BIENNIAL REPORT 2024–25

Key results of the programme budget execution

World Health Organization

Burkina Faso

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Abbreviations and acronyms

AICS	Italian Agency for Development Cooperation
AMR / RAM	Antimicrobial resistance
ANJE	Infant and young child nutrition
ARV	Antiretrovirals
BI	Behavior Integrated (approach behavioral integrated)
CCLAT	WHO Framework Convention on Tobacco Control
CCS	Cooperation strategy with countries
CHR	Hospital center regional
CHU	Hospital center university
CNPS	National Health Workforce Accounts
CORUS	Emergency Health Operations Center
CSC	Communication for health and behavior change
DHIS2	District Health Information Software 2
DRS	Regional Health Directorate
DS	Sanitary district
EEC/JEE	Joint external evaluation
EPP	Evaluation of professional practices
FOSAB	Baby-friendly healthcare training
GPW13	Thirteenth General Programme of Work of the WHO
GPW14	Fourteenth General Programme of Work of the WHO
HeRAMS	Health Resources Availability Monitoring System
HIV	Human immunodeficiency virus
HOSCO	Saint-Camille Hospital of Ouagadougou
ICD-11	International Classification of Diseases, 11th Revision
IEHK	Interagency Emergency Health Kit
IHAB	Baby-Friendly Hospital Initiative
INFOSAN	International Food Safety Authorities Network
IST	Sexually transmitted infections transmissible
MAS	Acute malnutrition severe
MCAT	Multi-Country Assignment Team
MNT	-communicable diseases
MS	Ministry of Health
MTN	Tropical diseases neglected
ONSP	National Public Health Observatory
PANSS	National action plan for health security
PF	Family planning
PHC	Primary Health Care
PMS	Program Management System
PSA	Advanced Health Post
RAM	Antimicrobial resistance
RSI	International Health Regulations
SAT	Severe Acute Malnutrition
SDG	Sustainable Development Goals
SDMPR	Surveillance of maternal and perinatal deaths and response
SGI	Incident Management System
SIH	Information system hospital
SNIS	Health Information System
SRMNIA	Reproductive, maternal, neonatal, child and adolescent health
STAR	Strategic Tool for Assessing Risks
SURGE	Strengthening and Utilizing Response Groups for Emergencies
TB	Tuberculosis
UHC	Universal Health Coverage
VBG	Gender-based violence
WHO	World Health Organization
WHOPEN	WHO Package of Essential Noncommunicable Disease Interventions

Foreword

"Faced with these challenges, the strategic partnership between the Government of Burkina Faso and the World Health Organization (WHO) enabled the maintenance and expansion of essential actions to protect the health of populations, strengthen the resilience of the health system, and progress towards universal health coverage."

Dr. Seydou Coulibaly
WHO Representative (a.i) in Burkina Faso

During the 2024–2025 biennium, the WHO Country Office in Burkina Faso continued to operate within a particularly challenging health and humanitarian context, marked by the security crisis in certain areas, massive population displacements, the effects of climate change, and increasing pressure on an already fragile health system. Faced with these challenges, the strategic partnership between the Government of Burkina Faso and the World Health Organization (WHO) enabled the maintenance and expansion of essential actions to protect the health of populations, strengthen the resilience of the health system, and progress towards universal health coverage.

This biennial report demonstrates WHO's ongoing commitment to supporting the country through high-level technical assistance, leadership in coordination, evidence-based advocacy, and targeted operational support, all in service of national priorities. The results presented reflect measurable progress in strengthening essential services, health emergency preparedness and response, health promotion, the digitalization of information systems, and improved health sector governance.

The WHO played a catalytic role by mobilizing partners, facilitating policy dialogue, strengthening national capacities, and supporting innovation, while placing equity and the protection of the most vulnerable populations at the heart of its interventions. These achievements were made possible through close collaboration with national authorities, technical and financial partners, UN agencies, civil society, and communities. As the country embarks on a new phase of reforms aligned with GPW14, the WHO reaffirms its commitment to supporting Burkina Faso in consolidating its progress, accelerating structural transformations, and strengthening health resilience, so that every Burkinabe can access quality health services without financial hardship.

Executive Summary

The WHO played a pivotal role in providing technical support, multi-sectoral coordination, advocacy, and operational assistance. Despite a context marked by insecurity in some areas, massive population displacements, and a vulnerable health system, the Organization contributed to achieving measurable results in several priority areas, with key achievements detailed below.

Health systems strengthening:

Scaling up the **WHOPEN package interventions in six districts** improved the management of noncommunicable diseases. WHO supported the development of the **national statistical yearbook and national human resources accounts, facilitating health workforce planning**, training, and the integration of new workers in rural areas. WHO strengthened national capacity for the regular production of health expenditure indicators to monitor universal health coverage. It also supported the participatory production and validation of periodic performance reports through dialogue involving all stakeholders, under the leadership of national health authorities. More than **70,500 people** directly benefited from increased care in eight priority districts through the provision of 150 IEHK kits, 15 trauma kits, 100 kits for the management of severe acute malnutrition (SAM), and 4 medical tents.

Reproductive, maternal, newborn, and child health:

More than **500 healthcare providers** were trained in family planning and reproductive health, and **mobile health units** were deployed to remote areas. More than **75,000 beneficiaries**, including 30% who were children and adolescents, accessed reproductive health services. In addition, **emergency kits** were distributed to **more than 100 health facilities**, and catch-up campaigns vaccinated **more than 1.2 million children**, reducing the risk of disease outbreaks. Polio control efforts resulted in vaccinating more than 2 million children per round, **achieving coverage of over 99% in 26 high-risk districts**, with support from 15 national and international experts mobilized by the WHO. In addition, **75 actors from regional hospitals and community health centers, as well as humanitarian actors, benefited from refresher training on the Minimum Emergency Response Package for Sexual and Reproductive Health (DMU SSR). and the fight against gender-based violence (GBV)**. Furthermore, within the framework of the Surveillance of Maternal and Perinatal Deaths and Response (SDMPR), WHO supported the implementation of an innovative incident management system (IMS) to eliminate preventable maternal and perinatal deaths. Also, with the support of the country team, **a new SRMNIA-PA 2025–2030 strategic plan was developed and validated**.

Health Emergency Preparedness and Response:

WHO has facilitated the strengthening of national capacities for the prevention, detection, and response to health emergencies, notably through **the conduct of the Joint External Evaluation**, an exercise recommended by the International Health Regulations, **the development of the National Health Security Action Plan (NHSP) 2025–2029, and the strengthening of One Health coordination**. Surveillance systems have been modernized **through the training of more than 27,000 multisectoral actors**, the initiation of the digitalization of the early warning system, and the improvement of real-time notification of health events, supported by the provision of appropriate operational tools. Human capital and structural capacities have been sustainably strengthened through the training of specialized experts (SURGE, emergency management, high-risk diseases), the development of multiple contingency plans, the organization of simulation exercises, and the development of critical infrastructure such as

emergency operations centers. In parallel, more than **250,000 people in hard-to-reach areas received essential care through mobile clinics, advanced health posts (AHPs)**, and community health points established with WHO support in the Boucle du Mouhoun, Eastern, and Sahel regions, improving coverage for displaced and isolated populations. In preparation for emergencies, standard operating procedures (SOPs) were implemented at points of entry, and One Health simulation exercises were conducted to strengthen intersectoral coordination in response to zoonotic and climate-related threats.

Combating communicable and non-communicable diseases:

WHO facilitated the distribution of **15 million insecticide-treated bed nets. Malaria vaccination was rolled out in all 70 health districts**, protecting millions of children, while seasonal **chemoprevention campaigns reached over 5 million children. More than 303 tons of medicines** and health supplies were delivered to **16 districts** and the Dori Regional Hospital under the agreement between the Ministry of Health and WHO. In April 2025, Burkina Faso, with WHO support, adopted a **decree banning smoking in public places and on public transportation. More than 500,000 people** were educated about risk factors and healthy behaviours. With the support of the WHO, the country has strengthened its normative and operational framework in nutrition and food safety, by aligning the national protocol for the prevention and management of acute malnutrition (PPCIMA) with WHO guidelines, **finalizing the 2025–2029 Multisectoral Plan**, improving management capacities in nine centers, **providing kits for the management of 2,000 cases of SAM and screening more than 48,000 malnourished children**.

Data, digitalization, and governance:

WHO contributed to the development of the 2025–2029 National Digital Health Strategy, the 2026–2030 National Health Information System Strategy, and the implementation of the International Classification of Diseases, 11th Revision (ICD-11), **with a launch in four referral hospitals**. More than **800 national experts** were trained in the collection, analysis, and interpretation of mortality and cause-of-death data. Furthermore, the country finalized the development of the **2026–2030 National Health Information System Strategic Plan and prepared a digital health investment case, complementary to the national enterprise architecture**. The WHO also supported **the launch of the new national Public Health Observatory platform**, which marked a major turning point for equitable access to health information, while support for the regular production of epidemiological bulletins (malaria, HIV, TB) strengthened the use of data for action and accountability. Similarly, the country office coordinated **the development of a "Compendium of Good Practices" in public health in collaboration with Benin, Niger, and Togo**. This tool allows for the assessment of interventions and innovations that can be scaled up to improve access to health services.

Overall, these results demonstrate the **resilience of Burkina Faso's health system** and the tangible impact of WHO support. However, significant challenges remain: **low coverage of postnatal care, the need for even greater funding despite government efforts, fragmented information systems, and security constraints** continue to limit the reach of interventions. Finally, Burkina Faso has made notable progress thanks to its strategic partnership with WHO, which remains a key catalyst for consolidating achievements, scaling up innovations, and accelerating progress toward universal health coverage and health resilience.

Introduction

This 2024–2025 biennial report details the results achieved by the World Health Organization in Burkina Faso within the framework of the Thirteenth General Programme of Work (GPW13) and the Country Cooperation Strategy (CCS). It highlights WHO's contribution to strengthening national health systems, protecting populations from health emergencies, and sustainably improving the determinants of health in a complex, constantly evolving environment.

Structured around five strategic priorities of GPW13, the report presents progress made in: **1. expanding access to essential health services**, **2. preparing for and responding to health emergencies**, **3. promoting health and addressing social determinants**, **4. digitalization, data and health governance**, and **5. efficient management of human, financial and logistical resources**.

Beyond technical achievements, this report illustrates the added value of the WHO as a trusted partner of the Government, a key player in the United Nations system, and a platform for multi-sectoral coordination. It highlights quantifiable results, structural reforms, operational innovations, and lessons learned, while also identifying persistent challenges that call for strengthened engagement.

At the dawn of the GPW14 cycle, this document constitutes both a review of progress and a strategic basis for guiding future actions, with a view to a more equitable, efficient, and resilient Burkinabe health system serving the population.

STRATEGIC PRIORITY 1

Universal Health Coverage – expanding access to essential services

WHO supported strengthening Burkina Faso's health systems by scaling up the WHOPEN program in six health districts, improving planning and increasing the availability of essential medicines for the fight against communicable and non-communicable diseases. Results show 76% chemopreventive coverage for NTDs, an 84% success rate in tuberculosis treatment, and over 99% of malaria cases managed effectively, while nearly 100% of people living with HIV in the active caseload are accessing treatment, with an HIV prevalence of 0.5%. In reproductive and child health, over 500 providers were trained, mobile units were deployed, and emergency kits were distributed, benefiting 75,000 people, while 1.2 million children received catch-up vaccinations. However, postnatal coverage remains low at 36.7%, which continues to be a major challenge.

The WHO also supported governance by producing the 2023 and 2024 national health workforce accounts and by improving budget transparency through the 2022 and 2023 health accounts reports. Finally, notable progress was made in equitable access to medical products and in the fight against antimicrobial resistance, with a national communication plan funded and almost fully implemented.

More than 5 million children

have benefited from seasonal malaria chemoprevention

More than 500 healthcare providers

have been trained to deliver services tailored to women, adolescents, and young people

More than 75,000 beneficiaries

accessed family planning services and prenatal consultations through mobile health units

90% of targeted children vaccinated

due to improved childhood immunisation coverage with WHO support

RMNIA-PA Strategic Plan developed

with technical support from the WHO

Strategic dialogues supported by WHO

raising policymakers' awareness of the principles of equity and efficiency in resource mobilization

Reports on availability and accessibility

of essential medicines, vaccines, and tracer tests developed with WHO support

National AMR surveillance documents

development of monitoring frameworks integrated into the global system with WHO support

1.1. The country is receiving support to strengthen the health system and improve the delivery of essential health services

In Burkina Faso, the WHO facilitated the updating and dissemination of the diagnostic and treatment guide for primary healthcare facilities to strengthen the foundation of primary care and improve the quality of care. The WHO also strengthened national data collection and analysis capacity, facilitating the country's participation in global reports on malaria, tuberculosis, and hepatitis. Data platforms were established, and health surveillance bulletins were regularly updated, thereby improving the availability and use of information for decision-making.

More than 5 million children

have benefited from seasonal malaria chemoprevention

and more than 15 million

mosquito nets have been distributed

At the strategic level, WHO supported the development of integrated plans, including the national strategy against HIV, STIs, and viral hepatitis; the triple elimination of HIV-hepatitis B-syphilis; and the strategic plan against neglected tropical diseases. These key documents define monitoring indicators and guide priority actions. The revision of national guidelines is another major component. Protocols for the management of tuberculosis, malaria, HIV, NTDs, and hepatitis have been updated in line with international standards, incorporating new recommendations on TB-HIV coinfection, anti-tuberculosis drug resistance, and the three-test algorithm for HIV testing. WHO-supported public health interventions have had a direct impact on the population: **more than 5 million children have benefited from seasonal malaria chemoprevention, and more than 15 million mosquito nets have been distributed**. Investigations into antiretroviral resistance have been conducted, and mass treatment programs have been organized against neglected tropical diseases (NTDs).

With WHO support, the management of certain priority communicable diseases has yielded the following results: preventive treatment coverage for chemopreventable NTDs reached 76%, the treatment success rate for new tuberculosis cases rose to 84%, and over 99% of suspected or confirmed malaria cases received appropriate care. Furthermore, HIV prevalence decreased to 0.5%. In addition, according to the 95-95-95 care cascade, by 2024, program data indicated that 89% of people knew their HIV status, 89% of HIV-positive individuals were on antiretroviral therapy, and 59% of HIV-positive individuals had a suppressed viral load. Moreover, sickle cell disease screening reached 5.3% of the target population.

Regarding the fight against non-communicable diseases (NCDs) through the development of a national strategic plan for the fight against NCDs (2024–2028), the implementation of WHOPEN in six health districts (in the North and Central-South regions) through in particular the strengthening of the capacities of health personnel and community health workers (i.e. a total of 965 agents); the provision of technical guides and WHOPEN equipment and consumables (656 glucometers, 666 lancets and 666 strips) for the rapid diagnosis and management of NCDs.

1.2. The country is supported to strengthen reproductive, maternal, newborn, child, adolescent, youth and elderly health (SRMNIA-PA)

More than 500 healthcare providers

have been trained to deliver services tailored to women, adolescents, and young people

In reproductive health, the WHO has strengthened its support through complementary approaches. More than **500 healthcare providers** have been trained to deliver services tailored to women, adolescents, and young people. This support has enabled the integration **of emergency contraception** and care for survivors of gender-based violence (GBV) within health facilities. To optimize the quality of SRMNIA services, the SRMNIA tools and fact sheets (PF-SAA-SGI-SRAJ), developed in 2021, have been revised with WHO support and disseminated to stakeholders in the country's 13 regional health directorates (DRS) and 70 health districts (DS). Furthermore, as part of skills development efforts, **160 practitioners (anesthesiologists, gynecologists, and midwives) received "SAFE OBSTETRIC" training at the country's four main university hospitals: Bogodogo, Tengandogo, Yalgado, and Sourou-Sanou**. In addition, 66 members of learned societies and professional associations participated in capacity building focused on professional practice evaluation (PPE). Concurrently, 66 staff members from technical and regional directorates were trained in the management and transfer of skills in sexual and reproductive health, while 66 national trainers enhanced their knowledge of operational management of sexual and reproductive health care.

As part of the humanitarian crisis response plan, approximately one hundred staff members from regional and district hospitals received refresher training on the Minimum Emergency Sexual and Reproductive Health (MERH) Package and **on combating gender-based violence (GBV), particularly on the prevention of and response to sexual exploitation and abuse in the six security-challenged regions. Mobile health units** were deployed to remote and fragile areas, enabling

More than 75,000 beneficiaries

accessed family planning services and prenatal consultations through mobile health units

90% of targeted children vaccinated

due to improved childhood immunisation coverage with WHO support

more than **75,000 beneficiaries, including 30% who were young people and adolescents**, to access family planning and prenatal care services. In humanitarian contexts, **emergency reproductive health kits** were distributed to more than 100 health facilities, ensuring continuity of care for displaced populations and host communities. At the community level, awareness and education campaigns on reproductive health reached more than **250,000 people**, contributing to increased use of modern contraceptive methods. With WHO support, childhood immunization coverage also improved, with **90% of targeted children vaccinated and more than 1.2 million children caught up** during vaccination campaigns. However, **postnatal coverage remains a concern, standing at 36.7%**, revealing an urgent need to intensify efforts in this area. WHO provided financial and technical support for the development of national guidelines, standards, and procedures for health communication (HCC) that integrate the Behaviour Integrated (BI) approach to promote reproductive health and family planning (RH/FP). Training modules have been developed, enabling the capacity building of 23 national trainers from the central level, civil society, universities, learned societies, and financial partners, who are responsible for disseminating this strategy at the operational level.

RMNIA-PA Strategic Plan developed

with technical support from the WHO

Thanks to technical and financial support from the WHO, the country has taken a major step forward in developing and validating **its new strategic plan for reproductive, maternal, newborn, child, adolescent, and older adults (RMNIA-PA) health for the period 2025–2030**. This plan now serves as the national framework for effectively guiding interventions to improve the health of mothers, children, adolescents, young people, and older adults. National policies, standards, protocols, and guidelines have been updated to incorporate the latest WHO recommendations, thereby harmonizing and improving the quality of care.

In the area of older people's health, WHO support has helped increase the visibility and care for this group through the regular commemoration of the International Day of Older Persons (IDOP), marked by thematic conferences on health and self-care, as well as well-being activities such as public yoga sessions. Furthermore, **the creation**

of a national guide to criteria for elder-friendliness and the development of operational tools for the "Burkina Faso Friends of Older Persons" initiative represent concrete progress, reflecting the country's commitment to improving the quality of life and inclusion of older people.

BOX 1. Maternal Death Incident Management System

To achieve SDG 3 by 2030 and reduce maternal mortality to less than 70 per 100,000 live births, newborn mortality to 12 per 1,000 births, and under-five mortality to 25 per 1,000 births, the Ministry of Health appointed an Incident Management System (IMS) manager for maternal deaths. This was followed by the establishment of audit committees and a strategic steering committee (SSC). The WHO supported the Ministry of Health in developing the audit guide for maternal, perinatal deaths and the response, and in strengthening the strategies for monitoring maternal, neonatal deaths and the response (SDMNR) implemented in Burkina Faso through: the regular holding of coordination and monthly monitoring frameworks for the maternal death incident management system; the mobilization of stakeholders, including regional governors, regional health directors, journalists and communicators, in support of the incident management system (SGI); investigative visits to hospital facilities recording a significant number of maternal deaths; and the development of an organizational reference document for cross-referral of obstetric and neonatal emergencies.

1.3. Strengthening health governance and institutional capacities

Burkina Faso has strengthened its health governance capacities thanks to the support of the WHO. In 2024–2025, the Organization supported the implementation and monitoring of the **National Health Development Plan (PNDS). From 2021 to 2030, the WHO facilitated the development of strategic plans for priority programs** and annual operational plans for health facilities for the period 2024–2025. These plans serve as a strategic framework to guide sector priorities, align partners, and strengthen the coherence of interventions. The WHO also facilitated the integration of modern monitoring and accountability tools, such as the use of harmonized indicators and the updating of data on national platforms. The adoption of these mechanisms has led to better resource allocation and more transparent management. The impact is measured by improved accountability and strengthened national leadership. Annual policy dialogues, supported by the WHO, have brought together various stakeholders (government, technical and financial partners, and civil society) around a shared vision for public health.

1.4. Strengthening human resources for health

The issue of human resources remains central to the structural challenges facing the Burkinabe health system. The WHO supported the production and dissemination of the **2023 and 2024 National Workforce Accounts (NWA)**, providing the Ministry of Health with up-to-date data to guide staff planning and redeployment. In parallel, the WHO supported the recruitment and training of new staff, particularly in rural

and fragile areas. This support was accompanied by capacity-building initiatives, including continuing education sessions on epidemiology, emergency management, and risk communication. These actions not only partially addressed staff shortages but also improved the quality of services provided.

1.5. Support for the development and implementation of equitable and integrated health financing policies

Strategic dialogues supported by WHO

raising policymakers' awareness of the principles of equity and efficiency in resource mobilization

As part of efforts to strengthen health financing, WHO supported the organization of several **strategic dialogues** on financial governance. These sessions raised policymakers' awareness of the principles of equity and efficiency in resource mobilization and allocation. In parallel, WHO supported the preparation and dissemination of **health accounts reports, which provide** greater visibility into the sector's financial flows. These tools strengthen a country's capacity to track its expenditures, including their amount, sources, allocation, and use, and, most importantly, to advocate for increased resource mobilization.

BOX 2. Project "Support for the Burkina Faso Health System for Universal Access to Health"

The country office received funding from the Italian Agency for Development Cooperation (AICS) under the project "Support for the Burkina Faso Health System for Universal Access to Health," totaling €2,133,947. This funding enabled WHO to support the Ministry of Health in the fight against non-communicable diseases (NCDs), as well as Saint-Camille Hospital in Ouagadougou, particularly to strengthen its technical and operational capacity.

The support provided to the technical facilities of Saint-Camille Hospital in Ouagadougou (HOSCO) aimed to ensure accessible and high-quality patient care, to implement the physical architecture of the hospital information system (HIS), to renovate the hospital infrastructure, including the perimeter fence and access points, and to install a video surveillance and fire safety system. The equipment installation and supply of medical and technical equipment covered several departments: surgery, cardiology, gastroenterology, obstetrics and gynecology, medical imaging, physiotherapy, laboratory, neonatology, ophthalmology, otolaryngology (ENT), pulmonology, and emergency medicine and surgery. In addition, a modern medical gas and fluid production plant was installed and connected to the emergency medicine and surgery department.

Regarding the information system, the hospital's computer architecture was optimized to improve access to health information across departments, including decision-makers. To this end, several specific achievements can be mentioned: (i) network cabling and building interconnection, (ii) data center upgrades and reinforcement of servers and the air conditioning system, (iii) provision of ten computers, as well as security and office software, for users, and (iv) the installation of 13 switches in the buildings concerned to improve the IT network. These investments constitute a solid foundation for the operationalization of a hospital information system (HIS).

1.6. Strengthening the production and analysis of financial information in healthcare to inform decisions

With WHO support, Burkina Faso has improved its capacity to produce and use evidence-based data. **The 2022 and 2023 health accounts reports have been finalized and disseminated, and now include modules for monitoring expenditures** for emergencies and chronic diseases. Multisectoral coordination mechanisms have been established to harmonize data collection and analysis, notably through the enhanced DHIS2 platform. WHO has also supported the training of national and regional experts in the use of analytical tools, thereby improving the quality and relevance of the information available for decision-making.

1.7. Improving equitable access to medical products, vaccines and health technologies

The WHO supported the development and dissemination of **reports on the availability and accessibility of essential medicines, vaccines, and tracer tests**. Specific actions aimed at strengthening the supply chain and good governance, and at limiting stockouts, particularly in hard-to-reach areas. Local pharmaceutical production received special attention, notably through awareness-raising on good manufacturing practices and WHO prequalification for local producers. In parallel, the WHO contributed to improving mechanisms for monitoring prices and quality of medicines available on the market, in partnership with the national pharmaceutical regulatory agency.

Reports on availability and accessibility

of essential medicines, vaccines, and tracer tests developed with WHO support

1.8. Combating antimicrobial resistance (AMR)

National AMR surveillance documents

development of monitoring frameworks integrated into the global system with WHO support

Combating antimicrobial resistance (AMR) has been a priority on the national health agenda. WHO supported the **development of national AMR surveillance documents**, integrated into the overall monitoring system. A tailored communication plan was designed and disseminated to raise awareness and educate healthcare professionals and communities about the risks associated with antibiotic misuse. Operationally, WHO supported training, the expansion of the network of participating laboratories, and the collection of AMR surveillance data to better understand the extent of resistance in the country. The **“ Antibiogo “ digital antibiogram measurement solution was deployed** in laboratories involved in surveillance. Training modules on the appropriate use of antibiotics were also developed.

STRATEGIC PRIORITY 2

Health Emergencies – protecting populations against health threats

All the interventions carried out under strategic priority 2 have significantly strengthened preparedness, detection, and response to health emergencies in Burkina Faso. WHO acted as a technical partner (training SURGE experts, strengthening digital surveillance), an operational actor (providing kits, deploying mobile clinics, and air transporting equipment), and a catalyst for coordination between the government, technical partners, and humanitarian organizations. The results are tangible: increased coverage of emergency services, faster threat detection, reduced response times, and improved access to care for the most vulnerable populations.

NHSA 2025–2029 Plan

developed following the IHR capacity self-assessment to strengthen national health security

More than 27,000 health, livestock, and environmental actors

trained in the detection of unusual events

100 multisectoral SURGE experts

trained and integrated into national rapid response mechanisms to strengthen system resilience

More than 70 personnel

trained in biosecurity to ensure the safe handling of pathogens

More than 879,000 people

targeted in reactive vaccination campaigns in at-risk areas to control the epidemic's spread

58 tons of medicines

and medical equipment delivered to hard-to-reach areas to ensure continuity of care

2.1. Strengthening emergency preparedness capacities

During the period 2024–2025, WHO provided structured technical leadership to strengthen Burkina Faso's national capacities for health emergency prevention, preparedness, and response. This support led to tangible progress in normative, operational, human, and logistical areas, contributing to the sustainable improvement of the health system's resilience to epidemic, climate, and humanitarian crises. Thanks to resources from the Pandemic Fund, the country achieved significant results in strengthening surveillance. health, early detection of public health events and the national laboratory system.

2.1.1. Strengthening health surveillance and governance

NHSA 2025–2029 Plan

developed following the IHR capacity self-assessment to strengthen national health security

More than 27,000 health, livestock, and environmental actors

trained in the detection of unusual events

The project helped consolidate the national integrated surveillance system, thanks to WHO technical support for conducting the **Joint External Evaluation (JEE) and the IHR capacity self-assessment**. These efforts led to the identification of vulnerabilities and national priorities, as well as to the development of operational recommendations that inform strategic planning, including **the National Health Security Action Plan (NHSA 2025–2029)**. Several normative documents and standardized procedures were validated to improve incident management and strengthen One Health coordination. WHO also supported the implementation of **event-based surveillance by training over 27,000 health, livestock, and environmental actors** in detection and by providing 800 tablets and 8,000 camera traps for reporting unusual events. Furthermore, the WHO has strengthened indicator-based surveillance by facilitating the digitalization of the early warning system, enabling real-time notification of health signals from facilities to the central level.

2.1.2. Strengthening the early detection of public health events

100 multisectoral SURGE experts

trained and integrated into national rapid response mechanisms to strengthen system resilience

The project has enabled the sustainable strengthening of national human capital, the cornerstone of health system resilience, **by training and integrating 100 multisectoral SURGE experts into national rapid response mechanisms**. This progress was accompanied **by revisions to the PHEM modules, training for over 60 national stakeholders in health emergency management**, training for 80 One Health framework members in preparedness and response, and training for **35 stakeholders in managing mass casualty incidents**. National expertise on high-risk epidemic diseases was also strengthened through **specialized training for 66 One Health stakeholders on viral hemorrhagic fevers**. In parallel, structural capacities were developed through a national health risk assessment using the STAR tool, the development of a national preparedness and response plan, the creation of multiple contingency plans for various threats (cholera, dengue fever, heat waves, measles, meningitis, pandemic influenza, Mpox), the organization of multi-sectoral simulation exercises, and the use of the Simex tool to test and improve coordination. Finally, architectural plans were developed to rehabilitate a regional Health Emergency Operations Center (CORUS) in Bobo-Dioulasso, strengthening the country's emergency response infrastructure.

2.1.3. Strengthening the national laboratory system

More than 70 personnel

trained in biosecurity to ensure the safe handling of pathogens

Strengthening the national laboratory system has led to significant progress, particularly in improving quality, biosecurity, and the capacity to monitor emerging threats. The development of Standard Operating Procedures (SOPs) for integrated laboratory supervision and the establishment of a national genomic surveillance strategy have positioned the country at the forefront of pathogen detection. **More than 70 personnel have been trained in biosecurity, technicians specializing in the maintenance of critical equipment have been trained, and a national strategic biosecurity plan has been developed**. Specific procedures are also in place to ensure the safe transport of samples to hard-to-reach areas.

2.2. Rapid response to acute health emergencies

More than 879,000 people

targeted in reactive vaccination campaigns in at-risk areas to control the epidemic's spread

58 tons of medicines

and medical equipment delivered to hard-to-reach areas to ensure continuity of care

In Burkina Faso, the WHO's rapid response to health emergencies has yielded significant results in the early detection and response to epidemics, particularly during yellow fever outbreaks. **More than 879,000 people were targeted in reactive vaccination campaigns in at-risk areas, helping to control the epidemic's spread** and strengthen herd immunity. The WHO ensured the continuity and quality of care in hard-to-reach areas by **establishing 20 advanced health posts, deploying more than 110 trained staff, and delivering 58 tons of medicines and medical equipment**. Logistical support, **the organization of 82 secure staff rotations**, and the health reserve enabled the stabilization of teams and ensured the continuity of services, even in the most challenging security contexts. Furthermore, the efficient transmission of data and responsiveness to alerts, such as those related to measles and diphtheria, have been strengthened, as have the capacities for rapid case confirmation by national reference laboratories and the mobilization of response teams. Finally, WHO has supported the assessment and strengthening of the roles of village birth attendants and community health workers in providing essential sexual and reproductive health care, thereby contributing to improved health system resilience and the continuity of services in hard-to-reach areas.

STRATEGIC PRIORITY 3

Health promotion and social determinants – improving population health

WHO's action in strategic priority 3 has focused on placing equity at the heart of policies and practices. This has involved combining normative advocacy (such as the anti-tobacco decree), promoting health-promoting behaviors, and operationalizing integrated NCD-mental health packages in primary care and mobile responses. It has also aligned national strategic priorities and protocols for nutrition and food safety with WHO recommendations. By linking community-based interventions, capacity building, regulation, and quality improvement in care, WHO has helped create more protective environments and improve the availability of preventive and curative services tailored to fragile contexts. This systemic approach, informed by evidence and operational integration, has strengthened community resilience and the capacity of institutions to address social determinants of disease, while reducing inequalities in access to essential services.

National strategy

developed to reduce excessive consumption of salt, sugar, and fats across the country

Tobacco control decree (April 2025)

adoption of a law banning smoking in public places and on public transportation following WHO advocacy

More than 250 facilities

and mobile units now integrating psychosocial support services and self-care packages

2,000 emergency kits deployed

for the management of cases of severe acute malnutrition, including 500 cases with complications

More than 48,000 children identified

thanks to the integration of nutritional screening into public health campaigns and their referral to care facilities

IHR score: increase from 1 to 2

the multi-sectoral collaboration mechanism for food safety has doubled its performance score between 2017 and 2024

2025 nutrition profile

development of an updated reference document to guide national policies and strengthen system accountability

2025 Heat Response Plan

to protect the population against the health effects of extreme heat waves through a regular health-climate bulletin

Participation in the World Conference

in Brazil to strengthen the climate resilience of the Burkinabe health system and share best practices

3.1. The country is being supported in addressing the social determinants of health

National strategy

developed to reduce excessive consumption of salt, sugar, and fats across the country

During the reporting period, WHO played a pivotal role in integrating the social determinants of health into the core of Burkina Faso's public policies. Its support included facilitating policy dialogues, rapidly analyzing inequalities in access to services, and fostering operational collaborations with key sectors. This led to the inclusion of measures to reduce financial and geographical barriers in provincial plans, with a particular focus on internally displaced persons, women, and adolescents. WHO also supported the deployment of multidisciplinary mobile units in hard-to-reach areas, strengthening the provision of essential healthcare, nutritional counseling, and prevention, while improving continuity and referrals through the integration of community-based alert mechanisms with local support networks. Finally, technical assistance in developing a **national strategy and action plan to reduce excessive consumption of salt, sugar, and fats** helped guide priority interventions toward improved nutritional health. By strengthening intersectoral coordination and the integration of social priorities into local budgets, the WHO has thus consolidated a public health model focused on equity and operational proximity.

3.2. The country is receiving support to strengthen equitable access to health promotion and enabling environments

Tobacco control decree (April 2025)

adoption of a law banning smoking in public places and on public transportation following WHO advocacy

The WHO has achieved significant progress in health promotion in Burkina Faso, exemplified **by the adoption, in April 2025, of a decree banning smoking in public places and on public transportation.** This was the result of sustained technical advocacy and support throughout the regulatory process. The measure was accompanied by mass communication and community mobilization campaigns, reaching hundreds of thousands of people and promoting healthy behaviors. Furthermore, **the establishment of the National Tobacco Control Committee,** with clearly defined mandates and operational procedures, has strengthened the national tobacco control framework. The WHO has also facilitated the integration of health promotion into primary healthcare, notably through the dissemination of practical tools focused on reproductive health, the prevention of gender-based violence, hygiene, and immunization. Finally, its support for the development of national criteria and operational tools for "Age-Friendly" environments has helped to strengthen the resilience, health and well-being of older people, by adapting local policies to their specific needs.

BOX 3. Legislative process aimed at combating tobacco and related products

With technical guidance from the WHO, Burkina Faso has thoroughly updated its tobacco control legislation to include new tobacco products, strengthen the ban on all forms of advertising without exception, and increase the penalties applicable to these emerging products. This revision, driven by the need to address the rise of products particularly attractive to young people and in light of the recommendations of the FCTC (Common Front for Tobacco Control), resulted in a draft law developed based on rigorous scientific analysis and broad national consultation. The finalized text, validated by the National Tobacco Control Committee, is currently under review by the National Assembly for adoption.

3.3. The country is receiving support to operationalize integrated approaches to the prevention and management of non-communicable diseases (NCDs) and risk factors

More than 250 facilities

and mobile units now integrating psychosocial support services and self-care packages

In a complex humanitarian context marked by the rise of noncommunicable diseases (NCDs), WHO has significantly strengthened the prevention and management of diabetes, hypertension, and mental and post-traumatic disorders in Burkina Faso. Through **the integration of these services into primary care and mobile units, health facilities have been provided with essential supplies and standardized protocols,** and staff have been trained in early identification, initial treatment, and counseling to improve treatment adherence. Referral pathways for complex cases have been consolidated, and aggregated indicators have been used to populate regional dashboards. In addition, in hard-to-reach areas, **the implementation of self-care packages and the integration of psychosocial support services in more than 250 facilities and mobile units** have facilitated better care for vulnerable people, including survivors of violence, adolescents and internally displaced persons, thus contributing to a comprehensive and coordinated response to NCDs and mental health issues.

3.4. The country is being supported in implementing WHO normative guidelines for nutrition, food, and food safety advisory services to improve the nutritional status and general health of populations

During the 2024–2025 biennium, Burkina Faso took major steps to strengthen its nutrition and food safety systems.

3.4.1. Nutrition

2,000 emergency kits deployed

for the management of cases of severe acute malnutrition, including 500 cases with complications

More than 48,000 children identified

thanks to the integration of nutritional screening into public health campaigns and their referral to care facilities

Burkina Faso has made significant progress in the fight against acute malnutrition, with **the revision and validation of its national protocol**, now aligned with the WHO 2023 Guidelines, and the development of training modules for national implementation. This momentum has resulted in **capacity assessments of nine major hospitals, the deployment of emergency kits for 2,000 cases of severe acute malnutrition** (500 of which were complicated), and **the integration of nutritional screening into public health campaigns, enabling the identification and referral of over 48,000 malnourished children**. Simultaneously, the revitalization of the Baby-Friendly Hospital Initiative (BFHI) and training in the NetCode tool have strengthened the promotion of breastfeeding, while **the development of the 2025–2029 Multisectoral Nutrition Plan** and the mobilization of funding demonstrate a sustained commitment. The indicators reveal significant progress, with a decrease in chronic malnutrition (from 24.9% in 2020 to 19% in 2024) and underweight (from 17.6% to 13.2%), but overall acute malnutrition remains high (9.9% in 2024), particularly in the Sahel region, and hospital mortality from severe acute malnutrition remains a concern (7.6%). Conversely, infant feeding practices have deteriorated, and sensitive determinants such as food security, access to sanitation, and household food consumption scores remain fragile.

3.4.2. Food safety

IHR score: increase from 1 to 2

the multi-sectoral collaboration mechanism for food safety has doubled its performance score between 2017 and 2024

Burkina Faso has made significant progress in food safety, notably through the validation of the National Food Alert Management Guide, the strengthening of Codex governance through the training of members of the National Codex Alimentarius Committee, and the consolidation of its integration into the international INFOSAN network. This has led to a significant improvement in the capacity to detect and communicate foodborne risks internationally. Furthermore, **the RSI score for the multi-sectoral collaboration mechanism for food safety has increased from 1 in 2017 to 2 in 2024,** reflecting encouraging progress. However, surveillance of common foodborne illnesses and the capacity of laboratories to track the pathogens responsible for foodborne illnesses remain limited, as does the full implementation of Codex standards.

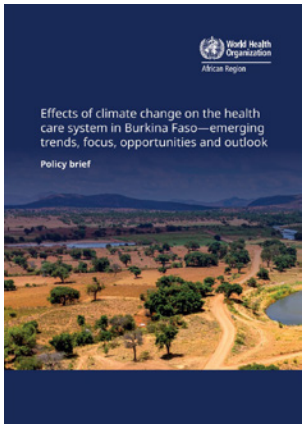
3.4.3. Nutritional Information System

2025 nutrition profile

development of an updated reference document to guide national policies and strengthen system accountability

Strengthening the nutrition information system has improved data quality and traceability through thorough analysis of the information landscape, the development of the national nutrition profile, and revisions to nutrition and food safety indicators in DHIS2. These actions have enhanced the monitoring of interventions and strengthened accountability. WHO support has resulted **in the development of the 2025 nutrition profile**, which provides updated data to guide policy. For 2026–2027, priorities include improving hospital care for severe acute malnutrition in children, scaling up good practices in infant and young child feeding (IYCF), sustaining the integration of nutrition and public health, strengthening food fortification, mobilizing innovative financing, and deploying an integrated food risk surveillance system, supported by equipped laboratories and targeted inspections.

3.5. Climate change and health



During the 2024–2025 biennium, WHO played a key role in supporting Burkina Faso in fulfilling its commitments to strengthen the resilience of its health system to climate change, implement the Minamata Convention on Mercury, and develop the Ministry of Health's capacity on climate change. In this regard, several structural interventions were carried out:

– **The development of a policy brief on the effects of climate change on the health system**, carried out with technical support from the WHO, highlighted Burkina Faso's increased exposure to extreme weather events and their health consequences, including a rise in vector-borne diseases, respiratory infections, diarrheal diseases, and cardiovascular conditions. Implementing the recommendations in this note is a crucial step in mitigating the impacts of climate change on the national health system.

2025 Heat Response Plan

to protect the population against the health effects of extreme heat waves through a regular health-climate bulletin

- Support for reducing uncontrolled mercury emissions and releases, through **the drafting of an interministerial decree prohibiting the manufacture, import, re-export, marketing, distribution, and use of medical devices containing mercury**, as well as defining the procedures for their management. This initiative is part of the effective implementation of the Minamata Convention through a project to gradually eliminate medical devices containing mercury in healthcare facilities in Burkina Faso.

- Support for the implementation of **the Ministry of Health's 2025 response plan to the health effects of heat waves**, particularly for the development of interventions tailored to the health impacts of extreme heat events. The WHO also supported the development of the health-climate bulletin distributed during heat waves, thus contributing to better risk anticipation and effective communication with health stakeholders.

Participation in the World Conference

in Brazil to strengthen the climate resilience of the Burkinabe health system and share best practices

- Technical and financial support was provided for **the participation of a national delegation from the Ministry of Health in the Fifth World Conference on Climate and Health, held in Brazil**. This participation helped strengthen national capacities, share experiences from Burkina Faso, and draw inspiration from international best practices regarding climate resilience in health systems.

STRATEGIC PRIORITY 4

Data, digitalization, governance

WHO contributed to the implementation of the International Classification of Diseases, 11th Revision (ICD-11) by launching medical certification of causes of death in four referral hospitals. More than 800 national experts were trained in data collection, analysis, and use, strengthening the country's capacity to make evidence-based decisions. Monitoring the impacts of GPW13 was ensured through the regular production of reports and the updating of the 2023 and 2024 health status reports, consolidating a culture of monitoring and evaluation. The WHO also supported the development of the Digital Health Strategic Plan and the National Health Information System (NHIS) Strategic Plan, providing a clear framework for implementing initiatives in digitilization and the production of quality information. Furthermore, the WHO updated the HeRAMS data, providing an up-to-date map of essential health facility resources and services to guide humanitarian aid.

In terms of governance, the country received support for resource mobilization, updating its Cooperation Strategy with the WHO, and strengthening budget transparency mechanisms. Finally, the WHO helped secure digital platforms and improve the working environment, ensuring operational continuity in a context marked by insecurity and growing needs.

More than 1,900 consultations

of physical and digital documents recorded in 2025, confirming the unit's central role in research

55% of users

of the information center are medical students, who accounted for the majority of the 900 visits to the center

RMCHN scorecard

implementation of an analytical platform dedicated to reproductive, maternal, newborn, and child health

Secured funding

for priority areas such as nutrition, health emergencies, and the digitalization of health

CCS 2024–2027 Strategic Alignment

development of the Cooperation Strategy aligned with national priorities and global programs (GPW13/GPW14)

Regular quarterly newsletter

published to inform partners about activities carried out and the impact of joint interventions

Photo library and Success Stories

development of capitalization tools to illustrate the positive momentum of WHO-supported initiatives

4.1. Strengthening information production and digitalization for health action

With support from the WHO, Burkina Faso has significantly strengthened the integration and digitilization of its health data management systems to ensure faster and more informed decision-making. **The implementation of ICD-11 in several referral hospitals, along with medical certification of causes of death**, has improved the quality and reliability of mortality information. **More than 800 professionals have been trained in the use of advanced digital tools for ICD-11, leading to more efficient data collection and analysis. The launch of the National Observatory of Public Health (ONSP) platform, focused on key sexual and reproductive health indicators, and the introduction of interactive dashboards and analytical reports**, have facilitated real-time access to information, thereby strengthening the health system's responsiveness to threats and integrating evidence into program management. Finally, the creation of a digital platform for continuing education has enabled reducing the costs of training health professionals while providing a foundation for integrating other health programs, thereby contributing to the overall modernization of the health information system. Similarly, the country office coordinated **the development of a "Compendium of Good Practices" in public health in collaboration with Benin, Niger, and Togo**. This tool allows for the assessment of interventions and innovations that can be scaled up to improve access to health services.

4.2. Sharing health information

More than 1,900 consultations

of physical and digital documents recorded in 2025, confirming the unit's central role in research

The WHO library specializes in health and covers all areas of public health. The library is hybrid; its collections integrate print materials, electronic resources, and bibliographic health databases. It primarily uses the following databases:

– African Index Medicus (http://indexmedicus.afro.who.int)
– AFROLIB (http://afrolib.afro.who.int)
– GIFT (http://giftlogin.who.int)
– Research4Life

55% of users

of the information center are medical students, who accounted for the majority of the 900 visits to the center

In 2025, the information sharing unit confirmed its central role in training and research, with over 1,900 consultations of physical and digital documents. Scientific articles were the most frequently requested resources (over 1,650 consultations), followed by books (450) and theses and dissertations (320, an increase). More than 550 requests for document retrieval were processed, primarily from medical students, who accounted for 55% of the 900 visits to the center. The year 2025 was marked by a significant increase in digital demand, a diversification of users, and greater reliance on specialized resources.

4.3. Monitoring the impacts and results of GPW13

Burkina Faso, with WHO support, ensured the regular production of progress reports consolidating advances toward achieving the GPW13 targets. Data from national platforms, harmonized with regional standards, informed monitoring and evaluation exercises. WHO contributed to trend analysis, notably by updating the 2022 and 2023 status of health reports, as well as the 2025 nutrition profile, which provides a clear picture of progress and persistent gaps in both the health sector and specific programs.

4.4. Strengthening the factual basis, prioritization, and monitoring

RMCHN scorecard

implementation of an analytical platform dedicated to reproductive, maternal, newborn, and child health

In this area, the WHO supported the updating of data in the HeRAMS (Health Resources) system. The Availability Monitoring System (AMS) provides up-to-date mapping of the availability of infrastructure, personnel, and supplies, in a context marked by population displacement due to insecurity in certain areas of the country. This evidence base has enabled the targeting of humanitarian support, the prioritization of interventions in the most vulnerable areas, and the coordination of action with partners. WHO has also supported the dissemination of summary analyses to national and international partners, thereby strengthening the alignment of interventions with actual and documented needs. WHO is assisting the Ministry in making quality, complete, and timely health data available, as well as in implementing frameworks and platforms for data analysis and use, including the reproductive, maternal, and child health (RMCHN) scorecard.

4.5. Partnerships and resource mobilization

Secured funding

for priority areas such as nutrition, health emergencies, and the digitalization of health

The WHO actively supported the Burkinabe government in mobilizing domestic and external resources for the health sector. This support included preparing advocacy briefs and targeted presentations to donors, resulting in additional funding for priority areas such as nutrition, health emergencies, and the digitalization of health. Simultaneously, the WHO collaborated closely with the Ministry of Health to enhance the predictability of funding. This collaboration promoted the adoption of multi-year programming principles and encouraged flexible contributions, thereby reducing reliance on emergency funds and strengthening the national health system's financial stability.

The results achieved during the biennium would not have been possible without the crucial support of donors, whose commitment enabled the funding of vital interventions and ensured the continuity of essential services. The Office fully recognizes this contribution and the direct impact of the funding received on improving the health of populations. From a strategic perspective, strengthening the mobilization of more flexible and predictable funds remains a priority. Such funding would allow for better alignment with national priorities, optimized resource allocation based on actual needs, and accelerated achievement of results, particularly in the areas of universal health coverage, health security, and health promotion.

BOX 4. Implementation of ICD-11 in Burkina Faso

Burkina Faso has made significant progress in strengthening its health system by implementing medical certification of causes of death. This tool is essential for obtaining reliable mortality data. With support from the World Health Organization (WHO), the country now has a computerized system that collects data on causes of death using the 11th revision of the International Classification of Diseases (ICD-11). This new system improves data quality by integrating international standards into the health information system and contributes to the modernization of the sector through a structured digital solution. It also promotes better multisectoral coordination by bringing together the departments responsible for civil registration, administration, and justice. Several major activities supported this initiative: the development of forms and guides, the configuration of the electronic platform, the purchase of computer equipment, the training of healthcare professionals in the use of this new tool, the promotion of intersectoral collaboration, and operational deployment in the field. The country needs additional resources to initially extend ICD-11 to all referral hospitals.

The main donors supporting the activities of the WHO Country Office in Burkina Faso, sorted by frequency of mention, financial impact and data from recent official reports, contributed through flexible funding, thematic grants (HIV, tuberculosis, malaria, humanitarian emergencies) and technical support aligned with the WHO-Burkina Faso Cooperation Strategy 2024–2027. These partners are presented in Table 1 of the annex, covering the Country Office's resource needs, with a strong focus on security and health crises (malaria, COVID-19, internally displaced persons).

4.6. Planning aligned with national priorities

CCS 2024–2027 Strategic Alignment

development of the Cooperation Strategy aligned with national priorities and global programs (GPW13/GPW14)

The country office developed **the WHO Cooperation Strategy (CCS) 2024–2027,** now aligned with national priorities, GPW13, and GPW14. This collaborative approach has fostered more efficient resource allocation and improved coordination among stakeholders. The WHO has also helped establish budget execution monitoring mechanisms at the program level, ensuring greater transparency and rapid adaptation of funding to emerging needs.

In parallel, the Organization modernized its strategic and operational planning tools at all levels. As part of this effort, WHO in Burkina Faso organized a training course on the Programme Management System (PMS), during which 43 staff members from various departments enhanced their skills over four days. This program aimed to provide them with a comprehensive understanding of the essential project management tools, in order to improve technical and administrative monitoring in the field. The country office also worked closely with the government to integrate national priorities into the Organization's Fourteenth General Programme of Work (GPW14), the 2026–27 budget program, making pragmatic adjustments to reflect the current global financial context, marked by a refocusing of major donors on other priorities.

4.7. Communication

Regular quarterly newsletter

published to inform partners about activities carried out and the impact of joint interventions

Photo library and Success Stories

development of capitalization tools to illustrate the positive momentum of WHO-supported initiatives

During the 2024–2025 biennium, WHO significantly strengthened the Ministry of Health's communication efforts by developing several strategic plans addressing key challenges such as heat waves, cholera, neglected tropical diseases, and climate change. These efforts included the creation and dissemination of diverse materials to raise community awareness, as well as the production of articles and audiovisual content, which increased the visibility of interventions on social media and the institutional website. They also highlighted best practices and lessons learned from joint actions. Furthermore, the regular publication of a quarterly newsletter kept partners informed about activities and their impact, while capacity-building sessions were organized for key stakeholders. The production of "Success Stories" in partnership with the regional office, along with the creation of a photo library, also contributed to documenting results, illustrating the positive momentum and reach of the supported initiatives. Finally, the communications team actively contributed to the UN's overall communications strategy, thereby consolidating the alignment and consistency of the messages disseminated.

STRATEGIC PRIORITY 5

Resource management

WHO strengthened its funding management through oversight and controls of implementing partners' activities, as well as the use of digital payment platforms. It reinforced donor confidence by ensuring the regular submission of reports. Furthermore, significant actions were undertaken to improve the office's working environment, including the acquisition of equipment and the renovation of premises. Finally, the WHO developed its staff's skills through training, thereby contributing to achieving the office's overall objectives during the 2024–25 biennium.

100% of donor reports finalized

and submitted within the agreed deadlines to meet the commitments outlined in funding agreements

Crisis communication briefings

organized to increase team efficiency and improve community engagement in the field

Improved connectivity

via the deployment of a secondary fiber optic link and the modernization of office videoconferencing systems

Maximum staff preparedness

thanks to the systematic completion of mandatory BSAFE, SSAFE, and defensive driving training to address risks

USD 42.9 million mobilized

to substantially support the implementation of the country's essential priorities despite global funding gaps

95% utilization rate of available funds

reflecting strong absorption capacity and the swift, rigorous execution of mobilized resources

5.1. Monitoring and management of cooperation funding

100% of donor reports finalized

and submitted within the agreed deadlines to meet the commitments outlined in funding agreements

The WHO contributed its expertise in financial management and internal control to strengthen compliance with international standards. The country office consolidated the management of cooperation funding through regular monitoring of activity implementation. Financial supervision missions were conducted during the execution of certain activities involving significant sums. The WHO also strengthened and diversified the use of mobile money platforms, thus ensuring secure payments to end beneficiaries. Regular monitoring mechanisms for partner-funded expenditures were established, reducing discrepancies between forecasts and actual results. In collaboration with the Ministry of Health, the office also conducted verification missions of supporting documentation for activities already carried out within the framework of the cooperation. All donor reports were finalized and submitted within the deadlines stipulated in the funding agreements. Finally, regular briefing sessions were organized for the NGOs receiving grants.

5.2. Staff management and development

Crisis communication briefings

organized to increase team efficiency and improve community engagement in the field

In terms of internal human resources management, the office supported staff in strengthening talent management mechanisms (BMS/SPM/HCM and fire safety training). Staff also benefited from briefings on interpersonal communication, social media use, crisis communication, and community engagement. A specific briefing was also organized for retirees regarding health insurance. These measures increased team efficiency and improved staff performance. The office completed its functional review on schedule, leading to the adoption of a new organizational chart approved by the Regional Director.

5.3. Development and security of digital platforms

Improved connectivity

via the deployment of a secondary fiber optic link and the modernization of office videoconferencing systems

The WHO supported the implementation of cooperation programs through the digitalization of several health facilities and emergency management centers in Burkina Faso, including the Directorate General of Civil Protection, the Emergency Health Response Operations Center, and Saint-Camille Hospital in Ouagadougou. These digitalization projects covered various areas, including network infrastructure, security, interconnection of facilities, and server and software deployment.

Regarding innovation, the office has undertaken the upgrading of its digital tools by expanding the video surveillance system, upgrading the firewall, and interconnecting the guard booths. As part of this initiative, the conference rooms have been equipped with videoconferencing and projection systems. The office's internet connectivity has also been improved through the deployment of a secondary fibre optic link. Furthermore, staff capacity building has been achieved through user training on various modules of the Business Management System (BMS).

5.4. Safe and efficient working environment

Maximum staff preparedness

thanks to the systematic completion of mandatory BSAFE, SSAFE, and defensive driving training to address risks

Efforts have been made to significantly improve the working environment of the country office and field teams, with tangible effects on security, logistics, and operational continuity, particularly in hard-to-reach areas. The rigorous application of international recommendations (SRMM, RSM), the implementation of security plans, standard operating procedures, and evacuation protocols have ensured the safety of staff, their families, and infrastructure. Key achievements include specialized training for security focal points, the reassessment of the office with a 98.44% compliance level, the acquisition of essential equipment (luggage scanner, armored vehicles, body armour, generator, radio communication), and improvements to physical infrastructure (barriers, safe rooms, external lighting). All staff have received recommended training (BSAFE, SSAFE, WSAT, fire safety, defensive driving), ensuring maximum preparedness to address risks. Incident management procedures are robust, with rapid reporting and appropriate support, while internal communication and awareness of security protocols are continuous and inclusive. Finally, the office's active participation in security coordination with national and UN bodies demonstrates WHO's commitment to a safe, resilient working environment that meets the highest international standards, for the benefit of health interventions in Burkina Faso.

5.5. Resources and funding

During the 2024–2025 biennium, the management of funding (summarized in Figure 1 below) delivered overall solid results, demonstrating the Bureau's ability to effectively plan, mobilize and execute resources in a context marked by increasing health needs and persistent financial constraints.

USD 42.9 million mobilized

to substantially support the implementation of the country's essential priorities despite global funding gaps

Budget planning performance was satisfactory, with **90% of the allocated budget effectively planned,** demonstrating good alignment between programmatic priorities and operational capacities. This performance reflects the quality of the joint planning process and the maturity of internal mechanisms for results monitoring and budget tracking. In terms of resource mobilization, **71% of the required funds were available from the allocated budget, amounting to approximately USD 42.9 million out of a total budget of USD 60.3 million**. While this level of funding remains below overall needs, it has substantially supported the implementation of the country's key priorities.

95% utilization rate of available funds

reflecting strong absorption capacity and the swift, rigorous execution of mobilized resources

Financial execution was a key strength of the biennium. The **utilization rate of available funds reached 95%, reflecting strong absorption capacity and the swift, rigorous execution of mobilized resources**. Cumulative expenditures amounted to nearly **USD 41 million**, with a limited outstanding balance, demonstrating prudent management of financial commitments.

Despite these advances, funding gaps persist and continue to limit the full potential of the results. **Nearly 29% of the allocated budget was not covered by available funds**, restricting the scaling up of some priority interventions, particularly in cross-cutting areas. Furthermore, a significant portion of the mobilized funding remains earmarked, reducing operational flexibility and the capacity to adapt quickly to evolving national priorities, health emergencies, and unforeseen needs. This situation particularly affects essential cross-cutting functions, such as governance, data, and multi-sectoral coordination, which are crucial to achieving sustainable results.

In conclusion, the 2024–2025 biennium demonstrated robust, results-oriented financial management, with strong execution capacity and optimal use of available resources. However, reducing funding gaps and increasing flexible resources are essential levers to amplify impact, strengthen the health system's resilience, and sustainably support the country in achieving its health priorities.

Figure 1. Summary of the resource level of the Burkina Faso country office (as of 27 January 2026) for the 2024–25 biennium

Planning vs Budget

90 %

Planned Cost vs Allocated Budget

Financing

71 %

Available Funds vs Allocated Budget

Utilization Rate

95 %

Utilization vs Available Funds

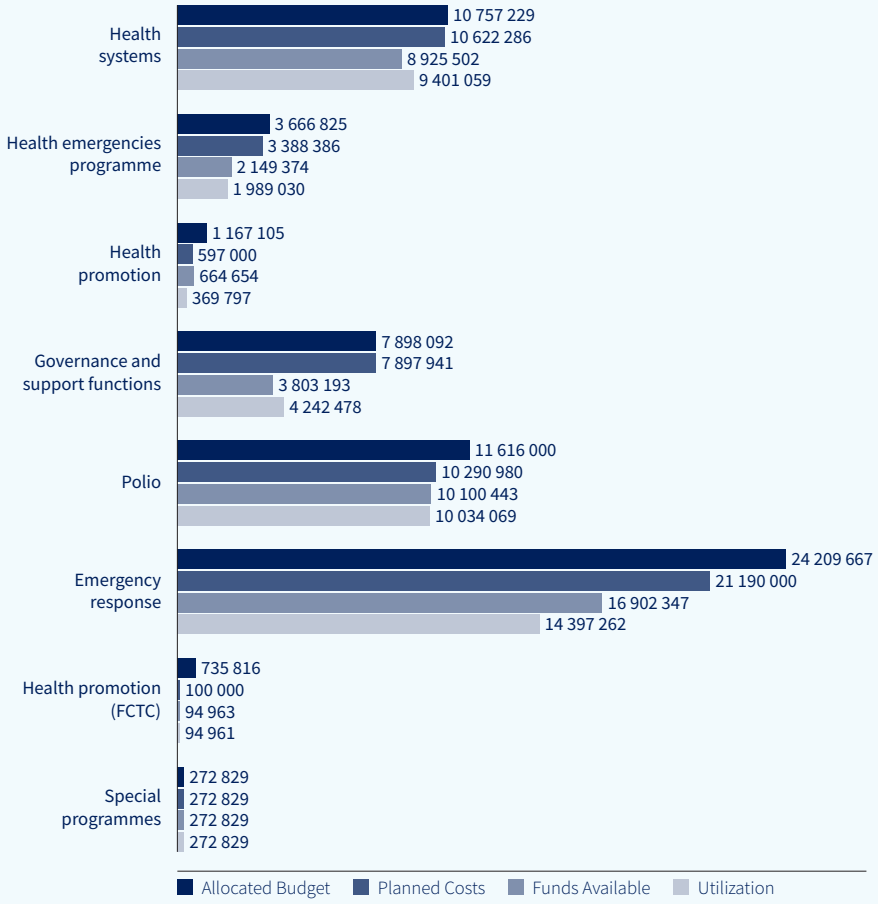
Allocated Budget

USD 60 323 563

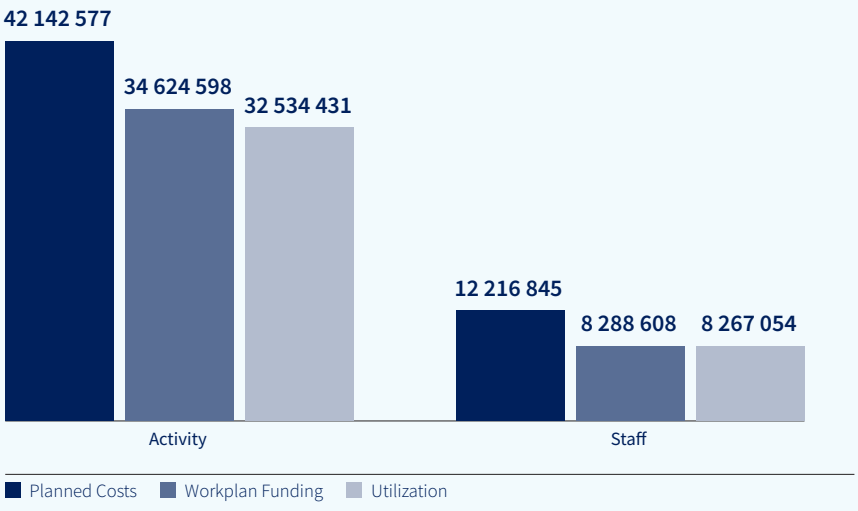
Funds Available

USD 42 914 366

Budget Utilization by Category (USD)



Workplan Utilization (USD)



Conclusion

"This progress reflects increasing ownership of the reforms by national authorities and the resilience of the health system in the face of multiple crises."

Burkina Faso made substantial progress in implementing the Global Partnership for Health (GPW13) during the 2024–2025 period, thanks to a strong strategic partnership with the WHO. The results demonstrate significant advances in universal health coverage, emergency preparedness and response, health promotion, the social determinants of health, and the digitalization and governance of the health system. This progress reflects increasing ownership of the reforms by national authorities and the resilience of the health system in the face of multiple crises. However, persistent structural challenges – including financial dependence, geographical inequalities, data fragmentation, and human resource gaps – call for renewed commitment. The WHO remains a key partner in supporting Burkina Faso's progress toward universal health coverage and the strengthening of its health resilience by mobilizing the normative expertise, technical partnerships, and resources needed to accelerate progress in the interest of the population.

Annex:

The 20 main donors to the WHO Country Office in Burkina Faso

The main donors supporting WHO activities in Burkina Faso contribute primarily through flexible funding, thematic grants (HIV, tuberculosis, malaria, humanitarian emergencies), and technical support aligned with the WHO-Burkina Faso Cooperation Strategy 2024–2027. Based on recent data from official reports and strategic partnerships, the table below presents information on the 20 main WHO donors in Burkina Faso for the 2024–2025 biennium.

Table 1. The 20 main donors to the WHO Country Office in Burkina Faso in 2024–25

Rank	Donor / Partner	Funded areas
1	Global Fund (GFATM)	HIV, TB, malaria; subsidies via PADS/CNLS
2	World Bank (IDA)	Strengthening health systems, COVID-19, and fighting pandemics
3	Gavi Alliance	Vaccination
4	Global Financing Facility (GFF)	UHC, RMNCAH
5	Government of Burkina Faso	National contribution, co- financing
6	USA/USAID	Global Fund emergency funding
7	CERF/OCHA	Humanitarian emergencies, health clusters
8	France	Global Fund financing, SRH-GBV bilateral support
9	Italian Cooperation	Support for the Burkina Faso system for universal access to healthcare
10	Germany /GIZ	Global Fund financing, primary health care
11	ECHO (EU)	Humanitarian emergencies, health clusters, disaster preparedness
12	Canadian Embassy	COVID-19 Response
13	CDC (USA)	Surveillance, epidemics, vaccination, and humanitarian aid
14	Embassy of Denmark	WASH/PCI
15	The Bill & Melinda Gates Foundation	SSR, Research
16	Peacebuilding Fund (PBF)	Youth, mental health and gender equality
17	Novartis International AG	Malaria
18	Takeda	Malaria
19	African Development Bank	Riposte COVID-19, lutte contre les cancers
20	ECOWAS/WAHO	Regional Health Coordination

World Health Organization

Burkina Faso