Connecting the Dots in the Implementation of PC-NTD Elimination

Session Date: Saturday, November 4

Session Time: 1:00pm – 4:00pm

Session Location: Potomac

Session Description: With the increase of programmatic integration, there is a need to use a systems-based approach to understand implementation challenges. In this session, we will examine planning, supply chain management, length of program implementation and volunteer workforce. We will review research results from Africa (Uganda and Cote d'Ivoire) and Asia (Indonesia). A panel will guide the discussion to consider value for money and the global and regional contexts as we formulate operational research questions.

Session Chairs: Deborah McFarland, Emory University
Margaret Gyapong, University of Health and Allied Sciences, Ho, Ghana
Edridah Muheki, Ministry of Health, Uganda

Session Rapporteur: Mariana Stephens, NTD Support Center

KEY DISCUSSION POINTS

This session focused on the expectations and performance of community volunteers, presenting results from a study conducted in Côte d'Ivoire (CI) and Uganda in 2017, as well as relevant findings from ongoing studies in Indonesia.

Presenters:

- **Dr. Margaret Gyapong** the Director of the Centre for Health Policy and Implementation Research of the University of Health and Allied Sciences in Ghana. Dr. Gyapong has carried the social science flag in the NTD work for many years. She is a Medical Anthropologist and Cultural Epidemiologist in training.
- **Dr. Edridah Muheki Tukahebwa** is the NTD Director for the NTDs Control and Elimination Programme in Uganda. Edridah has never been shy about speaking her mind and giving us the benefit of her many years of experience.
- **Dr. Alison Krentel** works at the Bruyere Research Institute in Ottawa, Canada. Dr, Krentel has a background in social science research in public health. She is keen that implementation research supports health systems in NTD control programmes and is dedicated to understanding how to translate research results into programmatic action.
- **Not in attendance due to unforeseeable conflicts:** Dr. Adam Mama Djima, NTD Program Manager in CI, recently received an award from the government of CI for his excellent work in the NTD program; he is currently in Israel where he is receiving the prize. Dr. Mary Nyamongo, social scientist, member of many NTD committees and long-time NTD stalwart was also not able to come because of the ongoing events surrounding the Presidential election in Kenya.

Margaret Gyapong: *Access and Delivery of proven interventions: Connecting the dots in the value chain.*

"The access and delivery value chain" ensures that products are delivered properly in the different programmatic phases. **The need to 'connect the dots' is key.** There has to be a robust system in order to make this happen. We need to have an approach that links all of the dots together. What are the implementation challenges? We are interested in CDD Motivation, the focus of the session's presentations.

Objectives:

- Explore the knowledge and MDA understanding amongst those involved with MDA delivery
- Explore how external factors (health system, programmatic changes, socio-cultural landscape) affect CDD performance and motivation
- Assess how the introduction of new NTD programmatic activities might affect current motivation and CDD performance

While a review of qualitative and survey data aimed at revealing new issues, none were revealed. For example, it is known that people cannot go and distribute medicines when it is raining (an experience shared by the COUNTDOWN program). Therefore, key challenges have been identified, but programs persist in conducting MDA when all the data show it is not the correct time for the communities.

Edridah Muheki: *Motivating CDDs: Evidence from Uganda.*

Districts in the study were selected to include one district with good compliance and one district that did not have good compliance. CDD commitments in this study covered a range of interventions including:

- NTD Program Activities: community sensitizations household registration, treatment and reporting
- Other health program activities: family planning, wound dressing, immunizations, and bed net distribution
- Non-health income-generating activities
- Non-health community volunteering: religious activities and village council work
- CDD workload activities (not influenced by NTDs)

Community leaders are engaging CDDs as volunteers and their participation helps the health system. There are challenges faced by CDDs, but the CDDs and community have proposed solutions. The integration of the five PCT NTDs into one program introduced the greatest challenges.

Alison Krentel: *Implementing MDA from the Perspective of the Deliverer: Evidence from a Multi-Site Study in Indonesia*

Micro narratives are a useful way to capture information. There were three different study sites in Indonesia, the only country with three types of lymphatic filariasis (LF). There is an observed coverage compliance gap. Drugs are not swallowed in front of CDDs/Kaders, thus not directly observed. Instructions are to take the drug right before you sleep.

How do we measure performance of CDDs?

1. High level knowledge of LF
2. High level knowledge of MDA
3. Was informed about the number of people take LF drugs

Health workers in Indonesia are knowledgeable and informed.

Connecting the dots

- After many rounds of MDA, knowledge of eligibility remains uneven amongst those involved in MDA delivery
- Feedback about community participation is best amongst frontline health personnel
- Measuring CDD performance remains challenging, these individuals are at the end of the process

Participants' Questions:

Participants confered to generate questions about community volunteers and the critical role of CDDs to the presenters and to the following panel.

Panelists:

- Roland Bougma (Program Manager Burkina Faso): wrolandbougma@yahoo.fr
- Olumide Ogundahunsi (WHO-TDR): ogundahunsio@who.int
- Maggie Baker: (M&E for RTI) mbaker@rti.org
- Bhupendra Tripathi (lead on NTDs BMGF India): Bhupendra.Tripathi@gatesfoundation.org
- Edridah Muheki (NTD Director, Uganda): edmuheki@gmail.com

Questions and Comments:

- The key findings are not new. Same issues, but how do we deal with these issues to get the results that we want?
- An example of issues with praziquantel was given: Kids need to have food when taking the medication. Make it a criteria to find food.
- Did your study rank motivating factors identified by the CDDs?
- Did you link age grouping and perceptions (older vs younger)?
- Did you hear anything new? If the findings are so well known, why are we so slow to find the 'solutions'?
- Is the problem lack of knowledge or lack of will to do what we have been saying for years?
- Where are the biggest gaps in connecting the dots?
- Do we have programmatically relevant metrics for CDD success and performance? We've made the assumption that 'better performing' CDDs will sustain the gains that have been made in meeting the 2020 goals. Is this a valid assumption? Can we link CDD performance to program targets/goals?
- Are volunteers losing their motivation? What is the evidence of that?
- Are our training tools based on a paradigm that is no longer used in programs, e.g. community-directed treatment with ivermectin (CDTI)? Is CDTI worth saving?

- Is there a need for organic training materials?
- What specific, focused, short payoff operations research would you recommend to address the 'dot' gaps with focus on action steps?
- Many of you are involved in several public health programs, not just NTDs. What are the cross-cutting challenges and how can we learn from the innovative approaches that other public health interventions have used? Where is the cross fertilization? How do we learn this efficiently?
- We invoke the mantra that NTDs do or should contribute to health systems strengthening (HSS). Given what you have heard in these presentations and your own experience, what specific areas in HSS can NTDs make the greatest contribution? What specific operational reasearch would you recommend that the NTD community can undertake in a short, focused way to make the HSS linkages explicit and widely known?
- In some contexts where MDA programs have continued for many years how do we combat program fatigue (in communities, CDDs, front-line health workers)? Can we do this by rebranding programs as new and improved?
- What data and tools need to be generated to address the issues raised by the group?
- Are we identifying operational research needs or is what we need to know already there from our other public health groups and the NTD challenge is to adapt the learning?
- We need to recognize and parse rural vs urban challenges, and to be careful about making generalities within these complex contexts. There might not be a general thread.
- Where are the epidemiological hotspots or social drivers? Is there a social dimension?
- Good systems of supervision are needed.
- Implementation support when challenges arise from the field is needed.
- Training and refresher training are needed, and should be interesting to participants.
- Which programs have succeeded? Identify why they went well and what factors predict success.
- What indicators can the districts put in for NTD program go into the health data system?

Panel contributions:

Dr. Tripathi: *From Immunization background, having reviewed the polio campaign, it would be good to identify the low hanging fruit and biggest challenges with polio. For instance, polio utilizes a system with the cold chain as a standard. MDA is once a year and there is no system in place. Supply chain has been a big challenge with MDA. The administration does not know that there is a problem with supply chain at the highest level. This is a rhetorical question: Is LF still a problem? In immunization there are tools. For LF, night blood is collected between 10 PM and 2 AM, so imagine a CDD going to a village with no lighting and waking people up for blood samples. Tools are weak for NTDs. Filariasis Testing Strip (FTS) is coming but not now. How do you actually know how many people live in the catchment area? You'd need a list of the population per district, per village. The health worker has to maintain the list of community members. Polio had good micro planning with maps – no one has utilized it. There has been no integration of the denominator and micro planning. Clean messaging is needed. For LF, there are at least 25 messages. Who is designing the messages? The communications part of this program is not getting the message right. Lack of information even in the medical community.*

Dr. Baker: *There is a knowledge-sharing gap between a country's MDAs and other public health programs. We have seen a big increase with MDA (for trachoma especially). These countries are all learning lessons. These improvements were associated with routine delivery*

system. How can we disseminate tools like the NTD Toolbox on the WHO website and use them more? Regarding gaps in implementation (achieving coverage), focus is now on the most hard-to-reach areas like urban and security areas, traditional populations. At the AFRO Program Managers' meeting in Gabon, everyone around the room individually identified the gap – ***everyone said supervision.*** *In terms of scaling up the funding is critical (whether national funding or external). Funding is only a piece. Shift from the 20-point posters to an education strategy that is more targeted.*

Dr. Muheki: *NTDs are embedded into HSS and I have been trying to incorporate all NTDs. Surveillance is scaling down; we need the health system to have capacity to know the data and how to do the night blood. We are building skills of the health facilities. When we stop these campaigns, we need to have the drugs in place to sustain success. Add NTD medicines on the essential drug list. Polio is done by professional health workers. With NTDs and CDDs, the decision of how to treat is made by the community. CDDs provide the most up-to-date data. They know the village because they move from house to house. We need to give to CDD basic education in the form of key messages or visuals, and package training in a way that is easily understood. Political will is needed – perhaps a famous singer would lead the message. HSS is becoming a buzz word. We have tried in many ways to integrate with other programs, but have seen zero reporting for NTDs. NTDs are competing with programs who are paying. Commitment is a big issue. How do you manage? You work for polio and get so much money. How do the various financial incentive schemes of non-NTD programs complement or compete for CDD motivation?*

Roland Bougma: *A big concern is how to find the system to follow drug administration. In my country, the CDDs have done MDA for a long time and are familiar with people; sometimes people are left with drugs. Coverage figures include people who are given the drugs, but have not taken the drug.*

KNOWLEDGE GAPS IDENTIFIED

- There are many tools and strategies that other public health programs (polio, malaria, HIV) have developed to manage problems similar to those identified by NTD programs but these have not been systematically explored by the NTD community and adapted into the management of NTDs.
- Thus, there is both a knowledge-sharing gap as well as a practice gap at the country level.
- The biggest challenges in achieving the coverage targets in endemic countries are the most hard-to-reach areas, e.g., areas where security is problematic, and in urban areas where CDDs have different profiles than those of the 'typical' CDD in more rural communities.
- The complexity of multiple NTD interventions requires clear messages. CDDs often have to absorb new information given the dynamism of NTD strategies. CDDs who have been with the NTD program for a long time may find it difficult to integrate the new information with the messages that they have provided for many years.

RECOMMENDED NEXT STEPS

- Complete the landscape of strategies successfully used by other public health programs, particularly those with elimination targets around the core issues that come up each year (e.g., supervision, supply chain, motivation of volunteers, reporting).

- Develop and test creative and sustainable supervision and feedback strategies. These two interrelated management activities have consistently been identified as performance challenges by the CDDs.
- Assess current NTD communication messaging to the community based on a specific set of criteria, e.g., are the messages understandable and timely.
- Shift from posters with multiple messages to an education strategy that is more targeted to specific populations where non-compliance has been identified and in communities where coverage has been consistently low.
- Health Systems Strengthening (HSS) is a buzz word. The NTD community must articulate specific HSS component(s) of critical importance to sustaining the gains of the NTD interventions and how the NTD programs contribute to strengthening the identified component(s).
- Develop a matrix of indicators for NTD programs that will measure the effect of NTD programs on HSS and the effect of non NTD HSS strategies on the NTD program.
- Disseminate the availability of the NTD Toolbox on the WHO website and encourage NTD programs to use it more effectively.
- Adapt lessons learned from the scale up of trachoma MDA activities to other NTD program needs, e.g., incorporation of NTD interventions into routine delivery systems.
- Provide timely implementation support when challenges arise during implementation.
- Training and refresher training must be interesting and relevant to the specific needs of CDDs and communities.
- How do the various financial incentive schemes of non-NTD programs complement or compete for CDD motivation and performance?
- Suggested CDD performance measures (from experience in Indonesia)

  Three metrics:
  - High-level knowledge of LF
  - High-level knowledge of MDA
  - Was informed about the number of people that take LF drugs (feedback)