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.
**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.
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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.

<table>
<thead>
<tr>
<th>Tensions Within Ambiguous Forces</th>
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<tbody>
<tr>
<td>Necessity of innovation <strong>VS.</strong></td>
<td>Comfort of precedent</td>
</tr>
<tr>
<td>Relieving overburdened workers <strong>VS.</strong></td>
<td>Reducing income for workers</td>
</tr>
<tr>
<td>Improving equity for covered diseases <strong>VS.</strong></td>
<td>Worsening inequity for uncovered disease</td>
</tr>
<tr>
<td>International resources that support incorporated programs <strong>VS.</strong></td>
<td>Local program priorities</td>
</tr>
<tr>
<td>Ease of creating from scratch <strong>VS.</strong></td>
<td>Difficulty of starting from nothing</td>
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<td>Lack of resources that drive <strong>VS.</strong></td>
<td>Undercut incorporation</td>
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<td>Crises that create space for <strong>VS.</strong></td>
<td>Destabilize incorporated programs</td>
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**Clear Assets**
- Good data
- Clear goals
- Engaged people
- Activity overlap

**Clear Hindrances**
- Institutional compartmentalization
- Complex activities
- Individual/organizational territoriality
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REFERENCES


