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Act to End Neglected Tropical Diseases | West FY 2024 Workplan–Burkina Faso

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LIST OF ACRONYMS

AE	Adverse event
ALB	Albendazole
BCC	Behavior change communication
CDC	U.S. Centers for Disease Control and Prevention
CDD	Community Drug Distributor
CHW	Community health workers
CDTI	Community-directed treatment with ivermectin
CIND	Country Integrated NTD 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
DfID	Department for International Development
DGAP	Directorate General for Access to Health Products
DGSP	Directorate General of Public Health
DHIS2	District health information software 2
DPSP	Directorate of Protection of Population Health
DCPM	Directorate of Communication and Ministerial Press
DOT	Directly observed therapy
DQA	Data quality assessment
DRS	Regional Health Directorate
DSA	Disease-specific assessment
HDI	Information Systems Department
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
HC	Health Center
HD	Health District
Helen Keller	Helen Keller International
HMIS	Health management information system
HSS	Health system strengthening
ICP	Head Nurse
IMDA	Immunochromatographic card test
INDB	Integrated NTD database
IEC	Information, education and communication
IRSS	Institut National des Sciences de la Santé
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	Mecitzan Donation Program
MMDP	Morbidity management and disability prevention
MOHP	Ministry of Health and Public Hygiene
NTD	Neglected tropical diseases
NTDP	National Neglected Tropical Diseases Program
NTD-SC	NTD Support Center
OV	Onchocerciasis
PC-NTDs	Preventive chemotherapy NTDs
PNHD	National Health Development Plan
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
SCM	Supply chain management
SMDA	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

1. NATIONAL NTD PROGRAM OVERVIEW AND SUPPORT:

The country of Burkina Faso encompasses an area of 274,200 km². Located in the heart of West Africa, it shares borders with 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 the population will reach 23,592,836 by 2024. Administratively, Burkina Faso is divided into 13 regions, 70 health districts (HDs), 45 provinces, 350 departments, 351 communes and 8,228 villages.

Neglected tropical diseases (NTDs) are a public health problem in Burkina Faso and are listed as a national priority in the National Health Development Plan (NHDP) 2021-2030. NTD control and elimination activities are coordinated by the National NTD Program (NTDP), which was created in 2013 to integrate several NTD control programs, including the National Onchocerciasis Control Program (created in 1991), the National LF Elimination Program (2001), the National Blindness Prevention Program (created in 2002), and the National Schistosomiasis and Geohelminthiasis Control Program (created in 2004). The NTDP is composed of 11 units, including seven technical units and four cross-cutting units (communication, logistics, laboratory, planning/monitoring/evaluation).

The NTDP reports to the *Direction de la Protection de la Santé de la Population* (DPSP), which is housed within the *Direction Générale de la Santé et de l'Hygiène Publique* (DGSHP) of the Ministry of Health and Public Hygiene (MOH). The 13 regional health directorates are responsible for the coordination and supervision of NTD-related activities in the 70 HDs. The HDs are responsible for the implementation of NTD control and elimination activities in collaboration with the Health and Social Promotion Center (CSPS) and the community. At the community level, the community health workers (CHW) monitor morbidity cases and conduct social mobilization awareness activities. The community drug distributors (CDDs) ensure the distribution of medicines and conduct social mobilization activities during mass treatment campaigns. They report any adverse events (AEs) to their supervisors. Serious adverse events (SAEs) are reported to the Ministry of Health, Helen Keller Intl, FHI 360, the United States Agency for International Development (USAID), WHO, and drug donation companies. The district and regional hospitals are responsible for the management of morbidity associated with NTDs and for the management of any SAEs in collaboration with the NTDP.

The NTDP is supported by two statutory coordinating bodies, the steering committee, and the technical committee for the fight against NTDs, which meet two and four times a year, respectively. These committees were created in 2015 to strengthen the coordination mechanisms for NTD activities. The NTDP is considering revising these bodies to consider other stakeholders, which came out of discussions around the stakeholder landscape during the Sustainability Plan development.

A new NTD strategic plan for 2023-2027 is currently in development. The new plan will account for the challenges and insights from evaluation of the second and previous plan (2016-2020), as well as disease-specific targets in the new World Health Organization (WHO) roadmap. It will also be used to develop annual action plans at the national level.

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 (Act | West) program, managed by FHI 360 and implemented in Burkina Faso by Helen Keller.

Key activities planned for fiscal year 2024 (FY 2024) include mass drug administration (MDA), disease-specific assessments (DSA), monitoring and evaluation (M&E) activities, and other cross-cutting activities such as social and behavioral change communications (SBCC) and health system strengthening (HSS) activities. These activities will contribute to the HSS, control and elimination goals for NTDs.

Security Situation

Burkina Faso has faced a security crisis since 2016 that has disrupted the implementation of activities. Insecurity persists in ten of the thirteen regions: Sahel, Nord, Centre-Nord, Centre-Est, Est, Boucle du Mouhoun, Hauts-Bassins, Cascades, the Centre-Ouest, and Sud-Ouest. It has resulted in population displacement, which has impacted the planning and implementation of NTD control and elimination activities in some districts. According to the National Council for Emergency Relief and Rehabilitation (CONASUR), as of March 31, 2023, there were 2,062,534 internally displaced persons in Burkina Faso.

Activities supported by the host government partners.

The government of Burkina Faso supports the NTDP in the control and elimination of NTDs by providing:

- Salaries for NTDP staff and other health system actors
- Infrastructure, including offices and meeting rooms, for advocacy, social mobilization, and cascade training from the central to peripheral levels
- Logistical support (vehicles, warehouses for drug storage) for MDA
- Exemptions from customs, duties and import taxes for NTD-related drugs and other consumables
- Financial support for MDA-related expenses, including megaphones, batteries and fuel
- Vehicles for program supervision and related activities

Overall, the support provided by Act | West aims to build capacity, ownership, and leadership within the NTDP and the MOH to meet and sustain NTD elimination and control objectives long term. In FY 2023, the government supported the implementation of the LF MDA in Kampti and the CDTI Oncho in the districts of Dano and Diébougou to use 641,134 ivermectin tablets that were about to expire in March 2023.

2. IR1 PLANNED ACTIVITIES: LF, TRA, OV:

Lymphatic filariasis

Proposed FY 2024 activities:

LF MDA

In FY 2024, there is no LF MDA planned unless one of the five HDs that are scheduled for repeat pre-TAS (see below) fails. In that case, MDA will be conducted with support from Act | West.

Disease Specific Assessments

The LF DSA activities planned for FY 2024 are as follows:

Pre-TAS in 5 HDs (18 sentinel sites (SS) and control sites (CS) split with ARISE 2)

The NTDP plans to conduct pre-TAS in the three eligible districts starting in November 2023. The NTDP will implement the pre-TAS with funding from Act | West in two HDs (Bittou and Ouargaye) in the Centre Est region and in three HDs (Batié, Gaoua, and Kampti) in the Sud-Ouest region with funds from ARISE2. This will ensure the timely implementation of the surveys and allow for implementation of TAS1 in these districts (see below) within the same fiscal year. The entomological activity will be carried out in collaboration with Bobo-Dioulasso *Institut National des Sciences de la Santé* (IRSS) in Bobo. With funding from ARISE II, IRSS Bobo will also conduct entomological evaluation in the Sud-Ouest region (Batie, Gaoua and Kampti) according to WHO recommendations proposed during the Malawi meeting in October 2022.

TABLE B: List of HDs planned for Re-pre-TAS in FY 2024

Re-pre-TAS in FY24				
Region	District	Total Number of Sites	Number of former control site(s)	Number of new site(s)
Centre-Est	Bittou*	3	2	1
Centre-Est	Ouargaye*	5	4	1
Sud-Ouest	Batié**	3	2	1
Sud-Ouest	Gaoua**	3	2	1
Sud-Ouest	Kampti**	4	3	1
Total	5 HDs	18 sites	13 former sites	5 new sites

* Act | West funded HD

** ARISE II funded-HD

TAS1 in 5 HDs (5 EUs)

In FY 2024, the NTDP will implement TAS1 in the five districts following the completion of pre-TAS with support from Act | West. Each district will constitute an evaluation unit, with a total of five EUs. Two of these five HDs are in insecure areas and the TAS1 will be conducted innovatively using local health workers as surveyors to overcome security concerns. Actors from the health facilities involved in the survey will be trained by the central level for registration, blood sampling and the use of FTS. They will carry out the survey in their respective health area with motorcycles. Electronic data capture will be used to ensure data quality (through the ESPEN Collect platform). The district teams will also supervise with motorbikes and the central level and the region team will follow the survey remotely.

TABLE C: List of HDs planned for TAS1 in FY 2024

Districts	Population of districts in FY 2024	Number of EUs	Population of EUs in FY 2024	Security Status
Bittou	156,614	1 EU	156,614	Red Zone*
Ouargaye	413,644	1 EU	413,644	Red Zone
Batié	112,968	1 EU	112,968	Green Zone**
Gaoua	272,820	1 EU	272,820	Green Zone
Kampti	133,640	1 EU	133,640	Green Zone

*Red zones are insecure areas, but they are accessible, and MDA can be conducted. Populations are still living in the zone, most health facilities are still functional, - routine activities and campaigns can be carried out only by local staff and motorized transportation is still possible for local actors. In subsequent tables red zones that are not accessible for field activities are indicated with "insecure zone (red)".

**Green zones are generally secure areas which are accessible by all staff at all levels to implement activities

TAS2

In FY 2024, no TAS2 has been planned, despite eligibility, due to insecurity. According to WHO guidelines, TAS2 should be conducted two to three years after completing TAS1 to confirm sustained interruption of LF transmission. In FY 2024, there are four HDs (Pama, Gayéri, Sebba, Diapaga), comprising a total of five EUs, that will not be able to conduct TAS2 despite completing TAS1 in 2017.

TABLE D: List of HDs eligible for TAS2 in FY 2024

Districts	Population of the district in FY 2024	Number of EUs	Population of the EUs in FY 2024	Security Status
Pama	136,497	1	136,497	Insecure zone (red)**
Gayéri	119 230	1	119 230	Insecure zone (red)**
Sebba	185,869	1	185,869	Insecure zone (red)**
Diapaga	718,762	1	359 381	Insecure zone (red)**
		1	359 381	Insecure zone (red)**

** Red (insecure) areas are not budgeted for in FY 2024.

WHO recommends that districts that delayed TAS2 at least four years after stopping MDA (passing TAS1) can consider conducting TAS3. Therefore, in districts that passed TAS1 in 2017 (Pama, Gayéri, Sebba, Diapaga) and should have conducted TAS2 in 2019 but did not, will conduct TAS3 when security allows.

TAS3 in 4 HDs (4 EUs)

In FY 2024, there are 18 HDs eligible for TAS3, all of which are in red zones, some of these HDs have been pending since 2017. In FY 2024, Act | West will support TAS3 in four of these HDs using local health workers as surveyors to overcome security concerns. These four HDs are Toma, Kaya, Boulsa and Bogandé.

Before the TAS3 implementation, the NTDP will hold a meeting with 11 HDs (where insecurity appears to be improving) to discuss the feasibility of implementing TAS3 surveys using local health workers, with stakeholders from these 11 districts and three health regions, as well as humanitarian actors. Act | West has planned a contingency budget line in FHI 360's HQ budget for seven HDs in the event that the security situation improves, or these districts may be reached through local actors. Seven HDs have been suggested to be surveyed (instead of all 11) due to capacity to complete these surveys during FY 2024.

TABLE E: List of HDs eligible for TAS3 in FY 2024

District	Population of the district in FY 2024	Number of EUs	Population of the EUs in FY 2024	Security Status
Nouna	401,036	1	401,036	Insecure zone (red)**
Solenzo	390,016	1	390,016	Insecure zone (red)**
Toma	253,363	1	253,363	Insecure zone (red)
Tougan	320,513	1	320,513	Insecure zone (red)**
Boulsa	266,437	1	266,437	Insecure zone (red)
Kaya	548,646	1	548,646	Insecure zone (red)
Kongoussi	562,928	1	562,928	Insecure zone (red)**
Tougouri	330,534	1	330,534	Insecure zone (red)**
Bogandé	490,843	1	490,843	Insecure zone (red)
Manni	302,665	1	302,665	Insecure zone (red)**
Dori	466,004	1	466,004	Insecure zone (red)**

District	Population of the district in FY 2024	Number of EUs	Population of the EUs in FY 2024	Security Status
Gorom-Gorom	163,120	1	163,120	Insecure zone (red)**
Djibo	392,340,	1	392,340	Insecure zone (red)**
Barsalhogo	221,772	1	221,772	Insecure zone (red)**
Pama	136,497	1	136,497	Insecure zone (red)**
Gayéri	11,923	1	11,923	Insecure zone (red)**
Sebba	185,869	1	185,869	Insecure zone (red)**
Diapaga	718,762	2	718,762	Insecure zone (red)**

HDs listed in bold text will conduct TAS3 using local health workers and a mobile supervision strategy

*** Red (unsafe) areas are not budgeted for in FY 2024.*

Entomological Evaluations

The persistence of LF in Burkina Faso has been discussed by WHO, FHI 360, the NTDP, Helen Keller, and partners. Recommendations have been made to understand the socio-anthropological, epidemiological, and entomological determinants behind LF persistence in some HDs. At the WHO LF meeting in 2022 in Malawi it was recommended that Burkina Faso investigate the type of vector responsible for LF transmission in the area. A protocol is in development by IRSS Bobo. This survey is supported by ARISE2 funds.

Quality Assurance of LF DSAs

Act | West will support quality DSA implementation for LF. The NTDP will develop the TAS implementation protocol. The NTDP, in collaboration with Act | West technical staff, will ensure that LF survey protocols identify appropriate quality control measures, including:

- The use of a positive control to test FTS upon receipt in country and prior to use in the field
- Proper storage of FTS in a cool, dry location as per manufacturer's instructions
- Using the WHO LF diagnostic feedback form to document LF performance in the field
- Testing positive cases according to WHO guidelines
- Use of the LF supervisor's checklist
- Planning for follow-up and treatment of positive cases (see below)
- Guidance for LF DSAs.

Prior to the start of DSA in each EU, investigators and supervisors will attend a two-day orientation, including theoretical and practical sessions. Only participants who pass the post-test will be selected for data collection. During the survey, workers will collect data on Android devices, using the ESPEN Collect platform. Geolocation data will be taken systematically before continuing with electronic data collection. The NTDP will develop a dashboard to monitor the transmission and quality of data and provide feedback daily and as needed to all actors. Those involved in the surveys will use online platforms such as WhatsApp and Telegram to facilitate communication and monitor insecure areas.

Treatment of Positive Cases and their Families during TAS

Children with a positive or indeterminate FTS test result will be treated along with their immediate families. The head nurse (ICP) and community health workers will follow up on these cases.

LF MMDP

The LF morbidity management activities currently implemented are hydrocele surgery and lymphedema management. To date, there is a database of people with LF-related complications, which is regularly updated (although there can be challenges in insecure areas and it is not regularly updated in areas that have stopped MDA). The morbidity burden estimates are available for all districts, but the gap of morbidity burden is the non-availability of a nominative list of patients disaggregated by sex for all districts. Some LF MMDP indicators are also imputed in the DHIS2. An active search for MMDP cases is carried out during the MDA by the CDDs. Lymphoedema patients are cared for at community level, and health workers have been trained to support them. Hydrocele surgery is carried out in regional and university hospitals (CHRs and CHU) and district medical centers with a surgical unit (CMA). ARISE 2 and the government support the management of LF-related morbidity. The current approach is based on the integration of services. Integrating lymphedema case management at the community level requires local resources for training, follow-up and the supply of basic equipment. Burkina Faso's universal health insurance may eventually provide an opportunity if lymphoedema care is included in the service package. Current challenges for the management of morbidity are the lack of involvement of local authorities, the mobilization of domestic resources for case management, the implementation of activities in the context of insecurity, the revision of the LF morbidity plan and the non-availability of a nominative list of patients disaggregated by sex for all districts. In order to fill the gaps in the MMDP services, the following activities have been proposed: revise the morbidity strategic plan, evaluate the quality of surgery and the impact of interventions on improving the quality of life of beneficiaries, provide health services with management algorithms and guidelines, train health workers in the correct diagnosis and referral of cases of LF-related morbidity and, advocacy for the integration of the management of LF complications into the gratuity policy. The NTDP is currently seeking financing with its partners to fill these gaps. Act | West is not currently funding these activities.

Dossier Status for LF

In FY 2024, the NTDP will seek support from Act | West to conduct an LF elimination dossier development workshop to review and update Burkina Faso's existing draft of the dossier. Specifically, the workshop will present the framework of the dossier, review the literature on LF control in Burkina Faso for inclusion in the appropriate section, update the DSA and MDA data, and modify the draft elimination dossier.

Completion and security of historical data

Currently, LF data is secure. LF data security falls under the management of the NTDP M&E unit. The complete LF data is stored on password-protected computers and backed up regularly to external hard drives. In addition, the 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 has been archived since 2001 and are available from the NTDP in several formats, including annual reports, Excel databases, the National Integrated NTD Database (CIND), the Joint Reporting Form (JRF), the Epidemiological Data Reporting Form (EPIRF), and Ministry of Health statistical directories. LF data provided to WHO are also available on the ESPEN portal. Some data are also stored on paper, including MDA summary reports that are sent to the NTDP. LF morbidity data are included in the National Health Information System (NHIS) and the National Health Data Warehouse (ENDOS/DHIS2).

Trachoma

Proposed FY 2024 activities

Trachoma MDA

No trachoma MDA is warranted or planned for FY 2024.

Disease Specific Assessments

The NTDP and MoH have determined that the 10 remaining HDs in need of TSS remain inaccessible due to insecurity. The NTDP will continue to monitor the security situation and implement surveys when the situation improves. However, discussions are underway with WHO/ESPEN to develop innovative strategies for implementing TSS in these ten HDs. The NTDP had also considered conducting TSS surveys in internally displaced persons (IDP) camps, which are primarily administered by the Government of Burkina Faso in collaboration with UNHCR, but discussions are ongoing and strategies and next steps are not defined at this time. The NTDP has had informal exchanges with WHO/ESPEN, but a formal consultation has not yet taken place.

However, the NTDP plans to conduct the TSS in the Sindou HD where the security situation has improved (determined in consultation with local authorities). An alternative method under discussion is an analysis of geostatistical data from districts in the red zone and surrounding districts will be conducted to estimate endemicity. The goal of this technical assistance would be to support the country in updating the endemicity of districts in the red zone, so that decisions can be taken to eliminate trachoma. These include the Manni, Fada, Gayéri and Pama HDs in the Est region, the Djibo and Sebba HDs in the Sahel region, and the Kaya and Kongoussi HDs in the Centre-Nord region. A technical consultation with WHO will be held first to discuss options and if it is determined that geostatistical analysis is appropriate, then the process will be implemented.

Trachoma transition plan for three regions

Despite security concerns, Burkina Faso has seen progress toward trachoma elimination in several regions. In these regions, the NTDP is conducting transition planning to help the health system sustain progress without external donor support. Overall, the NTDP seeks to help national trachoma control programs from TT/TF elimination activities (MDA campaigns, TT surgery) to managing TF (or probable conjunctival infections) and TT through routine health services. The MMDP project has developed tools (such as the TT surgery consumables calculator) that different health centers can use to help estimate consumables requirements. Based on lessons learned from QA efforts under the MMDP (i.e., what resources are needed to follow up patients); and capacity building/continuing education - again, there have been many efforts under the MMDP to ensure a high capacity of TT surgeons. We are thinking about how they will ensure sustainable quality of services, - how will the NTDP continue to ensure that TT surgeons are able to follow up patients; and capacity building/continuing education - how will the NTDP continue to ensure that TT surgeons are able to follow up patients? Consideration also needs to be given to how to ensure sustainable quality of services, based on lessons learned from QA efforts under the MMDP (i.e. resources needed to ensure patient follow-up); and capacity building/ongoing training. There have been many efforts under the MMDP to ensure a high capacity of TT surgeons. It will be essential to ensure that the NTDP continues to guarantee that TT surgeons maintain their skills.

In FY 2022, Sightsavers supported the development of plans for the following regions: Centre-Nord, Hauts-Bassins, Nord, Boucle Du Mouhoun, and Sud-Ouest. In FY 2023, Sightsavers will support the development of transition plans for the Est, Centre Ouest and Cascades regions. Act I West will support transition plan development in Centre Est, Plateau Central and Centre Sud regions in August and September in FY 2023. The four-day development workshops will take place in each region and will bring together regional and district staff and members of the NTDP. Two-day workshops per region are planned for the validation of these transition plans.

Completion and security of historical data

The NTDP 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 computers of the NTDP unit and M&E managers and backed up regularly on external hard drives. Electronic data collection forms are provided by Tropical Data, and data from these surveys are also stored by Tropical Data (see section 3 on data security below for more information).

Dossier Status

With technical and financial support from Act | West and Sightsavers, the NTDP is currently developing the dossier for trachoma elimination. In FY 2019, the NTDP trachoma unit held a workshop supported by the USAID-funded MMDP Project to assess available data, identify next steps, and empower involved participants. In FY 2021, Act | West supported a second trachoma elimination dossier workshop to write "draft zero" of the dossier narrative and update the Excel file with new data. In August of FY 2023, Act | West and Sightsavers will support a third workshop to again update both the data and narrative portions. Additionally, Sightsavers will support an F&E analysis in collaboration with Water, Sanitation, and Hygiene (WASH) sectors, as well as partners in education and environment. Helen Keller, Sightsavers, and ITI will also assist in updating and verifying the trachoma dossier Excel file with all recent survey data. In FY 2024, the NTDP will host a trachoma dossier development meeting to continue updating the narrative and Excel file for the dossier with new trachoma data obtained. Burkina Faso aims to achieve the elimination targets by 2029, though ongoing insecurity means this is a best-case scenario.

Onchocerciasis

Proposed FY 2024 activities

OV/CDTI Drug Distribution (Dano, Diébougou, Gaoua, Batié) in 2024

In FY 2024, Act | West will support one round of CDTI in four districts in the Sud-Ouest region (Dano, Diébougou, Gaoua, Batié), targeting 258,454 people. The CDTI will be implemented in villages and hamlets endemic for OV. Sightsavers and END Fund will support two HDs in the Cascades region.

Supervision of OV CDTI

In FY 2024, cascade supervision of CDTI will be implemented in the four HDs of the Sud-Ouest region. The supervision ensures compliance with treatment guidelines, including correct use of dose poles, supervised intake, collection of data in registers, supply chain management, identification/notification of SAEs to the supervisor and, recording of refusals/absences during treatment.

Community self-monitoring (CSM) of CDTI in onchocerciasis endemic villages in the Sud-Ouest region

In FY 2024, the NTDP will implement the CSM as part of the implementation of the CDTI/OV. Act | West will support the implementation of CSM in 120 villages in the four districts of the Sud-Ouest region. Sightsavers will support CSM in two districts in the Cascades region. Community members will be trained to carry out the monitoring. The results of the monitoring will be shared with the whole community (under the supervision of the head nurse of the CSPS, Act | West, and the NTDP). During these result sharing sessions, participants will discuss the importance of CDTI/OV and how to reduce exposure to NTDs. The community is more likely to buy into the recommendations when these are made by their peers. For example, in FY 2020, a community member who initially refused treatment ended up accepting it in public during this feedback session. His actions encouraged three other people to also take the drug in public.

Update OV treatment registers in the Sud-Ouest region

Treatment registers are used during the implementation of CDTI, with treatment targets based on the population list in the registers. During the update process, CDDs update the registers to account for any population changes, i.e., people who have moved permanently or who have died. CDDs also record missing information and register new household members. The Health Information and Epidemiological Surveillance Centers (CISSE) of the OV-endemic districts will then enter data in database and analyze the information. This step is supervised by the NTDP, the Regional Department of Health and Public Hygiene (DRS HP) and Act | West. It is an opportunity for all stakeholders to make suggestions and recommendations for the implementation of the next CDTI. The LF burden is already estimated in this region, conducted mainly during MDAs or through active case finding. The OV register update could be an opportunity to complete the morbidity data.

Disease Specific Assessments

Mapping of blackfly breeding sites in 9 HDs in the Centre Est, Boucle de Mouhoun, and Centre-Sud regions

Given the new WHO-recommended transmission elimination target, 29 districts need to conduct a mapping of blackfly breeding sites. Among these districts, mapping will take place in 14 formerly endemic HDs (Boromo, Dédougou, Manga, Kombissiri, Saponé, Garango, Koupéla, Ouargaye, Bittou, Tenkodogo, Zabré, Pô, Dandé, Orodara) with funds from Act | West. WHO/APOC developed the map of black fly breeding sites (capture points), which has been used by the NTDP for entomological surveillance since 2002. The NTDP needs to update this map for a more accurate distribution of black fly breeding sites and first line villages to initiate new assessments in these formerly endemic HDs. Among these districts, five (Boromo, Tenkodogo, Pô, Dandé, Orodara) are in secure areas and will be mapped in July-August 2023. Nine districts from the Centre-Est, Centre-Sud and Dedougou regions (Dedougou, Bittou, Zabre, Manga, Kombissiri, Saponé, Garango, Koupela, Ouargaye) will be mapped in FY 2024 with the support of Act | West.

OV stop survey (serology (DBS+ELISA) and entomology) in 4 HDs (Batié, Gaoua, Dano and Diébougou) in the South-West region

In FY 2024, a survey to stop CDTI is planned in four districts of the Sud-Ouest region (Batié, Gaoua, Dano and Diébougou). An epidemiological survey coupled with an entomological survey will be carried out. This survey will follow the pre-stop survey to be conducted in September 2023 in the same districts. With the relatively small number of dried blood spot (DBS) samples for the pre-stop survey and the support from the ESPEN lab in Ouagadougou on testing the DBS samples, the NTDP anticipates that the pre-stop results will be available soon.

Dossier Status for OV

A session to develop the OV elimination dossier is not planned in FY 2024. Burkina Faso will conduct a pre-stop survey in September 2023. For FY 2024, a full stop MDA survey will be conducted in the HDs of the Sud-Ouest region if pre-stop survey results are satisfactory. It will be necessary to consider planning sessions on the elimination dossier in the years to come based on results of the surveys.

3. IR2 SUSTAINABILITY AND HSS STRATEGY ACTIVITIES

i. System strengthening

1. DATA SECURITY AND MANAGEMENT

Sustainable data protection and systematic storage of NTD data within the NTDP - Data quality control

CDDs are trained in the use of the tools to ensure correct data collection. At the end of each day's treatment, the treatment registers are checked by the HC managers, who compare the data on the sheets with the remaining medicines. The data transmitted to the district is also checked and harmonized by the HD data manager with the HC managers before the compilation and validation of the data. Data is secured through different mechanisms, such as stored on password protected computers and each program back up the data regularly on hard drives. In addition, data is stored in password protected databases such as CIND and the input of historical and current data is ongoing in DHIS2.

Data managers implement and oversee the quality control of MDA data at all levels. Managers then use a monitoring model put in place by the NTDP to monitor and verify the reports. The completeness, timeliness, and consistency of data are confirmed at each level of reporting. In addition, the Excel forms for data entry and compilation at the HD and DRSH levels are provided with tags that make it possible to identify data entry errors. These data control mechanisms are described in the data management procedures document that is provided to data managers at all levels. Routine data quality control follows the data procedures built into DHIS2.

Updates to the CIND with Historical Data

Historical NTD data is available in the CIND, which is updated annually. The most recent update was carried out in FY 2022. No costs are required for this activity in FY 2024; the update is done regularly by the data managers of the NTDP.

Integration of NTD Data in DHIS2

No activity on DHIS2 is planned in FY 2024 with Act | West support.

NTD data is included in the statistical yearbook of the Ministry of Health and Public Hygiene which is published annually. Since FY 2017, the directories include specific tables on NTD classification, hydrocele surgery, TT surgery, and surveillance of certain NTDs such as LF and SCH. The NTDP hopes to integrate MDA data in the DHIS2 in FY 23.

In FY 2018, the NTDP initiated the process of integration of other NTD indicators into DHIS2. The NTDP carried out a pilot phase in FY 2019 with the support of the World Bank through WAHO. This made it possible to retain indicators that have been integrated into HMIS materials since January 2021. The indicators relate to notifications of NTD classification, surgical interventions (hydrocele and TT) and the results of routine NTD surveillance. However, to enhance the quality of the collection of these indicators, capacity building of data collection actors through formative supervision is necessary.

The process of integrating NTD indicators into DHIS2 has been finalized by the MOH statistics department and the tools are operational in the field. The NTDP plans to set up a data visualization platform in the form of dashboards accessible on DHIS2, with the support of its technical and financial partners. The aim is to strengthen country ownership and data-driven decision-making. In addition, the NTDP has also subscribed to the health information platform on NTDs, accessible on the ESPEN portal. The Ministry of

Health organizes sessions to update the indicators contained in the DHIS2 . This enables the different programs and departments to remove or add indicators.

To strengthen advocacy and decision-making, in FY 2022 Burkina Faso implemented the African Leaders Malaria Alliance (ALMA) Scorecard for Accountability and Action. The ALMA scorecard makes it possible to visualize the key NTD indicators, with color codes indicating the level of achievement of results. At the national level, indicators related to six NTDs (LF, trachoma, leprosy, SCH, OV and dengue), program management and WASH are taken into account. The different scorecards are accessible on the ALMA platform (www.scorecardhub.org). The scorecards will be used for developing an advocacy plan with the national leadership, a process which has started but will require continued work. In FY 2023, the NTDP has planned for the quarterly review of the scorecard and its use in the South-West region (as part of the decentralization process). The continuation of the use of the scorecard and advocacy plan development might be taken on with ALMA funds (no Act | West funding is requested at this time for this work).

2. DRUG MANAGEMENT

The NTDP in Burkina Faso employs a logistics and pharmaceutical supply unit to manage drugs and other commodities. In 2023, support from Act | West program enabled NTDP to revise NTD drug management procedures. The new version of the procedure manual takes current needs into account. The manual provides all actors in the fight against NTDs with information about the management of pharmaceutical logistics and other commodities. The revision of the manual will improve the management of drugs at all levels, as it considers the solutions suggested for the shortcomings identified during previous audits and the new guidelines for drug management which were not included in the manual.

Conduct a workshop to fill out the 2025 JAP form

In FY 2024, Act | West will support a three-day workshop in Ouagadougou with the NTDP and partners to prepare the 2025 JAP. Given the ongoing challenge of receiving the drugs on time, the NTDP aims to submit the JAP before the end of the first quarter of 2024 to ensure that the drugs will be received before the start of MDAs. Final documents will be shared with all partners and uploaded in the ESPEN portal through the country account.

Availability or reliability of storage or transport

During FY 2024, drugs for SCH MDA will be delivered to eleven affected regions and CDTI onchocerciasis drugs to two regions. Storage and transport will adhere to NTD guidelines for drugs logistics management. Act | West covers the transport costs of all drugs and medical consumables used by the NTDP, from the central level to the districts via the regional health directorates. Drugs are transported in secure trucks owned by the government of Burkina Faso and delivered to district distribution sites by trained personnel.

Once received in country, NTD drugs are stored at the national level, then regional warehouses before their transfer to the HD level at the start of MDA. The storage warehouses meet the country's drug storage standards. At the level of the CSPS, the drugs are stored in the warehouses for essential generic drugs but separated from other drugs not intended for MDA. Drug storage at the CSPS level is verified two to three times during MDA supervision, this helps to avoid differences seen in physical counting of medication versus the remaining drug quantity reported on paper. This improved reverse logistics and minimized drug expiry issues, ensures that drugs are correctly stored and that MDA drugs are managed separately from essential generic medicines. At the end of MDA, the remaining drugs are transported to the district level. Regional pharmacists and district pharmacists are responsible for the management of MDA medications.

Prevention of expiry of donated medicines and diagnostics for NTDs

To avoid drug expiry, the First Expiry, First Out (FEFO) principle is applied at all levels of drug management. Stock management sheets are required at central, regional, district and health center level during MDAs, and are updated at the time of delivery of NTD drugs. These stock management sheets indicate the situation of all the drugs available in the warehouse by lot, by expiry date and the various stock movements. The stock management sheets are updated after the MDA. Transaction tools such as delivery and/or receipt slips are also used.

Several activities will be implemented to prevent drug expiry. During the MDAs, the implementation of the FEFO principle will be assessed during supervision at the regional, district and CSPS levels. After the MDA, the teams from the regions, districts and health facilities will provide reverse logistics and the NTDP will carry out a post MDA drug audit. In addition, the NTDP will assess the stock situation of post-MDA drugs in the implementation structures, considering the batches of drugs with expiry dates. This information is also contained in the MDA reports and district databases. Drugs with the earliest expiry dates will be redeployed to regions that implement MDA first. These activities will be tracked via FAA deliverables and during MDA supervision.

Evaluation of NTD drug storage warehouses at district and regional level.

The post-MDA NTD drugs and inputs audit assesses the performance of the supply chain in the different health departments that have implemented the MDA campaigns.

Following each MDA, warehouses in the sampled districts are assessed with the support of Act I West. The results are shared with the logistics managers during the MDA training to ensure that good practices are shared with the logistics managers. These evaluations will have an impact on the ongoing improved drug management by making this a routine activity. The Plateau Central, Centre-Sud, Centre-Ouest and Hauts-Bassins regions will be the focus of the assessment of drug warehouses in 2024. A total of 10 HDs will be evaluated in the four regions. Priority will be given to HDs where many weaknesses had been noted during previous assessments. The lessons from the FY 2023 warehouse assessment that is planned in September 2023 and the recommendations from the FY 2024 assessment will be used to improve the logistics management of NTD drugs. The objectives of this evaluation are as follows: Make an inventory of the medicines remaining from the MDA campaigns with the pharmaceutical logistics staff of the regional and district level; Check that the theoretical stocks declared after the MDAs and the physical stocks in each regional level; Evaluate storage capacities (temperature, fire prevention, shelving) for medicines used in the fight against NTDs; Make recommendations for improving the logistical management of inputs for combating NTDs. The NTDP will organize a two-day workshop in Ouagadougou to disseminate the results of the drug management audit and warehouse assessment to district level and regional level logistic managers.

Reverse logistics

The NTDP will oversee reverse logistics for the remaining drugs after CDTI and SCH MDA. Reverse logistics costs are supported by the MOH (no budget is included for this activity under Act | West).

Implementation of the WHO Supply Chain SOPs

Follow-up will be done by the Directorate General for Access to Health Products and NTDP to verify the availability and use of WHO/ESPEN Supply Chain Standard Operating Procedures at NTDP, HD and DRSH. This is to ensure that the SOPs are being followed. These procedures should serve as a basis for adapting

the country's supply chain management (SCM). Field supervision during MDA, campaign guideline review workshops, and preparatory meetings represent opportunities to discuss SOPs to ensure their effective implementation. The integrated evaluation of drug management and warehouses carried out after the MDAs will allow effective monitoring of the implementation of the SOPs, by evaluating the drug warehouses. This is an integrated evaluation of drug managed and is done during the MDA.

Management of serious and adverse events (AEs)

During the LF-OV MDA campaigns in FY 2023, no SAEs were reported, and all reported AEs were minor and managed at the health facility level as stipulated. In the event of an SAE, the responsible DRSHF notifies the NTD program and the National Center for Pharmacovigilance. The National Pharmacovigilance Center is located at the National Institute of Public Health (INSP) and has the staff and tools necessary to carry out investigations of suspected SAEs and determine if it is an effect of the drug. The Ministry of Health bears the operating costs of the National Pharmacovigilance Center. Act | West will support the Ministry of Health for SAE investigation and management. In the event of a SAE, Act | West will support the management of serious adverse reactions (the majority of costs surrounding an SAE patient are paid by the MOH) and an Act | West team will join the Ministry of Health in the investigation.

ii. Sustainability

Burkina Faso is now in phase III of the sustainability process. The NTDP has completed the development of the Sustainability Plan, and the NTDP is working toward completing the Sustainability Plan budget and planning the political validation of the Sustainability Plan.

The NTDP has made additional progress in strengthening a multisectoral approach to NTD control and elimination. Guided by the results of the landscape analysis, Act | West will support the NTDP in FY 2023 to update the composition of the technical committee for NTDs and revitalize the cross-sector coordination committee. This update will come into effect pending a reorganization of the Ministry of Health. Following reorganization, the NTDP will finalize TORs, which should include intersectoral partners identified during in the landscape analysis. This update must be effective before the first meeting of the FY 2023 multi-sectoral platform. This committee will be set up by the MOH through ministerial order and will bring together the other ministerial sectors, the health programs and departments involved with NTDs. The cross-sector coordination mechanism will be led and managed by the MOH at the level of the Ministry's general secretariat. This will facilitate coordination with other sectors.

1. Governance

TIPAC Data Entry Workshop

In FY 2024, Act | West will support a five-day workshop with a team of 10 selected participants in Ouagadougou to complete TIPAC data entry. This workshop focuses on the five PC - NTDs although there is less focus on STH due to the reduced prevalence. As the outcomes of the planned TIPAC data entry aims to inform the master plan, the planning, the preparation and implementation of the TIPAC workshop will include identification of other sources of data the NTDP can leverage within and outside the MOH, to estimate financial needs for non-PC-NTDs. To enhance country ownership of these activities, the TIPAC data entry and analysis will be facilitated by the NTDP with support from the Helen Keller country team.

The workshop will include members of the NTDP Monitoring and Evaluation Unit, Finance Leads, and coordinators who are needed to accurately input data with the ultimate objective of effectively analyzing financial gaps in the NTD budget which will help in the development of the NTD Master Plan.

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

For FY 2024, the Burkina Faso NTDP will host a three-day workshop for TIPAC data analysis, as well as perform a year-to-year analysis with TIPAC data from previous years to identify trends. Additionally, the Burkina Faso NTDP will review the previously mapped out MOH budget process and identify key dates and milestones for potential engagement with government stakeholders with support from the DGHS. The budget mapping process and structured time for TIPAC data analysis during a workshop are important to have all members necessary present for an accurate and efficient review of data. Further, since TIPAC data entry and analysis are only completed once every two years in Burkina Faso, Act | West's support will ensure availability of high data quality in the event there are any TIPAC information gaps from the fluctuation of NTDP staff.

The NTDP has identified TIPAC as a priority for FY 2024 to support budgeting for the NTD Master Plan (covering all NTDs but with a focus on 13 diseases which are being actively addressed in Burkina Faso: onchocerciasis, lymphatic filariasis, schistosomiasis, trachoma, soil-transmitted helminthiasis, Buruli ulcer, leprosy, leishmaniasis, human African trypanosomiasis, Guinea worm, snakebite envenomation, treponematosi, dengue fever). This will enable the NTDP to identify funding gaps in the changing donor landscape and 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.

2. Prioritized Functions

Training of 30 biomedical technicians on the diagnosis of lymphatic filariasis, schistosomiasis and intestinal worms in two sessions

As identified as a priority for the NTDP in the NTD Sustainability Plan, Act | West will support the training of biomedical technicians to do microscopic diagnosis of LF and SCH/intestinal worms in the framework of sustainability. This training will be held in two four-day sessions in Koudougou and Bobo-Dioulasso. The objective of the training is to strengthen the skills of biomedical technicians working in the laboratories of CMAs, CHRs and CHUs on the diagnosis of these NTDs which are no longer very frequent to maintain expertise at central level. It is important that these agents could recognize them in their routine examinations to maintain NTD progress and surveillance. Due to the more difficult technique of skin biopsy for OV diagnosis, training on this technique is planned in the future and after an evaluation of this training workshop.

4. IR3 PLANNED ACTIVITIES: SCH, STH

i. Schistosomiasis

Proposed FY 2024 activities:

MDA

In FY 2024, Act | West will support the implementation of SCH treatment in 883 HCs (in 23 HDs). This treatment will target both SAC and at-risk adults in the sub-districts. The treatment will target 2,029,281 SAC and 3,581,733 adults. MDA will be conducted using school-based and community-based approaches.

Training

Cascade MDA training will be carried out with the regional training of trainers taking place in two three-day sessions in Ouagadougou and Koudougou. They will focus on guidelines for implementing MDA and collecting and reporting tools. The HDs, HC actors and CDDs will be trained in a cascade format at regional,

district and health facility (CSPS) level, respectively. The training at district and CSPS level will be held over two days.

Supervision

MDA supervision will be provided at all levels to ensure that it adheres to national guidelines. Particular emphasis will be placed on the implementation of treatment at the sub-district level. In 2024, the NTDP plans for district teams to oversee the training of CDDs.

DSA

In FY 2024, Act | West will support implementation of SCH/STH impact assessment surveys in six HDs across the Centre-Ouest and Sud-Ouest regions that have conducted seven to nine effective rounds of MDA by the end of FY 2023. The results will be used for implementation of sub-district MDA in FY 2025.

Data Review Workshop for SCH Impact Surveys

Following the completion of the SCH/STH surveys planned for FY 2024, the NTDP plans to review the updated prevalence figures and other data from the districts surveyed. The new prevalence figures will be used to classify the sub-districts and define a treatment strategy, in accordance with WHO guidelines. In FY 2024, a workshop is planned to review all the SCH impact surveys implemented recently including proposed FY 2024 surveys (from FY 2022, FY 2023 and FY 2024); the workshop will cover the review of all the SCH/STH data available.

ii. Soil-transmitted helminths

Proposed FY 2024 activities

MDA

There is no STH MDA planned for FY 2024.

Disease Specific Assessments

In FY 2024, STH/SCH impact surveys will be conducted in six HDs (see SCH). Helen Keller is continuing to monitor STH via these surveys pending guidance from WHO for the preparation of the STH elimination dossier.

FY 2024 proposed Strategic Planning Support

NTD Technical Committee Meeting (held quarterly)

Act | West will support one of four technical committee meetings in FY 2024. The meetings will last two days and will be held quarterly in Ouagadougou. Each meeting will bring together 38 participants representing the Ministry of Health, health research centers, the DRS and technical partners. The NTD technical coordination committee meets to discuss the coordination of NTD activities. The purpose of these meetings is to review and validate the activities of the annual program and to confirm that the activities are proceeding as planned.

NTD Steering/Intersectoral Committee Meeting (semi-annually)

Act | West will support one coordination committee meetings in Ouagadougou in FY 2024. Each one-day meeting will bring together 44 participants from the central and decentralized directorates of the Ministry of Health and Public Hygiene, as well as other departments ministries (including the Ministry of Education, Environment, Water and Sanitation), technical and financial partners, and civil society organizations. The National Coordinating Committee is responsible for monitoring the implementation of NTD-related

activities and resolving issues when they arise. It is also responsible for advocating for resource mobilization and validating program activity reports. It meets every six months. Other partners will support the remaining meeting.

Onchocerciasis elimination strategic plan validation meeting

Act | West will support a validation of the onchocerciasis elimination strategic plan in FY 2024. The meeting will last one day and will be held in Ouagadougou. It will bring together 49 participants representing the Ministry of Health, health research centers, the DRS of Sud-Ouest and the Cascades, national experts, and others resource persons.

Workshop to validate FY 25 work plan

A three-day validation workshop bringing together 54 participants will be held in Ouagadougou. Participants include members of NTDP, DRS and representatives of technical and financial partners working in sectors related to NTDs, including Helen Keller, FHI 360 and USAID.

Meeting to discuss and identify resilient strategies for implementing TAS3 in insecure areas.

The aim of the meeting is to assess the feasibility of health workers and other humanitarian actors (with stakeholders from 11 districts and three health regions) implementing TAS3 surveys. The expected results will confirm the number of districts where the survey can be carried out and outline the successful strategies that will be adapted to the specific context of each identified zone. The results will be also used to adjust the survey budget as/if necessary.

FY 2024 proposed Advocacy for a Sustainable National NTD Program

Fourth Annual World NTD Day Celebration

World NTD Day (January 30) marks the anniversary of the 2012 London Declaration on NTDs, which brought together partners from different sectors, countries and affected communities to push for increased investment in the elimination of NTDs worldwide. World NTD Day has been observed annually since 2020 to raise global awareness of NTDs and encourage political will for action against NTDs. In May 2021, the WHO officially recognized World NTD Day, paving the way for increased global participation in this celebration.

In FY 2024, NTDP will celebrate World NTD Day with financial and technical support from Act | West and other partners. On January 30, the NTDP will host an information and awareness-raising day on NTDs for the population of an urban commune in the city of Ouagadougou. The aim is to mobilize representatives of one of the city's communes and its population, as well as stakeholders, around the issue of NTDs. Speeches will be made to raise awareness of the issue. Banners and materials such as caps and polo shirts will be included in the budget.

To ensure smooth program planning and implementation, the Burkina Faso country office will contact the USAID mission about event planning activities at least 30 days in advance so initial information is on the mission's calendar. The country office will subsequently keep the mission informed on their level and degree of participation (e.g. as a speaker or as invited guest only) as celebration planning evolves with the NTDP. The country office will gather photos and media coverage of the event to share with Helen Keller Global team, who will, in turn, share with FHI 360 HQ.