



# SEMA

REPRODUCTIVE HEALTH

## SEMA Burkina Faso Assessment and Recommendations Summary

Expanding market access to sexual  
and reproductive health products  
in Burkina Faso

## **Increasing equitable access to sexual and reproductive health (SRH) products is critical to saving lives, promoting gender equality, and advancing communities.**

### **About SEMA**

Global efforts in the last decade have enabled 60 million additional women and girls to access SRH products. However, these efforts still fall short at meeting consumer needs, particularly the needs of communities in Lower and Middle Income Countries.

To address the challenges, a multi-stakeholder Steering Committee undertook a consultative process from 2020 to 2021. The committee engaged with over 100 stakeholders globally to envision how to support healthier, more equitable, and more resilient markets for sexual and reproductive health. The group consisted of country leaders, public and private implementers, civil society members, donors, and market representatives who came together to create Shaping Equitable Market Access for Reproductive Health, or SEMA Reproductive Health.

SEMA was announced in July 2021, during the Generation Equality Forum in France, and is currently being incubated within Amref Health Africa. The initiative received support from country governments in Burkina Faso, Nigeria, and Uganda, as well as strategic partnerships from the United States Agency for International Development (USAID), the Foreign, Commonwealth and Development Office of the United Kingdom (FCDO), the United Nations Population Fund (UNFPA), and the Reproductive Health Supplies Coalition (RHSC). Additionally, the Children's Investment Fund Foundation, Gates Foundation and the French Ministry for Europe and Foreign Affairs provided initial funding for SEMA.

SEMA currently acts as a collaborative platform and financing vehicle that works with partners across the entire ecosystem of sexual and reproductive health. The initiative aims to better coordinate donor investments, leverage existing expertise, build additional capacity, and optimize limited resources to support healthier markets. By fostering collaboration and coordination, SEMA seeks to optimize resources and achieve greater impact in pursuit of our shared goals.

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## List of Acronymns

<b>ABBEF</b>	Burkinabe Association for Family Well-Being
<b>ANRP</b>	National Agency for Pharmaceutical Regulation
<b>CAMEG</b>	Central Purchasing for Essential Generic Medicines
<b>CPR</b>	Contraceptive Prevalence Rate
<b>DGAP</b>	Directorate General for Access to Health Products
<b>DSF</b>	Family Health Direction
<b>IRSS</b>	Health Sciences Research Institute
<b>ISSP</b>	Higher Institute of Population Sciences
<b>LMICs</b>	Lower and Middle Income Countries
<b>MMR</b>	Maternal Mortality Ratio
<b>mCPR</b>	Modern Contraceptive Prevalence Rate
<b>OSC</b>	Civil Society Organization
<b>FP</b>	Family Planning
<b>PRSS</b>	Primary Health Care Strengthening Project
<b>PSSR</b>	Sexual and Reproductive Health Program
<b>SRH</b>	Sexual and Reproductive Health
<b>WAHO</b>	West African Health Organization

## Introduction

Access to SRH services and products can transform the lives of women and girls and help to strengthen communities. Access is currently undermined by a range of factors, including inadequate financing, restrictive policies, weak health systems and infrastructure, misinformation, poor counseling, and social stigma. In addition to these barriers, market issues such as inadequate product availability, inequitable pricing and lack of choice are also major progress inhibitors in many countries.

SEMA Reproductive Health was established to transform public and private markets for SRH products. SEMA envisions a world where SRH markets in LMICs are healthy, equitable, and resilient. In this future state, all people, especially women and adolescent girls, can access the SRH products they need.

SEMA has collaborated with country partners, including governments, civil society, and private enterprises, to identify market challenges that restrict access to SRH products, analyze root causes and recommend market interventions. This assessment was produced by a consortium led by RESADE (Recherche pour la Santé et le Développement), RAME (Réseau d'Accès aux Médicaments Essentiels), R4D (Results for Development) and SEMA in consultation with various local stakeholders in Burkina Faso. Through this work, SEMA aims to catalyze action to transform private and public markets to better meet SRH needs.



**Burkina Faso: Key statistics**

<b>Population (2021)<sup>1</sup></b>	21,509,443
<b>Number of women of reproductive age (2021)<sup>2</sup></b>	5,110,300
<b>Latest MMR (2020)<sup>3</sup></b>	264 per 100,000 live births
<b>Latest CPR (2022)<sup>4</sup></b>	34% of married women
<b>Latest mCPR (2022)<sup>5</sup></b>	32% of married women
<b>Latest annual funding for FP commodities in public sector (2022)<sup>6</sup></b>	\$6.4M (2021)
<b>% of funding for FP provided by government (2022)<sup>7</sup></b>	Less than 20% (2021)
<b>Unmet FP needs<sup>8</sup></b>	17% (PMA2022)

**Note:** SRH services involve a range of SRH commodities related to family planning, maternal health, the prevention and management of sexually transmitted infection, and more. This initial market assessment focuses predominantly on contraceptives, which was SEMA's initial focus, with the aim of expanding to other market areas over time.

**SRH commitments in Burkina Faso**

Burkina Faso has made significant progress in improving SRH product access in recent years, increasing modern contraceptive prevalence (mCPR) from 22.5% to 32% between 2015 and 2020.<sup>9</sup> Looking ahead, the country has established a new target to increase mCPR from 31.9% in 2020 to 41.3% by 2025, with a key focus on married women.<sup>10</sup> The commitment to pursuing such ambitious targets is supported by Burkina Faso's domestic and international commitments. For instance, in 2019 the government passed a decree for the provision of free family planning care in support of equitable access.

In the international arena, the government has been actively seeking further opportunities to champion its domestic commitments. These efforts have included participation in the Global Financing Facility, the Ouagadougou Partnership, the Nairobi Summit (ICPD+25), FP2020, and most recently FP2030. Specifically, at FP2030 Burkina Faso restated its commitment to increase mCPR among married women to 41.3%. It also committed to:

- strengthening SRH service provision;
- increasing the availability of SRH products;
- improving access to quality SRH information and services; and
- increasing the budget for SRH product procurement and services by 10% a year until 2025.

<sup>1</sup> Burkina Faso National Institute of Statistics and Demography (INSD), Census Report, 2021.

<sup>2</sup> INSD, 2021.

<sup>3</sup> World Bank Database, 2020

<sup>4</sup> Institut Supérieur des Sciences de la Population, Université Joseph Ki-Zerbo, Ouagadougou, Burkina Faso, and The Bill & Melinda Gates Institute for Population and Reproductive Health at The Johns Hopkins Bloomberg School of Public Health. Performance Monitoring for Action (PMA) Burkina Faso Phase 3 Cross-sectional Survey Snapshot of Indicators. PMA/Burkina Faso-P3-CS SOLs. 2022. Ouagadougou, Burkina Faso and Baltimore, Maryland, USA.

<sup>5</sup> PMA Burkina Faso, 2022.

<sup>6</sup> Data sourced directly from Burkina Faso's Directorate of Family Health (DSF) in 2022.

<sup>7</sup> DSF 2022.

<sup>8</sup> PMA Burkina Faso, 2022.

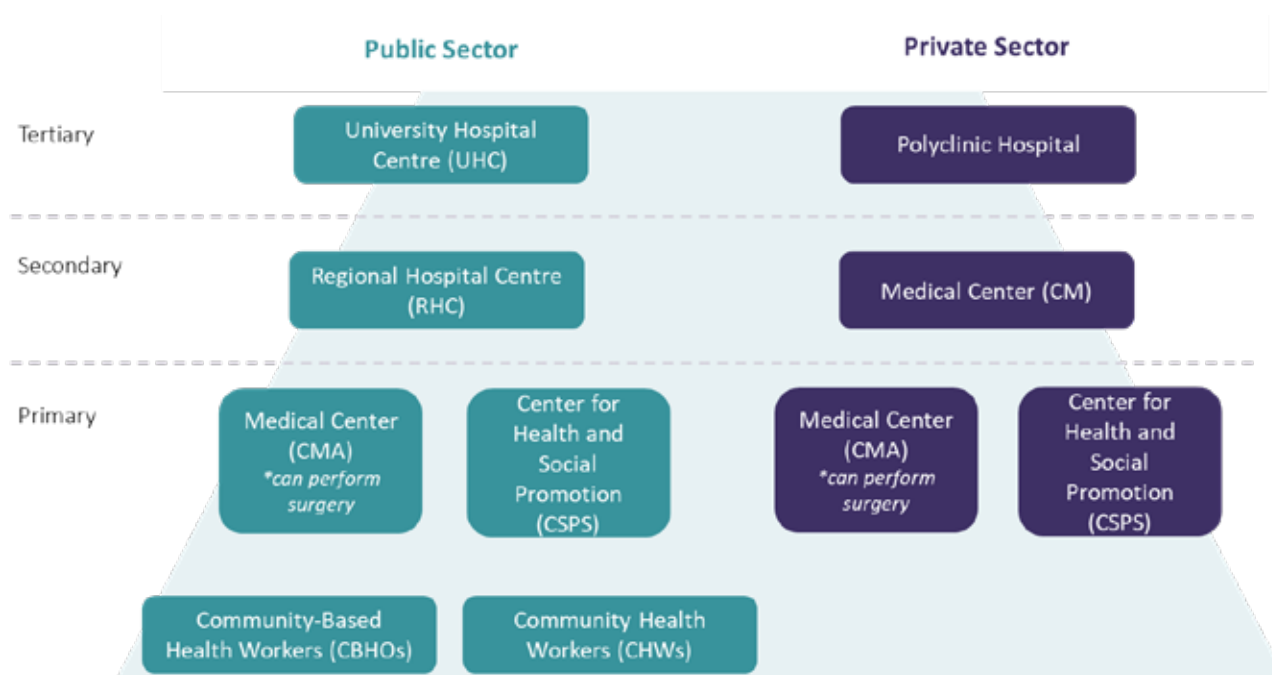
<sup>9</sup> Target established in Burkina Faso's National Plan for the Acceleration for Family Planning (PNAPF), 2017-2020.

<sup>10</sup> Burkina Faso's National Family Planning Plan, 2021-2025.

## National health system structure

In Burkina Faso, SRH products should be accessible in public, NGO, and private sector facilities across the country, in both rural and urban areas. However, the majority of care-seeking for SRH takes place in the public/NGO sector, compared to the private sector which only serves 6% of contraceptive users, despite accounting for 13% of the country's health facilities.<sup>11</sup> The public/NGO and private sectors are organized in similar pyramid structures, with three key levels: tertiary, secondary, and primary. An additional community level is also available in the public/NGO sector (Figure 1).

**Figure 1. Health system structure for SRH in Burkina Faso**



## Market overview

### Regulatory

Burkina Faso's Essential Medicines List (EML) comprises 10 SRH products, including condoms, oral contraceptives, emergency pills, injectables, IUDs, implants, and mifepristone-misoprostol (used for the management of safe abortion). National guidelines mandate the availability of all contraceptive products at all facility levels, with four products additionally available at drug dispensaries: male condoms, female condoms, combined contraceptive pills, and progestin-only pills.<sup>12</sup>

### Demand and uptake

The rates of unmet need have been on a downward trend, with the latest 2021 estimates suggesting only 17% of women are unable to access contraceptive products, down from 24% in 2017.<sup>13</sup> Availability varies across sectors, but male condoms, oral contraceptives, injectables, implants, and copper-bearing IUDs are the most accessible, with 80%+ availability across all health facilities.<sup>14</sup>

<sup>11</sup> Health Sciences Research Institute (IRSS), Report on the availability of reproductive health products in health facilities, 2021.

<sup>12</sup> Institut de Recherche en Sciences de la Santé (IRSS), Rapport sur la disponibilité des produits de santé reproductive dans les établissements de santé, 2021. IRSS, 2021.

<sup>13</sup> PMA Burkina Faso, 2022.

<sup>14</sup> Institut de Recherche en Sciences de la Santé (IRSS), Rapport sur la disponibilité des produits de santé reproductive dans les établissements de santé, 2021.

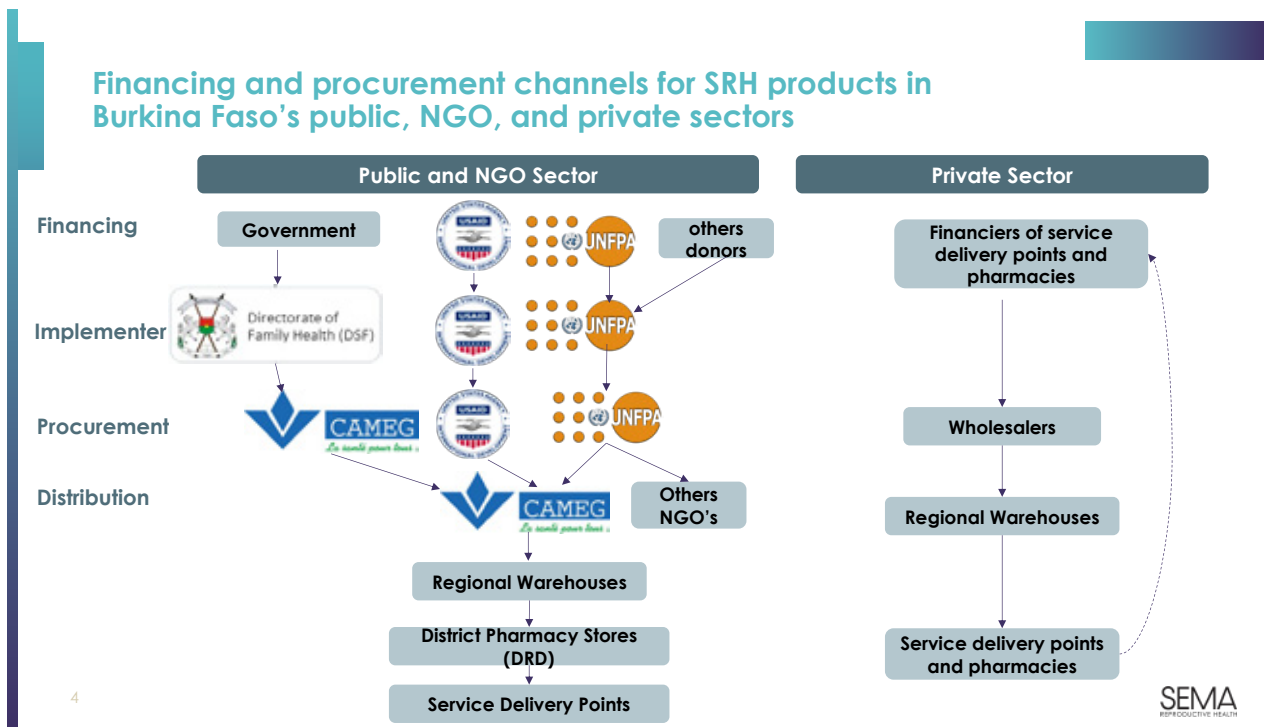
## Financing

Burkina Faso's contraceptive products are primarily financed through a mix of government and partner resources (Figure 2). In 2021, the estimated contraceptive market size for the public/NGO sector was US\$11.4 million,<sup>15</sup> with development partners contributing around 81%<sup>16</sup> of the financing. Since 2018, external sources of funding for the supply of SRH products include UNFPA, USAID, the West African Health Organization (WAHO), the Sexual and Reproductive Health Program (PSSR), and the Primary Health Care Strengthening Project (PRSS). More data is needed at this stage to understand the private sector market size and its financial resources.

## Procurement

All 10 of the contraceptive products included in Burkina Faso's EML – except for Levonorgestrel IUD – are procured across the public, NGO, and private sectors. In the public/NGO sector, Central Purchasing for Essential Generic Medicines (CAMEG), UNFPA, and USAID are the primary procurers, while CAMEG is responsible for distribution. Meanwhile, in the private sector procurement is believed to be fragmented across wholesalers (Figure 2).

**Figure 2. Map of SRH product financing and procurement flows in Burkina Faso**



<sup>15</sup> Data provided in October 2022 by the (1) Burkina Faso DSF on contraceptive products available in the public health structures and (2) key partners (ABBEF and MSI) over the period of 2017 - 2022.

<sup>16</sup> Data provided by Burkina Faso DSF and partners (ABBEF and MSI) from 2017-2022.



## SEMA's Healthy Markets Framework

SEMA strengthens SRH country and product markets to improve SRH outcomes. To support this goal, SEMA has developed a Healthy Markets Framework (HMF)<sup>17</sup> for assessing the health of national and product markets using qualitative and quantitative indicators. The HMF seeks to reflect all major dimensions of market health. For SEMA, healthy markets have the following dimensions:

- Adequate supply to meet funded demand and ensure a range of products are available at the point of service delivery
- Resilient financing that meets system demand, which in turn meets consumer demand
- Ability to meet consumer demand and preferences across the product mix
- Prices that ensure a sustainable level of affordability and equity across all channels, geographies and social groups, while maintaining economic viability for manufacturers
- High product quality
- An effective product adoption pathway for introducing innovations in a timely and rational manner
- Adequate foundations for market management, regulation, procurement, data and analytics

SEMA's HMF includes a list of indicators to facilitate the assessment of market dimensions. The indicators guide a data-collection process for developing composite scores of 1-5, with 1 being 'unhealthy' and 5 being 'very healthy'. These are then used to populate a simple visual representation of overall market health.

The market assessments are intended to serve as a platform for building consensus on key market challenges, as well as opportunities for action and investment among stakeholders. SEMA recommends that assessments be routinely updated to monitor results and track progress towards healthier market conditions.

## The approach to market assessment

In late 2022, the consortium led by RESADE, RAME, and R4D assessed market shortcomings by conducting a desk review of available information. Key interviews were then conducted with 30 stakeholders from the government, development partners, NGOs, Civil Society Organizations (CSOs), and the private sector. These interviews provided qualitative and quantitative data, with analysis generating insights on resilience, demand, supply, quality, affordability, and innovation in the SRH market. The next section provides a summary of the high-level findings and recommendations from the assessment, with a more detailed scoring available in the appendix.

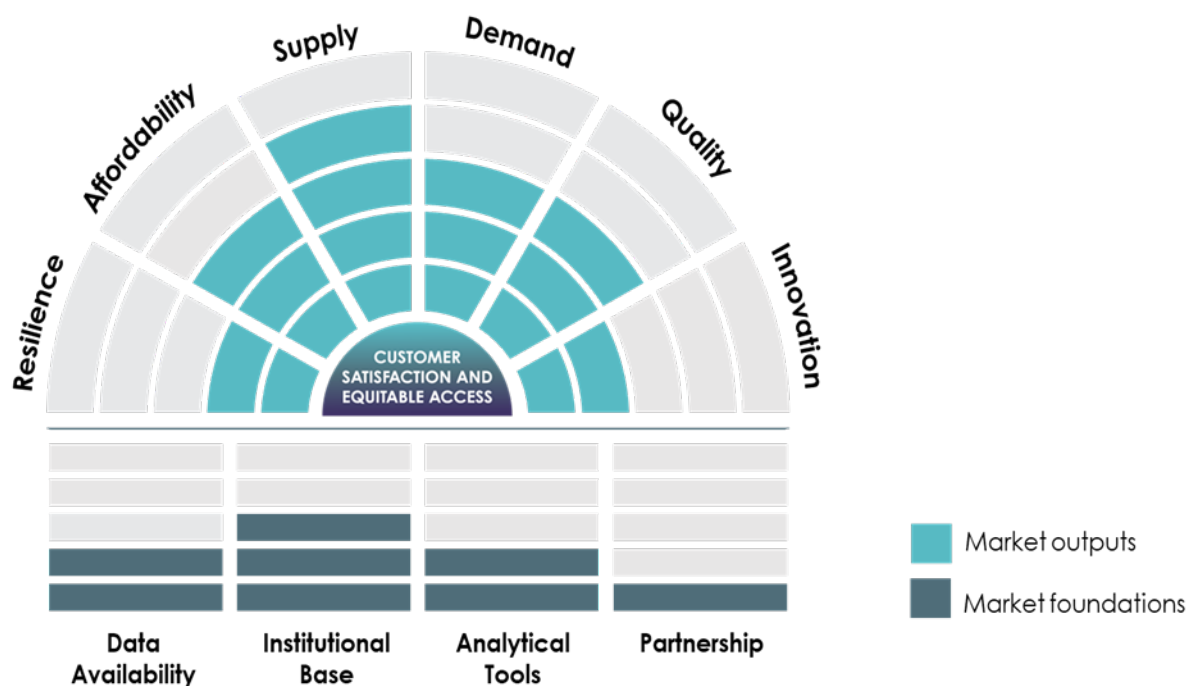
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<sup>17</sup> For detailed descriptions of the HMF and its intended use, see [SEMA Healthy Markets Framework Overview](#). This assessment was undertaken using SEMA's original HMF, which has subsequently been updated to reflect the learnings from this and other assessments.

## Findings & Recommendations

### Assessment scores

Figure 3. SEMA Healthy Market Framework (first version) assessment findings for Burkina Faso<sup>18</sup>



### Assessment findings

- 1. Primary dependence on donor resources for contraceptive product financing undermines sustainability and increases vulnerability to funding fluctuations.** Increasing reliance on donor resources to support the public and NGO sectors, which account for the majority of SRH care-seeking, is not sustainable and creates risks for the public market. As donor resources have increased in recent years (2018-2021), domestically mobilized resources have not. This risk to sustainability could be exacerbated, as donors have demonstrated their funding commitments may change from year to year. These aspects call into question the resilience of the market over the next three-to-five years if domestic resources are not mobilized.
- 2. Limited engagement from the private sector, attributed in part to policies which hamper market competition.** The private sector is currently an under-tapped resource for SRH access, with minimal care-seeking taking place in private sector facilities. Indeed, private sector facilities – more than public/NGO facilities – have difficulty ensuring the availability of contraceptive products. To overcome this challenge, policies that cap the prices of contraceptive products need to be addressed, and the private sector needs to be engaged to encourage greater participation in the provision of contraceptives. This engagement could in turn help to achieve long-term financial sustainability if prices are structured equitably as donor funding decreases.

<sup>18</sup> This assessment uses the first version of the Healthy Market Framework developed by SEMA in 2022. A second version was developed in 2023 to account for stakeholder feedback and can be found [here](#).

- 3. The market for contraceptive products in Burkina Faso is characterized by a limited pool of manufacturers, which undermines the security of supply and quality.** CAMEG's limitations in accessing a diverse, reliable supply base have been flagged by key stakeholders as a priority issue. Supply security is a particular concern, given that Burkina Faso is a small, landlocked country, with minor procurement delays or shortages potentially disrupting the supply/demand balance for contraceptives. Qualitative reports suggest this situation could result in users turning to the parallel market for supplies, which might lead to quality issues. The problems linked to poor supply diversification were highlighted in 2021, when a national stockout of implants led to delayed deliveries, with CAMEG having to turn to UNFPA for emergency procurement support.
- 4. Limited data on consumer preferences prevents informed decisions and planning on procurement, supply, financing, and innovation adoption.** Consumer preferences are not collected or incorporated into budget and procurement decisions. As a result, there is insufficient monitoring and assurance that products available on the market are satisfying consumer needs. Explicit investments in this area will facilitate partner alignment, which will help providers maximize limited resources to best meet consumer demand. These investments will also support new product introductions when needed.
- 5. In general, there appears to be a gap across key market foundations that inhibit coordination and partnership.** There are country fora and mechanisms that enable the discussion and forecasting of volumes, demand, quality, and procurement. However, there is no mechanism to analyze and discuss market issues related to consumer preferences, product adoption, or the design of sustainable and resilient financial strategies. This gap seems even more critical for Burkina Faso given recent government prioritization changes, which have led to reduced engagements by external partners in the SRH marketplace.



## Recommendations

In response to these assessment findings, consultations and workshops were held with key stakeholders. The aim of these engagements was to co-design potential interventions to address market shortcomings provided in the chart below.

Priority market shortcoming	Potential market interventions
Dependence on donors for product financing undermines sustainability and resilience	<ol style="list-style-type: none"> <li>1. Establish a clear funding approach for the SRH market to inform national strategies and resource mobilization efforts for SRH product procurement.</li> <li>2. Develop a national strategy to mobilize domestic and donor resources, which should include how to more effectively leverage donor funding opportunities for SRH procurement.</li> <li>3. Alongside a national financing strategy, launch a related advocacy campaign to encourage government stakeholders to mobilize domestic resources.</li> </ol>
Limited private sector engagement, due to policies that hamper market competition	<ol style="list-style-type: none"> <li>4. Conduct an assessment of Burkina Faso's private sector market for SRH products to understand the financial, procurement, supply, and demand landscape. The findings could then be used to inform strategies to achieve greater private sector participation in the SRH market.</li> <li>5. Conduct an assessment to understand what drives patients to seek SRH products in the public/NGO sector, with a view to informing strategies to enhance private sector SRH care-seeking.</li> <li>6. Support the government to develop a national private sector engagement strategy. This should outline objectives and pathways through which the private sector can be utilized – and supported – to enhance equitable access to SRH products and services in Burkina Faso.</li> <li>7. Engage key private sector actors in existing technical working groups and forums to co-develop a business case for their increased participation in the SRH market.</li> </ol>
Limited manufacturing pool contributes to supply insecurity and potential quality concerns	<ol style="list-style-type: none"> <li>8. Conduct an assessment of factors contributing to the lack of supplier diversity and quality, and develop a strategy to address identified challenges.</li> <li>9. Support efforts to increase the number of manufacturers registered in-country for each product. This may include activities such as: providing technical assistance to CAMEG and/or the National Agency for Pharmaceutical Regulation (ANRP), with a view to streamlining processes that may be deterring manufactures' participation; providing a business case to manufacturers to address market information asymmetries deterring their registration; holding a manufacturer forum to (1) understand the drivers of market participation, and (2) advocate for their participation, among other objectives.</li> <li>10. Develop a decision-making framework to guide CAMEG in identifying and selecting procurement options that increase flexibility and allow multiple suppliers per product, particularly in the event of supplier stockouts or delays. This would map out when and via which pathways CAMEG should opt for an alternative procurement route to avoid national shortages (as experienced in 2021).</li> <li>11. Design and implement policies that promote local and/or regional manufacturing of SRH products. Such policies might include providing tax incentives and supporting local manufacturers to obtain WHO prequalification, among other initiatives.</li> <li>12. Support regional efforts to implement a joint purchasing policy between countries to increase the acquisition volumes of SRH products, e.g., through WAHO.</li> </ol>



Priority market shortcoming	Potential market interventions
Risk that market decisions (procurement, budget, product adoption) are not responding to consumer preferences	<p>13. Establish a task force within the Ministry of Health, or through an existing technical working group platform, to bring together government stakeholders, researchers, and partners to develop a plan to capture data on user preferences. This will require implementing a survey or including indicators on consumer preferences in existing surveys, such as the Demographic and Health Surveys (DHS).</p> <p>14. Improve the incorporation of user data in decision making for SRH procurement and financing. For example, ensure consumer preference data is included in national quantifications and procurement and financing decisions made by the Contraceptive Acquisition Commission (TAC).</p>
The gap across key market foundations inhibits coordination among partners	<p>15. Develop an SRH market strategy for Burkina Faso. This should align key stakeholders around common market priorities and actions to address identified bottlenecks over the next five-to-ten years.</p> <p>16. Develop and support a technical working group for the SRH market to improve coordination among actors in the public/NGO and private sectors.</p> <p>17. Improve regular utilization of existing data (e.g., orders and shipment data captured through FPVAN) in market decision making. This may include revising – or designing new – analytical tools around how and when information is shared to improve coordination and partnership.</p> <p>18. Establish a framework for dialogue on market issues between the private sector and the Ministry of Health. Such a framework could help to address the interests of all public and private sector parties.</p>



# 05

## Next Steps

Next steps will build on the findings of this assessment to deliver several key actions:

- Collaborate with local stakeholders to develop a roadmap for implementing the identified market interventions.
- Mobilize internal and external funding to support the execution of the roadmap.
- Re-conduct the SEMA National Healthy Market Framework as a tool for country stakeholders to monitor the strengths and weaknesses of the SRH market as it evolves.
- Track progress and share best practices across all SRH market developments.



# 06

## Appendix

This synthesized market assessment is based on a scoring system of 1-5 for each dimension of the Healthy Market Framework. A perfectly performing market would score 5 on all dimensions.

Criteria	Score	Supporting information
Data Availability	2	Market data on the public and NGO sectors, including data on finance, procurement, pricing, quality etc., is available. However, it is often very fragmented and hard to access. Public/NGO sector procurement and pricing data is particularly hard to access and exists across multiple stakeholders. Private sector data is even more fragmented and inaccessible. Coordination is needed to ensure high-quality data, informed by the latest consumer trends, is available for use.
Institutional Base	3	Policy and legislative frameworks are in place to support the functioning of the market, but shortcomings remain. Specifically, support is needed to: <ul style="list-style-type: none"> <li>• Ensure national guidelines are updated and harmonized (e.g., updated selection of contraceptive products)</li> <li>• Strengthen the capacity and reach of institutions supporting the procurement and supply of SRH commodities. This is necessary to diversify available products and improve evidence-based market strategy decision making around procurement and financing.</li> </ul>
Analytical Tools	2	There are ongoing efforts and analytical tools in place (e.g., supply quantification exercises). However, due to limitations in human resource capacity and funding, analytical tools are currently limited in scope and fragmented. They also suffer from a lack of available quality data. For instance, without consumer preference data, the demand-forecasting tools used by the government are not optimized for technical analyses. Improvements are needed to address these challenges to ensure decision makers can make informed decisions on funding, sourcing, procurement, longer-term supply planning, and pricing, among other topics.
Partnership	1	Various forums exist for discussion and coordination among SRH stakeholders. These include: the Steering Committee for Securing SRH Commodities; the National Commission for Coordinating the Supply of Resources for Priority Health Programs; and the Technical Committee for Coordinating the Management of Reproductive Health Resources. However, these forums do not cover holistic market elements across regulatory, demand, supply, and financing. A more centralized and coordinated forum is therefore needed to ensure a holistic SRH market view is developed and reviewed. Furthermore, improvements are needed in the composition of these groups to enable key market players, such as private sector actors and NGOs, to engage in planning and actions.

Criteria	Score	Supporting information
Resilience	2	<p>Heavy reliance on external funding sources undermines sustainability, increases vulnerability to global supply chain shocks, and weakens market resilience. Limited access to consumer preference data also undermines the market's ability to respond to changes in consumer interests.</p> <ul style="list-style-type: none"> <li>• <b>Financing</b> in the public sectors for the procurement of contraceptive products has increased from US\$4.2M in 2018 to US\$6.4M 2021<sup>19</sup> – a 1.5x growth. This increased funding is attributed to greater donor resource mobilization, which accounts for an estimated 81% of all funding, while government funding has remained stagnant. UNFPA is the primary source of donor funding, but the donor landscape is fragmented, comprising a total of six different donors since 2016. While this results in a more robust financing landscape, it requires significant coordination and is subject to unanticipated fluctuations. Dependence on donors also highlights the need to identify more sustainable financing for the resilience of the market.</li> <li>• <b>Supply security</b> concerns exist, given that five of the eight contraceptive products registered in Burkina Faso are supplied by less than five registered manufacturers, all of which are international. This supply security issue came to the fore in 2021, when the country faced a national shortage of implants. The shortage was partially attributed to the manufacturer delaying production of CAMEG's order due to its small volume, with the delay then exacerbated by international shipping issues. Incentivizing local or regional production of SRH commodities could help enhance supply security. For example, a local manufacturer in Ouagadougou (PROPHARM), is setting up a production line for oral contraceptives.</li> <li>• <b>Consumer preferences</b> are not captured or factored into SRH commodity quantification and planning, which relies solely on consumption data. Surveys on consumer preferences are not carried out to guide the choice of contraceptives procured for the market. Therefore, there is a risk that public and private agencies are not able to adapt and respond to changing consumer preferences.</li> </ul>
Affordability	3	<p>The government has pricing policies in place to keep SRH commodities affordable for consumer access. Such policies include capped price margins and free care in the public sector. However, these interventions could limit market competitiveness, particularly in the private sector, and may therefore not be sustainable for all market participants. For instance, pricing caps are not sufficiently attractive for private service delivery points to be profitable; they require review to ensure they are synchronized with price changes and fluctuations over time. In this way, such policies may contribute to low private sector activity in Burkina Faso's SRH market. Currently, the private sector accounts for 13% of the country's facilities but serves only 6% of contraceptive users.<sup>20</sup></p> <p>Further data is needed from across the public/NGO and private sectors to understand if procurement agencies in Burkina Faso are receiving competitive, sustainable prices. Conversations with key stakeholders suggest there may be stark contrasts between the procurement prices negotiated by CAMEG and international procurement agencies.</p>

<sup>19</sup> Based on additional NGO's procuring from UNFPA in 2022, but not captured in DSF-coordinated data, we estimate the NGO sector is an additional US\$4M in size.

<sup>20</sup> Institut de Recherche en Sciences de la Santé (IRSS), Rapport sur la disponibilité des produits de santé reproductive dans les établissements de santé, 2021. IRSS, 2021.



Criteria	Score	Supporting information
Supply	4	<p>The government of Burkina Faso aims to achieve 100% availability of all SRH methods at all facilities nationwide. While this has not yet been achieved, availability of SRH products in the public/NGO sector – where the majority of care-seeking takes place – is high. Four SRH products have 90%+ availability at public and NGO facilities (male condoms, oral contraceptives, injectable contraceptives, and implants), and IUDs have 80%+ availability.<sup>21</sup> However, there are a few key concerns regarding the supply of SRH products:</p> <ul style="list-style-type: none"> <li>• <b>Private sector</b> Availability is consistently lower and more variable in the private sector, where only about 85% of facilities have three or more methods available.</li> <li>• <b>Stockouts</b> In 2020, across all sectors, approximately 68% of health facilities nationwide were out of stock of a contraceptive method at some point over a three-month period. This suggests at least temporary supply challenges.<sup>22</sup> In addition, between 2021 and 2022 there was an increase in IUD stockouts in public health establishments.<sup>23</sup> Instances of stockouts have been attributed to procurement and supply challenges (e.g., delayed delivery, manufacturers de-prioritizing CAMEG orders due to small procurement volumes). In addition, non-delivery of ordered products and the absence of product orders have also been reported.<sup>24</sup></li> <li>• <b>Specific products with lower availability</b> Two contraceptive methods (emergency contraceptives and female condoms) had less than 80% availability in the public/NGO sector. Additionally, products used for post-abortion care and legally secured termination of pregnancy are much less accessible than other SRH products. Mifepristone (often used as a proxy) has historically been unavailable across all health facilities, with availability only reaching a peak of 7% in 2020. This is in stark contrast to the high availability of contraceptive products, and even other maternal health medicines such as misoprostol (ranging from 32%-43% availability in all health facilities from 2018 to 2020), magnesium sulphate (88%-96%), and oxytocin (99%+).<sup>25</sup> Further research is needed to understand to what extent availability can be attributed to supply chain management issues or market issues related to planning, financing, sourcing or procurement.</li> </ul>
Demand	3	<p>There is sufficient financing for supply to meet the current contraceptive needs of most women in Burkina Faso. The government's family planning funding policies have been successful at meeting estimated demand. However, there is a risk of future funding gaps and a supply system that is not responsive to demand.</p> <ul style="list-style-type: none"> <li>• <b>Unmet need</b> The rates of unmet need have been declining. In 2021 it was estimated that 17% of women who want contraceptives products are not able to access them, down from 24% in 2017.<sup>26</sup> This decrease in unmet need has been influenced by government policies that have reduced the cost of healthcare and expanded the number of free services in the public sector. Additionally, the government and its partners have consistently mobilized sufficient funding to finance quantified demand.<sup>27</sup> However, there are concerns about whether this coverage can be sustained with the limited domestic and external funding available.</li> <li>• <b>Consumer demand</b> There is a risk that the commodities being bought may not meet consumer demand. As noted above, Burkina Faso lacks data regarding consumer preferences, and current national quantification and supply planning exercises rely on previous years' consumption data as a corollary to consumer demand. Without accurate consumer data, forecasts are unable to factor in current preferences or new trends. There is therefore the risk of a gap emerging between supply and demand.</li> </ul>

<sup>21</sup> Institut de Recherche en Sciences de la Santé (IRSS), Rapport sur la disponibilité des produits de santé reproductive dans les établissements de santé, 2021. IRSS, 2021.

<sup>22</sup> Institut de Recherche en Sciences de la Santé (IRSS), Rapport sur la disponibilité des produits de santé reproductive dans les établissements de santé, 2021. IRSS, 2021.

<sup>23</sup> PMA Burkina Faso: Results from Phase 3 cross-sectional survey. December 2021–February 2022

<sup>24</sup> PMA Burkina Faso: Results from Phase 3 cross-sectional survey. December 2021–February 2022

<sup>25</sup> Institut de Recherche en Sciences de la Santé (IRSS), Rapport sur la disponibilité des produits de santé reproductive dans les établissements de santé, 2021. IRSS, 2021.

<sup>26</sup> PMA Burkina Faso, 2022.

<sup>27</sup> Burkina Faso DSF data shared in 2022 reports no budget gap in the public and NGO sectors.

Criteria	Score	Supporting information
Quality	3	<p>SRH products supplied to the market in Burkina Faso by global buyers (e.g., USAID, UNFPA) meet stringent regulatory authority protocols. Products purchased by local buyers (e.g., CAMEG) meet national quality standards established by the ANRP, which follows recommendations from the International Council for Harmonization of Technical Requirements for Pharmaceuticals for Human Use (ICH). ANRP also offers 'fast-track' options for products with quality-assured designations (i.e., WHO prequalification), which should help incentivize these manufacturers to register their products in country. However, two key challenges have been identified regarding the quality of SRH products available on the domestic market:</p> <ul style="list-style-type: none"> <li>• According to the WHO's evaluation of transparency in Burkina Faso's pharmaceutical sub-sector, although the ANRP has established standards for registration and procurement processes, these processes are susceptible to sub-standard implementation. These qualitative reports conflict with quality assurance checks which have revealed no substantial concerns. For example, checks conducted from 2017 to 2020 yielded a 100% compliance rate on contraceptive products.<sup>28</sup></li> <li>• While seven different contraceptive product categories have suppliers with WHO prequalification, only three of these product categories have manufacturers that are registered in Burkina Faso. This suggests there is a bottleneck restricting the in-country registration of manufacturers of WHO-prequalified contraceptive products. Unblocking this bottleneck will allow for a more robust selection of quality-assured suppliers from which CAMEG can procure to enhance security and quality of supply.</li> </ul>
Innovation	2	<p>There is room to monitor consumer preferences to inform research and development (R&amp;D) and product adoption decisions and planning.</p> <ul style="list-style-type: none"> <li>• <b>Policy planning</b> No national mechanisms currently exist to help systematically identify and monitor consumer preferences to inform policy decisions and prioritize access.</li> <li>• <b>R&amp;D</b> Lack of consumer research data undermines the ability of industries with local or regional capacity to conduct SRH R&amp;D activities that respond to consumer preferences.</li> <li>• <b>Product adoption</b> Lack of consumer research data may also restrict the ability of the Burkina Faso EML to consider consumer preferences when evaluating products for adoption. For instance, the WHO EML includes four contraceptive products not currently included in Burkina Faso's EML: diaphragm, combined contraceptive patch, vaginal ring, and combined injectables. This is despite the fact that recent surveys suggest potential interest (i.e.77% of women are interested in new longer-acting injection, 70% in new single-rod implant).<sup>29</sup> Stakeholders also cited room for improvement in planning and coordination to support more timely and effective introduction and scale-up of new products.</li> </ul>

<sup>28</sup> Data collected from National Agency for Pharmaceutical Regulation's (ANRP) data base of registered products, 2022.

<sup>29</sup> Callahan RL, Brunie A, Mackenzie ACL, Wayack-Pambè M, Guiella G, Kibira SPS, Makumbi F. Potential user interest in new long-acting contraceptives: Results from a mixed methods study in Burkina Faso and Uganda. PLoS One. 2019 May 28;14(5): e0217333. doi: 10.1371/journal.pone.0217333. Erratum in: PLoS One. 2019 Sep 23;14(9): e0223090. PMID: 31136612; PMCID: PMC6538161.

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### Core contributors include:

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- **DGAP: Dr Zakaria Yabre and his team**, who provided procurement data and pharmaceutical policy documents and participated in interviews.
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- **ABBEF: Mr Boureima Ouedraogo and his team**, who made available ABBEF data on procurement and ABBEF funding, and participated in interviews.

