the value of commodities and does not include shipment or other associated costs.

⁸CYP is the estimated protection provide by contraceptive methods during a one-year period, based upon the volume of all contraceptives sold or distributed free of charge to clients during that period. <https://www.usaid.gov/global-health/health-areas/family-planning/couple-years-protection-cyp>

⁹This indicator only estimates reduction in deaths as a result of improved birth spacing. The data linking the contraceptive prevalence rate, birth spacing and child mortality is currently limited.

¹⁰GHSC-PSM's Automated Requisition Tracking Management Information System (ARTMIS) is used to enter, manage, process and track orders throughout the supply chain.

¹¹<https://www.maristopes.org/what-we-do/our-approach/our-technical-expertise/impact-2/>, Accessed March 16, 2020. The number of preventable deaths, abortions and unintended pregnancies averted is calculated by entering into the model the number of FP/RH commodities delivered by GHSC-PSM across a selected time period.

¹²Units of measurement for contraceptives: combined oral (cycle); implantable (implant); standard days (piece); injectable (device); condoms (piece); progestin only pills (cycle); copper-bearing intrauterine (device); emergency oral (package)