Financing for Cervical Cancer Elimination in BURKINA FASO

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AUTHORS

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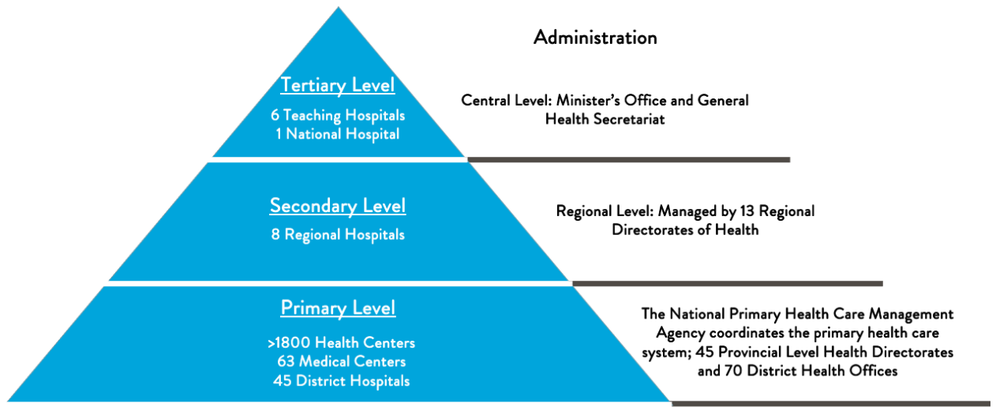
WHY DOES FINANCING MATTER FOR CERVICAL CANCER IN BURKINA FASO?

To better understand how financing can accelerate global and country efforts to eliminate cervical cancer as a public health problem, the Union for International Cancer Control (UICC) engaged ThinkWell to conduct reviews of cervical cancer financing in four countries supported by the Scale Up Cervical Cancer Elimination with Secondary prevention Strategy (SUCCESS) project: Burkina Faso, Côte d'Ivoire, Guatemala, and the Philippines. This work builds on a seminal report titled "Global action on financing cervical cancer elimination" conducted in 2021 by the Economist Intelligence Unit also commissioned by the SUCCESS project.[1]

To produce the country profiles, ThinkWell conducted an in-depth review of the available literature and interviewed key stakeholders in each country to understand and bring to light the core financing challenges and opportunities for accelerating cervical cancer elimination in each country. Grounded in ThinkWell's "fund flow map" methodology, each profile presents a snapshot view of the financing architecture for cervical cancer, explores the root causes of financing challenges, and concludes with policy recommendations for how those challenges might be resolved. By illuminating how health financing contributes to resource availability for cervical cancer services and documenting the extent to which financing influences access, the profiles can expand the solution set for policymakers, donors, civil society organizations, and implementing partners as they advocate for more sustainable and equitable financing approaches for cervical cancer elimination. These profiles reflect data and insights provided by local and national stakeholders, including government, civil society, clinical, multilateral, and nongovernmental organizations, ranging from five to twelve interviews per country.

Cervical cancer is the second leading cancer diagnosis among women in Burkina Faso (International Agency for Research on Cancer 2020). While the country has prioritized cervical cancer screening as a free service included in its basic package of services for women, uptake is constrained by supply and demand challenges, and overall coverage is low. Fewer than 1 in 10 Burkinabe women have been screened for cervical cancer, and the HPV vaccine is not currently included in the national immunization program (WHO 2021). Cervical cancer takes the lives of over 2,000 Burkinabe women each year (WHO 2021), deaths which could be prevented entirely if women and girls were able to access proven and cost-effective elimination interventions.

Figure 1. Organization of the Burkinabe Health System



** Majority of health facilities in Burkina are public (~83%). Private facilities account for around 16% of health care providers, and are located primarily in the country's two urban areas, Ouagadougou and Bobo-Dioulasso.*

Source: Burkina Faso Ministry of Health, 2018

1 "Global action on financing cervical cancer elimination Funding secondary prevention services in low resource settings." Economist Intelligence Unit. 2021. https://www.uicc.org/sites/main/files/atoms/files/eiu_uicc_global_action_on_financing_cervical_cancer_elimination.pdf

Despite political and economic volatility, Burkina Faso has held fast to an ambitious health and development agenda embedded in extension of essential health services and achieving universal health coverage (UHC) on a foundation of strong primary health care (PHC). The country has increased public spending on health; in 2018, government health spending accounted for almost 9% of total government spending, above average for the region (World Bank Group n.d.). Even in the face of significant political and security challenges, the Burkinabe government has maintained its commitment to expanding services and to investing in pro-poor strategies to increase human capital and promote access to basic health care; however, these policy decisions have not yet led to increases in uptake of cervical cancer elimination services, and a lack of financing and lack of prioritization are key drivers behind the access challenges at the service-delivery level for cervical cancer.

HOW IS HEALTH CARE CURRENTLY ORGANIZED AND FINANCED IN BURKINA FASO?

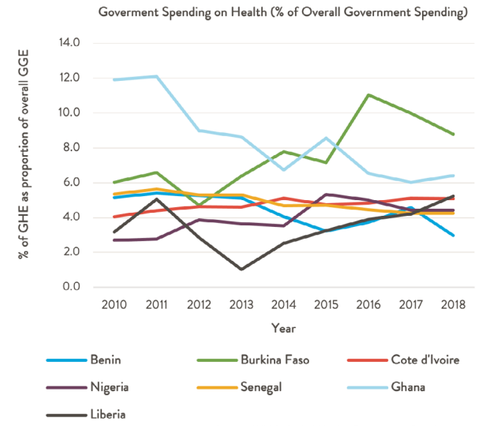
The Burkinabe health system is decentralized with primary health care centers at the community level accountable for providing basic preventive and curative care (Figure 1) (Ministère de la Santé 2018). Intended to align decision-making and resourcing closer to community and local needs, decentralization has had uneven impact given capacity challenges and overall lack of resources across the health system. Decentralization is also influenced by the different social, economic, and geographic conditions across regions. In a study of decentralization and equitable distribution of resources, even though overall health financing trends have improved in Burkina Faso, progress was found "…to be unequally distributed across health districts highlighting the unfairness in the allocation of health financing resources" (Zon et al. 2020).

Burkina Faso has made important strides in increasing overall financing in the health sector. Government spending on health accounts for almost 9% of all government expenditures as recently as 2018. Though Burkina Faso ranks lower on economic and human development indicators than some of its regional peers, it spends more on health on average than its West African counterparts (Figure 2). It is also important to note that government investment in primary health care has now reached around 42% of all government health

ABBREVIATIONS

CAMEG	Centrale d'Achat des Médicaments Essentiels Génériques et des Consommables Médicaux (central purchasing entity for essential drugs and consumables)
HPV	human papillomavirus
IMF	International Monetary Fund
MNCH	maternal, newborn, and child health
MOH	Ministry of Health
OOP	out-of-pocket expenses
PHC	primary health care
RAMU	Régime d'assurance maladie universelle (universal insurance scheme)
SUCCESS	Scale Up Cervical Cancer Elimination with Secondary prevention Strategy
UHC	universal health coverage
UICC	Union for International Cancer Control
WHO	World Health Organization

Figure 2. Government Health Expenditure as % of Overall Government Spending, Selected Countries, 2010-2018



Source: WHO Global Health Expenditure Database, 2022

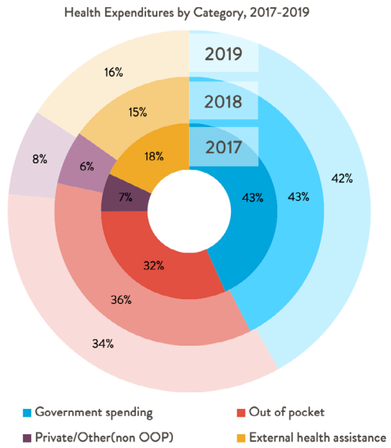
expenditure (ThinkWell 2021). Though Burkina Faso has made important strides in expanding financing for PHC and shoring up domestic financing for health, many challenges with significant equity implications remain. Out-of-pocket (OOP) payments still constitute a sizable proportion of health expenditures (Figure 3), and there is an overall lack of health infrastructure and human resources to provide reliable access and consistent and acceptable quality of care.

HOW DOES HEALTH FINANCING IMPACT CERVICAL CANCER ELIMINATION EFFORTS IN BURKINA FASO?

Mapping the Flow of Funds for Cervical Cancer Services

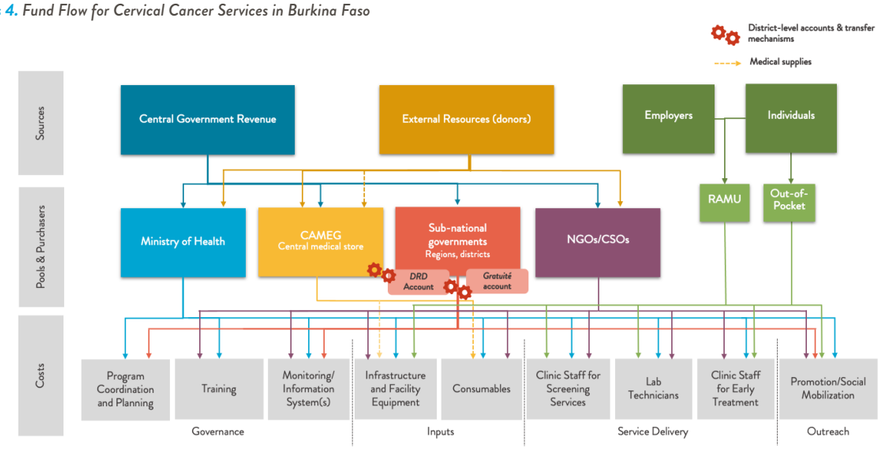
The flow of funds (Figure 4) for cervical cancer services reflects the overall organization and financing of the Burkinabe health system with the public sector being the predominate funding channel in terms of sources, actors, and inputs. The fund flow map below is a visualization of how health funds are organized for any given health priority or condition. Cervical cancer elimination strategies are generally delivered through different health system levels and elements; therefore, the fund flow map attempts to delineate the sources, pools, and purchasers that play a role in funding service delivery (labelled "Costs" in the graphic). It is challenging to quantify financing for cervical cancer elimination services from broader health system financing because expenditures for cervical cancer are not routinely aggregated and reported.[2] The funding flow in Figure 4 is described in greater detail below.

Figure 3. Health Expenditure Breakdowns by Source (as % of Total Health Expenditures), 2017-2019.



Source: WHO Global Health Expenditure Database, 2022

Figures 4. Fund Flow for Cervical Cancer Services in Burkina Faso



Source: Adapted from ThinkWell SP4PHC Family Planning Fund Flow Map, May 2021

2 This is not unique to cervical cancer. Countries that do routinely collect health expenditure data are encouraged to use the System of Health Accounts (SHA) 2011 Guidance from the Organization of Economic Cooperation and Development (OECD), and those guidelines do not specify categories for cervical cancer expenditures or many other disease-specific expenditures. For more information about SHA, please reference https://www.oecd.org/publications/a-system-of-health-accounts-2011-9789264270985-en.htm.

Sources

Funds for the health system—thus for cervical cancer services—originate from general revenue (taxes), external resources (donors), and individuals (private out-of-pocket). The central government collects revenue from different tax mechanisms with value-added taxes contributing more than 55% of total revenue (or around 5.6% of GDP) in 2019 (International Monetary Fund 2019). Although the outlook is unclear given the recent political situation, Burkina Faso's revenue collection performance has been improving according to tax revenue to GDP, reaching as high as 17% in 2017 compared to 13% in 2010 (International Monetary Fund 2019). Recent measures to increase resource mobilization also include higher taxes on tobacco, alcohol, and gambling, though, to date, revenue from these sources has not been "earmarked" for health as has been the case in other settings. In terms of whether there is potential for the government to further mobilize domestic resources, according to the International Monetary Fund (IMF), as of 2017, an additional 1.7% of GDP could be mobilized through stronger implementation of current tax laws and administration. The impact of COVID-19 is still being felt; even with emergency assistance and debt relief assistance from the IMF, GDP growth was only around 2.0% in 2020, four percentage points less than was projected prior to the pandemic (World Bank Group 2021).

External resources do play a role in the Burkinabe health sector although not as significantly as in other countries in the region or of the same income level. Flattening of aid and declining levels of government funding bode poorly for Burkina Faso's ambitious goals in accelerating its progress toward the health Sustainable Development Goals and reaching UHC. The recent coup and potentially further political upheaval may impact Burkina Faso's relationships with donors and partners; while not overly reliant on donor assistance for health, given the funding challenges in the health system, any drop-off in external funding could have substantial impact on the health sector in general. For cervical cancer services, sources of financing include projects funded by the French Development Agency and others that are channelled through the health sector via HIV or other health projects supported by the Global Fund, the Bill & Melinda Gates Foundation, the United States Agency for International Development, and others; however, given recent declines in donor assistance for health in Burkina Faso, it is not anticipated that external resources will be a significant source of funding for cervical cancer elimination, with the exception of future support from Gavi should a national HPV vaccine program be prioritized by the government.

As shown in Figure 3, individuals and households also finance the system in the form of out-of-pocket payments. The government has taken steps to reduce financial barriers to access to essential services by launching the Gratuité (free) scheme in 2016. This scheme provides free access to a set of maternal, newborn, child, and family planning services including cervical cancer screening and treatment of precancerous lesions. As will be discussed later in the report, the Gratuité scheme has faced many hurdles, and financial viability is a concern given declines in government funding since 2018 (ThinkWell 2021).

Pools & Purchasers

Confirmed in the literature and by stakeholders interviewed for this profile, the health financing situation in Burkina Faso is complex and faces many challenges at the purchasing level. While sources of financing for health are certainly constrained, leading to overall insufficiency in resources for the health sector, the mechanisms through which health funds are channeled create additional hurdles that impact the service-delivery level including for cervical cancer elimination. This section outlines how the key pooling entities and purchasing actors in the Burkinabe system influence performance of the system through the lens of what is needed to deliver effective cervical cancer elimination services across a patient's lifetime.

The Ministry of Health (MOH) is the largest purchaser of health services and cervical cancer elimination services in Burkina Faso, financing all inputs to the system through transfers received from the national treasury. Using traditional input-based financing, the MOH pays for salaries, infrastructure, and commodities, although as already referenced, these funds are not channelled on a needs basis, thus existing inequities in the system are further exacerbated by a lack of prioritization of provinces and districts that are underserved, geographically remote, or in areas with high levels of insecurity. Consequently, for services that are already underutilized or underfunded, the distribution of resources can significantly worsen the situation as health funds are not allocated using prospective, needs-based formulas.

The Government of Burkina Faso has been working to address funding and utilization shortfalls in key maternal, newborn, and child health and other basic

services since 2016. With funding from the national government, the MOH has been financing and managing a user-fee exemption program known as Gratuité, which covers a package of basic services targeted at women of reproductive age and children under five. Services include preventive and curative care for children under five, obstetric fistulas, deliveries, caesarean sections, postnatal care, family planning services (added in 2020), screening and treatment for precancerous cervical lesions, and physical examination for breast cancer. All public health facilities in Burkina Faso, and a small number of private facilities, participate in the Gratuité scheme. The central government is responsible for transferring funds in advance to district accounts on a quarterly basis. These prepositioned funds are then transferred to health facility accounts. Facilities can be paid on a retroactive basis as well, subject to review of service utilization reports. These funds are held in a special account, and the estimated amounts are calculated based on service delivery data from the previous quarter's reports (Boxshall et al. 2020).

The Centrale d'Achat des Médicaments Essentiels Génériques et des Consommables Médicaux (CAMEG) is the central purchasing entity for essential drugs and consumables in the public system and is required by law to provision public health facilities with needed supplies and drugs. Per the Gratuité policy, 80% of funds are earmarked for drugs and supplies and the remaining 20% are held for operations and health services.

Burkina Faso launched a universal insurance scheme in 2016, known as Régime D'Assurance Maladie Universelle (RAMU), the funds for which are managed under a National Fund for Universal Insurance (CNAMU) which was created in in 2018. While an important step toward expanding coverage for all, in practice, the scheme only covers formal sector (formally employed) workers and is not a significant purchaser for cervical cancer services.

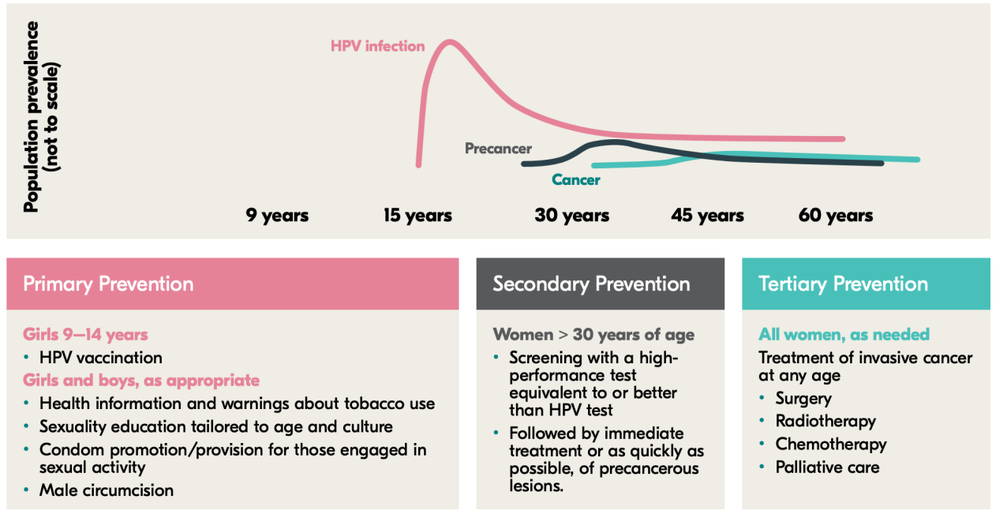
As stated previously, donors cover around 15% of health expenditures in Burkina Faso. In purchasing, the services financed with donor support tend to focus on HIV/AIDS; tuberculosis; malaria; neglected tropical diseases; maternal, newborn, and child health; and family planning (ThinkWell 2021). As already noted, Burkina Faso does not rely upon donors as heavily as other countries at similar income levels, and donor funds are generally channelled toward providing capacity and service delivery support through the public system. The Global Fund is the only donor which requires earmarking of its grants.

Nongovernmental organizations (NGOs) also pool funding that comes from external assistance and grants and purchase services for cervical cancer. In addition to direct provision of care, NGOs also provide training support and supplies to government health facilities. As indicated in an interview with the Director of Prevention and Control of Noncommunicable Diseases for the Ministry of Health:

> **"THERE ARE NON-GOVERNMENTAL ORGANIZATIONS (DOCTORS WITHOUT BORDERS, JHPIEGO, ABBF) THAT FINANCE ACTIVITIES IN COLLABORATION WITH THE MINISTRY. THEY PROVIDE SERVICES RELATED TO CERVICAL CANCER BY PROVIDING HEALTH FACILITIES WITH CONSUMABLES AND INPUTS FOR SCREENING AS WELL AS THE TRAINING OF HEALTH WORKERS AND THE MANAGEMENT OF CASES NOT COVERED BY FREE OF [GRATUITÉ]."**

Finally, individuals are still important purchasers in the Burkinabe health system. Drugs and consumables account for most of what households spend on health services, which is consistent with other countries with similar levels of OOP. Women seeking services for cervical cancer may face financial barriers to access in the form of things like transportation costs, costs for supplies, or medicines not available at the health center. Higher level care is not covered under Gratuité, and women who need treatment like chemotherapy will face costs that are likely to be prohibitively unaffordable. Per interviews with stakeholders, costs for chemotherapy could be as high as US$2,400 per course of treatment, an amount that is far out of reach for most Burkinabe. Palliative care is not covered by Gratuité, nor by other national schemes. It is the responsibility of households.

Figures 5. Life-Course Approach to Cervical Cancer Interventions, WHO Global Strategy



Source: WHO global strategy to accelerate the elimination of cervical cancer as a public health problem, 2020

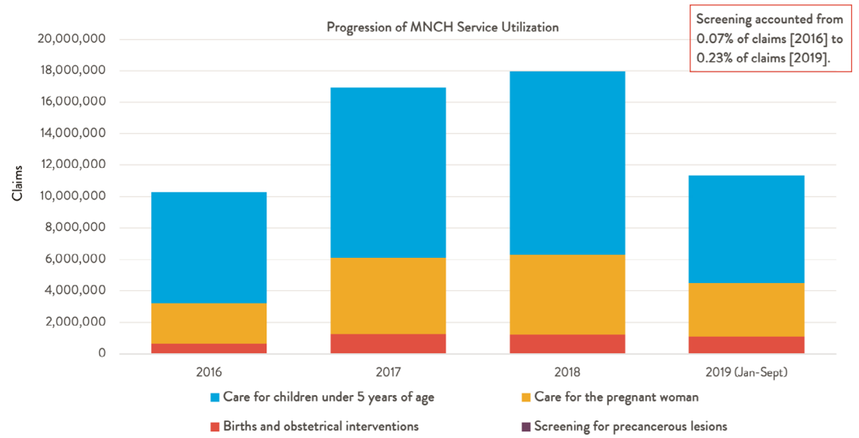
Costs

Burkina Faso does have national cervical cancer management guidelines and a national screening program; and, per interviews with stakeholders as of December 2021, a national HPV vaccine program is high on the list of government priorities. [3] Despite being a national priority since 2011, coverage of cervical cancer services across a person's life is low (Figure 5), which is attributable to many supply- and demand-side challenges that are well documented in the literature and which emanate from overall challenges across the health system in terms of human resources, infrastructure, commodity stock-outs, and geographic access challenges.

Though offered for "free" under Gratuité, utilization of screening for precancerous lesions is low, accounting for 0.23% of all reported claims in 2019. Per Gratuité claims data, claims for child health visits far exceed all other service areas, while obstetric services account for the largest proportion of total costs. Because the claims were so low relative to those for other services, in Figure 5, the number of claims for screening for precancerous legions is invisible. The supply and demand challenges impacting utilization of elimination services for cervical cancer are beyond the scope of this report. Between 2017 and 2019, costs associated with screening of precancerous lesions increased by 112%, which is the highest rate across services but accounts for minimal utilization (Boxshall et al. 2020). This may be a function of inputs being relatively more costly for screening than for other services. Some direct financial barriers may also influence uptake of screening services; one study examined for this profile showed that women had to pay fees to help defray the costs of speculums or cryotherapy gases (Mensah et al. 2021).

3 Per interview with the former First Lady's office.

Figure 6. Service Utilization under Gratuité



Source: Ministere de la sante du Burkina Faso, ThinkWell 2020

WHAT ARE THE KEY CERVICAL CANCER FINANCING CHALLENGES IN BURKINA FASO?

The greatest challenges to financing for cervical cancer elimination—and for many basic health services in Burkina Faso—emanate from major shortfalls in government funding for Gratuité since 2018. Even though utilization of screening and treatment is the lowest compared with other covered services, the fact that it was covered at all is an important signal of policy intent and lays the foundation for potential expansion of services and improvement of quality and uptake over time; however, if the overall scheme itself is not financially or administratively viable, the outlook for cervical cancer elimination is worrisome. While screening is carried out free of charge, constraints in geographical coverage and provider training result in insufficient access. Provision and maintenance of equipment for pathology and related diagnostic activities is an additional challenge.

During the first two years of rollout, funds from the national level were relatively consistent with Gratuité claims, meaning that enough funds were available in scheme accounts to be able to cover services that were provided by the health facilities; however, in 2018, funding from the national level dropped off severely due to political and security challenges, resulting in accumulation of funding gaps between claims submitted to the central government and payments received by facilities; and, because CAMEG is the sole purchaser of medicines and goods for health facilities, health facilities have accrued sizable debts to CAMEG. As of the fourth quarter of 2020, national funds had once again run out entirely, and cumulative debt to CAMEG totalled over 1.5 billion CFA (US$2.6 million) (ThinkWell 2021).

Added to these challenges is the continued impact of COVID-19 on overall economic performance and uncertainty created by the recent coup. Overall economic growth is projected to be around 5% annually, and the government (as of 2021) had committed to continue to improve its revenue collection capacity through support and financing from the World Bank (World Bank Group 2020). Whether these reforms result in more stability and sustainability for Gratuité and the health budget remains to be seen.

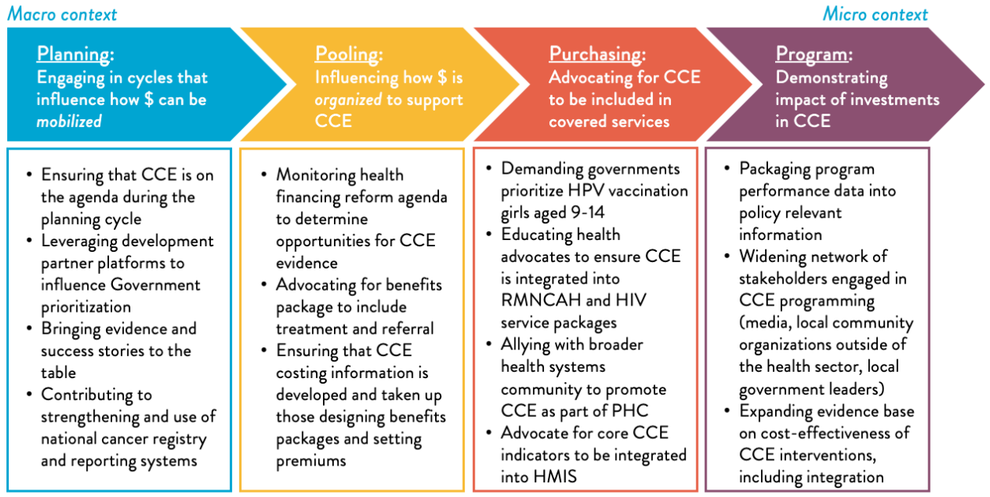
Along with addressing funding deficiencies, the health system still faces inefficiencies and challenges resulting from distribution of resources and limited capacity. These are not limited to provision of cervical cancer elimination services and may include challenges such as infrastructure, commodity stock-outs and geographic access.

RECOMMENDED POLICY ACTIONS TO IMPROVE CERVICAL CANCER FINANCING IN BURKINA FASO

Cervical cancer can be eliminated as a public health problem in Burkina Faso; even within the context of the current challenges in the political landscape, advocates can deepen and amplify calls for increased investment in health. There is ample opportunity to expand the universe of stakeholders who have a vested or potential interest in elimination, from government counterparts to donor- and development-partner platforms that are working to support the country's ambitions around PHC and UHC. As shown in Figure 7, these actions are all part of a continuum that spans the macro and micro contexts within any given country. While generalized, the framework shows how targeted policy actions on different elements of health financing can lead to stronger investment in cervical cancer elimination. Whether taken as a package or as individual actions, it is critical that advocates align their cervical cancer financing "asks" to the planning cycle of the public sector, and to the extent possible, align agendas with development partners and PHC-, HIV-, or broad-based reproductive, maternal, newborn, and child health initiatives that will widen the aperture for how stakeholders think about and prioritize interventions across the cervical cancer elimination spectrum.

Policy Action 1. Call upon the government to sustain and increase its investment in the health sector and in PHC. To continue its progress in achieving UHC and securing human capital investments, Burkina Faso must continue to mobilize domestic resources for health. The Gratuité scheme showed that progress is possible over a relatively short amount of time; however, it will be challenging to expand or refine the scheme without sufficient funding. In these calls for sustained and increased investment in health, advocates can also encourage national leaders to intensify the focus on cervical cancer from the perspective of how effective elimination can free up resources within the health sector and contribute to Burkina Faso's development objectives around gender equity, women's empowerment, and investing in girls.

Figure 7. Financing for Cervical Cancer Elimination Involves Policy Actions Across the Macro to Micro Contexts



Source: Authors, 2021

Policy Action 2. **Given the overall challenging resource mobilization context, it is important to elevate cervical cancer elimination as both a health and development priority.** One clear action to take in this direction would be to advocate for key cervical cancer indicators to be included in the national health management and information system. Routine tracking and monitoring of key indicators would reinforce the overall "value" of cervical cancer elimination and enable health facilities to more strongly manage and report utilization of screening and treatment services under Gratuité.

Policy Action 3. **Advocate for a more efficient use of Gratuité resources in health facilities.** Though resource shortfalls have clearly impacted the ability of health facilities to provide basic services, there is also evidence that funds may not be used as efficiently as possible. Given the variable capacity across health facilities, it is important that cervical cancer advocates both recognize these capacity challenges but also maintain pressure on health facilities to increase their outreach and education efforts to women who do seek services at centers. As the baseline rates of utilization are already very low, even slight increases in uptake could significantly improve Burkina Faso's performance towards the World Health Organization's 90-70-90 targets. [4]

Policy Action 4. **Consolidate advocacy efforts around "best buys" for cervical cancer elimination, specifically the HPV vaccine.** Burkina Faso demonstrates relatively strong performance on immunization and has successfully introduced many recently WHO-recommended vaccines, including those for rotavirus and IPV (WHO and UNICEF 2019). A national HPV vaccine program can be prioritized and rolled out if there is sufficient political will and international support. Because Burkina Faso is a Gavi-eligible country, the HPV vaccine would be a cost-effective investment and would have long-term benefits for generations (Ochalek et al. 2020). Advocates should demand that the government prioritize national HPV vaccine introduction and a scale-up program as a foundational element to its national cervical cancer management program.

CONCLUSIONS

Cervical cancer can be eliminated as a public health problem in Burkina Faso, and sufficient and well-targeted financing and policy actions can support the country's efforts to accelerate progress in reaching the WHO targets. Burkina Faso's commitment to UHC and PHC can be further strengthened with greater policy prioritization of cervical cancer elimination, and by investing in these strategies, the country can free up resources for other high-priority health conditions, avert preventable deaths from cervical cancer, and significantly improve overall health and wellbeing of women and girls.

In light of Burkina Faso's health financing challenges, which may be further exacerbated by volatility in the current political context, it is critical that advocates working to eliminate cervical cancer focus on demonstrating how investments in elimination will save lives and resources for the health system. This country profile offers cervical cancer advocates and stakeholders insights into the upstream contextual factors that influence downstream delivery of cervical cancer services, providing tangible and evidence-based policy actions that can be used to continue and accelerate the progress towards cervical cancer elimination in Burkina Faso and beyond. As countries continue to grapple with the fundamentals of health financing—how to mobilize resources, expand coverage, and create efficient and equitable purchasing schemes—cervical cancer elimination advocates can use these profiles to find pathways for addressing these important policy questions and be better positioned to influence these discussions.

4 The WHO Global Strategy to Accelerate the Elimination of Cervical Cancer as a Public Health Problem calls for 90% of girls to be fully vaccinated with the HPV vaccine by the age of 15; 70% of women screened using a high-performance test by the age of 35, and again by the age of 45; and 90% of women with pre-cancer treated and 90% of women with invasive cancer managed. World Health Organization. Global Strategy to Accelerate the Elimination of Cervical Cancer as a Public Health Problem. Geneva: World Health Organization, 2020. **https://apps.who.int/iris/handle/10665/336583.**

LIMITATIONS

This profile had several limitations. First, while we aimed to reach stakeholders who would be able to give us a deeper understanding of the financing challenges in the health system, we were only able to secure interviews with stakeholders more deeply immersed in the programmatic and advocacy elements of cervical cancer programming and elimination efforts in Burkina Faso. Second, cervical cancer is not easily translatable into a "stand alone" priority along the lines of HIV or tuberculosis or other "vertical" programs, thus, it cannot easily be disentangled from broader health system and health financing challenges or opportunities that may be more apparent for programs that receive earmarked funding. Additionally, as a study of overall upstream and broader health financing trends and their potential impact on cervical cancer elimination, we acknowledge that the recommended policy actions focus largely on system-level reforms that may not directly or explicitly correspond with alleviating resource constraints at the service-delivery level. Finally, direct costs of or expenditures related to provision of cervical cancer services are not routinely collected or reported in Burkina Faso. Understanding how any new public commitments will impact cervical cancer services will require deeper analysis on what is currently spent on cervical cancer and how much an optimal cervical cancer elimination strategy would cost.

REFERENCES

Boxshall, Matt, Joel Arthur Kiendrébéogo, Yamba Kafando, Charlemagne Tapsoba, Sarah Straubinger, and Pierre-Marie Metangmo. 2020. "An Overview of the User Fee Exemption Policy (Gratuité) in Burkina Faso." Washington, DC.

International Agency for Research on Cancer. 2021. "Globocan: Burkina Faso Fact Sheet 2020."

International Monetary Fund. African Dept. 2019. "Burkina Faso: Selected Issues." IMF Staff Country Reports 19, no. 16. https://doi.org/10.5089/9781484394311.002

Mensah, Keitly, Charles Kaboré, Salifou Zeba, Magali Bouchon, Véronique Duchesne, Dolorès Pourette, Pierre DeBeaudrap, and Alexandre Dumont. 2021. "Implementation of HPV-Based Screening in Burkina Faso: Lessons Learned from the PARACAO Hybrid-Effectiveness Study." BMC Women's Health 21, no. 1: 251. https://doi.org/10.1186/s12905-021-01392-4

Ministère de la Santé. 2018. "National Strategy Health Funding for Universal Health Coverage 2018-2030."

Ochalek, Jessica, Kaja Abbas, Karl Claxton, Mark Jit, and James Lomas. 2020. "Assessing the Value of Human Papillomavirus Vaccination in Gavi-Eligible Low-Income and Middle-Income Countries." BMJ Global Health 5, no. 10. https://doi.org/10.1136/bmjgh-2020-003006

ThinkWell. 2021. ThinkWell Strategic Purchasing for Primary Health Care. "Burkina Faso Health Purchasing Factsheet."

World Health Organization (WHO). 2021. "Burkina Faso - Cervical Cancer Profile."

WHO and UNICEF. 2019. "Burkina Faso: WHO and UNICEF Estimates of Immunization Coverage: 2019 Revision."

World Bank Group. 2021. Burkina Faso, 2021 April Economic Update: Protecting the Poor During the Recovery and Beyond. https://doi.org/10.1596/35735

———. 2020. "Burkina Faso - Second Fiscal Management, Sustainable Growth and Health Service Delivery Development Policy Financing (English)." Accessed February 6, 2022. http://documents.worldbank.org/curated/en/831461591668173880/Burkina-Faso-Second-Fiscal-Management-Sustainable-Growth-and-Health-Service-Delivery-Development-Policy-Financing

———. N.d. World Development Indicators. Accessed December 2021. https://databank.worldbank.org/source/world-development-indicators

Zon, Hilaire, Milena Pavlova, and Wim Groot. 2020. "Regional Health Disparities in Burkina Faso during the Period of Health Care Decentralization. Results of a Macro-level Analysis." The International Journal of Health Planning and Management 35, no. 4: 939–59. https://doi.org/10.1002/hpm.2979