Incorporating NTDs into Other Health Programs

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BACKGROUND: All programs operate within resource constraints: finite money, time, and labor drive decisions about which activities happen and which do not. One common approach that seeks to maximize the effectiveness of scarce resources is incorporating activities from different programs into a single activity that benefits multiple outcomes. Neglected tropical disease (NTD) programs, which have often functioned with some degree of independence as "vertical" programs, have also attempted to incorporate their work with activities from other disease areas.

OBJECTIVES AND SCOPE: This landscape analysis explores what is known about where incorporating multiple health programs and/or activities into one works, where it struggles to succeed, and what knowledge gaps remain about incorporation. The analysis focuses on three areas of inquiry: (1) mechanisms of incorporation, (2) characteristics of health programs and health systems that help or hinder incorporation, and (3) resources that help incorporation. To limit the scope to a feasible size while maximizing the usefulness of our findings, the study focuses only on the five NTDs treated through regular preventive chemotherapy (PC NTDs)—i.e., lymphatic filariasis (LF), onchocerciasis, schistosomiasis, soil-transmitted helminthiasis (STH), and trachoma—and only their incorporation into other health programs.

A community member holding a dosage of LF medicine during a LF treatment campaign in Kilwa District, Tanzania. Photo credit: RTI International/Roshni Lodhia

Volunteers administer treatment for trachoma during a treatment campaign in Mozambique. Photo credit: RTI International/Damien Schumann

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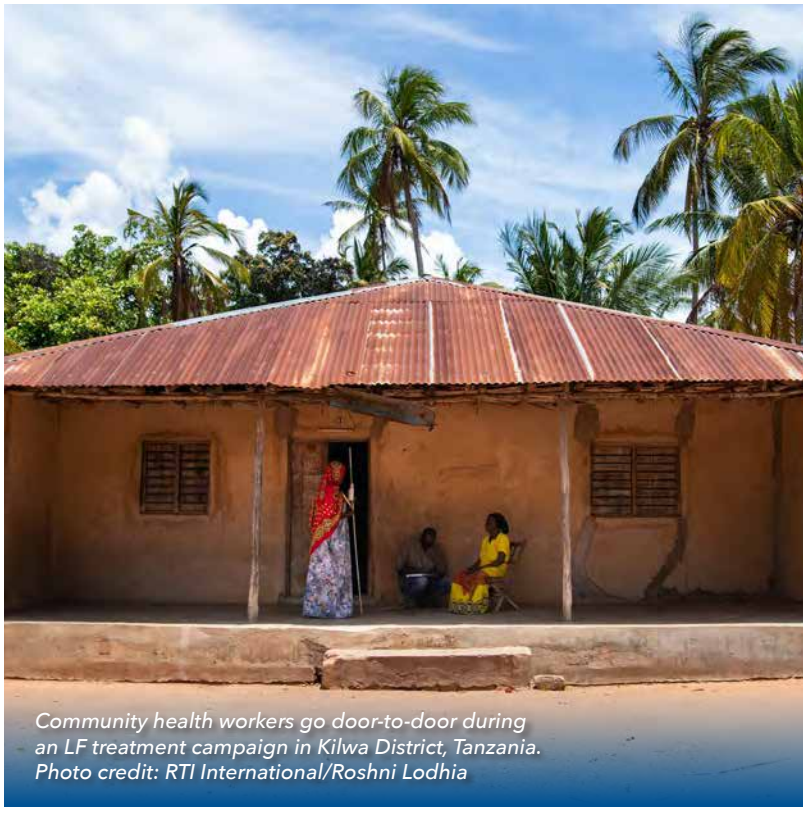
METHODOLOGY: A literature review was conducted, including peer-reviewed and gray literature, in which 166 documents were reviewed, of which information was extracted from 104 documents. In the second stage of the study, eight key informant interviews, with a total of ten participants, were conducted.

OVERALL FINDINGS: Much of the literature agrees on the importance of incorporating NTD activities with other health programs, including its potential for increasing efficiency, reducing redundancy, improving coverage, and decreasing waste [1–6]. Despite this consensus on the attractiveness of incorporating NTDs into other health programs, several sources in our literature review and interviews cautioned that this approach is not appropriate in every circumstance. This study outlines the factors that program designers should consider when determining whether to incorporate a given set of health activities. The findings of the landscape analysis fall into three broad categories: clear assets, clear hindrances, and uncertain forces that sometimes help and sometimes undermine incorporation efforts.

GAPS IN LITERATURE: Despite the knowledge and experience described above, a substantial gap in the literature exists for formal evaluations of how programs can best incorporate into each other. Future evaluations of incorporating and integrating NTD programs should examine and share why the incorporations succeeded or failed, not just whether they did.

Treatments for lymphatic filariasis are provided to parents and children at a local school in the Davao region of the Philippines. Photo credit: RTI International/Paolo Pangan



Community health workers go door-to-door during an LF treatment campaign in Kilwa District, Tanzania. Photo credit: RTI International/Roshni Lodhia

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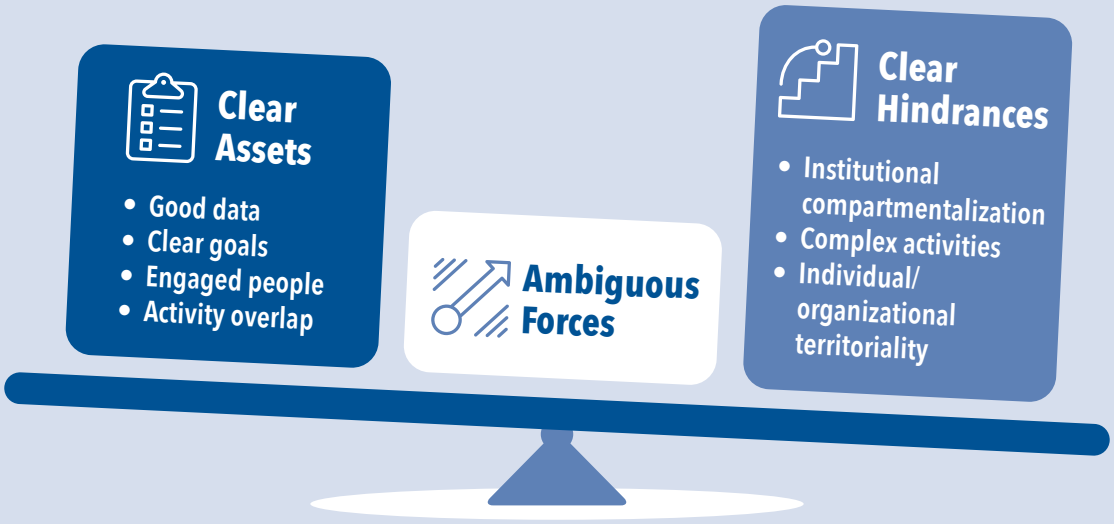
OVERALL FINDINGS



AMBIGUOUS FORCES:

Although some characteristics of incorporated programs provide clear support or opposition to incorporation, the true challenge of incorporation lies in the number of factors that sometimes help and sometimes hinder it. These tensions make it difficult to develop clear guidelines for incorporation that work regardless of context.

Tensions Within Ambiguous Forces		
Necessity of innovation	VS.	Comfort of precedent
Relieving overburdened workers	VS.	Reducing income for workers
Improving equity for covered diseases	VS.	Worsening inequity for uncovered disease
International resources that support incorporated programs	VS.	Local program priorities
Ease of creating from scratch	VS.	Difficulty of starting from nothing
Lack of resources that drive	VS.	Undercut incorporation
Crises that create space for	VS.	Destabilize incorporated programs
External forces		

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