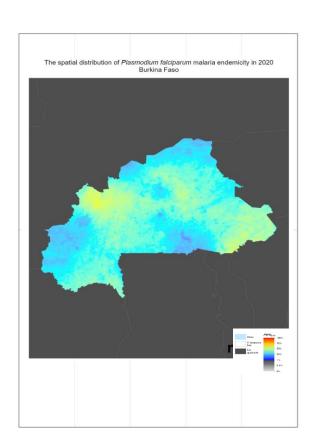
Burkina Faso ALMA Quarterly Report Quarter Two, 2024



Scorecard for Accountability and Action



Financing	
LLIN financing (2024-2026) projection (% of need)	9
Public sector ACTs and RTDs financing (2024-2026) projection (% of need)	10
% of National Malaria Strategic Plan Financed (2024- 2026)	6
Policy	
Signed, ratified and deposited the AMA instrument at the AUC	
Malaria activities targeting refugees in Malaria Strategic Plan	
Malaria activities targeting IDPs in Malaria Strategic Plan	
Zero Malaria Starts With Me Launched	
End Malaria Council and Fund Launched	
Resistance Monitoring, Implementation and Impact	
Drug efficacy studies conducted since 2019 and data reported to WHO	
Insecticide classes with mosquito resistance in representative sentinel sites confirmed since 2010	
Insecticide resistance monitored since 2015 and data reported to WHO	
RDTs in stock (>6 months stock)	
ACTs in stock (>6 months stock)	
LLIN/IRS campaign on track	
% of vector control in the last year with next generation materials	9
On track to reduce malaria incidence by at least 75% by 2025 (vs 2015)	
On track to reduce malaria mortality by at least 75% by 2025 (vs 2015)	
Tracer Indicators for Maternal and Child Health and NTDs	5
Mass Treatment Coverage for Neglected Tropical Disease (NTD index, %)(2022)	8
% of Neglected Tropical Disease MDAs Achieving WHO Targets	8
Estimated % of children (0–14 years old) living with HIV who have access to antiretroviral therapy (2023)	2
Vitamin A Coverage 2022 (2 doses)	9
DPT3 coverage 2023 (vaccination among 0-11 month	9

Malaria is present throughout Burkina Faso, with transmission most intense in the southern part of the country. The annual reported number of malaria cases in 2022 was 11,958,988 with 4,243 deaths.

Key



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Malaria

Africa is at the centre of a perfect storm that threatens to disrupt malaria services and undo decades of progress. We must act urgently to both prevent and mitigate the adverse effects of the ongoing global financial crisis, increasing biological threats, climate change, and humanitarian crises. These threats represent the most serious emergency facing malaria in 20 years and will lead to malaria upsurges and epidemics if not addressed. AU Member States face a \$1.5 billion gap just to sustain existing, yet inadequate, levels of malaria-related services between now and 2026. To get back on track and eliminate malaria, we will need to mobilise another \$5.2 billion dollars annually to fully finance our national malaria plans. Climate change presents a significant threat to the progress that we have made. Africa is disproportionately exposed to the risks of climate change and by the 2030s, 150 million additional people will be at risk of malaria because of warmer temperatures and increased rainfall. Climate disasters displace millions and destroy roads and health facilities, reducing access to health services. There is urgency to decarbonise and reduce our carbon footprint. We must implement integrated and multisectoral solutions, and adapt our health systems to the threats of both climate change and pandemics. We must also take action to confront the threats of insecticide and drug resistance, reduced efficacy of rapid diagnostic tests, and the Anopheles stephensi mosquito which spreads malaria in both urban and rural areas. The good news is that the malaria toolkit continues to expand. WHO has approved the use of dual-insecticide mosquito nets that are 43% more effective than traditional mosquito nets and will address the impact of insecticide-resistance. New medicines for treating malaria and two malaria vaccines for children have also been approved with an increasing number of countries deploying these new tools. The scaling up of these interventions will help us achieve our goal of eliminating malaria. This will require integrated approaches with malaria as a pathfinder for pandemic preparedness, climate change and health, Primary Health Care and Universal Health Coverage. We must work to sustain and increase domestic resource commitments including through multisectoral End Malaria and NTD councils and Funds, which have raised over US\$60 million.

Progress

Burkina Faso has secured the financing for the required stocks of LLINs, ACTs and RDTs for 2024-26. The country has carried out insecticide resistance monitoring and has reported the results to WHO, and in response to these results, the majority of the vector control commodities used in the country are next generation insecticides and nets. The country has also carried out drug resistance testing since 2018 and has reported the results to WHO. The national strategic plan includes activities targeting refugees. Burkina Faso has launched Zero Malaria Starts with Me!. The country is also showing leadership in malaria control through participation in the High Burden High Impact approach, and recently signed the Yaoundé Declaration.

In line with the priority agenda of the ALMA chair, His Excellency President Umaro Sissoco Embaló, Burkina Faso has enhanced the tracking and accountability mechanisms for malaria with the development of the Malaria Scorecard and this has been updated regularly and is shared on the ALMA scorecard hub. The country is in process of launching its End Malaria Council and Fund.

Impact

The annual reported number of malaria cases in 2022 was 11,958,988 with 4,243 deaths.

Key Challenges

Insecticide resistance threatens vector control effectiveness.

Insufficient resources to sustain essential services over the next three years

Previous Key Recommended Action

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
Resource Mobilisation	Work to fill key gaps in malaria funding	Q2 2024		The country has managed to close key gaps in covering vector control and case management needs, aligned to sub national stratification, to maximise impact. The country is working on additional resource mobilisation. A strong advocacy was led by the Minister of Health which resulted in securing Government resources of US\$10 million financing for the scale up of the Malaria Vaccine. Financial support was also obtained for the control of Dengue and Malaria with space spraying and the destruction of mosquito breeding areas. To increase the coverage of health districts with more effective new malaria drugs, a plan is being developed with Global Fund support. Advocacy for resources mobilization is ongoing including discussions with IDA/World Bank is ongoing. The country is looking to roll out an End Malaria Council
Impact	Work to develop a plan of action to support the implementation of the Yaoundé declaration	Q4 2024		Following a joint orientation meeting by RBM, WHO and ALMA, Cameroon is working to outline the plan to develop their workplan to support the implementation of the Yaoundé declaration.

Reproductive, Maternal, Newborn, Adolescent and Child Health

Progress

Burkina Faso has made good progress in tracer RMNCAH interventions, including DPT3 and vitamin A. Burkina Faso has significantly enhanced the tracking and accountability mechanisms with the development of the Maternal, Newborn, Child and Adolescent Health Scorecard.

Previous Key Recommended Action

The country has responded positively to the RMNCAH recommended actions addressing low coverage of ART coverage in children, with a 2% increase in coverage reported in the last year.

Neglected Tropical Diseases Progress

Progress in addressing Neglected Tropical Diseases (NTDs) in Burkina Faso is measured using a composite index calculated from preventive chemotherapy coverage achieved for lymphatic filariasis, onchocerciasis, schistosomiasis and trachoma. Soil Transmitted Helminths are under surveillance. Preventive chemotherapy coverage in Burkina Faso is high for trachoma (100%), Soil Transmitted Helminthiasis (100%) and for schistosomiasis (98%). However, it is low for lymphatic filariasis (0%) and for onchocerciasis (20%). Overall, the NTD preventive chemotherapy coverage index for Burkina Faso in 2022 is 82 and shows a very substantial increase compared with the

index in 2021 (18). Apart from lymphatic filariasis and onchocerciasis, the country reached WHO targets for MDA.

