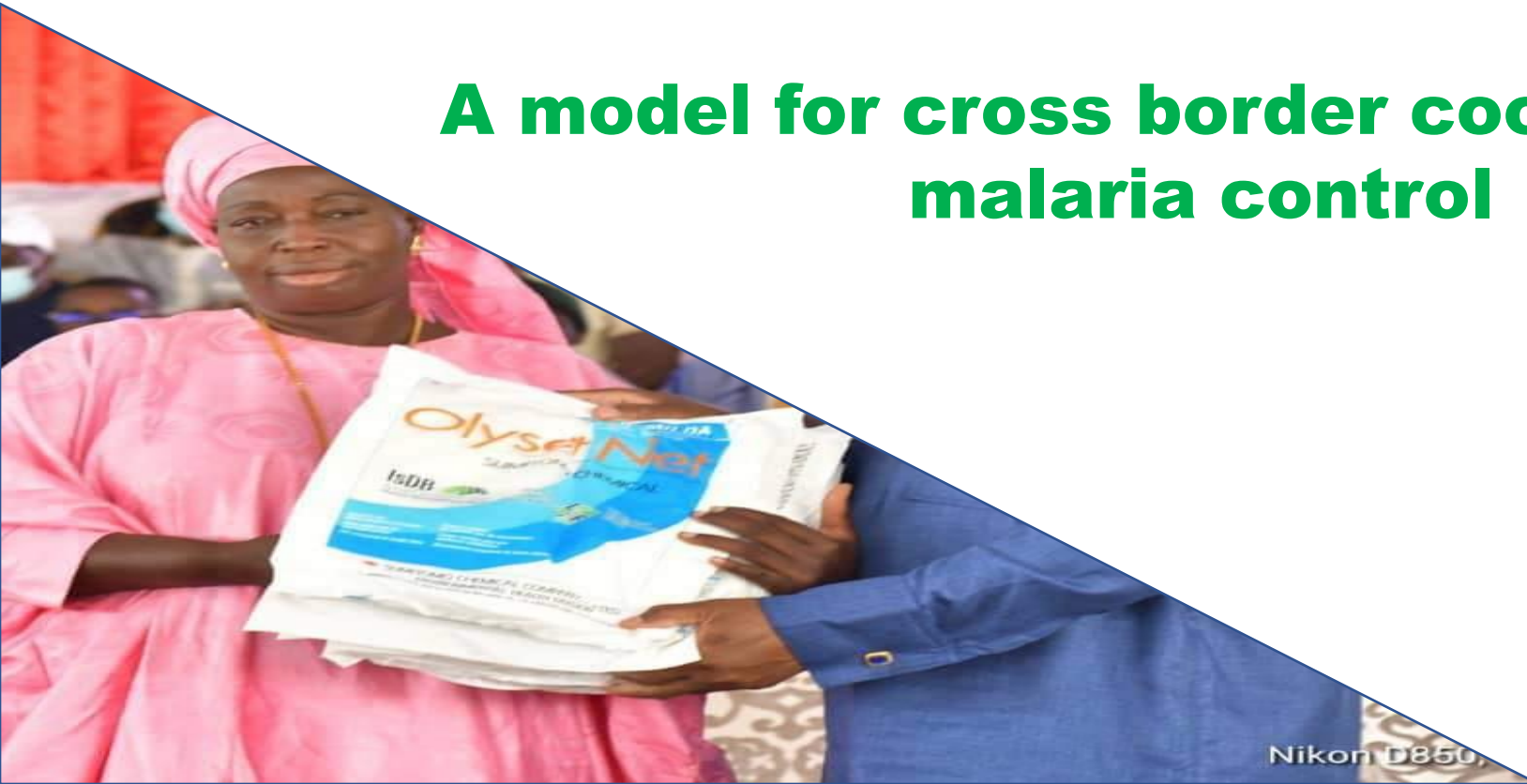


The Gambia and Senegal

A model for cross border cooperation in malaria control



Nikon D850



**34th SMERG Annual Meeting,
Bangkok, May 2023**



Presentation plan

1

Introduction

2

**Legal framework for border
cooperation**

3

**Synchronization of the 2019 and 2022
LLIN campaigns**

4

Malaria surveillance in border areas

5

Perspectives

Introduction

Senegal and The Gambia, 2 West African countries that **share 740 km of common land border**.

The border area includes :

07 Senegalese regions

06 Gambian health regions

75 Senegalese health posts

84 Gambian health posts

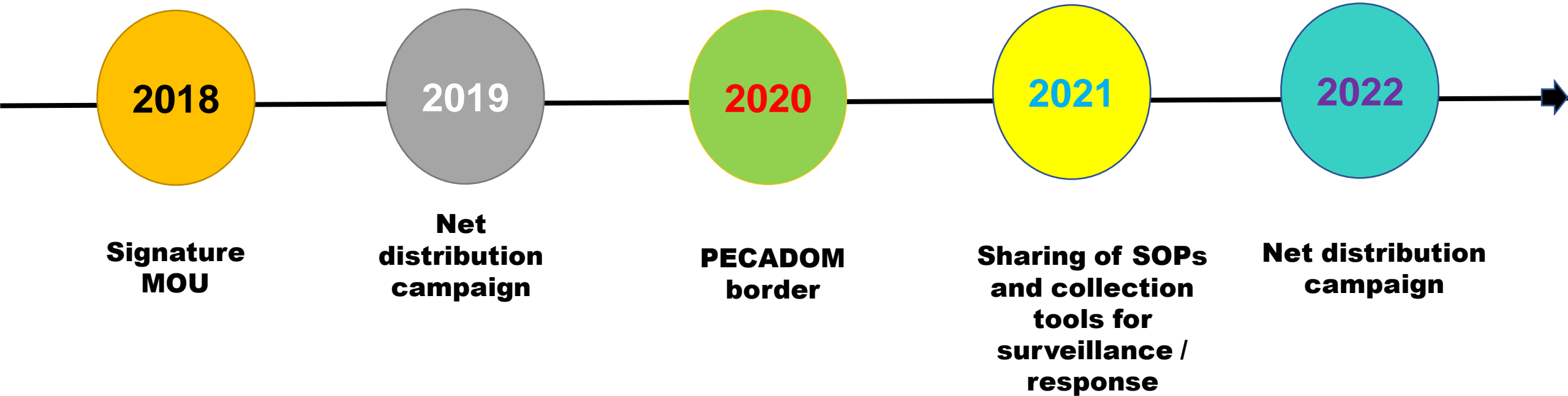
1454 Gambian villages

350 Senegalese villages

2 official languages: **French** and **English**



Process of cross-border collaboration



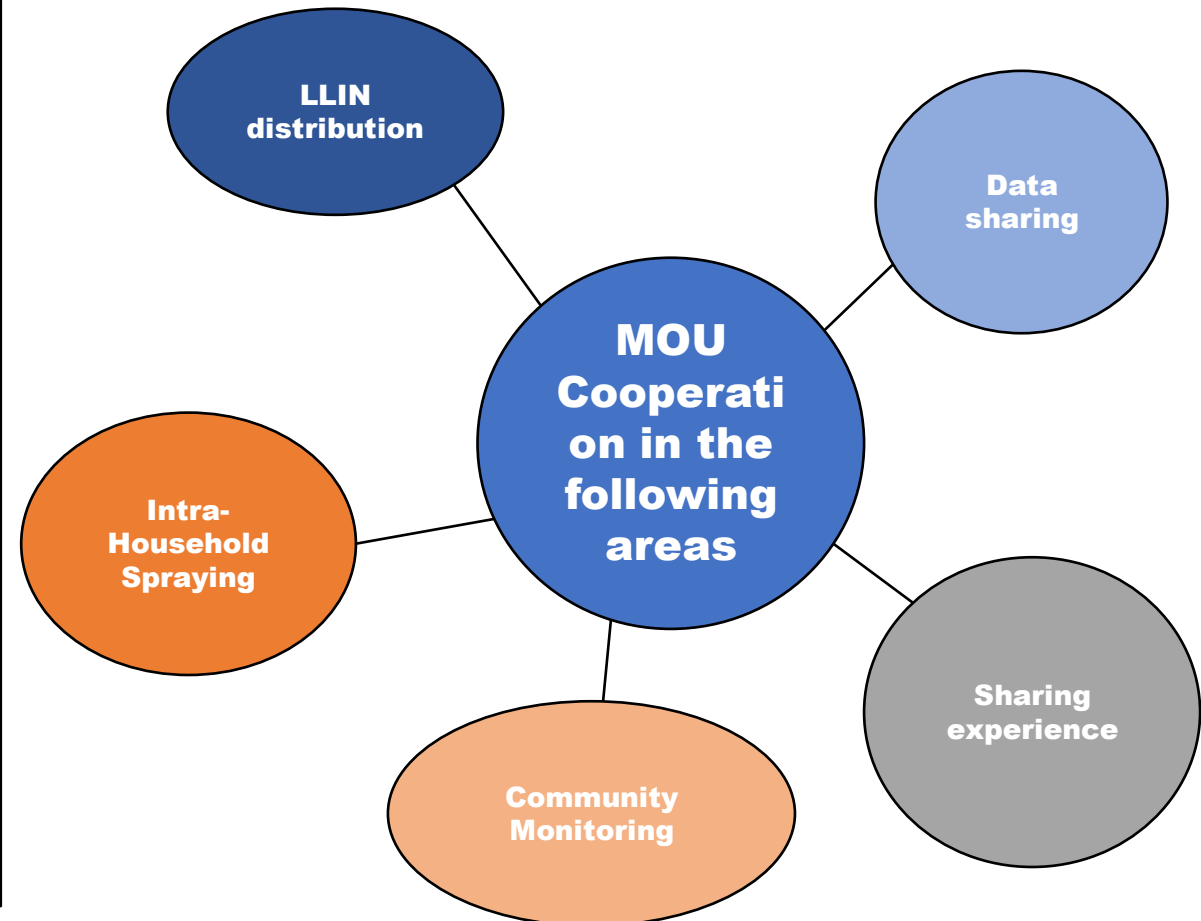
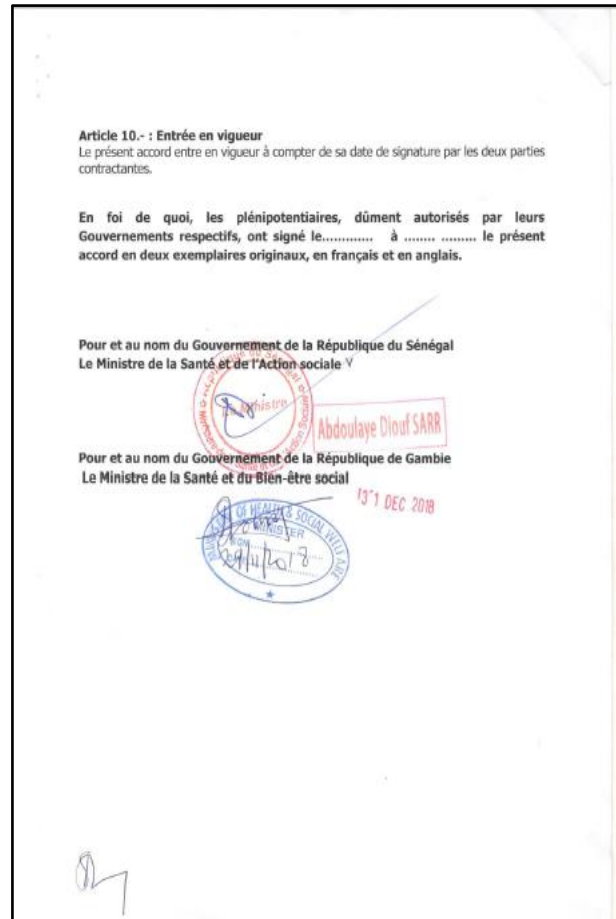
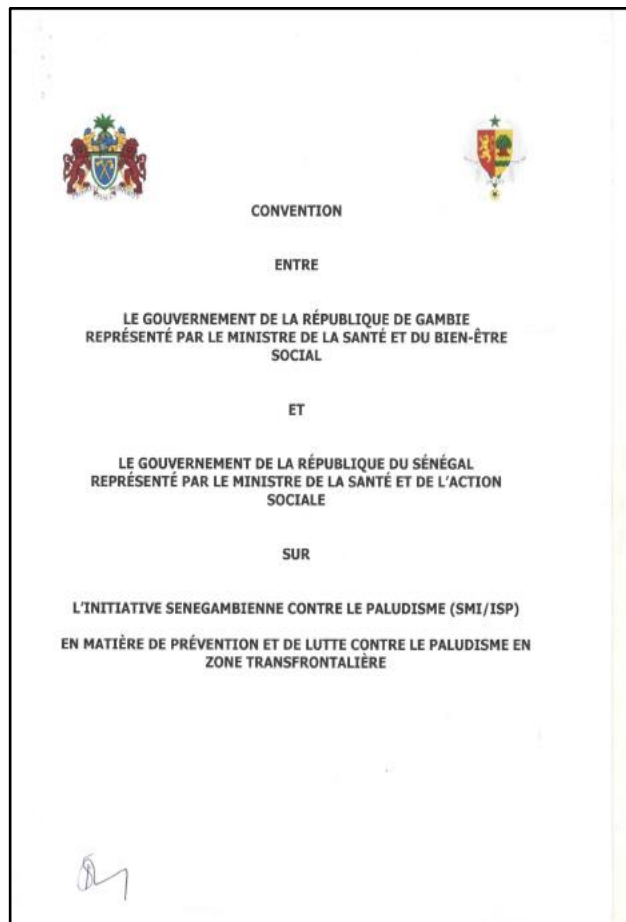
“Together Toward Elimination!”



Which legal framework for a successful border cooperation?

Signature of a memorandum of understanding

Commitment of the parties to promote and implement a technical cooperation called "Senegambian Malaria Initiative in the border regions"



The 11 commitments (1/3)

1

Coordination et cooperation

Coordinate and cooperate with other technical and donor partners to develop evidence-based cross-border control strategies and to continuously monitor and evaluate impact

2

Resource mobilization

Mobilize financial resources from governments and external donor partners to support the Initiative

3

Identification of focal points

Identify focal points in each country who will facilitate and support the routine activities of the Initiative

4

Information sharing

Share scientific, technical and administrative information and promote exchange between health professionals

The 11 commitments (2/3)

5

Interactions

Facilitate all interactions and obtain approvals and concessions necessary for the successful implementation of the Senegambian Malaria Initiative strategies

6

Harmonization

Harmonize LLIN distribution to maximize coverage for broader community protection

7

Indoor Residual Spraying

Application of IRS by the NMCP of The Gambia to cover communities in border areas located 3 kilometers from Senegalese territory not covered by the NMCP of Senegal

8

Facilitation

Facilitate cross-border procedures for rapid access to essential commodities for communities through the joint use of available human resources and the organization of related activities

The 11 commitments (3/3)

9

Autorisation

Authorize the exchange of inputs between the two countries (LLINs, medicines, RDTs, other products, etc.)

10

Sharing experience

Share expertise and experience in malaria control; for example, community-based malaria case management and investigation, and management of indoor residual spraying

11

Data sharing

Share data on the transmission and spread of the disease for a rapid cross-border response



**Synchronization of the 2019 and 2022 LLIN
mass distribution campaigns**



2019 - Synchronized LLIN distribution campaign
First experience of cross-border collaboration

Synchronization with Gambia

- Senegalese-Gambian cross-border malaria initiative supported by the Global Fund
- Target villages: about 2 km from the Gambia border and 5 km from the Senegal border
- Planification/Coordination
- Synchronized activities
 - Communication
 - Census/Distribution
 - Face to face meeting
 - Joint supervision
 - Inter-district evaluation
 - Joint evaluation of NMCPs



USAID
FROM THE AMERICAN PEOPLE



Mapping of Senegambia border health facilities and selected settlements for collaboration in the 2019 universal coverage bednet campaign

GEOCENTER

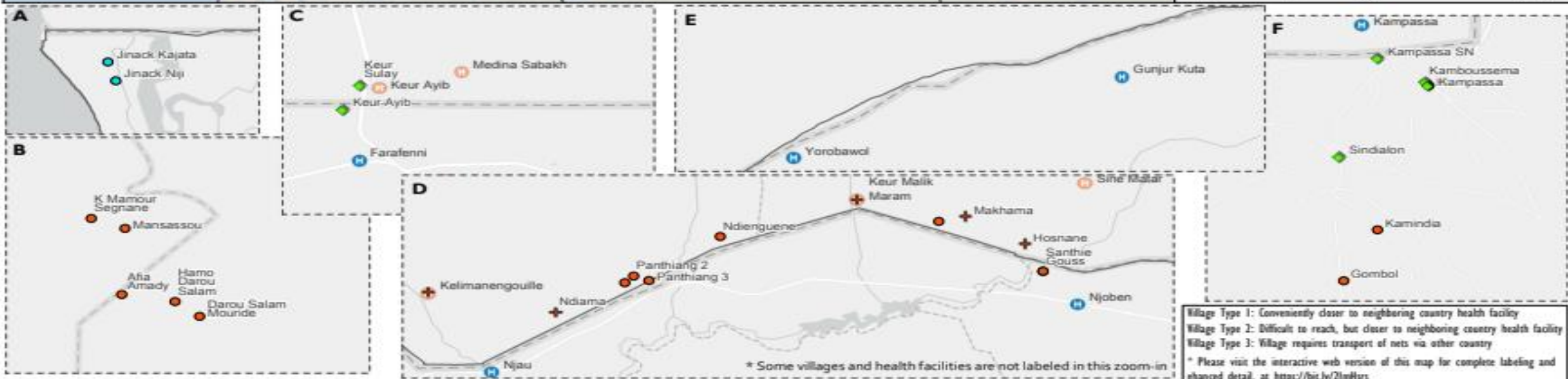
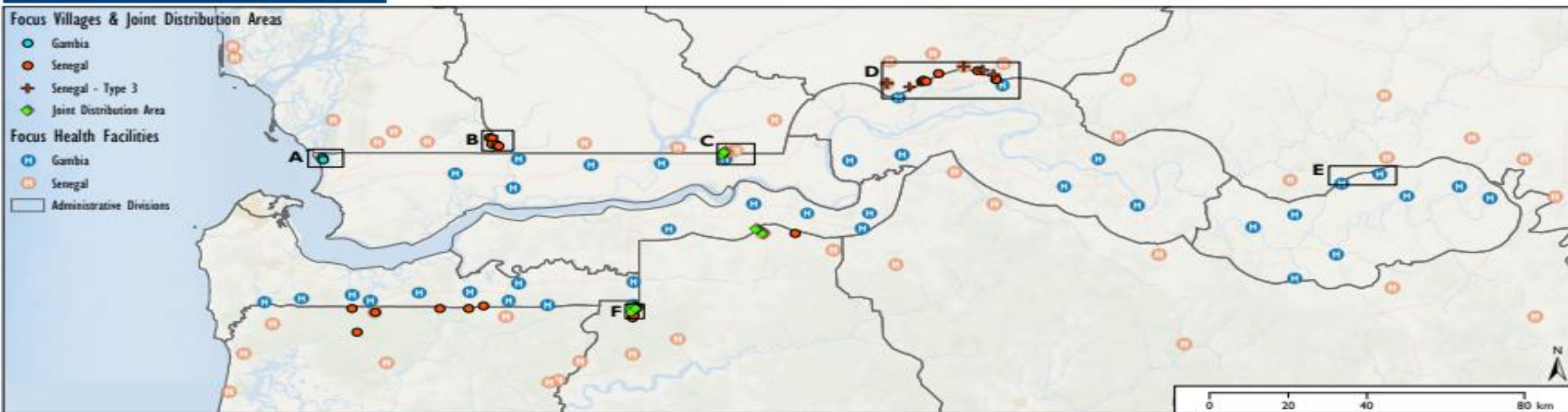
U.S. President's Malaria Initiative

Focus Villages & Joint Distribution Areas

- Gambia
- Senegal
- Senegal - Type 3
- Joint Distribution Area

Focus Health Facilities

- Gambia
- Senegal
- Administrative Divisions





440 Synchronization of a mass bednet distribution campaign across international borders: An emerging model from The Gambia and Senegal

Gadiaga L¹; Kande B²; Kouletio M³; Rousselle V⁴; Sene D¹; Cisse M¹; Diouf ML¹; Penard F⁴; Ba Fall F¹; Erskine M⁵; Diouf MB³

¹National Malaria Control Program, Senegal, ²National Malaria Control Program, The Gambia, ³U.S. Agency for International Development, ⁴The Global Fund, ⁵The Alliance for Malaria Prevention (AMP)



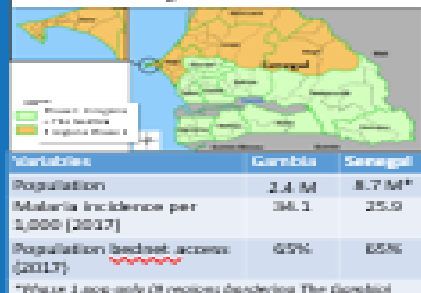
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The Global Fund

INTRODUCTION

With malaria incidence rates at pre-elimination levels and an extensive shared land border, and population mobility, the Senegal-Gambia Malaria Elimination Initiative was enacted by the Ministries of Health of these two nations in recognition of the necessity to scale up and align evidence-based interventions across the cross-border. A first step under this initiative was to organization of the first known, cooperative effort by two governments to synchronize mass bednet distribution campaigns on both sides of an international border.

Figure 1: Map 2019 two-phased campaign, The Gambia and Senegal



SYNCHRONIZATION STEPS

1. Established legal, judicial agreement for collaboration between Ministries of Health of both countries through an MOU
2. Aligned the macro timing of campaigns, moving Gambia's one year earlier to match Senegal's three-year cycles
3. Reviewed operational plans to harmonize bednet type (color, material, size), household definition and communication plans and materials
4. Set identical start dates for campaign stages of household registration and bednet distribution and established methodology of starting all activities on day one along the border focus communities
5. Mobilized governors, police, immigration, and customs to facilitate cross-border collaboration
6. Matched health facility catchment areas and mapped communities within the cross-border region (defined as range from 2-5 km on either side of the international border) by local authorities with support of the U.S. Peace Corps
7. Constructed ArcGIS map, incorporating administrative boundaries, settlements, and health facilities; and analyzed distance between facilities and settlements as well as geographical landmarks to select based on three criteria:
 - Type 1: Hard to reach transport support – more than 15 km from own health facility but less than 2 km from neighbor's facility
 - Type 2: Shared communities – Joint distribution in settlements that straddle both sides of the border
 - Type 3: Geographical barriers – Facilitated border crossing for campaign teams to improve access to settlements with decreased access due to waterways and season flooding
8. Established cross border focal points and jointly supervised sites before and during campaign. International opening ceremony with Ministries of both Health on the border.

RESULTS

During 30 day distribution campaign starting April 15, 2019, a total of 4,172,000 nets were distributed with 82% of coupons exchanged for bednets in the Gambia and 98% in Phase 1 region of Senegal.

At least 30 communities engaged in specific collaborative activity during the active stages of the campaign to improve coverage and efficiency.

Three cross-border collaboration platforms were initiated to foster health system exchange across districts for malaria but also HIV and TB follow-up.



Figure 2: Net distribution in Dorou Saloum Mouride border community in Fatick District, Senegal with Senegal-Gambia campaign staff

LESSONS LEARNED

AN ENABLING ENVIRONMENT FOR COLLABORATION: The full support of the Ministries of Health and the major campaign funding partners was critical to the achievement of this synchronized campaign. As an example, The Gambia successfully negotiated with the Global Fund to deliver its nets one year earlier than its three-year cycle to align with Senegal's schedule.

AGILITY REQUIRES FLEXIBILITY IN CAMPAIGN CHRONOGRAMS: True synchronization requires that all training and logistics are ready for campaign teams on both sides of the border. In this case, not all distribution activities occurred in all villages in the cross border area on day one due to operational differences in the management staff of the campaign.

COMMUNICATIONS WITH THE OPERATIONAL LEVEL: Mass campaigns are intensive and rely on strong communication within a country's administration hierarchy. However, when planning joint actions across countries, care is needed to ensure that actors at the operational level are aware of modifications pertaining to their sites. Some health regions found creative ways to improve real-time communications across teams through cross-border exchange visits with their counterparts and WhatsApp group networks to reduce communication costs.

MAPPING TOOLS NEED TO BE INTERFACED WITH LOCAL USERS: Mapping helped to bring together complex information about the relations of boundaries, infrastructure, geographical features and communities for decision-making; however, local users are needed to contribute to this information early in the process. The introduction of mapping opened multiple opportunities to improve campaign management including spatial performance tracking, coordinating supervision travel, particularly in cross border region where knowledge of roadways maybe less well known.

KEEP A LONG-TERM PERSPECTIVE ON PURPOSE: Acknowledge that the purpose of the synchronized campaign was to build international collaboration for malaria elimination as well as to ensure coverage of nets for all cross-border populations. Specific collaborative cross-border actions such as transporting nets or joint implementation are only one manifestation of this goal.

CONCLUSIONS

In addition to setting a common goal and fostering political will, between countries, effective collaboration across multilateral and bilateral donors is important to optimize financial and technical resources. The permanent Senegambia secretariat scope needs to include malaria elimination initiative to strengthen partnership. Further, the lessons learned from this joint campaign will help other countries that could benefit from similar cross-border malaria control initiatives.

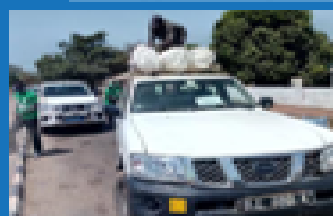
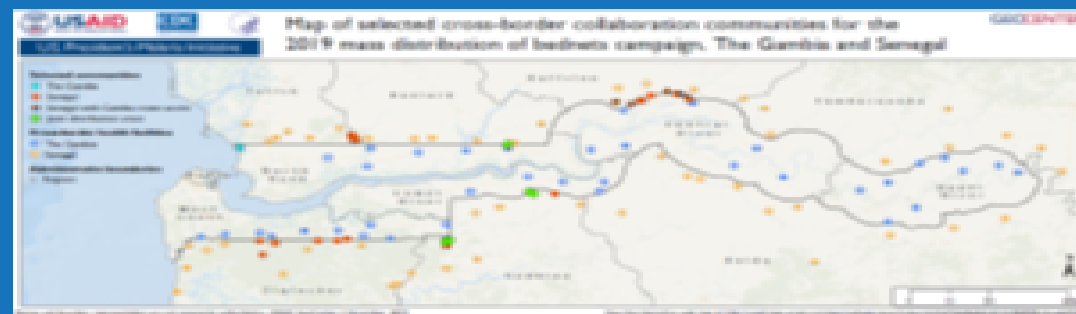


Figure 3: Gambia vehicle transports Senegal's nets to Gambia's West Post in Senegal



Figure 4: Ministers of Health and Coordinators of the NMCPs joint launch of the synchronized campaign (left); local launch of campaign in Senegambia border (bottom)



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1- Meeting on cross-border mapping with police and customs administrative authorities, Kolda, January 2019



2- Meeting on message harmonization, Banjul, March 2019



2022 Synchronized LLIN distribution campaign

Campaign in synchronization with Gambia

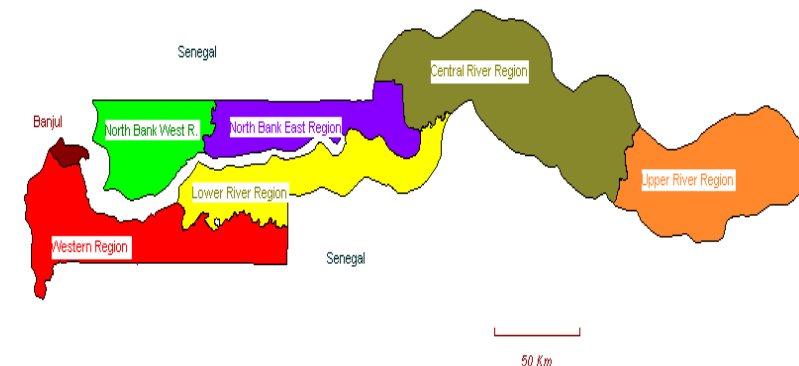


Cérémonie de lancement de la campagne synchronisée CDM CUMIL 2022

12 Senegalese districts bordering The Gambia



6 Gambian regions bordering Senegal



Results

Total number of LLINs distributed	100 757
Number of households that received LLINs	16 111
Number of villages	255
Total number of persons in households	174 050

Good practices

Cross-border collaboration



- Joint supervision of activities at all levels
- Digitization of the campaign (border districts in Senegal and the whole of The Gambia)
- Establishment of a platform to visualize the data of the 2022 LLIN Campaign

Résultats des campagnes synchronisées

Cross-border collaboration



- Synchronization allowed for satisfactory coverage
- Good geographical coverage of villages (no villages forgotten)
- No duplication in distribution
- Better management of people's choices and preferences (harmonization of colors and types of LLINs)



Malaria surveillance in cross-border areas



2019 PECADOM Frontalière

 **CRS** faith.
CATHOLIC RELIEF SERVICES action.
results.

What is the Border PECADOM?

Organization during the period of high malaria transmission (July to December) of sweeps of Senegalese villages bordering The Gambia.

Door-to-door visits by DSDOMs once a week to **detect**, **test**, and **treat** or **refer** each suspected case of malaria, diarrhea, or ARI.

3 districts bordering The Gambia were selected to implement the PECADOM+ strategy.

Purpose and objectives

Goal

To contribute to the achievement of the malaria elimination goal in Senegal and The Gambia through cross-border control

Objectives

- To strengthen the PECADOM Plus strategy in the villages bordering The Gambia
- To support the NMCP in monitoring and coordinating the implementation of the cross-border control plan

Districts, posts and sites PECADOM



DS Maka Colibantang (5)
PS Saré Diamé (8)
PS Mboulembou (1)
PS Soubacounda (6)
PS Cissecounda (4)
PS Seoro (2)

DS Médina Yoro Foulah (8)
PS Badion (6)
PS Dioulanghel Banta (3)
PS Dinguiraye (2)
PS Ngoudourou (4)
PS Pata (3)
PS Touba Thiecken (3)
PS Bourouco (2)
PS Saré Yéro Bouya (1)

DS Vélingara (4)
PS Sinthian Koundara (5)
PS Nemataba (5)
PS Doubirou (1)
PS Medina Marie Cisse (1)

Results of the Border PECADOM



ANNEES	Cas de PALUDISME											
	Moins de 5 ans			Plus de 5 ans			Total					
	Total Cas de fièvre	TDR réalisés	TDR +	Total Cas de fièvre	TDR réalisés	TDR +	Total Cas de fièvre	TDR réalisés	Total cas de palu	Cas traités avec ACT	Cas traités et guéris	Cas référés
2019	1607	1607	332	2292	2292	749	3902	3902	1087	1087	1082	5
2020	1716	1716	244	2569	2569	577	4232	4232	821	817	817	4
2021	1919	1919	288	3326	3326	1116	5286	5286	1411	1407	1407	4
TOTAL	5242	5242	864	8187	8187	2442	13420	13420	3319	3311	3306	13

Development of SOPs and data collection tools for malaria surveillance

Main objective

Begin surveillance and response activities for malaria elimination



Specific objectives

- Share case-based surveillance and response SOPs in Senegal
- Adapt case-based surveillance and response SOPs for The Gambia
- Validate case-based surveillance and response SOPs for The Gambia
- Share case-based surveillance and response tools and weekly reporting system data collection tools
- Adapt case-based surveillance and response tools and weekly reporting system data collection tools
- Validate case-based surveillance and response tools and weekly reporting system data collection tools

Malaria Surveillance Workshops

Activities

Finalization of SOPs

Validation des PON

Development of the DHIS2 Tracker program

DHIS2 Monitoring Program

Configuration of the input (telephone form,...)

Training of health workers

Case documentation

Case Investigations

Perspectives

- Synchronization of Seasonal Malaria Prevention Chemo (SPC) campaigns
- Synchronization of mass drug administration (MDA)
- Cross-border surveillance integrating entomology
- Establishment of cross-border collaboration frameworks with other countries (development of action plans within the framework of the GC7): Mauritania, Guinea Bissau, Guinea and Mali



Thank you for your kind attention