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 2017 was 11,915,816 with 4,144 deaths.
Malaria
Progress
Burkina Faso has secured sufficient resources to finance the necessary LLINs, ACTs and RDTs required in 2019. Burkina Faso has scaled up coverage of iCCM and has procured sufficient LLINs to achieve universal operational coverage of the targeted at risk population. Burkina Faso has a high rating in public sector management systems (CPIA cluster D). The country has carried out insecticide resistance monitoring since 2015 and has reported the results to WHO and has recently completed the insecticide resistance monitoring and management plan. Burkina Faso has enhanced the tracking and accountability mechanisms for malaria with the development of the Malaria Scorecard. Burkina Faso has decreased the estimated malaria mortality rate by more than 40% since 2010. The country is also showing leadership in malaria control through participation in the High Burden High Impact approach.

Impact
The annual reported number of malaria cases in 2017 was 11,915,816 with 4,144 deaths.

Key Challenge
- Insecticide resistance threatens vector control effectiveness.

RMNCAH and NTDs
Progress
Burkina Faso has also made good progress in tracer RMNCAH interventions, including DPT3, exclusive breastfeeding and skilled birth attendants. Burkina Faso has significantly enhanced the tracking and accountability mechanisms with the development of the Maternal, Newborn, Child and Adolescent Health Scorecard.

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, soil transmitted helminths and trachoma. Preventive chemotherapy coverage in Burkina Faso is high for soil transmitted helminths (100%), trachoma (100%), schistosomiasis (86%), onchocerciasis (80%), and good for lymphatic filariasis (76%). Overall, the NTD preventive chemotherapy coverage index for Burkina Faso in 2017 is 88, the same as in 2016 (88).
<table>
<thead>
<tr>
<th>Objective</th>
<th>Action Item</th>
<th>Suggested completion timeframe</th>
<th>Progress</th>
<th>Comments - key activities/accomplishments since last quarterly report</th>
</tr>
</thead>
<tbody>
<tr>
<td>RMNCAH¹: Optimise quality of care</td>
<td>Investigate and address the reasons for the low coverage of vitamin A</td>
<td>Q2 2020</td>
<td></td>
<td>The country reports low vitamin A coverage has been primarily due to underestimations in target populations of children ages 6-59 months, as well as financial challenges limiting the implementation of the national strategy of hiring 2-4 community health workers in each village. This has led to a suboptimal workforce to deliver Vitamin A supplementation in some areas of the country. To address these issues, Burkina Faso will start using new population estimates based on the upcoming census, scheduled for the end of 2019; and the Ministry is also working to mobilize resources to ensure there are enough Community Health Workers in each community.</td>
</tr>
</tbody>
</table>

Burkina Faso has responded positively to the RMNCAH recommended action addressing the low coverage of ARTs in children, with a 2% increase in coverage reported in the last year, and continues to track progress as these actions are implemented.

¹ RMNCAH metrics, recommended actions and response tracked through WHO