

# A PROMISING PRACTICE ON MULTISECTORAL COMMUNICATION EFFORTS IN SENEGAL

## COVID-19 PROMISING PRACTICES

### EXECUTIVE SUMMARY

- Senegal is a lower-middle income, Francophone country in the process of strengthening their health system through social protection and risk management measures and reforms to improve domestic governance and decrease reliance on foreign aid.
- The first local case of COVID-19 in Senegal was documented on March 2nd, 2020, **resulting in the implementation of a variety of preventive measures** to control its spread, including a state of national emergency, extended school closures, night curfews, and closed borders.
- To scale up preventive messaging and support coordinated COVID-19 response across sectors, the Ministry of Health has launched various risk communication and community engagement efforts in collaboration with international partners.
- Successful implementation of risk communication strategies has required coordinated, leadership and multi sectoral action; proactive, targeted outreach, and proactive information and communication channels.

### SENEGAL PHC AT A GLANCE



Population: 16.7 M  
GDP/Capita: \$1,522 (current USD)  
Human Development Index: 0.51  
Life Expectancy at Birth: 67 Years

- Senegal's public health care system operates on three levels - a central level, a regional level, and a local level. In addition, the private sector is an important source for health services in urban regions, but is poorly accessible in rural areas.
- In the mid 1990s, **the government decentralized the health system** so that district and community authorities could plan and roll out context-specific approaches to improve service delivery.
- Government PHC services are offered at the district and community levels via a network of community-based health posts, health huts, and outreach sites. Community health providers offer education, health information, and services from these sites.
- Senegal's public health system is highly dependent on foreign aid, which accounts for **17% of the national health expenditure**.

### COVID-19 IN BANGLADESH



As of 10 July 2020

7.9K

TOTAL CONFIRMED CASES

5.3K

RECOVERIES

60

DEATHS

2 MAR 20

1ST CONFIRMED LOCAL TRANSMISSION

23 MAR 20

DECLARATION OF NATIONAL STATE OF EMERGENCY

2 JULY 20

GOVERNMENT LIFTS STATE OF EMERGENCY

The Government of Senegal has implemented a **variety of protective and preventive measures** in response to COVID-19 with the support of key international partners. Despite these efforts, the country has seen a rapid increase in cases and encountered significant social and economic consequences, including a loss of income among many communities. Utilization of services, such as antenatal and immunizations, have been disrupted, exacerbated by pre-existing geographic and financial access barriers to care. In addition, many affected communities are facing stigmatization as a result of misinformation and awareness about the disease.

Despite these challenges, Senegal has made significant strides in leveraging multisectoral commissions and community networks for effective communication with communities. Read ahead to learn about how the country has rapidly implemented communication strategies adapted to the local context--including through the use of national broadcasts, traditional storytellers, and community-based education--and the role of PHC in their response.

PHCPI is a partnership dedicated to transforming the global state of primary health care, beginning with better measurement. While the content on this website represents the position of the partnership as a whole, it does not necessarily reflect the official policy or position of any partner organization.

COVID-19 IN SENEGAL:

# LEVERAGING MULTI SECTORAL RISK COMMUNICATION STRATEGIES FOR COVID-19 PREVENTION AND RESPONSE



## AN INTERVIEW WITH YOUSSOUPHA NDIAYE

***Youssoupha Ndiaye**, MD, PhD is the Director for Planning, Research and Statistics at the Ministry of Health and Social Action in Senegal. The Ministry of Health and Social Action (MSAS) **sets the community health agenda**, provides programmatic oversight, and develops strategic and policy guidance. We interviewed Dr. Youssoupha to learn more about Senegal's experience in developing and delivering risk communications during the COVID-19 pandemic. Responses have been edited for length and clarity.*

**Question:** What is Senegal's COVID-19 response strategy?

**Answer:** When COVID-19 was first detected in Senegal, the initial strategy was to implement various surveillance and response measures, including social distancing, border management, contact tracing, and community-based screening. In addition, at the national, regional level, and district levels, we've instituted **sub-commissions focused on risk communication and community engagement** and set up critical care clinics all over the country.

To support testing and contact tracing efforts as COVID-19 spread, Senegal developed a system **where people experiencing COVID-19 symptoms can call a number** to have a health worker come test them in their community. In the beginning, mostly everyone who was sick was hospitalized. As cases have increased, we're made it so that only people who are at-risk are hospitalized, such as elders and those with chronic disease. Those who are low-risk or asymptomatic are advised to stay at home or put in hotels and monitored via additional testing and contact tracing. To date, about 60% of cases have recovered, with 74 deaths and about 20 people in critical care. For non COVID-19-related conditions, people can visit their local health center, but generally we are trying to keep people out of facilities to minimize spread and more efficiently manage facility resources.

**Question:** What have been some of the major priorities in Senegal for addressing COVID-19? What is the biggest priority right now?

**Answer:** As COVID-19 has progressed, the conversation on risk communication and community engagement has become central to the government's response efforts. Everytime there is a shift in the epidemic or government response, a multi sectoral commission mobilizes to strategize about what measures to put into place. For example, at first, we didn't have a plan for the procurement of masks and standardized guidance on the use of them. To change public perception and behavior toward the use of masks, experts and anthropologists from science commission and risk communication and community engagement commissions came together to understand community perceptions and needs, and develop guidance and communication for wearing them.

**Question:** What other risk communication plans and strategies for COVID-19 are underway? How do these risk communication efforts support the national COVID-19 strategy?

**Answer:** We have risk communication strategies across all levels of the public health system that were put into place in response to past outbreaks, like measles, cholera, and ebola. These risk communication efforts support the national COVID-19 strategy in a variety of ways. In past outbreaks, communications were offered at the community-level during home visits. Medics would come and provide health education on how disease is transmitted, who is vulnerable, and other factors at community meetings then deliver messages in communities.

We had to rework this strategy for coronavirus given its different nature and risk. Some of the ways we've adapted include having community leaders broadcast risk communications over community radio. Using women's groups as a platform for communication has also been very powerful--these people are able to talk with everyone and gather the community.

At the national level, we've implemented various strategic communications, engaging stakeholders across sectors. We've held national-level broadcasts and debates with key stakeholders like doctors and politicians to raise awareness about COVID-19. Additionally, we've worked to facilitate an interfaith dialogue and include the press in our risk communication efforts to maintain a clear, coordinated message. The Ministry of Health also gives [daily updates on the status of COVID-19](#) and [educational information about risk](#). We also have strategic communications at the regional level, including those delivered by traditional storytellers to help get the message across to communities.

**Question:** What have been some challenges to implementing these strategies?

**Answer:** We've found it's been difficult to communicate certain topics to the public that may question beliefs or traditional practices. For example, funerals have to do with privacy and people's beliefs, so it's been difficult to discourage social distancing in that area. Some people still don't believe that the virus exists, so it's hard to get the message across about the infectiousness and risks of COVID-19. Generally, areas that need a lot of coordination across actors are challenging to push forward, including enforcing masks and safely reopening schools and businesses. We're currently working on strategic communications to find new ways to encourage community participation in COVID-19 response measures. As the virus progresses, we'll need to continue to find new ways to communicate with communities.

**Question:** What elements of PHC helped to facilitate risk communication strategies? Where were there gaps?

**Answer:** The pandemic has revealed the power and importance of PHC. In Senegal, community engagement is a principal component of PHC. Senegal has done surprisingly well in its response because of our experience working with constrained resources and existing community networks.

We're lucky to have these strong community networks from past mass communication campaigns like malaria that was quite easily leveraged for COVID-19. However, COVID-19 also disrupted a number of PHC processes. From our [Vital Signs Profile \(VSP\) exercise](#), we found that only 7% of people had good interpersonal communication with their primary care provider, it was a real weak point. When COVID came, care seeking behavior decreased--we've lost a lot of the potential for communication because of this.

For the future, Senegal is working to understand the impact of this pandemic on maternal health and chronic disease, supported by our VSP assessment. After our evaluation, we plan to build an investment plan with PHC at the center of our strategy. Every country needs to strengthen their health system coming out of this pandemic by reinforcing their PHC system.

**Question:** Are there lessons to be learned from this approach? How would these lessons strengthen PHC implementation beyond the COVID-19 Pandemic?

**Answer:** It's been very important to be close with people and find new ways to communicate with them as the virus progresses. Countries need to put in place the network for communication, including identifying the strengths and opportunities in the community for delivering these communications. For Senegal, an outbreak of river blindness of 50 years ago was the catalyst for putting these community networks together. Since then, we've been able to use these networks for responding to malaria, TB, and HIV. Another success of our approach has been our women's groups, where women have a system to mentor others about risk and prevention. To ensure successful implementation of risk communication strategies beyond the pandemic, it will be important to continue to strengthen these community networks and communications through community engagement and [multisectoral action](#).

## RELEVANT RESOURCES

### GLOBAL LEARNING TOOLS AND RESOURCES (English)

- [Strengthening risk communication capacity in the ECOWAS Region](#)
- [Senegal's Response to COVID-19](#)
- [Corona West Africa](#)
- [Situation Overview and Humanitarian Needs UNICEF's COVID-19 response](#)
- [Risk communication PHCPI Improvement Strategy](#)

### GLOBAL LEARNING TOOLS AND RESOURCES (Français)

- [Ministère de la santé et d'action sociale](#)
- [Covid19 Sénégal | Ensemble luttons contre le Coronavirus](#)
- [Message à la Nation du Président Macky Sall du 11 mai 2020](#)
- [Dernières informations Covid19 Sénégal](#)
- [Plan national de riposte contre l'épidémie à Covid-19](#)