Defeating River Blindness (onchocerciasis) and strengthening health systems in Africa
Overview of presentation

– Strategy for sustainable control
– Community empowerment
– Strengthening PHC/health systems
– Capacity building
– Use of research
Oncho control strategy

• Based on ivermectin treatment
  – Effective for disease control
  – But needs sustained annual large scale treatment for many years
  – Difficult to achieve by existing health services alone
  – Needed an innovative solution

Community-directed treatment
A **Community-directed intervention** is a health intervention that is undertaken at the community level under the direction of the community itself.

**COMMUNITY EMPOWERED TO**

- collect drug from health facility
- decide where and when to distribute
- *collectively* select distributors
- Implement drug distribution
- report back to Health Services

**HEALTH SERVICES**

- Introduce, train and supervise
- Procure supplies
Onchocerciasis is endemic in 30 Countries in Africa

Community-directed treatment with ivermectin:

- Established in > 150,000 communities with a total population of 75 million
- Over 120 million to be covered by 2010
• In the world’s most impoverished region
• Where there are
  – no roads
  – no doctor
  – no drugs
• Where
  – hunger greatest
  – incomes lowest
  – health information scarce
  – poverty rife
• Where
  – there is greatest need
• Building partnership between health systems and communities.
• Supporting health staff to work with communities most in need
Effective partnership established at 4 levels in all countries to strengthen health systems

1. COMMUNITY
   Community, MoH, NGOs

2. REGIONAL /DISTRICT
   MoH & NGDOs

3. NATIONAL
   MoH & NGDOs & WHO

4. GLOBAL
   MoH, NGDOs, DONORS, MERCK, MDP, TDR
Capacity building

**Trained**
- 38,000 health workers
- 250,000 community ivermectin distributors
- 1,300 national health staff - middle level “on the job” training

**Areas**
- Rapid assessment/mapping
- Planning/management CDTI
- Monitoring and Evaluation
- Developing sustainability plans
- Monitoring government implementation of sustainability plans
- Operational Research
- Epidemiological evaluation
- Vector Control
APOC’s Mectizan® network offers a key entry point for many health interventions in the most remote, rural communities — reaching the poorest of the poor in areas where National Health Services are weak or non-existent.

- Lymphatic Filariasis Treatment
- Vitamin A Distribution
- Schistosomiasis Treatment
- Guinea Worm Intervention
- Immunizations (polio, measles, others)
- Eye Care (cataract identification, primary eye care)
- Malaria Bed Net Distribution
- HIV/AIDS and Reproductive Health

> 27 million people treated with multiple health interventions
A challenge - multiple actors, multiple policies

- TB/Lepro (7)
- Reproductive Health (42)
- STI/HIV/AIDS (65)
- Malaria (19)
- Nutrition (14)
- Immunisation (34)
- Other (27)
- Water & Sanitation (3)
- Guinea Worm (8)
- Epidemiological Surv (3)
- Lymphatic Filariasis (1)
- Onchocerciasis (16)
- Schistosomiasis (4)

Average Monetary value/Volunteer/Year (in US$)

- Stipend
- Transport Allowance
- Per Diem
- Sales Revenue
- Motorcycle
- Bicycle
Integrated Community-directed Interventions

A Multi-Country Study
Appropriate treatment of children with fever

% children with fever who received appropriate treatment

Comparison districts: 28.6
HMM through CDI for 1 year: 54.9
HMM through CDI for 2 years: 69.4

RBM target

P<0.001
Ivermectin Treatment Coverage

Comparison districts: 63.8%
CDI districts: 73.7%

APOC target

P < 0.001
Upscaling CDI

to improve access and strengthen health systems

- **New APOC mandate**
  - promote and facilitate use of CDI for multiple interventions

- **Upscaling CDI in 2008**
  - Expanding CDI in study populations covering 2.4 million people in 3 countries

- **Planning and advocacy meetings**
  - Meetings of senior national policy makers in Africa region on co-implementation with NTDs and malaria
  - Development of national plans on the use of CDI for
Summary

– The strategy
  • establishing sustainable drug delivery systems

– Community empowerment
  • community directed treatment (task shifting)

– Strengthening PHC
  • from single to multiple interventions

– Capacity building
  • from national to community levels

– Use of research
  • Evidence-based planning and implementation: