


# Burkina Faso PY4 Summary & Results



### Geographic Implementation Areas

*Regions*

- 3/13 total (23%)—Centre, Centre-Est, and Est

*Districts*

- 6/70 total (8.6%)—Baskuy, Sig-Noghin, Pouytenga, Zabré, Pama, and Manni

*Facilities*

- 100/2,175 total (4.6%)

### Population

*Country*

- 19,190,000

*MCSP-supported areas*

- 1,317,447

## Technical Areas




**Program Dates**  
November 30, 2017–June 30, 2019

**Cumulative Spending through End of PY4**

### Demographic and Health Indicators

Indicator	# or %
Children between 12 and 23 months completely vaccinated	81%
Children between 12 and 23 months receiving DPT3	89%
IMR (per 1,000 live births)	66
U5MR (per 1,000 live births)	102
MMR (per 100,000 live births)	341

Source: Burkina Faso DHS-MICS IV, 2012

- ### Strategic Objectives
- Scale up and strengthen case-based and community-based surveillance to improve meningitis detection and confirmation.
  - Improve preparedness and response mechanisms for future meningitis outbreaks.
  - Improve meningococcal group A, third dose of pneumococcal, and third dose of pentavalent (Penta3) immunization coverage by strengthening overall routine immunization (RI) system in low-performing districts and maintaining high coverage in high-performing districts.
  - Improve surveillance, coordination, communication, and case management for ongoing and future dengue fever outbreaks.

- ### Key Accomplishment Highlights
- Provided central-level technical assistance to prepare for the measles outbreak response campaign in July 2018, targeting 26 districts (including three MCSP districts), by participating in national TWG meetings, such as *Comité National de la Gestion des Épidémies* meetings
  - Supported the MOH's activation of the National Epidemic Management Committee and five dengue subcommittees, surveillance strengthening, provision of free medical care and treatment for all severe cases, dissemination of epidemic awareness messages through radio and television stations, and implementation of vector control measures in response to the dengue fever epidemic starting in 2017.
  - Focused its RI strengthening on meningitis preparedness because Burkina Faso lies entirely within the “meningitis belt” and is at continuous high risk of an epidemic.
  - Gathered baseline data and identified areas for improvement through execution of a rapid assessment at a sample of facilities in each of the six MCSP-supported districts to prioritize training events and technical assistance.

# Burkina Faso

## Key Accomplishments

In early PY4, MCSP received a new 1-year, \$1 million program description for Burkina Faso—using Global Health Security Agenda funds—to support dengue outbreak response, surveillance of vaccine-preventable diseases, and RI strengthening. The RI and surveillance components were particularly focused on meningitis because Burkina Faso is the only country that lies entirely within the meningitis belt and is at continuous high risk of a meningitis epidemic. MCSP responded to the Mission’s requests and ensured a strong and coordinated approach to the dengue fever outbreak. MCSP established itself as a key technical partner for the Ministry of Health (MOH) and implementing partners in immunization and surveillance, achieved buy-in for its intervention approaches, and completed a rapid assessment of six MCSP-supported districts to gather baseline data to guide implementation of tailored interventions that will launch in early PY5.

## Program Startup and Partnership in New Technical Areas

MCSP proactively responded to the new Burkina Faso program description, which covered new areas for MCSP (surveillance and dengue fever) and used the new Global Health Security Agenda funding stream. Global Health Security Agenda projects emphasize One Health, a multidisciplinary approach to disease control that recognizes that human, animal, and environmental health are connected and, therefore, require joint efforts for effectively preventing, detecting, and responding to emerging and re-emerging infectious diseases. MCSP integrated One Health into the Burkina Faso work plan by committing to work with the Ministry of Animal Resources and the Ministry of the Environment, in addition to the MOH; identified gaps in the country’s surveillance and RI systems, which MCSP could manageably address within the short life of project; and established collaborative relationships with key counterparts. The Mission revised the first program description so that MCSP could use \$100,000 to support the MOH in responding to the country’s ongoing dengue epidemic, which is described below.

## Dengue Fever Outbreak Response

Burkina Faso is currently facing a dengue fever outbreak (Grade 1 emergency)<sup>2</sup> that started in September 2017. By end of calendar year 2017, 15,096 suspected cases, 8,804 probable cases, and 30 deaths (case fatality rate of 0.2%) were reported nationally.<sup>3</sup> From January 1 to September 30, 2018, 2,225 suspected cases, 971 probable cases, and 15 deaths (case fatality rate of 0.47%) were reported. While the MOH has not officially declared the end of the outbreak, the average number of weekly cases has dropped noticeably since January 2018. In response to the epidemic, the MOH activated the National Epidemic Management Committee and five dengue subcommittees, strengthened surveillance (daily notification in Ouagadougou and weekly notification in all other regions), provided free medical care and treatment for all severe cases, disseminated epidemic awareness messages through radio and television stations, and implemented vector control measures. The MOH requested USAID’s support to address several high-priority interventions. Less than 1 month after USAID requested that MCSP support the MOH, MCSP engaged a consultant to assure a strong and coordinated approach. MCSP participated in the National Epidemic Management Committee meetings and the dengue case management, communication, and epidemiological/surveillance subcommittees, and it informed USAID of key developments in the quickly evolving epidemic response. MCSP supported a household awareness campaign for 2,500 community health workers (CHWs) in Ouagadougou, one of the areas with a high number of dengue fever cases; supported the training of 1,529 providers in seven regions on dengue case management; and, to improve the quality of monitoring data, provided financial and technical assistance for a workshop to review data collection and reporting tools.

<sup>2</sup> The World Health Organization (WHO) defines a Grade 1 emergency as “a single or multiple country event with minimal public health consequences that requires a minimal [WHO country office] response or a minimal international WHO response. Organizational and/or external support required by the [WHO country office] is minimal. The provision of support to the country office is coordinated by a focal point in the regional office.” Source: <http://www.who.int/emergencies/crises/en/>. Accessed December 3, 2018.

<sup>3</sup> WHO defines a suspected dengue fever case as “[a] case compatible with the clinical description.” WHO defines a probable case as “[a] case compatible with the clinical description with one or more of the following: supportive serology...[and] occurrence at same location and time as other confirmed cases of dengue fever.” Source: <http://www.who.int/csr/resources/publications/surveillance/whocdscsr992.pdf>. Accessed November 5, 2018.

MCSP's efforts increased USAID's visibility in responding to the dengue outbreak and fostered MCSP's effective collaboration and working relationship with the MOH, which helped lay the groundwork for implementing other program priorities.

### **Technical Expertise for National-Level Working Groups**

MCSP has established itself as a new technical resource for RI and epidemiological surveillance at the national level. MCSP joined key working groups and technical committees, including the following: National Epidemic Management Committee, TWG on Data Quality, Working Group for the Revision of National Biological Sample Transport System, Follow-Up Group for Recommendations of the Joint External Evaluation of the International Health Regulations, One Health Group, Interagency Coordination Committee for Immunization, and the Expanded Programme on Immunization (EPI) Technical Support Committee. By participating in these TWG meetings, MCSP has been supporting national-level program coordination and management. For example, during *Comité National de la Gestion des Épidémies* meetings, MCSP provided central-level technical assistance to prepare for the measles outbreak response campaign in July 2018, targeting 26 districts (including three MCSP districts). MCSP also participated in the West Africa Country EPI Managers' Annual Meeting, held in Ouagadougou, where the recommendation was made to conduct a follow-up measles campaign in 2019, similar to the reactive vaccination campaign held in August 2018. MCSP also addressed the measles outbreak through application of another recommendation from the EPI Managers' Meeting to focus on vaccination in the second year of life of children. This would allow a child who missed their first dose of measles-containing-vaccine at nine months a second chance to receive the first dose, as well as their second dose and other vaccines they had missed.

### **Rapid Baseline Assessment**

From July 31 to August 15, 2018, MCSP conducted a rapid assessment at a sample of facilities in each of the six MCSP-supported districts. The purpose of the rapid assessment was to meet with regional health authorities, districts, health facilities, and communities to present project objectives and priorities, identify key partners, and collect baseline data for adapting interventions. During the rapid assessment, MCSP analyzed the provision of RI services at the selected health facilities. The rapid assessment results showed that not all planned immunization sessions were implemented during the previous quarter (April–June 2018), both for fixed and outreach strategies. In some districts (Baskuy, Sig-Noghin, and Zabré), the record review conducted during the rapid assessment showed that during the previous quarter (April–June 2018), more children received Penta3 than the first dose of the pentavalent vaccine (Penta1), thereby leading to negative dropout rates from Penta1 to Penta3. In contrast, for Manni, Pouytenga, and Pama districts, more children received Penta1 than Penta3. In Pouytenga and Pama, the dropout rates from Penta1 to Penta3 were above acceptable standards (0–5%). This performance suggests there are still data quality issues including accurate estimation of the target population. Rapid assessment findings highlighted areas for improvement (i.e., proper planning and execution of fixed and outreach immunization services, utilization of management and reporting tools, and quality of immunization and surveillance data) that MCSP will address through targeted training events and technical assistance.

### **Way Forward**

MCSP is preparing to launch training events and supportive supervision on community-based surveillance, integrated disease surveillance and response, and improving RI through the Reaching Every District/Reaching Every Community (RED/REC) approach. To date, community-based surveillance has been piloted only in three districts in the country, so MCSP's expansion of this effort is filling a key gap in the country's otherwise strong meningitis surveillance system. Health facilities will also receive support to initiate data quality self-assessments to improve data quality, better reporting, and data use for decision-making. At the national level, MCSP will work to reinvigorate the TWG meetings between the *Direction de la Prévention par les Vaccinations* and *Direction de la Protection de la Santé et de la Population* to promote information sharing and decision-making on vaccine-preventable diseases surveillance.

MCSP's program in Burkina Faso has built-in transition and sustainability mechanisms. To ensure the sustainability of its interventions, all MCSP training events will start with the training of trainers approach to establish a pool of national- and/or regional-level MOH trainers who can then provide training to additional districts and regions. MCSP is supporting the development and/or revision of ready-to-use training and communication materials that can easily be adapted for use in new settings. MCSP will advocate for incorporating key training materials and resources into pre-service education (PSE) for continued implementation of successful approaches. In addition, through training and mentoring during supervision visits, MCSP will help strengthen the supervision system and have a team of skilled staff who can continue using the tools after MCSP ends. MCSP will document and share what it has learned to ensure that plans are in place for government and other stakeholders to sustain high-quality activities.

<b>Selected Performance Indicators for PY4</b>	
<b>MCSP Global or Country PMP Indicators</b>	<b>Achievement</b>
Number of CHWs supported to carry out household sensitization on dengue awareness	2,500 (no target defined) <sup>1</sup>
Number of health care workers trained on dengue case management	1,529 (no target defined) <sup>1</sup>
Number of surveillance data collection tools revised	2 (no target defined) <sup>1</sup>

[1] During the startup of MCSP in Burkina Faso, the MOH requested technical support from MCSP on dengue awareness training for CHWs and health care workers, as well as support to revise the surveillance data collection tools. These activities were completed before targets were set and the performance monitoring plan was developed.