

Commentary

The role of Community-Based Disease Management in achieving Universal Health Coverage in Sub-Saharan Africa: History and Lessons Learned from Burkina Faso, 2023

Ouedraogo HS^{1,2*}, Maiga MH², Sawadogo AG³, and Drabo KM⁴

¹Ministry of Health and Public Hygiene, Burkina Faso

²Joseph KI-ZERBO University, Burkina Faso

³NGO Jhpiego corporation, Burkina Faso

⁴Health Sciences Research Institute (IRSS)/CNRST, Burkina Faso

INTRODUCTION

Many African countries' health systems have been based on pillars built up since the colonial period. These systems, which were formerly aimed at delivering free health care to the population and combating endemic diseases [1], have been severely affected by international economic reforms [2]. These reforms, which have frequently influenced the development of global health systems [3], have pushed Third World countries to embrace concepts such as primary health care [4], and the Bamako initiative, which has resulted in the building of health district systems in various countries. Burkina Faso or Upper Volta before the revolution of August 1983, has adopted different reforms and watched its health system evolve, frequently with amazing outcomes, as have other countries in Sub-Saharan Africa. According to the EDS BF 2021 (EDSBF 2021), infant mortality has decreased from 187 per 1,000 in 1993 to an estimated 48 per 1,000 today [5]. The health system has made significant contributions to community-based disease management, focusing on the diseases that kill the most children, in according with World Health Organisation and UNICEF recommendations that promote community-based management of childhood illnesses [6]. While the outcomes are commendable and should be improved, it is reasonable to raise concerns regarding the system's design. Were better developments feasible and what steps can be taken to accelerate progress towards sustainable development goals?

*Corresponding author

Ouedraogo Hamed Sidwaya, Joseph KI-ZERBO University, Doctoral school in health science Ouagadougou, Burkina Faso, Tel: (+226)70132075.

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Some achievements of the health system: Effective community management of childhood illnesses

According to Sia (2010), Burkina Faso's healthcare system has gone through three significant stages: i) the colonial health system, which was marked by free health care and efforts to combat major endemics such as smallpox, leprosy, onchocerciasis, trypanosomiasis and other diseases with epidemic potential; ii) the health system from 1980 to 1992, which was marked by a primary health care policy aimed at bringing health services closer to rural populations while lowering the cost of access to care in the spirit of the primary health care concept; and iii) the district health system built from 1993 onwards [7]. These health systems were to have an impact on healthcare delivery, particularly the establishment of community-based care systems. Although community players were involved in the fight against endemic diseases and the major operations to combat malaria with chloroquine, the real involvement and empowerment of community players began in 1979 with the training, equipping and supervision of village midwives in Kombissiri, Dori, Sebba and Diapaga health districts [8]. They were even part of the team in charge of running the "primary health posts" set up by the Burkinabe revolution in 1983.

Other advances, such as the implementation of home-based malaria management (PECADO) in 2013 [9], following the approval of the strategy for community-based management of childhood illnesses (PCIME-c), will create the groundwork for

the major community health reform in 2016. The Burkina Faso government is adopting the community-based health worker (CHWs) profile, which was well advanced in 2014 (MS, CHWs Profile). These CHWs are recruited with the level of primary education certification and they have a training pathway and equipment to provide a community care package focused on the three diseases of malaria, respiratory infections and diarrhoeal diseases [10].

These actors were expected to help accelerate the reduction of new born and child mortality and have a significant influence on health promotion policy. The government has completed its system with the decision and implementation of free community health care as a complementary link in its policy of free health care for women and children. Because of its ambitious policies of coordinating community initiatives and harmonising community human resources through the CHWs, this system is one of the most effective in the developing world. It provides a potential for IMCI to become an institutional link in the entire health system throughout Burkina Faso, which was unthinkable only a few years ago.

Additional efforts, and not the least, are needed to exploit this opportunity to offer the people of Burkina Faso universal health coverage and to set an example for developing countries

While this community-based care system is admirable, with the CHW now at the heart of implementation, the fact remains that geographical inequalities in implementation and the partial use of CHW in health promotion will not make it any easier to achieve the desired results in the context of universal health coverage for equitable access to primary healthcare. To expand network density and complete the peri-urban link initiated in 2023, the government will need to recruit additional CHWs [11].

Investment in community health care remains fragmented, and donor coordination is ineffective, giving the perception that they are insufficient financial resources to carry out this major initiative to bring healthcare closer to communities. Burkina Faso's government must bravely extend free community care by providing the required inputs and training CHW across the country in curative care. The health promotion policy must stand out and be integrated into the dynamics of developing this region coverage by community human resources. Without abandoning peripheral health care, it might strive for total decentralisation of this link in the health care supply chain and base the support for health areas on their performance of these community

interventions, taking into account IMCI-c. The funding of statutory managers from the State budget, with the main task of ensuring accountability for the community interventions that benefit the taxpayer most, will have an impact on the overall performance of the health regions, allowing them to make real progress towards the objectives of sustainable development and, above all, health security through event-based surveillance, which is currently being rolled out. Under the impetus of sub-regional agencies such as the West African Health Organization (WAHO), the least developed countries might learn from Burkina Faso's daring process and harmonise without slipping into bureaucracy.

Community health provides a significant window of opportunity for developing countries to smoothly transition to universal health care coverage. To reap the benefits of these concepts and attain true access to primary health care, most countries must go beyond evaluating their health funding systems and proceed toward total transformation.

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