

# Burkina Faso



African Region

Based on 2015 reported data

## I. Epidemiological profile

Population (UN)	2016	%	Parasites and vectors
High transmission (> 1 case per 1000 population)	18,700,000	100	Plasmodium species: <i>P. falciparum</i> (100%), <i>P. vivax</i> (0%)
Low transmission (0-1 cases per 1000 population)	-	-	Major anopheles species: <i>An. gambiae</i> , <i>An. funestus</i> , <i>An. arabiensis</i>
Malaria-free (0 cases)	-	-	Reported confirmed cases (health facility): 9,779,154 Estimated cases: 7,890,000 [5,720,000-10,740,000]
Total	18,650,000		Confirmed cases at community level: 257
			Reported deaths: 3,974 Estimated deaths: 21,300 [18,020-24,580]

## II. Intervention policies and strategies

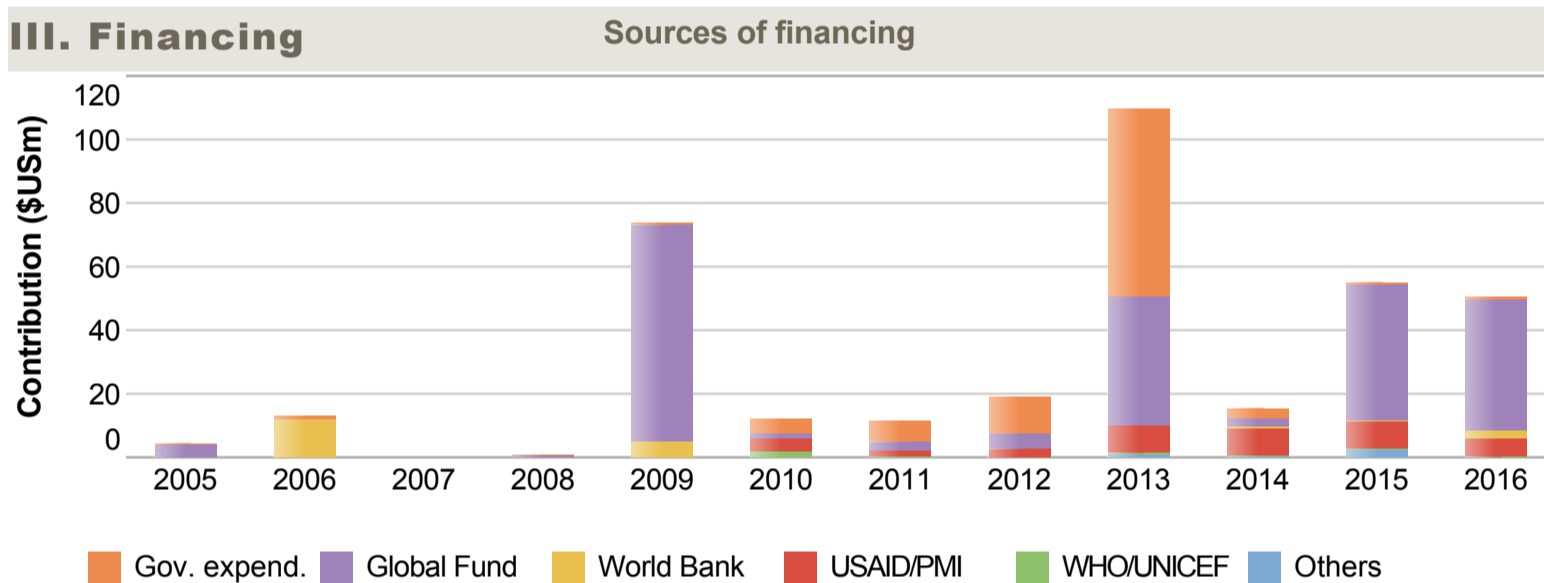
Intervention	Policies/strategies	Yes/No	Adopted
ITN	ITNs/ LLINs distributed free of charge	Yes	2007
	ITNs/ LLINs distributed to all age groups	Yes	1998
IRS	IRS is recommended	Yes	2006
	DDT is authorized for IRS	No	-
Larval control	Use of larval control recommended	Yes	2012
IPT	IPT used to prevent malaria during pregnancy	Yes	2005
Diagnosis	Patients of all ages should receive diagnostic test	Yes	2009
	Malaria diagnosis is free of charge in the public sector	Yes	2009
Treatment	ACT is free of charge for all ages in public sector	No	-
	The sale of oral artemisinin-based monotherapies (oAMTs)	Never allowed	-
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	No	-
	Primaquine is used for radical treatment of <i>P. vivax</i>	No	-
	G6PD test is a requirement before treatment with primaquine	No	-
	Directly observed treatment with primaquine is undertaken	No	-
	System for monitoring adverse reactions to antimalarials exists	Yes	2009
Surveillance	ACD for case investigation (reactive)	No	-
	ACD of febrile cases at community level (pro-active)	No	-
	Mass screening is undertaken	No	-
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	Yes	-
	Uncomplicated <i>P. vivax</i> cases routinely admitted	No	-
	Foci and case investigation undertaken	-	-
Case reporting from private sector is mandatory	Yes	-	

Antimalarial treatment policy	Medicine	Year adopted
First-line treatment of unconfirmed malaria	AL; AS+AQ	2005
First-line treatment of <i>P. falciparum</i>	AL; AS+AQ	2005
Treatment failure of <i>P. falciparum</i>	QN	-
Treatment of severe malaria	AS; QN	-
Treatment of <i>P. vivax</i>	-	-
Dosage of Primaquine for radical treatment of <i>P. vivax</i>	-	-
Type of RDT used	-	<i>P. f</i> only

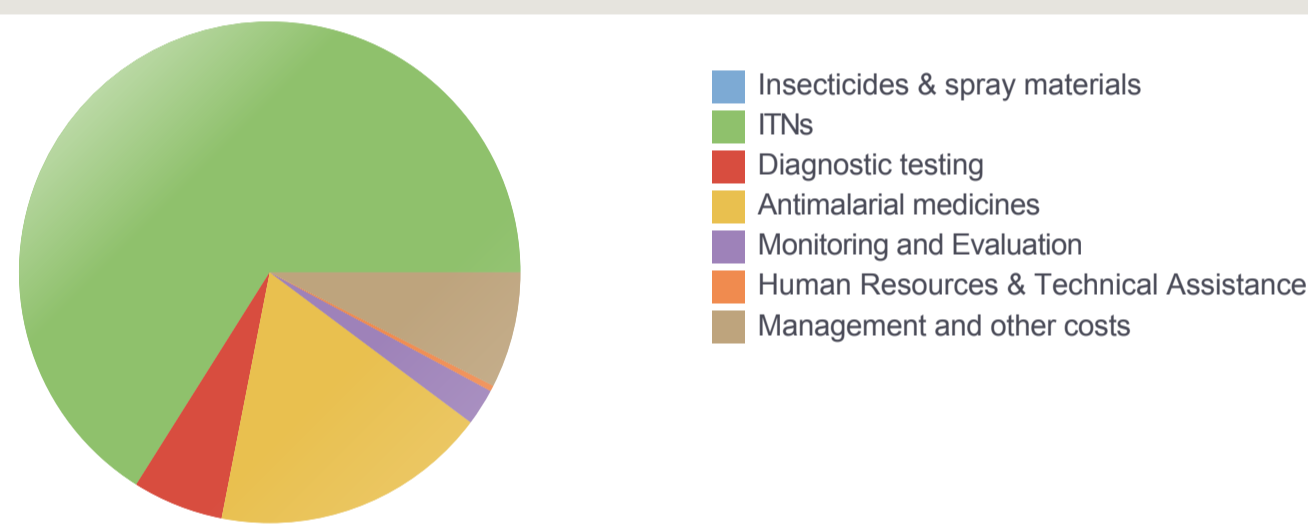
Therapeutic efficacy tests (clinical and parasitological failure, %)							
Medicine	Year(s)	Min	Median	Max	Follow-up	No. of studies	Species
AL	2011-2013	1.6	1.85	2.1	28 days	2	<i>P. falciparum</i>
AS+AQ	2011-2012	3.2	3.2	3.2	28 days	1	<i>P. falciparum</i>

Insecticide resistance tests (mosquito mortality, %)							
Insecticide class	Years	Min	Mean	Max	No. of sites	Species	
Organochlorines	2010-2016	0	0.3	0.7	23	<i>An. coluzzii</i> , <i>An. gambiae</i> s.l.	
Carbamates	2010-2016	0.2	0.8	1	37	<i>An. arabiensis</i> , <i>An. coluzzii</i> , + other	
Organophosphates	2010-2016	0.8	1	1	39	<i>An. arabiensis</i> , <i>An. coluzzii</i> , + other	
Pyrethroids	2010-2016	0	0.5	1	42	<i>An. arabiensis</i> , <i>An. coluzzii</i> , + other	

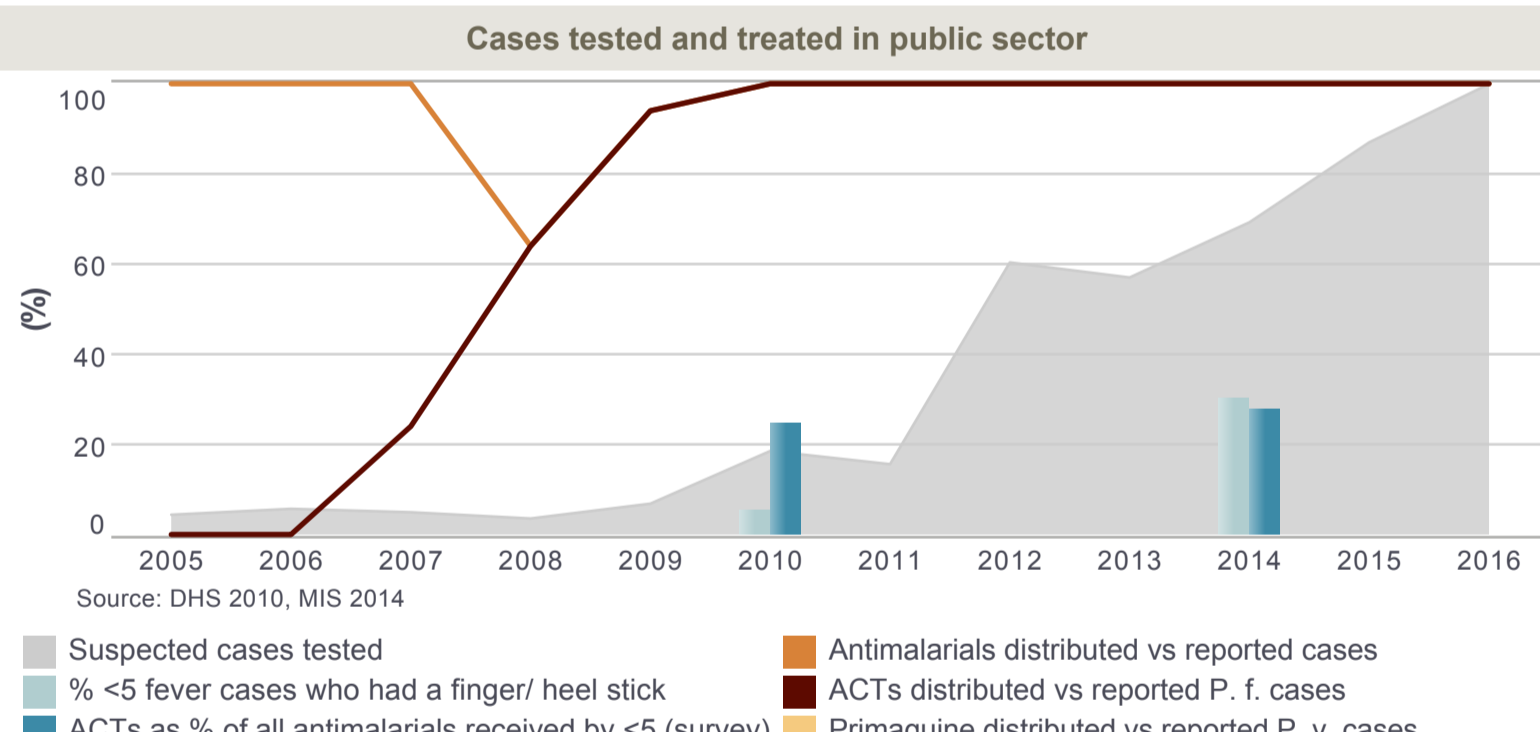
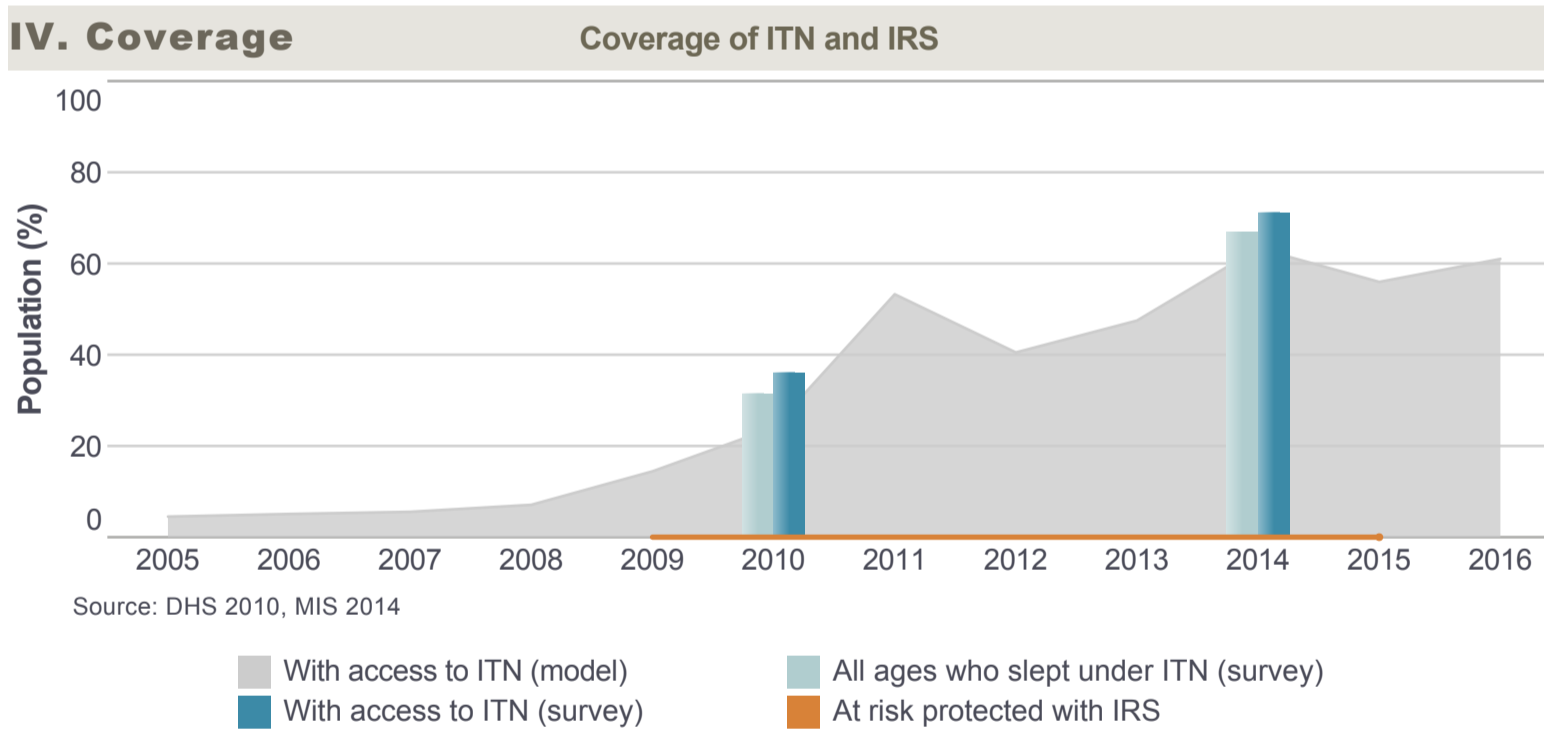
## III. Financing



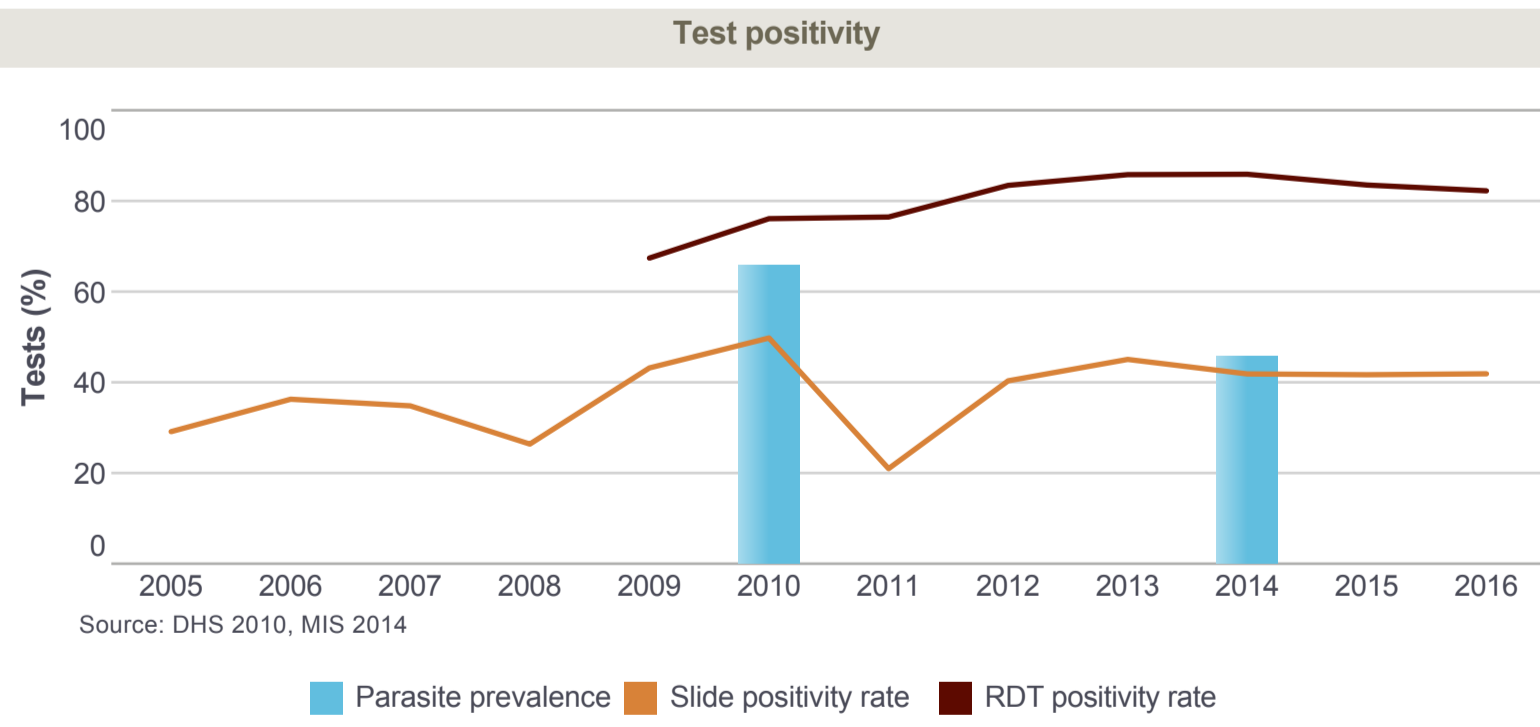
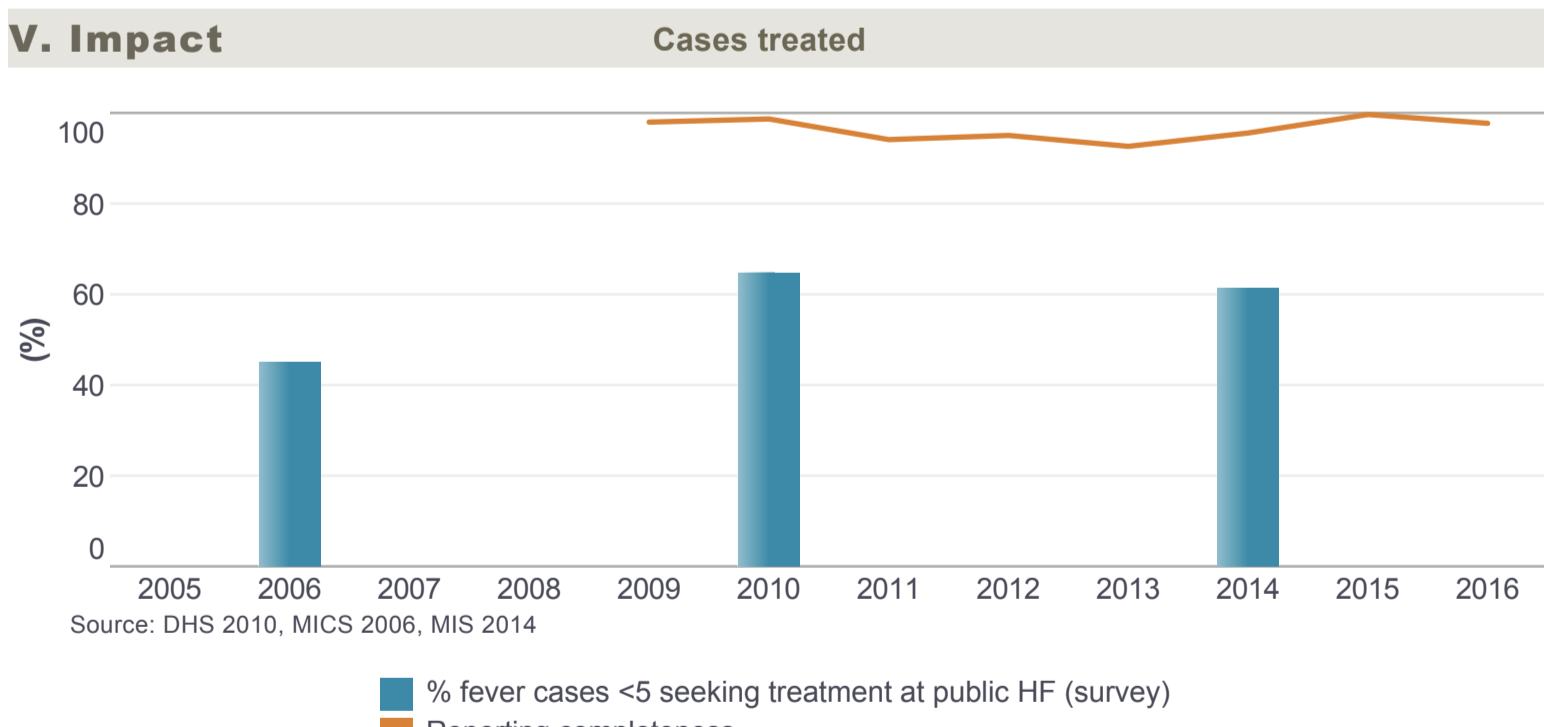
## Government expenditure by intervention in 2016



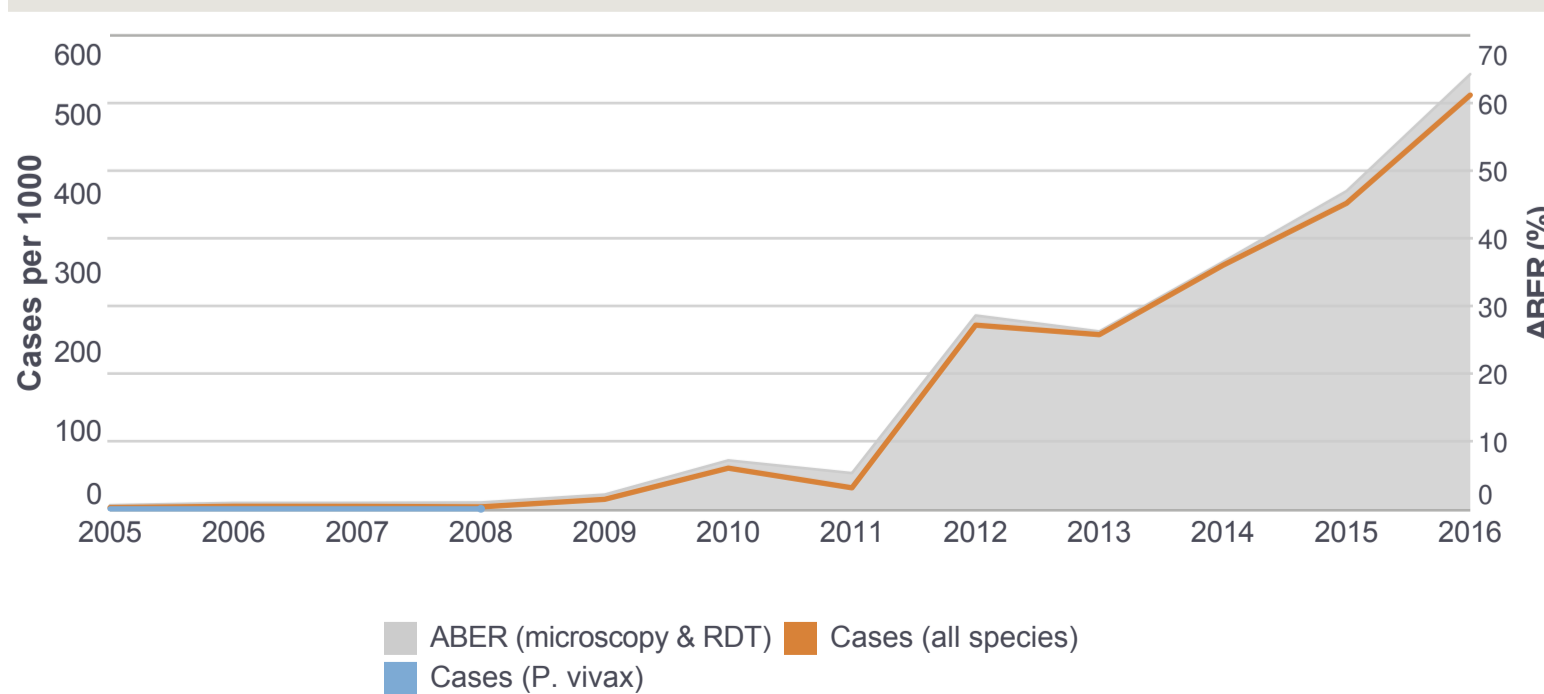
## IV. Coverage



## V. Impact



## Confirmed malaria cases per 1000 and ABER



## Malaria admissions and deaths (per 100 000)

