



Dr. Hassan Kouanda with a patient at Mouhoun Medical Center in Nouna, Boucle du Mouhoun Region
Photo credit: EAWA Project

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Security risks in rural Burkina Faso endanger people living with HIV: Dr. Hassan Kouanda is finding solutions

Aug 2022

Dr. Hassan Kouanda, 32, always knew he would become a medical doctor. As a boy growing up in Ouagadougou, Burkina Faso, he admired health care workers who helped people and saved lives. He chose to focus on HIV prevention and treatment because it requires compassion to win clients' trust before offering HIV testing, care, and treatment. While bringing empathy and dedication to his work every day, Dr. Kouanda was, nevertheless, soon confronted by the risks of violence. "An important set of problems we cope with are the security risks arising from the possibilities of violence our clients and staff face from unidentified armed men," he explained.

Dr. Kouanda works at the Mouhoun Medical Center in Nouna, Boucle du Mouhoun Region, Burkina Faso, which collaborates with the Ending Aids in West Africa (#EAWA) project to prevent and treat HIV. #EAWA is a cooperative agreement between the United States Agency for International Development West Africa Mission (USAID/WA) and FHI 360. It is funded by USAID through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). #EAWA operates in five regions in which key populations (KPs) and people living with HIV

(PLHIV) have high HIV burden in Burkina Faso (Centre, Hauts Bassins, Centre Ouest, Centre Nord, and Boucle du Mouhoun). The project's goal is to achieve HIV epidemic control by accelerating the achievement of UNAIDS 95-95-95 testing and treatment targets within all subpopulations and age groups. The risk of physical violence impede client access to essential HIV services.

In environments where violence is likely, #EAWA continues to provide services but in modified forms to ensure PLHIV can access care safely. Dr. Kouanda and his team design flexible strategies to reach clients. In the past, they could safely travel to health care centers in larger towns regardless of the time, but now his team advises clients to visit during daylight. "Those armed men intimidate care providers and clients visiting health care services.

So, fewer people take the risk of coming, especially those who are isolated because of unstable internet and communication facilities," he said.

When possible, health workers also travel outside of larger towns to the homes of clients or to nearby health



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care centers. “I am in touch with several HIV-positive clients who are so happy to receive their antiretroviral therapy (ART) refill every three months without leaving their homes,” Dr. Kouanda said. “They understand that continuing treatment without interruption is crucial for their health and well-being.”

Dr. Kouanda and his team provide empathetic care, deliver multi-month treatment regimens, and conduct viral load (VL) tests. Ensuring access to health services enables clients to be initiated on antiretroviral therapy (ART) and be retained in lifelong treatment to reach viral suppression and lead healthy lives. “Viral load testing is usually done in medical centers in villages, but that has slowed down because of insecurity. Test samples are hard to conserve so they are transported to the closest health care center and from there to the laboratory. Preserving safety is challenging,” he added. “Informing clients of their VL results is also complicated because of the possibility of violence affecting health workers who go to remote areas to provide HIV services. We make sure health workers do not carry heavy bags with medicines or other materials so as not to attract attention.”

Insecurity and fear of violence impact every step of HIV services, from case finding to treatment. Case finding is

hampered as travel outside of major cities for awareness-raising and HIV screening activities becomes more difficult. Newly diagnosed clients may also be afraid to come to health care centers for ART, possibly leading to interruptions in treatment.

Ensuring confidentiality of clients is another important step for their protection. Clients from groups already marginalized, such as sex workers and men who have sex with men, may be at greater risk of violence. “They would be at risk for physical violence by these armed men if confidentiality were broken,” Dr. Kouanda cautioned. Monitoring and evaluation (M&E) are also affected. “Conducting M&E becomes more complex because of security risks in holding in-person meetings and interviews. So, we decided to use mobile phones, especially [with the messaging tool called] WhatsApp, whenever it is feasible. We also take each opportunity of calm conditions in the region to organize a staff meeting in person,” he noted.

Security risks are hard to address. Many perpetrators of violence are driven by prejudice and can frequently attack with impunity. By shifting the methods for services, Dr. Kouanda and his team are able to provide lifesaving care for PLHIV while ensuring their safety and well-being.

For more information about the #EAWA project, please email: eawainfo@fhi360.org

This document is made possible by the generous support of the American people through the United States Agency for International Development (USAID) and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). The contents are the responsibility of FHI 360 and do not necessarily reflect the views of USAID, PEPFAR, or the United States Government.