

HOW TO PRESENT RESEARCH RESULTS DIFFERENTLY?

EXPERIENCE ON THE IMPORTANCE OF VISUAL PRESENTATION OF INFORMATION

Esther Mc Sween-Cadieux,
Christian Dagenais & Valéry Ridde

CHOOSE
ONE POSTER



TAKE 2
MINUTES TO
READ IT



WHAT DID
YOU LEARN?



LOOK AT
THE OTHERS



WHAT DO
YOU THINK?



A COMMUNITY-BASED INTERVENTION TO FIGHT AGAINST DENGUE IN BURKINA FASO

IMPLEMENTED ACTIVITIES AND EXPECTED EFFECTS

D. Saré, P-A Somé, Y. Kafando, A. Sié Barro, S. Ouédraogo & V.Ridde

CONTEXT

The epidemiological profile of Burkina Faso is dominated by infectious diseases. Malaria is the leading cause of consultation, hospitalization and mortality (INSO, 2016). It is the most well-known febrile illness and in practice any fever is diagnosed as malaria and treated as such. Despite the presence of a rapid diagnostic test, the risk of misdiagnosing malaria still exists (Zongo, Carabali, & Ridde, 2016).

Another febrile illness called DENGUE is a growing concern for public health since the 2013 outbreak in Ouagadougou. The mosquito *Aedes aegypti* is the main vector of dengue. The symptoms are similar to those of malaria, and dengue is often underdiagnosed and treated as a case of malaria. These wrong diagnoses can lead to complications that can be fatal for patients

PROBLEM

The lack of specific care and the high costs caused by this disease mean that prevention is the only way of fighting for the moment. However, the prevention of vector-borne diseases remains very limited in Burkina Faso and consists mainly in the distribution of long-lasting impregnated bednets and some intra-domestic spraying initiatives in some endemic areas (De Allegri et al., 2013).

Although community-based interventions have proven their effectiveness in controlling dengue around the world (Mitchell-Foster et al., 2015; M. Toledo et al., 2007), no such initiatives exist in Burkina Faso

COMMUNITY INTERVENTION

A pilot intervention in Ouagadougou was implemented to fight dengue, this neglected tropical disease. The project aims to assess the feasibility and effectiveness of this approach. It is the first time such an intervention focused on dengue is implemented in an urban setting in Burkina Faso and in the subregion.

The intervention was carried out in Tampouy from July to December 2016. The intervention zone covers a circular surface within a radius of 1 km around the health care center (ex sector 22). It is estimated that there are approximately 4,264 houses in the area.

DESCRIPTION OF THE INTERVENTION

It was a participatory intervention approach, from operational planning to evaluation. Thus, all activities were carried out by trained community health workers and association members from the area. The follow-up activities were entrusted to the community representatives (customary chiefs, religious leaders and associations' leaders).

Several activities have been carried out to strengthen the community's knowledge of dengue and to adopt an anti-vectorial approach at household and neighborhood levels:

- DOOR-TO-DOOR SENSIBILISATION
- EDUCATIONAL TALKS
- A THEATER-FORUM
- COMMUNITY ACTIVITIES
- A DRAWING CONTEST

- The educational talks were used to animate groups of people. A box of images illustrating the dengue transmission, symptomatic manifestations, treatment, breeding sites and means of prevention was used.
- The door-to-door was made to sensitize every household and the facilitators help them identify and destroy the breeding sites.
- The forum theater, which involved actors, was a interactive strategy. At the end, there was a question-and-answer session.
- The community activities brought together individuals around an activity of common interest (eg. weeding, school clean-ups).
- The drawing contest was held with schoolchildren in the intervention zone to illustrate dengue prevention practices.

INTERVENTION EXPECTED IMPACTS

1 A STRONG COMMITMENT BY COMMUNITY LEADERS TO DEVELOP & EVALUATE ACTIONS TO FIGHT AGAINST DENGUE

- Key leaders and influential people are informed about the dengue situation in the area, the population's perceptions of the disease, community strategies and actions to be taken to fight against dengue
- A mechanism is created by community to organize, implement and evaluate health promotion activities in the intervention zone

2 IMPROVING KNOWLEDGE OF THE AREA'S POPULATION ON DENGUE AND MEANS TO FIGHT AGAINST ITS PROPAGATION

- Research-based knowledge and communication tools on dengue and other febrile diseases, their transmission and the means to fight against are available
- The populations have access to credible and quality information on dengue and other febrile diseases, transmission vectors and the means to fight against dengue

3 INCREASING POPULATION'S INDIVIDUAL AND COLLECTIVE PRACTICES AGAINST DENGUE TRANSMISSION VECTORS

- The different households' members are very observant and use the individual protection measures against mosquitoes bites as well as the destruction of their gites
- The neighborhood in which the intervention was carried out is less favorable to the development of vectors of transmission (mosquitoes) of dengue and other febrile disease

FIGHT AGAINST DENGUE FEVER THROUGH COMMUNITY INTERVENTION IN OUAGADOUGOU - BURKINA FASO

D. Saré, P-A Somé, Y. Kafando, A. Sié Barro, S. Ouédraogo & V.Ridde



CONTEXT

in Burkina Faso, MALARIA is the leading cause of consultation, hospitalization and mortality (INSO, 2016).

It is the most well-known febrile illness and in practice any fever is diagnosed as malaria and treated as such.

PROBLEM

DENGUE is a growing concern for public health and is often underdiagnosed because symptoms are similar to those of malaria

Hence, dengue is often treated as a case of malaria. These wrong diagnoses can possibly lead to fatal complications for patients

SOLUTION

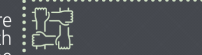
PREVENTION is the only way of fighting dengue for the moment but prevention of vector-borne diseases remains very limited (distribution of bednets and spraying initiatives)

COMMUNITY INTERVENTIONS would be potentially effective.

A pilot intervention was implemented to fight dengue for the first time in an urban setting in Burkina Faso.

Participatory approach: all activities were carried out by trained community health workers and association members. The follow-up activities were entrusted to the community representatives (religious leaders and associations' leaders).

COMMUNITY INTERVENTION



INTERVENTION ZONE

The intervention was carried out in Tampouy (Ouagadougou) from July to December 2016.

The intervention zone covers a circular surface within a radius of 1 km around the health care center (ex sector 22). Approximately 4,264 houses in the area.

DESCRIPTION OF THE INTERVENTION



EDUCATIONAL TALKS

The educational talks were used to animate groups of people. A box of images illustrating dengue transmission, symptoms, treatment, breeding sites and means of prevention was used.

DOOR-TO-DOOR SENSIBILISATION

The door-to-door was made to sensitize every household and the facilitators help them identify and destroy the breeding sites.



THEATER-FORUM

The forum theater, which involved actors, was a interactive strategy. At the end, there was a question-and-answer session.

COMMUNITY ACTIVITIES

The community activities brought together individuals around an activity of common interest (eg. weeding, school clean-ups).



DRAWING CONTEST

The drawing contest was held with schoolchildren in the intervention zone to illustrate dengue prevention practices.

EXPECTED IMPACTS

1. A strong commitment by community leaders to develop & evaluate actions to fight against dengue

2. Improving knowledge of the area's population on dengue and means to fight against its propagation

3. Increasing population's individual and collective practices against dengue transmission vectors

HOW TO PREVENT AND CONTROL DENGUE? STRENGTHEN COMMUNITY MOBILIZATION

D. Saré, P-A Somé, Y. Kafando, A. Sié Barro, S. Ouédraogo & V.Ridde



DENGUE FEVER
A febrile illness often confused with MALARIA...
Possibly fatal unjustified diagnosis

Absence of specific medical care
High costs caused by the disease
prevention remains the only means of fighting for the moment

BUT PREVENTION IS NOT DEVELOPED

...and limited to mosquito nets distribution & house spraying



WHAT IS THE EFFECTIVENESS OF A COMMUNITY-BASED INTERVENTION IN A URBAN SETTING IN BURKINA FASO?

COMMUNITY-BASED INTERVENTION A POSSIBLE SOLUTION!

PARTICIPATORY APPROACH from planning to evaluation
Activities carried out by trained community health workers and association members
Community representatives in charge of follow-up (religious & association leaders)



WHICH ACTIVITIES?

Several activities have been carried out to strengthen community knowledge on dengue and to adopt anti-vector control at the household and neighborhood levels.

WHERE?

TAMPOUY
within 1km radius from health care center
4264 households

WHEN?

JULY TO DECEMBER 2016



EXPECTED IMPACTS?

ENGAGING COMMUNITY LEADERS IN IMPLEMENTING DENGUE PREVENTION ACTIVITIES

IMPROVING KNOWLEDGE ON DENGUE TRANSMISSION, SYMPTOMS AND MEANS OF FIGHTING

INCREASING INDIVIDUAL & COLLECTIVE PREVENTION PRACTICES FOR DENGUE TRANSMISSION

