BURKINA FASO

Family Planning Expenditure Data 2015

Family Planning Spending in Burkina Faso (2015): How Can it Inform Policy & Planning?

Introduction

Global initiatives such as Family Planning 2020 aim to mobilize countries and their partners to assure contraceptive access to 120 million additional women and girls by 2020. These initiatives have encouraged countries to reinvigorate efforts to increase access to family planning, and to support women and girls in their right to choose whether, when and how many children they wish to have. Essential to achieving such goals is an understanding of how family planning (FP) activities are financed and how resources are allocated at the country level.

The System of Health Accounts (SHA) framework has been used for over 15 years to track health expenditures and to inform health policy across the globe. In Burkina Faso, Health Accounts data have been used to inform policy for more than a decade. Recently, a family planning guide was developed by the Health Finance & Governance project and WHO, to provide guidance on calculating accurate and more detailed family planning expenditure through the updated SHA framework (known as SHA 2011). The guide was in response to challenges that countries have encountered in tracking family planning spending, and was pilot-tested in Burundi. Burkina Faso recently used this new guide in its 2015 Health Accounts estimation, and therefore has detailed expenditure data for specific contraceptive commodities as well as other factors.

This brief presents select health expenditure data derived from using the family planning guide as part of Burkina Faso's Health Accounts exercise, along with how the data can help answer key policy and planning questions related to family planning, with some recommendations.

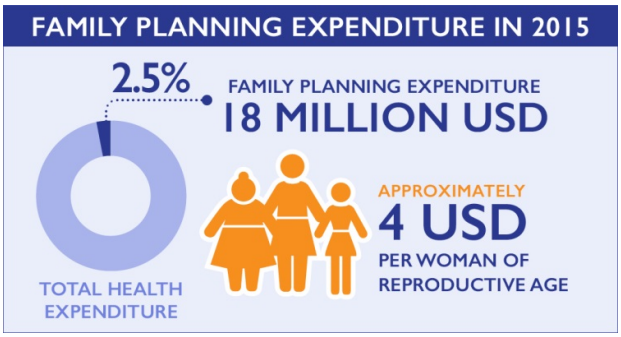
Family Planning in Burkina Faso

Burkina Faso, a nation with a population of over 18 million, had a modern contraceptive prevalence rate (among married women) of 20.1%[1] in 2015 and a fertility rate of 5.52 in 2014.[2] The maternal mortality ratio was estimated to be 371 per 100,000 births in 2015.[3] Ensuring access to family planning is essential to reduce maternal and neonatal mortality, and to reduce the high fertility rate. Recognizing this, the government has committed to increasing demand for family planning, raising awareness among adolescents and youth, assuring availability of contraceptives in primary health facilities, and improving coverage in rural areas by strengthening community-based services. Most recently, the former Minister of Health (right) launched a task-shifting initiative to train front-line and community health workers to counsel on, and provide a range of, family planning methods.

Key to actualizing this strategic agenda is knowledge about and strategic use of funding to support activities.

Health Accounts Overview

The SHA 2011 framework is used to produce Health Accounts, which allow a country to track the *amount* and *flows* of money through its health sector in one year.[4] Health Accounts break down health, including family planning, spending by different categories from source to end use. They help to understand the health financing functions for family planning: how are funds mobilized, how are they pooled and managed to provide family planning services, and which family planning goods and services are purchased.



The former Minister of Health launching the task-shifting initiative.

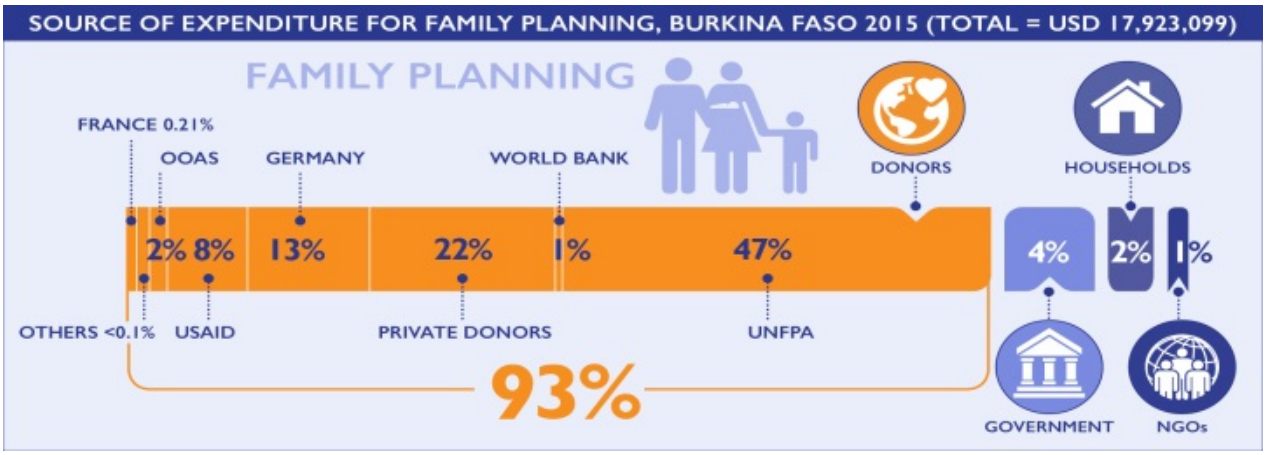
Expenditure by method of contraception and for other commodities can be analyzed, with additional detail on the types of providers offering family planning services and on specific family planning interventions e.g., Information, Education and Communication (IEC) campaigns.

What Can We Learn from Family Planning Expenditure Data in Burkina Faso's Health Accounts?

Family planning expenditure, a total of close to 18 million USD in Burkina Faso in 2015 (of which 62% is spent on contraceptive commodities), represented **2.5% of total health expenditure**, and amounted to approximately 4 USD per woman of reproductive age. An understanding of sources of family planning funds is essential for countries to plan to raise sufficient resources for family planning (Figure 1). Ninety-three percent of family planning funds came from donors, with UNFPA as the main contributor. The government of Burkina Faso contributed 4% of total family planning expenditure, while households contributed 2%. Data on source of family planning funds also allows Burkina Faso to track annual expenditure on family planning from the government's domestic budget (also a Family Planning 2020 Core Indicator).

[1] PMA2020 Survey; 2015
[2] Perspective monde. Sherbrook University; 2017. Available at: http://perspective.usherbrooke.ca/bilan/tend/BFA/fr/SP.DYN.TFRT.IN.html. Retrieved February 2017.
[3] Trends in maternal mortality: 1990 to 2015: estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division. Geneva: World Health Organization; 2015.
[4] Cogswell, Heather, Tesfaye Dereje, Laurel Hatt. June 2015. *Policy Primer: Using Health Accounts to End Preventable Child and Maternal Deaths.* Bethesda, MD. Health Finance & Governance Project, Abt Associates.

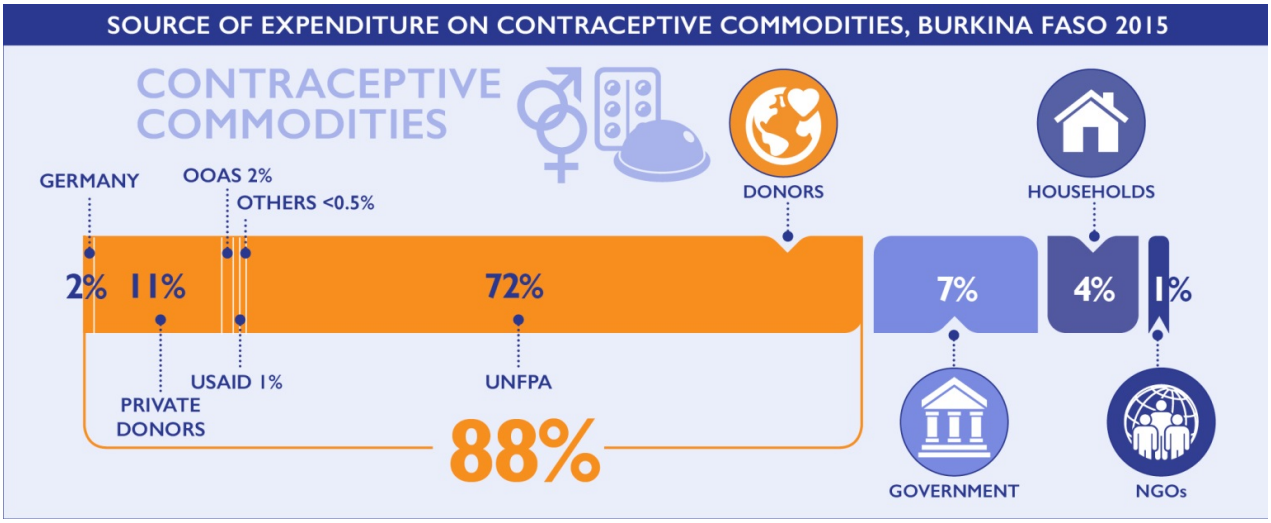
Figure 1. Family Planning Spending by Source (USD 17,923,099)



Another important concern for countries is **what percentage of *contraceptive commodities* are financed by the government.** This information is of interest in the context of commodity security and reducing reliance on donors for funding for contraceptives. In Burkina Faso in 2015 (Figure 2), 88% of commodities were financed by donors, and 7% by the government. The country relied heavily on UNFPA for contraceptive commodities.

Whether **expenditure on family planning is in line with resource requirements outlined in the national strategic plan** is also a relevant concern for government policymakers. In 2015, Burkina Faso's expenditure on commodities (amounting to 11 million USD) far exceeded the amounts budgeted in both the family planning stimulus plan for 2015 (4 million USD) as well as the plan to secure reproductive health commodities (1.9 million USD). This discrepancy may be explained by the fact that the national strategic planning for family planning is limited to government programs and does not necessary include non-governmental organizations (NGOs) and the private sector. In terms of **commitments made to family planning**, Burkina Faso, during the 2012 London Summit on Family Planning, committed to maintain government funding for *contraceptive commodities* at $1 million USD annually. The 2015 Health Accounts data reveal that the actual spending by the government in 2015 was $750,000 USD, 25% less than the 2012 commitment.

Figure 2. Contraceptive Commodities Spending by Source (USD 11,160,530)



Health Accounts also analyzes the **levels of expenditure on different family planning methods and by different providers.** Injectable contraceptives, implants, pill and IUD, in that order, are the methods with the highest expenditures, with injectables and implants comprising nearly 90% of commodity expenditure (Figure 3). While injectables account for the highest level of spending, implants are used by more women in Burkina Faso than are injectables.

Preventive care providers (such as public health centers, NGO clinics) represent the bulk of expenditure on family planning (73%). Ambulatory family planning centers rank a far second in expenditure on family planning, accounting for 26% of expenditure. With the new task-shifting for community health workers, Health Accounts will be able to track whether resources are reallocated to support this initiative. The standardized nature of the SHA framework allows family planning expenditure to be compared with neighboring or other comparable countries, which can provide insight into efficiency of spending. For example, Figure 4 compares family **planning spending per capita** (per woman of reproductive age) **and the percentage of women whose family planning needs are met,**[5] for countries in the same region. Burkina Faso achieves similar success to Burundi and Liberia, albeit with considerably lower spending per capita.

Figure 3. Method-specific Family Planning Expenditure, Burkina Faso 2015

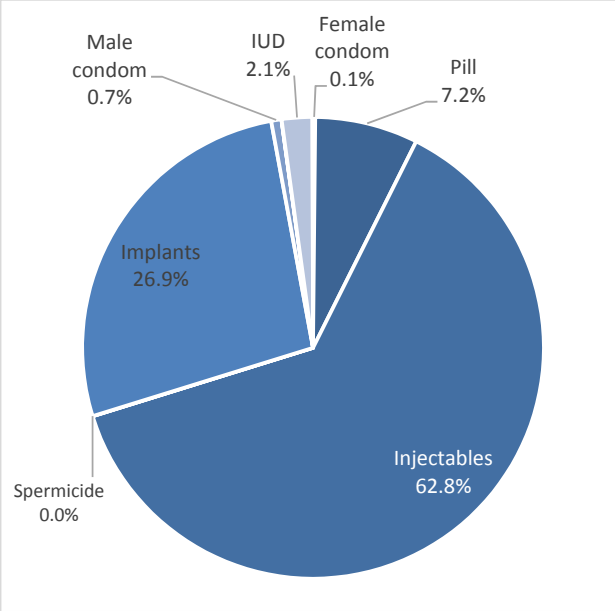
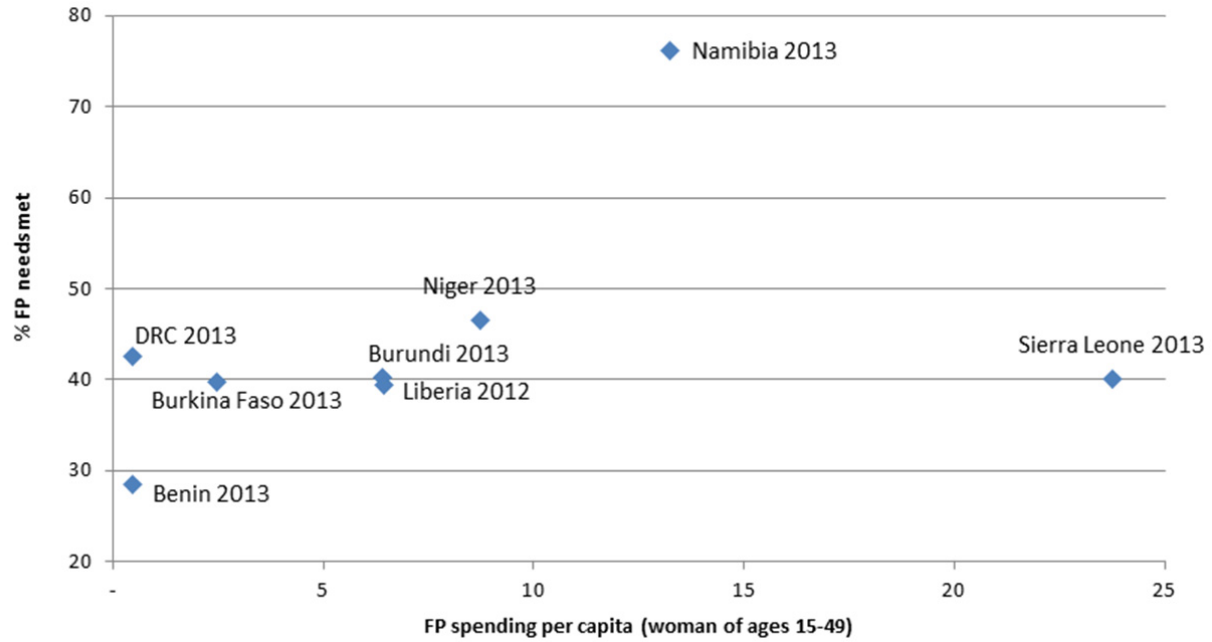


Figure 4. Family Planning Spending Per Capita vs % Family Planning Needs Met



[5] Family planning spending figures are from Health Accounts exercises in the year indicated in the graph. FP needs met figures are from the country's DHS report from the year closest to the year of the Health Accounts exercise.

How Can Expenditure Data Inform Family Planning Policy?

Family planning expenditure data obtained using the SHA 2011 framework provides concrete evidence for informing family planning policy and keeping stakeholders accountable. Estimates of family planning expenditure can allow policymakers to assess where family planning funding originates and to look deeper into the sustainability of financing sources. Spending data help to understand whether spending aligns with family planning priorities, whether funding allocations for family planning interventions will achieve targets, and whether commitments made were actually met. We provide examples of how Health Accounts have contributed to health policy in the past, and with Burkina Faso's first FP estimation, how they can inform family planning policy moving forward.

In the past, the Health Accounts estimation found that 46% of the total health budget was spent on medication and other medical goods for outpatients, while only 10% was spent on preventive services and health promotion. This prompted the government to offer free health-promotion and preventive services to ensure that individuals continue to utilize primary healthcare services. Following this, the 2006 NHA results showed that spending on medical goods for outpatients declined to 31%, while spending on preventive health increased to 26%.[3]

In 2008, a Health Accounts exercise highlighted that only 0.02% of the health budget was allocated for maternal health and family planning.[6] This finding was key in opening the eyes of government policymakers to the minimal spending on a priority health area. As a result, government spending in this area has increased. In the current 2015 Health Accounts estimation, 2.5% of total health expenditure goes towards family planning.

In 2016, the Family Planning division in the Ministry of Health prepared its new strategic plan for family planning, and wished to use the 2015 Health Accounts to inform the new plan. The family planning program department used the Health Accounts to track key family planning indicators, such as government contributions in this area. In contrast to other methodologies, Health Accounts incorporates a proportion of government's shared spending for health to family planning spending e.g., health worker salaries and spending on health centers. This gives a more accurate picture of how much the government is contributing, rather than considering earmarked spending only.

Using Family Planning Spending Data from Health Accounts to Inform Policy and Planning in Burkina Faso

The 2015 Health Accounts data show that the government contributes only 4% of total family planning expenditure and 7% of expenditure on contraceptive commodities (the latter amounting to approximately 750,000 USD). In the interest of enhancing the sustainability of contraceptive financing, the government of Burkina Faso should consider **strategies to increase government spending on family planning** and thereby reduce reliance on external funds. This will also allow Burkina Faso to meet its annual commitment at the London Summit on Family Planning, of 1 million USD towards contraceptive commodities.

Households currently pay a highly subsidized price for commodities resulting in household contribution to family planning expenditure of 2%. However, the recent task-shifting initiative that brings family planning to the communities is likely to increase utilization, and therefore increase total out-of-pocket (OOP) spending on family planning services and commodities. **Efforts to continue to minimize OOP spending** (e.g., full subsidies for groups such as youth and adolescents, those in rural areas) will ensure access to those with limited resources.

In order for Burkina Faso to be able to compare its overall spending on family planning with projected needs and assess potential gaps moving forward, **future national-level strategic plans for family planning commodities (and services) should include all players** in-country, such as the private sector and NGOs. Furthermore, **use of an appropriate costing tool** will aid in forecasting future needs more accurately.

Providers of preventive care (outpatient health centres) and ambulatory family planning centres provide the vast majority of family planning services in Burkina Faso. Home-based care does not represent a significant portion of total family planning expenditure. Home-based care is essential to reaching additional

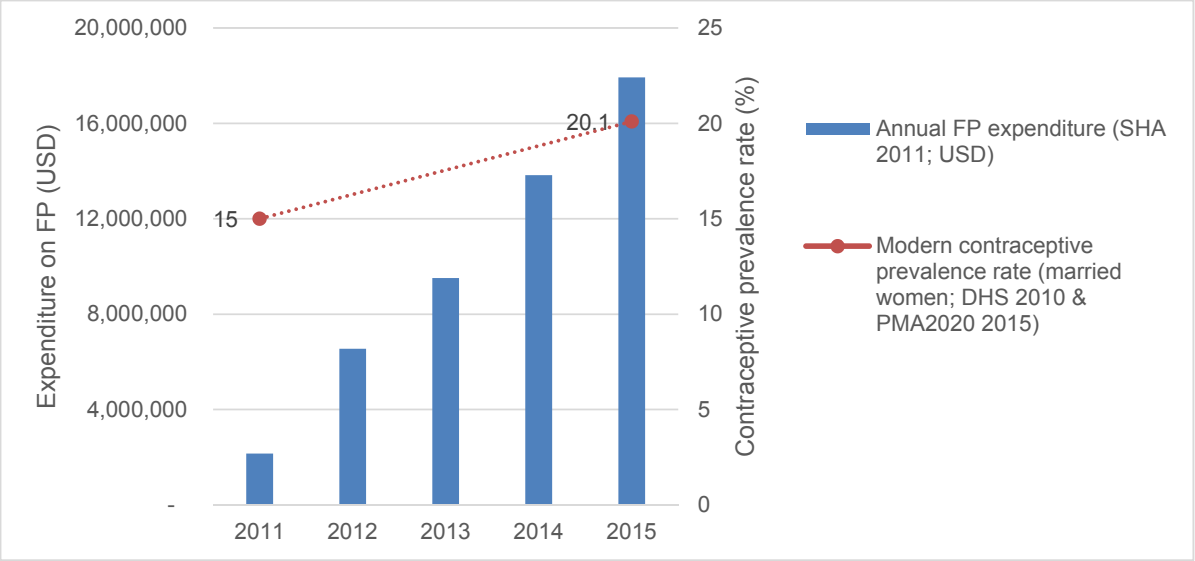
[6] Zida, Andre, Bertone, M.P. and L. Lorenzetti. 2010. *Using National Health Accounts to Inform Policy. Change in Burkina Faso.* Policy Brief. Bethesda, MD, USA: Health Systems 20/20, Abt Associates, Inc.

women; initiatives like the recent task-shifting initiative to increase community based health workers should continue to be pursued to **increase the home-based delivery of family planning services.** Newer technologies like the Sayana Press, a self-injecting contraceptive, may be worth exploring.

Figure 5 shows annual expenditure on family planning based on Health Accounts data between 2011 and 2015. While the increase over time (in particular the jump from 2011 to 2012, when SHA 2011 was used for the first time) is partially a result of improved tracking of family planning expenditures, increases in later years are more accurately captured. The accompanying increase in the modern contraceptive prevalence rate (when comparing survey prevalence data from 2010 and 2015) suggests that increased investment in family planning has had a favorable effect on contraceptive use. Improved family planning expenditure tracking in Burkina Faso began with use of the newer SHA 2011 methodology in 2012, and subsequently with assistance on tracking FP expenditures from the Netherlands Interdisciplinary Demographic Institute (NIDI). This was followed by, in the most recent round, the use of the new SHA 2011 family planning guide, with support from USAID's Health Finance & Governance Project. This **improved FP expenditure tracking allows the association between spending and mCPR to be examined and should be promoted as an essential component of yearly health financing activities** in Burkina Faso.

The involvement and buy-in of family planning stakeholders in Health Accounts exercises, to define the policy and planning questions that are pertinent and to interpret the results to inform policy changes, can help to ensure the availability and use of family planning expenditure data to inform future policy and programming.

Figure 5. Family Planning Expenditure and Contraceptive Prevalence (Survey), Burkina Faso 2011-15



The Health Finance and Governance (HFG) project works with partner countries to increase their domestic resources for health, manage those precious resources more effectively, and make wise purchasing decisions. Designed to fundamentally strengthen health systems, the HFG project improves health outcomes in partner countries by expanding people's access to health care, especially priority health services. The HFG project is a five-year (2012-2017), $209 million global project funded by the U.S. Agency for International Development under Cooperative Agreement No: AID-OAA-A-12-00080. The HFG project is led by Abt Associates in collaboration with Avenir Health, Broad Branch Associates, Development Alternatives Inc., Johns Hopkins Bloomberg School of Public Health, Results for Development Institute, RTI International, and Training Resources Group, Inc.

For more information visit www.hfgproject.org/.

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