

THRIVE
CONTROL
AWARENESS
CARE
HYGIENE
PREVENTION
ASSESSMENT
TREATMENT
ACCESS
PROGRESS



END in Africa & BURKINA FASO

COMMUNITY
CAPACITY-BUILDING
SUPPORT
HEALTH



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ACHIEVEMENTS



Completed mapping for all five NTDs and scaled up mass drug administration (MDA) to the national level.



Sixteen (16) districts endemic for LF at baseline stopped MDA after transmission assessment surveys (TAS) found no further need for treatment.



NTDS IN BURKINA FASO

Neglected tropical diseases (NTDs) affect all 63 health districts (HDs) in Burkina Faso, putting an estimated 16 million people at risk of contracting one or more diseases. NTDs are debilitating and disproportionately affect the poor and vulnerable, particularly women and children.

While lack of awareness, unsafe health practices, and limited access to safe water and sanitation continue to present challenges, Burkina Faso's NTD control efforts have made good progress, particularly against lymphatic filariasis (LF). Nevertheless, LF, schistosomiasis (SCH), onchocerciasis (Oncho), soil transmitted helminthes (STH) and trachoma continue to be threats in Burkina Faso and require continued attention and support from USAID's END in Africa project and other partners.



ALL **63** DISTRICTS ARE
AFFECTED BY NTDs



16 MILLION

AT RISK FOR CONTRACTING NTDs

CURRENT ACTIVITIES IN BURKINA FASO

MASS DRUG ADMINISTRATION

- Conduct one annual round of community-based MDA in 37 of the 47 remaining LF-endemic health districts (HD).¹
- Conduct one round of community-based MDA per year for SCH in alternating years in 44 meso-endemic HDs and 19 hyper-endemic HDs.²
- Conduct two rounds of community-based MDA per year for Oncho in 4 of the 6 HDs known to be endemic for that disease.³
- Treat all 63 HDs for STH either during the LF MDA or the schistosomiasis MDA.⁴
- Conduct one annual round of community-based MDA for trachoma in 5 HDs.

DISEASE ASSESSMENTS AND MONITORING

- Support the National Program for the Elimination of Lymphatic Filariasis (PNEFL) in conducting night blood surveys (pre-transmission assessment surveys or pre-TAS) and transmission assessment surveys (TAS) for LF in all HDs in the next few years.

- Support post-MDA LF surveillance surveys in 9 HDs: the Orodara HD and 8 HDs in the Cascades and North regions.
- Conduct trachoma drug treatment impact studies in 4 HDs; as well as post-MDA trachoma surveillance surveys in 5 sub-districts within 5 HDs that stopped MDA in 2009.

TRAINING AND CAPACITY BUILDING

- Train trainers, supervisors, nurses, community health workers and community drug distributors (CDDs) involved in implementing MDA for NTDs at the national, regional, district and peripheral health center levels.
- Train NTD drug managers and pharmacists in implementing standard operating procedures for supply chain management.
- Strengthen financial management capacity by training staff in the NTD Program (NTDP) on the Tool for Integrated Planning and Costing (TIPAC).

NTD PROGRAM SUPPORT

- Implement information, education, and communication (IEC) strategies, community meetings and media campaigns to inform communities about NTDs and improve participation in MDA activities.
- Help the NTDP make projections and apply for NTD drugs.
- Participate in and support NTDP staff in attending meetings of the Global Alliance for the Elimination of Lymphatic Filariasis; the Joint Action Forum for onchocerciasis control/elimination in Africa; the American Society of Tropical Medicine and Hygiene; the Global Elimination of Trachoma 2020 (GET2020); and the WHO/AFRO regional NTD coordinators.
- Conduct regular planning meetings to support implementation of the country work plan and budget.



PHOTO CREDIT
Mposo Ntumbanzondo of FHI360

- Strengthen program coordination and support the development of partnerships between the NTDP and NTD partners through meetings, workshops, annual reviews and distribution of reports.
- Supervise and monitor MDA at all levels.
- Revise and improve data collection tools.
- Support publication production and FY2015 work planning activities.

¹ Ten HDs will receive MDA for LF with funding from the Liverpool Centre for Neglected Tropical Diseases (CNTD).

² Schistosomiasis is endemic in all 63 HDs. These are divided into two groups, according to degree of endemicity: 44 HDs are meso-endemic and 19 HDs are hyper-endemic. The two groups are currently targeted for MDA in alternate years, giving rise to a biennial treatment strategy for all 63 HDs, adopted by the national schistosomiasis control program and supported by the Schistosomiasis Control Initiative (SCI) using Bill and Melinda Gates Foundation (BMGF) funds. The national strategy will be adjusted in accordance with WHO guidelines following a review of the latest survey data.

³ Two HDs in the Cascades region will receive MDA with funding from Sightsavers.

⁴ Funding for these treatments will come from USAID (53 HDs) and CNTD (10 HDs).

END IN AFRICA

Funded by the United States Agency for International Development (USAID) and managed by FHI360, the END in Africa project aims to reduce the prevalence of five neglected tropical diseases, including trachoma, onchocerciasis, lymphatic filariasis, schistosomiasis and soil-transmitted helminths, in Burkina Faso and four other West African countries (Ghana, Niger, Sierra Leone and Togo).

As END in Africa project lead, FHI360 provides overall program administration support to Ghana's NTDP, while subgrantees Helen Keller International (HKI) and Health and Development International (HDI) support project operations in Burkina Faso (HKI), Niger (HKI), Sierra Leone (HKI) and Togo (HDI). Other END in Africa partners include John Snow Inc., Deloitte Consulting LLP and Liverpool Associates in Tropical Health, which provide respective support in supply chain management, financial performance, and monitoring and evaluation activities.

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Funding is provided mainly by USAID through FHI 360 and HKI. However, the Liverpool Centre for Neglected Tropical Diseases (CNTD), Sight Savers and other partners provide some funding for MDAs in certain districts of Burkina Faso.

OTHER NTD
PARTNERS IN
BURKINA FASO

