DELIVERING INTEGRATED PREVENTATIVE CHEMOTHERAPY EN MASSE FOR NEGLECTED TROPICAL DISEASES IN TANZANIA

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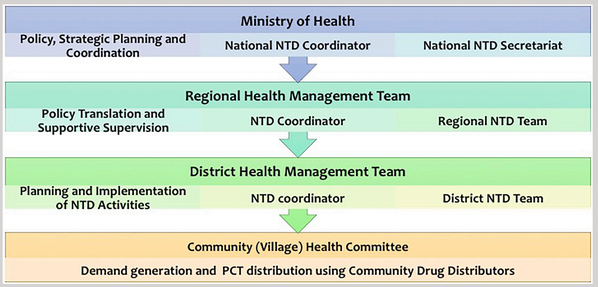
Background

Tanzania is endemic for lymphatic filariasis, trachoma, onchocerciasis, soil transmitted helminthiasis and schistosomiasis. Based on initial disease mapping, all 166 districts are endemic with two or more NTDs, resulting in 50 million inhabitants at risk of infection of an NTD. The TZNTD Control Program has been implementing integrated preventive chemotherapy (PCT) since 2009.

PCT Implementation

The program is uniquely designed as all interventions are delivered through the ministry of health's decentralized healthcare delivery system.

- Districts are the unit of implementation and manage their funds for MDA.
- MoH is the central coordinating unit through the NTD Secretariat.
- All partners support MoH efforts and plan together on an annual basis.
- PCT activities are integrated and reported jointly.



Planning for PCT

The NTD Secretariat leads the development, along with partners, of an Annual Plan of Action which covers different donor cycles and priorities. The plan covers MDA and disease specific assessment scheduling, as well as all NTD related activities. For MDA, each district enters annual agreements with the MoH and partners with clear targets and deliverables. Regional and district accountants are trained on financial management and funds managed at their level. The NTDCP leads advocacy meetings with district leaders to ensure commitment and supports the cascade training of key teams: supervisors, teachers, front line health workers, and community drug distributors.

Implementing PCT

Figure 1. Treatments Distributed by Disease

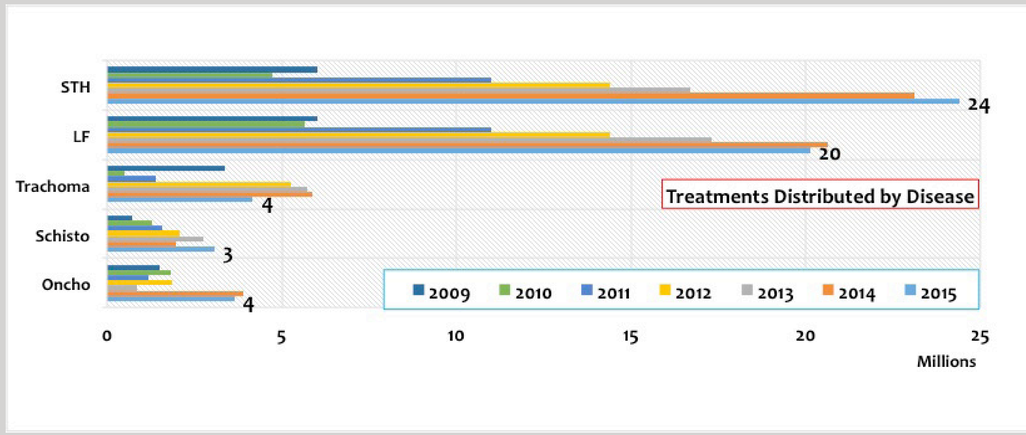


Figure 2. Treatments Distributed by PC NTD

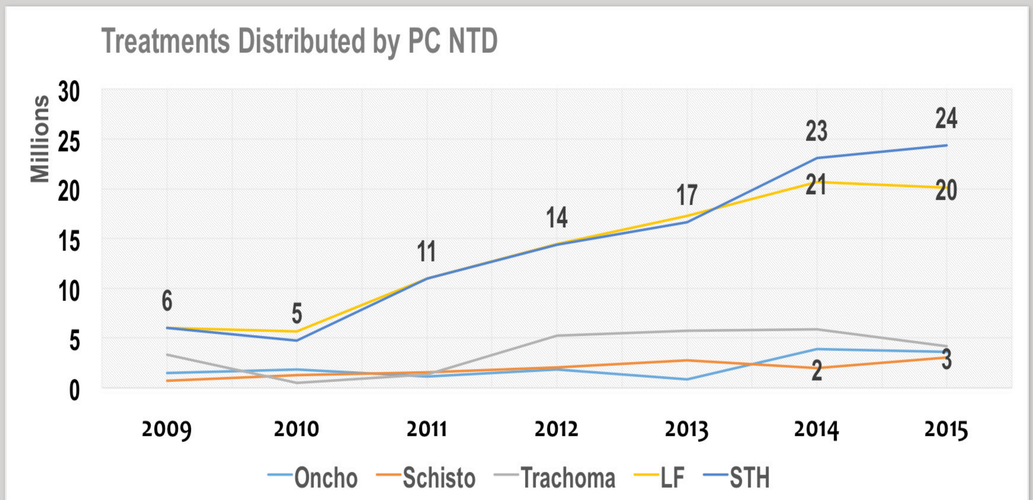


Figure 3. Cumulative Annual Treatments

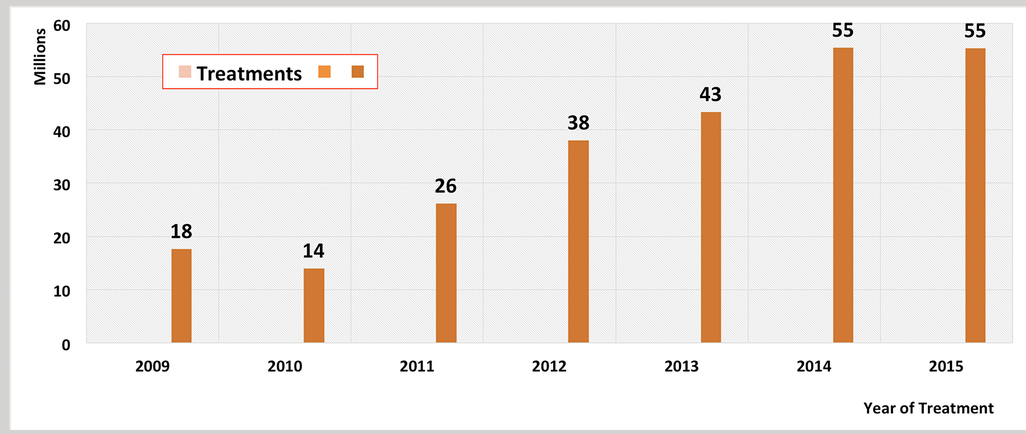


Photo captions: 1) CDDs record the height of a man to determine IVM dosage. 2) Children line up at a school for distribution of PZQ and ALB.

Community-based PCT

Challenges

- MDA fatigue in communities which have had several rounds of treatment.
- Low risk perception in communities with minimal clinical manifestations of the diseases.
- Problems with hard-to-reach-groups such as Nomadic and migratory pastoralist populations.
- Limited disease surveillance where MDA has stopped.

Conclusion

- Integrating NTD control/elimination efforts has facilitated gradual rolling out to full geographical coverage in 2016.
- Capacity of local government authority to deliver quality PCT intervention while maintaining optimal epidemiological and program coverage is increasing.

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