RMNCAH-N Services During COVID-19: A spotlight on Burkina Faso's policy responses to maintain and adapt essential health services

Key messages

- Burkina Faso has experienced disruptions to reproductive, maternal, newborn, child, and adolescent health and nutrition (RMNCAH-N) services during COVID-19, with internal conflict compounding these disruptions. Reasons for decreased service utilization point to barriers such as cost of accessing care or fear of COVID-19.
- Burkina Faso's Ministry of Health (MOH) has released policies and guidelines to maintain essential health services (EHS), building on existing health systems adaptations in Burkina Faso. It is unclear the extent to which these recommendations are being implemented.
- These policies include a range of service delivery adaptations, many of which have been previously utilized by the MOH (such as mobile clinics) but have now been expanded for use during COVID-19. Many of these interventions are evidence-based in non-COVID-19 contexts and are promising for enhancing people-centered primary care. However, limited guidance on sustaining the health systems building blocks needed for these adaptations (such as financing) calls into question the feasibility and effectiveness of implementation during COVID-19.

The first case of COVID-19 in Burkina Faso was confirmed on March 9, 2020, and as of December 29, 6,537 confirmed cases and 82 deaths had been recorded.[1] The epidemic has touched all regions, though cases are mainly concentrated in Centre and Hauts-Bassins. At the beginning of the outbreak, the government took extraordinary measures to stop the spread of COVID-19, including banning gatherings of more than 50 people; closing schools, markets, and places of worship; closing international borders; imposing a curfew from 7 p.m. to 5 a.m.; and suspending interurban transport. Gradually, Burkina Faso has relaxed these measures, even reopening schools and airports.[2]

Following the notification of the first case of COVID-19 on March 9, the Burkina Faso Ministry of Health (MOH), through the General Secretariat and National Institute of Public Health (INSP), activated the Health Emergency Response Operations Center (CORUS), with the goal of managing and reporting on the COVID-19 epidemiological situation.

RMNCAH-N service disruptions during the COVID-19 pandemic

Household surveys suggest that a majority of people were still able to access care, with a World Bank survey in May[3] reporting 98.6 percent accessing care when needed,[a] and an Ipsos survey in June

a. The survey did not specify the type of care received, so it may encompass self-treatment or access to traditional healers for provision of health care.

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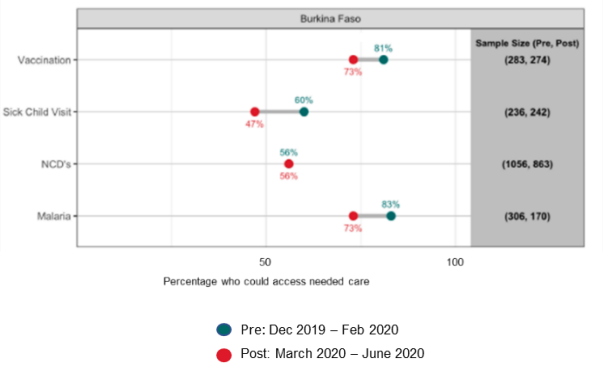
reporting 63.3 percent accessing care when needed. In spite of that, there have been documented disruptions of reproductive, maternal, newborn, adolescent, nutrition, and child health (RMNCAH-N) services in Burkina Faso, with service utilization decreased since the beginning of the pandemic. Premise/Ipsos survey data on service access from March to June suggest that sick child visits, routine immunization, and malaria care were most disrupted (Figure 1). UNICEF pulse polls, confirmed that routine vaccinations declined the most during the initial COVID-19 outbreaks, followed by maternal and newborn health services and sick child care, though declines in family planning services were also noted (Table 1). The World Health Organization (WHO) *World Malaria Report 2020* also noted declines in malaria care, showing decreases of all-cause outpatient attendance in Burkina Faso (Figure 2), though seasonal malaria chemoprevention has also been newly implemented, which may confound declines observed.

Figure 1. Changes in utilization of health services in December 2019–February 2020 to March–June 2020.



Abbreviations: NCDs, noncommunicable diseases.

Methods note: Circles in Figure 1 reflect the percentage of survey respondents who were able to access or utilize needed services during each period in question. Survey weights were used to address representativeness of the sample.

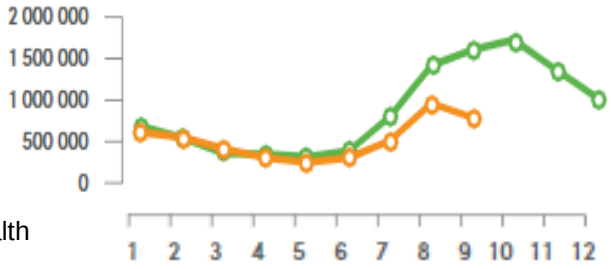
Source: Premise/Ipsos rapid phone surveys.

Table 1. Coverage changes reported in Q3 2020 compared to Q3 2019.

Service	Burkina Faso
Maternal health	< 10% drop
Newborn care	< 10% drop
Routine vaccinations	10%–24% drop
Sick child care	< 10% drop
Family planning	< 10% drop
Noncommunicable disease treatment	Do not know

Data note: These data are reported by national UNICEF representatives, drawing on the best data source available (typically administrative data).

Figure 2. Monthly trends in all-cause outpatient attendances in 2019 (green) and 2020 (orange) in Burkina Faso.



Source: World Health Organization (WHO). *World Malaria Report 2020*. Geneva: WHO; 2020.

Additionally, pandemic-related disruptions have amplified existing disruptions from the humanitarian conflict in Burkina Faso's eastern and northern regions, which has internally displaced 850,000 people and forced closures of health centers. As of June 2020, 12 percent of health facilities in the regions most affected by instability were reported closed.[4] Many of these closures predate the COVID-19 pandemic, with 95 health facilities (8.5 percent) closed as early as December 2019.[5] In the wake of terrorist attacks, access to antenatal and reproductive health services has been affected, and assisted labor and deliveries in a health facility decreased up to 4 percent; terrorist attacks also reduced the number of antenatal care visits completed.[6] Together, the confluence of civil conflict and COVID-19 has decreased access to and use of essential health services (EHS), though it is difficult to disentangle the relative contribution of each.

More recently, Burkina Faso has been able to continue or resume EHS activities in some areas. In July, the country was able to go forward with a four-day mass polio vaccination campaign that reached more than 174,000 children in its Centre-Est Region.

Reasons for RMNCAH-N service disruptions during the COVID-19 pandemic

In May 2020, the Burkina Faso MOH conducted a rapid survey to identify needs and challenges to maintain access to EHS for RMNCAH-N in health facilities. The evaluation found that health districts were not sufficiently prepared to deal with the COVID-19 pandemic. The analysis revealed several challenges: (a) lack of isolation spaces for suspected patients, (b) lack of personal protective equipment at health centers, (c) lack of qualified human resources, and (d) lack of simplified and integrated management protocol for the ongoing provision of EHS in the context of COVID-19.

The government in Burkina Faso did not order health facility closures as part of the COVID-19 restrictions. However, 12 percent of facilities were closed during this same period due to the civil conflict, and facilities may have been closed discretionarily (counter to guidance) if there was a COVID-19 outbreak at the facility or staff chose not to attend. Indeed, nearly a quarter of Ipsos and World Bank survey respondents who were not able to receive care cited facility closures or being turned away from the facility; the data are not sufficient to identify whether these are pandemic-related closures or closures due to the civil conflict. In the absence of health facility closures, cost of accessing care was the main barrier, with 56.2 percent of World Bank survey respondents who could not access care citing a lack of money.[3] Fear of contracting COVID-19 at a facility was also a compounding factor, or a fear of being required to take a COVID-19 test and being subsequently quarantined.[7]

Burkina Faso's RMNCAH-N policies during the COVID-19 pandemic

In anticipation of these disruptions, Burkina Faso has developed a national strategic plan that outlines the government's broad guidelines for the COVID-19 response and operational guides and procedures to ensure the continuation of a minimum of health activities within the health center. We reviewed national policies that guided RMNCAH-N services during COVID-19, published by the MOH. The government publicly provided these documents through another mechanism.

We specifically reviewed 19 policies that were published in French between March to May 2020 and took the form of national strategies (n = 1),[b] operational guidance (n = 17),[c] and guidelines (n = 1).[d] This brief reports an analysis of the policy content, with the following aims:

- Describe the approach to maintaining RMNCAH-N services that Burkina Faso has taken during the COVID-19 pandemic and note how it aligns with global guidance.
- Identify innovative adaptations used to maintain essential health services that could be replicated elsewhere or used to accelerate primary health care progress beyond the pandemic.

The target audiences were primarily county executive committee members, clinicians, and health care workers. The policies were adapted from WHO's *Operational Guidance for Maintaining Essential Health Services* and existing MOH guidelines as well as lessons from countries that had already experienced

b. Broad, long-term lines of action to achieve the policy vision and goals for the health sector, incorporating "the identification of suitable points for intervention, the ways of ensuring the involvement of other sectors, the range of political, social, economic and technical factors, as well as constraints and ways of dealing with them."
c. Guidance that provides direction on the processes, tools, roles, responsibility, and accountability to be followed when adapting and implementing guidelines and policies or when delivering health services.
d. Systematically developed evidence-based statements that assist providers, recipients, and other stakeholders to make informed decisions about appropriate health interventions. Health interventions are defined broadly to include not only clinical procedures but also public health actions.

COVID-19 earlier on.[8] For all the MOH policies developed, many received technical input from national and international organizations such as WHO.

Maintenance of RMNCAH-N services

The policies we reviewed recognized the importance of continuing essential services for RMNCAH-N while underscoring the need to follow infection prevention and control (IPC) protocol. The policies suggest that many services continue as planned, while also allowing service delivery modification if the clinic needs to be closed because of COVID-19. Few services were recommended to be delayed/postponed. Overall, Burkina Faso's guidance aligns with the global guidance that WHO has issued on maintaining essential health services during the COVID-19 pandemic. Table 2 outlines Burkina Faso's policies in each area.

Table 2. Summary of RMNCAH-N services during COVID-19.

Health area	Program activity	Recommendation and service status
Maternal and newborn care	Antenatal care	*Adaptation of services:* If the health facility is open, a standard health service package is offered to pregnant women with risk factors. Task shifting can be used to treat pregnant women without risk factors at the community level. If the health facility is closed, use of mobile clinics to provide home-based delivery and telemedicine are encouraged.
	Labor and delivery	*Adaptation of services:* If the health facility is open, a standard health service package is offered to pregnant women following IPC measures. If the health facility is closed due to COVID-19, mobile clinics offer the whole health service package.
	Postnatal care	*Adaptation of services:* If the health facility is open, a standard health service package is offered to women with risk factors. Task shifting can be used to treat women without risk factors at the community level. If the health facility is closed, use of mobile clinics to provide home-based delivery and telemedicine is encouraged.
Child health	Sick child visits (acute and chronic)	*Maintenance of services with IPC:* The policies suggested maintaining comprehensive health services for sick children (acute and chronic conditions). Children should still be admitted to facilities for conditions that require hospitalization, and an algorithm is created to help guide referral.
	Well child visits	*Adaptation of services:* If the health facility is open, a full package of standard health service is offered to the child. If the health facility is closed due to COVID-19, mobile clinics and telemedicine can be used to offer the whole health service package (if available).
Immunization	Routine immunization and immunization campaigns	*Adaptation of services:* If the health facility is open, offer routine immunization with various strategies. If the health facility is closed due to COVID-19, mobile clinics offer the whole health service package, using home/community delivery by a trained CHW.

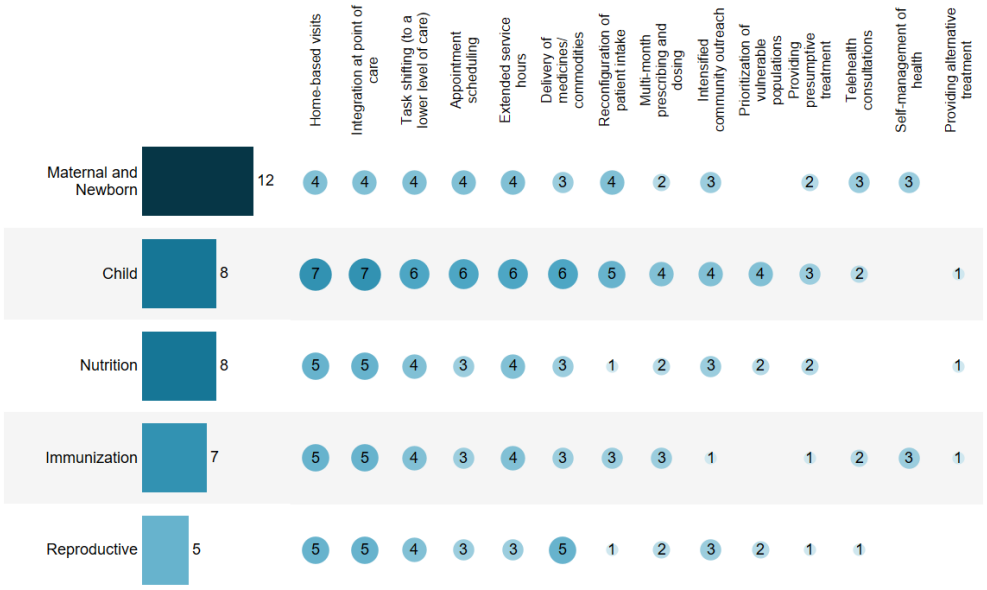
Health area	Program activity	Recommendation and service status
Reproductive health	Abortion care	*Adaptation of services:* The policies suggested comprehensive health services for abortion services within the health facility. If the health facility is closed due to COVID-19, mobile clinics offer the whole health service package and refer the patient if any complication or follow-up.
	Contraception	*Adaptation of services:* If the health facility is open, only services that are not delegated to the CHWs will be offered (such as IUDs or injectables); oral contraceptives and condoms can be shifted to CHWs for delivery. If the health facility is closed due to COVID-19, mobile clinics offer the whole health service package, if available.
Nutrition		*Adaptation of services:* If the health facility is open, a full package of standard health service is offered to women and children, following IPC measures. If the health facility is closed due to COVID-19, mobile clinics offer the whole health service package.

Abbreviations: CHW, community health worker; IPC, infection prevention and control; IUDs, intrauterine devices.

Adaptations and innovative solutions

To balance the need to maintain essential health services with the urgent management of local COVID-19, global guidance recommends specific adaptations to how services have been routinely conducted. However, each country is experiencing the pandemic differently, and Burkina Faso, like many countries, has tailored its approach to meet its needs and priorities. Figure 3 shows the range of adaptations noted across health areas.

Figure 3. The number of documents that recommend the maintenance of services and/or adaptation, by health area.



Data note: Each bar represents the number of documents recommending maintenance of or adaptation of services in each health area. Each bubble represents the number of documents that mention the use of a specific adaptation.

Source: PATH COVID-19 EHS Policy Tracker.

To maintain EHS during the COVID-19 pandemic, Burkina Faso has emphasized using home-based visits, task shifting care to lower levels as appropriate, and delivering medicines/commodities down to the community level. These interventions are described as being implemented predominantly through mobile clinics and community health workers (CHWs). Below are details on the adaptations recommended within Burkina Faso's policies that seek to continue services safely. In the form of operational guidance, these interventions give precise instructions to follow to maintain EHS.

Home- and community-based care via mobile clinics

Mobile clinics that provide home- or community-based care figure heavily in Burkina Faso's policies to maintain family planning, nutrition, maternal, and reproductive care. The advent of mobile clinics in Burkina Faso predates the pandemic, with mention of them in the 2019 health system resilience strategy[9] and in the 2020 humanitarian response plan.[4] However, the use of mobile clinics to maintain EHS during the COVID-19 pandemic represents an expansion of this adaptation, as prior policies focus on utilizing mobile clinics for displaced persons or conflict settings: "Mobile clinics will be an option to allow the availability of health care services to populations isolated, displaced/host or remaining in conflict hot spots, although difficult to access."[4] During the pandemic, the operational guidance expands on this to recommend the transfer of routine care services from hospitals and health centers to mobile clinics and home-based services, if health centers are closed due to COVID-19. If health centers remain open, services may be delivered at the hospitals and health centers as usual. Trained health personnel, primarily nurses, midwives, and CHWs operate the mobile clinics, and contact information of mobile clinics is shared widely to ensure community access.

In the event the health center is closed or there are inadequate numbers of personnel, patients are encouraged to call/text mobile clinics for initial screening for maternal (antenatal and postnatal) and reproductive services. Mobile clinics are asked to evaluate patients using a decision-making algorithm to determine appropriate care. Specific cases that require care in hospital settings, such as high-risk pregnancies, sick children, and specific contraception procedures like the insertion of intrauterine device (IUD) implants, are recommended to be referred and transferred to a hospital setting. Care that does not require a hospital setting, such as antenatal or postnatal visits for low-risk pregnancies, well child care, and oral contraceptives or condoms, can be provided at the mobile clinic. In some instances, mobile clinics are even suggested for labor/delivery within the community.

For nutrition, if the outpatient therapy centers are closed due to COVID-19, the operational guidance recommends mobile teams provide the food rations to children suffering from acute malnutrition in the community. Additionally, all nutrition services offered at the health center are offered at home through mobile clinics. This includes systematic screening, vitamin A supplementation and deworming of children, outpatient management of severe acute malnutrition and moderate acute malnutrition without complications, and referral of severe acute malnutrition cases with complications to an internal management facility (e.g., CREN [Center for Nutritional Recovery and Education]).

These mobile clinics would theoretically minimize burden and possible transmission in health care facilities as patients would first contact the mobile clinic (at the community level) and either be treated or referred to the appropriate care facility. Although the operational guidance strongly recommends using mobile clinics and home services, questions remain related to the availability and deployment of these mobile clinics and their effectiveness in transferring patients. There is no guidance on staffing mobile clinics adequately, and no recommendations for how or when a mobile clinic is identified for deployment; road infrastructure may also constitute a challenge. There is also no existing operational guidance that details how the mobile clinics should prioritize patients for maternal and reproductive care or the

appropriate referral guidelines, presenting a barrier to implementation. There may also be demand-side constraints, such as whether patients are aware of and comfortable using mobile clinics.

Questions to consider when evaluating effectiveness of mobile clinics that provide home- and community-based care:

- To what extent can mobile clinics handle high volumes of demand from patients within the community and provide adequate guidance and linkages to care? Are there implications for the quality of care?
- What is the acceptability of these new services offered, especially for internally displaced persons?

Task shifting to a lower level of care

During the COVID-19 pandemic in Burkina Faso, policies also recommend shifting care to a lower level (community level) of care, using community health workers and the aforementioned mobile teams to maintain services and implement health care activities within the community. Task shifting care to a lower level is recommended in policies for use in RMNCAH-N care. Similar to the mobile clinics, there is assessment of patient risk, with policies suggesting that patients without risk factors can be monitored at the community level by trained CHWs following infection prevention control measures. CHWs (including village birth attendants) are advised to offer routine immunization, well-check visits for the child, pregnancy monitoring, and postnatal care at the mobile clinics, home visits, or community health posts. If a high-risk patient is identified, the CHWs advise for the referral to high-level care, using an algorithm (a decision tree) they were trained to use. The CHWs are a critical element of the policy, working alongside midwives and nurses at the mobile clinics or in the community.

The operational guidance also recommends integrating care during home visits at the community level, especially during the antenatal care and the well-check visit for the child. Services such as immunization, vitamin A and iron supplementation, and counseling for HIV testing, breastfeeding, or contraceptive choice after childbirth are all included during home visits for prenatal care and child well-check visits to reduce the number of contacts the patient has with the community health worker.

Shifting care to the community level is intended to decongest hospitals and allow CHWs to maintain the continuity of care despite the closure of specific health centers due to COVID-19. Without this, referral hospitals risk being overwhelmed with routine care; this transfer of responsibility from doctors and nurses to CHWs spreads out the demands on the health system. It should be noted that Burkina Faso and its partners have made significant investments in its CHW program, perhaps making this adaptation more feasible and effective than in other countries.

Questions to consider when evaluating effectiveness of task shifting care to a lower level:

- To what extent are community health workers trained and equipped to deal with increasing responsibilities and service provision?
- What is the coverage of community health workers, particularly in conflict settings where abduction or violence is a concern? How does distribution of community health workers affect equitable access to services?

Telemedicine

To supplement the mobile clinics and community-based delivery of care through task shifting, telemedicine was also recommended if the health facility is closed, in line with the WHO maintenance of EHS operational guidance. Services such as antenatal and postnatal care, well child care (as part of the management of childhood illnesses), and monitoring to maintain immunization schedules are suggested for use of telemedicine. This is a newly introduced innovation in the Burkinabe health system.

For antenatal care and postnatal care, policies suggested comprehensive health screening over the phone or using text messages for pregnant women, unless a patient is high risk, in which case she should be referred to the facility. Pregnant patients can be monitored at the community level by trained community health workers following IPC measures and using telemedicine to:

- Collect complaints and look for danger signs.
- Collect the results of previous examinations and assessments.
- Provide HIV counseling if necessary and discuss the childbirth preparation plan.
- Give iron and folic acid, intermittent preventive treatment in pregnancy and intermittent preventive treatment in infants, and deworming, according to the pregnancy calendar.
- Advise on COVID-19 prevention, symptoms, and treatment.
- Negotiate a follow-up appointment and refer to a high-level health facility if necessary.

The virtual antenatal care and postnatal care visits are intended to reduce the number of face-to-face contacts between patients and providers, thus reducing transmission risk while still maintaining adequate oversight and monitoring of pregnant mothers.

In addition to this overarching policy, operational guidance was given for how health facilities can provide telehealth platforms to their providers, suggesting that districts purchase mobile credits for a designated provider in each clinic. While the guidance recommended telemedicine and provided operational guidance, it is still unclear if providers are required to use their personal phones to provide telemedicine. Telemedicine in Burkina Faso also relies on telephone consults or text messages, unlike other countries that have made use of video consultations.

Questions to consider when evaluating effectiveness:

- To what extent do people have easy access to phones and/or internet connectivity to get proper care through telemedicine?
- How does the quality of care change when provided through telemedicine, particularly without video consultation?

Multimonth prescribing and delivery of commodities and medicines

The COVID-19 pandemic has forced the government of Burkina Faso to modify prescription and delivery of medications, implementing extended prescribing of medication and home- or community-based delivery of medicines. These adaptations are recommended for use in maternal, newborn, and child care, as well as nutrition. The operational guidance recommended providing extended rations for malnourished children to manage malnutrition at home, with “eights weeks of ration for malnourished children.” For

pregnant women, operational guidance recommended providing several months of iron and other supplements. The same goes for the follow-up of children with chronic diseases such as sickle cell disease, where the guidelines recommended the provision of several months of medication. Mobile clinics are also responsible for delivering drugs to communities when people's movement is restricted or facilities are closed, to limit disease.

The multimonth prescribing and delivery of commodities and medicines are intended to reduce the number of face-to-face contacts between patients and providers, thus reducing transmission risk, while still maintaining adequate oversight and monitoring of patients, especially malnourished children and children with chronic diseases such as sickle cell disease.

Reconfiguration of patient intake at facilities

Where health facilities are open, policies in Burkina Faso mentioned managing patients' flow in health centers and hospitals, taking into account infection control and prevention measures (such as physical distancing) to reduce congestion and overcrowding. Staggered appointment scheduling to further reduce patient flow has been mentioned in antenatal and postnatal care services, routine immunization, and contraceptive services. Reconfiguration of patient intake is supported by recommendations to use mobile clinics and home visits to reduce the number of patients going to hospitals and health centers.

Looking ahead

These policies underscore the importance of continuing RMNCAH-N services while ensuring patients' and health care providers' safety within the context of COVID-19. To maintain continuity of care during COVID-19, policies broadly recommend the expansion of existing strategies, such as mobile clinics and task shifting to community health workers, while also recommending new adaptations such as multimonth prescribing and telemedicine. However, the health challenges in Burkina Faso posed by both COVID-19 and the civil conflict are enormous, and it is not easy to assess the implementation or effectiveness of the guidance put in place by the MOH. The introduction of a COVID-19 vaccine has the potential to further disrupt the delivery of essential health services, for example, by diverting health staff away from their routine posts. Health indicators alone will not be able to identify successes and challenges in implementing these various adaptations. Ongoing monitoring and adaptive management of EHS will be necessary for the months and years to come, and we recommend further research (qualitative and quantitative) to assess the implementation and efficacy of different operational guidelines.

There are other contextual factors that must also be considered when examining these adaptations and considering the implications. Many nongovernmental organizations operate in Burkina Faso, and many have their own contingency plans, which may at times be misaligned with the Burkinabe government's recommendations. We further recommend that constant dialogue be maintained to harmonize and update these guidelines across all stakeholders.

Lastly, there is the consideration of health systems' building blocks, which enable the long-term sustainability and operationalization of these guidelines, such as long-term financing and logistics and supply management (for instance, to provide mobile clinics with months of prescriptions). Attention must be given to these enablers to ensure that ongoing implementation of these adaptations is feasible.

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Annex: Policies reviewed

Policy document title	Date of publish	Hyperlink (if available)
Plan de Preparation et de Riposte a L'epidemie de COVID-19 au Burkina Faso Revise	March 1, 2020	https://www.tralac.org/documents/resources/covid-19/countries/3795-preparedness-and-response-plan-for-the-covid-19-epidemic-in-burkina-faso-revised-april-2020-french/file.html
Guide D'orientation de la Continuite des Soins et Services de Santé dans le Contexte de la Pandemie a COVID-19	April 1, 2020	No public link available.
Procedures Operationnelles pour le Service de Soins Post Natals	2020	No public link available.
Procedures Operationnelles pour le Service de Soins Prenatals	2020	No public link available.
Procedures Operationnelles pour les Soins Apres Avortement	2020	No public link available.
Procedures Operationnelle pour la Planification Familiale	2020	No public link available.
Procedures Operationnelle pour le Service D'Accouchement (Maternite)	2020	No public link available.
Gestion Communautaire Integree des Maladies le L'Enfant dans le Contexte de COVID-19	2020	No public link available.
Procedures Operationnelles pour la Prevention et Prise en Charge de la Malnutrition	2020	No public link available.
Procedures Operationnelles pour L'accouchement D'un Cas Suspect de COVID-19	2020	No public link available.
Procedures Operationnelles pour les Consultations Nourrissons Sains	2020	No public link available.
Procedures Operationnelles pour le Triage des Utilisateurs	2020	No public link available.
Procedures Operationnelles pour la Vaccination	2020	No public link available.
Procedures Operationnelles pour la Prevention et le Controle des Infections	2020	No public link available.

dans les Services dans le Contexte de COVID-19		
Procedures Operationnelle pour L'Isolement de Cas Suspect de COVID-19	2020	No public link available.
Procedures Operationnelles pour les Consultations	2020	No public link available.
Procedures Operationnelles pour les Services Communautaires	2020	No public link available.
Réorganisation des Services Au Niveau des Formations Sanitaires Selon les Différentes Situations/ Scénarios de L'Epidémie de COVID-19	2020	No public link available.
Procedures Operationnelles pour L'Hospitalisation/Mise en Observationdans un Contexte de COVID-19	2020	No public link available.