OVERVIEW

In support of Senegal’s National Malaria Control Program (NMCP), the PATH Malaria Control and Elimination Partnership in Africa (MACEPA) conducted a stakeholder analysis to assess the perceptions of key stakeholders in malaria policy and implementation decision-making around readiness to introduce and scale new tools and approaches to accelerate efforts toward elimination. The analysis also assesses perceptions around what is needed to accelerate progress toward national targets and opportunities and barriers to increasing the prominence of malaria on the national health agenda. Interviews will be conducted biannually to measure change in stakeholder perceptions over time. The results from this first analysis will serve as a baseline for future reports, analyses, and projects. The analysis findings are intended to inform policies and program strategies to accelerate progress toward the reduction and elimination of the malaria burden in Senegal.

METHODOLOGY

33 semi-structured interviews were conducted in Senegal with stakeholders in March 2015. The interviews were conducted by an independent consultant, PATH MACEPA staff members, and a French-English translator. Stakeholders represented a variety of organizations with varying perceptions on malaria policy and implementation and were selected based on known expertise and involvement in decision-making and implementation of malaria activities in Senegal.

Stakeholders represented five categories: (1) decision-makers, who have the ability to directly or indirectly impact the design of the National Malaria Strategic Plan (NMSP), (2) implementers, who play the crucial role of operationalizing the NMSP, (3) adopters, who manage the implementation and realization of the NMSP at the district and facility levels, (4) national regulatory representatives, who evaluate the safety and effectiveness of antimalarial medicines, diagnostic tests, and other malaria control tools, and (5) national procurement representatives, who oversee the availability and distribution of diagnostic tools and equipment, drugs, and other tools for malaria control and elimination.

Interview responses were coded according to major themes that emerged across interviews and were analyzed using thematic content analysis. Analysis findings are presented according to an analytical framework developed by the Bill & Melinda Gates Foundation, which identifies six “building blocks”—policy, governance, financing, planning and operations, evidence base, and tool development—that must be in place to accelerate efforts towards malaria elimination.
## STAKEHOLDER PERSPECTIVES: STRENGTHS

### POLICY

A supportive policy environment and an existing framework to facilitate national decision-making. Sufficient data, knowledge, and access to information for decision makers to sufficiently support changes in policy, strategy, and guidance on malaria efforts.

- Senegal’s 2014–2018 Strategic Framework provides evidence-based policies and strategies to guide malaria program development and implementation, with intervention strategies targeted by epidemiologic zone.
- 25 of 33 stakeholders believe national malaria elimination is possible—either in the short or long term.
- Strong track record of adoption and implementation of relevant WHO GMP recommendations.

### GOVERNANCE

Sense of national ownership and commitment to the country’s malaria initiatives. Defined architecture to ensure coordinated planning and implementation. The exercise of political, economic, and administrative authorities in the management of malaria efforts at all levels. Support or engagement in regional collaboration and cross-border initiatives focused on malaria.

- Health care system reach provides foundation for malaria activities.
- Partner coordination mechanism (Cadre de Concertation des Partenaires de Lutte contre le Paludisme, or CCPLP) is effective forum for partner discussion, deliberation and alignment.
- NMCP exerts strong leadership and effective management and implementation of strategic plan and coordination of partner activities.
- Regional mechanisms exist for malaria cross-border collaboration.

### FINANCING

Long-term commitment of domestic funds from national programs for malaria efforts. External donor willingness to support approved tools and interventions. Sufficient access to information needed by donors to make empowered decisions. General understanding of total cost required for effectiveness.

- Strong external donor support for malaria.
- Need to allocate additional malaria resources to surveillance, monitoring and evaluation, and community case management.
- Need increased domestic public and private sector funding and support.
- Current level of funding is not sustainable in the long term.

## AREAS FOR IMPROVEMENT

### POLICY

- Policies and strategies needed to address gaps in human resource capacity and training.
- 2014–2018 Strategic Framework does not include subnational elimination targets.

### GOVERNANCE

- Need to update NMCP organizational structure for improved workload efficiency.
- Weak existing mechanisms for regional coordination and need for regional strategy.
- Need for increased cross-sector collaboration and strengthened efforts at peripheral level.

### FINANCING

- Explore opportunities for funding diversification (such as the IDB Lives and Livelihoods Fund).
- Develop resource mobilization strategy for Senegal building on “Zero Malaria Count Me In” campaign.

## RECOMMENDATIONS

- Develop malaria elimination program management guide (HR guide).
- Conduct malaria program review to prepare for development of 2016–2020 NMSP that includes subnational elimination targets.
- Engage the National Malaria Program in The Gambia to establish Séné-Gambia Elimination partnership.
- Review NMCP organizational structure and refine definitions of NMCP roles and responsibilities so that NMCP task load is reasonably distributed among staff and adequate HR resources are allotted to all NMCP functions.
## STAKEHOLDER PERSPECTIVES: STRENGTHS

**PLANNING AND OPERATIONS**

- Adequate manufacturing, infrastructure, and human resources to implement malaria control and elimination efforts. Specific plans for scale-up of new approaches, products, and strategies. Realistic timeline for country-wide implementation.
- Stratified approach effective given differing epidemiological zones.
- Control efforts have improved significantly in recent years, especially in improved intervention coverage.
- Community-led efforts are highly effective.
- Need for strengthened human resources – both quantity and quality.
- Need improved supply chain management and infrastructure.
- Need for increased community engagement and strategies to overcome resistance to bednet usage.
- Need for solutions to address high malaria rates in the southeast of Senegal, given challenges of environment, geography, and limited health system infrastructure.
- Need for improved procurement communication between NMCP and National Pharmacy.
- Support “Zero Malaria Count Me In” campaign to increase community participation.
- Promote proper bednet use through additional behavior change communication campaigns.
- Develop “Community Champions” and a Champion’s toolkit to promote vector control and early treatment-seeking behavior in communities.
- Strengthen supply chain management through proactive logistics management at regional and district levels and improved needs forecasting at the national level.
- Expand human resources capacity through increased staffing, training, and supervision.
- Identify tools and strategies to address high malaria burden in the southeast, which may include more robust surveillance systems and/or community-wide transmission reduction approaches.

## STAKEHOLDER PERSPECTIVES: AREAS FOR IMPROVEMENT

**EVIDENCE BASE**

- Robust evidence base for core malaria control interventions (LLINs and IRS for vector control and RDTs and ACTs for case management).
- Need further research on vector resistance to insecticides and optimal strategies based on epidemiologic strata.
- Need further research on safety and efficacy of single low dose Primaquine and prevalence of G6PD deficiency.
- Need for improvements in operational efficiency of active case detection to allow nationwide scale up.
- Need for enhanced understanding of migrant population impact on transmission and identification of intervention strategies appropriate for this population.
- Develop strategies for addressing source-bridge-spread dynamic.
- Review MPAC/WHO GMP recommendations regarding safety of single low dose Primaquine.
- Continue to investigate migrant impact on malaria transmission.

**TOOL DEVELOPMENT**

- Necessary product development for new tools.
- Need improved interventions and tools, including more sensitive and specific diagnostics, tools for tracking and identifying asymptomatic reservoir, portable PCR kits, and new vector control tools.
- Promote sharing of research study results regarding the use of DHA-p, and strategies for transmission reduction and case investigation.
- Facilitate field testing of higher sensitivity RDTs and/or point of care PCR.
**NEXT STEPS**

The first Senegal stakeholder analysis – and its supporting quantitative and qualitative data – will serve as a baseline for PATH MACEPA’s ongoing analysis of the enabling environment for national malaria policy and implementation efforts. PATH MACEPA intends to conduct the next round of stakeholder analysis interviews in approximately two years’ time in order to examine changes in perceptions and prioritization of elimination over time. The findings from the stakeholder analysis will be used to identify challenges and opportunities—technical, financial, and operational—to accelerate Senegal’s progress toward national elimination.