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A COMMUNITY-LED INITIATIVE IN A BURKINA FASO TB GRANT PRODUCES RESULTS

In a Global Fund TB grant in Burkina Faso, a community-led initiative has resulted in significant improvements in the testing and the detection of TB cases in rural areas.

The principal recipient, PAMAC (Programme d'Appui au Monde Associatif et Communautaire), mobilized 200 associations and community agents throughout the country to support TB patients to take their drugs; to sensitize the community and the elders about the disease; to report suspicious cases to the health centers; and to look actively for patients who have interrupted their treatment.

This community strategy contributed to an increased use of health services by people in the community who are usually more prone to go to traditional healers.

Good results

A World Health Organization study published in 2012 on the PAMAC community program found that awareness and patient support directly contributed to an average increase of 9.3% in case detections every year (regionally, the increases ranged from 3% to 35%)

According to the same study, patients who received support during their treatment had a much higher success rate compared to patients who don't have any support: 90% vs. 75%.

"We cannot afford to go to the hospital and when we do, nurses are very arrogant towards us," a man in the Kouepela region told GFO. "When I fell sick, I went to the traditional healer. It was thanks to Bouba (the community agent) that I was informed about my disease. He collected the sputum to get it checked

and helped me taking my medication. Thanks to him I am today in perfect health.”

How it works

PAMAC identified three sub-recipients from civil society. “We divided the country in two main zones,” Dr Amadou Ouedraogo, program officer at PAMAC told GFO. “Two SRs were in charge of one zone each and the third focused on activities among the traditional and religious community. This initiative was very important because they have a lot of influence in the community.”

Then, local organizations with years of experience in implementation and a good capacity to manage small community associations with less experience, were identified. Eleven regional organizations were selected to implement the activities and support the efforts of 200 community associations in order to reach the most vulnerable people.

According to a member of the APRODEC association, the work of community agents involved “raising awareness in the community about the disease; identifying chronic coughers and directing them to health centers; helping to identify suspected cases; overseeing the administration of treatment; and looking for TB patients who were not treated.”

Ousmane Ouédraogo, coordinator of BURCASO, one of the SRs, said that community work was responsible for a 30-40% increase in detection and treatment success in several health districts.”

The remaining challenges

Although good results have been observed in the community response in Burkina Faso, challenges remain. Community agents are not staff; they are paid by the task. The allowances are 2500 francs CFA (\$5) for each trip in a community for an average of ten trips per month, which translates into approximately 25,000 francs CFA (\$50) monthly. For this reason, the community agents never remain in their positions for more than two or three years, which can undermine the quality of interventions over the long term.

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