

Background

Despite substantial global progress since the World Health Organization (WHO) published its first roadmap for the prevention and control of NTDs in 2012, this group of parasitic and bacterial infections still affects more than one billion people worldwide every year, over 40 percent of whom reside in Africa. NTDs disproportionately affect the most vulnerable, marginalised and hard-to-reach communities, and disfigure and disable — limiting patients' economic and social potential and leaving families stuck in poverty. Percent of the world who will be a social potential and leaving families stuck in poverty.

As global interventions have focused mainly on mass drug administration, WHO's second roadmap (2021–2030) calls for: greater integration and mainstreaming of NTD approaches into national health systems; more coordinated, cross-sectoral action; and further operational and implementation research — including community-based and applied research — to build a solid foundation for effective NTD programming going forward. [4]

With one of the largest NTD burdens in Africa, Ethiopia has listed the integration of NTDs into its primary healthcare (PHC) system as a strategic objective in the country's 2016–2020 NTD Master Plan.^[5-6]

Country

Ethiopia

Donor

UK aid through the Department for International Development

Length of project

December 2019 - December 2021

Partners

Federal Ministry of Health

Health Bureau of the Southern Nations, Nationalities and Peoples' Region (SNNPR)

Project outline and objectives

The UK aid-funded project: Improving NTD Services and Integrating into PHC in the SNNPR is a small-scale phased implementation research study that builds on Malaria Consortium's 2018 operational research study: Strengthening PHC for NTDs in Ethiopia.^[7] It will explore the feasibility, acceptability and cost effectiveness of integrating the prevention, diagnosis, management and reporting interventions of three common NTDs — lymphatic filariasis, schistosomiasis and trachoma — into Ethiopia's PHC system, and will map out and identify how current gaps can be addressed.

Malaria Consortium will design and implement an intervention to integrate these three NTDs over six months in one hospital, one health centre, and five health posts in Damot Gale district.

Activities

During the project's formative phase, Malaria Consortium will:

- analyse existing guidelines and manuals on NTD prevention, diagnosis, morbidity and case management, and reporting
- assess the health system's capacity at all levels of service provision to identify gaps in NTD training and manuals, job aids, standard operating procedures, information and reporting systems, human resources, and diagnosis and management
- conduct key informant interviews with health extension workers (HEWs), the health development army and community members to understand knowledge of NTDs' causes and management
- co-design intervention processes and materials based on the outcomes of the assessments mentioned above

- in consultation with key stakeholders, including relevant government institutions, research institutes and other partners working on NTDs
- pre-test intervention materials and processes with potential end users — health workers, HEWs, the health development army and community members — before implementing at scale.

During the implementation phase, we will:

- train health workers and HEWs on how to use the intervention materials and follow processes
- provide drugs, equipment and supplies that are required to detect, treat and manage NTDs, but are not routinely available at PHC facilities
- conduct key informant interviews with health workers, HEWs, the health development army and community members on the acceptability of the integrated NTD interventions
- assess health workers and HEWs' adherence to intervention processes and use of materials
- analyse routine health management information system data before and after the intervention to measure impact
- carry out a cost analysis of integrating NTDs' diagnosis and management into the PHC system
- evaluate the approach's feasibility, acceptability and potential impact on health outcomes
- update policy makers and key stakeholders of progress throughout to foster evidence uptake.

References

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Contact: info@malariaconsortium.org

Cover image: Health worker sees a patient at Halaba Health Centre, Ethiopia.

Disclaimer: This work received financial support from the Coalition for Operational Research on Neglected Tropical Diseases (COR-NTD), which is funded at The Task Force for Global Health primarily by the Bill & Melinda Gates Foundation, by the UK aid from the British government, and by the United States Agency for International Development through its Neglected Tropical Diseases Program.



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