The benefits of integrating NTDs to tackle transmission

Eliminating Trachoma: Accelerating Towards 2020

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Trachoma and other NTDs

Trachoma is one of 18 neglected tropical diseases (NTDs) that together, affect over 1 billion of the world’s poorest people1.

A group of parasitic and bacterial diseases, NTDs almost exclusively affect the most marginalised in the developing world; those in remote areas, without basic services and with little political voice.

In many settings, trachoma co-exists with other NTDs, affecting quality of life and livelihoods in entire communities. These diseases affect children’s nutrition, school attendance, physical and cognitive development, the health of pregnant women and new-borns2. They cause disability and disfigurement - and beyond health, undermine education and economic growth and can lead to social stigma. Often, they will demand similar treatment and public health approaches to tackle transmission.3

In 2012, the World Health Organization released a report on ‘Accelerating work to overcome the global impact of neglected tropical diseases’. It calls for greater collaboration between NTD programmes to address the multiple, urgent health needs of marginalised communities.

Eliminating trachoma offers an opportunity to collaborate with other NTDs using interventions from the SAFE (Surgery, Antibiotics, Facial cleanliness and Environmental improvements) strategy as vehicles for engagement.

These joint programmes are already helping a number of countries tackle multiple diseases simultaneously; reaching more people with life-saving interventions in a way that is both more efficient and cost-effective.

Joint planning

Understanding the geographic spread of disease is fundamental for effective NTD control. In the Solomon Islands for example, where both trachoma and yaws are endemic, a joint mapping project saved programmers time and money in incredibly challenging terrain - and set the stage for joint interventions.4

In 2013, teams of graders and recorders arrived in the Solomon Islands to map for trachoma - part of the Global Trachoma Mapping Project (GTMP). Around the same time, the London School of Hygiene and Tropical Medicine was preparing to screen the Islands for yaws, a disease that causes lesions of the skin and bones. It affects the same population groups as trachoma and is mainly found in hard-to-reach communities.5

The Islands have the second highest number of yaws cases in the world after Papua New Guinea. With the survey methodology already in place for trachoma, it made sense to screen the same households for yaws. Teams focused on 5-14 year-olds while mapping for yaws and for trachoma, they targeted older people for evidence of advanced trichiasis.78 The data collected for both diseases would later inform a successful joint drug administration programme.9
Co-administration of drugs

According to WHO, 90% of NTDs can be treated with antibiotics that are administered either once or twice a year. 10

Many of the NTD programmes, including trachoma, have access to antibiotics through pharmaceutical donation schemes. However, drug distribution can be tough in endemic countries given the geographical challenges, import limitations and funding for distribution programmes. 11

Coordinating the distribution of antibiotics where diseases overlap can help mitigate some of these challenges helping it make economic sense. It can also increase the capacity of national health systems by streamlining the work of often overburdened local health staff and volunteers.

In northern Nigeria, an integrated NTD programme funded by the UK Department for International Development and led by Sightsavers is helping the federal government tackle seven priority diseases through joint mass drug administration (MDA): trachoma, schistosomiasis (bilharzia), lymphatic filariasis, onchocerciasis (river blindness) and soil transmitted helminths (hookworm, whipworm and roundworm).

This programme known as UNITED distributes four antibiotics, once or twice a year to everyone in communities where diseases are co-endemic in Kaduna, Kano, Katsina, Niger and Zamfara states.

The integrated approach is helping Nigeria, the country with the highest burden of NTDs in sub-Saharan Africa, reach 26 million people at risk in remote, conflict-affected regions and aims to distribute over 112m treatments during the 4 years of the programme. 12

Highlighting the importance of this work and suggesting further expansion, the UK House of Commons International Development Committee has published a report on DFID’s programme in Nigeria.

"With costs per beneficiary expected to be as low as US$0.12 per person treated by the end of the programme, DFID’s Tackling Neglected Tropical Diseases through an Integrated Approach has shown how cost effective life-saving health interventions can be. We urge DFID to actively use such examples as evidence to the public of how cost effective UK aid can be in changing the lives of millions of Nigerians. We recommend that DFID scale up this programme as part of the effort to eliminate NTDs in Nigeria. Such a programme should also be replicated in other countries that DFID operates where NTDs are a problem." 13

Dr Elizabeth Elhassan, Technical Director, NTDs, Sightsavers.

Targeting WASH to those most in need

Water, sanitation and hygiene (WASH) are critical for the prevention of most NTDs scheduled for control or elimination by 2020. 14

Like trachoma, bilharzia, soil transmitted helminths, sleeping sickness, dengue and guinea worm are transmitted by vectors, and between people in areas with poor sanitation and contaminated water, or without access to clean water for basic hygiene. According to the Overseas Development Institute, improving WASH can reduce trachoma by 27%; ascariasis (a type of round worm) by 29% and bilharzia by as much as 77%. 15

Joint mapping and data sharing between WASH and NTD programmes can help to identify areas in greatest need of coordinated interventions. Through GTMP, for example, basic information on household access to water and sanitation in many trachoma suspected areas was collected and is helping country programmes assess the degree of overlap between trachoma and other NTDs at a regional level. 16
Integrating health education and hygiene promotion across NTDs can also help countries reach more people at risk of multiple diseases. With target audiences often the same, harmonized messages and materials can reduce confusion about different diseases, save money in production costs and reduce the load on health workers and volunteers responsible for delivering health messages.17

A common vision of disease free communities

A coordinated global effort is needed to successfully tackle trachoma and other NTDs. Already, integration between programmes and sectors is helping many countries accelerate progress towards disease elimination targets.

But further research into drug co-administration and the development of joint indicators to evaluate multi-disease programmes will be critical to realising shared goals of improved health, wellbeing and prosperity for the more than 1 billion people suffering these debilitating diseases.18

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4 http://publications.iadb.org/handle/11319/6644?scope=123456789/1&thumbnail=false&order=desc&pp=5&sort_by=score&page=0&query=It+can+be+done&group_by=none&etal=0.
6 In conversation with Oliver Sokana, National Public Health Eyecare Coordinator, Solomon Islands, 2016.
13 Terms of Reference for Integrated Programme Approach to Control a Range of Neglected Tropical Diseases (NTDs) in Nigeria. Terms of Reference, revised 2015, Section 3. [online].
17 Water, Sanitation and Hygiene for accelerating and sustaining progress on NTDs. World Health Organization, Geneva, 2015, p17.
18 Water, Sanitation and Hygiene for accelerating and sustaining progress on NTDs. World Health Organization, Geneva, 2015, p5.