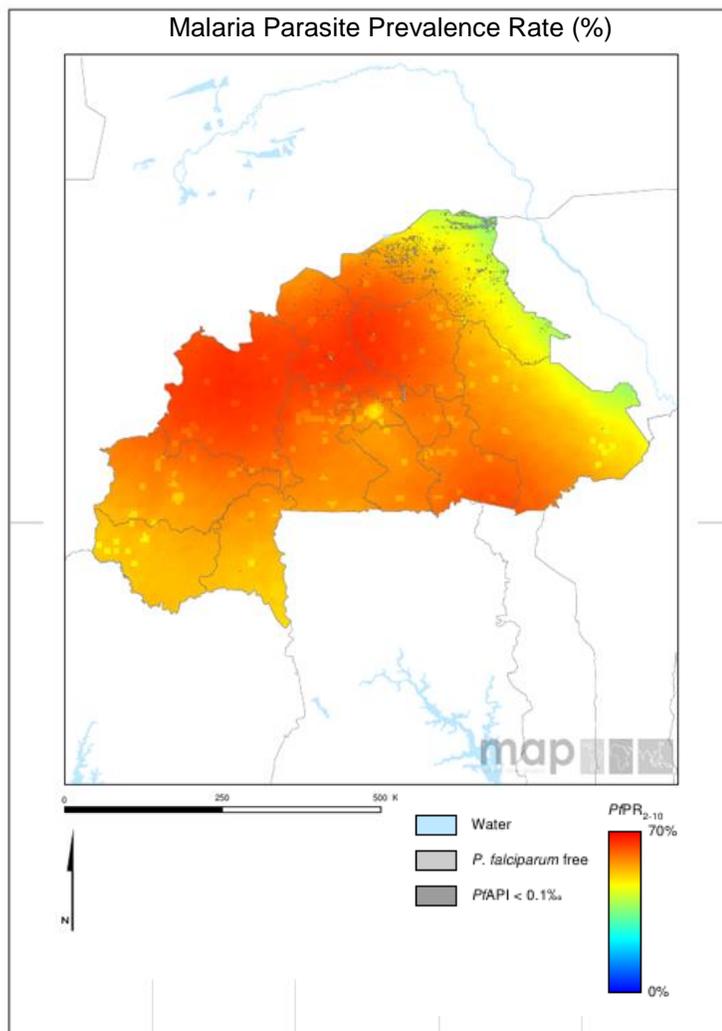


Scorecard for Accountability and Action



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 2012 was 6,089,101 with 7,963 deaths.

Metrics

Policy and Financial Control	
Oral Artemisinin Based Monotherapy Ban status (2014)	Target achieved or on track
Community case management (Pneumonia)	Target achieved or on track
Community case management (Malaria)	Target achieved or on track
World Bank rating on public sector mgmt and institutions 2012 (CPIA Cluster D)	3.7
Commodities Financed, Implementation and Malaria Impact	
LLIN financing 2014 projection (% of need)	71
Public sector RDT financing 2014 projection (% of need)	100
Public sector ACT financing 2014 projection (% of need)	100
Operational LLIN/IRS coverage (% of at risk population)	100
On track in 2012 to Reduce Malaria Incidence by >75% by 2015 (vs 2000)	Progress but more effort required
Tracer Indicators for Maternal and Child Health	
PMTCT coverage 2012 (% pregnant HIV pts receiving ARVs)	66
% deliveries assisted by skilled birth attendant	66
Exclusive breastfeeding (% children < 6 months)	25
Vitamin A Coverage (2 doses)	87
DPT3 coverage 2011 (vaccination among 12-23 month olds)	91
Postnatal care (within 48 hrs)	72

Key

Target achieved or on track
Progress but more effort required
Not on track
No data/Not applicable

### **Urgent Global Fund Update**

The Global Fund has announced that Burkina Faso will receive US\$ 204.6 million for HIV, tuberculosis, malaria, and health systems strengthening as the country allocation under the New Funding Model. The total figure includes all existing, unspent funds from previous rounds and the Interim New Funding Model. The Global Fund has determined the total allocation amount based on Burkina Faso's disease burden and income level, as well as several other factors. The malaria component is also allocated a specific proportion of the total, according to a formula developed by the Global Fund that takes into account several factors, including disease burden and previous disbursements. For Burkina Faso this is calculated at US\$ 115.6 million, including US\$ 97.2 million of new resources. The allocations to the individual disease components are not fixed, and can be adjusted according to decisions made at country level. The country is urged to ensure that resources are allocated to malaria control from the overall Global Fund country allocation at a level that is sufficient to sustain the gains made in recent years.

### **Progress**

Burkina Faso has banned the import and sale of oral artemisinin-based monotherapies. The country has introduced a policy on Community Case Management of malaria and pneumonia. The country has secured sufficient resources for the procurement of the majority of the LLINs and all of the ACTs and RDTs required for 2014. Burkina Faso has made good progress in tracer MNCH interventions including DPT3, vitamin A coverage, and postnatal care and has significantly increased PMTCT coverage.

### **Impact**

The annual reported number of malaria cases in 2012 was 6,089,101 with 7,963 deaths. Progress in reducing cases has been reported sub-nationally where interventions have been intensified.

### **New Key Recommended Action**

<b>Objective</b>	<b>Action Item</b>	<b>Suggested completion timeframe</b>
Address funding	Ensure the NFM concept note is submitted by Q3 2014 and ensure that resources are allocated to malaria control at a level that is sufficient to sustain the gains made in recent years	Q3 2014