

BURKINA FASO

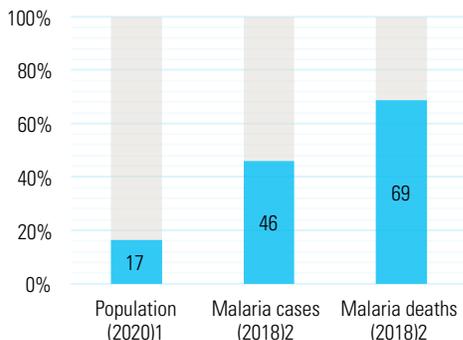
MALARIA: STATUS UPDATE ON CHILDREN

DATA SNAPSHOT



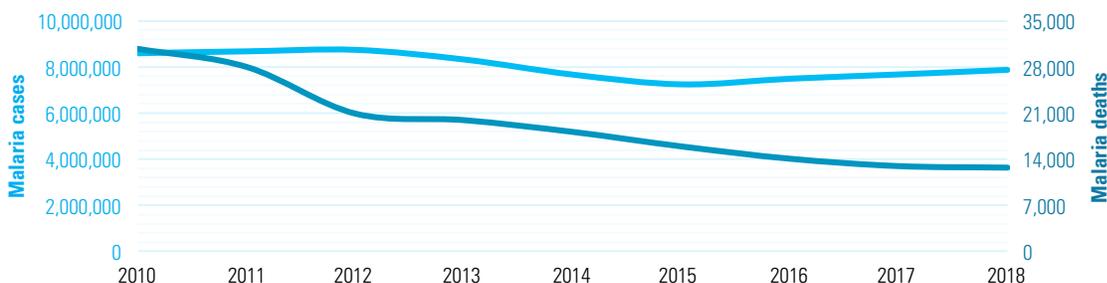
MALARIA BURDEN

Children under five years of age: proportion of total population, malaria cases and malaria deaths



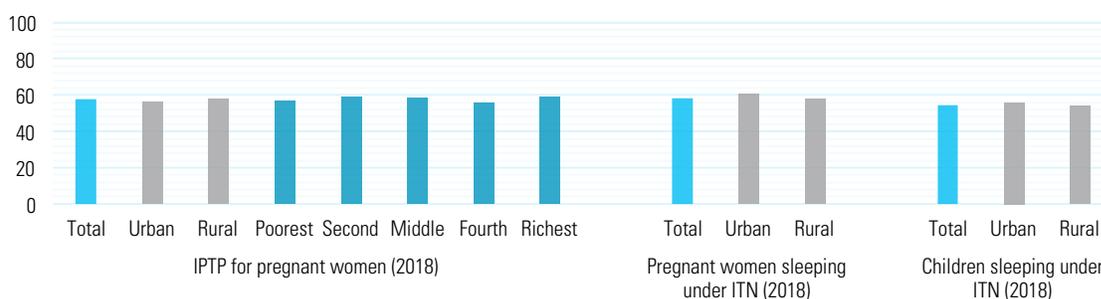
INDICATOR	VALUE
Malaria incidence rate (per 1,000 at-risk pop.), 2018 ³	377
Estimated total malaria cases, 2018 ³	7,875,600
% in children <5, 2017 ²	46%
Malaria mortality rate (per 100,000 pop.), 2018 ³	61
Total estimated malaria deaths, 2018 ³	12,700
% in children <5, 2017 ²	69%
Deaths in children <5 due to malaria, 2018 ⁴	11,200
% of all child deaths attributable to malaria, 2018 ⁴	17%

Trends in estimated malaria cases and deaths, all ages, 2010–2018³

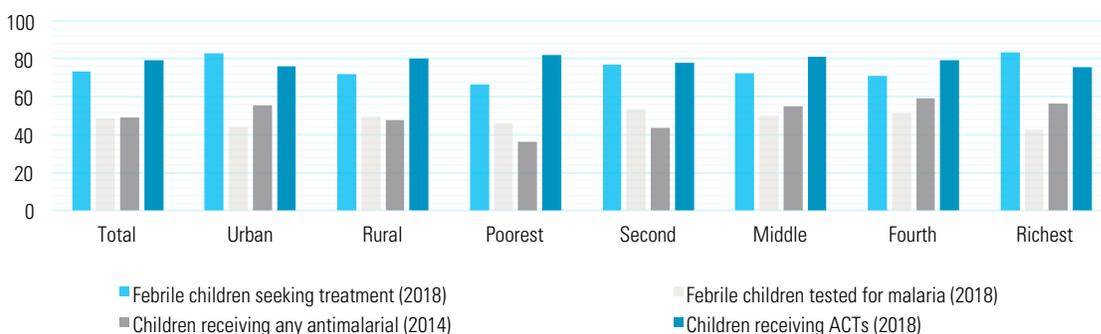


PREVENTION, DIAGNOSIS AND TREATMENT EFFORTS

Coverage of key malaria prevention interventions for children and pregnant women, by national average and urban-rural location⁵



Coverage of key malaria interventions for care seeking, diagnosis and treatment of children, by national average, urban-rural location, and by wealth quintile^{5,6}



Sources: (1) United Nations, Department of Economic and Social Affairs, Population Division (2019). World Population Prospects 2019. (2) Institute for Health Metrics and Evaluation 2019 Global Burden of Disease Program. (3) World Malaria Report 2019. Geneva: World Health Organization; 2019. (4) UNICEF analysis based on UN IGME-MCEE 2019 interim estimates. (5) Burkina Faso MIS 2017–2018 via UNICEF global databases. (6) Burkina Faso MIS 2014 via UNICEF global databases

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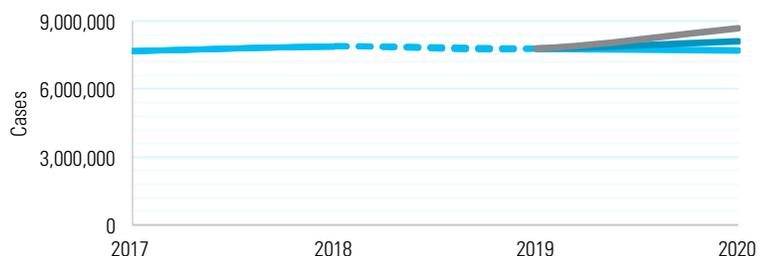
IMPLICATIONS OF COVID-19



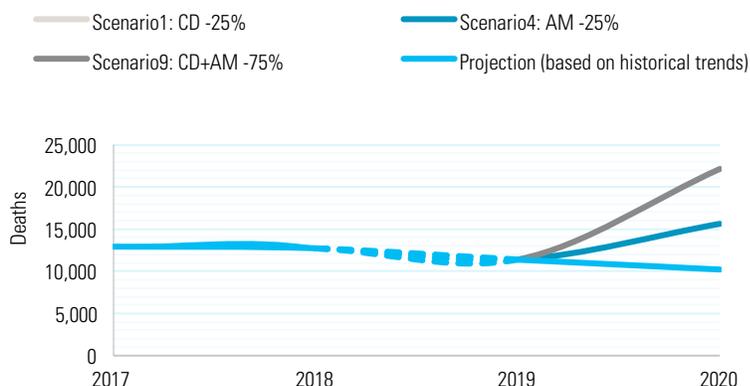
COVID-19 IMPACT ON MALARIA BURDEN

Estimated trends in malaria cases and deaths (all ages), 2020 projections based on various Covid-19 scenarios

Historical Trends: based on 2010-18 trends (does not account for Covid-19)
 Scenario1: No LLIN campaign, continuous distribution (CD) of LLIN cut 25%
 Scenario4: No LLIN campaign, antimalarial (AM) provision cut 25%
 Scenario9: No LLIN campaign, CD & AM cut 75%



2020 Impact Scenarios	Deaths	Increase	Additional deaths	Additional deaths in children <5
Historical trends only (i.e. no Covid-19)	10,200	-	-	-
Scenario 1: No campaign, CD -25%	-	-	-	-
Scenario 4: No campaign, AM -25%	15,600	53%	5,400	4,800
Scenario 9: No campaign, CD+AM -75%	22,100	117%	11,900	10,500



HOW TO USE THE COUNTRY SNAPSHOTS

These snapshots include the latest available data on malaria with a focus on children and pregnant women. The first page includes a set of charts that describe the burden of malaria cases and malaria deaths in the country, showing the proportion of all malaria cases and deaths that occurred among children under the age of five and the proportion of all child deaths that were attributable to malaria. The first page also presents information on current coverage levels of key malaria interventions for pregnant women and children. These charts provide an indication of variations in coverage levels of these interventions by urban-rural location and by wealth quintile. Decision makers can use the national and subnational level data included in these snapshots to identify areas of progress and where greater attention is needed, and to advocate for more resources for malaria prevention, diagnosis and treatment.

The second page presents projections of all malaria cases and deaths from 2018 to 2020 under certain scenarios of intervention coverage disruptions due to COVID-19. Given that a high proportion of malaria cases and malaria-related deaths occur among young children, these projections make evident that the numbers of children vulnerable to malaria infection and death will potentially skyrocket this year, reversing country progress in combating this disease. The main message of these snapshots is to encourage governments to consider the impact of COVID-19 response measures, including suspension of ITN/LLIN campaigns, on access to essential malaria interventions that save lives and to ensure these services are not severely disrupted. Pregnant women and young children are the most vulnerable to poor outcomes from malaria infection and must be protected through concerted actions and sustained commitment.

Sources: *The potential impact of health service disruptions on the burden of malaria: a modeling analysis of countries in sub-Saharan Africa*. Geneva: World Health Organization; 2020. Licence: CC BY-NC-SA 3.0 IGO. and World Malaria Report 2019. Geneva: World Health Organization; 2019.

Footnotes: This modeling analysis was conducted by WHO in close collaboration with partners, including PATH, the Malaria Atlas Project and the Bill & Melinda Gates Foundation. The modeling features nine scenarios of disruptions to malaria interventions due to COVID-19. For this snapshot, we have prioritized three scenarios representing a best-case scenario (Scenario1: LLIN campaign canceled, continuous distribution of LLIN cut by 25%, no disruptions to antimalarial provision); a medium-case scenario (Scenario4: LLIN campaign canceled, antimalarial provision cut by 25%, no disruption to continuous distribution of LLIN); and a worst-case scenario (Scenario9: LLIN campaign canceled, continuous distribution of LLIN and antimalarial provision both cut by 75%). These scenarios have been compared against a projected 2020 values based only on historical trends and the annual rates of reduction between 2010-2018. This "historical trends" scenario presents a counter-factual comparison of an "expected" 2020 value in the absence of COVID-19. This method was also used to calculate a 2019 value for all scenarios. There is no scenario 1 for Burkina Faso as there were no LLIN distribution campaigns scheduled for 2020. More details about the modeling analysis and all nine scenarios can be found at <https://apps.who.int/iris/bitstream/handle/10665/331845/9789240004641-eng.pdf>.