

COR-NTD 2020

Virtual Meeting, November 12 – 14

Integrating for Impact

Mainstreaming and Health Systems Strengthening for Sustainable NTD Services

Session Date: 11/12/20

Session Time: 11:00 AM - 2:00 PM EST

Session Description: This synthesized session drew from key findings from three preliminary sessions: 1) Things Fall Together – Perspectives on Mainstreaming NTD Functions and Services with the Health System; 2) Novel collaborations for NTDs – Unlocking the Road Map: dismantling conceptual and evidential barriers to mainstreaming NTDs and 3) Trichiasis transition planning – Integrating activities into routine eye care service delivery.

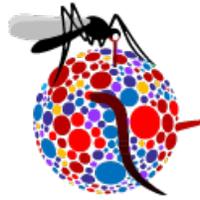
The synthesized session highlighted key questions and evidence gaps in NTD mainstreaming from the perspectives of NTD programs and broader health systems stakeholders. The points of focus included supply chain; the interface between school health, NTDs and WASH; aligning NTD planning and budgeting into sector planning and reporting mechanisms; public finance reform and NTDs; transition from vertical to mainstreamed service delivery; and the role of NGOs in mainstreaming and integration for NTDs.

Six panelists, two from each of the preliminary sessions, will comprise the panel for the synthesized session. Following a 10-minute welcome and introductions, there will be three presentations of 20 minutes each from each of the three preliminary sessions. Each will consist of a short summary to highlight its findings and suggested operations research questions.

Participants will then take a 10-minute break and come back for a series of real-time activities involving all participants for the next hour and 30 minutes.

Session Chairs: Michaela Kelly, Anna Wickenden, Taylor Williamson and Arielle Dolegui

Session Rapporteur: Helena Molina



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KEY DISCUSSION POINTS

What key findings and data did the group identify via presentations?

Novel collaborations for NTDs- Unlocking the Road Map: dismantling conceptual and evidential barriers to mainstreaming NTDs

Led by Anna Wickenden, Ifeoma Anagbogu, Karsor Kollie

Ifeoma Anagbogu advocated for greater partnership, investment, and multi sectoral collaboration to bolster sustainable integration. She highlighted the need to develop evidence that demonstrates how including a gender lens for women and girls in NTD programs increases coverage for NTD interventions, promotes empowerment of adolescent girls, and explores the synergies between women’s economic empowerment and NTD elimination. Despite the potential positive outcomes of integration between NTDs and gender issues, she also noted the various barriers to greater collaboration with NTD programs, including ignorance, illiteracy, attitudes, top down planning and implementation, funding constraints, religious and cultural issues, and insecurity.

Karsor Kollie highlighted the benefits of mainstreaming NTDs in human resources and data systems, including proper storage of NTD data, easier access of NTD data and greater efficiency in data collection. He used examples from the integrated case management program in Liberia and mainstreaming of NTDs in the national Health Management Information System. Despite the significant benefits of integration in these areas, various challenges exist, including staff turnover due to poor staff retention program, funding constraints, and resistance to integration of vertical programs for fear of losing autonomy. To address these challenges, Karsor Kollie advocated for investing in supportive supervision to translate training into practice, considering the entire health workforce when planning a cascade model of capacity strengthening, and moving beyond reliance on disease specific officers and case finding campaigns.

The presenters recommended four operational research areas, with specific operational research questions in each area.

Trichiasis transition planning – Integrating activities into routine eye care service delivery

Led by Michaela Kelly, Dr. Abukar Tafida and John Chipeta

Dr. Tafida discussed strategies for maintaining surgical quality after trachoma elimination has been achieved. He noted the importance of evaluating existing eye care systems at each implementation level, identifying key capacity building needs within the existing eye care system, and ensuring community involvement and awareness. To maintain skills of TT surgeons, Dr. Tafida noted the importance of embedding supportive supervision in the overall surgical supervision structure of the wider health system and employing digital solutions for monitoring and reporting. To facilitate the integration of TT outcome monitoring into routine eye-care quality assurance systems, he recommended embedding TT surgeon audits in the overall care system, integrating TT outcome



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assessments into routine cataract outcome assessments, ensuring reporting systems for decision making, advocating for integration into regulatory bodies and institutions, and considering if/how costs can be minimized through a full integration, such as using digital technology and leveraging the existing health care system.

John Chipeta shared a case study on post transition planning management of incident TT cases in Malawi, highlighting the importance of including TT in HMIS for data management and reporting, and delivering high quality IEC materials to inform citizens. In his presentation, he described the process of transition planning in Malawi as districts reached their elimination thresholds as timely and systematic. He talked about the strengthening of the system during the implementation of the programme that ensured that when elimination thresholds were reached, the system was strong enough to both identify and manage the few cases that remained (and that in reality there were much fewer cases than anticipated). As a result of this process, and a well-organized information dissemination process, the country was confident that all those who needed services were aware of where to get them and were receiving them. In addition to describing the transition planning process, he discussed the process of moving from paper-based reporting of TT cases management to using the HMIS, urging that programmes begin early as it is integrating TT indicators into the HMIS can be a long drawn-out process.

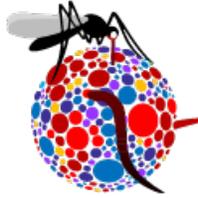
Things Fall Together – Perspectives on Mainstreaming NTD Functions and Services within the Health System

Led by Taylor Williamson, Dr. Francis Mugume

Dr. Francis Mugume advocated for the importance of developing a strategy to support mainstreaming, including planning financing, services, and human resources. This also supports the necessary mindset shift from a vertical to mainstreaming approach to NTD programming.

What issues were raised in discussions?

- Implementing partners can play a role in supporting mainstreaming by ensuring that issues are clearly defined across all stakeholders, supporting planning, and helping align priorities of the country and donors through coordination and advocacy efforts.
- Buy-in from a wide variety of stakeholders, including and led by the Ministry of Health, is key to the prioritization process.
- Regional efforts to coordinate NTD services in the context of health system strengthening and mainstreaming is particularly challenging in areas with migratory populations. Increased planning and coordination must be considered to conduct surveys in these areas.
- Regional and/or country context of government structure and service provision must be considered when developing mainstreaming strategies.
- Building partnerships with local research institutions can provide trusted, in-country sources for data to support programmatic decision-making.



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- Integration of NTD indicators into HMIS is necessary, but is not sufficient to submit annual WHO reporting forms. Separate NTD databases are still needed to capture the larger set of NTD indicators not included in the national HMIS. Despite this integration, HMIS still misses recording of millions of treatments.
- More focus should be placed on pre-payment for NTD services from government general revenue or insurance schemes, rather than payment at point of use. Payment at point of use likely creates a significant barrier for the poorest populations affected by NTDs.
- Mainstreaming must be gradual to allow the health system to accommodate NTD services.

KNOWLEDGE GAPS IDENTIFIED

What data and tools need to be generated to address the issues raised by the group?

- What can be done beyond integrating NTD indicators into HMIS to support mainstreaming of data and how can it be achieved?
- Regional coordination efforts in the presence of migratory populations require further examination: How can refugee camps be measured? How can sample frames that account for camps within disease endemic districts be collected? How does this impact the host community? How can patient follow-up in the camps be ensured?
- What is the right mix of prioritizing mainstreaming functions? Who are the right allies?
- Further research on priority setting process is needed.
- Further research on how to quantify integration is needed.

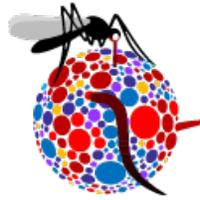
RECOMMENDED NEXT STEPS

What operational research and other actions need to be taken to address the knowledge gaps identified by the group?

Ten operational research areas and corresponding operational research questions/actions were generated based on the presentations. Using the Easy Retro app, each participant placed six votes for the most important operational research questions/actions. The top operational research questions/actions for each area are listed below. Note: only questions that received three or more votes are listed. The Fun Retro export file is included with this report; it captures the comments on the specific questions as well as votes.

OR Area 1: Cross-sectoral collaboration and inclusive implementation models.

- How can a multi-sectoral collaboration between school feeding program (Ministry of Humanitarian Affairs and Disaster Management), Ministry of Health, Ministry of Women Affairs, Ministry of Education and Ministry of Water Resources be operationalized to lead to improved



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MDA coverage, improved education (school enrollment, retention and completion), improved nutrition, and improved overall quality of life for vulnerable populations? (12 votes)

- Collaboration with HMIS to leverage their data entry staff, make data available through database integration to partners and develop dashboards in HMIS to convert data into information. (5 votes)
- Intersectional understanding of health outcomes: how do you bring an intersectional approach to NTD programs and what are the most effective strategies for reaching the most marginalized? (3 votes)

OR Area 2: Strategies for enhanced evidence-based stakeholder engagement in NTD programs

- Role of other sectors and village development committees in NTD implementation. (6 votes)
- NTD health outcomes are often impacted by traditional norms, cultural practices, etc. How do we introduce the knowledge that comes from science that often challenges these beliefs? (5 votes)

OR Area 3: Integration of NTDs in national human resource strategies and capacity strengthening programs

- Develop innovative supervision models and evaluate their effect on motivation and performance. (6 votes)
- Do NTD programs, with staffing structures that are typically made up of disease focal persons and M&E advisors, have the skills to leverage integrated data systems to promote use at national and sub-national levels or are there gaps which will hinder demand and undermine the impact of improvements in data systems?

OR Area 4: Optimizing existing health management information systems and tools for NTDs

- What are the critical indicators for an integrated NTD HMIS module and associated training? (6 votes)

OR Area 5: Maintaining surgical quality after elimination has been achieved

- Can we gather evidence on maintaining surgical quality from countries that have already eliminated? (9 votes)
- What promising practices exist to maintain surgeon skills, such as use of low-cost simulators and peer-to-peer learning and e-learning? (4 votes)

OR Area 6: Identification, management and reporting of TT cases after elimination has been achieved

- From a sustainability and domestic funding perspective, the idea that a lot of resources are needed post transition makes it difficult to get commitment from government. The Malawi experience demonstrates that the numbers can be very small in reality. How can programs demonstrate to governments that the resources required post transition are limited, and can easily be handled routinely with domestic financing? And therefore, avoid policy positions, such as the need to charge for TT surgery post transition. (6 votes)
- The post elimination approach to managing remaining TT cases is a passive one whereby it is expected that remaining cases will self-present at a health facility based on available health information in the community. What other approaches can be employed to determine if all remaining cases are being reached in an area district/country post elimination? (6 votes)
- How best do you integrate TT case identification into a weak routine eyecare system or other routine eyecare activities where they exist? (6 votes)



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OR Area 7: Supply chain

No questions received more than 2 votes.

OR Area 8: Financing

- How can district level ownership and accountability for NTD services be strengthened by different health financing models and better inclusion of NTDs into government budget? (5 votes)
- What financing or programmatic data is needed? Which Ministry needs it and when do they get it to enable increased domestic resource mobilization? (5 votes)
- How can lessons learned from mainstreaming other health programs into the government budget help identify and prevent key challenges to including NTDs into national budgets? (5 votes)

OR Area 9: Coordination

- How do you move towards the integration of NTDs into primary health care and for primary care providers to deliver a more integrated approach for primary health care services (for diagnosis, referral, surveillance that includes NTDs)? (5 votes)

OR Area 10: Policy

No questions received more than 2 votes.