

# Developing a strategy to target cross-border sources of malaria infection in Rundu, Namibia and Calai, Angola

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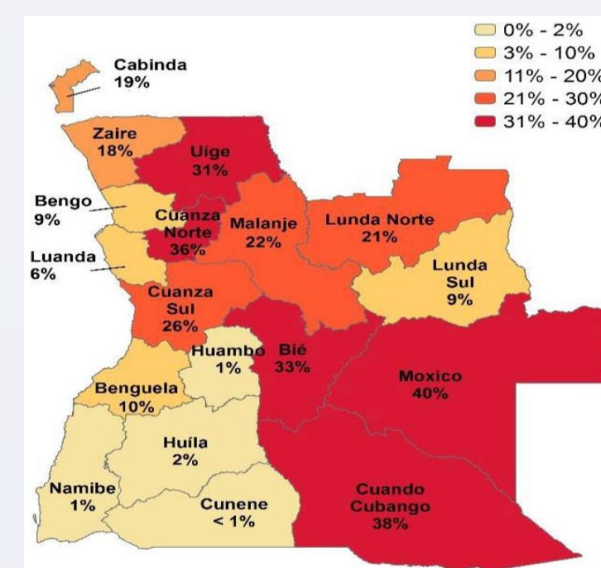


## BACKGROUND AND STATEMENT OF PROBLEM

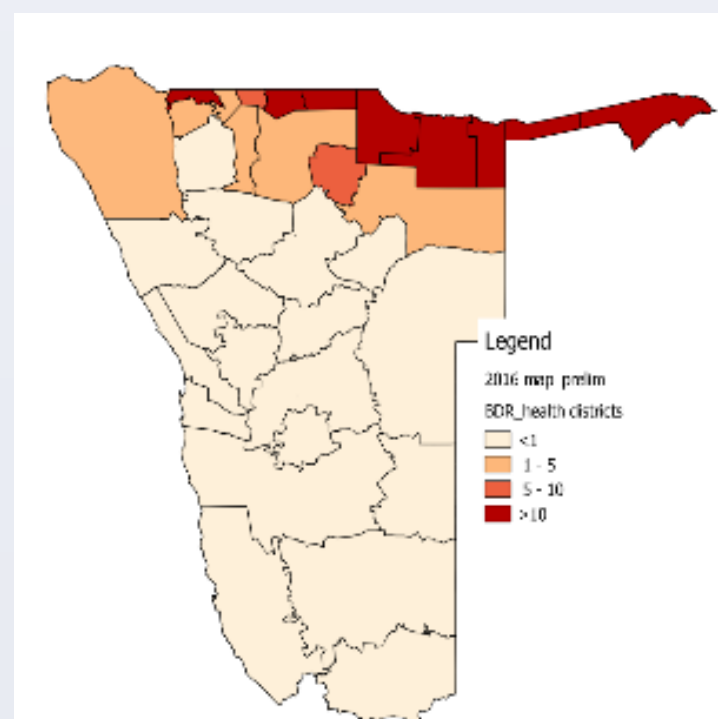
Though Namibia is working to eliminate malaria by 2020, malaria is a major public health problem in neighbouring Angola, where it remains the leading cause of death in young children. Because the Angolan – Namibian border is porous and frequently crossed as part of daily life at both formal and informal points, the elimination of malaria in Namibia depends, at least in part, on the ability to control malaria at the Angola – Namibian border.

To address the complex problem of cross border treatment seeking and cross border follow-up of positive cases, The Trans Kunene Malaria Initiative (TKMI), supported by the J.C. Flowers Foundation, the Anglican Diocese of Angola, the Council of Christian Churches in Angola (CICA), and other partners, is working in close collaboration with Rundu State Hospital in Northern Namibia and Ministry of Health officials on both sides of the border to develop a pilot system to target cross-border sources of malaria infection in Rundu, Namibia and Calai, Angola.

Prevalence of malaria among children less than five years of age according to the 2015/16 DHS



Namibia: incidence of malaria by district, per 1000 population, in 2016



## SITUATION ANALYSIS:

### CROSS BORDER TREATMENT SEEKING IN RUNDU

Official intake data show that Angolans make up 6% of paediatric malaria inpatients at Rundu Hospital in Northern Namibia. Further investigations by staff during hospital stays (based on the social situation and language of patients and their caregivers) suggest that nearly half of the paediatric malaria inpatients may be Angolan, which matches other assessments that 30-50% of patients seeking care in Namibia are Angolan. Rundu, Namibia is visible across the river from Calai, Angola, and the nearest analogous Angolan health facility, in Menongue, is over 500 km away. In general, Angolans living within the Cuvelai Basin within Southern Angola have poor access to health facilities, (with the median travel time to the nearest health facility being 90 minutes by foot). These factors lead to cross border treatment seeking, which poses challenges for effective malaria surveillance and follow-up of cases.



At an official border crossing along the Okavango River, David and Maria with their son Lucas disembark the ferry on the Namibian side. They are seeking treatment for their baby at the hospital in Rundu, Namibia. They state that "there are problems with our hospitals" in explanation for their crossing a national border in search of healthcare.

### PROCESS FOR ENGAGING STAKEHOLDERS TO ADDRESS CROSS BORDER TREATMENT AND FOLLOW-UP OF CASES

TKMI partners – namely, CICA and the Diocese of Angola -- began engaging border communities and relevant stakeholders around malaria elimination in Calai, Angola in September 2018 through the following steps:

1. Community mapping
2. Formation and training of Community Malaria Elimination Committees (COCEMAs) and selection of malaria volunteers
3. Consultations with local Ministry of Health officials on both sides of the border, and Rundu Hospital regarding cross border treatment seeking and the development of a stronger surveillance system

## PROCESS FOR ENGAGING STAKEHOLDERS TO ADDRESS

### CROSS BORDER TREATMENT AND FOLLOW-UP OF CASES (CON'T)

#### Community Mapping

Program coordinators facilitated a process of community mapping, where communities mapped out each household and other key places such as schools, churches, and health facilities. This process helped community members think strategically about the work necessary for malaria elimination, and helped the program determine the number of malaria volunteers necessary to conduct door to door malaria education and active follow-up of malaria cases. During the mapping process, there was a recognition that some communities were far from any health facility, and that this was contributing to cross border treatment seeking.

Result of Community Mapping



#### Formation and training of Community Malaria Elimination Committees (COCEMAs) and selection of malaria volunteers

Following community mapping, community malaria elimination committees, comprised of village chiefs, teachers, mothers, and religious leaders, were formed and provided with malaria training. The COCEMAs were responsible for selecting a cohort of malaria volunteers who conduct door to door education and follow-up of malaria cases. In the same way that the community mapping activity brought to light the reality of cross border treatment seeking, this same theme was identified by the COCEMAs, both in Calai and in neighbouring communities.

#### Consultations with local Ministry of Health officials on both sides of the border, and Rundu Hospital regarding cross border treatment seeking and the development of a stronger surveillance system

J.C. Flowers Foundation facilitated conversations beginning in 2018 to formalize a local cross border protocol for responding to Angolan malaria cases presenting at Rundu Hospital. These consultations took place under the Trans-Kunene Malaria Initiative cross-border agreement, which was signed by the Angolan and Namibia Ministers of health in 2011.

- In **January 2019**, local Ministry of Health officials began to discuss the reality of Angolan treatment seeking in Rundu, Namibia.
- This culminated in a **May 2019** consultative process between representatives of the Rundu Hospital, the Rundu Municipal Health Office, the Calai Municipal Health Office, and Angola-based J.C. Flowers Foundation staff.

## RESULTS

Results of initial community engagement:

- Border communities within Calai have been successfully mapped
- 55 volunteers and 12 COCEMA members have been trained in Calai district (with many more in neighbouring districts)
- 36,748 door to door education visits have been conducted

Result of consultations:

Stakeholders agreed that

- Rundu State Hospital will send information on any cases identified as having an Angolan origin to the Municipal Health Director of Calai, Angola, through the JC Flowers Foundation field officers.
- The TKMI-JC Flowers Field Officers will be responsible for collecting the data and sharing it with the Angolan Municipal Health Director, and then identifying the region or origin and mobilizing the relevant Health Staff to investigate the situation, conduct tests, and administrator possible treatments.
- In order to respond to mobilization done, the Angolan Health Department agreed that it will provide ACTs and RDTs for a trained community health worker (ADECOS) if there is one in the region; otherwise a Health representative will conduct the test in the region.
- Malaria volunteers will conduct intensified teaching and mobilization in targeted areas.

The Rundu State Hospital is also encouraging family members of Angolans with symptomatic malaria to be tested, and already, all nine family members of a 12-year-old girl who was admitted for complicated cerebral malaria also tested positive and received treatment for malaria.