

PROGRAMME TITLE: NEGLECTED TROPICAL DISEASES

Client	USAID
Partners	RTI International, Inc. (lead partner), Schistosomiasis Control Initiative (SCI), International Trachoma Initiative (ITI)
Year	2006 – 2011

CONTEXT

One sixth of the world's population is affected by one or more neglected tropical diseases (NTDs). These diseases impact the poorest and most vulnerable communities disproportionately because they lack access to safe water, sanitation services, basic health delivery, and essential medicines. For these untreated individuals, the results can be disastrous. NTDs cause disability and morbidity, affect mental and physical development, and in extreme cases, cause blindness, severe disfigurement, and death. These diseases curtail human potential and impair economic growth while burdening communities with the additional cost of providing chronic care coverage to the infected. To respond to this global dilemma, USAID developed the NTD Control Programme which is the first large scale and global effort to integrate existing NTD treatments and provide help to millions of the world's poorest people. Led by RTI International with its partners, LATH, ITI, and SCI, the \$100 million programme provides funds to integrate and deliver treatment for five NTDs: lymphatic filariasis (LF), schistosomiasis, trachoma, onchocerciasis and soil-transmitted helminthes (STH).

PROGRAMME OBJECTIVES

The overall objective is to reduce the disease burden of the five NTDs by delivering 160 million integrated treatments to 40 million people in affected countries.

APPROACH

The programme aims to scale up existing disease specific national programmes to expand coverage and treatment to vulnerable groups. At the same time, the programme will develop integrated approaches to treatments by leveraging the success of these existing disease specific programmes. The programme works in collaboration with Ministries of Health, district and regional health facilities and local communities so as to be integrated and sustainable. Results are monitored to determine the impact on treated communities, in coordination with USAID and WHO.

EXPECTED OUTCOMES

- Achieve high drug coverage
- Integrate control of the five diseases
- Contribute to global policy on the integrated control of NTDs
- Strengthen health systems
- Alleviate poverty
- Contribution to achieving the Millennium Development Goals

RESULTS TO DATE

After almost four years of implementation the programme has exceeded its original objectives, by delivering more than 255 million treatments to 59 million people in 10 countries (Togo, Haiti, Burkina Faso, Cameroon, Ghana, Mali, Niger, Sierra Leone, South Sudan and Uganda). The programme has also expanded to include Tanzania, Bangladesh and Nepal.

Specific country activities include:

- By the end of 2008, 16 districts had been mapped for trachoma in Burkina Faso and it is anticipated that 6 million people will be targeted for praziquantel treatment in 2010.
- In Ghana, around 6 million people at risk from NTDs have received treatment since November 2008. For the first time, Ghana is conducting a nationwide treatment against schistosomiasis targeting over 1.2 million school-age children.
- In Mali, institutional support is being provided to the country programme to increase the drug storage capacity at the MOH. The LF surveillance system has been reinforced and new sentinel sites have been created throughout the country.
- Niger is undertaking a high level advocacy and resource mobilization campaign for its NTD control programme. In 2009, many NGOs committed themselves to support the scale up of mass drug distribution to target the entire country.
- Sierra Leone has completed the baseline surveys for trachoma, LF and schistosomiasis. The 2009 NTD work-plan was re-written to take into consideration more NTD endemic districts.
- In Cameroon, the NTD control programme has initiated a trachoma control program as part of the national integrated NTD control programme. Twenty (26) health districts have been mapped in 2010 and approximately 300,000 people will be treated for trachoma in 2011.
- In 2009 South Sudan successfully conducted an integrated mapping for Lymphatic Filariasis, Soil Transmitted Helminthiasis and Schistosomiasis, Loais in one state.
- In Uganda, trachoma was fully mapped in 2009 and the country has been able to integrate the control of NTD and to take mass drug administration to national scale. In addition, financial management for the NTD programme has been improved and strengthened at the district level.
- Togo has started an integrated NTD control programme which includes Onchocerciasis, Soil Transmitted Heminthiasis and Trachoma in 2010. Schistosomiasis has been mapped at large scale for the first time in 2009 and the country has completed its first round of mass drug distribution for Soil Transmitted Helminthiasis, Schistosomiasis and Onchocerciasis in 2010.
- During the last quarter of 2008, LATH's West Africa Regional Manager provided assistance to the Country Programme Manager in Haiti. Haiti is now targeting more than 1.2 million people for LF and STH. Despite the difficulties in field operations and geographical accessibility, the programme has managed to reach people in remote areas.

LESSONS LEARNT

- Many established health programmes, especially vitamin A supplementation campaigns and child health days, provide opportunities for coordination and co-implementation of NTD mass drug administration. This is evidenced by examples in Mali, Sierra Leone and Uganda.
- Integration is key to programme success at all levels as demonstrated by the presence of district officials and health workers in the field throughout the ten countries.
- Opportunities for synergy should be maximized as in, for example, the harmonization of mass drug distribution with the school de-worming campaigns in Ghana and Cameroon.
- Collaboration with Ministries of Education is vital in controlling STH and schistosomiasis, as preventive activities and drug distribution for these diseases are taking place in schools settings.
- Early detection and management of side effects during drug distribution is crucial in overcoming problems encountered during mass distribution campaigns.

- Social mobilization should be prioritized before any mass campaign to be able to anticipate refusals, rumours, misunderstanding, and to augment the level of attendance.
- Commitment from health authorities is essential. For instance, the active involvement of government officials has been the backbone of Niger's mass campaign achievements.
- Working relationship between government and NTD partners should be defined prior to the start up of the program. A memorandum of understanding which includes a component for drug supply and procurement and clarifies the roles and responsibilities of the grantee and the Ministry of Health is of the utmost importance.
- Emphasis should be placed on drug procurement and supply chain to prevent delays through mismanagement, drug losses and to ensure that drugs packages are available during the distribution campaigns.