

HEALTH CAMPAIGN EFFECTIVENESS  
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# Evaluating a transition to government ownership of schistosomiasis and soil-transmitted helminth control programs in four districts in Nigeria

**Nigeria:** four districts in Delta, Edo, Nasarawa and Plateau States

**Health Domains:** Neglected Tropical Diseases

**Theme:** Transition of Campaigns to Health Systems

**Project Lead:** Lindsay Rakers, Associate Director, The Carter Center

**Project Team (The Carter Center):** Dr. Gregory Noland, Director; Emily Griswold, Associate Director; Lauren Shewmaker, Senior Associate Director; Dr. Emmanuel Emukah, Project Director; Dr. Abel Eigege, Project Director

**Other partners:** State and Local Ministries of Health of Nigeria

# Background and Problem to be Addressed

## Background

Schistosomiasis and Soil-Transmitted Helminths are devastating parasitic diseases. WHO aims to reduce infections with mass drug administration to school-age children. As the current strategy requires indefinite treatment, many agencies advocate “mainstreaming” these programs—i.e. ceasing external support and transferring program implementation to each endemic country’s primary health care system. In Nigeria, 43 million and 35 million persons need treatments for schistosomiasis and for STH respectively.

## Problem or Gap

There is a lack of a clear way forward for NTD programs to transition from shared support by the government (MOH/MOE) *and* an implementing partner to *full* support by the government while maintaining achievement of treatment targets.

# Purpose and Intended Application of Findings

## Purpose

The purpose of this study is to evaluate the transition of schistosomiasis and soil-transmitted helminth mass drug administration (MDA) programs to the primary health care system or routine health services in select districts in Nigeria; study results will inform transition plans in hundreds of other districts in Nigeria.

## Expected Outcomes

This study will contribute to the blueprint Nigeria needs to take on full ownership of a NTD control program; we hope its outcomes will become part of Nigeria's official NTD Master Plan and result in positive outcomes for years to come in the communities affected by schistosomiasis and soil-transmitted helminths. The primary barrier to full ownership is lack of dedicated government funding for NTD programs.

# Research Questions Addressed

How will the treatment coverage of a district SCH/STH program in Nigeria change when the district is transitioned from partial support by an external partner to full support by the various levels of government involved in school-based mebendazole and praziquantel distribution?

How will transitioning support for the SCH/STH program from external partners to local government affect the distribution of responsibilities and the mechanics of MDA among staff from throughout the local health system?

This question will be addressed using coverage surveys of one treatment round *prior* to the transition to full government support and one treatment round *after* the transition

This question will be addressed with:

- Planning meetings with government officials
- Interviews with personnel positioned throughout the health system (state and local ministries of health, frontline health facilities), at multiple time points, to add context and clarity to the mechanics and effects of mainstreaming, as well as articulate what barriers exist to fully independent government management of its NTD programs.

# Anticipated Project Timeline

June - July 2021,

Planning meeting,  
Interviews,  
Round 1 treatment

Sept – Dec 2021,  
Round 1 results compiled

May 2022  
Round 2 treatment

July 2022  
Round 2 results compiled, final meeting/debrief

July - Aug 2021,  
Coverage surveys

Feb 2022  
Planning meeting,  
Interviews

June 2022  
Coverage Surveys,  
Interviews

July 2022  
Final report to HCE

# Challenges in next 6 months

## The Challenge(s)

1. Government buy-in on transition plan
2. Drug supply

## Strategy for Mitigation

1. The Carter Center has been in frequent communication with government personnel and we are creating all plans in consultation with them (some of whom are on this call). Inherent in the study is government input and feedback in interviews.
2. The Carter Center will work with the national pharmacist and the state and local health personnel to ensure availability of praziquantel and albendazole; historically there has been some ability to “borrow” medicine from other states if needed.

THANK YOU