

# Health Campaign Integration related to Neglected Infectious Diseases in Latin America and the Caribbean: Highlights of a Landscape Analysis

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# Introduction

- The experience of health campaign integration for neglected infectious diseases (NIDs) are **not** adequately documented in the region of Latin America and the Caribbean (LAC).
- *PAHO's Diseases Elimination Initiative* emphasizes the importance of **integrated efforts** to end NIDs transmission
- LAC countries have used **integrated health campaigns and interventions** to advance communicable disease elimination, particularly of NIDs.
- Vaccination Weeks in the Americas have provided an annual platform to integrate **multiple interventions** such as vaccination and deworming

# Objectives of Landscape Analysis

1

- To provide an overview of experiences and processes with conducting integrated health campaigns in the LAC Region related to three (3) NIDs -- soil-transmitted helminthiases (STH), trachoma and lymphatic filariasis (LF).

2

- To summarize best practices, successes, gaps, and challenges from past experiences.

3

- To highlight ways to improve the effectiveness and reach of these integrated health campaigns.

# Methods



Retrospective analysis focusing on high-profile health campaign integration in Honduras, Colombia, and Guyana on three (3) specific NIDs-- soil-transmitted helminthiases (STH), trachoma and lymphatic filariasis (LF) .



Two-step landscape analysis:  
-rapid literature review (last 10 years)  
-qualitative key informant interviews (KIIs)



KIIs conducted with NID personnel in PAHO country offices in Honduras, Colombia, and Guyana in July 2021.  
Data analyzed using an unstructured, thematic content analysis approach

# Findings- Honduras

- Formed a National Steering Committee for NIDs in 2010
- Launched Region's first integrated national plan to control and eliminate nine NIDs
- Piloted integrated deworming campaign in 2012 for children ages 2 to 4 years during National Immunization Week in two municipalities; scaled up nationally for annual Vaccination Week in the Americas by 2014.
- Integrated NID and school health programs by conducting deworming campaigns for children in schools, with strong collaboration between the Ministries of Health and Education.
- Challenges and barriers to NID campaign integration:
  - shortage of human resources for health
  - limited financial resources
  - lack of proper strategic planning
  - Concerns about overall sustainability of the program



# Findings- Colombia

- Successful elimination of onchocerciasis in 2013 triggered launch of national plan to control and eliminate STH and trachoma
- Targeted populations via MDAs:
  - 195,000 people in areas for elimination of trachoma (2021);
  - 3.2 million children ages 1 to 14 years for deworming (2019)
- Conduct integrated “surgical camps” with deworming and trachoma treatment in indigenous populations of Amazon & Orinoco.
- Integrate deworming campaigns for:
  - children attending school;
  - preschool-age children via annual vaccination campaigns
- Challenges to campaign integration:
  - influx of immigrants
  - shortage of human resources
  - competing health priorities
  - limited budget



# Findings- Guyana

- 2019 strategic plan to eliminate lymphatic filariasis (LF) through MDAs using triple therapy (IDA), also targeting scabies, STH.
- Three approaches of MDA program:
  - distribution at primary and secondary schools
  - distribution through fixed points in work and public places
  - house to house distribution
- School-based campaigns to combat LF and STH
- Achieved >70% MDA-IDA national coverage 2017-2019 & 2021
- Exploring inclusion of integrated health campaigns under one National NID Strategic Plan, with leishmaniasis and other NIDs
- Challenges:
  - weak coordination of activities with schools, line ministries
  - limited financial and human resources
  - competing health priorities
  - engaging teachers and parents in schools



# Cross-cutting Themes (1)

## Experiences

- Integrated no more than 2 health services at a time.
- Two countries integrated within the NID realm (STH, LF and trachoma), while one included vaccination.
- Integration started at a small scale then expanded to other geographic areas or target age groups.
- One country relied on external donors for operational costs, two countries almost fully funded campaigns.
- Governments fully funded NIDs strategic plans and vaccination campaigns; received MDA drug donations

## Achievements

- High coverage from NID integrated campaigns in Guyana and Honduras.
- Actively engaged stakeholders, made strong efforts to train and sensitize teachers and parents.
- Effective adaptation of national plans and interventions at the national and local levels.
- Strong intersectoral collaboration (e.g., between Ministries of Health and Education)

# Cross-cutting Themes (2)

## Enablers

- Effective high-level, multi-sectoral support.
- Collaboration via intersectoral committees and working groups.
- Consistent effective communication strategies to help serve target populations.
- Community engagement from an inter-cultural perspective.

## Gaps & Challenges

- Weak coordination among schools and line ministries/stakeholders.
- Coverage gaps for deworming in Honduras and Colombia.
- Limited financial and human resources. Insufficient management capacity, poor strategic planning and supervision, and weak surveillance systems in remote rural areas.
- Campaign fatigue, complicated political climate, migration and insecurity.

# Recommendations

1. Comprehensively *document* LAC campaign integration experiences.
2. Strengthen *intersectoral collaboration and communication* strategies among local and regional partners, and ensure a consistent approach to community engagement.
3. Consider *health campaign integration as a pillar* to contribute to reduce disease burden and improve overall health outcomes.
  - PAHO's initiative to eliminate >30 communicable diseases and related conditions by 2030 is an opportunity to reinforce integrated campaign approaches towards elimination of NIDs.
4. Strengthen *management capacity and planning processes* to better execute health campaign integration, taking into account financial and human resources.
5. Avail resources for *coverage surveys and other measures of effectiveness*, including equity and access by underserved populations.
6. Consolidate *leadership and governance* at all levels to ensure planning for sustainability of integrated NID programs and the achievement of greater outcomes.

Thank  
You