



# Act to End Neglected Tropical Diseases | West FY 2023 Workplan–Burkina Faso

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**ACRONYM LIST**

IE	International Institute of Water and Environmental Engineering (Institut International d'Ingénierie de l'Eau et de l'Environnement)
AE	Adverse event
ALB	Albendazole
ASBC	Community health workers (Agent de santé à base Communautaire)
BCC	Behavior change communication
CDC	U.S. Centers for Disease Control and Prevention
CDD	Community drug distributor
CDTI	Community-directed treatment with ivermectin
CIND	Country Integrated Database
CISSE	Centers for Health Information and Epidemiological Surveillance
CMTN	National Coordinator of the Neglected Tropical Diseases Program
CS	Control (spot-check) site
CSM	Community self-monitoring
CSPS	Center for Health and Social Promotion (Centre de Santé et de Promotion Sociale)
DfID	Department for International Development
DGAP	Directorate General for Access to Health Products
DGSP	Directorate General of Public Health (Direction Générale de la Santé Publique)
DHIS2	District health information system 2
DPSP	Directorate of Protection of Population Health (Direction de la Protection de la Santé de la Population)
DCPM	Directorate of Communication and Ministerial Press (Direction de la communication et de la presse ministérielle)
DQA	Data quality assessment
DOT	Directly observed therapy
DRS	Regional Health Directorate (Direction Régionale de la Santé)
DSA	Disease-specific assessment
EU	Evaluation unit
EPIRF	Epidemiological Data Reporting Form
ESPEN	Expanded Special Project for Elimination of Neglected Tropical Diseases
FEFO	First expired, first out
FHI 360	Family Health International 360
FTS	Filariasis test strip
FY	Fiscal year
HD	Health District
Helen Keller	Helen Keller International
HMIS	Health management information system
HSS	Health system strengthening
ICP	Head Nurse
ICT	Immunochromatographic card test
INDB	Integrated NTD database
IEC	Information, education and communication
ITI	International Trachoma Initiative
IVM	Ivermectin
JAP	Joint application package

JAPF	Joint application package form
JRF	Joint reporting form
JRSM	Joint request for preventive chemotherapy medicines
KAP	Knowledge, attitudes and practice
LF	Lymphatic filariasis
M&E	Monitoring and evaluation
MDA	Mass drug administration
MDP	Mectizan Donation Program
MMDP	Morbidity management and disability prevention
MOH	Ministry of Health
NTD	Neglected tropical diseases
NTDP	National Neglected Tropical Diseases Program (Programme National de lutte contre les Maladies Tropicales Négligées)
NTD-SC	NTD Support Center
OV	Onchocerciasis
PC–NTDs	Preventive chemotherapy NTDs
PNDS	National Health Development Plan (Plan National de Développement Sanitaire)
PPE	Personal protective equipment
PZQ	Praziquantel
SAC	School-age children
SAE	Severe adverse event
SAFE	Surgery, antibiotic therapy, facial cleanliness, and environmental improvement
SCH	Schistosomiasis
SCIF	Schistosomiasis Control Initiative Foundation (SCIF)
SCM	Supply chain management
SCT	Supervisor’s coverage tool
SMM	Sustainability Maturity Model
SOP	Standard operating procedure
SS	Sentinel site
STH	Soil-transmitted helminths
TA	Technical assistance
TAS	Transmission assessment survey
TF	Trachomatous inflammation – follicular
TFGH	Task Force for Global Health
TIPAC	Tool for integrated planning and costing
TIS	Trachoma impact survey
TSS	Trachoma surveillance survey
TT	Trachomatous trichiasis
USAID	United States Agency for International Development
VDC	Village development committee
WAHO	West African Health Organization
WASH	Water, sanitation and hygiene
WHO	World Health Organization

## NARRATIVE

### NATIONAL NTD PROGRAM OVERVIEW AND SUPPORT:

Burkina Faso is a landlocked country with an area of 274,200 km<sup>2</sup>. It is bordered by Mali to the north and west, Niger to the east, and Benin, Togo, Ghana, and Côte d'Ivoire to the south. It is estimated that by 2023 the population will reach 22,882,385 inhabitants. Administratively, Burkina Faso is divided into 13 regions, 70 health districts, 45 provinces, 350 departments, 351 municipalities, and 8,228 villages.

Neglected tropical diseases (NTDs) are a public health issue in Burkina Faso and are included as a national priority in the 2011–2020 National Health Development Plan (*Plan National de Développement Sanitaire*, or PNDS). Activities for the control and elimination of NTDs is coordinated by the National NTD Program (NTDP), which was created in 2013 to integrate several vertical programs in the fight against NTDs, notably the National Onchocerciasis Control Program (established in 1991), the National Program to Eliminate LF (2001), the National Blindness Prevention Program (established in 2002), and the National Schistosomiasis and Soil-Transmitted Helminthiasis Control Program (established in 2004). The NTDP consists of 11 units, including seven technical units and four cross-departmental units (communication, logistics, laboratory services, and monitoring and evaluation).

Burkina Faso's second NTD Master Plan (2016–2020) has concluded, and the NTD Strategic Plan covering the period from 2021–2025 is currently being developed. The PNMTN is finalizing a first draft of the new plan, and a workshop is planned for September 2022 to validate the document. The new plan will consider the challenges and lessons learned during the assessment of the previous Master Plan and disease specific targets in the new World Health Organization (WHO) road map. It will also be used to develop annual national-level action plans.

The NTDP is part of the Protection of Population Health Directorate (*Direction de la Protection de la Santé de la Population*, or DPSP), which is situated within the Directorate General of Public Health (*Direction Générale de la Santé Publique*, or DGSP) of the Ministry of Health (MOH). The 13 Regional Health Directorates are responsible for implementing and supervising NTD activities in the 70 health districts (HDs). The HDs are responsible for implementing disease control activities in collaboration with the Center for Health and Social Promotion (*Centre de Santé et de Promotion Sociale*, or CSPS) and the community. At the community level, community drug distributors (CDDs) conduct social mobilization activities, distribute drugs, and report any serious adverse events (SAEs) to their supervisors and, in turn, the MOH, Act | West, the United States Agency for International Development (USAID), WHO, and drug donation companies. The district and regional hospitals are responsible for morbidity management associated with NTDs and management of any SAEs in collaboration with the NTDP.

The NTDP benefits from the direction of an NTD steering committee and an NTD technical committee, which meet two and four times a year, respectively. These committees were created in 2015 to strengthen the coordination mechanisms for the control and elimination of NTDs in Burkina Faso.

USAID has supported the control and elimination of NTDs in Burkina Faso since 2007 and currently provides support through the Act to End Neglected Tropical Diseases | West program (Act | West).

Key activities including mass drug administration (MDA), disease-specific assessments (DSA), monitoring and evaluation (M&E) and other cross-cutting activities such as behavioral change communications (BCC)

and health system strengthening (HSS)-related activities are planned for fiscal year 2023 (FY 2023). These activities will contribute to the NTD control and elimination goals of the MOH.

### Activities supported by the host government partners

The Government of Burkina Faso provides support to the NTDP to combat NTDs by providing salaries of the NTDP and other health system actors, infrastructure (office and meeting room facilities), logistical support (vehicles, warehouses for storing drugs) and exemptions from customs duties and import taxes for NTD drugs and other consumables. Overall, the support provided by Act | West is aimed at building capacity, ownership, and leadership within the NTDP and the MOH to ensure that NTD elimination and control objectives are achieved, and Burkina Faso sustains that progress in the long term. This support includes the implementation of interventions such as dossier development, MDAs, and DSAs related to LF, SCH, and STH.

The government's contributions address one or more of the following components:

- **Social Mobilization:** Provides rooms for advocacy and social mobilization meetings.
- **Training:** Provides rooms for cascading training from central to peripheral levels.
- **Supply Chain Management (SCM):** Covers the cost of clearing drugs through customs, government vehicles to transport drugs from the regions to the districts, and warehouses to store NTD drugs.
- **MDA:** Health center management committees provide additional financial support to cover certain expenses such as megaphones/batteries and fuel.
- **Supervision:** Provides vehicles for program supervision and related activities.

### IR1 PLANNED ACTIVITIES: LF, TRA, OV:

#### i. Lymphatic Filariasis

##### Previous and current FY activities and context:

Burkina Faso has targeted the elimination of LF for 2030. The LF program started in 2001 and 100% geographic coverage was achieved in 2005. LF mapping in 2000 indicated that all 70 HDs were endemic for LF and as of June 2022, eight HDs still require MDA.

The FY 2022 LF MDA in eight HDs was conducted in June 2022. To ensure adequate coverage was achieved, the supervisor's coverage tool (SCT) was used in seven HDs in 70 supervision areas. Following the MDA, a coverage evaluation survey (CES) will be conducted to validate reported coverage in three out of the five HDs that will be conducting first MDA after failed pre-TAS in July 2022. This was the second round of MDA for three HDs (Bogodogo, Tenkodogo, and Fada); therefore, FY22 re-pre-TAS is scheduled to take place in these HDs six months after the distribution, in December 2022 (budget under FY 2022).

The TAS3 planned for FY 2022 is not yet completed in nine HDs (5 EUs) and is scheduled for September 2022.

The implementation of TAS in insecure areas has always been a concern for the NTDP. The implementation of the surveys will depend on the evolution of the security situation in each assessment unit. The NTDP is collaborating with actors in the regional health directorates to assess both the overall and specific security situation in relevant areas. In addition, a security officer at the central level (MOH) also conducts his own

security assessment before authorizing field missions. In FY 2021, as part of the finalization of the pre-TAS surveys in Bittou HD, the NTDP and partners reflected on possible strategies to adapt to these challenges. The aim was to develop a strategy that would enable the health district teams to collect data and central and regional teams to supervise remotely. Security permitting, such a strategy could be used for surveys in insecure red zones

### **Investigation for persistent LF transmission**

To address the persistence of LF in eight HDs in Burkina, the NTDP organized a virtual meeting with WHO, Act | West partners. Recommendations from the June 10, 2021, meeting included a sub-district analysis of coverage data and the implementation of a study on the reasons for LF persistence.

During the call, the WHO provided a series of recommendations for stopping LF transmission in these districts:

1. Conduct an analysis of MDA coverage data from the sub-district level, to identify hotspot villages,
2. Travel to the identified hotspot villages<sup>1</sup> and conduct community dialogues to identify reasons for persistent transmission of LF and strategies to improve MDA coverage that are adapted to the context in each village.
3. Reinforce MDA supervision, and use of SCT during the MDA.
4. Carry out an epidemiological and entomological survey on the persistence of LF in Burkina Faso.
5. Synchronize treatment with other bordering countries.

As a result, in FY 2022, the NTDP, with Act | West support, prioritized the first three recommendations of WHO. These included strengthening supervision during the MDA, with one additional national level supervision team and two additional days of MDA supervision for these supervisors to better enforce strict compliance to directly observed therapy (DOT). With Act | West support, the NTDP also conducted a sub-district analysis of MDA coverage followed by community dialogues in identified villages. The sub-district analysis targeted villages with low treatment coverage from 2016 to 2020 and those with

epidemiological antigen prevalence  $\geq 2\%$ . Results from the analysis, as well as security considerations, were used to select priority villages for inclusion in community dialogues.

Accordingly, the dialogue was implemented in 47 villages in 18 CSPS in the districts of Ouargaye, Tenkodogo (Centre-Est region), Bogodogo (Centre region), Gaoua and Batié (Sud-Ouest region). A total of ten focus group discussions were conducted in the five HDs involving 92 community members, 47 of whom were women. The individual interviews involved 346 key stakeholders, including traditional community leaders, religious leaders, CDDs, and health workers, 53 of whom were women. The following observations emerged from this community dialogue:

- Training of MDAs should expand to include certain community actors, such as town criers, as this group also requires appropriate training on the diseases and distribution strategies to better inform community members about the campaign.
- The one day budgeted for town criers to disseminate information before the campaign was insufficient and did not allow for complete coverage of a community. In addition, the NTDP submitted its campaign timetable late in certain regions, making it difficult to carry out all preparatory activities in time.

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<sup>1</sup> The criteria used to define hotspot villages in Burkina Faso are: Villages that had low (<65%) or very high (>100%) epi coverage, villages that have recorded several cases of refusal or reluctance, and/or villages with persistent LF prevalence (Ag>2%).

- The late transmission of requests from regional officials to Act | West – Burkina led to a late transfer of funds to the regional and consequently the peripheral and community levels.
- CDDs do not always adhere to directly observed treatment (DOT). Community leaders acknowledged that CDDs left tablets with the head of households for eligible participants to consume after a meal in the absence of the CDD.
- As MDA supervision does not exhaustively cover all CDDs and health areas, more supervision is recommended to ensure treatment strategies are followed.

Proposals for adapting MDA strategies in FY 2023 based on findings from the community dialogues are outlined in **table 1** in the planned activities section below.

### Plan and justification for FY 2023:

#### LF MDA

In FY 2023, Act | West will support LF MDA in five HDs (Ouargaye, Bittou, Gaoua, Kampti and Batié), targeting 846,891 people aged five years and older. These five health districts failed pre-TAS in 2021 and will conduct their second round of MDA in 2023.

Distribution will be carried out by trained CDDs at the health area level under the supervision of the Head Nurses (ICPs). The objective of the MDA will be to treat 100% of eligible people. The drugs will be administered door-to-door in villages and at fixed locations or distribution points in health centers, barracks, wards and schools. To improve the quality of implementation of the FY 2023 MDAs, the NTDP will prioritize new adaptive strategies based on recommendations from the community dialogues. See table 1 below.

*Table 1: Strategies Adapted in FY 2023 based on community dialogues*

<i>Components</i>	<i>Strategies Adapted in FY 2023 based on community dialogues</i>
MDA planning (period, budgeting, timeline)	<ul style="list-style-type: none"> <li>• Plan the LF MDA campaigns earlier in FY 2023 to ensure that they are not carried out during the rainy season.</li> <li>• Ensure the development and coordination of a timeline for the implementation of the campaign activities for each level as required.</li> <li>• Make financial resources available earlier at the peripheral level to ensure a timely start of MDAs.</li> </ul>

<i>Components</i>	<i>Strategies Adapted in FY 2023 based on community dialogues</i>
Training	<ul style="list-style-type: none"> <li>• Change the current training scheme for regional trainers and organize an integrated training of DRS and HD teams on MDA implementation.</li> <li>• Train the town criers on LF for the MDA. The aim here is to strengthen the knowledge of town criers about LF and OV and the campaign process. This will equip them to better meet the information needs of the population. The town criers will be used for three days during the MDA compared to just one day in past MDAs.</li> <li>• Increase in NTDP supervision days to ensure that in addition to conducting the training of regional and health district teams, in FY 2023, the NTDP national supervisors will also supervise the trainings at the HD and health center levels before the campaign. With this change, NTDP national supervisors can provide oversight of the Head Nurse (ICP) training and the training of CDDs and town criers in the health facilities.</li> <li>• Harmonize the training of CDDs by introducing the new NTDP training model for CDD trainings. The model includes units on the following topics: the targeted NTDs, MDA strategy, drug management, SAE management, data management, and social mobilization messages.</li> </ul>
Supervision	<ul style="list-style-type: none"> <li>• Increase the number of supervisors at the CSPS level according to the villages to be covered.</li> <li>• Implement SCT in all LF HDs and collect electronically MDA supervision data.</li> </ul>
IEC/Social Mobilization	<ul style="list-style-type: none"> <li>• Develop key messages (clear and concise) addressed to the population to be disseminated by the town criers, CDDs and village leaders two to three days before the campaign and during the campaign.</li> <li>• Make LF posters available to each CDD and leader.</li> </ul>
Drug administration	<ul style="list-style-type: none"> <li>• Provide distribution teams with equipment (single-use cups) for DOT if not already available at the HD level.</li> <li>• Adapt the distribution periods according to the availability of the populations (very early morning, evening, or night).</li> </ul>

**DSA**

The LF DSAs planned for FY 2023 are described below:

**TAS1 in 2 HDs (2 EUs)**

For FY 2023, TAS1 is scheduled in two HDs (Bogodogo and Tenkodogo) that will conduct re-pre-TAS in FY 2022 as a carry-over activity in December 2022. Each HD will constitute its own EU. Fada HD is not scheduled for TAS1 in FY 2023 due to insecurity.

Table 2: List of HDs planned for TAS1

Districts	District Population In 2023	Number of EU	EU population 2023	Security Status
Bogodogo	323,833	EU	323,833	Green zone
Tenkodogo	243,865	EU	243,865	Green zone

**TAS2 in one HD (one EU)**

In FY 2023, TAS2 will be conducted in the Diébougou HD (green zone).

In accordance with WHO guidelines, TAS2 should be conducted in EUs that have passed TAS1 after two to three years to confirm the sustained interruption of LF transmission. In FY 2023, five HDs (five EUs) are eligible for TAS2, but due to security reasons, only one HD, Diébougou, will be able to conduct TAS2 in FY 2023. The remaining four HDs (*Pama, Gayéri, Sebba, Diapaga*), comprising four EUs, are in insecure zones and are not planned for TAS2 in FY23.

Table 3: List of HDs eligible for TAS2 in FY23

Districts	District population in 2023	Number of EU	EU population 2023	Security Status
Pama	132,196	1	132,196	Insecure zone (red)
Gayéri	116,051	1	11,6051	Insecure zone (red)
Sebba	182,324	1	182,324	Insecure zone (red)
Diapaga	693,183	2	693,183	Insecure zone (red)
Diébougou	172,117	1	172,117	Green zone

**TAS3 in one HD (one EU)**

In FY 2023 TAS3 will be conducted in Koupéla HD (green zone).

Since 2017, TAS3 has not been conducted in several districts due to insecurity. These include Nouna, Solenzo, Toma, Tougan, Barsalogho, Boulsa, Kaya, Kongoussi, Tougouri, Djibo, Dori, Gorom-Gorom, Manni, and Bogandé HDs. A total of 14 HDs (17 EUs) are eligible for TAS3 but are in insecure areas and will not be planned in FY 2023.

Table 4: List of HDs eligible for TAS3

Districts	District population in 2023	Number of EU	Population of the EU in 2023	Security Status
Nouna	390,718		390,718	Insecure zone (red)**
Solenzo	397,924		397,924	Insecure zone (red)**
Toma	246,347		246,347	Insecure zone (red)**
Tougan	312,190		312,190	Insecure zone (red)**
Barsalogho	315,776		315,776	Insecure zone (red)**
Boulsa	258,499		258,499	Insecure zone (red)**
Kaya	530,698		530,698	Insecure zone (red)**
Kongoussi	543,238		543,238	Insecure zone (red)**
Tougouri	319,470		319,470	Insecure zone (red)

Djibo	385,143		385,143	Insecure zone (red)
Dori	451,972		451,972	Insecure zone (red)
Bogandé	475,536		475,536	Insecure zone (red)
Manni	291,367		291,367	Insecure zone (red)
Gorom-Gorom	161,477		161,477	Insecure zone (red)
Koupéla	281,371		281371	Green zone

Act | West and the NTDP will continue to assess the level of safety in these EUs. These surveys will be conducted as soon as an opportunity arises.

#### Dossier Status for LF:

The current national objective is to eliminate LF as a public health problem by 2030. In 2022, 62 of 70 HDs reached the criteria for stopping treatment, and eight others continue to implement MDA.

#### Completeness and security of historical data

The LF data is secure and is the responsibility of the NTDP M&E unit. The complete LF data are stored on password-protected computers and backed up regularly to external hard drives. In addition, NTDP unit leaders have a copy of the data on their computers, which are also password protected. Data on the implementation of LF prevention activities have been archived since 2001 and are available from the NTDP in several formats, including annual reports, Excel databases, the Country Integrated NTD Database (CIND), the Joint Reporting Form (JRF), the Epidemiological Data Reporting Form (EPIRF), and the MOH statistical directories. LF data provided to WHO are also available on the ESPEN portal. Some data are stored on paper. LF morbidity data are included in the National Health Information System (NHIS) and the National Health Data Warehouse (ENDOS/DHIS2). (*See also section 3 on data security*). The databases are regularly updated as validated data become available (*see also section 3 on data security*).

#### Status of draft dossier

The NTDP continues the process of developing the LF dossier with technical and financial support from Act | West. In 2021, the NTDP held two workshops to develop the elimination dossier. This made it possible to review the data (2001-2021) and to update the Excel file of the dossier. A draft of the narrative part of the dossier was also produced.

In FY 2023, the NTDP will seek support from Act | West to hold an LF elimination dossier workshop. The general objective of the workshop is to review and update the draft of the dossier for Burkina Faso for the elimination of LF as a public health problem. Specifically, the workshop will present the framework for the dossier, review the literature on LF control in Burkina Faso for inclusion in appropriate section of the draft dossier narrative, update LF DSA and MDA data, and amend the draft narrative of the elimination dossier. This workshop will bring together members of the NTDP and the Act | West Burkina team.

#### MMDP dossier requirements

The PNMTN completed LF morbidity burden estimates in all 70 HDs, revealing an estimated 10,331 lymphoedema cases across all 70 HDs and 8,493 hydrocele cases across 66 HDs in 2019. Data on the LF morbidity burden are saved in Excel worksheets on PNMTN computers and backed up regularly to external hard drives. LF morbidity data (consultations, surgeries, and hospitalizations) are recorded through DHIS2. LF burden estimates and service delivery data are available in all 70 HDs. For lymphoedema, all 70 HDs have at least one facility designated to provide the recommended essential package of care. All health districts have at least one facility designated to provide hydrocele surgery. Hydrocelectomies are

performed on a routine basis in regional and university hospitals, in district medical centers with a functional surgical wing, as well as during targeted surgical campaigns.

### **Gaps**

Following the withdrawals of the ASCEND project and the World Bank's Malaria and NTD in the Sahel project, gaps are recognized in the MMDP services previously offered. These include a shortage of health kits for lymphoedema management, lack of funding for refresher training for lymphoedema management, and lack of funding for hydrocele surgery camps. However, the country has met all WHO MMDP dossier requirements except data on assessment of service availability and quality. Patient estimates for both hydrocele and lymphedema are available for all 70 HDs, hydrocele surgery services are available in all HDs and lymphedema management services are available in health centers in all endemic HDs. Act West is gathering information on the facility assessments to better define the need for DIPs or similar activities.

### **ii. Trachoma**

#### **Plan and justification for FY 2023:**

#### **Trachoma MDA**

No trachoma MDA is planned in FY 2023 as all HDs have reached the criteria to stop MDA.

#### **Disease Specific Assessment (DSA)**

All ten remaining HDs that require TSS are in insecure zones and cannot be safely accessed at this time as determined by the NTDP and MOH. The NTDP will continue to assess the security situation and implement these surveys if and when the situation improves. However, discussions are underway with WHO/ESPEN to develop innovative strategies for the implementation of TSS in these ten HDs. The NTDP is also considering conducting TSS surveys in camps of internally displaced persons (IDPs). The strategies and next steps are not defined at present. The NTDP has had informal exchanges with WHO/ESPEN, but a formal consultation has not yet taken place. Act | West will recommend further internal consultation with Mali and Niger to discuss how those countries have managed surveys in insecure locations to see if there are any lessons learned relevant for Burkina Faso.

Table 5: The 10 HDs awaiting TSS

Region	District	Population of HD in 2023	#EU	Security Status
Boucle du Mouhoun	Tougan	312,190	2	Red Zone
Cascades	Sindou	199,640	1	Red Zone
Est	Manni	291,367	1	Red Zone
	Fada	485,599	2	Red Zone
	Gayéri	106,051	1	Red Zone
	Pama	132,196	1	Red Zone
Sahel	Djibo	385,143	2	Red Zone
	Sebba	182,324	1	Red Zone
Centre Nord	Kaya	530,698	2	Red Zone
	Kongoussi	543,238	2	Red Zone

### Trachoma transition plan in three regions

Despite the security challenges, there has been progress towards trachoma elimination in Burkina Faso. In these regions, the NTDP has begun to consider transition planning to enable the health system to sustain the gains made without significant external donor support. The general goal of transition planning is to help national trachoma programs move from activities solely focused on reaching trachoma elimination targets (MDA, TT surgery campaigns) to ensuring that incident TF (or probable CT infections) and TT cases can be managed through routine health services. The development of the transition plan is part of the International Coalition for Trachoma Control's (ICTC) best practices as programs reach their TF and TT epidemiological targets and begin focusing on development of the trachoma elimination dossier. The plan should focus on the full SAFE strategy, though there is a more general focus on TT surgery, because the third indicator for trachoma elimination is that countries must demonstrate “the existence of a system able to identify and manage incident trachomatous trichiasis cases, using defined strategies, with evidence of appropriate financial resources to implement those strategies.” Per ICTC recommendations, the transition plans are developed at the district level and outline how existing eye care personnel, instruments, and activities will be used to continue to provide management of incident TF and TT cases from identification/referral to management and follow-up. The plan also focuses on the management of the remaining stock of antibiotics (azithromycin and tetracycline eye ointment), and on the Facial cleanliness and Environmental improvement component by taking stock of the F&E availability in the districts.

In 2022, Sightsavers is supporting the development of plans for the following regions: Centre-Nord, Hauts-Bassins, Nord, Boucle De Mouhoun, Centre-Est and Sud-Ouest. For FY 2023, the NTDP plans to develop transition plans for the Centre-Est, Plateau Central and Centre-Sud regions with support from Act | West. The NTDP is requesting support for one four-day workshop per region to bring together regional MOH staff to develop these transition plans.

### Completeness and security of historical data

With support from Act | West and the International Trachoma Initiative (ITI), the NTDP has entered all available data from the TIS, TSS, and TT-only surveys into the trachoma Excel file for the dossier. This file is stored on the NTDP M&E and Unit Head computers and backed up regularly on external hard drives. Mobile data collection forms are provided by Tropical Data, and data from these surveys are also stored by Tropical Data (**please see section 3 on data security below for more information**).

**Dossier status**

The NTDP is developing the dossier for trachoma elimination with technical and financial support from Act | West and Sightsavers. In 2019, partners participated in a dossier workshop supported by USAID's MMDP Project, allowing for assessment of available data, identification of next steps, and empowerment of involved participants under the leadership of the NTDP trachoma unit. As next steps, Sightsavers will support an analysis of the F&E components (of the SAFE strategy) of the dossier in collaboration with the water, sanitation, and hygiene (WASH) sectors and education and environment partners. Act | West, Sightsavers, and ITI will help update the trachoma dossier Excel file with all recent survey data, and the NTDP will hold a trachoma dossier development meeting in FY 2023. Act | West supported a second Trachoma Elimination Dossier workshop in FY2021, where participants drafted a draft Zero of the trachoma elimination dossier narrative and updated Excel files. In FY 2022 (June 2022), a third workshop on the trachoma elimination dossier is planned with the support of Act | West. This workshop will involve updating the data in the elimination dossier with new survey results and TT management, as well as the draft dossier narrative. Burkina Faso aims to reach the elimination targets by 2025. However, due to insecurity, the timeline for submitting the dossier is a best-case scenario. The NTDP is working to ensure the dossier will be ready to submit as soon as all activities are completed.

**iii. Onchocerciasis****Plan and justification for FY 2023:****MDA/CDTI**

In FY 2023, Act | West will support two rounds of CDTI in four HDs in the Sud-Ouest region, targeting 196,486 people. CDTI will be implemented in villages and hamlets endemic for OV. The door-to-door distribution strategy will be used with updated registers. Of these HDs, two HDs (Batie and Gaoua) are co-endemic for LF and will conduct an OV MDA integrated with LF during one round in FY 2023.

Sightsavers will support the remaining two HDs in the Cascades region.

**MDA/CDTI Supervision**

Please refer to the IR1 LF section above for further details on the integrated MDA supervision activities.

**DSA****OV pre-stop survey in Batié, Gaoua, Dano and Diébougou of the Sud-Ouest region**

As described above, the four OV HDs in the Sud-Ouest region had OV prevalence of 0-3.54% by skin snip and 0-3.33% by OV16 RDT in 2018. Following these surveys, a total of 4 rounds of CDTI have been conducted by the end of June 2022 (a fifth round is planned in September-October 2022). In FY 2023, there is a need to implement pre-stop CDTI surveys in these four HDs. There are three relatively distinct transmission zones across the 4 HDs. Approximately 100 children aged five to nine years old per village will be surveyed in three to five first-line villages in each transmission zone. The total number of children tested per transmission zone will be 300-500. Children will be tested using OV16 rapid diagnostic tests (RDT) on dried blood spots (DBS) in the laboratory. The survey teams will collect DBS samples while in the field and return to the lab to test them using OV16 RDT. Prior to the survey's implementation, Act | West will arrange discussion with USAID and WHO Burkina Faso to determine the technical support needs required for the survey.

### **Black fly breeding site mapping in eight former-endemic HDs in four regions**

Thirteen former-endemic HDs (Boromo, Dédougou, Nouna, Solenzo, Toma, Tougan, Bittou, Tenkodogo, Zabré, Pô, Diapaga, Dandé, Orodara) need further assessment to determine whether OV transmission is ongoing, in view of the new goal of elimination of transmission recommended by WHO. The WHO/APOC returned the *Simulium* breeding site map (capture points) to the NTDP for entomological surveillance, and this same map has been used since 2002. The NTDP needs to update the map for more accurate black fly breeding site distribution and first-line villages to initiate further assessments in these former-endemic HDs. Among the 13 HDs, five are in insecure areas. The black flies breeding sites prospection will be done in the eight districts (Boromo, Dédougou, Bittou, Tenkodogo, Zabré, Pô, Dandé, Orodara) (green zone) in FY23 with the support of Act | West.

### **Cross-border coordination meeting with Cote d'Ivoire and Ghana**

Given the major migratory flows between Burkina Faso, Côte d'Ivoire, and Ghana, LF and OV elimination objectives cannot be met without actions targeting the migrant populations. In addition to data collected during LF surveys, OV survey data also suggest that migrant populations present a challenge to eliminating OV transmission. The OV epidemiological evaluation conducted in 2016 in the Cascades region showed that most individuals with a positive skin snip were returning from Côte d'Ivoire. The same observation was made in 2014 in the Mouhoun, Nakambé and Nazinon basins, where 30 of the 31 positive skin snips were taken from migrants from Côte d'Ivoire.

In line with the OEC recommendation, in FY23, the NTDP has planned a two-day cross-border meeting with neighboring countries Ghana and Côte d'Ivoire to improve cross-border coordination. The cross-border meeting will aim to coordinate and plan for synchronizing OV and LF MDAs in priority border HDs in three countries. The discussion of LF MDA synchronization responds to recommendation #5 from the consultation call with WHO organized in June 2021 (described in the LF section above). The countries will also collaborate to develop specific treatment strategies for migrant populations, focusing on individuals who travel across borders between the three countries for an extended stay. The meeting will be held in Gaoua in the Sud-Ouest region. The participants will include NTDP staff and relevant regional and district NTD persons from the three countries.

Prior to the cross-border meeting, a one-day preparatory meeting will be held in Gaoua with regional authorities. The purpose of this meeting is to provide regional authorities with an overview of the goals and TOR of the cross-border meeting, develop an agenda, and prepare logistical, administrative and security aspects of the larger meeting to take place at this site.

To increase awareness of efforts to control and eliminate NTDs in these three countries, television and newspaper coverage is planned for this activity.

### **Post CDTI CES in two HDs:**

In FY 2023, the NTDP will conduct post-CDTI coverage evaluation surveys in two HDs in accordance with WHO guidelines. The surveys will be conducted no later than three months after the OV/CDTI is implemented. The results will be used to validate the reported coverage and identify corrective measures to improve the coverage of future campaigns. The coverage surveys will be done in the Batié and Gaoua HDs. These two HDs were selected because of their population mobility. In particular, Batié HD borders Cote d'Ivoire and Ghana, and both HDs have 15 artisanal gold sites, leading to frequent population movement and potential gaps in treatment coverage. Thus, to validate the coverage reported during the OV/CDTI, it is necessary to conduct post-campaign coverage surveys in Batié and Gaoua. Act | West will

provide technical support for the development of the protocol and training.

#### **Community self-monitoring (CSM) in four HDs:**

In FY 2023, CSM activities will be conducted as part of implementing OV/CDTI MDA. Act | West will support the implementation of CSM in 120 villages in the four HDs in the Sud-Ouest region. Sightsavers will support MDA and CSM in two regions in the Cascades region. Selected community members are trained to conduct supervision. They use the results to inform the community (under the supervision of the CSPA Head Nurse, Act | West, and the NTDP) about the importance of OV/CDTI and how to reduce exposure to NTDs. The community is more likely to adhere to the recommendations when these are made by fellow community members. In FY 2020, CSM reports detailed one example where a member of the community who initially refused treatment eventually accepted it in public. His actions encouraged three other people to take the drug in public.

#### **Updating CDTI registers:**

CDTI registers are used during IVM distribution. CDTI/OV targets are based on the population roster in the registries. During treatment, CDDs also record any population changes that have occurred since the previous treatment and update the registers. Updating the registers involves identifying people who have permanently moved or died, filling in missing information on existing registrants, and registering new household members. The Centers for Health Information and Epidemiological Surveillance (CISSE) in OV-endemic districts will then enter and analyze the information. This step is overseen by the NTDP's OV elimination unit, the Regional Health Directorates (DRS) and Act | West. It is an opportunity for all stakeholders to make suggestions and recommendations for the implementation of the next CDTI.

#### **Develop a strategic plan to eliminate OV**

The PNMTN will develop an OV elimination plan in FY23 in coordination with the OEC. A four-day workshop will be organized in March 2023 with members of the PNMTN, the Act | West team, Sightsavers and other stakeholders to develop the document. The OEC will provide technical advice on this strategic plan and support the PNMTN in monitoring the implementation of OV elimination activities. This draft document will be validated during a second four-day workshop with all technical and financial partners involved in OV elimination. These activities will be partially funded by Sightsavers, who will hire an OV expert; financial and technical support from Act | West is requested to co-fund these two workshops in FY 2023.

#### **Dossier Status for OV:**

Burkina Faso has not yet begun to develop the OV elimination dossier.

## **IR2 SUSTAINABILITY AND HSS STRATEGY ACTIVITIES**

### **IMPROVING CORE NTD PROGRAM FUNCTIONS:**

#### **DATA SECURITY AND MANAGEMENT**

##### **Sustainable data security and systematic storage of NTD data at the NTDP Data quality control**

Data managers implement and oversee data quality control at all levels. Managers then use a tracking template implemented by the NTDP to control and verify reports. Data completeness, timeliness, consistency, and concordance are confirmed at each reporting level. In addition, forms at the HD and DRS levels are programmed to identify data entry errors. These data control mechanisms are described in a

data management procedures document that is provided to data managers.

In FY 2017, the NTDP conducted a data quality assessment (DQA) of MDAs for NTDs at the national level in the Centre Sud and Sud-Ouest regions for the first time. To improve data quality, they decided to extend the implementation of DQAs to the Est, Centre-Est, Boucle De Mouhoun, Hauts Bassins and Sahel regions in 2018 with the support of the World Bank. All regions were trained on the DQA tool from 2017 to 2018. As a result of action plans informed by the DQA, the quality of data and information systems have improved.

### **NTDP Data Security Policy**

Procedures for securing data exist at each level of data collection. Data managers are responsible for overseeing NTDP data at the district, regional and national levels. In addition, the NTDP has implemented a dashboard at all levels of the system. This is primarily a tool for communication, promotion and visualization of progress in the control and elimination of NTDs at all levels. With staff changes, this tool also serves as a corporate memory for new staff. The process for storing and securing data for each level is as follows:

- **CSPS level:** Treatment records and reports are archived at the health center, where only health workers have access.
- **HD and DRS levels:** Physical documents (reports) at these levels are archived in filing cabinets to which only data managers have access. Electronic data are stored on desktop computers, laptops, and external drives; all are password protected. Regular backup procedures have been created for this data. Data is backed up to external hard drives when new data is incorporated.
- **National level:** In addition to archiving physical documents, NTD data are stored in available databases (including the CIND, Joint Application Package form [JAP], MOH's statistical yearbook, annual NTD report, Excel, Access, and other databases. Data are stored on computers and hard drives. Copies of the databases are also available to unit heads and technical and financial partners.

The CIND database is backed up regularly and is password protected with two types of users: administrators and data entry staff. The other databases are protected by macros and passwords. The computers containing data are protected by anti-virus programs that are updated regularly. The data managers' computers are backed up regularly. Burkina Faso's NTD data are also available on the WHO website, and Act | West maintains the USAID workbook and copies of all survey reports and MDAs.

Act | West will support the NTDP in strengthening its data security policies, procedures, and protocols in alignment with MOH guidance and based on data security best practices, particularly the National Institute for Standards and Technology (NIST) data security procedures. While the NTDP has data management processes and validations in place to ensure the quality of data, the NTDP does not have a data security plan. As part of the activity, Act | West will follow the phased methodology.

### **CIND update with historical data**

Historical NTD data are available in the NTD Integrated Database (CIND), which is updated annually. The most recent update was completed in 2020. The national program plans to update the CIND with data from 2021, in September 2022.

### **Integration of NTD data in DHIS2**

The MOH's statistical yearbook has been published and disseminated within the health system and National Institute of Statistics ([www.insd.bf](http://www.insd.bf)) annually. MDA data for NTDs have been included since 2014. As of 2017, the directories include specific tables on NTD nosology, hydrocele surgery, TT surgery, and NTD surveillance (identification of *Wuchereria bancrofti* and SCH and STH parasites).

A process to integrate additional NTD indicators into the country's DHIS2 began in 2018. A pilot phase of the integration was conducted in 2019 with support from the World Bank through WAHO. The pilot phase was successful; in January 2021, the selected indicators were integrated into DHIS2 materials by the MOH statistics department and have since been routinely collected. The indicators relate to notifications of NTD nosology, surgical interventions (hydrocele and TT) and the results of routine surveillance of NTDs. To strengthen the quality of data collection for these indicators, the NTDP must build capacity in data collection actors.

The Burkina Faso HMIS Synopsis (version 2021) provides an overview of integrating NTDs into the national health information system. No external support is planned for FY 2023.

In 2022, the NTDP developed the NTD's scorecard with support from the ALMA and Speak Up Africa. The ALMA Scorecard is an online, color-coded management system to help countries track the performance of priority indicators in the strategic plan. It uses existing quarterly data from routine sources such as DHIS2 to inform actions and ad hoc activities such as MDA and DSA. It facilitates action, accountability, and advocacy at the national and sub-national levels. Burkina Faso has already had experience in developing the ALMA scorecard with the national malaria program since 2017. As of May 2022, Burkina Faso was the 13th African country to develop the ALMA scorecard on NTDs. To this end, training was conducted in May on the web platform and on the use of the map at the national level. It is planned to extend the use of this platform to the regional and district levels in 2023.

The choice of indicators for the scorecard is based on data availability, priorities, and the possibility of taking action to improve them. At the national level, seven indicators of three NTDs (LF, Trachoma, Leprosy) and program and financial management were selected. At the regional level, ten indicators of five NTDs (LF, Trachoma, Leprosy, Dengue, Schistosomiasis) and advocacy-communication were selected. The indicators were configured in the platform (NTD scorecard) and the basic values were filled in. Future updates of the indicators will be done every six months.

The NTDP has also subscribed to the health information platform on NTDs accessible on the ESPEN portal. The NTDP plans to make the information from these different platforms available in the form of dashboards on the DHIS2, with support from ESPEN and Speak Up Africa. The objective of this is to enhance country ownership and data driven decision making.

## **DRUG MANAGEMENT**

The NTDP's Logistics and Pharmaceuticals Unit is responsible for the management of drugs and other supplies. The program uses a logistics procedures manual developed with support from USAID and published in August 2014. The purpose of the manual is to provide all health system participants with the information they need to better understand and more easily implement all aspects of managing pharmaceutical logistics and other NTD inputs.

Current supply chain challenges include:

- Timely procurement of drugs for MDA implementation;
- Effective implementation of reverse logistics from health facilities to the district level;
- Last-mile delivery.
- The sections below provide more detail on the challenges and the activities planned to manage them in FY 2023.

### **Drug quantification and completion of JAP for 2023**

During FY 2023, Act | West will fund a three-day workshop in Ouagadougou to help NTDP prepare and submit the FY 2024 JAP on time. Given the ongoing challenge of receiving the drugs on time, Act | West will encourage the NTDP to submit the JAP at least 10 to 12 months before MDA schedule. Final documents will be shared with all partners and uploaded online in the ESPEN portal through the country account.

### **Availability and reliability of drug storage and transportation**

Once in country, NTD drugs are stored in secure warehouses at the national and regional levels before being transferred to HDs just prior to the MDAs, where they are kept in secure warehouses. At the CSPS level, the drugs are stored in the sales warehouses of essential generic drugs but stored separately from other drugs not intended for the MDAs. Drug storage at the CSPS level is verified two to three times during MDA supervision. At the end of MDA, the remaining drugs are transported to the district level. The regional and district pharmacists are responsible for managing the drugs and the post-MDA drug inventories. This includes the storage of drugs, the distribution and delivery of drugs by HD and health center levels and finally the monitoring of drugs management during the campaign.

Act | West covers the transportation costs for all drugs and medical consumables used by the NTDP, from the central level to the regional agencies, to the districts. The drugs are transported in secure trucks owned by the government of Burkina Faso and delivered to the distribution sites by qualified staff.

In FY 2023, the NTDP will ensure that all drugs required for the MDA campaigns of SCH are provided to three regions (Hauts-Bassins, Sahel, Plateau Central), to two regions for MDA of LF (Sud-Ouest and Centre-Est) and to two regions for CDTI/OV (Sud-Ouest and Cascades). Storage and transportation will be in accordance with the guidelines of the NTD drug logistics management manual.

### **Reverse logistics**

Act | West will provide technical assistance (TA) to support the reverse logistics for the remaining drugs after the MDA in Hauts-Bassins, Sahel, Plateau-Central, Centre-Est, Sud-Ouest, and Cascades regions. After the MDA, reverse logistics will begin as follows:

- Transmission of the remaining drugs with the MDA reports by the ICP at the district level,
- Verification of the effective transmission and conformity between the theoretical stock and the physical stock during the validation meeting at the district level by the pharmacist,
- Transmission of remaining medications with validated reports to DRS,
- Verification and compilation of all remaining stocks that have been transported to the region by the district and regional pharmacists,
- Transmission of physical inventory or inventories to the national level by the regional level pharmacists depending on whether regions will immediately implement MDAs or not.

All these regions have benefited from the reverse logistics training with Act | West funding conducted in FY 2019 and FY 2021. The training involved actors from health districts and regions of ten DRS in FY 2019 and those of three other regions in FY 2021. The general objective of the training was to contribute to the improvement of the management of drugs and inputs of MDA. These workshops have helped to:

- Strengthen the knowledge of the logistics staff of the DRS and HD in the logistics management of drugs for the fight against NTDs and in reverse logistics;
- Identify the difficulties inherent to the implementation of reverse logistics and propose solutions.

Difficulties identified include lack of analysis of MDA data at the health center and HD levels before transmitting it to the regional level, non-compliance with the deadlines to submit the MDA data, and unstandardized requirements at drug warehouse stores. Proposed solutions include advocating for the standardization of drug warehouse requirements in the regions, ensuring that MDA data is analyzed by district staff before sharing with regional staff, and requiring the transmission of MDA data within 14 days from the health districts. These solutions will be applied and followed up during FY2023.

#### **Preventing the expiration of donated NTD drugs and diagnostics**

To prevent the expiration of drugs, the principle of first expired, first out (FEFO) is implemented at all levels of drug management. Inventory management sheets are required from the central to health center level during the MDAs and are updated at the time NTD drugs are delivered. These inventory management sheets show the status of all drugs available in the warehouse by lot number and by expiration date and include the delivery and/or reception slips.

Several activities will be implemented to prevent drug expiration. Prior to the MDAs, the NTDP will assess the MDA drug stores processes in each region and 20% of the stores in the districts. The batches of drugs that are close to their expiration date are redeployed to the regions that will implement the MDAs first. During the MDAs, verification of the FEFO will be done during supervision at the regional, district and sub-district levels. After the MDAs, the regional, district and sub-district teams will provide reverse logistics and the NTDP (staff from the national level) will conduct an audit of the remaining drugs. These activities will be monitored through FAA deliverables and during MDA supervision.

#### **Assessment of NTD drug warehouses facilities and processes at the district and regional levels**

The post-MDA drug assessment reviews the performance of the management of inputs (drugs, dose poles, COVID-19 personal protective equipment), in the different HDs after the implementation of the MDA campaign. Performance is assessed by reviewing the storage conditions of the drugs, transport conditions, stock management and adherence to FEFO. An assessment is planned for November 2022 as part of FY 2022 carry-over, with financial support from Act | West.

Act | West developed an SOP to assess the warehousing facilities and processes, which it provided to the NTDP Drug Management Specialist for implementation in FY 2022. In FY 2023, warehouses in four districts will be assessed after the MDA with support from Act | West.

Following the findings, recommendations will be made to improve the logistical management of drugs. A two-day workshop will be organized in Ouagadougou to disseminate the results of the audit of drug management and the evaluation of warehouses, review the shortcomings observed during the audit and propose solutions with all stakeholders. The dissemination workshop is an opportunity to discuss the

shortcomings observed and for proposing solutions with all the stakeholders. The regional and HD actors will then be responsible for implementing the recommendations developed with follow-up from the PNLMTN.

#### **WHO supply chain standard operating procedures**

WHO/ESPEN will share its supply chain SOP with all NTDP and DRS logistics staff. This SOP serves as the basis for adapting the country's SCM procedures and should be integrated into the logistics procedures manual mentioned above. Supervision in the field during the MDAs, workshops to revise campaign directives, and preparatory meetings will provide opportunities to discuss the SOPs to ensure their effective implementation. The post-MDA drug audits will enable effective monitoring of SOP implementation, including evaluating drug warehouses.

#### **Monitoring and management of adverse events (AE) and of serious adverse events (SAE)**

In the event of an AE or SAE, the following treatment and notifications procedures are applied:

- When the CDD learns of or observes an AE or SAE, he/she refers the individual to the CSPS. The CSPS health worker assesses the patient and treats them if the effect is minor and/or refers them to the nearest medical center or hospital for the appropriate care, based on existing capacity and the severity of the reaction.
- The district manager evaluates and treats the patient and informs the DRS, which then informs the national NTD program coordinator.
- The NTD program coordinator then informs the WHO and partners, including Act | West, and USAID. In cooperation with the health products vigilance center of the country's drug regulation authority, a joint mission consisting of the General Directorate for Access to Health Products (DGAP), the NTDP, the technical and financial partners, and the DRS will go to the field to investigate the SAE event. If an SAE is confirmed, the MOH's NTDP manager must inform the technical and funding partners, the implementing partner, and the manufacturer or supplier based on the terms of the donation. The program will receive support from the DGAP to manage SAEs; the service is free for the patient.

The SAE management process is triggered for each suspected SAE case. The CSPS health worker must record every case on a pharmacovigilance form, which is sent to the worker's supervising HD. The form is also sent from this level to the DRS, which then forwards it to the NTDP, and then to the national drug regulatory authority, to determine cause of the SAE.

Act | West will support the National agency for pharmaceutical regulation to report SAEs to the drug manufacturer in accordance with the WHO and Merck guidelines (January 2021) for reporting SAEs to donors. Act | West will also support the NTDP to notify and report to all partners in a timely manner. Information about proper SAE management is included in the MDA training materials and monitoring tools are included in the MDA toolkit.

#### **ACHIEVING SUSTAINABILITY: MAINSTREAMING & HEALTH SYSTEMS STRENGTHENING**

Burkina Faso is currently in Phase three of the Act | West sustainability process following the NTDP's completion of the Guided Self-Assessment using the Sustainability Maturity Model (SMM) tool in December 2021. In Phase 1 and the beginning of Phase 2, Act | West provided remote and in-person support for the TIPAC data entry and data analysis workshops. The workshop helped the NTDP establish a baseline of their funding gaps and perform other financial data analysis. This activity helped inform the Guided Self-Assessment activity and improved understanding on the development of targeted messages to make a case for increased government funding for NTD intervention activities to the MOH using TIPAC data. During the Sustainability Planning Workshop, planned for August FY 2022, the NTDP and its

stakeholders will build on the identified milestones in the SMM, current and desired policy documents, the Health System, and Cross-Sector and Barrier analyses to create a consolidated plan. The Sustainability Plan aims to promote country ownership of NTD programming and sustainability, which will be strengthened by political validation of the Sustainability Plan in FY 2023.

In addition to the progress made in the Sustainability Plan, the NTDP has made progress in strengthening cross-sector collaboration for a multisectoral approach to NTDs control and elimination. Guided by the findings from the landscape and cross-sector barrier analyses dissemination, Act | West will support the NTDP in FY 22 to update the membership of the technical committee for NTDs and revitalize the intersectoral coordination committee. This update is an opportunity for partners identified by the study to support the NTDP in developing and implementing the NTD Sustainability Plan. There have been delays in updating the multisectoral committee. This is due to change in government in January 2022 and restructuring in the MOH afterwards. Therefore, it has been determined that the re-establishment and update of the TOR and membership for the multisectoral platform will take place after the MOH organogram is finalized. This activity has no cost and is only LOE and will be completed before the first meeting of the multisectoral platform in FY23.

### **Planned activities**

#### **Governance Activities**

##### **Country-Led TIPAC Data Entry Workshop**

The TIPAC is a budgeting tool that requires annual updates to facilitate data-driven decision making and advocacy based on an accurate understanding of costs. In addition, yearly data entry allows for Burkina Faso to track progress year to year to help identify trends in financial gaps and sustainability. Updating and analyzing financial information using TIPAC is critical to give Burkina Faso a detailed understanding of their activity costs and funding gaps, which they can use to make sound programmatic and financial decisions as well as advocate for government funding.

In FY 2023, Act | West will support a five-day workshop with a team of 10 selected participants in Koudougou to conduct TIPAC data entry. As the data entry is labor intensive, it requires concentration, and it is better to hold the workshop outside of Ouagadougou, where participants are away from their routine activities. The data entry exercise is completed every two years and is a country-owned effort led by the NTDP.

The workshop will include the members of the NTDP, in particular the members of the Monitoring and Evaluation Unit, the Finance Department, the NTDP Coordinator and the various heads of units to complete the data entry. After the TIPAC is fully updated, Act | West will review the completed TIPAC to ensure all data has been entered properly and there are no gaps or inaccuracies that could affect the TIPAC Data Analysis Workshop. The completed TIPAC tool will have all financial and drug procurement data (needs, in-country stocks) to effectively analyze financial gaps in an evolving donor landscape.

##### **TIPAC data analysis workshop to enable the DGSHP program to analyze multi-year budget projections and strengthen financial management.**

For FY 2023, the Burkina Faso NTDP will implement a TIPAC data and funding gaps analysis, as well as perform a year-to-year analysis with TIPAC data from previous years to identify trends. Additionally, Deloitte will support the Burkina Faso NTDP to review the previously mapped out MOH budget process, identified key dates, and milestones for potential engagement with government stakeholders with support from the DGHS. This will be a three-day workshop.

The results of the analysis will also support Burkina Faso in the MOH budgeting process and in the development of business cases. The NTDP has identified TIPAC as a priority in FY 2023 to support annual work planning and budgeting, identify gaps in financing the NTD Master Plan (which is planned to be updated in September FY 2022), and enable the NTDP to identify funding gaps in the changing donor landscape to seek technical and financial partners to fill them. The results of the analysis will also be used for advocacy with the government, private sector structures and other technical and financial partners on the need to support the fight against NTDs.

#### **Prioritized functions activities:**

##### **Sustainability Plan budget development workshop**

This 2-day meeting held in Ouagadougou will convene stakeholders from the NTDP, multisectoral platforms, MOH finance department, and NTD implementing partners to develop a budget that aligns with the 5-year NTD sustainability plan. The objective of the workshop is to develop a budget for the NTD sustainability plan and gain consensus among stakeholders to enhance collaboration in the implementation of the plan and to support mobilization of domestic resources to fund the plan.

**Sustainability Plan political validation workshop:** Act | West will support the political validation workshop for the Sustainability Plan. This half-day meeting will be held in Ouagadougou with high-level stakeholders from the MOH, Act | West, USAID – Burkina Faso, other key stakeholders from the multisectoral committee, and national media. The purpose of this meeting is to disseminate and gain high level commitment to the validation and implementation of the plan. The preface of the plan will be signed by the Minister of Health after the validation event in line with Burkina Faso’s policy adoption procedures.

#### **IR3 PLANNED ACTIVITIES: SCH, STH:**

##### **Schistosomiasis**

##### **Plan and justification for FY 2023:**

##### **MDA**

In FY 2023, Act | West will support the SCH treatment in nine HDs, including community-based MDA for out of school SAC and adults and school-based MDA for enrolled SAC. The treatment will target 898,552 SAC and 342,391 adults.<sup>2</sup>

##### **Supervision**

MDA supervision will be provided at all levels to ensure that the organization and implementation of MDA adhere to national guidelines. Particular emphasis will be placed on the implementation of focused treatment, especially in high-risk adults.

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<sup>2</sup> The figures in workplan table 5 do not necessarily match with those from the FY23 work planning narrative. This table is based on only a subset of USAID-supported districts that were supported as of FY18 or earlier and reflects a changing funding landscape wherein support to the SCH program shifted between USAID and the World Bank. Those districts that were formerly supported will not be included in the target and treatment counts, but they will be included in the endemicity count.

**DSA**

In FY 2023, an SCH/STH impact assessment survey is proposed in 13 HDs in six regions that have conducted seven to nine effective rounds of MDA by the end of FY 2022. The results will provide information on the sub-district treatment strategy in FY 2024. The survey is planned for February 2023. See Table 3 for planned SCH/STH impact assessment in FY23.

Table 3: SCH/STH impact assessment surveys planned in FY23

Region	District	SCH BL prev (%)	STH BL prev (%)	Year MDA starts	# MDA Rounds to date	Treatment Coverage (SAC)				
						FY21	FY 20	FY19	FY18	FY17
Sud-Ouest	Batié	55.0	15	2004	7		113.48			110.84
Boucle du Mouhon	Boromo	46.65	16	2004	9		109.85		105.63	104.01
Plateau Central	Boussé	13.33	42	2005	7			101.16	102.86	
Sud-Ouest	Dano	15	14	2004	7		105.86			101.33
Centre-Est	Garango	11.67	12	2004	7		107.9		104.91	
Centre-Ouest	Koudougou	02.5	01.8	2005	8			106.94	110.39	
Centre-Ouest	Nanoro	45	23.8	2005	8		100.35		101.52	
Centre	Nongre-Massom	10.83	10.2	2005	8		132.9		109.38	
Centre-Est	Pouytenga	23.33	19	2005	7		110.92		133.03	
Centre	Sig-Nonghin	10.83	10.2	2005	8		112.11		106.13	
Centre-Est	Tenkodogo	11.67	12	2005	8		111.54		117.05	
Plateau Central	Ziniaré	05.83	04.9	2005	8			102.37	105.11	
Plateau Central	Zorgho	18.33	18	2005	9	103.20		102.57	108.36	

**Post-MDA Coverage Evaluation Survey**

In FY 2023, Act | West will support post-MDA coverage evaluation survey (CES) in two HDs (Dafra and Zorgho) where a high prevalence of SCH infection persists and therefore, it is important to validate the reported treatment coverage. The CES will include an integrated component on knowledge, attitudes, and practices (KAP).

**SCH/STH Expert Committee and expert committee meetings**

The NTDP scheduled a meeting of the NTD Technical Committee for December 2022 to discuss multiple diseases, including the SCH survey results and the national strategy. This meeting will review the current treatment strategy (based on current prevalence) and consider the need to shift to a focused treatment strategy.

**SCH/STH Data Review Meeting**

The NTDP will host a workshop in FY 2023 to review the prevalence data from the FY22 SCH/STH impact surveys. The workshop will update endemicity at the sub-district level using data in the SCH/STH tracker and ESPEN SCH community tool, which will be updated with the FY 2022 and FY 2023 SCH impact assessment results, to guide future programmatic actions related to the control and elimination of SCH based on the new WHO recommendations.

**Soil-Transmitted Helminths**

**Plan and justification for FY 2023:**

**MDA**

There is no STH specific MDA planned in FY 2023.

**DSA**

In FY 2023, STH/SCH impact surveys will be conducted in 13 districts (see SCH).