Mainstreaming NTD Campaign Interventions into the Primary Health Care System

Country: Ethiopia

Presenter: Dr Teshome Gebre

Project Leads: Dr Esmael Habtamu, Dr Teshome Gebre, Mr Fikre Seife, Prof Wendemagegn Embiale, Mr Behailu Merdekios
### Overview

<table>
<thead>
<tr>
<th>Introduction and Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>Study Location</td>
</tr>
<tr>
<td>Research Question and Objectives</td>
</tr>
<tr>
<td>Methods</td>
</tr>
<tr>
<td>Lessons Learned</td>
</tr>
<tr>
<td>Implications for Policy and Practice and Future Research</td>
</tr>
<tr>
<td>Summary of Key Messages</td>
</tr>
</tbody>
</table>
Introduction and Background

Background

- Ethiopia: Highest burden of NTDs
- NTD interventions in Ethiopia: dependent on external support, with limited integration to the health system
- New WHO NTD roadmap proposed mainstreaming
- Ethiopia sustainability action plan: proposes mainstreaming & integrating NTD control within the health system

Problems or Gaps

- No adequate evidence on how to implement mainstreaming in “real world” setting
- Mainstreaming can be detrimental to a weak health system
- Evidence needed on capacity and preconditions needed for integration
Study Location

Eight Regions

Afar
Amhara
Gambela
Oromiya
Sidama
Somalia
SNNP
South West
## Research Question and Objectives

<table>
<thead>
<tr>
<th><strong>Question</strong></th>
<th><strong>Objectives</strong></th>
</tr>
</thead>
</table>
| What preconditions and strategies facilitate mainstreaming of NTD activities into the PHC system in Ethiopia? | • Assess operational capacity and readiness of the Ethiopia PHC system  
• Develop acceptable, feasible strategies to partially or fully mainstream NTD campaign interventions into the Ethiopia PHC system |
Methods

Mixed method exploratory implementation research

Phase 1: Review of Existing Mainstreaming Practices

Phase 2: Stakeholder Consultative Workshop

Phase 3: Health System Capacity/Readiness Assessment

Phase 4: Mainstreaming Strategy Co-Development
Tools Used

• PHC Capacity and Readiness Assessment:
  • Capacity and Readiness: Service Availability and Readiness Assessment (SARA)
  • NTD Service Availability: Service Provision Assessment (SPA)

• Consolidated Framework for Implementation Research (CFIR)
  • Mainstreaming enablers and barriers

• Readiness for Change - PHC workers
  • Modified Readiness for Organisation Change (ROC)

• Primary Health Care Performance Initiative (PHCPI) framework
  • Data synthesis
National Level Data

NTD & Primary Health Care,
Finance,
Logistics and Supplies,
Implementing Partners and Funders

Strata 1: Regions (8)
- Political stability and co-endemic for three or more NTD: (Amhara, Gambela, Oromia, Sidama, SNNP, SW, Somali) + Afar region, different context
- Regional Inventory + Interview with 30 people

Strata 2: Districts (10)
- Two from the two largest regions: Oromia, Amhara; One from the remaining six
- District Inventory, Interview with 30 people

Strata 3: PHC Facility (30)
- 3 from each district
  - PHC inventory + interview with 60 PHC worker

Strata 4: Health Posts (90)
- 3 under each PHC
  - Health Post inventory + interview with 90 PHC worker

Strata 5: Community (90)
- 1 under each health post
  - Interview with 90 community worker
PHC Capacity: Lessons Learned

SYSTEM:

• NTDs are incorporated into national health care policies

• Inadequate involvement of political leadership in the governance of NTD

• NTDs are not often discussed in the management meeting of PHC facilities

• No budget lines for NTDs in most regions and districts

• NTDs constitute only 0.08% of the total domestic expenditure for health care
PHC Capacity: Lessons Learned

INPUTS:
• Workforce availability and distribution inconsistent across levels
• No sufficient availability and distribution of NTD drugs and supplies across facilities

SERVICE DELIVERY:
• Morbidity Management and Disability Prevention (MMDP) services not available for most NTDs
  • Overall NTD service availability: 32%
• Majority (80%) support the mainstreaming NTD campaign interventions
• However, majority (60%) believe that only partial mainstreaming is possible for MDA & MMDP
PHC Workers Readiness For Change

Encouraging PHC worker readiness for NTD campaign intervention mainstreaming
Implications for Policy and Practice

- Limited government financial contribution and involvement in NTD governance system at all levels may hamper mainstreaming efforts

- Insufficient availability and distribution of NTD drugs and supplies across facilities need serious attention

- PHC workers willingness and readiness for change (mainstreamed campaign delivery) is very encouraging

- Partial mainstreaming of NTD campaign interventions would be possible in the coming few years
Implications for Future Research

• System, inputs and service delivery gaps require action prior to embarking on to mainstreaming

• Conduct implementation research to pilot and then scaleup the national NTD campaign interventions mainstreaming strategy
Summary of Key Messages

**SYSTEM**
- Improve engagement of the political leadership in NTDs governance
- Increase government financial contribution
- Develop national strategy and implementation guide for NTD mainstreaming

**INPUTS**
- Enhance equitable workforce distribution & capacity
- Enhance effective drug supply chain & management
- Improve health facility and information system infrastructure

**SERVICE DELIVERY**
- Improve recoding and reporting through DHIS2
- Encouraging workforce willingness and readiness
- Sustain through good governance & motivation
- Regular supportive supervision & monitoring
THANK YOU.
Acknowledgements

- Bill & Melinda Gates Foundation for funding this project through its Health Campaign Effectiveness Program
- HCE team for their unrelenting support throughout the project
- Ethiopia Ministry of Health NTD Department for coordinating the data collection
- Arba Minch University team at the Collaborative Research and Training Center for NTDs (CRTC-NTDs) for coordinating and collecting the data
- The study participants including people representing various NTD programme stakeholders at different levels of the health system
- All the research team members