



**COR-NTD 2015**

**Philadelphia, PA, October 22-23**

### **Breakout Group Summary Report**

This document is intended to capture the key outputs of your breakout discussion, and to be representative of the group as a whole. Please denote your group's topic, presentations and research priorities before the start of the session, and dedicate the latter portion of your session to determining the key discussion points, knowledge gaps and recommended steps. Also, please indicate whether your group's recommendations align with the specified initial priority target. Your report will be shared on the NTD-SC website, and will inform future advisory panel discussions and donor priorities.

#### **Section I**

*To be filled out before the session begins.*

#### **Breakout Topic:**

2B: How can we make Universal Health Coverage truly Universal? Equity, gender, disability and NTDs

#### **Presentations**

Margaret Gyapong – two case studies on ONCHO and SCH that highlighted inequity in access to treatment and morbidity management.

Panel: Charles MacKenzie (LSTM), MG (GHS), Samantha Page (LSTM), Camilla Ducker (DFID), Elizabeth El-Hassan (Sightsavers)

#### **Research priorities to be discussed:**

Community/District: Matrix of NTDs (PC and IDM) and their specifics, identified gaps in burden of disease and basic epidemiology. Systematic summary for each disease needed with access to treatment explicit, for all diseased groups. Better demographic and more inclusive reporting at this level.

National: Data collection techniques, gender disaggregation (rather than raw head counts), pre-SAC, SAC, Adults clarified. This also raises questions over denominators for treatment coverage, especially those that are missing or are under-reported. Identify if there is scope for gender action plan within the NTD master plan and respond to metrics.

International: How WHO guidelines are a little confusing and perhaps not as clear as possible for each disease (e.g. pregnancy), nor are communicated as well as possible as well as in morbidity management. Using NTD indicators in various SDG goals.

*Form continues on the next page.*



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## **Section II**

*To be filled out as the session concludes.*

### **What were your group's key discussion points?**

Community/District: Perceptions of the disease in afflicted communities against their social norms. What are the social benefits of disease control (e.g. less stigmatization in key groups, family planning and reproductive health). There is little formal documentation reporting presently of resources at the CDD level e.g. m-health technologies.

National: Current methods of data collection, also trans-gender issues raised as of growing importance. As above discussed (Com/Dis). Recognizing the need for gender-specific messaging for health interventions (testing certain strategies and alternatives to maximize programmatic impact).

International: Use of PC drugs in pregnancy and antenatal care. What does UHC mean in context of the PC NTDs, BoD by gender and access to the medications where appropriate. Alignment of NTDs with the SDG 3.1, with reference to 90% access and UHC (in specific countries).

### **What knowledge gaps (if any) did your group identify?**

Community/District: Gaps in understanding of gender-specific issues in the need and delivery of interventions e.g. SBT (addressing SAC and NOT adults).

National: More clarity on exactly what is collected and harmonization with other interventions eg. Malaria/HIV. Are the data formally included and explicit in the NTD master plan for gender related issues e.g. gender and numbers of CDD and their resource tools e.g. mobile phones.

International: What are the channels for access to the medicine/interventions in each of these settings.

### **What next steps does your group recommend?**

Community/District: Fully completed matrix to identify gaps and then tailor between countries and endemic settings. To be completed by MSc/PhD students within their typical work remit.

National: To identify if NTD master plans are included in the broader health sector national plan and resourced appropriately/equitably (e.g. Ministries of Women's Affairs or equivalents).

International: Summary document that enforces clarity in the use of PC drugs in pregnancy (ensure NTD guidelines are harmonized at international and district level, local clinic levels). Systematic review need to be clear on numbers needing interventions/treatment those currently not receiving, identify gender (and other demographic differentials). In future, branding the session on gender-inequity would be beneficial also alignment with NTDs and global health. Search for best alignment with the SDGs and how NTD indicators by country might be used, notwithstanding baseline comparisons. Also clarity at community-level as well as global-level. How can NTDs be used as traces of WASH etc. Also make clear the distinction between interventions needed and actual.

**Do your recommended steps align with the research priorities identified on page 1?**

Yes  No