IOM AND GLOBAL HEALTH SECURITY

In 2015, the International Organization for Migration (IOM) and the US Centers for Disease Control and Prevention (CDC), signed a cooperative agreement, the “Global Health Security Partner Engagement (GHSA): Expanding Efforts and Strategies to Protect and Improve Public Health Globally.” This collaboration aims to build the capacities of West African states to achieve the Global Health Security Agenda (GHSA).

The project focuses on strengthening surveillance, bilateral and regional coordination to implement the World Health Organization (WHO) 2005 International Health Regulations (IHR), as well as building capacities at air, sea and land points of entry (PoE), to comply with the IHR standards.

"The Global Health Security Agenda (GHSA) is a group of 69 countries, international organizations and non-government organizations, and private sector companies that have come together to achieve the vision of a world safe and secure from global health threats posed by infectious diseases. To realise this vision, the GHSA leverages and complements the strengths and resources of multisectoral and multilateral partners to address priorities and gaps in efforts to build and improve country capacity and leadership in the prevention and early detection of, and effective response to, infectious disease threats". (https://ghsagenda.org/).

PROJET IN SENEGAL

Senegal is one of the 7 countries to join the cooperation agreement in West and Central Africa. Between 2015 and 2020, IOM, with technical and financial support from the CDC, supported the Senegalese Government to meet the GHSA objectives. IOM is the leading partner for the Ministry of Health and Social Action, CDC and WHO on border health activities.
Project General Objective: To build the Senegalese government’s capacities to detect and respond to major epidemic-prone diseases and other health threats.

Priority Areas Targeted by the Project:
- Point of Entry (PoE) capacity development according to the International Health Regulations (IHR)
- Border health risk mitigation through strengthened surveillance

Implementing Partners: The Ministry of Health and Social Action (MSAS), Disease Prevention Directorate (Direction de la Prévention - DP), Health Emergency Operations Centre (Centre des Opérations d’Urgence Sanitaire - COUS), Directorate General for Public Health (Direction générale de la Santé Publique - DGSP), Medical Regions, Health Control at Air Borders (Contrôle Sanitaire aux Frontières aériennes -CSFA), Health Control at Maritime Borders (Contrôle Sanitaire aux Frontières maritimes -CSFM), B. Ministry of the Interior (defense and security forces).

Target Areas: PoEs including ground crossings (Kédougou and Kolda regions), airports (Aéroport International Blaise Diagne – AIBD), maritime borders (Port Autonome de Dakar – PAD), all border regions in response to the COVID-19 pandemic (Kédougou, Tambacounda, Kolda, Sédiou, Ziguinchor, Fatich, Kaffrine, Kaolack, Saint-Louis, and Matam).

KEY PROJECT ACHIEVEMENTS

**October 2015 to March**
- Assessment of capacities and public health needs at the official ground crossing of the Kédougou and Kolda regions, AIBD and PAD.
- Development of priority Standard Operating Procedures (SOPs) for public health for Kédougou and Kolda ground crossings (1 SOP), AIBD (5 SOPs) and PAD (7 SOPs).
- Development of the first Public Health Emergency Response Plan (PHERP) for AIBD.
- Printing and sharing of the SOPs, PHERP and other related tools with PoE actors (more than 1,700 copies).
- Training of agents in direct contact with travellers and health agents on SOPs at land PoEs (44 in Kédougou and 118 Kolda), and on SOPs and PHERP at AIBD (1 multisectoral training course with 78 participants and 2 health training courses with 36 and 75 participants).
- Development and sharing of tools to conduct table-top exercises (TTX) within the framework of public health at AIBD.
- Conducting TTXs at Kédougou ground crossings (3 TTXs) and at the AIBD (2 TTXs).
- Provision of 7 prefab infrastructure with medical equipment to Kédougou PoEs, as well as basic medical equipment for AIBD and the PAD.
- Collection and analysis of quantitative data on traveller flows and characteristics at Kédougou PoEs (10,178 travellers interviewed).
- Mapping of all official points of entry into Senegal.

**Training of members of the Community Event-Based Surveillance (CEBS) on event-based surveillance in Kédougou and Kolda border areas (322 and 236 people trained respectively).**

**March to September 2020 (COVID-19)**
- Support provided to the quarterly national supervision mission of the regional COVID-19 response mechanism at PoEs with high flows of travellers.
- Assessment of public health capacities and needs of 60 PoEs in the context of COVID-19.
- Development of an SOP for the detection and notification of COVID-19 suspected cases at ground crossings as well as memory aids.
- Training of 1,295 agents on health screening and preventive measures against COVID-19 at 56 ground crossings and 4 other priority sites.
- Distribution of + 15,000 materials and equipment to PoEs (including hand-washing stations, thermoflashes, masks and hygiene products).
- Support for the broadcasting of 54 community radio programmes, 1 awareness-raising caravan and 1 awareness-raising campaign in border health districts.
- Support to 160 community relays to conduct health screening at PoEs and home visits in border health districts.
- Building the MSAS Warning Team’s capacities through staffing including data entry/alert reception agents (3 agents/3 months).
- Enhancement of monitoring of travellers at AIBD through staffing including preventionists (6 agents/3 months).
RESULTS

Priority Area 1: Point of Entry (POE) capacity development according to the IHR

Capacity building at PoEs to detect and respond to public health events has been the project's main area of intervention in Senegal. IOM supported assessments of capacities and needs, development of Standard Operating Procedures (SOPs) and a Public Health Emergency Response Plan (PHERP), capacity building for agents through trainings and table-top exercises (TTX), and strengthening of material capacities to respond to public health events.

Assessment of Public Health Capacities and Needs at PoEs

Assessments were conducted at the PoEs to identify existing capacities, as well as structural and material needs to respond to public health events. The relevant questionnaires for data collection were previously developed in collaboration with the CDC.

Between 2016 and 2017, the project supported such assessments in the 7 official ground crossings in the Kédougou Region (Sénsoutou, Moussala, Guèmédjé, Fongolinbili, Ségou, Nepenne, Oubadjji) and 8 official ground crossings in the Kolda Region (Salikéné, Coumbacara, Nianao, Dialadiang, Kalifourou, Manda Douane, Badiara and Pata). The final assessment reports were shared with the relevant local authorities (including health, defense and security forces).

The ABD’s capacities and needs were targeted in collaboration with the CDC and CSFA in 2017, based on the IHR core capacity requirements and joint external evaluations. With respect to the PAD, the assessment was conducted in 2018 based on a questionnaire sent to all relevant departments of the port in collaboration with the CSFM.

In 2020, the project also supported the Directorate General for Public Health/Ministry of Health and Social Action to conduct the quarterly national supervision mission of the regional COVID-19 response mechanism at PoEs. Questionnaires to assess public health capacities and needs at ground crossings, port and airport were sent to 60 PoEs in 13 regions (11 border regions plus Dakar and Thiès). The data collected was integrated into a database.
Development of Priority SOPs for Public Health and a PHERP

One of the key achievements within the project in Senegal has been the development of the country’s 1st SOPs for detection, notification and management of suspected cases of epidemic-prone diseases at PoEs, and the 1st AIBD’s PHERP. The cornerstone of this achievement was the multisectoral process through which these documents were developed, including technical committees that brought together representatives of airports, ports and the Ministry of Health and Social Action under the respective responsibility of the CSFA and CSFM Chief Medical Officers.

In addition, 1 SOP was developed for the 7 official PoEs of the Kédougou Region and 8 official PoEs of the Kolda Region (detection and notification of suspected cases of PED) (versions 1 (V1): 2016 and 2017, version 2 (V2): 2018). The project also supported the development of a booklet including 5 SOPs for AIBD (detection/notification/management of suspected cases of epidemic-prone disease, screening of travellers) (V1: 2018, V2: 2020), and a booklet of 7 SOPs for the Port of the Dakar (detection/notification/management of suspected lifeless/cases of epidemic-prone disease) (V1: 2020).

Furthermore, the project supported the CSFA in the development of AIBD’s 1st PHERP, a requirement per the IHR core capacities for public health event preparedness and response at international airports (V1: 2018, V2: 2020).

The SOPs and PHERP were printed and shared with PoE agents and authorities (243 SOPs for ground crossings, 145 SOP booklets for AIBD, 45 SOP booklets for Port of the Dakar, 35 PHERPs).

In response to the COVID-19 outbreak in 2020, the project also supported the development and dissemination of an SOP for the detection and notification of suspected COVID-19 cases specifically at terrestrial PoEs (approximately 1300 copies).

1. SOP for detection and notification of a suspected case of epidemic-prone diseases at Kédougou and Kolda ground crossings

2. PON booklet – AIBD
   - Detection and notification of a suspected case of epidemic-prone diseases at the airport
   - Notification of a suspected case of epidemic-prone diseases on board an aircraft
   - Management of a suspected case of epidemic-prone diseases at the airport
   - Management of a suspected case of epidemic-prone diseases on board an aircraft
   - Screening of inbound/outbound travelers

3. Public Health Emergency Response Plan (PHERP) for AIBD

4. PON booklet – PAD
   - Detection and notification of a suspected case of epidemic-prone diseases in the land area of the PAD
   - Notification of a suspected case of epidemic-prone diseases on board a docked ship to the PAD
   - Notification of a suspected case of epidemic-prone diseases on board a ship in a PAD harbor
   - Notification of a suspected case of epidemic-prone diseases on board a ship outside the PAD bay
   - Notification of a suspected lifeless body of epidemic-prone diseases on board a ship at destination or at the PAD level
   - Management of a suspected case of epidemic-prone diseases at the PAD dockside
   - Management of a suspected lifeless body of epidemic-prone diseases on board a ship in the port of Dakar

5. SOP for detection and notification of a suspected case of COVID-19 at ground crossings
Conducting Training for Agents at PoEs and Table-Top Exercises (TTXs)

In compliance with the IHR, the project supported training for agents at PoEs as well as TTXs, to strengthen capacities of actors at PoEs on preparedness and response mechanisms for a public health event. Training tools and TTXs were developed in collaboration with the CDC and health authorities and were shared with the latter for the continuity of activities after the project’s completion (see list in annex).

Moreover, agents at the 7 PoEs in Kédougou and those at the 8 PoEs in Kolda were trained on the SOP in 2016 and 2017 (44 and 118 agents trained respectively). In Kédougou, 3 TTXs were conducted in 2017 on the SOP (92 participants). The results were used, inter alia, to review the SOP.

Between 2017 and 2020, 1 multisectoral training course (12 trainers and 66 agents in direct contact with travellers) and 2 health training courses (36 and 75 health agents respectively) were conducted at AIBD. In accordance with the PHERP, the materials were tested in 2 TTXs in 2018 and 2020 (31 and 46 participants). The improvement plans associated with the TTXs were used to update the SOPs and PHERP (version 2).

Various reference material were developed and distributed to agents during training sessions, such as DSN card (213 for the ground crossings, 700 for AIBD), posters (85 for the land PoEs and 47 for AIBD), 5 types of memory aids (365 copies for AIBD), an evaluation and referencing sheet for epidemic-prone diseases (1 booklet for AIBD and Port of Dakar).

In response to COVID-19, local health authorities in the border regions were supported to train PoE agents. A total of 1,295 agents were trained across 56 targeted PoEs, including 178 in Kédougou, 137 in Tambacounda, 94 in Kolda, 139 in Sédhiou, 228 in Ziguinchor, 31 in Fatick, 7 in Kaffrine, 332 in Saint-Louis and 159 in Matam (424 DSF agents, 642 community relays – CRs, 116 health agents, 17 community leaders and 96 port/airport agents). The training focused on the SOP and 4 related reference material (e.g. “Temperature measurement”, “Putting on and taking off the mask”, etc.) developed for this training.
Provision of Infrastructure, Materials and Equipment for PoEs

The project also supported material capacity building at PoEs for a public health event response. During the 2nd year of the project implementation, prefab infrastructure for health control of travellers were installed at the 7 official PoEs in the Kédougou Region. These containers were equipped with furniture, basic medical equipment and solar panels. In 2019, the AIBD’s health control services were provided with basic medical equipment, including personal protective equipment (surgical masks, gloves, face masks, etc.), emergency blankets and consultation equipment.

As the COVID-19 pandemic broke out, PoEs and health structures in the border regions were reinforced with supplies and equipment for health screening of travellers and for infection prevention and control. In total, 60 hand-washing stations, 71 thermoflashes and 674 “COVID-19 response” polo shirts for community relays (CRs), more than 4,265 hygiene products (soaps, hydroalcoholic gels, bleach), 4,105 cloth masks for DSF and CR and about 2,800 surgical masks/N95/FFP3 were distributed to covered ground crossings and other sites of interest. The CSFA (AIBD) also received a donation of materials and equipment, including a printer, 2,500 surgical masks/N95 and 76 bottles of hydroalcoholic gels. Finally, the CSFM (PAD) was provided with 10 thermoflashes and other basic medical equipment, 520 surgical masks/N95, 40 bottles of hydroalcoholic gels and 20 protective glasses.

Priority Area 1: Border health risk mitigation through strengthened surveillance

The project’s second main area of intervention in Senegal focused on reducing health risks at borders through increased surveillance. Activities in this area focused mainly on improving knowledge about migration flows at PoEs, strengthening community surveillance, and risk communication to support preparedness and response to public health events.

Improving Knowledge About Migration Flows at PoEs

To improve knowledge in areas where the risk of epidemic-prone diseases is high due to population mobility, quantitative data collection on migration flows and their characteristics was conducted at 5 PoEs in Kédougou (Moussala, Ségou, Saensoutou, Fongolimbi, Oubadj). Over a period of 30 days 10,178 travellers were interviewed. Data analysis highlighted mobility trends with a view to facilitate action planning in the event of a public health event in this region.

In the same perspective, a location map of all official PoEs in Senegal was produced. It lists a total of 72 ground crossings, 1 international airport, 1 international port, 10 national airports, and 2 national ports. Among these PoEs, 3 are designated within the framework of the IHR (AIBD, Port of Dakar, Kalifourou ground crossing).
Support for Community Engagement and Health Risk Communication in Border Areas

The project has supported Senegal to extend event-based surveillance by setting up or boosting Community Event-Based Surveillance (CEBS). Further to a capacity and needs assessment conducted with the medical regions and WHO, training of community health actors on detection and notification of diseases under surveillance was conducted in 2016 and 2017 in the border areas of Kédougou and Kolda (322 and 236 people trained respectively) using the DP/MSAS manual.

In response to COVID-19, significant support was provided for risk communication and community engagement. The health authorities in the regions of Sédhiou, Ziguinchor, Kolda, Tambacounda and Kédougou were supported to broadcast radio programmes on COVID-19 (54 in total). As the health district (HD) of Maka Colimbantang (Tambacounda Region) does not have a community radio, an awareness-raising caravan was conducted instead. Financial compensation (from 2 to 4 months) were provided to the RCs of 21 border HDs of Tambacounda, Kédougou, Kolda, Sédhiou and Ziguinchor, to support them in their efforts to respond to COVID-19 at the borders. These RCs, trained during the training sessions on COVID-19, conducted safe home visits. Finally, in the Sédhiou Region, the Regional Youth Inspectorate received support to conduct a 2-day awareness campaign on COVID-19 with 83 young people in 9 border villages. Hygiene products and masks were distributed to the young people.

Strengthening Surveillance

The Ministry of Health and Social Action’s Warning Team was supported through the provision of 3 data entry/warning intake agents (March to May).
As part of the reopening of AIBD and in order to meet the challenge pertaining to health control of travellers in the context of COVID-19, support was given to the DP/MSAS to strengthen monitoring of inbound travellers through the provision of 6 prevention agents (3 months).

LIST OF ABBREVIATIONS

AIBD: Aéroport International Blaise Diagne
CDC: Centers for Disease Control and Prevention
COUS: Health Emergency Operations Centre (Centre des Opérations d’Urgence Sanitaire)
CR: community relay
CSFA: Health Control at Air Borders (Contrôle Sanitaire aux Frontières aériennes)
CSFM: Health Control at Maritime Borders (Contrôle Sanitaire aux Frontières maritimes)
DGSP: Directorate General for Public Health (Direction générale de la Santé Publique)
DP: (Disease) Prevention Directorate (Direction de la Prévention)
DSF: Defense and Security Force
CEBS: Community Event-Based Surveillance
GHS: Global Health Security Agenda
HD: Health District
IOM: International Organization for Migration
MR: medical region
MSAS: Ministry of Health and Social Action
PPE: Personal Protective Equipment
PAD: Port of Dakar
PoE: Point of entry
SOP: Standard Operating Procedure
TTX: Tabletop exercise

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