Scaling up NTD Control: USAID experience

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## Roadmap to the Neglected Diseases

### Neglected Diseases

- Ascaris
- Trichuris
- Hookworm
- Lymphatic filariasis (LF)
- Onchocerciasis
- Guinea worm
- Schistosomiasis
- Leishmaniasis
- Chagas disease
- African trypanosomiasis
- Dengue fever
- Leprosy
- Trachoma

**HUNDREDS**

### Neglected Tropical Diseases

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**+ 20 MORE**

### Targeted NTDs

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**Intestinal Helminths (STH)**
Flashback to 2006

- **State of the science**: co-implementation of some drugs is safe, effective
  - Questions still remain to maximize effectiveness, efficiency
- **State of implementation** of ‘integrated’ approach: pilot projects, phasing out
- **State of global policy / technical guidance** for the ‘integrated’ approach: limited
- **State of programs in countries**: pillar programs
  - Some government willingness to move toward integration
  - Solid technical partners
- **State of global interest**: limited
Funding History: NTD Earmark

Principle: 80% of funds go to disease-endemic countries to support MDA
Launching nationally scaled, integrated programs

• **Country Selection**
  – Burkina Faso, Ghana, Mali, Niger, Uganda
  – Prevalence of at overlapping burden of > 3 NTDs
  – Government commitment to integrated approach
  – At least one pillar program functioning well
  – Field presence of strong technical partners to launch quickly
    • RTI, HKI, SCI, ITI, World Vision, IMA World Health, Malaria Consortium

• **Workplan development**
  – Stakeholder workshops
  – Comprehensive workplan drafting and budgeting of USAID contribution

• **Implementation process**
  – Negotiations with pharmaceutical donors
  – Procurement of additional drugs
  – MDA started within 6 months
NTD Treatment Scale-up in USAID supported countries

Cumulative number of treatments delivered (millions)

Number of people reached (millions)

Over 220,000 community health workers trained and utilized for NTD control
*Y4 data is preliminary and includes targets for countries whose data is not yet reported.
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USAID supports a Ministry-led process

- **5-year national plan** for integrated NTD control, led by government
  - In-depth situation analysis
  - Mapping for decision making
    - Criteria to satisfy drug donation programs
  - Financial gap analysis
- National stakeholders meeting convened by MoH and MoE, endorsed by WHO
  - Annual; drives USAID workplan for year
- MDA: all aspects
- Streamlined monitoring and evaluation
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Complexity of an ‘integrated’ platform
Mapping progress

- # Districts remaining to be mapped
- # Districts mapped Year 4 (first half): Other support
- # Districts mapped Year 4 (first half): USAID support
- # Districts already mapped by end of Year 3

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<tr>
<th>Disease</th>
<th>Fast-Track Countries (5)</th>
<th>Additional Countries (7)</th>
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<td>LF</td>
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<td>Trachoma</td>
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Mapping: manually creating ‘integration’
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Donated NTD control drugs used in USAID-supported countries

- *Includes albendazole (GSK), ivermectin (Merck) and azithromycin (Pfizer)
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Neglected Tropical Diseases Control Program

Financial Gap Analysis Tool

Module 1: Background Information
- Welcome Screen
- Orientation
- Base Parameters
- Country Data
- Demography

Module 2: NTD Budget Details
- Advocacy & Strategic Planning
- Mapping
- Mobilization and Education
- Training
- Drug Procurement
- Drug Delivery
- Drug Distribution
- Registration
- Monitoring and Evaluation
- Morbidity Control & Surgery
- Vector Control

Module 3: Summaries and Reports
- Summary
- Donor Report
- Government Reports
- National Plan Estimates
- Budget History
Coordinated financing: Uganda results

**Total Funding By Donor**
- USAID: 54%
- MOH: 32%
- WHO/APOC: 8%
- SSI: 1%

**NTD Program Budget By Input**
- Recurrent Costs/Supplies: 24%
- Personnel: 33%
- Transportation: 17%
- Per Diem/Allowance: 26%
*Support from USAID has not yet been finalized, and is expected to fill portions of the funding gap
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Stakeholders: ensuring integration

- **Capitalize on all existing platforms and partners**
  - Government, non-governmental, community and private sector infrastructure and delivery systems
  - Health, education sectors
  - E.g. child health days, school-based delivery

- **Linking donors under government umbrella**
  - National, regional or district level inputs can be harmonized
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Mass Drug Administration: what it takes (Uganda)
Current focus:

- Capacity for MoH-led strategic planning
- Capacity for MoH budgeting and resource coordination
- Program management
  - International training course targeting MoH staff
Going to national scale in Sierra Leone

Coordination with:
• Ministry of Education, Youth and Sports
• District Councils
• District Medical Officers
• District School inspectorate
• Traditional leaders
• Primary school teachers
• Community leaders

NTD Control Program Coverage before USAID assistance in 2007 and after USAID assistance in 2009
Long way to go
In addition to MDAs……

• Build evidence for most efficient, effective program model(s)
• Influence global and national policy
• Develop tools of global benefit
• Mobilize / leverage resources
  – G8
    • Dfid, Japan
  – Partnering with pharmaceutical industry
  – Stimulate increased disease-endemic country-level investment
  – Ensure sustainability
• Promote research to further programs
• Propel toward elimination, where plausible
Furthering global norms / policy

- With WHO, developing tools to streamline
  - Drug donation application forms
  - Guidelines for national plans of action
  - Detailed 5-year budgeting for national programs
  - Drug forecasting, management and logistics
  - M&E framework; reporting standards/tools for both the national and international programs, their donors and their advocates

- Remaining needs
  - Defining the ‘end-game’ for LF elimination
  - Measuring impact beyond treatments
  - Transitioning new tools into policy / use
  - Transition to primary health care, post elimination
• Research
  – Within USG, NIH is the lead agency for early stage research
  – CDC is lead for implementation research
  – USAID has a role in late-stage product development, implementation research
• Priority for programs: improve diagnostics essential to define program endpoints
• Maximize impact of the drugs or drug-combinations available for each of the diseases
• Enrich drug development pipeline
  – Add other “NTDs” to our ‘tool ready’ list
• Accelerate translation of research to program implementation / uptake of new tools
Next generation of results

- Efficiency gains
- Increased / Sustained government financing
- Reductions in prevalence
- Stopping MDA
- Certification of elimination
- Impact on other development aims
  - Poverty, education, health
NTDs compromise mental and physical development, reduce school enrollment, and hinder economic productivity.

**Latest News**

**Jul 11**
President Obama Affirms “We Will Fight Neglected Tropical Disease.”
President Obama visits Ghana to speak about Africa’s future.
Read More ▶

**Jun 30**
Raising Awareness for NTDs in Sierra Leone
Mr. Mustapha Sonnie acknowledges USAID support in Sierra Leone.
Read More ▶

**Jul 21**
Read More ▶

**Funding Section**

- U.S. Congress allocates $25 million for USAID’s NTD control efforts in fiscal year 2009, a $10 million increase over the fiscal year 2008 budget for NTDs.
- G8 declares in Japan that it will help control and eliminate several major NTDs by reaching at least 75 percent of people in the most affected countries in Africa, Asia, and Latin America.
- DFID announces a £50 million commitment over the next five years to fight NTDs.
- The Bill & Melinda Gates Foundation announced a new grant of $34 million to prevent and treat NTDs.

**USAID Support Since 2006**

- Number of NTD Treatments Provided: 255,897,631
- Number of People Treated: 59,837,787

**Partners’ Section**
USAD collaborates with a wide range of partners to implement the NTD Initiative.
Learn more ▶

www.neglecteddiseases.gov