SMC IMPLEMENTATION IN 2015 IN BURKINA FASO

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In Burkina Faso, malaria remains one of the major public health issue.

In 2015:

- **8,285,251 cases** have been identified
- **5,379 death** including **4,005 in children under five**
- **46%** of outpatients visits;
- **48%** of hospitalisation; and
- **25%** of death at health facilities are due to malaria
• Malaria burden is highest during the rainy season, during planting and harvest times.
• Because of malaria, farmers (around 90% of the population) cannot get the full benefits of their harvest.
• Studies show that families affected by malaria harvest only 40% of what they normally harvest while in good health.
Malaria Trends, per Month, in Children under Five in Burkina Faso from 2012 to 2014

<table>
<thead>
<tr>
<th>Month</th>
<th>Janvier</th>
<th>Février</th>
<th>Mars</th>
<th>Avril</th>
<th>Mai</th>
<th>Juin</th>
<th>Juillet</th>
<th>Août</th>
<th>Septembre</th>
<th>Octobre</th>
<th>Novembre</th>
<th>Décembre</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>166284</td>
<td>150350</td>
<td>146832</td>
<td>147243</td>
<td>105911</td>
<td>151629</td>
<td>224487</td>
<td>513672</td>
<td>559258</td>
<td>612618</td>
<td>417407</td>
<td>221158</td>
</tr>
<tr>
<td>2013</td>
<td>227321</td>
<td>200299</td>
<td>163154</td>
<td>106054</td>
<td>116766</td>
<td>116496</td>
<td>215442</td>
<td>493430</td>
<td>580102</td>
<td>573495</td>
<td>392953</td>
<td>209153</td>
</tr>
<tr>
<td>2014</td>
<td>228,65</td>
<td>245,01</td>
<td>205,54</td>
<td>160,75</td>
<td>135,63</td>
<td>188,32</td>
<td>258,78</td>
<td>586,27</td>
<td>591,58</td>
<td>610,98</td>
<td>445,54</td>
<td>236,77</td>
</tr>
</tbody>
</table>

Cas

+60%
Implementation Approaches 1/2

- Pilot in 2014: 7 health districts.
- Extension in 2015 in 17 health districts:
  - ✓ 11: ACCESS-SMC (UNITAID through Malaria Consortium)
  - ✓ 4: World Bank
  - ✓ 2: UNICEF
  + ALIMA (to assist in Boussé district)

Government contributed to the purchase of drugs in districts supported by World Bank and UNICEF
Target reached by each partner (technical and financial support) during the 2015 campaign in Burkina Faso
Implementation Approaches 2/2

- **Distribution strategies for SP+AQ**: mass distribution campaign in villages and sectors

- **Duration and time of the year**: 4 days per month during the first week of August, September, October and November

- **Administration of SP+AQ doses**: Door-to-door by a team of 2 community distributors (DC) under the supervision of health workers
  - From compound to compound
  - From field to field
  - From village to village
  - Meeting points
Community distributors preparing (above) and administering (right) the SMC drugs
Administrative Coverage by Cycle
In the 17 Health Districts

Coverage

<table>
<thead>
<tr>
<th>Cycle</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>P1</td>
<td>101.24%</td>
</tr>
<tr>
<td>P2</td>
<td>105.02%</td>
</tr>
<tr>
<td>P3</td>
<td>108.10%</td>
</tr>
<tr>
<td>P4</td>
<td>109.26%</td>
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</tbody>
</table>
# Preliminary Results: Coverage Surveys (ACCESS-SMC)

| Indicators                                                                 | Results  
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Confirmed receiving SMC card</td>
<td>94.6%</td>
</tr>
<tr>
<td>Received at least 1 cycle</td>
<td>95.8%</td>
</tr>
<tr>
<td>Received at least 3 cycles</td>
<td>83.9%</td>
</tr>
<tr>
<td><strong>Have taken the 3 doses (treatment adherence)</strong></td>
<td>97.2%</td>
</tr>
<tr>
<td>Slept under a mosquito net the previous night</td>
<td>88.7%</td>
</tr>
</tbody>
</table>

The target is > 80%. These results show the efficiency of the 2015 campaign in Burkina Faso.
Trends of Malaria Cases in Children under Five in 2014 and 2015 in SMC Areas (Endos)
Decrease Rate of Malaria Cases in Children under Five in each District of ACCESS-SMC Implementation (UNITAID/Malaria Consortium)

The negative rate in Bogande means an increase of malaria cases
Malaria Cases Trends in Children under Five in 2014 and 2015 in Ziniaré District
Implementation Challenges

• Access
  – Operational challenges
  – Insecurity (eastern region)

• Low literacy of DC

• Absence of some beneficiaries

• Administration of hard tablets

*Floods in Boulsa*
What next?

- **SMC impact surveys** on malaria incidence when administration of 1 dose is supervised vs when administration of 3 doses are supervised.

- Organisation of the 2016 campaign.

- After ACCESS-SMC? What are the options to ensure sustainability?
  - Government of Burkina Faso, political will
  - WB: Project BM/MTN/CPS 2016-2019
  - USAID/PMI: starting 2017
  - UNICEF: support SMC since 2015
Challenges Ahead

• Geographical coverage: **14 health districts are not covered** for an estimated cost of **945,682,652 FCFA** (USD **1,6M** / GBP **1,1M**)

• Improving **SMC quality in 2016**

• **Aligning** microplanning for all partners: Malaria Consortium, Banque Mondiale, UNICEF

• **SMC sustainability** once projects end (ACCESS-SMC: 2016; GF: 2017; WB: 2019; USAID: ?)
Community Perspectives

✓ SMC is appreciated by communities as an intervention preventing a well-known killer: malaria

✓ SMC can save lives, is free and easily accessible by communities

✓ Mothers encourages others to take their children to receive SMC

«In the past, wherever you would go, you would see children with fever, but now there is a significant improvement from last year, now it’s different. We have improved. Our children are in better health, and we hope they continue to be supported so they can continue to be healthy and go to school. We are happy.»

Caregiver

Conclusion

SMC is a key promising intervention. The success of SMC implementation at large scale requires commitment of Governments in the Sahel, development partners, research institutions and private sector.

Thank you