

Other NTDs

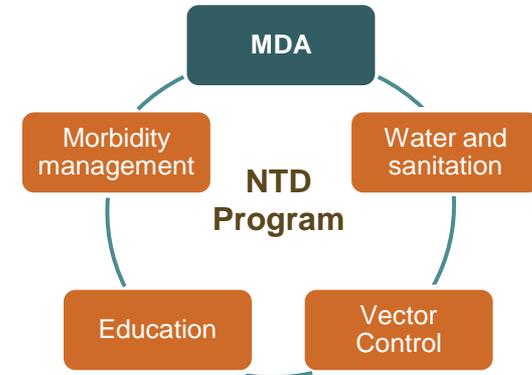
Who came and why?

Julie Jacobson -Chair
Program Initiative Lead London Declaration
Arianna Rubin Means- Moderator
Research Assistant

BILL & MELINDA
GATES *foundation*

PCT/MDA is a key component of NTD programs

MDA works
MDA has incredible reach
MDA programs have multiple
community touch points



MDA

Strategic planning &
mapping

Training, logistics &
health education

Drug distribution
(community & school)

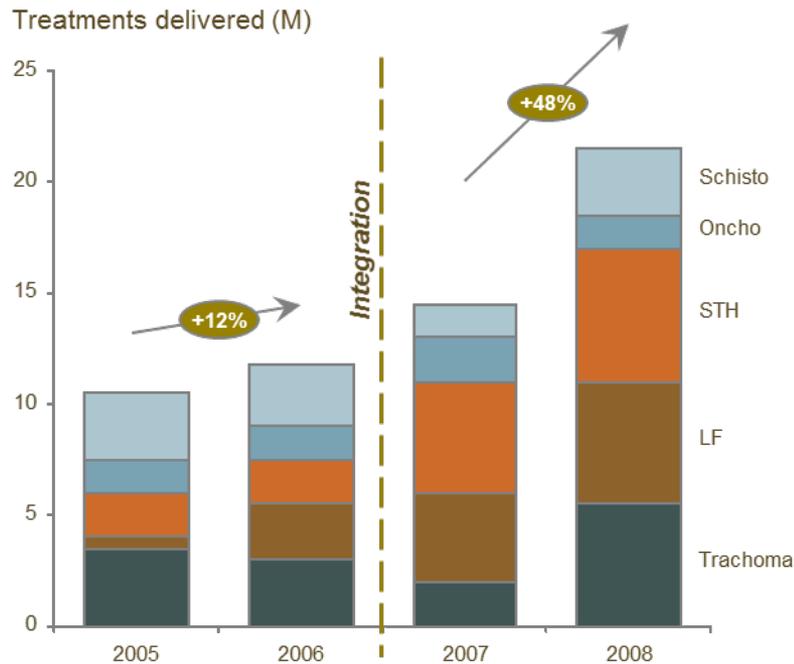
Monitoring &
evaluation

- Community Touch Points**
- **Prevalence mapping & surveillance**
 - Joint drug applications
 - Distributor training
 - Drug supply logistics
 - **Community sensitization**
 - **Coordinated distribution**
 - MDA supervision
 - **Collect coverage data & surveillance**
 - Drug inventory & reporting

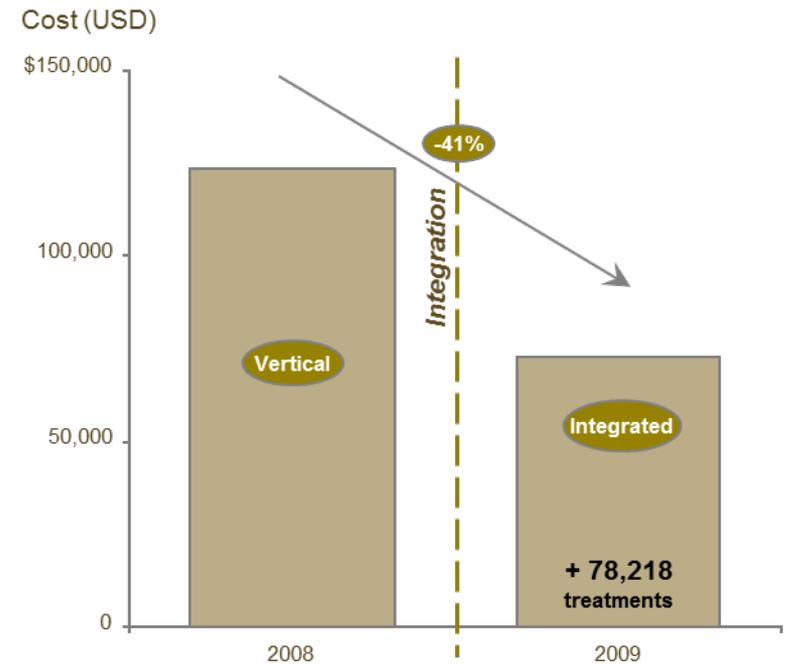


Integrating MDAs makes the most of limited resources: increasing coverage and decreasing cost

Mali more than doubled coverage after integration, with substantial LF scale-up



Nigeria experienced 41% cost reduction after integration and increased treatments



Opportunities exist to leverage MDA platforms with other community-based interventions

Recipients of MDA have multiple needs

In addition to a person **at risk for multiple NTDs** a woman may be a...



NTD-MDA programs offer...

- Broad community participation
- Multiple annual community touch points
- Broad geographic reach
- Healthcare access to hard to reach populations
- Supportive of community empowerment and development
- Linkages between healthcare systems and communities

These NTD program attributes can be utilized to extend the MDA platform to other healthcare and development initiatives

Other NTD AGENDA

Expanding the PCT/MDA platform for other NTDs potentially using MDA- Panel discussion (30 min)

Panel Discussants- **Kingsley Asiedu, Fiona Flemming, Antonio Montresor**

- How can the mass drug administration work with other diseases that may also rely on MDA as part of their strategy? Food borne trematodes, cysticercosis, yaws
- What are the opportunities and what are the challenges?

Leveraging the PCT/MDA delivery platform for other NTDs- Panel discussion (30 min)

Panel Discussants- **Gautam Biswas, Gail Davey**

- Opportunities for test and treat with MDA
- Case identification in community outreach (i.e. GW, leprosy, podioconiosis)
- Are there opportunities to share case management?

Break (20 min)

NTD links with other diseases- panel discussion- case discussion: malaria and NTDs (30 min)

Panel Discussants- **Aryc Mosher, Frank Richards, Teshome Gebre**

- What are the program elements that are in common
- Potential MDA with malaria and how that may fit with NTDs
- Vector control integration, is there more to do?

Conclusions

(1) There are many potential cross-drug synergies. We need to measure impact more broadly in order to fully understand the impact of ongoing MDA. Baseline and monitoring data are essential.

IVM

- LF
- Oncho
- Scabies
- Malaria
- Strongyloides

ALB

- LF
- STH

PZQ

- Schisto
- Cysticercosis

AZM

- Trachoma
- Yaws

Conclusions

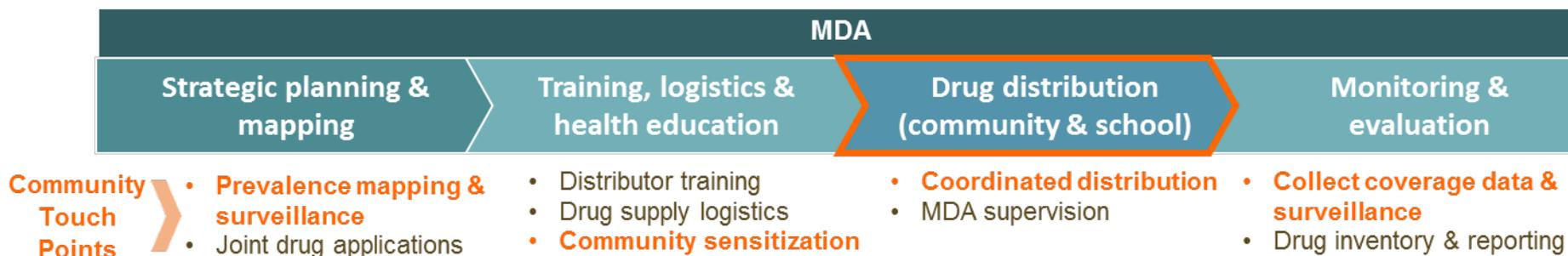
(2) Consider epidemiologic and programmatic assets of NTD and non-NTD programs.

Illustrative example of NTD and malaria synergies

	NTD Relevant (LF)	Malaria relevant	Synergy possible	Integration possible
Vector control	Limited	Limited	Yes	Yes
Community-wide tx	Yes	Limited	Yes	Yes
School-based tx	Yes	No	Maybe	Maybe
Targeted MDA	Limited	Yes	Yes	Maybe
M&E: Sentinel	Yes	Yes	Yes	Yes
M&E: Mapping	Yes	Yes	Yes	Yes
M&E: TAS	Yes	No	Yes	Yes
Community engagement	Yes	Yes	Yes	Yes
Acute disease tx	No	Yes	No	Maybe
IEC	Yes	Yes	Yes	Maybe

Conclusions

(2) Both IDM and PCT diseases have multiple community touchpoints. There is a significant opportunity to identify patients with other diseases during MDA, and likewise opportunities for morbidity management to increase PCT coverage

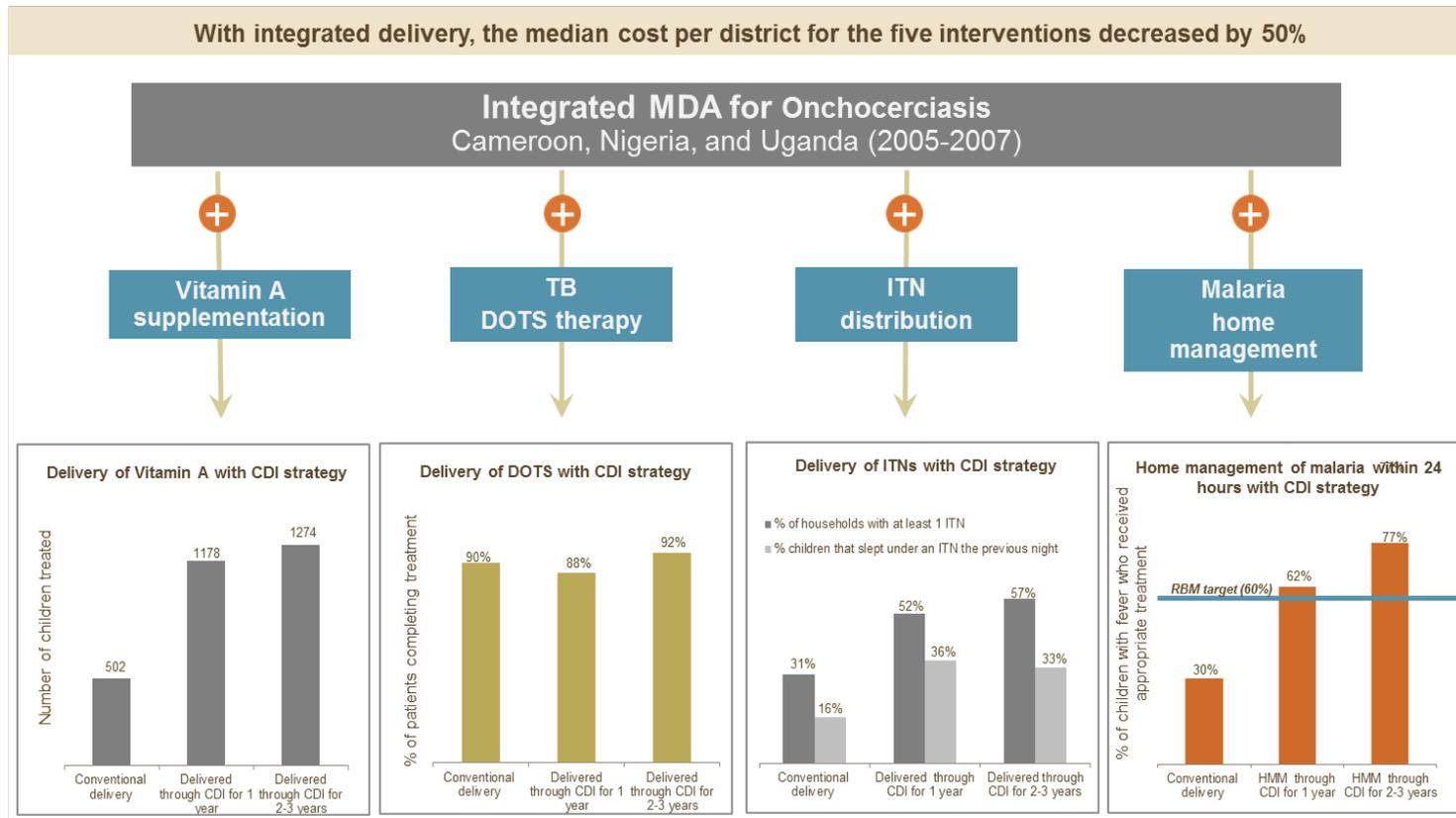


(3) We need to produce the guidelines- and thus the data to inform them- needed to change programmatic activities. Within these guidelines, we also need to identify the maximum impact of existing tools (such as the dose range of existing drugs, etc.) and the role of new tools (such as diagnostics)

Conclusions

(4) Funding from donors and partners should be flexible so that secondary outcomes on non-PCT NTDs can be collected in studies and programs

(5) Sharing resources between groups is difficult so we need to demonstrate the synergies and benefits for multiple diseases (win-win)



Other opportunities for integration with non-PCT diseases

Above all, we should consider WHAT parts of programs to integrate in order to maximize impact; It will differ depending upon epidemiology and context. Examples include:

1. Self-help groups are already used for LF and could also be relevant for leprosy or yaws
2. Shoes could be distributed with MDA or WASH campaigns for prevention of podo
3. Foot hygiene could be integrated with WASH interventions and hygiene education conducted for trachoma and diarrheal diseases
4. Joint morbidity management with joint training for health workers (i.e. joint IDM surgery programs)
5. MDA also serves as an opportunity for malaria ITN bed checks/surveillance
6. We should use current mapping methodologies to identify endpoints for diseases that we don't have as much information on
7. Leverage community based and population level malaria surveys for information on other diseases
8. Need to integrate WASH indicators into most NTD studies

Other opportunities for integration with non-PCT diseases

Above all, we should consider **WHAT** parts of programs to integrate in order to maximize impact; It will differ depending upon epidemiology and context. Opportunities include:

From the results of 19 NTD Programme Manager interviews

Activities that are easiest to integrate



Activities most difficult to integrate

