

SUCCESS STORY

BURKINA FASO



Photo: MCSP/Dr. Abdoul Aziz Gbaya

NAME

Dr. Kalmogo Ousmane N°2

ROLE

Chief Medical Officer

LOCATION

Pouytenga, Burkina Faso

SUMMARY

The Burkina Faso Ministries of Health, Animal Resources, and Environment received support from USAID through the MCSP project to implement the One Health Approach-enhanced Event-Based Surveillance system in Pouytenga District of Centre-East Region.

With MCSP's support, the three ministries equipped technicians and community workers with high-quality tools and training on community surveillance activities. A key player in this multi-sectoral collaboration, Dr. Kalmogo Ousmane N°2, Chief Medical Officer of Pouytenga District, shares his experience here.

Promoting the One Health Approach for Event-Based Surveillance (EBS) in Pouytenga District

Effective disease surveillance systems are critical for continuously monitoring for potential threats to human health and alerting authorities of threats so that timely action can take place. In Burkina Faso, the Ministry of Health (MOH) has been piloting several innovations in the past few years in an effort to strengthen its disease surveillance systems. For example, in July 2017, the MOH began piloting an event-based surveillance (EBS) system in three districts (Houndé, Kongoussi, and Boussé) and in 2018, the MOH joined with the Ministry of Animal Resources, the Ministry of Environment, and development partners to integrate a multi-sectoral “One Health Approach to disease control” within the EBS. The impetus for this inter-ministerial “One Health” effort was the recognition that human, animal, and ecosystem health are interconnected and that multidisciplinary approaches to preventing, detecting, and responding to emerging/re-emerging infectious disease threats are more effective than uncoordinated, standalone responses. In December 2018, the three ministries, with support from the USAID-funded MEASURE Evaluation project, implemented EBS One Health activities in Po health district, Centre-South region. Three months later, in March 2019, the three ministries extended EBS One Health activities to Pouytenga health district in Kouritenga province, Centre-East Region, this time with support from the USAID-funded Maternal and Child Survival Program (MSCP).

Why Pouytenga district?

Pouytenga health district is comprised of a mix of rural areas where agriculture is the main activity and a populous urban district headquarter where an international market (including one of Burkina Faso's largest cattle markets) welcomes traders from Nigeria, Ghana, Benin, Togo, and Côte d'Ivoire. Given the cross-border nature of the district's communities and commercial activities and the high population density (and weak hygiene and sanitation systems) within its urban areas, health authorities recognize the critical need for strong surveillance systems to detect and prevent against spread of arboviruses, Ebola, cholera, and other diseases in this district.

“The One Health Approach Event-Based Surveillance system has changed how we monitor and manage threats to human health by integrating the community and other sector partners (into our efforts) in a holistic way.” - Dr. Kalmogo Ousmane N°2, Pouytenga Chief Medical Officer

Prior to MCSP support for introduction of the One Health Approach, event-based surveillance in Pouytenga district was conducted by the MOH, alone, and without collaboration or coordination with other relevant ministries. Ministry staff were poorly trained in managing and overseeing disease surveillance tasks, community workers were not effectively engaged in surveillance activities, and opportunities for inter-ministerial resource/information sharing and synergies were missed. In response to this situation, MCSP helped the three ministries to capitalize on the newly available One Health Approach EBS training materials and tools and build capacity of nearly 300 district health facility staff, forestry staff, veterinary staff, and community workers in the new integrated surveillance system. Participants were trained in identification, early detection, and notification of “unusual events” (see box) that may threaten human, animal, and/or environmental health and were provided job aids (e.g., awareness registry, notification forms, supervision matrix) to use post-training. MCSP also supported the ministries in conducting post-training follow-up and joint supervision visits throughout the district, to ensure that surveillance staff were able to implement the One Health Approach EBS effectively in the field.

Signs that the surveillance system in Pouytenga has improved include:

- Inter-sectoral information-sharing, coordination, and monitoring are now occurring: the heads of district health, forestry, and veterinary departments recently met to share information on rabies and sanitary inspections and stakeholders from the three provincial departments have planned a joint monitoring meeting for the second half of 2019.
- Surveillance staff from all three ministries are now notified of “unusual event” reports: once an event report is confirmed, notification forms are sent within the appropriate ministerial reporting chain as well as out to district officers from the other ministries for multi-sectoral investigation.
- There is greater community involvement in surveillance: Ministry staff are conducting communication, awareness-raising, and sensitization activities and home visits. Community-initiated surveillance is taking place whereas surveillance was previously initiated mostly at the health facility level.

What is an “unusual surveillance event”?

Unusual events indicate a possible threat to public health and trigger a mandatory surveillance system response. They include:

1. Unexplained death of a health officer, animal resources or environment agent, community health worker, veterinary village volunteer, eco guard, tracker, or traditional healer.
2. Two or more unexplained deaths in the same week among a group of people.
3. Two or more people becoming sick after taking part in a funeral.
4. Death or illness of a person less than a week after arriving from outside of the country.
5. Death of several birds and/or other animals in the same village/wildlife area and in the same week or illness of several animals returning from grazing.
6. One or more deaths caused by a respiratory infection in persons in contact with animals.
7. Two or more people with fever and severe cough in the same school, family, or environment in the same week (absenteeism or hospitalization).
8. Two or more people from the same environment with the same signs requiring them to be bedridden or hospitalized.
9. Any medical condition atypical in frequency and/or clinical presentation, including congenital malformations.
10. Any health event creating a worry or a psychosis in the community.

“EBS One Health is a good plan that promotes collaboration among designated stakeholders to effectively prevent population health issues. It enables community agents and actors to be effective in detecting unusual events and solving health problems. The difference with EBS One Health is especially the involvement of community stakeholders and the collaboration between officials from other sectors of the government to prevent population health issues.” - Mr. Tiendrebeogo Issoufou, Kouritenga Provincial Director of Environment, Green Economy and Climate Change

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