

Jhpiego in Burkina Faso

Quick Facts

Estimated total population:¹
18.5 million

Maternal mortality ratio:²
560/100,000 live births

Infant mortality rate:²
91/1,000 live births

Under-five mortality rate:²
166/1,000 live births

Total fertility rate:¹
6.0

Contraceptive prevalence:¹
18% (modern methods)
18% (all methods)

HIV prevalence:³
1.2%

Births with skilled provider:²
54%

Sources:

¹ Population Reference Bureau
2015 World Population Data Sheet;

² UNICEF Information by Country
Program;

³ UNAIDS *Report on the Global
AIDS Epidemic 2010*.

Background

Burkina Faso, a landlocked country in West Africa, is one of the poorest and least developed countries in the world, with high rates of maternal, neonatal and infant mortality. Low use of contraception has led to one of the highest fertility rates in West Africa and malaria is endemic, placing pregnant women and young children at particular risk.

Jhpiego has actively collaborated with the Ministry of Health (MOH) in Burkina Faso since 1996, initially through two projects funded by the U.S. Agency for International Development (USAID): 1) supporting family planning (FP) service providers under the Santé Familiale et Prévention du SIDA (Family Health and AIDS) Project, and 2) introducing lifesaving postabortion care services under the Training in Reproductive Health Project. From 1999 to 2004 under the Maternal and Neonatal Health (MNH) Program, Jhpiego partnered with international and national organizations to develop a model delivery system in Koupéla District aimed at increasing the use of skilled providers during pregnancy, childbirth and the postpartum period. In addition, Jhpiego partnered with Georgetown University's Institute for Reproductive Health from 2002 to 2004 on a pilot study testing the feasibility and acceptability of introducing the Standard Days Method™ (SDM)¹ into FP services at three clinics.

From 2001 to 2005, under the MNH and ACCESS Programs, Jhpiego collaborated with the U.S. Centers for Disease Control and Prevention (CDC) and the Burkinabè National Center for Research and Training in Malaria on a pilot program to introduce intermittent preventive treatment of malaria in pregnancy with sulfadoxine-pyrimethamine—a program that contributed to national policy change. Subsequently, under ACCESS and the Maternal and Child Health Integrated Program (MCHIP), Jhpiego continued to support the prevention and treatment of malaria in one region and then nationwide, with a focus on those who were the most vulnerable. In addition, from 2006 to 2011, the MOH supported Jhpiego to increase coverage of services for the prevention of mother-to-child transmission of HIV (PMTCT) and improve the quality of PMTCT services at 408 facilities in four out of the country's 13 health regions. Also, UNFPA supported Jhpiego to reinforce and expand postpartum family planning (PPFP) services, including use of the postpartum IUD (PPIUD), through training of providers and delivery of materials and supplies. Most recently, Catapult supported Jhpiego's efforts to prevent cervical cancer in Burkina Faso through training, provision of cryotherapy machines and a workshop to bring together key players to discuss successes and the way forward to continue improving women's health.

¹SDM is a simple, effective, low-cost natural method to prevent or plan pregnancy that uses use a string of color-coded beads called CycleBeads™ to track menstrual cycles and identify periods when pregnancy is most likely.



Currently, Jhpiego is implementing programs in Burkina Faso to improve malaria care, strengthen infection prevention and control in health care facilities, and increase access to PPIUD services. These programs are described in more detail below.

Current Program Highlights

Improving Malaria Care

Building on the success of MCHIP, Jhpiego is now leading USAID's Improving Malaria Care project, providing technical assistance for the prevention, diagnosis and case management of malaria, with specific emphasis on malaria in pregnancy and in children under five, as well as improving the National Malaria Control Program's capacity. Through this program, Jhpiego aims to: 1) improve malaria prevention in support of the National Malaria Strategic Plan; 2) improve malaria diagnosis and treatment interventions in support of the National Malaria Strategic Plan; and 3) strengthen the National Malaria Control Program's capacity to plan, design, manage and coordinate a comprehensive malaria control program.

Providing Rapid Emergency Planning and Response to Epidemics

With CDC funding, Jhpiego is supporting the prevention of antimicrobial resistance, an issue of increasing importance worldwide. Planned activities include: 1) support the development of a sustainable antimicrobial resistance surveillance system, 2) improve infection prevention and control at health facilities, and 3) support tracking of antimicrobial use.

Sustainable Scale-up of PPF

Under an initiative funded by a large anonymous donor, Jhpiego is strengthening pre-service education in Burkina Faso to increase the uptake of PPF in the country. This program seeks to integrate PPF into the pre-service education of midwives and obstetricians/gynecologists. In addition to training instructors and revising the curricula at the midwifery and medical training schools at the National Public Health School (also known by the French acronym, ENSP), Jhpiego will be providing support to students post-graduation to link them into a network of trained PPF providers and support implementation of PPF services in their first post.

Key Accomplishments

Under current programs:

- Under the Improving Malaria Care project, the percentage of antenatal care registrants who received a third dose of intermittent preventive treatment of malaria under direct observation increased from 13.5% in 2014 to 44.6% in the first quarter of 2016, while the percentage of people with fever who were tested for malaria (by microscopy or rapid diagnostic test) increased from 72.2% to 96.8% for the same period.

- Jhpiego helped update the national guidelines and training manuals (Integrated Malaria Training Package) and updated the national monitoring and evaluation plan for malaria to align them with the revised malaria strategy and the training package.
- A total of 2,269 providers from 59 health districts were trained on the updated guidelines on prevention and treatment of malaria. Providers at 136 facilities received post-training supervision and had their skills honed in use of rapid diagnostic tests to confirm malaria prior to treatment with artemisinin-based combination therapy, and in the revised guidance for intermittent preventive treatment of malaria in pregnant women. A focus on infection prevention and differentiation from symptoms of Ebola was also added in response to the epidemic in neighboring countries.
- Under the Sustainable Scale-up of PPFp project, PPFp services are being made more sustainable over the long term by building the skills of 54 faculty, instructors and preceptors through clinical updates and courses on effective teaching skills, simulation skills and coaching skills. A total of 250 graduates (232 midwives and 18 obstetricians/gynecologists) have received PPFp training through the project as of March 2016.

Under past programs:

- Under the cervical cancer prevention program funded by the Izumi Foundation, 11,588 women were screened for cervical cancer at two university hospitals between September 2010 and October 2013. Additionally, through Jhpiego's collaboration with the Obstetrics and Gynecology Societies of Burkina Faso and Canada, cervical cancer prevention services have been established in seven additional sites in Burkina Faso, resulting in more women being screened and treated.
- As a result of Jhpiego's work in PMTCT, 305,209 women received counseling and testing for HIV between 2007 and 2011. Out of the 6,546 women who tested HIV-positive, 5,695 (or 87%) received appropriate case management for PMTCT. In addition, the percentage of HIV-positive women receiving antiretroviral therapy (ART) for PMTCT increased from 76% to 98%; HIV-exposed infants receiving ART for PMTCT increased from 82% to 94%; and HIV-exposed infants testing positive for HIV decreased from 6% to 1.5%. Also, the percentage of health centers providing PMTCT services in 15 project districts increased from 16% in 2007 to 95% in 2011, and the percentage of antenatal clients at these sites who agreed to be tested for HIV increased from 47% in 2007 to 81% in 2011.
- Under the UNFPA-supported work to reinforce and expand PPIUD services, out of 26 sites that received follow-up, 14,918 women received PPIUD counseling and 2,595 chose and received PPIUDs.



A provider at a clinic

Partners and Donors

- Current donors include USAID, CDC and a large anonymous donor.
- Current partners include the MOH (The Department of Family Health and National Malaria Control Program), the Ministry of Higher Education and Scientific Research, ENSP, the university teaching hospitals, PROMACO (a social marketing organization) and John Snow, Inc./USAID DELIVER.



A new mom with her baby

References

- Bicaba A, et al. 2005. *The Acceptability and Feasibility of Introducing the Standard Days Method™ of Family Planning in Reproductive Health Clinics in Burkina Faso, West Africa: Final Report*. Jhpiego, Baltimore, MD.
- Jhpiego. 2004. *The Maternal and Neonatal Health Program in Burkina Faso 1999–2004*. Baltimore, MD.
- Jhpiego. 2010. *Projet d'extension interne de services PTME dans 15 districts sanitaires du Burkina Faso, Rapport annuel d'activités: 2009*. Ouagadougou, Burkina Faso.
- Joint United Nations Programme on HIV/AIDS (UNAIDS). 2010. *UNAIDS Report on the Global AIDS Epidemic 2010*.
- Population Reference Bureau. *2015 World Population Data Sheet*. Washington, D.C.
- United Nations Children's Fund (UNICEF). Information by Country Program. At: http://www.unicef.org/infobycountry/burkinafaso_statistics.html.