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USAID NEGLECTED TROPICAL DISEASES (“NTDS”) PROGRAM TECHNICAL CONSULTATION MEETING - MAY 9, 2017 EXECUTIVE SUMMARY

INTRODUCTION

On May 9th, 2017, the United States Agency for International Development (USAID) hosted over 50 public, private, and nonprofit organizations working or interested in neglected tropical diseases (NTDs) in a daylong technical consultation meeting organized by USAID’s NTD Division. At this meeting, USAID, in collaboration with the U.S. Centers for Disease Control and Prevention (CDC) and the World Health Organization (WHO), discussed the conclusions and recommendations from the latest evaluation of USAID’s NTD Program. Participants were given the opportunity to discuss topics related to the USAID’s current NTD programming and USAID’s contribution to WHO 2020 goals for NTD control and elimination.

The consultation was divided into two parts. The first part was composed of a series of plenary presentations and discussions which were provided to help participants understand the five NTDs supported by USAID. Presentations from WHO and USAID outlined the global context as well as USAID efforts and results to-date, including findings from the USAID NTD Program Performance Evaluation. The second part of the consultation consisted of five parallel breakout sessions: 1) Sustainable Surveillance & Monitoring and Evaluation; 2) Program Implementation; 3) Integration of Control Platforms; 4) Mainstreaming; and 5) Working with USAID. These breakout groups were designed to facilitate a more in-depth conversation around some of the key highlights from the program evaluation and to get ideas on how USAID might improve progress towards reaching WHO 2020 targets.

OVERVIEW

USAID NTD PROGRAM OVERVIEW

USAID is the lead U.S. Government agency that works to end extreme global poverty and enable resilient, democratic societies to realize their potential. USAID’s effort to tackle neglected tropical diseases (NTDs) contributes towards this poverty elimination goal.

Since 2006, the U.S. Congress has demonstrated bipartisan support for the USAID NTD Program. Initially focused on 5 countries, the program has marshalled resources to expand its geographic scope and scale up access to critical health interventions across the globe. Over the past ten years, the program has expanded to support 31 countries in Africa, Asia and Latin America. To date, the U.S. government has allocated \$686 million to the USAID NTD Program.

The USAID NTD Program targets the most prevalent neglected tropical diseases that have proven health interventions, including: lymphatic filariasis, trachoma, schistosomiasis, onchocerciasis, and three soil-transmitted helminths (whipworm, hookworm, roundworm).

Drawing upon over a decade of experience, USAID invests in areas that have the greatest potential to achieve the WHO 2020 goals for NTD elimination and control. USAID supports countries financially and technically to conduct disease mapping, implement large-scale treatment programs and measure the impact of programs. Additionally, USAID targets support in key areas that are critical in the global fight against NTDs: developing training tools to manage or correct the disability associated with trachoma and lymphatic filariasis; conducting operational research and developing new diagnostics, tools and drugs.

USAID works hand in hand with partners at the national, regional and global level to support national NTD programs. The program's success is underpinned by a dynamic public-private partnership with the pharmaceutical industry, enabling USAID to carry out the largest integrated NTD program in the world and ensuring that donated treatments reach those in need.

NTD PROGRAM EVALUATION OVERVIEW

The USAID NTD Program performance evaluation was conducted in 2016. The purpose of the evaluation was to determine whether the NTD portfolio countries are on track to meet the WHO 2020 goals and specify what may still be required in order to achieve these milestones. It was based on a careful review of program documents and data, scholarly NTD literature, a survey, and key informant interviews. The evaluation centered around these four questions:

- 1) **Global Leadership:** How have the USAID NTD Program and implementing partners influenced global policy and best practices?
- 2) **Program Implementation Strategy:** Is the USAID NTD Program's current strategy the best approach for achieving 2020 goals at a country level?
- 3) **Capacity Building/Country Ownership:** Has the USAID NTD Program built country capacity and country ownership of the program?
- 4) **Progress Towards Achieving Elimination:** Are USAID supported countries on track to achieve the WHO NTD 2020 elimination and control goals for the diseases supported in the program?

Additionally, an interview guide was utilized for in-depth key informant interviews and a 22-question, three-part survey with both closed and open-ended responses was sent to a list of emails for 202 government, NGO and donor NTD program staff based in 21 countries. Field work was carried out in August and September of 2016 and consisted of visits to eight countries, seven of which are endemic for NTDs. Extensive in-person and telephone interviews were carried out with key stakeholders, non-governmental organizations (NGOs), and various technical experts (153 persons total).

SIGNIFICANT THEMES

The NTD Program Evaluation concluded the following general findings across the four objectives of 1) Mainstreaming; 2) Collaboration; 3) Capacity Building/Country Ownership; and 4) Progress towards Achieving Elimination.

From a global perspective, USAID's involvement in the field of NTDs has had a "transformational" effect on program implementation. The USAID NTD program introduced a management discipline and program transparency to national activities, while at the same time greatly expanding the available resources for supporting activities, such as advocacy and operations research. The program has brought

together several individual “disease control” programs within ministries and encouraged an integrated approach. Though challenging and varied across countries, this approach has brought much needed ministry-level visibility to the programs and assisted to position most countries on track to meet the WHO 2020 disease elimination targets. Because of these successes, USAID maintains a strong leadership in the influence of global policies and has played a key role in strengthening country capacity, ownership of mass drug administration (MDA), as well as other related program activities, such as data collection and use, disease mapping, and disease impact assessments. Regionally and in-country, the Agency continues to lead the direction for current and future NTD activities by working with global partners to align contributions for NTD management, supporting local NGO’s and fostering a platform for collaboration efforts.

EVALUATION KEY OUTCOMES AND RECOMMENDATIONS

A number of key outcomes and specific recommendations emerged from the NTD Program Evaluation Presentation:

COMMUNICATION IMPROVEMENTS: Communicating programmatic successes is important for the Agency. The USAID NTD program has had limited communication with partners outside the immediate sphere. Ministries of Health should focus on communicating their success and use their influence to raise resources, build partnerships and strengthen capacity. In addition to improving communications between countries, implementing partners, and the Agency, USAID should continue to assist countries in strengthening their ability to communicate progress and best practices both nationally and internationally and within the broader health and development community.

COLLABORATION & MAINSTREAMING IMPROVEMENTS: Incorporating national public health systems is imperative to achieve long-term NTD elimination, support and sustainability. More effort is needed to promote the support of existing partnerships, quality and routine data, annual work planning and advocacy. More consideration and emphasis on alternative approaches that include district and community level players is required. The USAID NTD Program should continue to work on fostering partnerships with other sectors, such as Education, Water, Sanitation and Hygiene (“WASH”), Maternal & Child Health (“MCH”), Malaria, Central Public Health Labs, etc.

COUNTRY OWNERSHIP AND CAPACITY IMPROVEMENTS: One of USAID’s key objectives is to foster sub-national and national capacity building, assist in mainstreaming NTDs within the public health system and sustaining success after elimination. USAID should continue efforts to strengthen districts, sub-districts, and community personnel. One way to achieve this is by increasing supervisory capacity; this will improve outcomes and may facilitate greater national and sub-national coordination.

MORBIDITY IMPROVEMENTS: Morbidity management and control continues to be a challenge globally. Funding and support for morbidity control remains limited, but it is an increasing concern of national NTD Programs. USAID should work on assisting in leveraging available resources through collaboration with WHO and partners.

KEY OUTCOMES FROM THE TECHNICAL CONSULTATION:

The technical consultation plenary session presentations were each followed by an opportunity for questions and feedback. While most questions from participants were requests for clarification of various technical aspects of the NTD program, there were some feedback comments. For example, one participant raised concerns about a potential reduction in ministry of health capacity to carry out program activities in some countries due to the closing or tremendous scale-down of polio programs (several countries rely on this platform for MDA). Another participant flagged the challenge of using school-based treatment platforms in countries/communities where many children do not attend school or attend regularly. It was also noted that country ownership should include an increased financial commitment by countries to operate NTD programs (thus, relying less on donor funds). This latter point will be especially important as countries reach WHO requirements for elimination status of some diseases while still needing to maintain long-term control programs for other diseases.

The breakout sessions that followed the plenary were organized based on areas where the USAID NTD program staff believed a deeper discussion, exchange of ideas, and other feedback would be useful in considering potential future programs. Some participants were asked to join specific groups based on their known areas of expertise, skills, and experience. The rest of the participants were invited to choose from among the breakout groups. Key points from each themed group are included below:

1) SUSTAINABLE SURVEILLANCE AND MONITORING AND EVALUATION:

Description:

control diseases (STH/SCH/ONCHO) will require long term sustainable drug delivery platforms and M&E systems that are integrated within the national health system. How can NTD programs be strengthened to sustain long term the monitoring and evaluation needs for both elimination and control diseases?

Key Outcomes:

- Special Program for Research and Training in Tropical Disease (TDR), in collaboration with WHO NTDs, needs to explore training opportunities that strengthen county capabilities for disease surveillance and M&E. Participants discussed the possibility of making a “lighter version” of some of the more complex tools so they are easier to understand and update. Carrying out disease transmission/epidemiology training down to the district level could be worthwhile.
- There is a clear need for district level staff to know how and where to access information and tools (e.g., from central Ministry of Health (MOH), implementing partners, WHO) This need is increasingly important as the programs stop MDA and need to plan and implement surveillance activities and for longer term activities after elimination is achieved. This need for easy access to information also could adjunctly benefit country programs’ morbidity management.
- Also mentioned was security and stability of country program NTD data. Some programs are not securely storing the data (e.g. cloud, network) or routinely completing back-up of data. Data that sits on desktop and laptop hard drives is much more likely to be lost.
- USAID’s NTD program should learn from the deep experience of malaria programs and potentially bring NTDs into the HMIS/DHIS (the health information management system that many Ministries of Health are using). Access to real-time data for decision making could

streamline processes, reduce costs of parallel systems and help move programs towards long term sustainability.

- USAID's NTD program should continue to follow the multiplex and other more advanced laboratory tool developments which are now incorporating vaccine-preventable diseases and NTDs. These platforms have the real potential to save on cost due to pooling strategies, decreased labor and multiple detection capabilities from single samples. If these platforms are regionally situated there could be significant opportunities to take advantage and maximize the impact.

2) PROGRAM IMPLEMENTATION:

Description: The USAID "formula" for NTD program implementation has been largely successful as is demonstrated by the high pass rate of disease specific assessments. However, as more countries experience success in treating NTDs, it is clear that more complicated challenges in some sub-national areas (e.g., districts) require either a different approach or a higher concentration of attention and effort under the current approach. What ideas, approaches, tools and other resources can help countries meet these challenges?

Key Outcomes:

- The USAID NTD Program should learn from other public health programs with similar challenges. For example, since 2002, the polio and immunizations programs in the Africa region have been using a "micro-planning" process down to the district level. This process engages local government officials in identifying hard-to-reach populations at a rather granular level. There are plans to extend this planning process down to the facility level where health workers are more likely to know the specific homes, workplaces, practices and issues of hard-to-reach populations.
- Increasing qualitative research was suggested as a way to gain insight into reasons why communities are missed during MDA or why community members do not comply with taking medicines. One meeting participant noted engaging local universities in this type of research is a quick and effective way to generate more comprehensive data on missed populations and MDA program compliance.
- Another participant suggested that USAID collaborate with other programs (even outside of health or development sector) for supplemental information and/or experiences to help improve MDA planning and implementation. The benefits of having a common data platform or established peer-peer network for sharing data and discussing challenges and best practices was also noted.
- In terms of capacity strengthening, the NTD program should explore ways to improve training practices and the sustainability of those practices after USAID support ends. Improvements should include efficient and effective methods of feedback on training (e.g., cell phone surveys).
 - Currently, the majority of annual training for MDA is done on a large scale (often reaching tens of thousands of people in a single country) and some countries view this training process as unsustainable without donor funding. The current method for large-scale training is to use a series of "train the trainer" ladders which tends to result in a

degradation of quality with each step. Also, there is a need for good quality assurance on trainings as well as a system of support for trainers and trainees.

- At the national, and sometimes sub-national level, there is a lot of staff turnover (e.g., M&E, data collection and management). Currently, the NTD programs sit outside of the larger public health systems, so training for some key functions are not integrated into the Ministry's internal program structure. This issue is cross-linked to "mainstreaming."
- Some participants noted, that while morbidity management is not a part of this discussion, countries still need help. Some aspects of morbidity, such as estimating patient burden, availability and quality of morbidity services, are required for countries to complete WHO dossiers.
- Countries need more help with using program data - especially for advocacy and decision-making.

3) INTEGRATION OF CONTROL PLATFORMS:

Description: Support for schistosomiasis (SCH) and soil transmitted helminths (STH) MDA and monitoring and evaluation under the USAID NTD program have been ancillary benefits of the expanded elimination platform (LF, trachoma, onchocerciasis). The USAID NTD program is focused on end points which currently are not detailed in global guidelines for SCH and STH. As a result, countries that achieve their elimination goals and begin to scale down MDA for the elimination diseases, are at risk of losing support for the platforms and funding on which SCH and STH now stand. Therefore, the a key challenge that must be addressed in order to sustain the gains made under the USAID NTD program is to identify what sustainable community or service platforms can be leveraged to provide continued drug distribution for control diseases?

Key Outcomes:

STH and SCH have benefited from integrated MDA with LF, onchocerciasis, and trachoma. Ideally, as these diseases with elimination goals reach their stop MDA objectives, STH and SCH programs would continue through the integration of STH/SCH MDA into other health platforms. The window of opportunity to continue to take advantage of the drug donation programs (which make deworming incredibly cost effective) is narrowing as elimination programs scale down. The discussions included identifying the following key activities that would be essential to the development of a sustainable STH/SCH platform as well as taking into account USAID's comparative advantages. The major key activities identified are:

- High level diplomacy/dialogue is needed to raise the visibility of the SCH/STH program to increase interest and strengthen political will in support of integrating control diseases into alternative platforms that are likely to have long-term viability.
 - It is especially important to attract cross-sectoral collaboration as integrating STH/SCH into other health platforms requires buy-in across ministries and technical communities (WASH, Education, Maternal and Child Health, etc.)
 - Ultimately the aim of this effort is to encourage change and/or updates national policy that supports or mandates the integration of STH/SCH MDA into existing sustainable platforms.

- **Communication:** Communication of the successes and impacts of the program, especially in regards to STH and SCH, has been generally weak under the USAID program. Increased focus on strengthening communication on program successes to date, the benefits of integrating STH/SCH control/treatment into other health platforms to maintain progress, and the sustainability of these deworming programs is needed.
 - A key message to reinforce is that STH/SCH deworming programs have been very successful and that deworming contributes to other cross-sectoral goals and overall country development goals.
 - Successful communication will require understanding other sector/service delivery platform goals and how STH/SCH would contribute to accelerating progress towards those sector specific goals as well as the overall development goals in a country.
- **Support for Cross Sectoral Coordination:** A robust and sustainable STH/SCH program would ultimately include a behavior change and Water, Sanitation, and Hygiene component, and therefore, would require multisectoral buy-in. Hence, once there is interest from other sectors, support for coordinating bodies across sectors/ministries is crucial during the initial stages of policy and program development.
- **Landscaping/Situational Analysis:** To support strengthening high level diplomacy and communication, a country specific understanding of the programmatic, epidemiological, and cross sectoral/partner landscape is essential. This process also includes understanding the opportunities and avenues available through national governments for domestic resource mobilization. For example, the Philippines deworming program identified key stakeholders within the ministry and created an opportunity for program support through the national tax on tobacco and alcohol.

4) **MAINSTREAMING:**

Description: What capacities, strategies and resources should be considered in helping countries to merge relatively isolated country NTD programs into the broader health systems and efforts to increase domestic financing for health (e.g., Universal Health Coverage)

Key Outcomes:

- USAID should consider re-defining its support relationship with some countries such that host country NTD budget becomes standard practice. For example, the memorandum of understanding (MOU) with the host country could require some amount of co-investment by the government in order to receive USAID funding support. This practice has been successful in countries such as Sudan and Nigeria.
- Ensuring that deworming is part of a country's minimum package of health services is a good first step to getting long-term NTD control activities into the national health budget.
- Given that there is a lot of competition for health dollars within governments (e.g., Malaria, HIV, MCH), it is important to help NTD programs communicate to Ministries of Health and Finance the big social returns for low cost investments in NTD control - despite the low rate of mortality caused by NTDs. Additionally, existing infrastructure for delivery and integrated treatment methods help make NTD control an attractive investment.

- Most country NTD program managers are consumed with the requirements of managing a long list of neglected diseases (beyond the five supported by USAID). They need assistance in identifying host government priorities, the budget cycle and timing of financial commitments to priorities, and how to influence those priorities by strategically communicating the need for NTD program support and the benefits of investing in the NTD program.

5) **WORKING WITH USAID:**

Description: USAID seeks to tap the creativity, energy, and innovative ideas of individuals and organizations around the world to discover new ways to tackle global challenges. In this breakout session, USAID sought ideas, recommendations, and feedback on the different ways and modalities of working with the Agency. What are the strengths and challenges of different procurement mechanisms, ways of collecting data, reporting requirements, and implementation experience as is related to Neglected Tropical Diseases programming?

Key Outcomes:

- The USAID program should work towards economies of scale – recognizing that efficiency allows more MDA and related activities to be funded.
- A decreased management burden is desired as the administrative requirements divert technical staff members from doing technical work.
- Participants noted that more transparency across the portfolio of countries is very important. Having standardized, centralized data available for regular review among partners helps the teams improve by learning from each other. Likewise, transparency also makes it easier to learn lessons on implementation from across the portfolio and apply to countries with challenges.

CONCLUSIONS AND NEXT STEPS

Overall, this technical consultation brought together a broad range of stakeholders with organizational and technical perspectives to review the USAID NTD Program's work, progress, and challenges. Also, it provided a forum for providing feedback and suggestions to further advance USAID's NTD program. Participants suggested areas of improvements, provided ideas for program structure, and ways that USAID could respond to the recommendations from the 2017 program evaluation, in order to support countries to accelerate and meet WHO 2020 NTD control and elimination goals. USAID will take these comments and ideas into consideration as the NTD program moves forward.