

Towards sustained progress in sexual and reproductive health in Burkina Faso

Standardizing and expanding access to abortion services and reproductive health products



This case study was developed by the WHO country office with support from the Country Strategy and Support (CSS) and the Prevention of Unsafe Abortion (PUA) unit at UNDP-UNFPA-UNICEF-WHO-World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP) Department of Sexual and Reproductive Health and Research (SRH). The work was undertaken as part of a collaborative project to address unsafe abortion through a health system strengthening approach. The project ran from 2019–2023 and included ten countries; three WHO regional offices; and five WHO HQ departments working together through a technical working group coordinated by HRP.



Background

Burkina Faso has taken significant steps towards ensuring sexual and reproductive health and rights of women. The country ratified the African Charter on Human and Peoples' Rights in 2005 and announced free family planning in all regions of the country in July 2020, with the goal of reducing maternal mortality and morbidity.¹ Safe termination of pregnancy according to the law is legally permitted in the country if the life and health of a pregnant woman are at risk, and in cases of rape, incest or severe fetal impairment. However, maternal mortality remains high.

Burkina Faso: Facts



222.9 deaths
per 100 000 women
Maternal mortality rate²

Women of reproductive age group
(15–49 years)



23.59% (5 214 600)³
of the total population

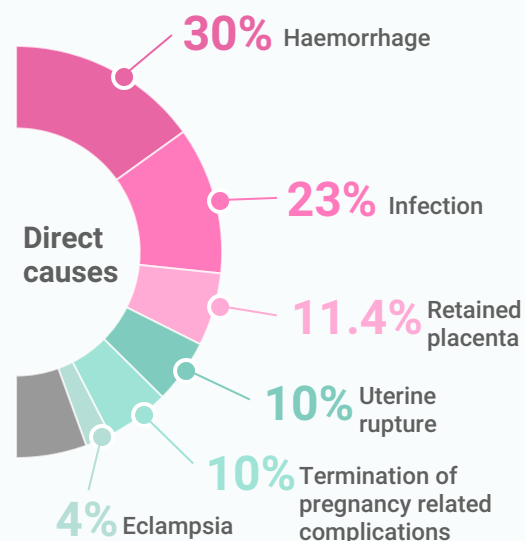
Percentage of maternal
deaths occurring, by
location



5% in
communities

95%
in health
centres

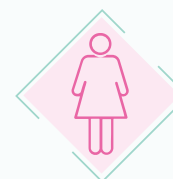
Causes of maternal death



Indirect
causes

20%
of all maternal deaths

Safe termination of pregnancy according to the law



23
per 1,000 women aged 15–49 years
in 2020 (about 113,000 safe
termination of pregnancies according
to the law annually)⁴



Over **51%**
of safe termination of pregnancies
according to the law are unsafe

Sexual and reproductive health

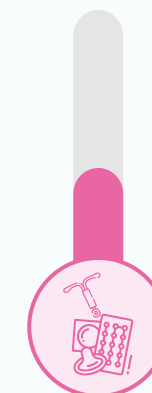


80%
Births attended by
skilled health
personnel⁵ (2004–2020)

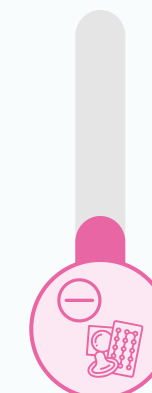


43%
Universal health
coverage index
(2019)⁶

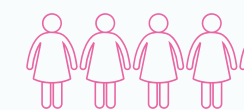
Family planning



33.8%
Contraceptive
(any method)
prevalence rate
for women aged
15–49 years
(2022)⁷



15.5%
Unmet need for
family planning
among women
aged 15–49
years (2022)⁸







4.4
Total fertility
rate (2022)⁹



Intervention

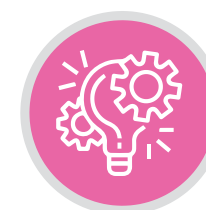
To reduce unsafe termination of pregnancy and improve access of women and adolescent girls to family planning, legal and safe termination of pregnancy, and post-termination care, Burkina Faso undertook three key interventions:

Revision in the list of National List of Essential Medicines

-  World Health Organization provided technical assistance to Ministry of Health for revising the list of essential medicines.
-  35 hospital-based clinicians and pharmacists from five national teaching hospitals were trained on the National List of Essential Medicines.
-  Emergency contraception was also introduced in the National List of Essential Medicines.
-  World Health Organization worked closely with the Ministry of Health to carry out advocacy with decision makers at all levels for the inclusion of misoprostol and mifepristone for authorized safe termination of pregnancy. Additionally, a group of national experts in charge of supporting acceleration of sexual and reproductive health towards universal health coverage has been set up and briefed for operationalization of this process.

Assessment of service availability

There was a felt need to assess the availability and operational capacity of sexual, reproductive, maternal, neonatal, infant and adolescent health in public and private health facilities, with focus on family planning, post-termination care and safe termination of pregnancy by law.



World Health Organization developed a tool, Harmonized Health Facility Assessment, for the assessment of health facilities.



The availability of products and services related to the quality of sexual and reproductive health services was assessed through the 2020 Harmonized Health Facility Assessment.



Standardization of processes for comprehensive post termination of pregnancy care

For improved and consistent delivery of care, a standardized set of guidelines was developed.

1 Ministry of Health set up a national expert committee on sexual and reproductive health and rights with technical assistance from World Health Organization.¹⁰

2 The experts developed a set of information and training tools for health service providers and programme managers on family planning, post termination care and safe interruption of pregnancy care authorized by law. These considered the recently authorized reproductive health drugs (misoprostol and mifepristone).

3 The basic training module and in-service training module for midwives was revised to incorporate national norms and standards on the provision of sexual and reproductive health and rights services, including sexual and reproductive health drugs.

4 Consideration of sexual and reproductive health and rights and gender-based violence in the self-care training materials developed for frontline service providers, community-based health workers and families

The jobs aids for safe termination of pregnancy in accordance with the law were developed on the basis of international standards and national policy and guidelines. They were disseminated during outreach workshops to all 13 regions for capacity building of 185 reproductive health officers of 19 private health facilities and 72 public hospitals as well as 100 midwives and gynaecologists trained by the Society of Gynecologists and Obstetricians of Burkina Faso in collaboration with the Ministry of Health and World Health Organization.

Conclusion



As a result of the interventions introduced in 2019, now more than eight health facilities out of 10 (82%) offer family planning services and more than three out of 10 (31.5%) health facilities have safe termination of pregnancy services authorized by Burkinabè law.¹¹ Additionally, 32% of facilities offer legally authorized safe termination of pregnancy services, and of these facilities, 35% are able to offer all legally authorized safe termination of pregnancy methods.¹² Quality of service has also improved with the improved capacities of health staff. The interventions also focused on better training of service providers at each level of the health system ranging from health and social protection centres to the university hospital centres.

However, sexual and reproductive health is a complex domain. Political, strategic and technical dialogue on its multisectoral and complex paradigm needs to continue and strengthen. For a sustainable achievement, innovative models of service delivery must be adapted to the needs of the population, considering the sociocultural context.

¹ WHO Burkina Faso: <https://www.afro.who.int/countries/burkina-faso>

² 5th Population and General Housing Census 2019:

http://www.insd.bf/contentu/documents_rgph5/Rapport%20resultats%20definitifs%20RGPH%202019.pdf

³ Maternal, New-born, Child and Adolescent Health and Ageing 2022: [https://www.who.int/data/maternal-newborn-child-adolescent-ageing/indicator-explorer-new/mca/women-of-reproductive-age-\(15-49-years\)-population-\(thousands\)](https://www.who.int/data/maternal-newborn-child-adolescent-ageing/indicator-explorer-new/mca/women-of-reproductive-age-(15-49-years)-population-(thousands))

⁴ Performance Monitoring for Action (PMA), Abortion Survey Results December 2020- March 2021:

https://www.pmadata.org/sites/default/files/data_product_results/BF_Abortion%20Brief_EN_Rev_Dec16_FINAL.pdf

⁵ WHO Population Dashboard 2022: <https://www.unfpa.org/data/world-population/BF>

⁶ The World Bank, UHC Service Coverage Index 2021: <https://data.worldbank.org/indicator/SH.UHC.SRVS.CV.XD?locations=BF>

⁷ Demographic and Health Survey (DHS) 2021: <https://dhsprogram.com/methodology/survey/survey-display-562.cfm>

⁸ Ibid.

⁹ Ibid.

¹⁰ WHO Model List of Essential Medicines 21st List 2019: <https://apps.who.int/iris/bitstream/handle/10665/325771/WHO-MVP-EMP-IAU-2019.06-eng.pdf>

¹¹ Harmonized Health Facility Assessment (HHFA), 2021: https://cdn.who.int/media/docs/default-source/world-health-data-platform/hhfa/hhfa_questionnaire_combined_core_2021.03.07.pdf?sfvrsn=698754fa_5&download=true

¹² Ibid.

