Breaking Barriers to NTD Care
Neglected Tropical Diseases (NTDs) impact more than 1.5 billion people across 149 countries. These diseases can lead to profound pain and suffering, lifelong disabilities, stigma and isolation. They are more prevalent in low-income countries and hard-to-reach communities, and contribute to cycles of poverty and disease that can hinder economic and social development for generations. In most cases, simple treatment can either prevent or treat these diseases. In other cases, early detection and care can limit impairments before they become permanent disabilities.

The Accelerating Integrated Management (AIM) Initiative seeks to bring together global, regional and national NTD stakeholders to ensure every person with a Neglected Tropical Disease has access to the services they need to treat and manage the disease.

Currently, many people affected by NTDs do not receive the basic care they need. Case management programs are fragmented. The true burden of NTDs, and data about the availability of services, are inaccessible.

The World Health Organization (WHO), in cooperation with international bodies and Ministries of Health, is seeking to transform the current NTD approach for case management. The goal is to move from systems focused on a single disease, to an evidence-based approach that leverages the existing system and integrates with other NTDs for maximum coverage.

AIM fills a critical gap by working within health systems to map NTDs and improve equitable access to diagnosis, treatment and care. AIM’s three-step process leads to better and more efficient delivery of services, and ultimately accelerates the elimination of these devastating diseases.

With funding from Sasakawa Memorial Health Foundation, American Leprosy Missions, effect:hope, German Leprosy and Tuberculosis Relief Association and Leprosy Relief Canada, the AIM Initiative is working in eight countries to accelerate access to NTD treatment and care.
Every step of the process — mapping, planning and implementing — is driven and owned by Ministries of Health, with AIM providing technical assistance.

“The challenge beyond 2020 can be divided into two broad missions: eliminating transmission of NTDs and ensuring that the delivery of health services meets the needs of those living with NTD-related diseases. The likelihood of achieving both of these objectives will depend on successfully integrating NTD-related activities and interventions into broader health systems.”

— Integrating Neglected Tropical Diseases into Global Health and Development: Fourth WHO Report on Neglected Tropical Diseases

AIM’s Three-Step Process

Mapping
Using routine surveillance data of existing NTD cases, Ministries of Health, in collaboration with AIM and the London School of Hygiene and Tropical Medicine, produce digital maps that overlap multiple diseases with village-level accuracy. As new data becomes available, countries can easily update the maps at a low cost. This allows the maps to be dynamic, so new information can be added as the health system’s response to NTDs improves and more data is available.

Establishing a detailed understanding of disease distribution is essential to assessing intervention and planning for impact. The maps facilitate the efficient targeting of resources for case detection, morbidity management and disease prevention, resulting in improved disease control and increased access to care within the health system. Mapping is already complete in Cameroon, Ghana, Myanmar and Nigeria, and underway in Liberia, Mozambique and Sierra Leone.

Planning
Using the maps, AIM works with Ministries of Health and other partners to develop strategic plans for the integrated case management of NTDs in line with national NTD plans for preventative chemotherapy. This approach helps strengthen routine surveillance systems by connecting NTD diagnosis and treatment, and helps sustain the gains made through existing NTD programs. The cohesive approach ensures that limited financial and human resources can be stretched as far as possible. Planning is complete in Ghana and Liberia, and is underway in Cameroon, Myanmar and Nigeria.

Implementing
With accurate maps and an integrated strategic plan, Ministries of Health can deploy interventions more precisely to NTD-impacted communities. As a result, more cases are identified, diagnosis, treatment and care is improved, and the surveillance system is stronger. All of these elements help strengthen the overall health system. These integrated interventions include training, case management, reporting, drug supply, health promotion and supervision. Implementation of the strategic plan for case management of NTDs is underway in Liberia.
AIM’s innovative approach addresses gaps in

**BARRIER: Lack of access to accurate and reliable data to determine NTD burden and target interventions**

The absence of a systematic approach to collecting and analyzing data inhibits countries from knowing their true burden and distribution of disease. This means countries are unable to accurately target or prioritize disease control and services.

**HOW WE ADDRESS IT: MAP**

Integrated maps of multiple NTDs provide Ministries of Health with the incidence and distribution of NTDs at the village level. Equipped with this information, Ministries of Health can develop targeted strategies to ensure that people can access the care they need.

**BARRIER: Limited evidence-based planning in health policies**

Due to a lack of data on the disease burden and effectiveness of NTD treatment options, most case management policies are based on expert assumptions and opinions, rather than evidence.

**HOW WE ADDRESS IT: PLAN**

AIM supports countries to develop integrated strategic plans for case management of NTDs based on evidence, thereby improving efficiency and effectiveness of health services.
BARRIER: Inequitable access to NTD treatment and care

People with the greatest need and at the highest risk of NTDs often do not have access to services because they don’t know about NTD services, they live far away from where services are provided, and they have limited resources to seek care for treatment. Also, the health system is ill equipped to provide equitable access to NTD services due to the limited capacity of both the health care workforce and the health care delivery system itself.

HOW WE ADDRESS IT: IMPLEMENT

AIM supports Ministries of Health to implement case management strategies, including the training of health care workers and community volunteers, and to improve surveillance systems, the supply chain and coordination at all levels. A stronger, more resilient health system will allow marginalized people who suffer from NTDs to be able to access quality health services close to their villages.

“Our regional data points are now able to do updates of register on their phone and are able to use new tools. They have been trained to use the quantum GIS for mapping which means they can now use their own data to produce maps. This will go a long way to strengthen the program.”

– Dr. Earnest Njih, Permanent Secretary, Ministry of Health, Cameroon

Where we work

Where we work

- Liberia
- Sierra Leone
- Nigeria
- Ghana
- Mozambique
- Myanmar

- In Preparation
- Phase 1: Mapping
- Phase 2: Integrated Plan
- Phase 3: Integrated Response
NIGERIA – Collaboration as a critical factor for success

Nigeria has the highest NTD burden of any country in Africa. With a population of 186 million, more than 100 million people are at risk from at least one NTD. The scale of the challenge in Nigeria, combined with decades of fragmentation and underinvestment in health services for NTDs, has led to inequitable access to essential data and services for the diagnosis, treatment and care for NTDs. AIM has helped transform the health system by partnering with the government to identify and target NTD services to the areas that need it the most.

A joint task force was convened by the Ministry of Health, with support from AIM, to oversee the national mapping of all morbidity associated with NTDs. The task force is co-chaired by Mrs. Ifeoma Anagbogu, NTD Program Manager, and Dr. Adebola Lawanson, TB/Leprosy Coordinator, and includes stakeholders from both departments and civil society partners. This level of collaboration between the programs was unprecedented and has been celebrated as one of the key successes of the project in the first year.

The mapping of NTD data was piloted in three states. Then the data were collected in the remaining 34 states, and baseline national, regional and village maps were completed.

The maps are informing the development of an integrated strategy for case management of NTDs. Having access to this data for the first time at a national level will enable the prioritization and targeting of programs based on burden and distribution of disease. Further, it will reveal the gaps that exist in the current surveillance system. With better evidence and enhanced collaboration between the different programs, the Ministry of Health will be able to target services to those most in need.

Liberia has a significant NTD burden, exacerbated by decades of conflict and the recent Ebola outbreak. All 15 counties are endemic for at least one NTD that requires case management. Despite the fragile health system, the government of Liberia has demonstrated a significant political commitment to NTDs. It is the first country to develop a fully integrated plan for the case management of NTDs, and this plan is now part of the country’s National Health Policy.

The initial implementation of the integrated plan for case management NTDs is already demonstrating significant results. Collaboration has been strengthened between departments within the Ministry of Health. Community health workers are increasingly equipped with the tools and knowledge that they need to be able to identify NTDs and refer people to the treatment that they need. After one year, more than 500 community health workers in five of the fifteen counties had completed integrated training for NTDs. This is being complemented by investments to strengthen the overall health system. For example, the laboratory confirmation rate for Buruli ulcer increased from 22% to 82.3% in 2017.

Looking ahead, Liberia will scale up the current model, finalize the joint monitoring, evaluation and surveillance system and test a new protocol for finding and mapping cases. The data gained through this work will provide critical evidence and lessons learned for other countries that are currently mapping and planning on implementing integrated NTD programs.
MYANMAR – Accelerating elimination

Among the six WHO regions, the South-East Asia region has the highest burden of leprosy, lymphatic filariasis and kala-azar. Of the 1.3 billion people in the world who are at risk of contracting lymphatic filariasis, 66% reside in this region. More than 80% of Myanmar’s population (41 million people) live in districts endemic for lymphatic filariasis or leprosy.

At the request of the country’s Director of Disease Control, AIM is working with in-country partners and the Ministry of Health to develop maps based on surveillance data for leprosy and lymphatic filariasis. Understanding the incidence, severity and distribution of both diseases will enable the country to accelerate their efforts towards the sub-national elimination of leprosy and the validation of elimination of lymphatic filariasis as a public health problem.

Data collection, verification and mapping were piloted in the Mandalay region. The piloting enabled the team, with technical support from AIM, to address challenges related to the georeferencing of data and village names that are written in the local script, and to prepare to scale up mapping.

Then the London School of Tropical Medicine and Hygiene facilitated GIS training to complete the mapping. An evidence-based strategic plan for increasing access to diagnosis and care for leprosy and lymphatic filariasis is being developed. All of this work will help the national government reach its NTD goals and provide a model for the implementation of the AIM process in South-East Asia that can be replicated in other countries in the region.

“AIM has contributed good results by catalyzing a faster data process and motivating workers.”
– Tin Shwe, Medical Advisor to American Leprosy Missions

Results

The AIM Initiative’s three-step process of mapping, planning and implementing leads to:

**Improved Effectiveness**
Ensuring all elements of the health system are leveraged and enhanced to incorporate NTDs, maximizing the delivery and quality of NTD care to improve health and economic productivity.

**Improved Economy**
Ensuring barriers to NTD care are systematically removed, reducing the cost per case and leveraging existing health system investments, capacity and reach.

**Improved Equity**
Ensuring access to diagnosis and treatment for all people affected by NTDs at the community level through a systematic approach, making sure no one is left behind.

**Improved Efficiency**
Ensuring access to essential health data to target and integrate resources, ensuring optimal impact on treatment outcomes and reduction of disability and complications for patients.

ACCESS TO NTD TREATMENT FOR ALL
Thank You to Our Partners

American Leprosy Missions
effect:hope
Federal Ministry of Health, Government of Nigeria
German Leprosy and Tuberculosis Relief Association
Ghana Health Services, Government of Ghana
Leprosy Relief Canada
London School of Hygiene and Tropical Medicine
MedicAl Assistance Programs, Liberia
Ministry of Health and Sports, Government of Myanmar
Ministry of Health, Government of Liberia
Ministry of Health, Government of Mozambique
Ministry of Public Health, Government of Cameroon
Royal Tropical Institute
Sasakawa Memorial Health Foundation
The Leprosy Mission Mozambique
The Leprosy Mission Nigeria

1  MAPPING
2  NATIONAL PLAN FOR CASE MANAGEMENT OF NTDS
3  INTEGRATED RESPONSE

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