

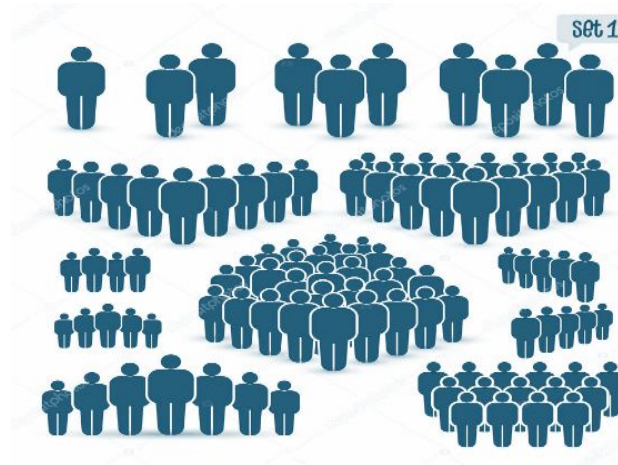
# **Strengthening Neglected Tropical Disease Integration through the health system: country experience and innovative approaches**

National NTDs program  
Ministry of Health, Ethiopia  
8 July 2025

# Outlines

- Country background
- Integration of NTDs intervention into primary health care (PHC)
- Ethiopia's experience on piloting of the Collaborative Action Strategy (CAS)
- Advantages of integration of NTDs services
- Challenges on integration
- Way forward

# COUNTRY BACKGROUND



**POP: 120M**



**AREA**  
1.1M  
square kilometres



**ADMINISTRATIVE**

**S**

12 Regions

2 City admins

117 Zones

1063 Weredas



**RURAL COMMUNITY**

77%

# Top prevalent NTDs in Ethiopia

| <b>Diseases</b>                              | <b>population at risk in 2021</b> | <b>program targets/MDA in 2025</b> |
|--|-----------------------------------|------------------------------------|
| Trachoma elimination                         | 72M                               | 30M MDA/200K trachoma trachiasis   |
| Onchocerciasis elimination                   | 30M                               | 30M                                |
| Schistosomiasis (SCH) elimination            | 53M                               | 7M SAC                             |
| Soil-Transmitted Helminths (STH) elimination | 96M                               | 14M SAC                            |
| Lymphatic Filariasis (LF) elimination        | 6.8M                              | 1.7M                               |
| Visceral leishmaniasis (VL) elimination      | 20M                               | 20M/2K incidence                   |
| Cutaneous leishmaniasis (CL) control         | 30M                               | 30M/20K incidence                  |
| Podoconiosis control                         | 35M                               | 35M/1.5M MMDP*                     |
| Guinea worm eradication                      | 300K                              | 300K                               |

\*Morbidity management and disability

prevention

# Integration of NTDs intervention into PHC

## 1. District health office

- ✓ Microplanning,
- ✓ logistics management
- ✓ Supervision
- ✓ Overall coordination

## 2. Health centers

- ✓ Team members of the campaign
- ✓ Supervisors
- ✓ Coordination
- ✓ Monitoring
- ✓ Data capturing
- ✓ Reporting

## 3. Health posts-HEW

- ✓ Community mobilization,
- ✓ health education,
- ✓ drug distribution,
- ✓ recording
- ✓ reporting.

## 4. Health development army

- ✓ Community mobilization
- ✓ Drug distribution

## 5. Teachers

- ✓ Facilitated school-based MDA campaign

# Ethiopia experience on piloting of CAS

- Ethiopia and Nigeria have been selected to implement integrated health campaigns
- The development process was facilitated and coordinated by the Health Campaign Effectiveness Program Office at the Task Force for Global Health with consultant support from Camber Collective since June 2023.
- National steering committee established
- Campaign schedule planning with the stakeholders

# Campaigns list for integration in Ethiopia

## 1. Immunization

Measles/Rubella  
Oral Poliovirus  
HPV  
Yellow Fever

## 4. Nutrition

1. Vitamin A  
Supplementation
2. Deworming
3. Nutrition Screening

## 2. Malaria

1. Insecticide treated net/long  
lasting insecticide net
2. Environmental  
Management
3. Mass Fever Testing
4. Seasonal Malaria  
Chemoprevention (SMC)

## 5. Non communicable diseases (NCDs)

1. Hypertension and  
Diabetes Screening
2. Cataract Surgery
3. Breast and/or Cervical  
Cancer Screening

## 3. NTDs

1. Schistosomiasis (SCH)
2. Soil-Transmitted  
Helminths (STH)
3. Lymphatic Filariasis (LF)
4. Onchocerciasis (ONC)
5. Trachoma (TRA)
6. NTDs case screening

# Selected five groups of campaigns

## *Fixed site*

- Immunization/measles
- Nutrition
- NCD screenings

## *House to house*

- Immunization/polio
- Malaria spraying
- Nutrition

## *School*

- NTD (schisto, STH, STP)
- NCD screenings
- HPV
- Adolescent nutrition

## *Community based*

- NTD (LF, Onco)
- NCD screenings
- Malaria (ITN, SMC)

- NTD (Trachoma, MDAs)
- TT screenings
- NCD screenings
- Malaria (ITN, SMC)
- Nutrition



# Integration Opportunities



*Training*



*Manuals/SOP/  
Job aids*



*Social behavioral  
change communication  
(SBCC)/  
Communication*



*Data collection  
tools/reporting*



*Logistics*



*Supervision*



*Microplanning*

# Advantages of integration of NTDs services

- ✓ No peridium
- ✓ Short distance
- ✓ Data management using the existing platform
- ✓ No separate logistic management, with the minimum possible cost and shot time
- ✓ Screening of common illnesses
- ✓ TT screening is concurrently conducted

# Challenges of integration

- Need for repeated refresher training
- interruption of routine services during the MDA campaign
- Drugs delivery time is not as planned that causes dis integration

# Way forward

- AI assisted guidelines, SOPs and training materials
- Blended health extension training (in person and virtual)
- Shorten the MDA campaign days
- Enhance the NTDs case screening in MDA campaigns
- Improve NTDs medicines delivery time

I thank you WHO country office and HQ