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A Research Protocol for Evaluating a Clinical Algorithm for the Management of Non-Malarial Febrile Illness in Rural Health Centres in Burkina Faso

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Abstract

Non-malarial febrile illness (NMFI) is a major cause of morbidity in sub-Saharan Africa. In rural Burkina Faso, limited diagnostic capacity often leads to empirical antibiotic use and suboptimal patient outcomes. Standardised, evidence-based management tools for frontline healthcare workers are needed. This protocol describes an evaluation of a clinical algorithm for managing NMFI in outpatient departments of rural health centres. The primary objective is to assess its impact on appropriate case management and patient recovery rates. Secondary objectives are to evaluate its feasibility and acceptability among health workers. A pragmatic, cluster-controlled intervention study will be conducted. Rural health centres will be allocated to an intervention group, where staff are trained to use the algorithm, or a control group providing routine care. Consecutive adult and paediatric patients presenting with fever and a negative malaria test will be enrolled. Data collection will involve patient record extraction, follow-up interviews, and health worker surveys. Outcomes will be compared between groups. As this is a protocol, no empirical findings are available. The anticipated primary outcome is a measurable improvement in the proportion of patients receiving syndrome-appropriate management in intervention centres compared to control centres. The study will generate evidence on the utility of a structured clinical algorithm for NMFI management in low-resource primary care settings, with potential to inform clinical policy. If proven effective, the algorithm should be considered for integration into national guidelines, supported by appropriate training. Further research should assess long-term sustainability and cost-effectiveness. fever, non-malarial, clinical algorithm, primary health care, Burkina Faso, antimicrobial stewardship This protocol outlines a study designed to address a critical gap in the management of a common syndrome in a low-resource setting. Its findings aim to directly inform practical, scalable improvements in clinical practice and antimicrobial stewardship.

Keywords: *Non-malarial febrile illness, Clinical algorithm, Burkina Faso, Sub-Saharan Africa, Health centre, Outpatient management, Diagnostic stewardship*