

PMA BURKINA FASO & HHFA : POSTABORTION CARE

2021-2022



KEY FINDINGS :

3 out of 4 health facilities offer postabortion care (PAC) services, with public facilities much more likely to provide PAC than private facilities and with substantial variability by region.

Only 38% have all criteria needed to provide quality basic PAC and only 35% of higher level facilities have all criteria to provide quality comprehensive PAC for more complicated cases.

84% of women live within 5 kilometers of a facility offering PAC services, but there are significant disparities in access; women residing in rural areas, women with less education, and poorer women are much less likely to be proximate to these services.

QUALITY POSTABORTION CARE (PAC) IS NEEDED TO TREAT COMPLICATIONS FROM UNSAFE ABORTION IN BURKINA FASO

Abortion is one of the safest procedures when performed according to recommended guidelines, however, unsafe abortion remains a leading cause of maternal mortality globally. The risk of severe morbidity or mortality associated with unsafe abortion varies widely depending on the context, with a more than seven-fold increase in the death rate in low-resource compared to high-resource settings.¹ This difference is largely a result of the availability and accessibility of quality PAC services. The global community called for increased availability of PAC to treat complications arising from spontaneous and induced abortion - regardless of legality - as early as 1994 at the International Conference on Population and Development in Cairo. However, several decades later, the provision of PAC services remains inadequate in the majority of low-resource settings.

In Burkina Faso, an estimated 102,000 unsafe abortions took place in 2020,² highlighting the need for quality PAC services to treat complications. However, in the absence of information about PAC availability and facility readiness, there is limited evidence to monitor and guide health system response to PAC needs.

THE PMA/IRSS PAC STUDY

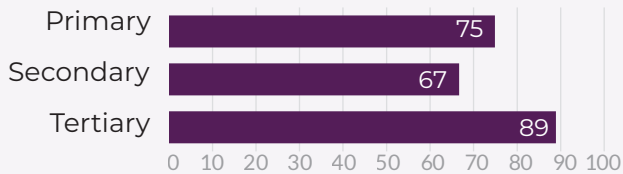
In 2020 and early 2021, Performance Monitoring for Action (PMA) collected nationally representative data on women of reproductive age in Burkina Faso while the Institute de Recherche en Sciences de la Sante (IRSS) conducted a census of all health facilities in the country and administered the "Harmonized Health Facility Assessment" or HHFA. Using these data, we sought to evaluate PAC availability, readiness to provide quality PAC services, and access to PAC services by linking facility data and female data using GPS information. Details regarding the methodology are described at the end of this brief.

VARIABILITY IN PAC AVAILABILITY

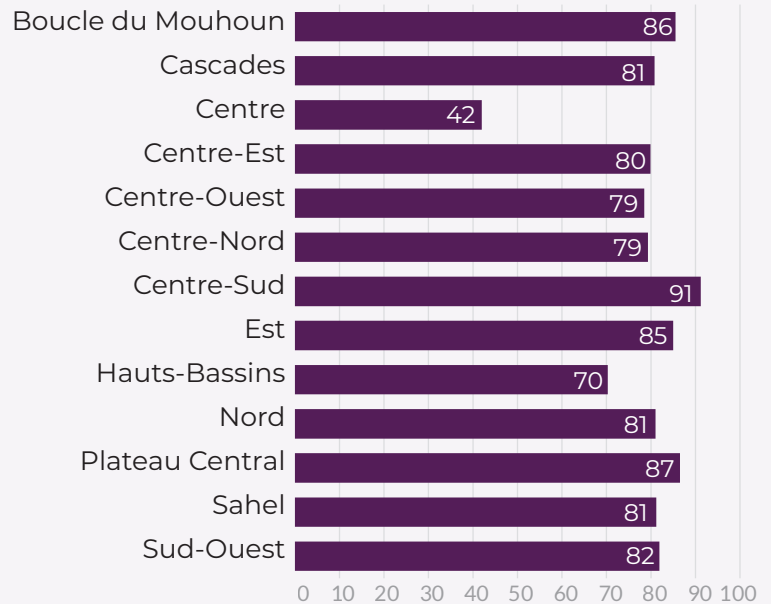
Overall 75% of facilities offered PAC, however, availability differed by facility type, managing authority, and region. Hospitals and polyclinics (89%) and primary health facilities (75%) are the most likely to report providing PAC services while medical centers with surgical units (CMAs) and clinics (67%) are the least likely to offer them. Public facilities were much more likely to provide PAC (85%) compared to non-public facilities (35%), and there was significant variability by region, with facilities in Centre-Sud (91%) most likely to provide PAC and facilities in Centre (42%) least likely. This difference can be explained by the greater number of private health facilities where PAC services are not available in the Centre region.

PERCENTAGE OF FACILITIES IN BURKINA FASO OFFERING PAC SERVICES BY FACILITY CHARACTERISTICS (N=2,757)

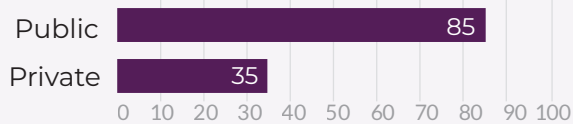
Facility Type*



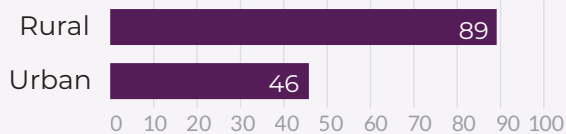
Region



Managing Authority



Location



* Tertiary facilities consisted of CHUs, CHRs and polyclinics; secondary facilities included CMAs and clinics; primary facilities included doctor's offices, medical centers, CSPSs, nursing offices, maternity wards, isolated clinics, infirmaries, and isolated maternity wards

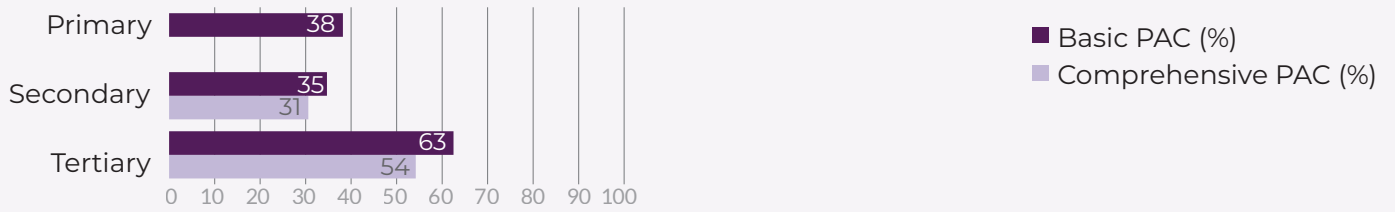
LOW FACILITY READINESS TO PROVIDE QUALITY PAC SERVICES

Despite high availability of PAC, many facilities did not have all essential components needed to provide quality PAC services. Basic PAC is defined by the ability to provide PAC through 12 weeks gestation, which requires the availability of antibiotics, oxytocics, intravenous replacement fluids, and contraception, while comprehensive PAC requires the capacity to provide these services beyond 12 weeks and treat more serious complications requiring blood transfusion or abdominal surgery, and to offer long-acting reversible contraceptive methods (intrauterine devices [IUDs] or implants).

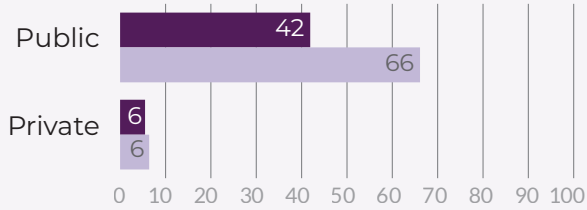
Among facilities that reported offering PAC, only 38% had all basic PAC components; among secondary and tertiary facilities offering PAC, which would be expected to provide comprehensive PAC, only 35% had all components. Readiness to provide comprehensive PAC services was highest in tertiary facilities and public facilities. There was also marked variability across the country.

PERCENTAGE OF FACILITIES OFFERING PAC SERVICES THAT HAVE ALL BASIC (N=2,056) AND COMPREHENSIVE (N=122) PAC, BY FACILITY CHARACTERISTICS

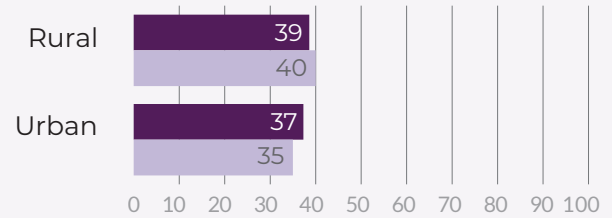
Facility Type*



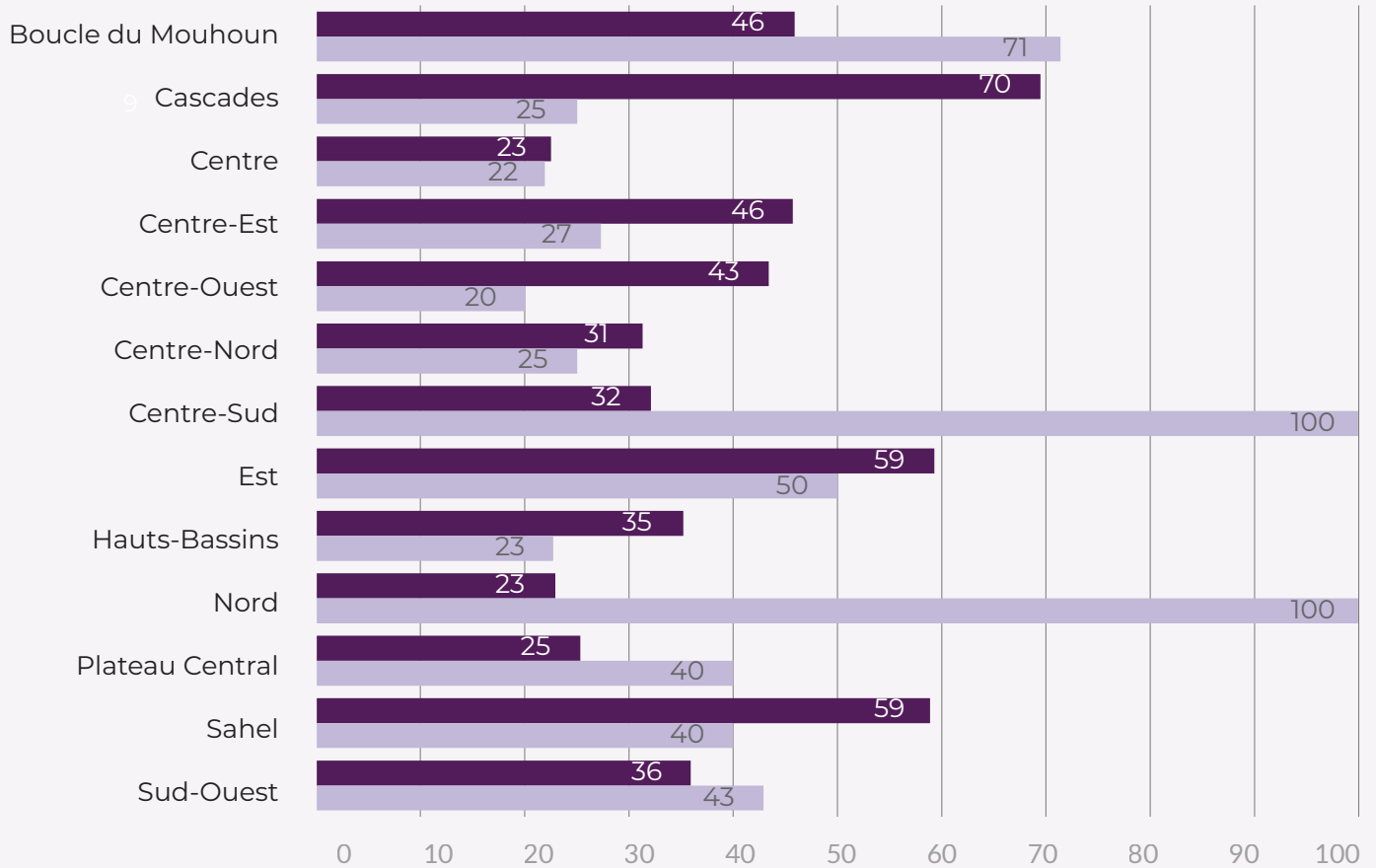
Managing Authority



Location

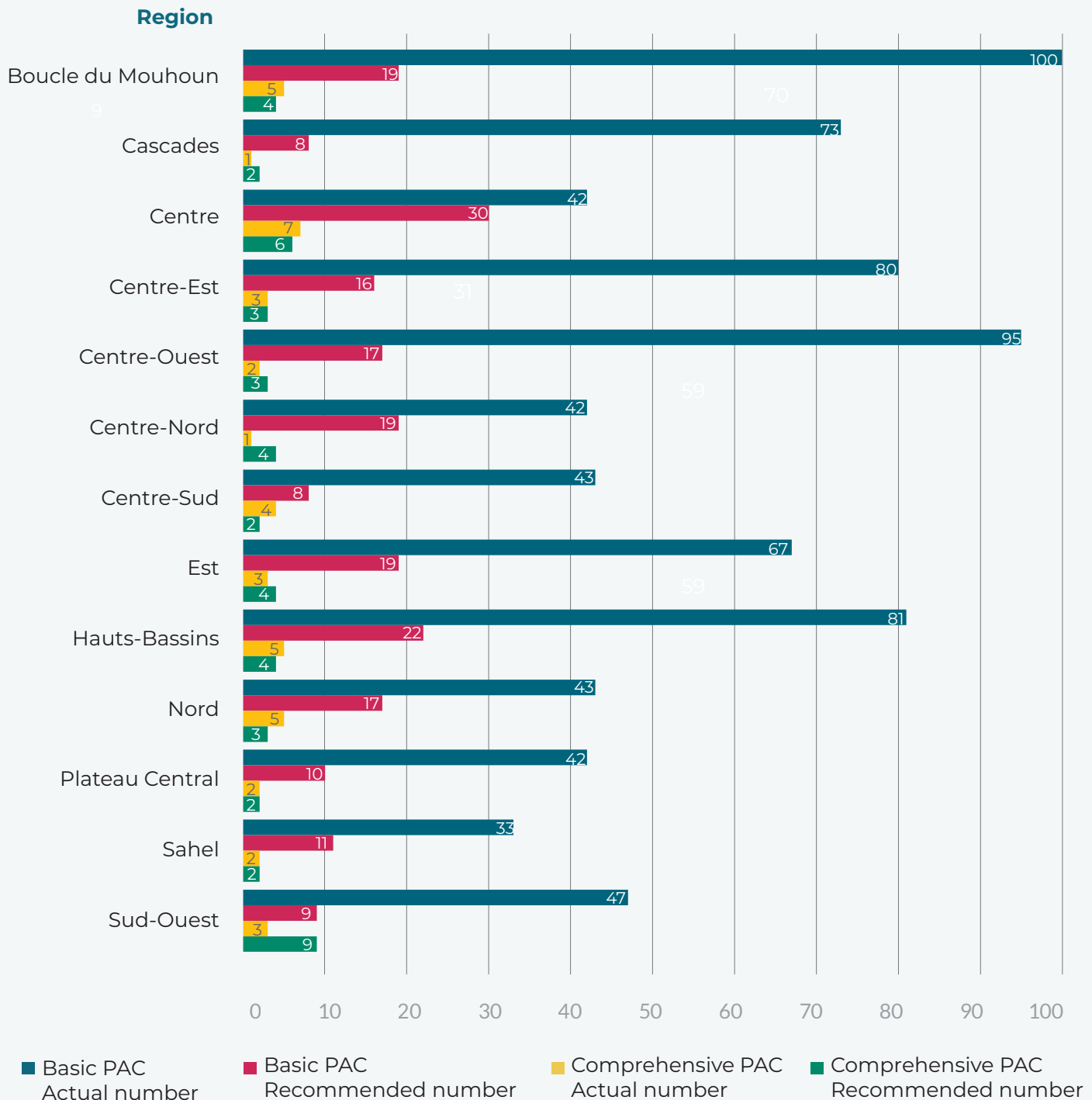


Region



COVERAGE OF FACILITIES OFFERING PAC SERVICES IS BEYOND WHO RECOMMENDATIONS

Nationally, based on the results of Burkina Faso's 2019 census, there are 19 facilities per 500,000 population offering basic PAC and 1.05 per 500,000 offering comprehensive PAC, which exceeds the World Health Organization's (WHO's) recommendations of 5 facilities for basic PAC and 1 facility for comprehensive PAC per 500,000 population. This represents 384% and 105% of the recommended number of facilities offering basic and comprehensive PAC nationally. The level of basic PAC coverage varies widely by region, with the Cascades region having the highest coverage and the Centre region having the lowest coverage. Comprehensive PAC coverage ranges from 27% in the Centre-Nord region to 254% in the Centre-Sud region.

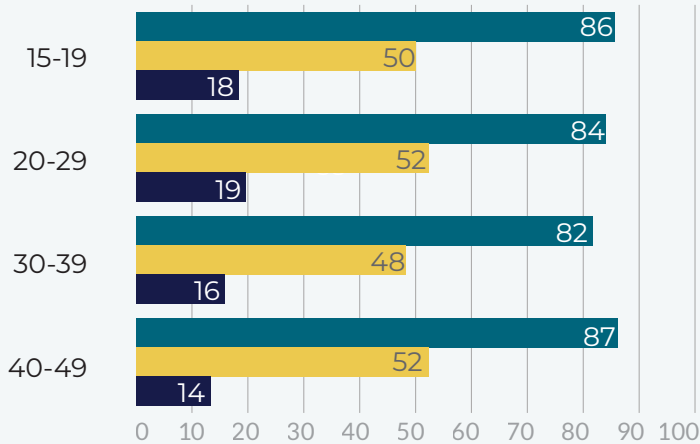


DISPARITIES IN ACCESS TO (QUALITY) PAC SERVICES

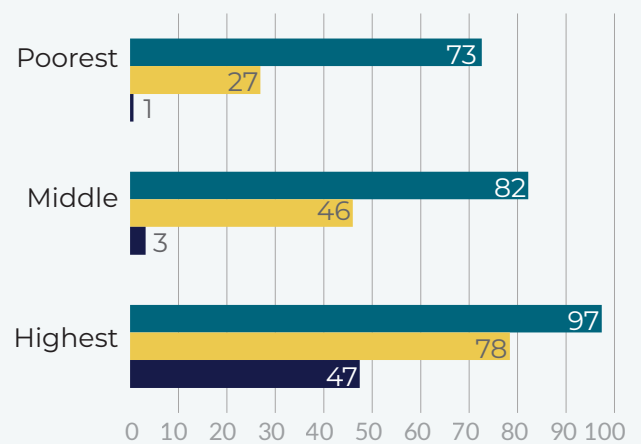
In Burkina Faso, 84% of women live within 5 kilometers of a facility offering any PAC, while 51% and 17% live within 5 kilometers of a facility with all basic or comprehensive PAC signal functions, respectively. Less educated women, poorer women, and women living in rural areas were less likely to live within 5 kilometers of a health facility meeting any of these criteria, with larger disparities in distance to facilities offering basic and comprehensive PAC. These disparities may explain prior evidence showing poor, rural women are most likely to experience the negative impacts of unsafe abortion.³ As such, limited access to facilities offering PAC may exacerbate inequities in unsafe abortion related injury and death.

PERCENT OF WOMEN IN BURKINA FASO LIVING WITHIN 5 KILOMETERS OF A FACILITY PROVIDING ANY PAC OR WITH ALL BASIC OR COMPREHENSIVE PAC SIGNAL FUNCTIONS, BY BACKGROUND CHARACTERISTICS, HHFA AND PMA SURVEYS (N=6,385)

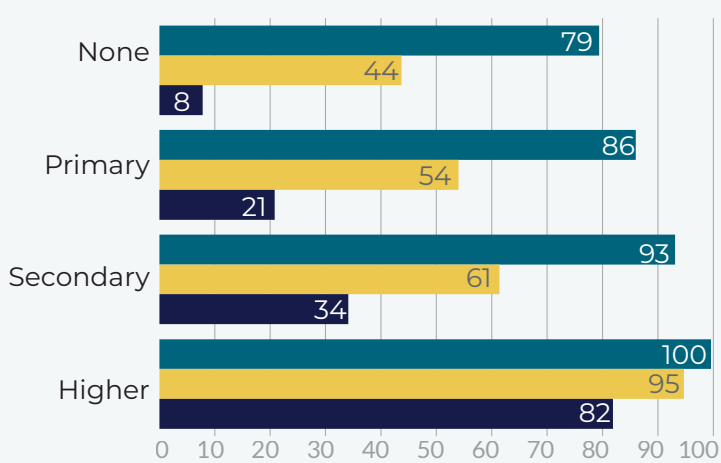
Age



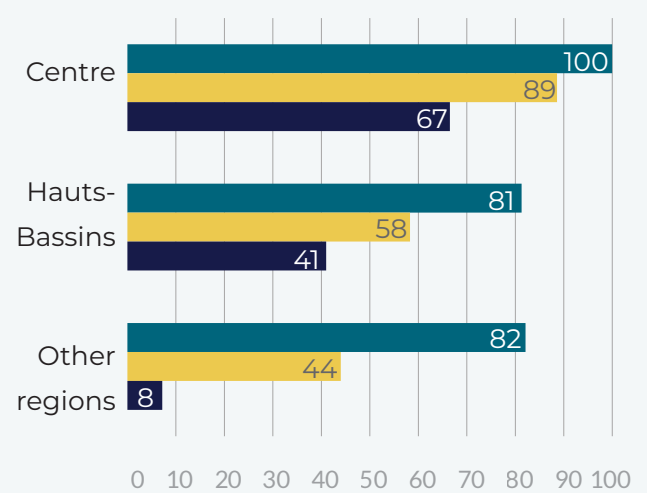
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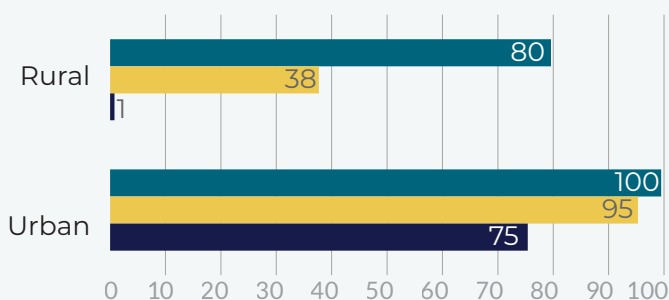
Education



Region



Location



■ Any PAC
■ Basic PAC
■ Comprehensive PAC

RECOMMENDATIONS

Findings indicate that facilities often lack the commodities or equipment needed to provide quality PAC, limiting the availability of these services to women and compounding disparities in access to care. Given the frequency of unsafe abortions, current government efforts to improve maternal health in Burkina Faso may consider the following actions to improve PAC services:

- Accelerate the integration of basic PAC services in primary care facilities that serve the most disadvantaged populations.
- Increase availability of comprehensive PAC services in secondary and tertiary level facilities to ensure adequate coverage in all regions.
- Ensure availability of all components of PAC for provision of basic PAC in all facilities, as well as equipment for blood transfusion or abdominal surgery for comprehensive PAC in higher level facilities.
- Ensure a referral system between primary and higher level facilities to transfer women needing more advanced treatment for more severe complications
- Train providers in the treatment of abortion-related complications.

Taken together, these changes can significantly reduce preventable unsafe abortion-related maternal injuries and deaths that occur each year in Burkina Faso.

¹World Health Organization. (2012b). Unsafe abortion incidence and mortality: Global and regional levels in 2008 and trends during 1990–2008.

²Institut Supérieur des Sciences de la Population, U. J. K.-Z., Ouagadougou, Burkina Faso; The Bill & Melinda Gates Institute for Population and Reproductive Health at The Johns Hopkins Bloomberg School of Public Health; and Jhpiego, (2022). PMA Abortion Survey Results: Burkina Faso. Ouagadougou, Burkina Faso and Baltimore, Maryland, USA, Performance Monitoring for Action/Burkina Faso.

³Singh, S., Remez, L., Sedgh, G., Kwok, L., & Onda, T. (2018). Abortion worldwide 2017: Uneven progress and unequal access. Guttmacher Institute.

What is PMA ?

PMA uses mobile technology and female resident data collectors to support rapid-turnaround surveys to monitor key family planning and health indicators in Africa and Asia. PMA Burkina Faso is led by l'Institut Supérieur des Sciences de la Population at l'Université Joseph Ki-Zerbo, Ouagadougou, Burkina Faso. Overall direction and support are provided by the Bill & Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins university and Jhpiego. Funding for PMA is provided by the Bill & Melinda Gates Foundation; an Anonymous Donor provided funding for the abortion module.

PMA Burkina Faso collected information on knowledge, practice, and coverage of family planning services in 167 enumeration areas selected using a multi-stage stratified cluster design with urban-rural strata. The results are representative at the national level and urban/rural areas. Phase 2 data were collected from December 2020 through March 2021 from 5,522 households (97.9% response rate) and 6,388 women 15–49 years old (93.4% response rate). For further sampling information and full datasets, visit <https://www.pmadata.org/countries/burkina-faso>. For this phase of data collection, we added an abortion module to estimate abortion incidence and safety.

What is HHFA?

The Institut de Recherche en Sciences de la Santé (IRSS) and the Direction Générale des Études et des Statistiques Sectorielles (DGESS) of the Ministry of Health conducted the Harmonized Health Facility Assessment Survey (HHFA) in Burkina Faso from November 2020 to January 2021. The HHFA is a survey designed to collect comprehensive information on the availability of services and quality of care in each country's health systems. All functional and accessible non-specialized health facilities (e.g., dental clinics) that had been open for at least three months at the time of data collection were surveyed (n=2,757), of which 79% were public (n=2,175) and 21% private (n=582). Trained interviews were used to administer the HHFA Service Availability, Service Readiness, and Financial Management modules to facility directors and department heads using the CSPro application.

