Tanzania On Track To Achieve Global Goals For Control And Elimination Of Neglected Tropical Diseases By 2020, Evidence From The Field

Abstract Number: 3236

Authors: Boniphace Idindili³, Andreas Nshala¹, ³, Maria Chikawe¹, ², Sarah Craciunoiu⁵, Jeremiah M Ngondi⁴, Luke King³, Mathias Kamugisha², Edward Kirumbi¹, Delali Bonuedi⁴, Mary Linehan⁵ and Upendo Mwingira^{1,2}

Presentation
Number: 512

Author affiliations: ¹Tanzania Neglected Tropical Disease Control Program, Dar es Salaam, Tanzania; ²National Institute for Medical Research; Dar es Salaam, Tanzania; ³IMA World Health, Dar es Salaam, Tanzania; ⁴RTI International, Washington, DC; ⁵IMA World Health, Washington, DC

Background

The Regional Strategic Plan for Neglected Tropical Diseases (NTDs) in the African Region 2014–2020 is guided by three key objectives which national NTD programs are working to achieve by 2020. The objectives are to scale up access to interventions and systems capacity strengthening; enhance planning for results, resource mobilization and financial sustainability of National NTD programs; and strengthen advocacy, coordination and national leadership. NTDs are endemic in all parts of Tanzania, with an estimated 47 million people at risk of infection with two or more NTDs. Tanzania's NTD program targets schistosomiasis, trachoma, lymphatic filariasis (LF), onchocerciasis, and soil transmitted helminthiasis through community and school-based mass drug administration (MDA) of preventive chemotherapy.

Methods

The Tanzania NTD Control Program (TZNTDCP) conducted a desk review of program progress and assessment reports to evaluate the achievements of the TZNTDCP toward the African Regional Strategic goals for NTD control and elimination for the period up to 2016.

Results

The Tanzania NTD Control Program (TZNTDCP) is integrated and decentralized in structure, covering all 26 regions and 186 districts of the mainland. The TZNTDCP is largely integrated into the existing primary health care system and works through the Regional and District Health Management Teams and local communities to plan and implement NTD control activities. It is led by national, regional, and district coordinators at each respective level. At the district level, there are cascade leaders and zonal managers who provide the frontline health workers (FLHWs) with supportive supervision and aid in data collection. At the community level, community drug distributors (CDDs) are trained to distribute medicines to the household level and report accordingly. On average, one FLHW is responsible for supervising 15 to 20 CDDs. For school based intervention, mainly targeting STH and SCH, primary school teachers help distribute the medicines and report to the health facilities.

Central level NTD Secretariat and partner staff provide technical support and supportive supervision throughout all pre-MDA and MDA and program activity efforts. Advocacy and sensitization for NTD control has reached all senior government and political leaders in all regions and districts.

Figure 1: NTD Program Structure and Integration



- Government commitment
 HSSP IV, CCHP guidelines, budgets allocations
- Integration with Other sectors
 - Education(School MDA)
 - Water and Sanitation(WASH and National sanitation committees)
- Local Government(financing and accountability of donor funds)

Attracted Partners beyond MDA

- Statoil: Hydrocoelectomies
 ENDFUND-Hydrocoelectomies and NTD learning Days(annually to Kilimanjaro Trek)
- other supporters Trust, IMA, Sightsavers, HKI, KTP and KCCO e.t.c-

Program Coverage

By 2014, the geographical coverage for disease specific preventive chemotherapy was 98% for LF, 100% for onchocerciasis, 36% for schistosomiasis, 59% for STH, and 100% for trachoma. Through increased donor support and government commitment, the TZNTDCP reached 100% geographic coverage for all diseases in 2015. While the percentage of districts achieving the minimum program coverage was 96% for LF, 100% for STH, 81% for schistosomiasis and 56% for trachoma.

The TZNTDCP started carrying out LF transmission assessment surveys (TAS) in 2009 and trachoma impact surveys (TIS) in 2014. By 2016, 74 districts had reached the criteria for stopping MDA for LF and 22 districts for trachoma. This progress means that 15 million people are no longer at risk of LF and 11 million people for trachoma. All LF sentinel and spot check site assessments include STH and SCH components.

STH and SCH are considered endemic throughout Tanzania, however survey information shows that prevalence in many districts is low. The TZNTDCP has committed to evaluating all available data to refine the treatment strategy for these diseases. OV is endemic in 7 foci across 27 districts and all OV-endemic districts are co-endemic for LF. The TZNTDCP has established an Oncho Elimination Expert Committee which will review all available MDA and evaluation data to define the OV elimination strategy in line with meeting the 2025 goal.

Figure 2. TZNTDCP Program Key Milestones

MDA Scale Up and Scale Down Plan

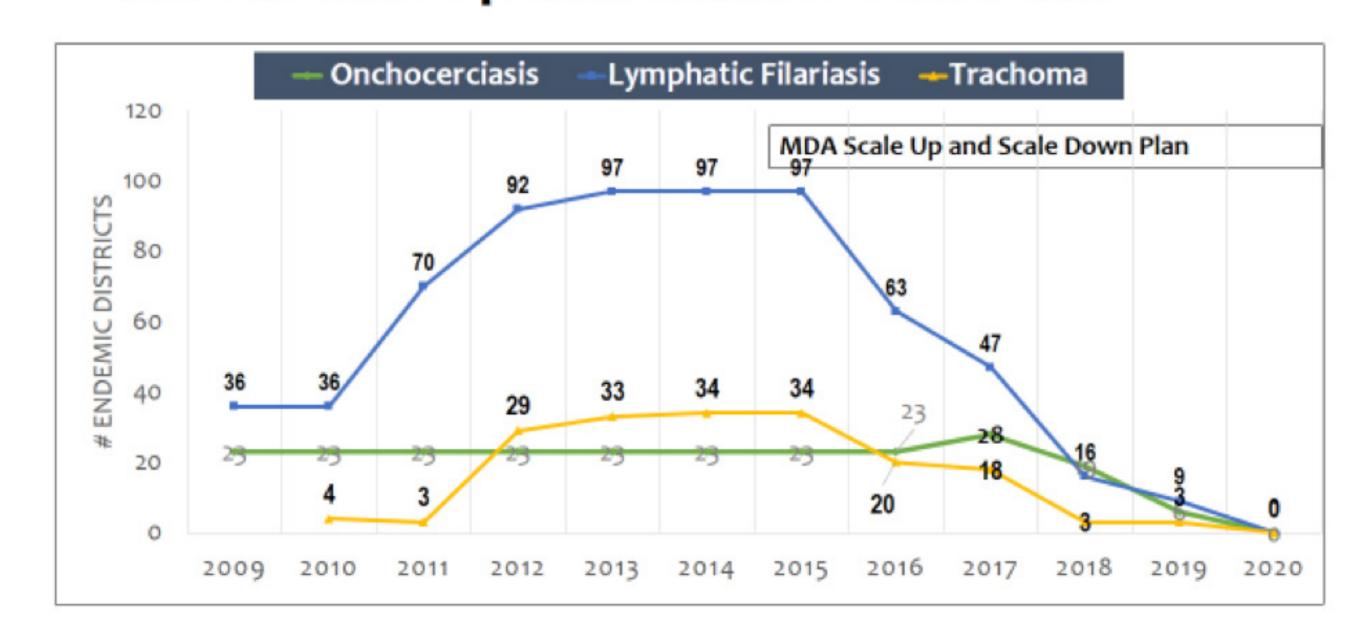
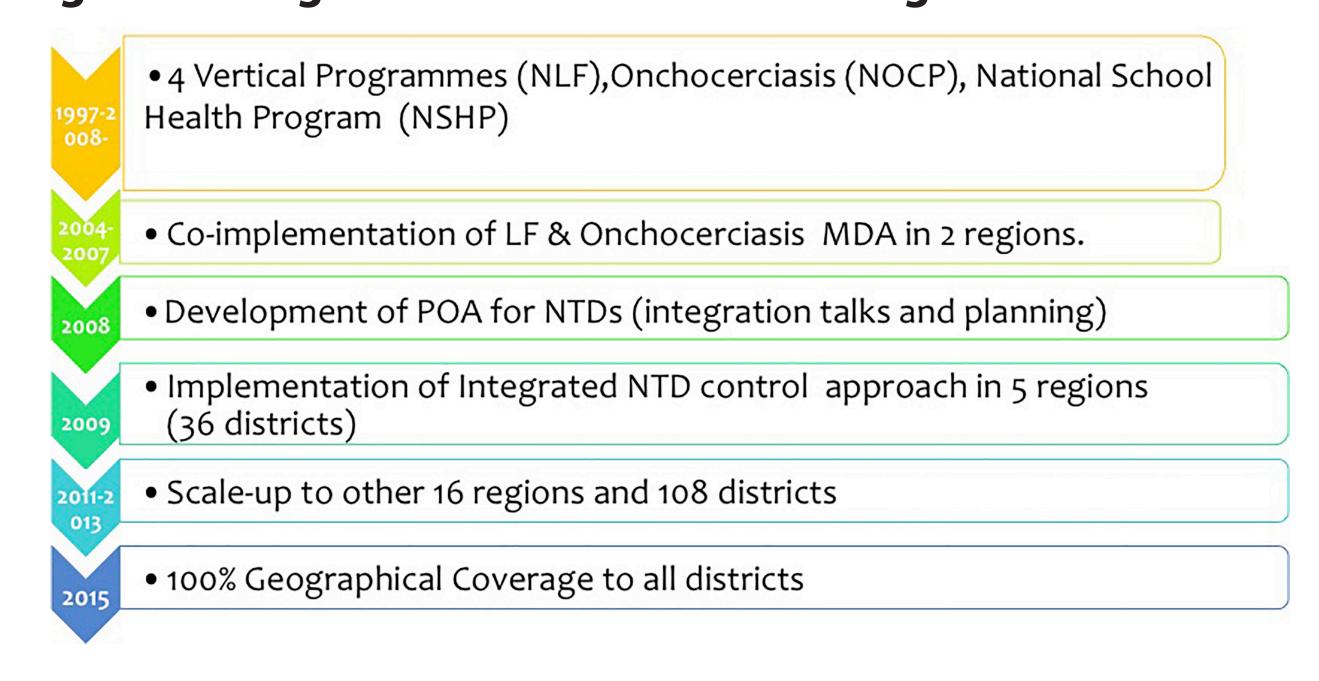


Figure 3: Program Coordination and Integration



Discussion

This evaluation of program achievements indicates that Tanzania has made strong progress toward regional key objectives. Tanzania's integrated implementation approach has effectively resulted in success in many districts. In addition, the TZNTDCP has established well-trained teams which form the basis for national program leadership and sustainability. Recently there has been interest from local private companies to invest in TZNTDCP activities because of the strong advocacy and sensitization efforts undertaken by the program, and supported by an integrated multi-year NTD Master plan. Availability of local funding sources will ensure sustained financial support, especially as the at-risk population in Tanzania shrinks.

Conclusion and Recommendation

The TZNTDCP, under the leadership of the central level NTD Secretariat, have made remarkable progress toward the 2020 global target for control and elimination of NTDs. However, further efforts are needed to address disease specific "hot spots," insufficient MDA coverage in the hard to reach districts, and to step up efforts to address morbidity caused by trachoma and LF. In addition, the program is in need of alternative platforms for STH and SCH control as current funders will not be able to support MDA indefinitely.

Acknowledgements











This poster was prepared by IMA World Health with funding from the U.S. Agency for International Development's ENVISION project, led by RTI International under cooperative agreement no. AID-OAA-A-11-00048. The author's views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.