Experts advocate multiple intervention approach for disease control

29 June 2008/Addis Ababa, Ethiopia – A three-day international meeting of disease control experts has ended here with participants advocating the integration and co-implementation approach in dealing with Neglected Tropical Diseases (NTDs) and malaria control interventions.

According to World Health Organization (WHO) estimates, NTDs afflict about one billion people, or one-sixth of the world’s population, mainly the poor. In one of its recommendations, this first follow-up meeting on Integration of Onchocerciasis (river blindness) Control into National Health Systems and Co-implementation of NTDs with some components of Malaria control, which took place at the Hilton Hotel, Addis Ababa 25-27 June 2008, called on countries “to adopt the Community-Directed Intervention (CDI) strategy for scaling up integration and co-implementation of NTDs with malaria control interventions to increase access of hard-to-reach communities.”

The WHO Onchocerciasis Control Programmes in Africa have since 1997 been using the Community-Directed Treatment with Ivermectin (CDTI), also known as Community-Directed Intervention (CDI) approach for the control of river blindness with remarkable success. A recent multi-country study on CDI in Cameroon, Nigeria, Uganda and Tanzania, has also provided strong evidence of increased coverage of health interventions when communities were empowered for integrated delivery of Ivermectin, the drug for treatment of river blindness, as well as Vitamin A Supplementation, Home Management of Malaria and distribution of Insecticide-treated bed nets,

The Addis Ababa meeting noted the limited political will and support for the NTD programmes in some countries and called on Programme Managers to use innovative ways to engage Ministers of Health, donors, other partners and stakeholders, including the media, to prioritize the control of NTDs and malaria.

“Onchocerciasis control is an ongoing success story from which we need to draw lessons badly needed to successfully deal with the other neglected tropical diseases,” Ethiopia Minister of State for Health, Dr Shiferaw Teklemariam said at the opening of the international follow-up meeting. “This same (CDI) strategy has to be followed to ensure that the other neglected tropical diseases are no more neglected.” The Minister called on stakeholders to move beyond declarations to the implementation of various decisions to empower communities and strengthen health systems.
In her address to the gathering of top-level policy and decision makers in health, WHO Country Representative in Ethiopia, Dr Fatoumata Nafo-Traore, stressed that: “appropriately addressing the NTDs will be an essential element in any poverty reduction programmes.”

Professor David Molyneux from the Liverpool School of Tropical Medicine said the reduction of NTD burden “is feasible and cost-effective based on available evidence, tools and cheap/donated drugs.” NTD control programmes render between 15 and 30 percent economic return, he said, adding that the high cost of implementation of programmes for control of the “big three” diseases – HIV/AIDS, Malaria and TB – was disproportionate to the achievement of their set goals/targets when compared to the less than 0.50 cents per person per year on NTD programme delivery.

Professor Georges Ki-Zerbo from the WHO Africa Region, Brazzaville, Congo underscored the UN agency’s commitment to and support for integration and co-implementation of NTDs with malaria control.

USAID representative, Dr Angela Weaver shed light on the US Presidential Initiative for NTDs control, involving a US$350 million support announced last February. She said the Initiative would build on USAID existing integrated NTD programme, with the target of delivering treatment to 300 million people in high disease burden countries in Africa, Asia and Latin America in five years. The next step Dr Weavers said, is to engage partners such as the African Programme for Onchocerciasis Control (APOCH) for the implementation of the NTD support programme to scale up service delivery.

APOCH Director, Dr Uche Amazigo, said Africa, relative to its size and population bore the greatest burden of neglected tropical diseases and malaria. This situation, she said, required doubling of efforts by stakeholders and the adoption of strategies that would facilitate the delivery of health services through multiple interventions. She thanked the Government of Ethiopia for hosting the meeting, to share with other countries the Ethiopian integration approach commended by health partners “as one of the best examples of integrated health delivery service.”

The Addis Ababa meeting was attended by senior health officials from six countries - Ghana, Nigeria, Sierra Leone, Tanzania, Uganda - and the host country Ethiopia, WHO Africa Region, as well as representatives of donors, Non-Governmental Development Organizations and other health system support groups. The participants included Directors of Disease Control and Public Health, Programme Managers of Onchocerciasis and Malaria Control, as well as representatives of the USAID, the Carter Center, Liverpool School of Tropical Medicine, Sightsavers International and cbm, formerly Christian Blind Mission.

The meeting hosted by the Government of the Federal Democratic Republic of Ethiopia, was co-financed by the Ministry of Health, APOCH and the Division of HIV/AIDS, TB and Malaria, of the WHO Africa Region.