

Community Health Roadmap

Bridging the SDG gap through accelerated primary health care at community level



Community Health Roadmap

Burkina Faso

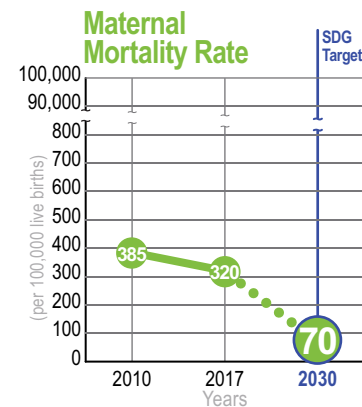
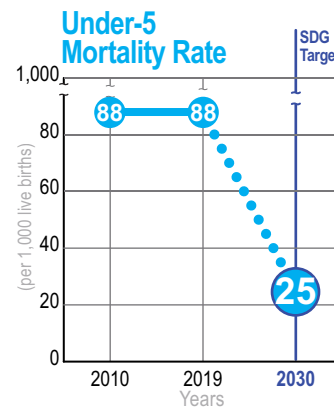
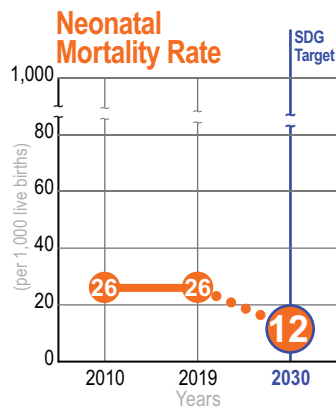
2021
Update

In brief: Country indicators

Population (2021):
21,637,077

Total number of community
health workers (CHWs):
17,648

Breakdown of CHWs by gender:
Men: 64.5%
Women: 34.5%



Overview of community health

Strengthening the community health system in Burkina Faso is based on:

- Building the capacities of community health workers (CHWs) and other community actors to ensure quality of care through the empowerment of all actors
- Creating community development committees (CCD)
- Establishing health posts with mobile health workers
- Sharing institutional ownership between health districts and local governments

Vision: To build a national health system that values prevention and makes the community-based approach to primary health care the foundation for Burkina Faso's march towards universal health coverage.



Status of National Plan: The National Community Health Strategy (SNCS) 2019-2023 is being implemented through its operational plan, and the investment case is being used for resource mobilization.



Urgent investment actions:



1. Celebrate 5 years of institutionalized community health in Burkina Faso; reflect on achievements, challenges and prospects



2. Harmonize national strategies and funding according to the triptych: "One plan, One budget, One report"



3. Continue to mobilize resources for community health financing through innovative mechanisms



4. Provide free community health care through community health insurance



5. Develop a strategy for community health interventions in urban and peri-urban areas



6. Analyse the current system of motivating community actors



7. Strengthen the health input supply system by integrating needs at the community level



8. Invest in the national health information system and use of information and communication technologies (ICT)



9. Accelerate the operationalization of the national management agency for primary health care in order to manage multi-sectoral action

Urgent investment actions:



10. Accelerate the operationalization of the Community Health Task Force



11. Establish and operationalize community health posts and community health clubs



12. Develop and implement community health standards and protocols



13. Develop high-impact, community-based, multi-sectoral health initiatives



Overview of the community health system



Cadres:

Community health workers / *agents de santé à base communautaire* (ASBCs): 17,648 (34.5% women)



Scale-up (from 2016 to 2023):

- Number of qualified ASBCs: 16,960 (96%)
- Functional linkages established with the primary health care system: 38% to >96%.



Services offered

- **Promotional services:** promotion of key family practices, including birth registration; family planning (community-based promotion/distribution of contraceptives)
- **Preventive services:** (i) active search for those who miss their appointments and those lost to follow-up in the various programmes, prenatal/post-natal consultations, vaccination, TB/HIV; (ii) support for pregnant women, monitoring of pregnancies and deliveries; (iii) epidemiological surveillance of diseases targeted by the Expanded Plan on Immunization (EPI) and diseases with epidemic potential; (iv) home care for newborns (prevention/search for danger signs); (v) awareness-raising on tobacco consumption and alcohol abuse; promotion of blood donation; awareness-raising/promotion of hygiene and sanitation; (vi) distribution of long-lasting insecticidal mosquito nets (LLINs) and monitoring of their use; (vii) screening for acute malnutrition; (viii) case finding for acute flaccid paralysis (AFP) and Guinea worm; case referral; (ix) intermittent preventive treatment of malaria during pregnancy; (x) washing for elephantiasis.
- **Curative services:** Integrated Management of Childhood Illnesses (malaria, diarrhoea, pneumonia) at the community level (IMCI-C); washing of elephantiasis at home; case referral; supervision of intake of anti-tuberculosis medication during the second phase of treatment.
- **Support activities:** organization of advanced strategy activities and campaigns; community mobilization, participation in the census of health intervention targets; data collection and reporting.

Overview of the community health system



Costs of benefits

Free access for children under 5 years of age at the community level is being implemented in 7 of the country's 13 regions. Some medicines and supplies are provided by various partners.



Supervision

The supervision of ASBCs is done every 2 months by the Centre for Health and Social Promotion (CSPS) team. However, field visits may be organized by other, higher levels in order to assess the implementation of activities. Joint supervision is carried out by the CSPS and community-based organizations (CBOs) every quarter.



Training

The basic training lasts 19 days and covers theory and practice in the form of immersion in health centres: (i) prevention and health promotion/communication techniques, (ii) IMCI-C/malaria management in children more than 5 years old, (iii) health information management. Refresher training takes place every 2 years depending on the availability of financial resources and according to need, but it is not systematic.



Incentive

ASBCs are volunteers from the community. They receive an incentive of 20,000 CFA francs per month. The incentive payment is conditional on a certificate of service performed, which is established monthly at the level of the supervising CSPS and transmitted to the Directorate for Health Promotion and Education through the hierarchy. ASBCs also receive 3,000 CFA francs per day (minimum) during the organization of campaigns and other activities.

Overview of the community health system



Data collection

Data collection and reporting tools have been developed, and ASBCs have been trained in their use. ASBCs submit reports each month; these are compiled by the CSPS into a monthly community activity report (RMA-C). Reports are sent to the health district for entry into the District Health Information System, version 2 (DHIS2); and the data flows to a national repository (Endos-BF). Decentralized data entry by the CSPS is already operational in the Boucle du Mouhoun region.



Links to the health care system

- ASBCs are recognized as part of the formal health system (policies are in place that define their roles, tasks and relationship to the health system).
- The national health budget contains adequate provisions for ASBCs but delays in the release of resources for incentive payments are common.
- The ASBC and the community know where the referral facility is, but they lack the means to transport patients there.
- The patient is referred with a form and is followed up informally by the ASBC, as counter-referral is not systematic.
- Children under 5 years of age and pregnant women are not charged for the provision of services.



Community involvement

The community chooses the ASBCs by agreeing to be treated by them. It fully approves the services offered by the ASBCs. Community health clubs currently being set up are visible symbols of community commitment to improving the health of the population and are necessary to operationalize mutual health insurance.

Community health system structure and delivery channels

PUBLIC

Directorate for Health Promotion and Education attached to the General Directorate of Public Health: national coordination structure for community health



OTHER STAKEHOLDERS

Private (for profit)



The private health sector, mainly present in the large cities, is composed of 380 structures. The traditional pharmacopoeia sector is in full development with approximately 30,000 traditional practitioners listed in 2010.

Private (not-for-profit)



The community-based health services contracting approach: funding of activities planned for the community level and implemented by capacity-building NGOs and implementing CBOs.

Priorities and progress in primary health care at the community level

Service delivery



Availability and accessibility of community-based health services

Priority needs (2021-2022)

- Improved access and integrated provision of quality services; free care at community level, including adequate coverage of community health services
- Scale-up of high-impact interventions: IMCI-C, newborn care
- Communication on the availability and quality of community-based services

Progress (September 2021)

- The entire country is covered by community health interventions. However, 7 out of 13 regions are covered by the full package (including all curative, preventive and promotional services and support activities).

Health personnel



Recruitment and accreditation

Priority needs (2021-2022)

- Recruit community actors according to the size of the populations to be covered; extend coverage of community services in urban and peri-urban areas; respect gender, etc.
- Respond to specific technical issues that are part of the national strategy: community health in urban and peri-urban areas

Progress (September 2021)

- At this time, ASBCs are being replaced (those who have died, resigned or are no longer working for any reason)
- Gender criteria such as female/male parity were used in ASBC recruitment even though this was unsuccessful in some areas

Health personnel (continued)



Supervision

Priority needs (2021-2022)

- Supervision of community actors at all levels
- Follow-up of community actors by the coordination directorate

Progress (September 2021)

- Supervision is ongoing at the various levels and during periodic campaigns

Compensation/reward

Priority needs (2021-2022)

- Motivation of ASBCs and facilitators
- Responding to specific technical issues that are part of the national strategy

Progress (September 2021)

- Approximately 99% of ASBCs received their incentive payment in 2020

Health information systems



Data collection and use

Priority needs (2021-2022)

- Capitalization of community health interventions
- Sharing good practices
- Evaluation of community health interventions
- Integration of ICT in primary data collection

Progress (September 2021)

- The mHealth system is being implemented in 36 health districts of the country
- Initiatives to develop and implement multimedia content are under way in some regions

Supply Chain Management



Supply chain management logistics (including commodities)

Priority needs (2021-2022)

- Strengthening the management capacity (stock and finance) of community actors
- Integration of community inputs into the national procurement plan

Progress (September 2021)

- Medication management module integrated in the mHealth platform

Inputs

Priority needs (2021-2022)

- Availability of inputs at community level

Financing



Financing

Priority needs (2021-2022)

- Cost of the national strategy
- Return on investment and investment planning/resource mobilization
- Local cost-sharing mechanism
- Mapping of interventions by technical and financial partners (TFP)
- Free care
- Operationalization of community health posts and community development committees (CCD)
- Scale-up of high-impact interventions: IMCI-C, newborn care, family planning, task shifting, mHealth, etc.

Progress (September 2021)

- The investment case for the National Community Health Strategy (SNSC) 2019-2023 has been finalized. The strategy and investment framework will serve as tools for advocacy and resource mobilization.
- Two community health posts, in the Pô health district and the Tiébélé commune, are in pilot phase
- Progressive establishment of Community Health Clubs
- Progressive scale-up of interventions

Leadership and governance



System design and policies

Priority needs (2021-2022)

- Resource mobilization for the implementation of the SNSC 2019-2023
- Response to specific technical issues that are part of the SNSC: quality of care
- Definition of the community health services package in urban and peri-urban areas
- Group health insurance companies
- Multi-sectoral approach (community health in all policies)

Progress (September 2021)

- The SNSC 2019-2023 has been validated and is being implemented. It serves as a programmatic framework and guidance for community action.

Leadership and governance

(continued)



System management and leadership

Priority needs (2021-2022)

- Coordination and management of ASBCs: communication, collaboration and consultation at all levels between actors implementing community health interventions; strengthening the capacity of support and supervision structures for actors at all levels of the system; follow-up/monitoring of community health interventions, etc.
- Planning, monitoring and evaluation of ASBC: data reporting; monitoring and follow-up of ASBC; mapping of ASBC and community stakeholders; capitalization/ dissemination of community health interventions
- Resource mobilization for SNSC 2019-2023 implementation
- Response to specific technical issues that are part of the SNSC: quality of care
- Definition of the community health services package in urban and peri-urban areas
- Multi-sectoral approach (community health in all policies)

Progress (September 2021)

- Committee for monitoring and coordinating community health interventions is in place and functional; meetings are held quarterly
- Working group has been extended to the various stakeholders and is functional

Leadership and governance

(continued)



Policy priorities

Priority needs (2021-2022)

- Promotion and strengthening of various community initiatives to achieve results
- Strong commitment of the Head of State
- Mobilization of resources

Progress (September 2021)

- The SNSC 2019-2023 was developed through a consensual and participatory process that involved actors from the central, intermediate and peripheral levels (including ASBCs) of the Ministry of Health; representatives of CSOs (NGOs/associations/facilitators), management committees, local authorities and TFPs.

Community involvement



Community involvement

Priority needs (2021-2022)

- Community participation (community diagnosis)
- Community involvement in implementing community health interventions; accountability of stakeholders; ownership by local authorities, management committees (CoGes); communication on the responsibility of communities

Progress (September 2021)

- Involvement of NGOs in citizen monitoring and in the follow-up of measures taken by the state (i.e., free health care)

Total costs of implementing the community health program

Total costs of implementing the community health programme (2019-2023): 40.16 billion CFA francs

Resource gap (2019-2023): 40.16 billion CFA francs

The Ministry of Health estimated that implementing the community health programme over 5 years (corresponding to the SNSC) would cost 40.16 billion CFA francs (Figure 1). In September 2021, the funding gap was the same amount (Figure 2).

Figure 1.
Community health programme costs by input

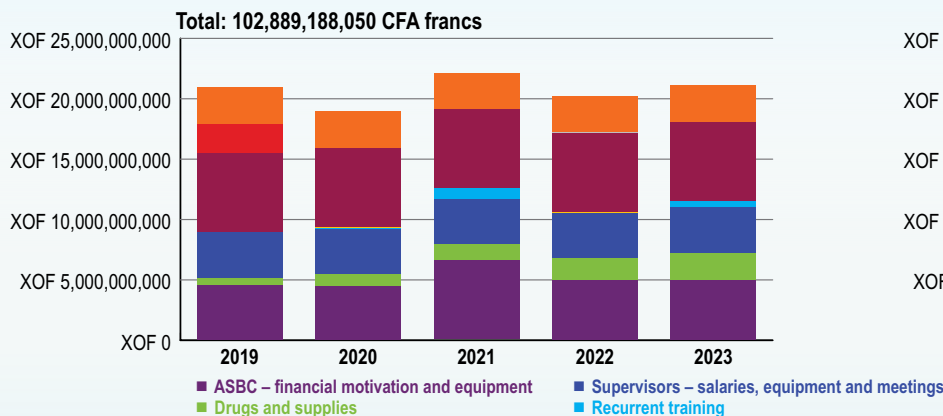
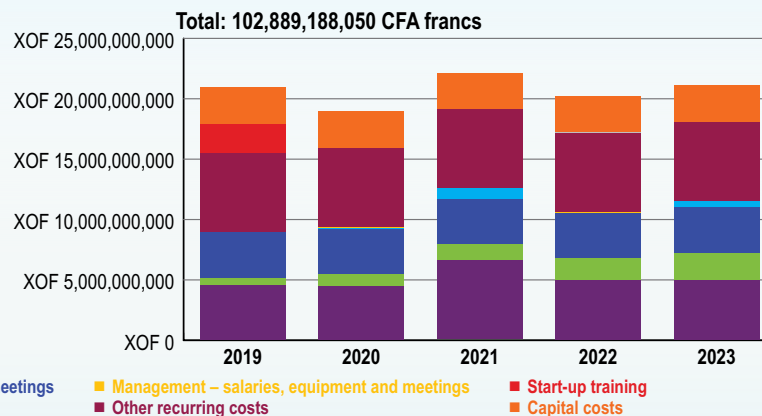


Figure 2.
Community health programme costs by input: Funding gap



Major steps towards institutionalizing community health

1985 :

- 1 village/1 primary health post

2008-2009 :

- Community-based Integrated Response Strategy
- Transfer of powers to the municipalities

2014 :

- Definition of the Community-Based Health Worker Profile

2018-2019 :

- National Community Health Strategy
- Investment case
- Creation of a primary health care management agency
- Secretariat for Universal Health Coverage
- National Health Funding Strategy

1985 ... 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 2020 2021

2010 :

- Contractual approach

2016 :

- Recruitment of 17,668 ASBCs
- Free treatment for children under 5 years of age and pregnant women
- Universal health insurance

2018-2020 :

- Free community care for children under 5 and pregnant women
- Creation of the first community health post
- Graduation of the first class of community-based health workers

Major donors and implementing partners

Donors:

Bill and Melinda Gates Foundation
Centers for Disease Control and Prevention
European Union
GAVI
GIZ
Global Finance Facility
The Global Fund
UNFPA
UNICEF
US President's Malaria Initiative (PMI)
USAID
World Bank
World Health Organization

Implementing partners:

Ministry of Health and local governments
(local authorities)
Government stakeholders
Civilian (core ministries) and
private sector organizations
NGOs and CSOs
Community leaders

Coordination mechanisms:

- SNSC monitoring is integrated into the various platforms at different levels of the health system. All these platforms are led by the head of the Department of Health with the support of the Technical Directorates at the various levels, involving civil society, knowledge societies and technical and financial partners.
- The monitoring and accountability mechanism is based on "One Plan, One Budget, One Report".
- At the central level, interventions are coordinated through the:
 - Sectoral Health Dialogue Framework (meets twice a year)
 - PNDS Technical Monitoring Committee
 - Thematic groups
- At the decentralized level, interventions are coordinated through the:
 - PNDS Regional Monitoring Committees
 - District Health Board

BILL & MELINDA
GATES foundation



List of acronyms and information sources

Acronyms:

ASBC	community health worker (<i>agent de santé à base communautaire</i>)
CBO	community-based organization
CSO	civil society organization
CCD	community development committees (<i>cellule communautaire de développement</i>)
CFA	African Financial Community (<i>Communauté Financière Africaine</i>)
CHW	community health worker
CoGes	management committee
CSPS	Centre for Health and Social Promotion
ICT	information and communication technologies
IMCI-C	integrated management of childhood illness at the community level
NGO	non-governmental organization
PNDS	National Health Development Plan (<i>Plan National de Développement Sanitaire</i>)
SNSC	National Community Health Strategy (<i>Stratégie nationale de santé communautaire</i>)
TFP	technical and financial partners
XOF	West African CFA Franc

Information Sources:

Original country roadmap www.communityhealthroadmap.org and subsequent versions.

Ministry of Health, Burkina Faso Community Health Investment Package, 2019-2023, January 2019.

Mortality: UN Interagency Group for Child Mortality Estimation, childinfo.org.

Population: Primary Health Care Performance Initiative, <https://improvingphc.org/indicator/population#!loc=&viz=0&ci=false>, accessed 18 August 2021.