Aligning NTD Programmes with Universal Health Coverage – Lessons from Research

Session Date: Saturday, October 27

Session Time: 9:00am – 12:00pm

Session Location: Orleans, 3rd Floor

Session Description: Following the Sustainable Development Goals and targets set by World Health Assembly resolutions, there is increasing focus within the global health and development community on Universal Health Coverage (UHC). In this context, there is intensified pressure on disease programmes to operate diagonally – delivering disease-specific outcomes while strengthening health systems more broadly. This session aims to better acquaint the COR-NTD audience with the language and principles of UHC, exploring good practices in the alignment of neglected tropical disease (NTD) programmes with UHC, lessons learnt from implementation and operation research and defining a role for operational research (OR) in facilitating that alignment. It is a new issue of increasing importance for the COR-NTD audience. All operational researchers will be expected by implementing countries and their partners, including donors, to document the intended and unintended consequences of NTD programmes for health systems, across all building blocks, and in turn for the objectives of UHC.

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Session Rapporteur: Dr. Deborah McFarland, Rollins School of Public Health, Emory University

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KEY DISCUSSION POINTS

This session explored the contribution – potential and actual – of NTD programs to UHC. The organizing template started with the six building blocks of health systems strengthening. After a presentation on the alignment of NTDs, UHC, and HSS, the other presentations focused on one of the six building blocks. A period of audience discussion followed the 5 presentations.

Dr Kingsley Asiedu, Department of Control of NTDs, WHO: "Aligning NTD programmes with health systems strengthening for UHC – the global overview"

- Success of alignment of NTD with UHC will be measured by 2 indicators: 1) increased share of people obtaining the quality NTD services they need; 2) decreased share of people paying for NTD services out of pocket. WHO assessment of NTD response to the UHC Monitoring report 2017 shows that NTD service coverage is well below reported UHC service coverage in all but 8 African countries where NTD coverage exceeds UHC coverage. NTD service coverage is only reported for preventive chemotherapy (PC) NTDs.
- NTD programmatic costs have to capitalize on health system needs. Investment needs for NTDs are relatively small. Most investment will likely come from public health areas, not NTDs.
- The end of NTDs can support UHC by strengthening health systems in precisely those communities where health systems are weakest.
- UHC can support NTDs by expanding benefit packages outreach beyond fixed health facilities.

- The NTD Department at WHO is actively engaged in the development of the UHC menu and the country-determined "guaranteed" benefit packages.

Professor Margaret Gyapong, University of Health and Allied Sciences, Ho, Ghana: "Researching factors that influence the capacity of the health workforce at the community level" [HSS building block – health workforce]

- The health workforce is the critical pathway to UHC.
- Countries affected by health workforce shortages and/or maldistribution – many of them NTD endemic countries – are highly unlikely to achieve UHC.
- Multi-pronged approaches for health workforce development such as task shifting, training, and retention efforts have led to progress in improving coverage for communicable disease control.
- Many CDDs are performing as professional health volunteers.
- Health workforce performance issues must include not only what works – or not – but how, for whom, and in what context.

Dr Wangeci Thuo, RTI International: "The role of governance and leadership in sustaining NTD program implementation in Kenya" [HSS building block – governance and leadership and governance]

- Governance has a significant influence on sustainability planning for NTD elimination programs.
- We must pay attention to issues of governance, e.g. devolution, and potential consequences for NTD programs.

Dr William Oswald: "Challenges for NTD integration with the national health information system" [HSS building block – information]

- Countries have existing structures and approaches for data flow; new data systems should be based on meeting identified needs.
- Accurate data must be available for implementation and decision-making at all levels.
- Real-time monitoring and targeting of mass drug administration improves coverage.
- Improved denominators mean coverage is real.

Ms Laura Dean: "Implementing action research cycles to strengthen planning capacities for more equitable service delivery in Nigeria and Liberia" [HSS building block – service delivery]

- Equity is a central principle of UHC and of NTDs.
- Despite the pro-poor focus of NTD programs, are we doing enough to really ensure that program delivery is equitable?
- How can we allow for adaptive spaces within NTD program planning that support implementers to respond to their own contexts?

KNOWLEDGE GAPS IDENTIFIED

1. NTD indicators used in UHC Monitoring reports do not include non-PC NTDs. Countries and partners should work with UHC implementers in-country to include non-PC diseases in the essential package for UHC.
2. Should guidelines and related products such as training modules be integrated, to ensure integrity of the continuum of NTD services within/across delivery platforms, types of service (preventive, curative, rehabilitative, etc.), and life cycle stages?
3. Might "quality" provide a useful framework by which to consider the integration of these guidelines and related products?
4. What should the UHC menu of NTD interventions looks like?
5. What examples/good practices can we cite of NTD mainstreaming?

6. How do we demonstrate that NTD interventions are strengthening health systems across the six building blocks?
7. How do we measure the contribution of NTD programmes to WHO's target of one billion more people benefiting from UHC?

RECOMMENDED NEXT STEPS

1. Conduct mapping of the 22 NTD diseases and how each links into the health system of a country and at what level. Outcome – to ascertain what is the 'smart' constellation of diseases into the health system and the UHC essential package.
2. NTD programs have to understand and participate in insurance and innovative financing at country level. What are NTD priorities and how do they align with national insurance priorities?
3. What is being done at country level, by whom and what are places where patients with NTDs intersect with the health system and look for synergies and missed opportunities for care?
4. At country level, focus on pre-service training of medical and nursing students to alert them to key NTD policies and interventions.
5. There was discussion about two distinct approaches that NTD programs and partners might take re policy. Consensus was that while carrying on as usual with donor driven PC therapy in health systems is 'easier,' the NTD community must engage UHC and participate in UHC task forces, working groups, etc. The NTD group at WHO has done this deliberately and diligently but it is unknown to what extent the NTD program at country level is a part of UHC deliberations and decision making.