

MALARIA IN PREGNANCY COUNTRY PROFILE

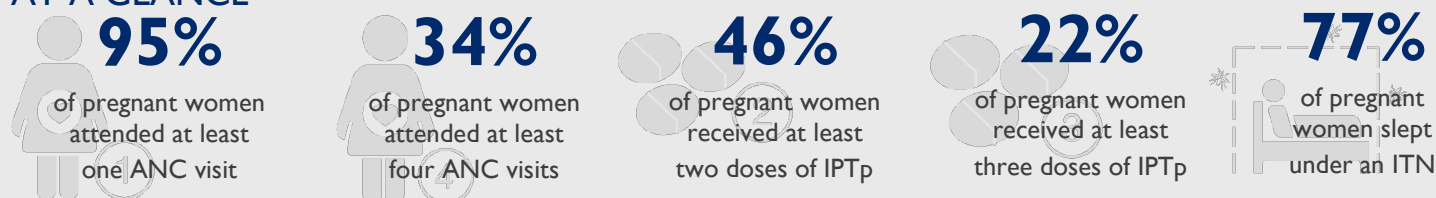
BURKINA FASO

July 2018

BACKGROUND

Burkina Faso has adopted the World Health Organization's (WHO's) three-pronged strategy for combating malaria in pregnancy (MiP): (1) intermittent preventive treatment in pregnancy (IPTp)¹ via directly observed therapy (DOT), (2) distribution and use of insecticide-treated nets (ITNs), and (3) case management of MiP. The country began piloting IPTp in 2003.

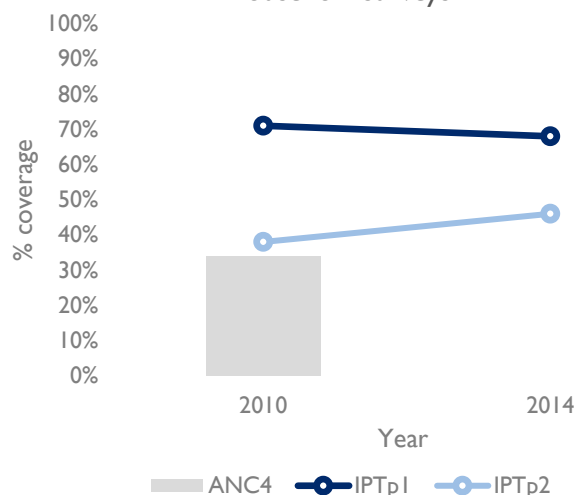
AT A GLANCE²



POLICY & IMPLEMENTATION

The National Malaria Control Program's (NMCP's) IPTp strategy is based on the WHO's 2012 revised guidance, which calls for administration of IPTp with sulfadoxine-pyrimethamine (SP) via DOT at each antenatal care (ANC) visit at intervals of at least 1 month, beginning as early as possible in the second trimester of pregnancy and lasting until delivery. The updated ANC register includes reporting on the third and fourth dose of IPTp, and the MiP training of health workers on the revisions is complete.⁴ Burkina Faso does not currently have a technical working group or subgroup dedicated to MiP, but strong malaria program leadership and advocacy have contributed significantly to Burkina Faso's high IPTp coverage. The Ministry of Health's (MOH's) commitment to MiP has led to successful coordination and cooperation between the reproductive health and malaria departments as well as effective lobbying efforts to direct government resources toward malaria commodity procurement. The NMCP and larger MOH's commitment has had an impact from the central to the community level, resulting in robust community mobilization and prioritization of MiP at service delivery points. In

Figure A. IPTp and ANC4 coverage, from household surveys³



¹ IPTp1, IPTp2, and IPTp3 refer to at least one dose, at least two doses, and at least three doses, respectively, of IPTp with SP.

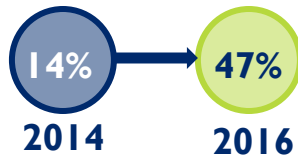
² (i) ANC data from: Institut National de la Statistique et de la Démographie (INSD) and ICF International. 2012. *Burkina Faso Demographic and Health Survey 2010*. Calverton, MD, USA: INSD and ICF International. (ii) IPTp and ITN data from: INSD, Programme National de Lutte contre le Paludisme (PNLP), and ICF International. 2015. *Burkina Faso Malaria Indicator Survey 2014*. Rockville, MD, USA: INSD, PNLP, and ICF International.

³ The y-axis shows coverage for the most recent pregnancy resulting in a live birth—in the previous 5 years for ANC and in the previous 2 years for IPTp—among women ages 15–49 who were interviewed for the survey. (i) *Burkina Faso Demographic and Health Survey 2010*. (ii) *Burkina Faso Malaria Indicator Survey 2014*.

⁴ President's Malaria Initiative. 2017. *Burkina Faso Malaria Operational Plan FY2017*. Accessed June 21, 2018 at: <https://www.pmi.gov/docs/default-source/default-document-library/malaria-operational-plans/fy17/fy-2017-burkina-faso-malaria-operational-plan.pdf>

In addition to a strong focus on building health worker capacity through training and supervision, the MOH involves community health workers in communication activities to promote early ANC attendance and encourage uptake of IPTp, as well as in broader efforts in behavior change communication.

The percentage of pregnant women receiving at least three doses of IPTp has increased dramatically in Burkina Faso.⁶



SERVICE DELIVERY

Since 2010, the President’s Malaria Initiative has supported the NMCP in its effort to strengthen the provision of MiP services by facilitating training and supervision of health workers, including ANC service providers. Copies of the national malaria guidelines are readily available at health facilities, according to supervision reports.

According to the 2014 Service Availability and Readiness Assessment survey of health facilities, 91% of facilities offer IPTp, 82% have a copy of the IPTp guidelines, and 62% have staff trained on IPTp⁷. There were significant differences between public and private facilities; only 13% of private facilities had the IPTp guidelines.

COMMUNITY ENGAGEMENT

Burkina Faso has a national community-based health strategy that defines a package of activities for community health workers, including the promotion of prevention and treatment of MiP. The President’s Malaria Initiative currently supports operations research to determine whether IPTp delivery by community health workers can improve coverage without detracting from ANC attendance. Under this study, the first dose of IPTp is administered at ANC, but subsequent doses may be administered by a community health worker. Results are expected in late 2018.

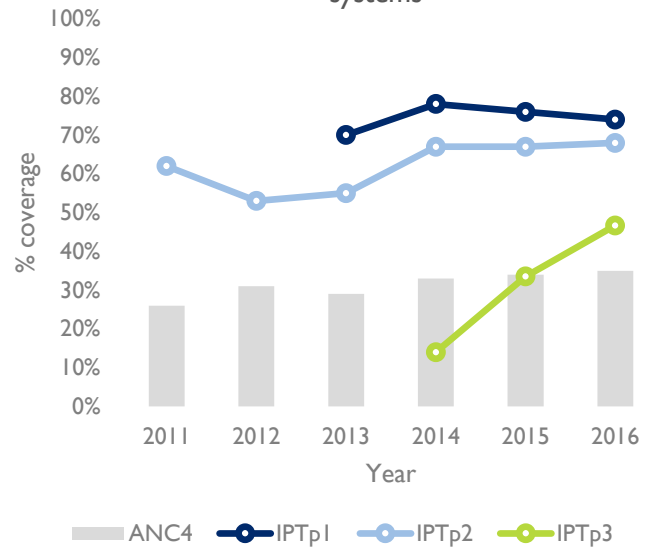
COMMODITIES

The Government of Burkina Faso (GoBF) is the sole procurer of SP, and until 2016, it consistently met national needs. Political upheaval in 2014 imposed budget constraints on all GoBF ministries, and funding that had been attributed to malaria in previous years was not available in 2016. This led to sporadic stock-outs of SP because procurements did not reach previous-year levels.⁸ According to the NMCP and the MOH, the government planned to resume full support of SP procurement in 2017, and would be able to meet 100% of the national need. The GoBF procures SP from a Good Manufacturing Practices certified source.

At the time of the 2014 Service Availability and Readiness Assessment, 61% of facilities had SP in stock. However, there were significant regional differences, ranging from 13% to 93% of facilities stocking SP. ITNs were notably less available, with 31% of facilities having them in stock at the time of the survey. Among private facilities, only 32% had SP and only 4% had ITNs in stock.

MONITORING & EVALUATION

Figure B. IPTp and ANC4 coverage among ANC attendees, from routine reporting systems⁵



⁵ The y-axis shows coverage among women who attended ANC at facilities reporting to the HMIS. Data source for this figure is the HMIS 2010–2016.

⁶ Data source is the HMIS 2014–2016.

⁷ Ministère de la Santé Burkina Faso, *Direction Générale des Etudes et des Statistiques Sectorielles, Direction des Statistiques Sectorielles. Enquête Nationale sur les Prestations des Services de Santé et la Qualité des Données Sanitaires (EN-PSQD/S.A.R.A II)*. 2014. Accessed on July 27, 2018 at <http://apps.who.int/healthinfo/systems/datacatalog/index.php/ddibrowser/50/download/152>.

⁸ *Burkina Faso Malaria Operational Plan FY2017*.

The Health Management Information System (HMIS) reports on delivery of at least three doses of IPTp, but does not report on IPTp administration via DOT. The HMIS also reports case management of MiP and ITNs distributed during ANC. HMIS tools collect the number of pregnant women who are HIV-positive and the number taking co-trimoxazole prophylaxis.

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