

Burkina Faso



<http://www.who.int/countries/en/>

WHO region	Africa
World Bank income group	Low-income
CURRENT HEALTH INDICATORS	
Total population in thousands (2015)	18 105.6
% Population under 15 (2015)	45.6
% Population over 60 (2015)	3.8
Life expectancy at birth (2015)	60.5 (Female) 59.9 (Both sexes) 59.1 (Male)
Neonatal mortality rate per 1000 live births (2015)	26.7 [17.3-39.4]
Under-five mortality rate per 1000 live births (2015)	88.6 [64.9-119.1]
Maternal mortality ratio per 100 000 live births (2015)	371 [257 - 509]
% DTP3 Immunization coverage among 1-year-olds (2014)	91
% Births attended by skilled health workers (2010)	65.9
Infants exclusively breastfed for the first 6 months of life (%) (2012)	38
Density of physicians per 1000 population (2010)	0.047
Density of nurses and midwives per 1000 population (2010)	0.565
Total expenditure on health as % of GDP (2014)	5.0
General government expenditure on health as % of total government expenditure (2014)	11.2
Private expenditure on health as % of total expenditure on health (2014)	47.7
Adult (15+) literacy rate total (2007-2012)	29
Population using improved drinking-water sources (%) (2015)	97.5 (Urban) 82.3 (Total) 75.8 (Rural)
Population using improved sanitation facilities (%) (2015)	19.7 (Total) 6.7 (Rural) 50.4 (Urban)
Poverty headcount ratio at \$1.25 a day (PPP) (% of population) (2009)	44.6
Gender Inequality Index rank out of 155 countries (2014)	144
Human Development Index rank out of 188 countries (2014)	183

Sources of data:
Global Health Observatory May 2016
<http://apps.who.int/gho/data/node.cco>

HEALTH SITUATION

In 2014, 89.8% of health facilities were regulation-compliant. The number of new contacts per person per year was 0.9 and the consultation rate was estimated to be 63%. In 2013 the prevalence of acute malnutrition was 8.2% and 21% of individuals were underweight. The rate of severe malnutrition in children under 5 was estimated at 0.70%.

In 2014, malaria prevalence among children under 5 was estimated to be 61%, HIV prevalence 1% and the reporting rate for new tuberculosis cases and relapses was 31 per 100 000 of population.

Epidemiologically, 6403 suspected cases of cerebrospinal meningitis and 627 resulting deaths were recorded in 2014 and 2015 (constituting an average case fatality rate of 10.05%). A total of 2603 cases of measles were recorded in the same period (2352 cases in 2014) with an average fatality rate of 0.45%

The following challenges and prospects should be noted:

- Reducing the double burden of communicable and noncommunicable diseases through prevention, case management, and research and surveillance, including implementation of the International Health Regulations (IHR)
- Improving the availability and affordability of safe, effective and high-quality health products
- Adopting a health financing strategy and introducing the universal health insurance scheme and a range of subsidy-based and free health-care initiatives
- Improving the quality of health-service delivery

HEALTH POLICIES AND SYSTEMS

The health sector is governed by a set of specific legislation and regulations. The Public Health Code dating from 1994 is currently being updated. The national health policy was revised in 2010 and a national health development plan for the period 2011-2020 is currently in force. The Ministry also has a comprehensive yearly action plan and annual initiatives for every level of the health pyramid. Other specific subplans focusing on reduction of maternal, neonatal and infant and child mortality, malaria control, blood transfusion and HIV control are also being implemented under the national health development plan.

A national roadmap has been developed for the adoption of the Sustainable Development Goals (SDGs) at national level, enabling the goals and their targets to be prioritized. The mid-term evaluation and current revision of the national health development plan will result in the incorporation of SDG targets into the second part of the national health development plan.

The International Health Regulations (IHR) were ratified in 2009 and national committees have been established. Minimum capacities for IHR implementation were assessed in 2011 and 2014, and a capacity-building plan for IHR implementation was developed for the period 2012-2016. Furthermore, revised guidelines for integrated disease surveillance and response which take into account the requirements of the IHR (2005) have been adopted.

The 2015 statistical yearbook lists 1836 public health facilities (4 university health centres, 9 regional hospitals, 47 medical centres with surgical units, 39 medical centres, 1694 health and social welfare centres and 43 offices for workers' health). The private health system comprises 451 private health facilities, 15 NGOs for capacity-building in the 13 regions and 716 private pharmacies and dispensaries. In this context, the average coverage area of facilities (both public and private) is 6.4 km and the bed occupancy rate is 53.2%. The availability of essential generic medicines at health and social welfare centres is 74.5%.

COOPERATION FOR HEALTH

Four joint programmes have been set up and implemented to reduce maternal, neonatal and infant and child mortality and morbidity (Partnership for Maternal, Newborn and Child Health (PMNCH), H4+ Canada, MUSKOKA France) and for controlling HIV (HIV/AIDS joint programme). PMNCH and H4+ Canada have been implemented in Burkina Faso's northern and central-northern regions, while MUSKOKA France and the HIV/AIDS joint programme cover all regions.

Coordination of the support of technical and financial partners for the health sector relies on a number of collaboration strategies such as (1) the National Monitoring Committee for implementation of the national health development plan, comprising six technical commissions, (2) the Sectoral Framework for Health and Nutrition Dialogue that is helping to implement the Strategy for Accelerated Growth and Sustainable Development, (3) the monthly meeting of health-sector technical and financial partners – in which WHO was the lead agency until the beginning of 2014, then the European Union in 2015 and now UNICEF, (4) the thematic group for health, responsible for collaborative monitoring of the health/nutrition component of the United Nations Development Assistance Framework (UNDAF), and (5) the working group on AIDS (UNJTA). Coordination committees have been tasked with overseeing the supply of inputs for HIV/AIDS and malaria control.

WHO COUNTRY COOPERATION STRATEGIC AGENDA (2010–2015)

Strategic Priorities	Main Focus Areas for WHO Cooperation
<p>STRATEGIC PRIORITY 1: Strengthen the health system and health policies</p>	<p>Support:</p> <ul style="list-style-type: none"> • Advocacy for the mobilization of additional health resources • Improvements in the quality of health care, the organization of health services and capacity-building • Strengthening of the national information system, operational research and monitoring and evaluation of the National Health Development Plan • Development of initiatives to promote traditional medicine • Strengthening human resources both quantitatively and qualitatively through the implementation of the national development plan for human resources for health
<p>STRATEGIC PRIORITY 2: Improve maternal, neonatal, infant and adolescent health</p>	<ul style="list-style-type: none"> • Scale up quick-win interventions for maternal, neonatal, infant and adolescent health • Expand access to emergency obstetric and neonatal care and improve referral of complicated cases • Implement the accelerated strategy for child survival and development and the integrated management of childhood illness • Incorporate family planning in reproductive health services
<p>STRATEGIC PRIORITY 3: Strengthen disease control</p>	<ul style="list-style-type: none"> • Support efforts to reduce the incidence, prevalence and mortality rate of communicable diseases, especially vaccine-preventable diseases, HIV/AIDS, malaria, tuberculosis, and neglected tropical diseases • Support the development of policies and strategies to prevent and appropriately control chronic noncommunicable diseases, specifically cancer, diabetes, and cardiovascular diseases.
<p>STRATEGIC PRIORITY 4: Health promotion</p>	<ul style="list-style-type: none"> • Develop, implement, monitor and evaluate policies, strategies and interventions to reduce environmental health risks and risks associated with development activities, including in the area of occupational health and safety • Improve the management of biomedical waste • Support nutrition and food safety • Promote efforts to address gender, human rights and ethics in health policies and programmes