

# Towards universal coverage for preventive chemotherapy for Neglected Tropical Diseases: guidance for assessing “who is being left behind and why”



WORKING DRAFT FOR FURTHER PILOTING DURING 2018 – 2019



World Health  
Organization

Towards universal coverage for preventive chemotherapy  
for Neglected Tropical Diseases: guidance for assessing  
**“who is being left behind and why”**

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# ABOUT THIS WORKING DRAFT

WHO and partners are advancing the mainstreaming project *Integrating a gender, equity and human rights focus into national programming on preventive chemotherapy and transmission (PCT) control for neglected tropical diseases (NTDs)* during 2016-2019. The long-term objective of the project is to build in-country capacity, as part of ongoing monitoring and evaluation of PCT, to collect and analyze additional quantitative and qualitative data, to show the differences in access to and impact of preventive chemotherapy treatment according to a person's sex, age and other social factors.

The project has three phases. WHO would like to thank Global Affairs Canada for their support for Phase 1. This work also benefitted from the support of the Bill and Melinda Gates Foundation to WHO on NTDs. Please see the "Acknowledgements" for additional partners.

	PHASE 1	PHASE 2	PHASE 3
<i>Scope of work</i>	Develop draft instruments for qualitative research, stratified quantitative analysis, and inputs for national PCT program reviews that enable an enhanced GER focus.	Following pre-piloting by partners in Kaduna State, Nigeria, revise the guide based on lessons learnt. (2017)  Pilot the draft GER instruments in additional countries where there is ongoing WHO and partner support to national PCT program strengthening. (2018)	Based on lessons learnt from the pilots and after refinement of this guidance document, support integration of gender, equity and human rights issues in the forthcoming WHO guidance for reviewing/evaluating national NTD programs.
<i>Timeframe</i>	Completed in 2016	2017-2018	2019

The project is a WHO/HQ cross-departmental cooperation between the NTD's Preventive Chemotherapy and Transmission Control (PCT) unit and the Gender, Equity and Human Rights (GER) team, WHO/HQ. Partners interested in piloting this working draft of the guide, in part or in whole, or who have any suggestions for improvement of the guide, should contact: [mbabazip@who.int](mailto:mbabazip@who.int), [kollert@who.int](mailto:kollert@who.int).

# ACKNOWLEDGEMENTS

The work was designed and commissioned through a cross-departmental technical collaboration led by Pamela Sabina Mbabazi (Medical Epidemiologist, WHO/HQ/HTM/NTD/PCT) and Theadora Swift Koller (Technical Officer, Equity, WHO/HQ/FWC/GER) of WHO/Headquarters, under the general direction of Gautam Biswas (Coordinator, WHO/HQ/HTM/NTD/PCT) and Veronica Magar (Team Leader, WHO/HQ/FWC/GER). This guide was subsequently compiled and revised by Sarah Simpson, WHO Consultant, Health Equity.

This guide's conceptualization drew on previous work on assessing barriers to health services (see below) and a review of key documents and inputs from WHO staff working in NTDs. The first draft version of the qualitative instrument, including the Terms of Reference for the key informant interviews and focus groups are adapted from the TORs and qualitative instrument developed by a joint team of staff and consultants from WHO Regional Office for Europe and the Center for Health Policies and Studies in Moldova (J Vega, T Koller, S Bivol, G Turcanu, Amosneaga, V Soltan, S Domete, J Habicht, M Jowett), as part of a review of the impact of amendments to health insurance legislation, exploring barriers and facilitating factors in access to health services with a specific focus on the barriers experienced by socially excluded populations and other vulnerable/high risk groups (1). The qualitative instrument also drew on adaptations and lessons learnt from the application of similar instruments in Vietnam by WHO and the Hanoi Medical University (Hoang Van Minh, T Koller, A Bhushan, S Escalante, B Baer). Thanks also to Judith Justice, University of California, San Francisco, USA, for inputs on qualitative methods in the first version. Gratitude goes to Gloria Wiseman, Abena Mireku, and Montasser Kamal, Global Affairs Canada, for their support and collaboration.

The first draft of the field guide was presented at the Women in Focus meeting, 27 – 28 July 2016, in London, United Kingdom. NTD partners were mobilized there and in the months, that followed for pre-piloting of the field guide at subnational level in Nigeria. This is being done during December 2016 – July 2017, through a collaborative effort by WHO, Sightsavers and Liverpool School of Tropical Medicine through the UK Aid funded COUNTDOWN project in support of the Federal Ministry of Health in Nigeria. A focal point in the Federal Ministry of Health (Dr Ifeoma Anagbogu and Mr Okefu O Okoko) and a dedicated team, led by COUNTDOWN, is overseeing the pre-pilot tests in districts in the north and south of Kaduna state. Thanks go to Oluwatosin Adeyeke, Ruth Dixon and Rose Kato, Sightsavers, COUNTDOWN, Nigeria and Laura Dean and Sally Theobald, COUNTDOWN, Liverpool School of Tropical Medicine for their detailed feedback and suggestions for how the field guide could be revised. We would also like to express gratitude to Dr Suleiman Aliyu, the NTDs focal point WHO Nigeria Country Office, and Dr Pauline Ngina Mwinzi, NTDs focal point for WHO Regional Office for Africa, for their ongoing cooperation. Thanks also to the following people for their additional insights and suggestions for improvement: Dr Carlos A Torres Vitolas and Dr Fiona Fleming, Imperial College London; Tawai Adedamola Oyelade, WHO Regional Office for Africa; Dr Mohamed Jamsheed, WHO Regional Office for South East Asia; Drs Martha Saboya and Ana Lucianez, Pan-American Health Organization and WHO Regional Office for the Americas; and Dr Theresa Gyorkos, McGill University.

The pre-pilot, combined with additional inputs from WHO staff and a review of additional literature, resulted in some adaptations of the instruments. These are featured in this second draft of the guide. This draft is for further piloting in other countries during 2018-2019.

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# ACRONYMS

<b>CDD</b>	Community Drug Distributor
<b>CST</b>	Coverage Supervision Tool
<b>DQA</b>	Data Quality Assessment
<b>EGR</b>	Equity, Gender and human Rights
<b>GER</b>	Gender, Equity and human Rights
<b>LF</b>	Lymphatic Filariasis
<b>M&amp;E</b>	Monitoring and Evaluation
<b>MDA</b>	Mass Drug Administration
<b>MoH</b>	Ministry of Health
<b>NTDs</b>	Neglected Tropical Diseases
<b>PC</b>	Preventive Chemotherapy
<b>SDH</b>	Social Determinants of Health
<b>SDP</b>	Service Delivery Point
<b>STH</b>	Soil-transmitted Helminthiasis
<b>SDGs</b>	Sustainable Development Goals
<b>UHC</b>	Universal Health Coverage
<b>WHO</b>	World Health Organization

# INTRODUCTION



## 1. 'Leaving no one behind': the NTD contribution to the 2030 SDG agenda and implications for monitoring of PC

Over 2 billion individuals are at risk for one or more neglected tropical diseases (NTDs), which cause substantial morbidity, and in some cases mortality, worldwide. Five of these diseases – lymphatic filariasis (LF), onchocerciasis, schistosomiasis, soil-transmitted helminthiases (STH), and blinding trachoma – can be prevented through preventive chemotherapy (PC).

*within* countries the burden of NTDs is found among the poorest 40% of households, as well as those living in rural or peri-urban areas (8). There are differences between men and women: while they may be equally exposed, the health impacts and or consequences may be different for each sex. Pregnancy for example means that females with chronic helminth-infections are more vulnerable to

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