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.1

With a population of at least 22 million2—more than double what it was in 1990—the average woman in Burkina Faso gives birth to 4.9 children in her lifetime.3 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.4

The maternal mortality ratio in Burkina Faso is 320 per 100,000 live births, compared to 542 for sub-Saharan Africa, on average.5 The child mortality rate is 85 deaths among children under 5 per 1,000 live births, compared to 74 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 31.6 percent among married women aged 15 to 49 by 2022.7 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.

1 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.
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 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\(^8\) and to help prevent:

- 408,000 unintended pregnancies
- 1,000 maternal deaths
- 169,000 abortions
- 8,000 child deaths\(^9\)

These investments in contraceptives have the potential of saving approximately $20 million in direct spending on healthcare\(^10\)—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\(^11\), a socio-demographic mathematical model, using procurement data from the GHSC-PSM project database\(^12\).

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.

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\(^8\) 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](https://www.usaid.gov/global-health/health-areas/family-planning/couple-years-protection-cyp)

\(^9\) 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.

\(^10\) The figures are not adjusted for inflation and based on the costs of services from 2011.


\(^12\) GHSC-PSM’s Automated Requisition Tracking Management Information System (ARTMIS) is used to enter, manage, process and track orders throughout the supply chain.

\(^13\) Units 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)

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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

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**Table:**

<table>
<thead>
<tr>
<th>CONTRACEPTIVE METHODS(^13)</th>
<th>TOTAL PRODUCTS DELIVERED FY 2017-2022*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male condoms</td>
<td>19.8M</td>
</tr>
<tr>
<td>Combined oral contraceptives</td>
<td>75K</td>
</tr>
<tr>
<td>Implantable contraceptives</td>
<td>190K</td>
</tr>
<tr>
<td>Injectable contraceptives</td>
<td>200K</td>
</tr>
<tr>
<td>Progestin only pills</td>
<td>3K</td>
</tr>
<tr>
<td>Female condoms</td>
<td>101K</td>
</tr>
<tr>
<td>Standard days methods</td>
<td>5K</td>
</tr>
</tbody>
</table>

**TOTAL NUMBER OF CONTRACEPTIVES DELIVERED**: 20.4M

**TOTAL VALUE OF COMMODITIES**: $2.7M*

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