



Indirect Health Impacts of COVID-19 in Burkina Faso:

Potential Impact of Declines in Utilization of Key Health Services

HP+ POLICY Brief

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Background

As of June 15, 2020, Burkina Faso—a country of more than 19 million people—had 894 reported cases of COVID-19 with 53 deaths (Ministre de la Sante, n.d.). Projections vary but evidence suggests that Burkina Faso could see a large epidemic, causing disruptions across the health system and the economy.

Evidence from past disease outbreaks, as well as emerging evidence specific to COVID-19, suggests that utilization of key health services is likely to decline, having potential devastating consequences for men, women, and children across the country. These declines can result from a range of supply-side and demand-side factors, as shown in Table 1. This brief presents estimates of the potential impact of COVID-19 on malaria, maternal and child health, family planning, tuberculosis, and HIV based on different scenarios of the severity and duration of COVID-19 in Burkina Faso.

Table 1. How COVID-19 May Disrupt Health Services

Supply-side factors	Healthcare workers may be reassigned to COVID-19 response
	Health facilities may be closed or have limited hours
	Supply chain disruptions may limit availability of needed health commodities
Demand-side factors	Social distancing policies and stay-at-home orders may limit movement
	Clients may choose not to come to facilities due to exposure fears
	Financial stresses may limit ability to pay

Source: Global Financing Facility, n.d.

Global Health Security Agenda

Burkina Faso is a phase-one priority country for the Global Health Security Agenda. Investments made through the Global Health Security Agenda may help strengthen the country’s ability to respond to the COVID-19 pandemic. However, the pandemic also presents key threats to the ability to prevent, detect, and respond to emerging health threats. This analysis captures the potential consequences for childhood immunization and efforts to reduce the spread of malaria, tuberculosis, and HIV.

Approach

The severity of impact of COVID-19 on health interventions was determined based on two factors:

- **Level of touch:** how much face-to-face interaction with healthcare workers is required to deliver the intervention?
- **Time sensitivity:** to what degree can the intervention be delayed without significant health impacts?

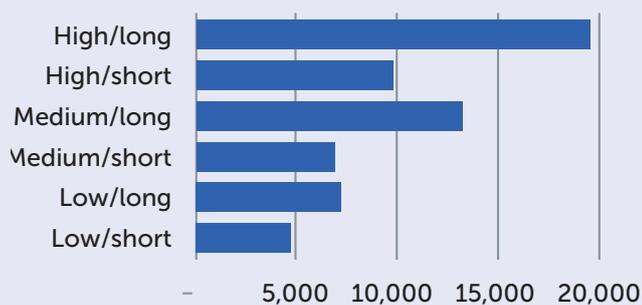
These factors were used to determine the degree to which COVID-19 may disrupt the intervention, with high-touch but not time-sensitive interventions seeing the largest disruptions. Levels of decline in utilization of services were informed by evidence from declines seen during the Ebola outbreak (Wilhelm and Helleringer, 2019).

Scenarios were included for both short-term (6-month) and long-term (12-month) durations of disruptions with sensitivity testing around the magnitude of declines. All analyses were conducted using the Spectrum policy modeling suite.

Overall Impact

Collectively across the five health areas it is estimated that **between 4,800 and 19,700 additional deaths could occur in 2020 alone as a result of disruptions from COVID-19**. For some health areas, the impacts of even short disruptions may be seen for years to come.

Figure 1. Additional Deaths by Scenario in 2020 Based on Severity and Duration of Disruptions



Therefore, in addition to the potential deaths that could result from COVID-19 infection, there is also the potential for significant indirect mortality due to reductions in availability and use of other health services.

Key Impacts by Health Area

Malaria: Interruptions in seasonal malaria chemo-prevention campaigns, case management, distribution of insecticide-treated bed nets, and indoor residual spraying could cause an additional 2,800 to 9,300 deaths and 1 to 5 million more malaria disease episodes between 2020 and 2025.

Family Planning: Disruptions to contraceptive services could lead to a 2 to 7 percentage point drop in the contraceptive prevalence rate in 2020, resulting in between 28,000 to 97,000 unintended pregnancies over the coming year. These additional unintended pregnancies will impact maternal and child mortality (next section).

Maternal and Child Health: Reductions in coverage of key maternal and child health interventions—including vaccinations and antenatal, childbirth, and curative care—combined with declines in contraceptive use, will contribute to between 7,000 and 27,000 additional maternal and child deaths between 2020 and 2025.

Tuberculosis: Disruptions to case detection and treatment efforts may lead to 700 to 2,600 additional deaths over 2020–2025. Progress toward “End TB” incidence targets may be set back four to five years. Notifications in 2020 are expected to fall by 50 percent (medium-case scenario) and by 2–13 percent over 2020–2025.

HIV: Interruptions in HIV prevention and treatment interventions could lead to an additional 170 to 500 deaths over 2020–2025.

Call to Action

The impacts shown here are not inevitable. The country is already taking steps to ensure that essential services can be maintained and find ways alter service delivery models. [Recent guidance from the World Health Organization](#) (June 1, 2020) suggests ways countries can adjust, prioritize, and adapt services. Implementing these guidelines can help mitigate the potential devastating impacts of COVID-19 on other health outcomes.

References

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