

Panel discussion:
Neglected Tropical Disease Control
Integration - The Outlook from the Field

Experience from Burkina Faso

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Rapid Impact Conference: Integrating the Neglected Tropical Diseases
with Malaria and HIV/AIDS Control
Washington, October 26-27, 2006

Background & rationale for integration

- ❑ Burkina Faso: 13 million inhabitants in West Africa
- ❑ 3rd poorest country (UNDP, 2005) with many priorities
- ❑ alarming health status
- ❑ limited resources (humans, material, finances, time)
- ❑ cost of vertical programmes
- ❑ political will and complaints from districts
- ❑ LF, schisto and STH: nation wide distribution
- ❑ Onchocerciasis in 8 districts



Onchocerciasis and lymphatic filariasis

- ❑ Oncho treatment (CDTI since 1996): Mectizan 2x /year
 - ❑ LF MDA (+ Albendazol) = 2nd round for oncho
 - ❑ Same drug deliver strategy: DD, registers, dose poles..
 - ❑ Integrated training and supervision
 - ❑ IEC: same objectives for improved compliance, community participation; same actors, similar messages (eligible population, side effects,..)
 - ❑ Pharmacovigilance committee: set up en 2005
 - ❑ Partnership: joint applications, close collaboration
 - ❑ Jan 06: 10.4 million treated; 6 cents/person treated
 - ❑ Funding: 69% from MoH
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The use of community volunteers (DD, CDD, CHW...)

- ❑ Survey in 2004: 61 DD in 4 districts
 - ❑ 41% carried out more than 1 MDA;
1/3 and 2.5% DD drop out in
Tenkodogo and Po districts
 - ❑ Treating 101-200 individuals per day
 - ❑ 85.2% of DD are involved in other
public health activities
 - ❑ Half of DD suggest incentives from
the health system
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Onchocerciasis, LF, STH, Schistosomiasis and Malaria

- Synergism: way to forthcoming integration
 - Schistosomiasis/STH:
 - Collaboration at central level
 - Improved awareness of the programmes: schools, public,...
 - Agreed schedule for deworming for better impact to the benefit of patients: 3.3 million school-age children treated
 - Schedule for programmes' campaigns:
 - June/July: 1st round for onchocerciasis (Mectizan)
 - October: schistosomiasis (Praziquantel and Albendazol)
 - Dec/Jan: Lymphatic Filariasis and 2nd round for onchocerciasis (Mectizan and Albendazol)
 - Malaria (bednets, IEC): integration of insecticide-treated bed net distribution with the 2003 and 2004 MDA for LF in 2 districts. Both programmes shared resources and improved their targets
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Challenges and lessons

- ❑ Managing the difference in targets (ages, groups...)
 - ❑ Data collection tools: need to be simplified
 - ❑ HIV/AIDS: strengthen home visits by health staff and community networks for long term management diseases
 - ❑ Drug distributor incentives issue
 - ❑ Management of the integration should be more formal
 - ❑ 100% geographical coverage with anthelmintic drugs against major NTD: Oncho, LF, Schistosomiasis and STH
 - ❑ Integration is a “long” process, not a quick win: Learning by doing
 - ❑ Integration will benefit patients, communities as well as health system that will be strengthened at all levels
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