CDC in Burkina Faso

The Centers for Disease Control and Prevention (CDC) first began collaborating with the Ministry of Health of Burkina Faso in 1991. The initial technical support for polio eradication expanded to include other vaccine preventable diseases such as measles and meningitis. With the launch of the Global Health Security Agenda, CDC established an office in Burkina Faso in 2016 focused on strengthening the country’s ability to prevent, detect, and respond to public health threats, and to strengthen the country’s capacity in surveillance, laboratory systems, workforce development, and emergency management.

Global Health Security

In today’s globally connected world, disease threats can spread faster than ever before. CDC’s global health security efforts in Burkina Faso help improve its ability to prevent, detect, and respond to infectious disease outbreaks before they become epidemics that could affect global populations. These efforts help Burkina Faso reach the targets outlined in the Global Health Security Agenda (GHSA), a global partnership launched in 2014 to help make the world safer and more secure from infectious disease threats. CDC collaborates with Burkina Faso to build core public health capacities in disease surveillance, laboratory systems, workforce development, and emergency management.

Emergency Operations

Burkina Faso has made immense progress in increasing rapid response and public health emergency management capacity. In December 2018, Burkina Faso officially inaugurated its Public Health Emergency Operations Center (Centre des Opérations de Réponse aux Urgences Sanitaires, CORUS). The inauguration marks a significant milestone for Burkina Faso’s efforts to achieve commitments made under the International Health Regulations.

Antimicrobial Resistance

With CDC support, Burkina Faso took critical steps to implement antimicrobial resistance surveillance in 14 laboratories at national and subnational levels including the national laboratory for animal health. Thirteen priority bacterial pathogens have been selected by the country to be monitored.
Field Epidemiology and Laboratory Training Program

CDC supports Burkina Faso in strengthening the capacity of its workforce to investigate and respond to disease outbreaks through the establishment of a Field Epidemiology and Laboratory Training Program (FELTP). Fellows learn to identify and contain outbreaks before they become epidemics. Training focuses on "learning by doing" to develop the skills for gathering critical data and turning it into evidence-based action.

CDC collaborated with the World Bank and the University of Ouagadougou to host the regional West Africa Field Epidemiology and Laboratory Training Program for the eight French-speaking countries of West Africa (Benin, Burkina Faso, Côte d’Ivoire, Guinea, Mali, Niger, Senegal, and Togo.) This two-year training has been adapted to a three-month frontline level. In Burkina Faso, 138 Frontline fellows have graduated the FELTP program as of October 2018.

Arbovirus Sentinel Surveillance

During the 2017 dengue outbreak in Burkina Faso, CDC supported the MOH to establish laboratory-based arbovirus sentinel surveillance at two sites in the capital city of Ouagadougou. The new system is used to improve existing routine surveillance through revised case reporting forms, systematic testing of specimens, and linking patient information with laboratory results through a data management system. After successful implementation at the sentinel sites, the MOH will add five additional sentinel sites.

Burkina Faso’s National Arbovirus Viral Hemorrhagic Fever Reference Laboratory achieved capacity to test for Lassa fever, Crimean Congo hemorrhagic fever, Rift Valley fever, dengue, chikungunya, and Zika viruses enabling accurate identification and faster containment of infectious disease threats across the country.

Specimen Referral System

Burkina Faso Ministry of Health (MOH) along with CDC and partners, successfully designed and piloted a reliable and cost effective specimen referral system which will be expanded over time to be a multi-pathogen, integrated system. The initial pilot referral system connects four district laboratories to the National Influenza Reference Laboratory (LNR-G) via SONAPOST (National Post System), using their express mail service. Key improvements noted by the monitoring system following the introduction of the pilot included: delivery of samples within 24 hours; training to ensure specimen quality and biosafety, cost-containment using volume based pricing, and improved data collection and tracking.

Event-Based Surveillance

In sub-Saharan Africa, emerging pathologies and epidemic-prone diseases require strengthening of surveillance systems. Burkina RESPIRE, implemented by the MOH, CDC and Davycas International, aims to complement indicator-based surveillance through introduction of event-based surveillance (EBS) in communities. The MOH identified 10 health signals that map to syndromes and diseases recommended for immediate notification according to Integrated Disease Surveillance and Response guidelines. Training materials and notification procedures were developed and a cascade-training program for community health workers was implemented in 2017.