



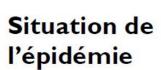
Continuity of health services (immunization) in the COVID19 context BURKINA FASO

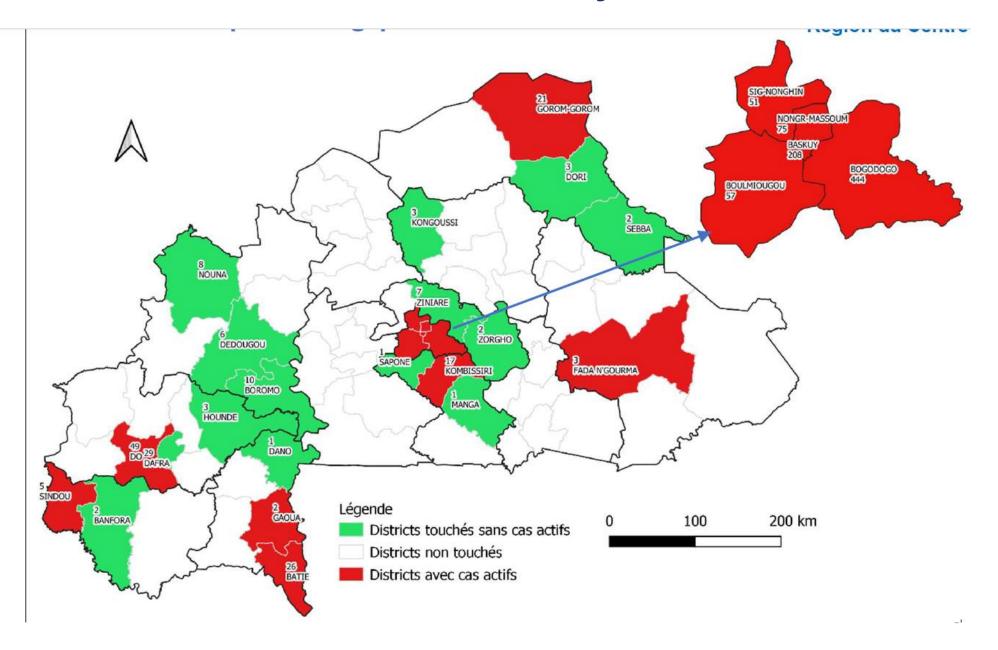


Situation overview

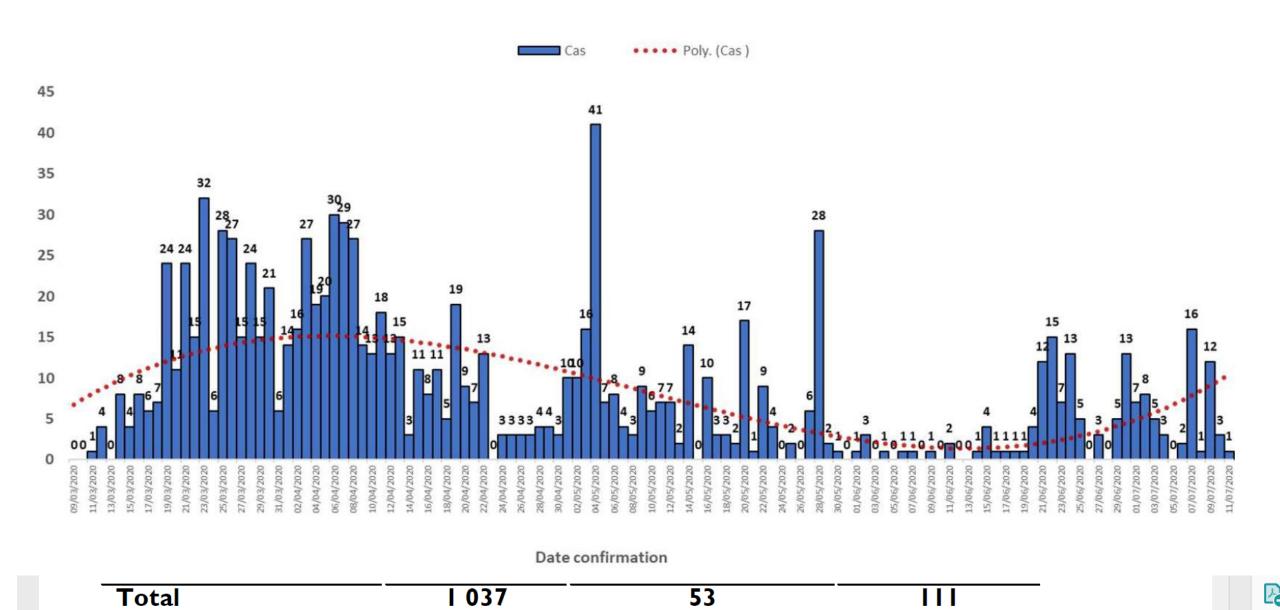
- March 9 → first confirmed cases of COVID-19 (Ouagadougou and Bobo)
- Preventive measures taken by Government to stop propagation
 - Quarantine of affected cities, establishment of curfew and borders closure
 - Meetings limited to a maximum of 50 people
 - Closure of schools, mosques, churches, markets, transport stations and other crowded places
 - Promotion of IPC
- Postponement of immunization camapaings
- Relaxation of barriers measures in end of April (markets, transports, quarantine....)
- Liting of curfew and border closures in May and July
- New hotspot of outbreak mainly community transmission in non affected regions/cities

Situation overview: July 12





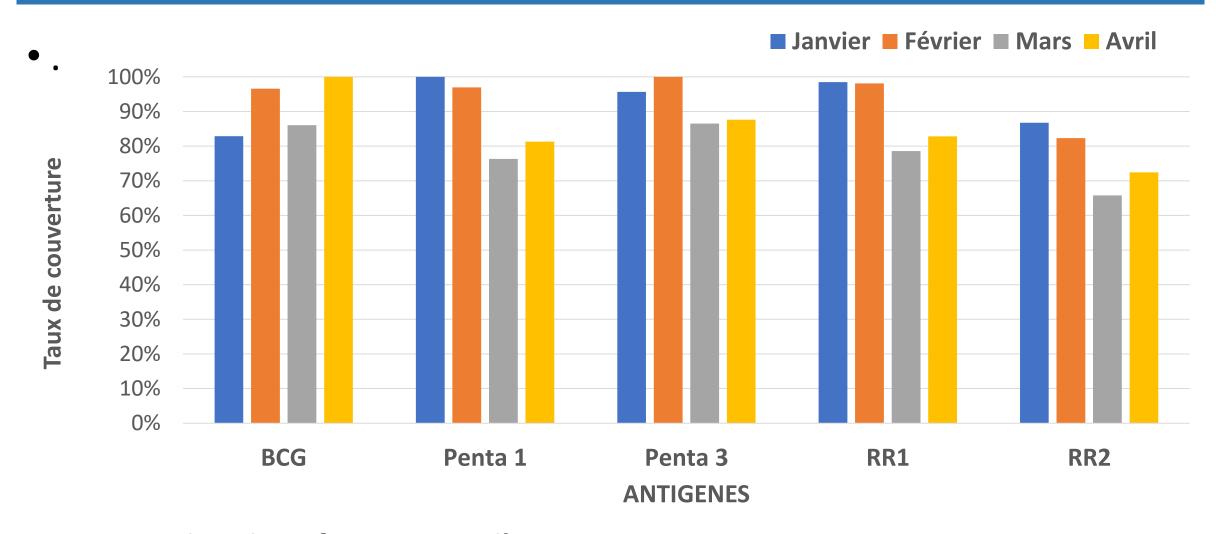
Situation overview: July 12



Challenges in access to health services (immunization)

- Fear of people to go to health centres or look for health services (immunization)
- Lot of rumors arounding COVID19 especially regarding immunization: COVID19 vaccine testing. (a case of rumor from a health agent about immunization).
- Unbelival from some people/groups regarding the reality and existence of COVID19 with great risk to spread the disease
- Stigmatisation of health workers/agents in some places especially those who are working in COVID19 response team (clinical, treatment)
- Few decrease in immunization coverage

Situation of immunization coverage from January to April 2020



Situation of January-April 2020

Impact of COVID19 on immunization programme

Period (2020)	Number of immunization session planned	Number of immunization sessions realized	Pourcentage
Janvier	9112	7148	78,45%
Février	8940	7093	79,34%
Mars	8746	6205	70,95%
Avril	8232	6617	80,38%
Mai	1805	1493	82,71%

We can note a few decrease of 10% in March. But this was rapidly resolved with the measures taken

- √The MoH has established some guidines requesting haealth immunization agents at all level for the continuity of immunization services
- ✓ EPI resilient plan with guidelines integrating communication for continuity of immunization services in the COVID19 context
- ✓ Handwashing materials in immunization places of health facilities and other public places;
- ✓ Systemization of weeklydata collection on immunization in large vaccination places (at least 50 children vaccinated)

- ✓ Organization of mothers in small groups during vaccination sessions : distancing measures.
- ✓ Increase in the number of sessions per week in large centers;
- ✓ Sensitization of mothers to continue vaccination including the wearing of masks and systematic hand washing at the entrance to the vaccination site
- √ Vaccination session with application of barrier gestures by mothers (wearing masks, distance of at least 1m between hem in the waiting rooms
- ✓ Meetings and briefings with medias including radios programmes





- Complementary training on COVID19
 prevention and control for health agents,
 community mobilizers and vaccinators
 engaged in the polio immunization campaign
- Mask/bib for vaccinators and social mobilizers
- Hydro alcoholic gel for vaccinators and social mobilizers





- Revision of Polio communication plan to take into consideration individual and collective prevention and control of COVID19
- Development of messages on routine immunization and AVS polio taking into consideraion COVID19 to address rumors with focus on traditional and religious leaders
- Messages from community leaders (traditional, religious, CSO...)



Communication on the use of health services and facilities

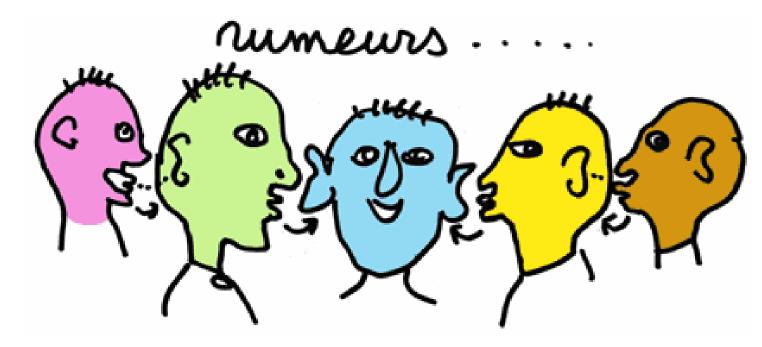
- The stigmatisation of health facilities that have COVID19 treatement units and patients
- The stigmatisation of health agents especially those treating COVID19
- The continuity of health care in the COVID19 context
- Barriers measures to prevent/control COVID19 in health care facilities (hospital, clinics, health centres...)
- Disinformation and false information/messages



Rumors management/Misiformation

 Rumors tracking through social media, mass media (tv, radio), community volunteers

 Development and update of rumors data base which is regularly share with partners



Rumors management/Misiformation

- Development of evidence based messages with health specialist to response to rumors using radio, TV and social medias
- Recorded and broadcasted (radio and tv) messages from 7 high-influential traditional and religious leaders explaining the benefits of immunization, inviting populations and communities to accept children immunization and protect them from childhood diseases.



Results

- Pursue of immunization activities in health facilities despite the COVID19 context, cVDPD2 and insecurity
- Successfull management of some resistence due to rumors during local immunization campaign (measles). Successfull management of a rumor from a health specialist through social medial with the full involment of the Doctors national council.
- The drop recorded in vaccine coverage, particularly during the month of March, has been resolved thanks to the resilience measures undertaken;
- Local reactive measles campaigns to eradicate outbreak hotspots including respect of COVID19 prevention measures
- Control of measles outbreaks
- Successful Polio campaign Round2 in Centre-Est region



Challenges/next steps

- New COVID19 outbreaks with community transmission in the majority of cases, lifting of borders closure. How to maintain results/achievement in a long term perspectives without impact on health services demand?
- Integrate COVID19 prevention and control and health services demand promotion
- Financial resources to sustain communication interventions on immunization and COVID19
- New rumors related to COVID19 vaccine
- Polio campaign in 60 health districts (almost a national campaign)