

2022 UPDATE

FAMILY PLANNING | REPRODUCTIVE HEALTH

# IMPACT BRIEF: BURKINA FASO



## 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/RH commodities worldwide through the USAID Global Health Supply Chain Program—Procurement and Supply Management (GHSC-PSM) project.<sup>1</sup>

With a population of at least 22 million<sup>2</sup>—more than double what it was in 1990—the average woman in Burkina Faso gives birth to 4.9 children in her lifetime.<sup>3</sup> In 2022, approximately 24.8 percent of married 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.<sup>4</sup>

The maternal mortality ratio in Burkina Faso is 320 per 100,000 live births, compared to 542 for sub-Saharan Africa, on average.<sup>5</sup> The child mortality rate is 85 deaths among children under 5 per 1,000 live births, compared to 74 for the sub-Saharan region.<sup>6</sup>

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 31.6 percent among married women aged 15 to 49, regardless of marital status, by 2022.<sup>7</sup> 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.



Photo credit: GHSC-PSM

### ESTIMATED HEALTH IMPACTS FROM USAID PROCUREMENT INVESTMENTS



**408K**  
unintended pregnancies  
**PREVENTED**



**169K**  
abortions  
**AVERTED**



**1K**  
maternal deaths  
**AVERTED**



**8K**  
child deaths  
**AVERTED**



**\$20M**  
in direct healthcare spending  
**SAVED**

<sup>1</sup> Unless 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.

<sup>2</sup> World Bank. Population, total. Burkina Faso (2021). <https://data.worldbank.org/indicator/SPPOP.TOTL?locations=BF>. Accessed December 26, 2022.

<sup>3</sup> World Bank. Fertility rate, total (births per woman), Burkina Faso (2020). <https://data.worldbank.org/indicator/SPDYN.TFRTIN?locations=BF>. Accessed December 26, 2022.

<sup>4</sup> Family Planning 2030 Indicator Summary Sheet: Burkina Faso 2022 Measurement Report. [https://www.track20.org/pages/participating\\_countries/countries\\_country\\_page.php?code=BF](https://www.track20.org/pages/participating_countries/countries_country_page.php?code=BF)

Accessed December 26, 2022.

<sup>5</sup> World Health Organization (2019). Trends in maternal mortality 2000 to 2017: estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division: executive summary. <https://apps.who.int/iris/handle/10665/327596>. Accessed December 23, 2022.

<sup>6</sup> United Nations Inter-agency Group for Child Mortality Estimation (UN IGME). ‘Levels & Trends in Child Mortality: Report 2021’. <https://www.who.int/publications/m/item/levels-and-trends-in-child-mortality-report-2021>. Accessed December 23, 2022.

<sup>7</sup> Family Planning 2030. Country Fact Sheet-2022 (Burkina Faso). [https://www.track20.org/pages/participating\\_countries/countries\\_country\\_page.php?code=BF](https://www.track20.org/pages/participating_countries/countries_country_page.php?code=BF). Accessed December 23, 2022.

In partnership with the Government of Burkina Faso and other in-country stakeholders, USAID has supported the procurement and distribution of over 20.4 million FP/RH products to more than 450 USAID supported facilities and organizations in Burkina Faso from FY2017-2022. The contraceptives, when combined with proper counseling and correct use, are estimated to provide approximately 950,000 couple years protection<sup>8</sup> and to help prevent:

- 408,000 unintended pregnancies
- 1,000 maternal deaths
- 169,000 abortions
- 8,000 child deaths<sup>9</sup>

These investments in contraceptives have the potential of saving approximately **\$20 million** in direct spending on healthcare<sup>10</sup>—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

To measure the impact of FP/RH programs, the indicators presented in this brief were calculated using the Impact 2 model<sup>11</sup>, a socio-demographic mathematical model, using procurement data from the GHSC-PSM project database<sup>12</sup>.

The FP/RH impact indicators, as reported in this brief, estimate the demographic, health, and economic impact of USAID's support of contraceptives to Burkina Faso's health programs.

For more information, please contact [PSMMonitoringandEval@ghsc-psm.org](mailto:PSMMonitoringandEval@ghsc-psm.org).

<sup>8</sup> CYP 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>

<sup>9</sup> This 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.

<sup>10</sup> The figures are not adjusted for inflation and based on the costs of services from 2011.

<sup>11</sup> <https://www.maristopes.org/what-we-do/our-approach/our-technical-expertise/impact-2/>, Accessed November 30, 2022. 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.

<sup>12</sup> GHSC-PSM's Automated Requisition Tracking Management Information System (ARTMIS) is used to enter, manage, process and track orders throughout the supply chain.

<sup>13</sup> Units of measurement for contraceptives: combined oral (cycle); implantable (implant); standard days (piece); injectable (device); condoms (piece); progestin only pills (cycle); copper-bearing intra-uterine (device); emergency oral (package)



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

**“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

CONTRACEPTIVE METHODS <sup>13</sup>	TOTAL PRODUCTS DELIVERED FY 2017-2022*
Male condoms	19.8M
Combined oral contraceptives	75K
Implantable contraceptives	190K
Injectable contraceptives	200K
Progestin only pills	3K
Female condoms	101K
Standard days methods	5K
<b>TOTAL NUMBER OF CONTRACEPTIVES DELIVERED</b>	<b>20.4M</b>
<b>TOTAL VALUE OF COMMODITIES</b>	<b>\$2.7M*</b>

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

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