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J.C. Flowers Foundation



## Cross-Border Collaboration

*Insights from the  
Isdell:Flowers Cross Border  
Malaria Initiative*



ISDELL:FLOWERS CROSS BORDER MALARIA INITIATIVE

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# Who we are

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The Isdell:Flowers Cross Border Malaria Initiative is committed to malaria elimination through community mobilization along the borders of Angola, Mozambique, Namibia, Zambia, and Zimbabwe.

We believe that malaria can be eliminated only if those living in areas with malaria have the knowledge, skills, and resources to prevent and treat the disease and to advocate for its elimination.





Where we work

ANGOLA

ZAMBIA

ZIMBABWE

NAMIBIA

Botswana

MOZAMBIQUE

Malawi

Western

Southern

Tete

West

North

Quando Cubango

Cunene

Ombadja

Namakunde

Cuangar

Okongo

Ohangwena

Rundu

Dirico

Rivungo

Shangombo

Senanga

Sesheke

Mulobezi

Kazungula

Livingstone

Binga

Hwange

Kariba

Hurungwe

Changara

Mudzi

Mashonaland West

Mashonaland East

Matabeleland North

Matabeleland South

Chimoio

Beira

Masvingo

Gwanda

Beitbridge

Cuito

Luena

Solwezi

Ndola

Chipata

Kabwe

Lusaka

Choma

Bindura

Kadoma

Marondera

Mutare

Ho

Merongue

Ondjiva

Onganja

Okavango

Nkurenene

Opuwo

Omuthiya

Otjiwarongo

Windhoek

Gobabis

Swakopmund

Mansa

Chinsali

Lichinga

medet



# Facilitating cross border collaboration since 2008

Our cross-border work is tied to the launch of Malaria Elimination 8

Key stakeholders proposed bilateral collaborations within the E8 region

- TKMI
- **Zam-Zim**
- **Nam-Zam**
- Ango-Zam and Mudzi-Changara (Zim-Moz) came later

Our strategic role (in support of national programmes):

- Implementation of community-driven control and elimination efforts (SBC activities, case management) in remote border regions
  - Funding cross border meetings and convening partners
  - Generating actionable data on local malaria realities
  - Local and national advocacy
    - including providing “proof of concept” for policy changes
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## Trans Kunene Malaria Initiative *facilitating coordination through partners meetings*

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Bi-annual partners meetings increase accountability to workplans and MoU agreement & provide a platform for information sharing and exchange.

### **Select outcomes of cross-border meetings:**

- Recommendations (and follow-up action) to implement additional provincial level MoUs
- Strengthening of malaria case management:
  - Angolan interest in active case detection (inspired by Namibia)
  - Development of WhatsApp communication platforms for data sharing
  - Recognition of treatment seeking behaviours leads to strengthened malaria case follow-up

*More background on case management realities and coordination included on the next slide*



# Trans Kunene Malaria Initiative

## *malaria case management (realities along the border, and coordination)*

### Cross-border treatment seeking

- Higher malaria incidence on Angolan side of border (compared to Namibia)
- Namibian health facilities & regional hospital more accessible to Angolans (cross border treatment seeking typically conducted by Angolans traveling to Namibia)
- Angolans pay higher fees in Namibia and may provide false addresses which complicates case management

### Ongoing malaria case management efforts on each side of the border

- Malaria case management **in Namibia** conducted by TTT team
  - Nurse, EHT, Case management supervisor, 12 CHWs, 50 malaria volunteers
  - TTT team notified of any positive case (via WhatsApp), and conducts follow-up within 24 hours
    - Locates index case, tests (and treats, if necessary) all household members and neighbors
    - Reactive interventions (IRS, LLINs provision, larviciding)
- Malaria case management **in Angola** conducted by ADECOS (community health workers)
  - ~210 ADECOS supported by Diocese of Angola, Mentor, and other partners conduct door to door malaria education and case management at community level

# Trans Kunene Malaria Initiative

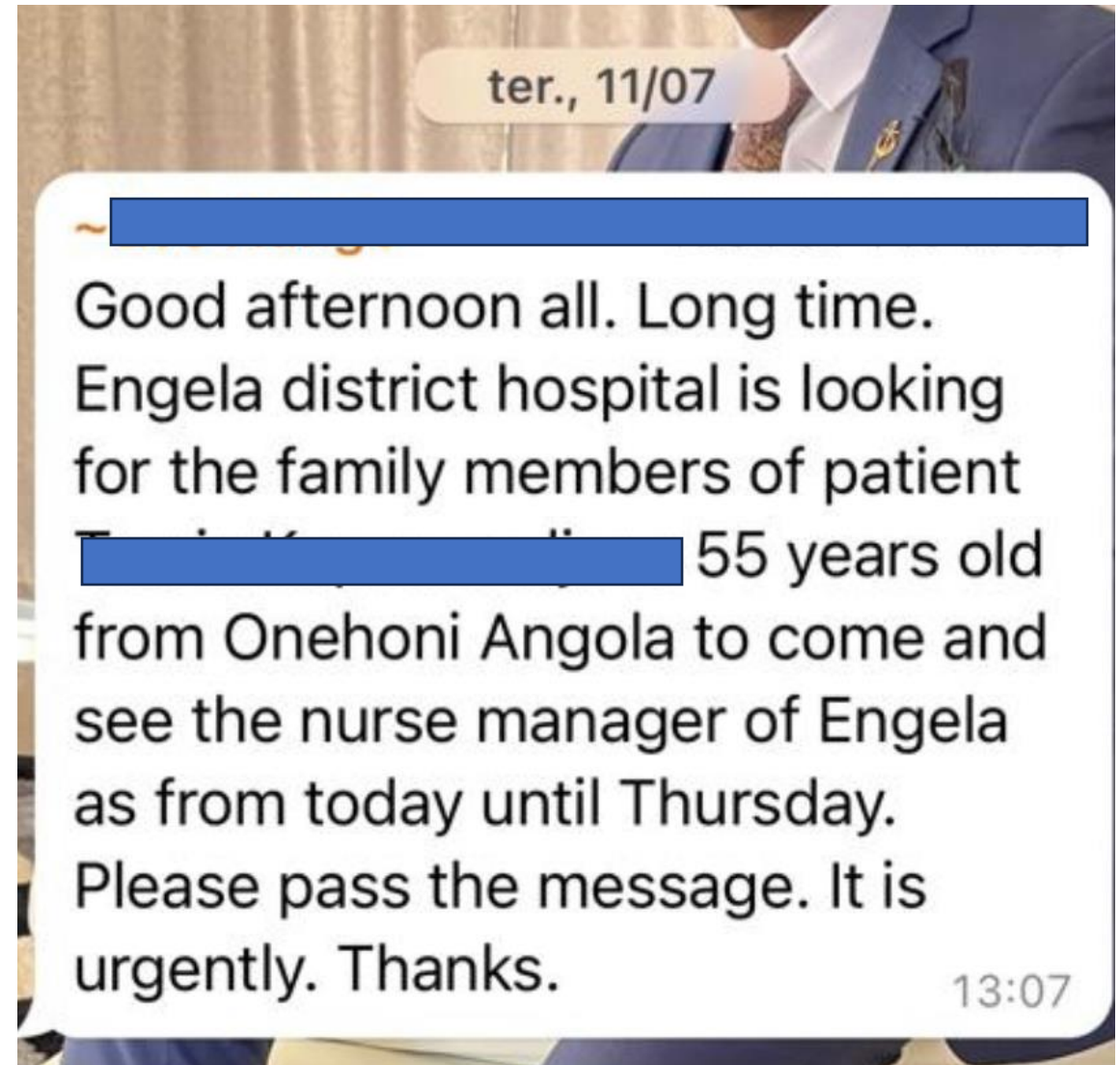
## *notification and follow-up of cross-border malaria cases*

### 1. Cunene, Angola – Omusati/ Ohangwena, Namibia

- Active cross-border WhatsApp group (covering multiple diseases) used to coordinate, improve follow-up of cases, notify counterparts of malaria hot spots
- Includes government and NGO partners, who meet in person annually

#### Example of data in action:

- Cross-border stakeholders identified Olupale, Angola as a malaria hot spot.
  - ADECOS not active in this area/ no other health services on Angola side
  - Many Namibians take their cattle to Olupale
- SADC malaria week event held on the border
  - Malaria education provided
  - Agreement to train volunteers/ ADECOS in Olupale







## Trans Kunene Malaria Initiative *notification and follow-up of cross-border malaria cases*

### 2. Cuando Cubango, Angola/ Kavango, Namibia:

- Each cross-border case triggers a notification on WhatsApp
- Malaria Rapid Case Notification form is filled out and shared on WhatsApp
- Angolan side (most often) uses this form to follow-up within Angola

# Trans Kunene Malaria Initiative

*use of knowledge, attitudes, and practices (KAP) data to increase prompt care seeking within border communities*

## KAP Survey overview

### Design

- Yearly cross-sectional household survey within Isdell:Flowers program areas

### Scope

- Malaria-related knowledge, attitudes, and behavioral practices

### Sampling

- Systematic random sampling of households

### Respondents

- Mother/caretaker of the youngest child in each selected household

### Ethical considerations

- Nationally approved by Ministry of Health Ethical Committees

## KAP survey measures

### ITN

- use, ownership, access

### IRS

- household coverage and reasons why households did not receive IRS

### Care seeking

- trajectory of care for children >5 with fever

### Knowledge

- Malaria knowledge and attitudes

## Trans Kunene Malaria Initiative *use of KAP data to increase prompt care seeking within border communities*

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- 2022 KAP survey data revealed that In Ohangwena, Namibia programme areas, 73% of mothers/ caregivers sought care for their febrile child <5 within 24 hours.
- During action planning process, stakeholders agreed to hold a meeting with caregivers from both sides of the border
- A series of meetings took place in August with more than 200 participants



## Trans Kunene Malaria Initiative *Coordinated SBC activities*

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Example: Joint training for volunteers and community leaders

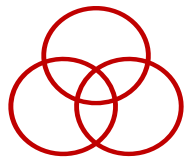
- Assures that information shared is harmonized and in a shared language
- Fosters common understanding between both countries, all working towards same goal
- Information on health facility locations shared, sharing of common challenges

NACDO and Diocese of Centre and South teams maintain joint activity plans and meet throughout the year to plan and implement joint activities:

- Community dialogues
- Clergy engagement meetings
- Training of malaria volunteers
- Headmen meetings



# Challenges



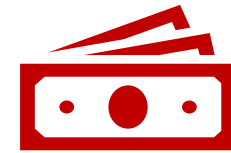
## Different realities

Malaria prevalence is much higher in Angola than in Namibia.  
Namibia's health system serves Angolans more than Angola's health system serves Namibians.



## Different policies

Angolan policy provides IPTp for pregnant women and Namibia's does not  
Targeted interventions (IRS campaigns and LLIN distribution) are rarely available at the same time in Angola and Namibia.



## Resource constraints

Angolan government & international partners may prefer to support elimination work in areas with higher malaria prevalence.  
In Namibia and Angola, health-related human resources are insufficient

# Lessons Learned



## Synchronisation

Synchronized interventions have more acceptance and better coverage in the communities along the border



## Coordination

Cross-border meetings facilitate important discussions and coordination of activities to ensure that malaria services are accepted and used by everyone



## Decentralisation

The presence of CHW/ADECOS in the communities contributes to increased care seeking and access to services



## Translation

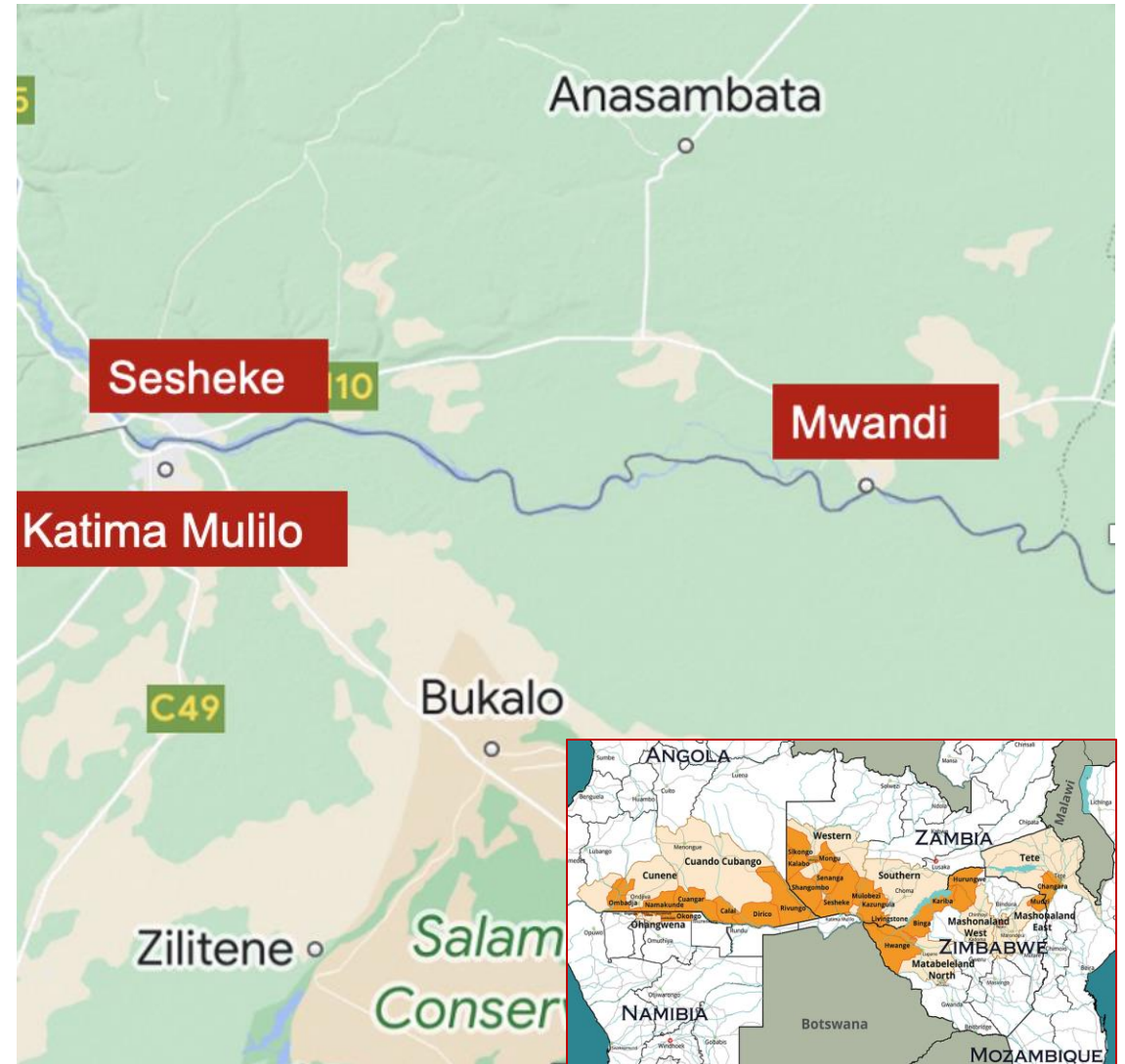
SBC materials that are translated into the local languages and shared on both sides of the border are more effective than materials in the national language.



# Nam-Zam *background*

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- Established in 2015 to mitigate malaria transmission in Zambia (Sesheke and Mwandu Districts) and Namibia (Katima Mulilo) through strengthened collaboration for:
  - Coordinated community sensitization
  - IRS programs
  - malaria surveillance
- Renewed focus in 2023 on community-based activities due to cost effectiveness and recognition that action must happen at community level
- Operating under SADC agreement (2009)
- Stakeholders include district, provincial, and national ministries of health, Anglican Diocese of Lusaka Cross Border Malaria Initiative, E8, Global Fund, CMMB
- Major mechanism for coordination is regular partner meetings (2x per year)



# Nam-Zam:

## *malaria situation and context*



### **Namibia**

Zambezi region (home to Katima Mulilo District) contributes >70% of cases seen countrywide

Malaria cases have increased slightly from 2022 to 2023 (7,307 to 8,780) but deaths have decreased (11 to 6), comparing just Jan-July

mass testing and treatment at farmlands/border posts during high population movement recommended

Case management is done at health facilities (proposal to implement active case detection)



### **Zambia**

Malaria incidence in Sesheke District dropped from 655.5/1000 in 2021 to 587.6/1000 in 2022, deaths increased from 6 to 8

Case management conducted by health posts and CHWs, who practice “Step D”: active follow-up of cases and testing of those who live within 140m of the index case

ACBMI team provides support to CHWs and health facilities within four health facility catchment areas in the border district of Sesheke

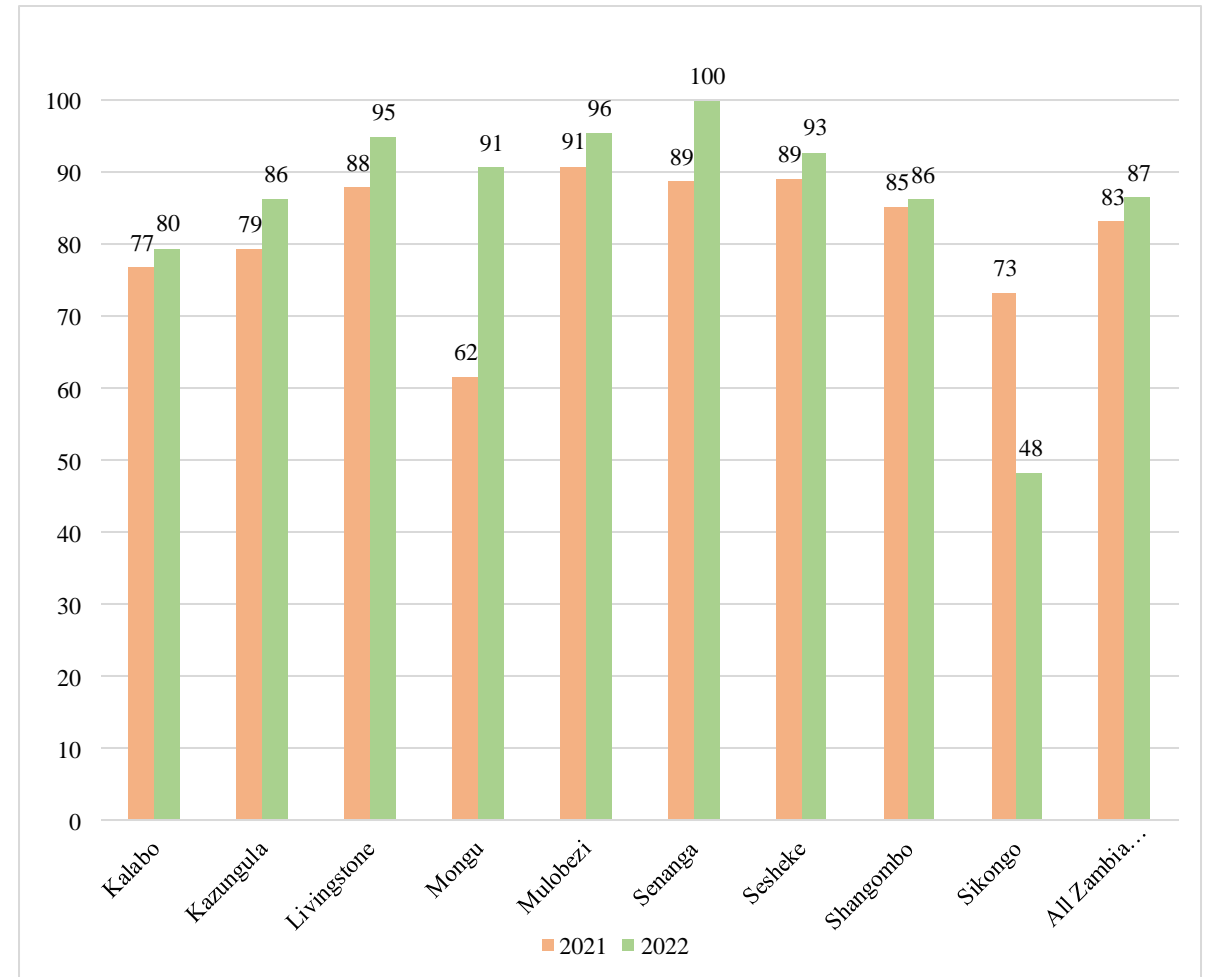


# Nam-Zam

*use of ADL-CBMI KAP data to influence policies and practice*

IPTp data from KAP survey shared at Nam-Zam meeting prompted national level malaria programme representative to start considering a policy of providing IPTp in Namibia border areas

**Percent of women who gave birth in the previous 12 months that reported taking 3+ doses of IPTp during their pregnancy, by programme areas at the District level (2021-2022)**



# Nam-Zam

## *use of ADL-CBMI KAP data to influence policies and practice*

Anglican Diocese of Lusaka held action planning meetings to address barriers to IRS that contributed to low coverage

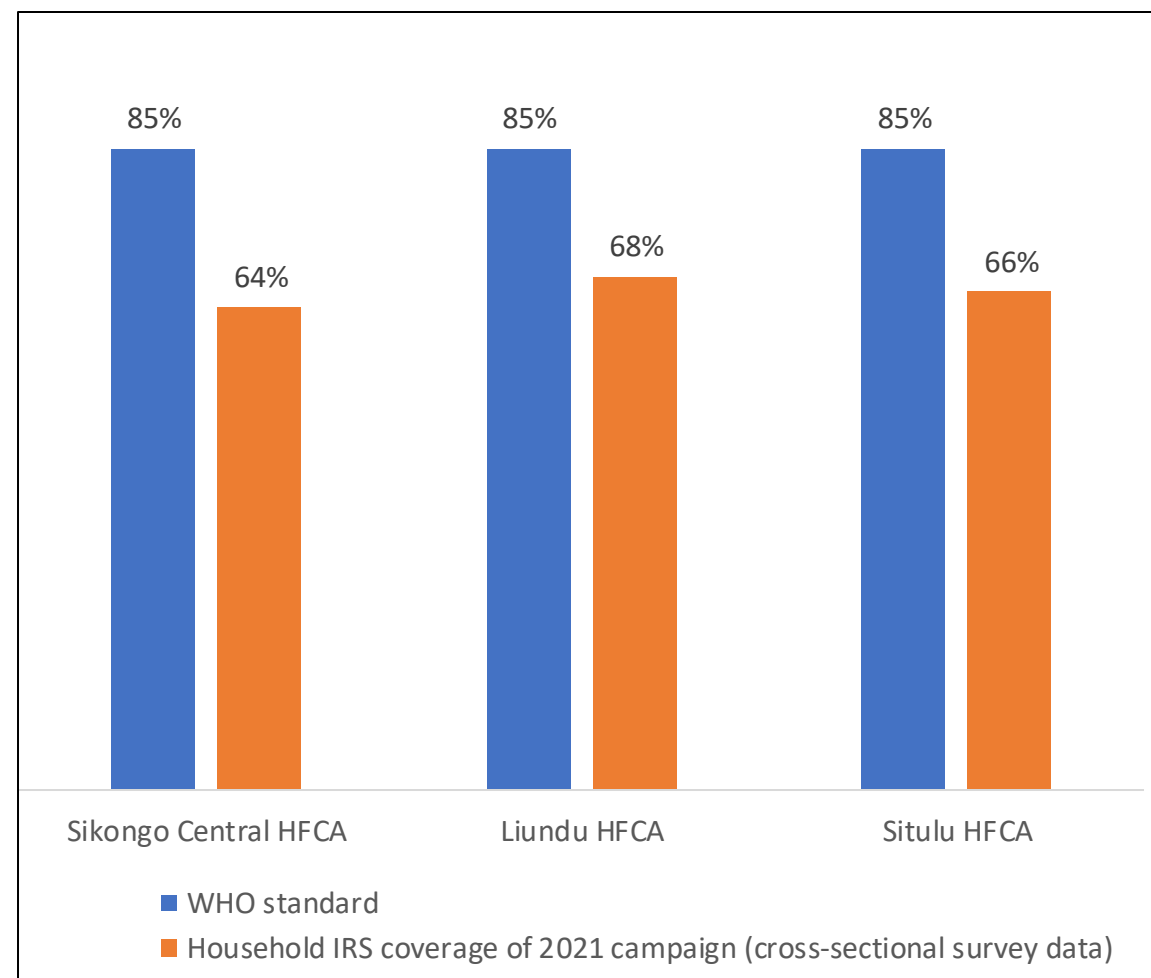
- Lack of trust in spray operators
- Exclusion of households due to spray operators missing villages/ getting lost
- Lack of involvement of community leaders
- Lack of advanced notice

Proposed and implemented community-based IRS to address barriers for 2022 campaign

- Recruited and trained 50 spray operators
- Government data from 2022 campaign shows 100% coverage in Liundu, 99% in Situtu, and 84% in Sikongo central)

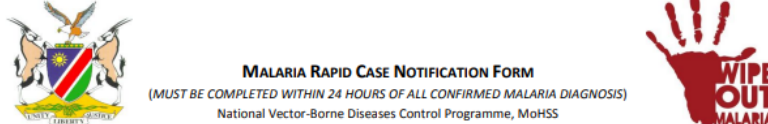
Namibian representatives are now pursuing idea of community-based IRS along Namibian border areas

Household IRS coverage vs WHO standard (2021 campaign)



# Nam-Zam data sharing and malaria case notification/ follow-up

- Cross-border meetings serve as a platform for data sharing – discussing trends and hot spots
- Individual cases are notified via WhatsApp group
- Malaria rapid case notification form (shown on right) is filled and shared on WhatsApp within 24 hours of a confirmed case



**MALARIA RAPID CASE NOTIFICATION FORM**  
(MUST BE COMPLETED WITHIN 24 HOURS OF ALL CONFIRMED MALARIA DIAGNOSIS)  
National Vector-Borne Diseases Control Programme, MoHSS

Investigation Date \_\_\_\_\_ (DD/MM/YY)  
Region \_\_\_\_\_ District \_\_\_\_\_ Health Facility \_\_\_\_\_  
Reporting Health Worker Name \_\_\_\_\_ Health Worker Phone # \_\_\_\_\_

**PATIENT DETAILS**

Patient Name \_\_\_\_\_  
Patient phone number \_\_\_\_\_  
Alternative phone number \_\_\_\_\_  
Current village/town \_\_\_\_\_ Headman name \_\_\_\_\_  
Household Health Number \_\_\_\_\_ Head of Household name \_\_\_\_\_  
Age in completed years \_\_\_\_\_  
Gender  Male  Female Pregnant  Yes  No  
Current occupation  Unemployed  Student  Guard  Farming/Agriculture  Other Manual Labour  
 Small-market sales or trade  Nurse/Teacher/Professional  Fisherman  
 Other: Specify \_\_\_\_\_

**DIAGNOSIS**

Detection setting:  Passive (at health facility)  Active (in the field)  
Diagnosis confirmed by:  RDT  Microscopy  Clinical Symptoms  
Species:  *P. falciparum*  Other species  Mixed Infection  
Diagnosis Type  Uncomplicated  Severe

Presented with fever?  Yes (Temperature: \_\_\_\_\_ °C)  
 No  
History of fever?  Yes (# of days with fever: \_\_\_\_\_)  
 No

**TREATMENT**

Treatment Prescribed:  Artemether-lumefantrine (AL)  Oral Quinine  IV/IM Artesunate  
 IV Quinine  IM Quinine  Primaquine  Other \_\_\_\_\_

**TRAVEL HISTORY**

Have you spent a night outside of Namibia in the past 4 weeks?  Yes  No  
If no, skip 'Trip Details'

Trip Details (Please fill out the country and village name if Imported/Non local)


Trip History (Must be filled if Imported/Non local)	First Night (DD/MM/YY)	Last Night (DD/MM/YY)
Country name:		
Village/town name:		

Case classification  Local  Imported/Non-local  
If local, please state in which region/district transmission most likely occurred: \_\_\_\_\_

**PREVENTION MEASURES**

Has your home been sprayed in the past 12 months?  Yes  No  
Do you own a bed net?  Yes  No  
Did you sleep under a bed net each of the last 3 nights?  Yes  No

Nationality of patient:  Namibia  Angola  Zambia  Botswana  DRC  Zimbabwe  Other \_\_\_\_\_



# Nam-Zam

## *additional examples of effective coordination and proposed projects*

- IRS coordination
  - Zambians have traveled to Namibia to train Namibian spray operators in same techniques used in Zambia
  - Sharing of chemicals and equipment
  - Goal is to extend interventions from one border district into another
    - Ex) If IRS or LLINs distribution is happening in Zambia, it will also happen in Namibia up to x KMs across the border
- Exchange visits
- Joint training on LLINs usage following distribution in Zambia (planned for Q4 2023)
- Joint malaria commemorations
- Community-based malaria projects

*Note: Funding for implementation of projects and interventions remains a challenge*

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# Ango-Zam *background and context*

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- IFCBMI involvement/ increased collaboration between Rivungo, Angola and Shangombo, Zambia began in 2018
  - Training of Angolan volunteers, community malaria elimination committee, and faith leaders conducted, and agreement drafted (delays due to COVID-19)
  - Communication between border health facilities re: travelling cases and referrals
  - Coordination meetings between districts
- MoU signed in 2023, covering multiple diseases
  - Follow-up meeting scheduled for later this month to determine way forward





Ango-Zam  
*joint World Malaria  
Day  
Commemoration*

# Zam-Zim

**Background:** MoU signed in 2017 by Ministers of Health seeks to promote cooperation for LLINs, IRS, case management, outbreak response, data sharing and cross-border procedures (no fees)

## **Successes and progress:**

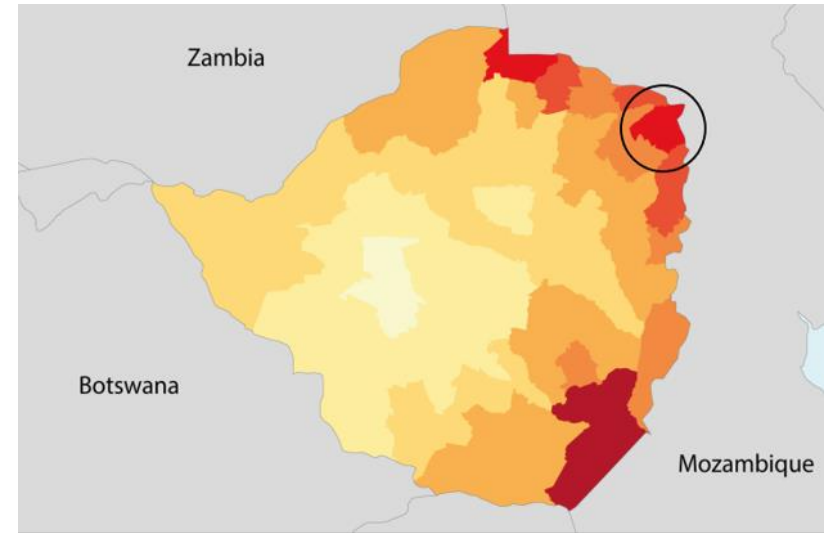
- Steering committees and “clusters” formed to decentralize cross border action and coordination
  - 3 clusters and a national level steering committee
  - Anglican Dioceses of Matabeleland and Harare are active in all clusters and based in Hwange, Binga, and Kariba/Hurungwe in Zim. Anglican Diocese of Lusaka, Zambia active in Livingstone/ Kazungula
- Zambian patients are now treated in Zimbabwe without penalty, and vice versa
- Planned, low-cost activities have been implemented, for example:
  - Development and dissemination of cross-border SBC messaging (for taxi drivers, on billboards, etc.)
  - Exchange visits between districts
  - In the ChiHuKaSi cluster (includes Katiba/ Hurungwe), 2022 cross border survey conducted to identify and map vulnerable populations to promote their involvement in planning
    - Truck drivers, fishers, sex workers, and cross border traders
    - Clinic set up at Chirundu border post to cater to truck drivers

# Zimbabwe-Mozambique

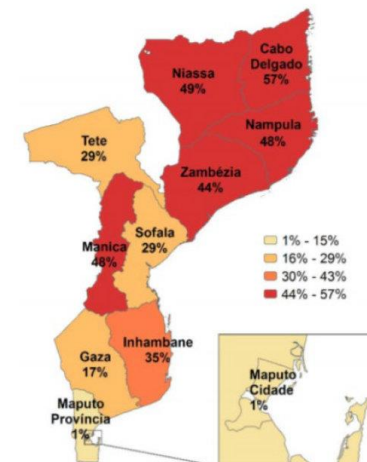
Building a sustainable, government-led cross border initiative

- The Methodist Church in Zimbabwe – Harare East District facilitated relationship between Mudzi District, Zimbabwe and Changara district, Mozambique beginning in December 2022

**Malaria context:** Mudzi District has one of the highest incidence rates in the country (129/1000); Changara has comparatively low incidence for Mozambique (109/1000)



*Children 6 to 59 months of age who tested positive for malaria by RDT [2018 MIS]*





# Zimbabwe- Mozambique

- Initial milestones:
    - Zimbabwe Cross Border Steering Committee formed in February 2023
    - Coordination meetings held in March and July of this year, during which:
      - Objectives of the cross-border initiative were defined (with aim to reduce incidence to <math><5/1000</math> in both districts)
      - Action plans were developed (detailed in a 40-page document) for the following areas:
        - Surveillance
        - Health promotion
        - Vector control
        - Case management
        - Program management
  - Selected next steps (carried forward by DMOs):
    - Gathering district and provincial-level feedback
    - Sharing monthly malaria data
    - Cross border programme launch
    - Health worker exchange visits
    - Training of Mozambican team in entomology
- “Tasks that require no funding should be given priority”*



# Lessons learned

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- Government AND community-level ownership are essential components of successful cross border collaboration
- Local organizations (such as Isdell:Flowers partners) can play a critical role in advocating for and facilitating cross-border coordination, meetings, and implementation of community-based activities. Their presence on *both* sides of the border can multiply results.
- Cross-border agreements that begin locally (district level) have the potential to demonstrate fast progress (example of Mudzi/ Changara)
- While gaps in funding exist, local interventions can take place without funding (particularly when communities are engaged)





# Thank you

*for more information about this presentation,  
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