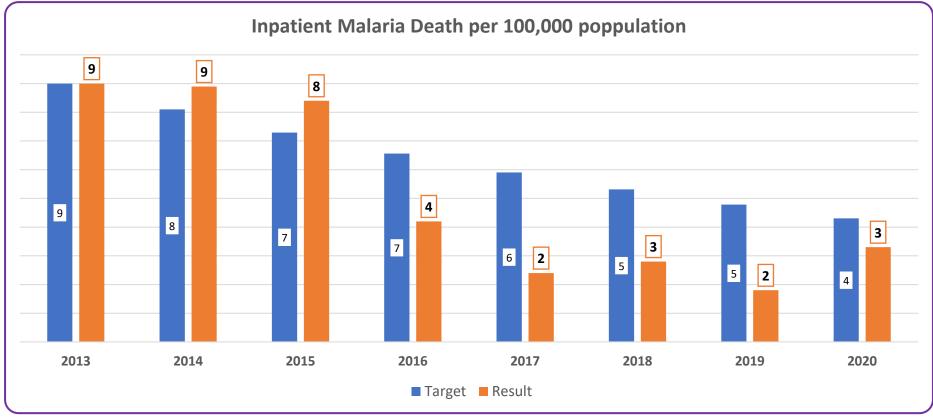
# The Gambia: Adapting to COVID-19 for sustained routine distribution of ITNs

By Balla Kandeh

## Introduction

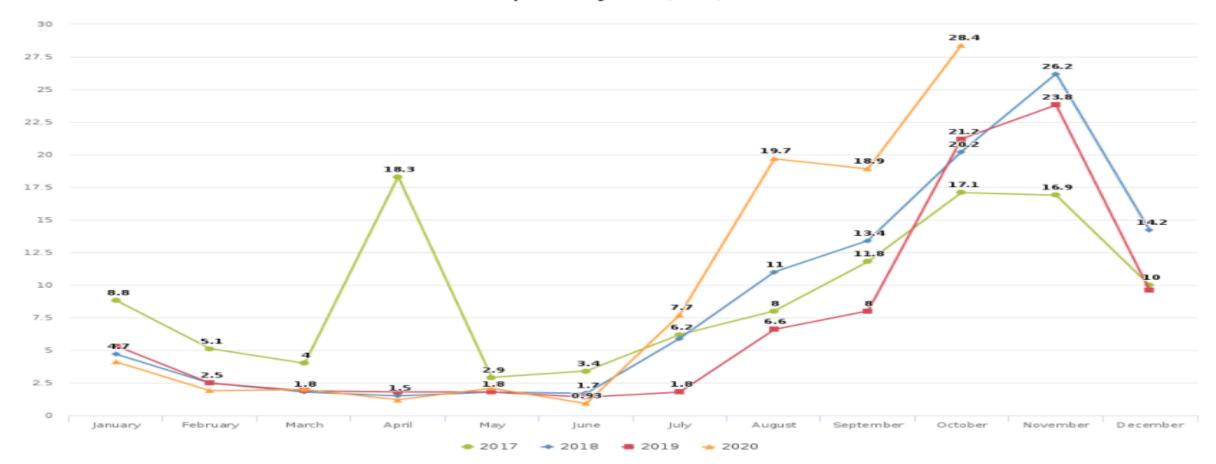
#### **Decline in Malaria Mortality**



- ✓ MSP goal of reduction of at least 40% in malaria case incidence and mortality rates, compared to 2013 levels
- ✓ 80% reduction in malaria case death per 100,000 population over the MSP period , exceeding the MSP target

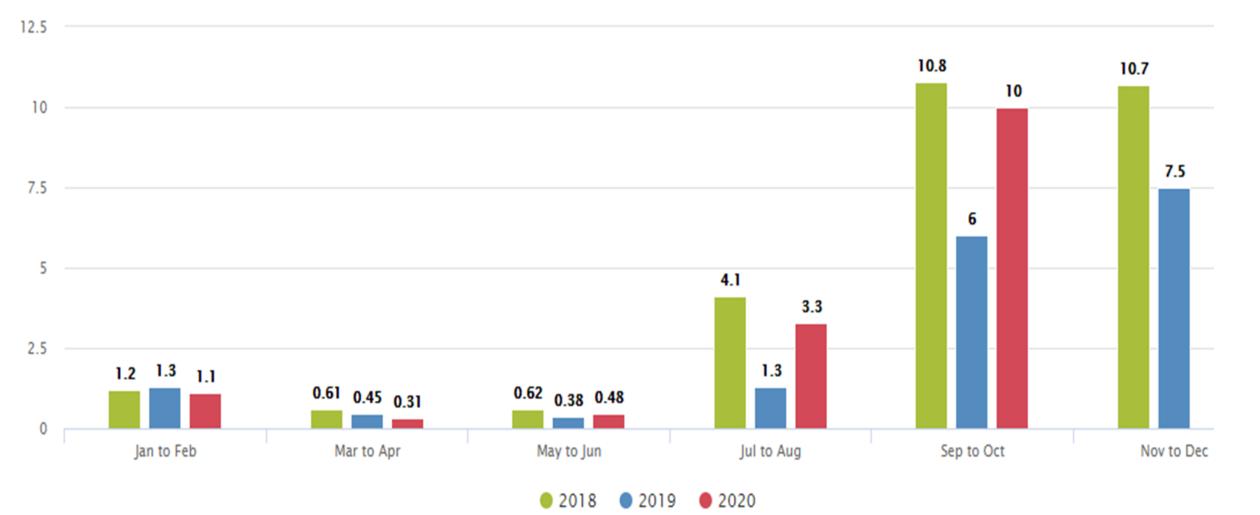
## Progress update (technical): Jan-Jun 2020

MAL - Test positivity rate (RDT) - Gambia



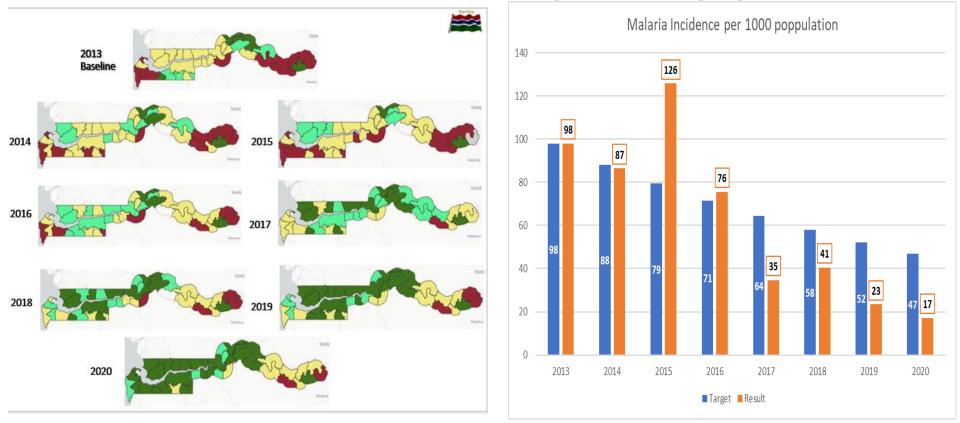
## Progress update (technical): Jan-Jun 2020

Proportion of outpatient malaria cases - Gambia



### Introduction

#### **Decline in Malaria Incidence per 1000 population**



- ✓ MSP goal of reduction of at least 40% in malaria case incidence and mortality rates, compared to 2013 levels
- ✓ 76% reduction in malaria case incidence per 1000 population over the MSP period , exceeding the MSP target

#### Key enabling factors for maintaining ITN access in The Gambia during the COVID-19 pandemic

- Strong coordinated support from the Ministry of Health (MOH)
  - Establishment of a multisector committee to ensure continuity of services
  - Development of additional messages to include COVID-19 to avoid fear etc

- Extension of working hours of health facilities to ensure flexibility and increase opportunities for pregnant women and caregivers of children to seek antenatal care (ANC) and other reproductive and child health (RCH) services –
- MOH re-organized RCH services and established mechanisms to allow users to practise physical distancing to mitigate the risks of COVID-19 transmission,

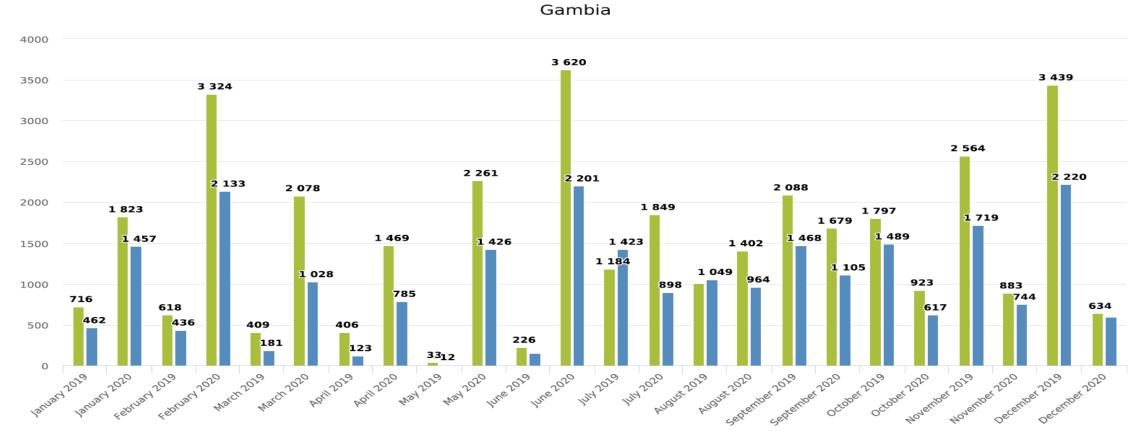
- Redirected the LLINs distribution from the "pull" system to "push system" to allow recipients who were fearful or no longer able to come in person to seek health services.
- The NMCP and Catholic Relief Service (CRS) with financial support from GF to **build on existing community partnerships and community initiatives** to reach vulnerable populations and ensure they received ITNs in line with the national malaria policy.
- Established partnership with local clan leaders (Cabilos), Traditional Birth Companions (TBC), Village Health Workers (VHW) and community health champions.

Challenges in 2020 LLINsdelivery		
Challenges	Proposed/ applied Solutions	
<ul> <li>Reduction in the number of patients visiting Health Facilities (Fear)</li> <li>Fear of pregnant women to seek ANC and RCH services in person in health clinics</li> </ul>	<ul> <li>MoH mobilized funds from GF to strengthen SMBCC at community level</li> <li>Setting up of WhatsApp groups for Health</li> </ul>	
in person in health clinics during COVID-19.	workers	
<ul> <li>Misguided use of social media to spread false information about Malaria and Covid</li> </ul>	<ul> <li>Interception and addressing of malicious audio WhatsApp messages</li> </ul>	

## Number of LLINs Distributed to Pregnant women and Children Jan-Dec 2020

Gambia		
Period / Data	LLIN received < 5 years	LLIN received pregnant women
Jan-20	1 823	1 457
Feb-20	3 324	2 133
Mar-20	2 078	1 028
Apr-20	1 469	785
May-20	2 261	1 426
Jun-20	3 620	2 201
Jul-20	1 849	898
Aug-20	1 402	964
Sep-20	1 679	1 105
Oct-20	923	617
Nov-20	883	744
Dec-20	634	594

# LLIN Distribution comparison of Months of 2019 and 2020



LLIN received < 5 years LLIN received pregnant women</p>

- A total of **48, 398** LLINS were distributed from Jan-Dec 2020 (Covid 19) compared to 76,323 LLINs in 2019 (dropped in clinic attendance by 25%)
- LLINs distribution to pregnant women and children across the country was maintained , even for those who were unable or fearful to seek ANC and well-child services in person in health clinics during COVID-19.

#### **Lessons learned and recommendations**

- The population appreciates and uses health services provided during extended opening hours of health facilities.
- Strong MOH-led coordination combined with making good use of existing community networks
- **Building on national MOH communication initiatives**, such as local advocacy through *Kabilos* and other well-known leaders to encourage continued trust in health services as well as disseminate knowledge of new health facility extended hours and key malaria messages.
- Community health actors in The Gambia sustained post-distribution social and behaviour change (SBC) as part of their overall routine activities.