Hospital response to COVID-19 in limited resource settings : case of Bogodogo teaching hospital in Ouagadougou, Burkina Faso

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The **IPC committee** of Bogodogo teaching hospital ensured the **management of the COVID-19 epidemic** with convincing and encouraging results despite the limited resources available. Setting IPC teams or committees in hospitals can help developing countries cope efficiently with epidemics and ensure **security and better health care**. Supporting these committees and providing them with necessary resources is essential.

BACKGROUND & CHALLENGES TO IMPLEMENTATION

Since March 09, 2020, Burkina Faso has been facing the COVID-19 pandemic. Strong measures have been taken at the national level to struggle against and health workers were very early engaged in the response.

Here we share the experience of the Bogodogo teaching hospital of Ouagadougou (CHU-B) in 2020.

METHODS / ACTIVITY

CHU-B is a general hospital of 400 beds capacity created in 2016. The staff number I more than 600 including administratives

An IPC committee was created in 2018 in order to improve the quality of health care by strengthening hospital hygiene and promoting patient safety. Early on February, the committee began preparing hospital response to COVID-19 by the development and implementation of **institutional guidelines and procedures**, **capacity-building** of caregivers and **establishment of teams and wards dedicated** to the management of patients with COVID-19.

RESULTS

From the outset, an **action plan** and guidelines, as well as case management and care protocols were developed with the participation of all stakeholders and were used for **training all staff** in April 2020 (357 health workers) and June 2020 (360 health workers). This enhanced the proper use of personal protective equipment and staff participation in **activities** including :

- ✓ care, isolation, and transfer of suspected and positive cases to the dedicated sites;
- ✓ systematic screening in people at risk of severe forms of COVID-19 (more than 300 tests for chronic haemodialysis patients in few weeks for example);
- ✓ reorganization of patients hospital circuit
- ✓ and vaccination that began in August 2021 .

Covid-19 systematic screening facility built at the entrance of the hospital with WHO support

During the first eight months, no case of nosocomial transmission to caregivers was observed. However, 13 students were infected in this period.

The main difficulties encountered were the initial psychosis and lack of information among health professionals, **insufficient resources for the implementation of the action plan**; and the time needed for adaptation (paradigm and practice shift).

The main strengths were the shared vision of the **imperative to continue hospital activities** despite these difficulties, permanent **communication** between all the players, and teamwork. The reorganization of the patient circuit and the training sessions have made it possible to **reduce the risk of nosocomial transmission of COVI-19.**

CONCLUSIONS

Hospitals in limited resource settings have faced this epidemic of unprecedented magnitude with little means. But the reorganization of caregiving, the training of healthworkers and their commitment have been important assets that must be capitalized on for future challenges with IPC. Resources should be provided to hospitals for better implementation of IPC programs.

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