UNITED: lessons to inform future integrated neglected tropical diseases (NTDs) programmes



Thanks to a consortium of partners and UK aid, the programme has achieved these significant milestones:



158 million treatments for up to five NTDs



26 million
Nigerians have been protected



Over 15 million more treatments than envisaged



Progress

towards NTD elimination and strengthened healthcare systems



Lessons learnt: 2013 - 2019

Achieving impact at scale requires a strong consortium model and flexible programme delivery

UNITED was originally due to work in three states but expanded to five, whilst also widening its programmatic scope. From an initial focus on mapping and delivering mass drug administration (MDA) at scale, UNITED is now supporting states with surveillance and impact assessment, and scaling down treatment in response to the progress made.

Gaining partner buy-in by meaningfully engaging all those in the UNITED consortium to agree common goals is key to the flexible, collaborative working that made these achievements possible. Holding quarterly partner meetings is an effective way to keep partners engaged and assess programme performance against plans. This enables partners to share learnings and best practices – while a flexible approach is key to ensuring these important insights are used to adapt plans.

The five states where UNITED and partners worked:

- 1. Zamfara, 2. Katsina, 3. Kano,
- 4. Kaduna, 5. Niger





Female CDDs in Kurya Madero, Kaura Namoda LGA. L-r bottom row): Unknown, Aisha Dahiru, Zainab Hamza. L-r top row: Hannatu Usman, Maryam Umar, Hadiza Ibrahim



2 Synergies with other programmes and stakeholders are extremely important



Baraka Ango (right), and fellow CDD distribute treatment in Kudaru, Nigeria

Joint planning with other programmes at state level is essential to avoid activity clashes that could potentially cause delays. Conducting a systematic, baseline assessment of existing health systems and any other agencies that support health system strengthening is essential for determining where gaps exist, the level of support required and possible areas of collaboration.

To sustain the gains made by MDA, it is important to collaborate with Water Sanitation and Hygiene (WaSH) agencies that are delivering programmes at national and state level. However, because these programmes are limited, community sensitisation activities on behaviour change practices should be sustained after disease surveillance has been carried out in order to prevent NTDs reoccurring.

Taking this approach can also provide opportunities for more effective, joined-up advocacy. For instance, engaging with other DFID-funded programmes secured government buy-in, leading officials to deploy staff to support programmes and cover the salary costs involved.

For behaviour change communication to be effective it has to be perceived as relevant and reliable

Understanding the socio-cultural practices of people at risk of NTDs is important in developing effective behaviour change communication messages that encourage people to accept treatment.

Understanding which information sources are seen by communities as reliable is also important. For instance, we found that community leaders, volunteers and health workers were more trusted than radio jingles and TV talk shows. This means adequate sensitisation of these groups on the causes of NTDs and the type of treatment available should be a priority.

Reaching women in predominantly Muslim areas where women are in purdah (the religious and social practice of female seclusion) is challenging. To address this, UNITED has engaged women's groups who have served as drug distribution volunteers and successfully mobilised women for treatment.



Maryam Ibrahim, female CDD, Kurya Madero, Kaura Namoda LGA





Alh. Mahmud Madaro, District head of Kurya Madero, Kaura Namoda LGA.

It's important to work within established structures

In order to deliver integrated MDA, huge numbers of health workers are required for the training of volunteers, community sensitisation, monitoring, supervision and reporting, which is why it's important to work within existing NTD structures in the health system. This is a major part of the government's contribution to UNITED.

On a more local level, understanding the power dynamics within traditional communities can help implementation. For instance, in communities where respected traditional leaders support the programme, treatment coverage has been higher.

Innovative approaches can maximise impact – but they must be suited to context

Using mHealth applications in communities is an effective way of obtaining data on drug requirements and reporting treatment in real time. However, to maximise these benefits, a good mobile network and a minimum level of literacy among users is needed.

Use of the Sightsavers' CLAIMs portal has enabled UNITED to link expenditure to programme output, and to assess performance against targets. This has made it possible to calculate the unit cost of treatment.

Conducting treatment coverage surveys to validate reported treatment has been instrumental in identifying issues and developing mitigation strategies, and has also helped to ensure consistency of treatment data.



Smart phones are used to log data which is uploaded to an online Trachoma Atlas. The data is already helping governments and aid agencies to target treatment at those who need it most.



A young child receives treatment in Kaduna state, Nigeria

6 Strengthening the health system at federal and state levels offers greater efficiency

Key to strengthening the local health system in a sustainable way has been the development of the Standard Operating Procedures and Logistics Management Information System. This has helped to improve drug supply chain management, improve record keeping and ensure the timely quantification of drug needs and delivery, leading to greater transparency and efficiency.

Collaborating with the USAID-funded Envision project in supporting the National NTD Steering Committee meetings has ensured the government's NTD Division is fully informed on the progress being made and where gaps exist. This has enabled partners to receive support and is informing the design of future programmes.

UNITED supported high level advocacy at the national and state levels, which has increased the profile of NTDs on the health agenda. This has resulted in increased government commitment to fund NTDs. However, actual funding has been limited due to the current economic climate.

7 Treatment data must be reviewed to ensure quality

The size of the programme and literacy rate in most communities can affect the quality of data provided. Therefore, consistent reviews of treatment data and records are essential for ensuring good quality data.



It's important to adapt to the impacts of insecurity

Insecurity is a significant risk in programme implementation so collaborating with security agencies, local staff and community members to understand security threats and adapt activity plans accordingly is very important. Maintaining a low profile and anonymity is advised when travelling to some places. In particular, travelling in vehicles that are perceived as luxurious such as four-wheel drives poses a major risk.

9 When treating multiple NTDs coordinated integration is crucial

UNITED has demonstrated the success of an integrated approach, delivering MDA to treat multiple NTDs. In order to ensure the co-administration of drugs is seamless, it is important to take a coordinated attitude to drug application and shipment. Issues can lead to serious delays in providing treatment. For example, because Mectizan® and Albendazole are co-administered, when the two drugs were not shipped at the same time treatment for both diseases was delayed.

UNITED's integrated approach, which has efficiently delivered treatments at scale, has led to improved coordination and cost savings. Crucially, it has also increased awareness of NTD elimination within government and with other stakeholders.

10 Drug shipment delays must be dealt with promptly

Securing duty waivers for drug shipments from the appropriate authorities on time is essential. If this is not done it can lead to delays in shipping drugs, which then delays treatment. If other delays have also occurred in the submission of treatment reports (see Lesson 4) this can seriously disrupt the timing of MDA.



Garba Hullo, 60, MDA recipient, and trachoma patient Kurya Madero, Kaura Namoda LGA





Coordination at multiple levels





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