

Nurses in the west African country of Burkina Faso are training volunteers in the poorest villages to prevent and identify malaria. Jacqui Thornton reports

# On the home front in fight against malaria

In blistering 45-degree heat, Pascal Zongo raises his megaphone and addresses the 100-strong crowd of villagers sheltering from the sun under a makeshift awning.

Next to him is a mosquito bednet, and he asks a young boy to help demonstrate the way it should be used properly, tucking the edges under the sleeping mat so mosquitos cannot find their way inside.

Mr Zongo, a crop farmer, has taken on the role of home-based management (HBM) worker in the central plateau area of Burkina Faso, not only to raise awareness of malaria, but to treat it too.

During the dry season, he carries out 15 consultations a day, treating patients with the standard artemisinin-based combination therapy (ACT). In the rainy season, which starts in the summer, consultations rise to 40.

During his talk, Mr Zongo is watched by Zidouemba Ousmane, the senior 'graduate nurse' who runs the closest health centre to the village and who gave him basic healthcare training.

Mr Ousmane, 36, explains: 'We give the HBM workers general information about malaria, how to make a diagnosis, handle the cases and talk about prevention. We also give them flipcharts, with pictures on one side to show the audience and words on the back to help them remember their script.

'One of the biggest advantages in training them is getting the drugs to the community. In the rainy season, no one is able to get to the health centre; it can be a 60km detour for people. They would spend one day or more getting to us in the past. Now we go to them through people such as Pascal. He is doing a great

## Talking to families

**In the village of Merciful, three-year-old Mamata has just been treated with her first dose of ACT after being diagnosed by Pascal Zongo.**

The villagers live with malaria all the time, but have little knowledge of it. A relative of Mamata's, Hadjaratou Sakande, 55, is asked if anyone in her family has had the disease before. She says no, but that three of her children have died. Their symptoms were fever and anaemia, common in severe malaria.

Mr Zongo says: 'I give the families counselling and information; sometimes it takes five minutes, sometimes much longer. I tell the men: "Our children and our women are suffering. How can we prevent this? We need to sweep our houses, to check the water..." And they listen.'



job – he is one of our soldiers in the war against malaria.'

Battle imagery is common when discussing malaria in this former French colony, where the disease is particularly devastating. Last year there were nearly seven million cases in a population of 17 million. For the past five years, malaria has been the main reason for hospitalisations, and the leading cause of death in health institutions, according to the country's National Malaria Control Programme. Children aged under five are most affected.

The country faces many healthcare challenges. There are few hospitals and, on average, there is just one nurse per 2,800 people, compared with the British average of 8.6 per 1,000.

## Realistic ambitions

The World Health Organization (WHO) talks about controlling and eventually eliminating malaria. Burkina Faso's minister of health, Léné Sebgo, has more modest, but realistic, ambitions, aiming to halve malaria cases in five years.

Any visitor can see how much needs to be done. The 'health and social promotion centre' near Ziniaré, 40km outside the capital, Ouagadougou, opened in 1985. It has no running water or electricity, just three beds with quinine drips. It serves a population of 4,489.

Mr Ousmane has been leading the centre for the past two years,

with eight other health staff. He proudly displays four large posters with health data for his area, neatly handwritten in marker pen. They show that half of all consultations are for malaria, and half of these for children under five. He says people were presenting too late to be treated effectively, even though the cost of the three-day regimen is 60p for adults and 30p for children.

Health ministry regional director Elise Ouedraogo says: 'They first try traditional medicine, using plants and animals, where they can pay in kind with a chicken, sheep or goat. If they don't get any success, then some come to us.'

'People worry about money, so they ignore the signs of malaria. Others don't know them. Often the mothers cannot take children to hospital without their husband's permission, and he may delay because he doesn't have the money but does not want to admit this.'

Delaying treatment can allow malaria to reach the brain, causing convulsions and death.

## SUMMARY

Malaria has a devastating impact on the west African country of Burkina Faso, but healthcare facilities are scarce and people seek treatment too late. A new home-based management scheme is training local volunteers to provide resources and education to tackle the disease.

## Author

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Pascal speaks to villagers (top left); Ziniaré's health centre and staff

It is to avoid such delays that the National Malaria Control Programme, part of the Ministry of Health, supported by Unicef, Plan International and Sanofi, introduced the HBM scheme.

In the local district there are 220 HBM workers. In



children; the health centre saw only 425 people in comparison. The team also distributed 2,419 mosquito nets (which are provided free by the WHO) and delivered 38 talks, giving the villagers instructions on using nets impregnated with insecticide, spraying their mud homes and not buying out-of-date drugs on the street.

Paediatric nurse Emile Sorgho, who runs the 11-bed children's services at the closest medical centre (the equivalent of a district hospital), says the new system is

## “PEOPLE WORRY ABOUT MONEY, SO THEY IGNORE THE SIGNS. OTHERS DON'T KNOW THE SIGNS”

Mr Ousmane's area, four people, including Mr Zongo, were trained to manage 'simple' malaria in people's homes and refer the most serious cases to the health centres, which can refer the sickest on to hospitals.

At the main paediatric hospital in Ouagadougou, the financial impediment is partly removed. Here doctors can provide an anti-malaria kit for free to children under five experiencing their first episode. It contains quinine, glucose, paracetamol, diazepam and phenobarbital, as well as sterile gloves and perfusers.

In 2013, the home team in Mr Zongo's area treated 513 cases of malaria, including 346

working well. 'Home management is a great help because, if patients are seen earlier, they are in a better state and the treatment is more efficient,' he explains.

However, there is a weak link in the system. The HBM workers are voluntary and part-time. Patients pay 100 francs (13p) per dose – with just 25 francs going to the worker. Patrice Combar, co-ordinator of the National Malaria Control Programme, says: 'That wouldn't even pay for a cup of tea.'

He adds: 'What we need is some centralisation of these jobs, to make them more professional, integrating malaria with other diseases, and they should be paid a minimum wage' **NS**