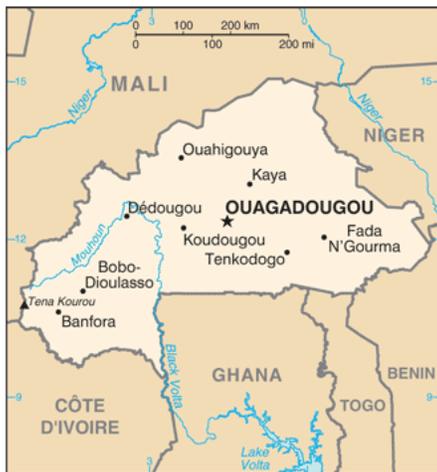


BURKINA FASO



The President's Malaria Initiative (PMI)

Malaria prevention and control is a major U.S. foreign assistance objective, and PMI's strategy fully aligns with the U.S. Government's vision of ending preventable child and maternal deaths and ending extreme poverty. Under the PMI Strategy for 2015–2020, the U.S. Government's goal is to work with PMI-supported countries and partners to further reduce malaria deaths and substantially decrease malaria morbidity toward the long-term goal of elimination.

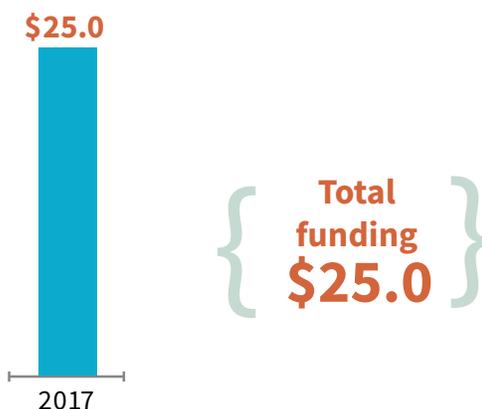
Country Context

Malaria remains a major public health issue and is endemic throughout Burkina Faso: according to the Ministry of Health, malaria accounts for 43 percent of consultations with a health provider and 22 percent of deaths. The national health system has a pyramid structure with three levels: central, intermediate, and peripheral. The Government of Burkina Faso recently recruited and trained 17,000 community health workers to support malaria prevention and other health activities, with malaria testing and treatment available in some areas of the country.

The duration of the rainy season in Burkina Faso varies across the country with corresponding variances in seasonal malaria transmission based on geographic zones. The principal vectors of malaria in Burkina Faso include three members of the *Anopheles gambiae* complex: *Anopheles gambiae s.s.*, *Anopheles coluzzii* and *Anopheles arabiensis*. In 90 percent of cases, *Plasmodium falciparum* is responsible for serious and fatal forms of malaria, and infection is widespread across the country. Insecticide resistance is increasing every year and the resistance of *Anopheles gambiae* to insecticides including DDT and pyrethroid classes is evident in many parts of the country.

There are many important components for reducing the burden of malaria morbidity and mortality including the systematic use of diagnostic tools for suspected malaria cases and effective use of antimalarial medicines for confirmed cases as well as a variety of prevention strategies. This includes the prevention of malaria in pregnancy, seasonal malaria prevention, and vector control interventions such as promoting consistent use of insecticide-treated nets and indoor residual spraying. The malaria control approach includes three components: improvements in tracking of human illness, parasite surveillance, and effective resource delivery. Significant efforts have been made to stabilize the antimalarial commodity situation. The increased availability of rapid diagnostic tests, artemisinin-based combination therapies, and injectable artesunate has helped improve malaria case management in health facilities.

PMI Funding (in millions)



AT A GLANCE

Population (2017):
19.2 million¹

Population at risk of malaria (2016): **100%²**

Malaria incidence/1,000 population at risk (2015):
389.2³

Under-five mortality rate (2010):
129/1,000 live births⁴

- 1 World Bank, Population Estimates & Projections 2017
- 2 World Health Organization (WHO), *World Malaria Report 2017*
- 3 WHO, *World Health Statistics 2017*
- 4 Demographic and Health Survey (DHS) 2010

For details on FY 2017 PMI activities in Burkina Faso, please see the [Burkina Faso Malaria Operational Plan](#).



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