



The involvement of community-directed distributors of ivermectin in other health and development activities

TDR/IDE/CDDI/03.1

Copyright © World Health Organization on behalf of the Special Programme for Research and Training in Tropical Diseases 2003.
All rights reserved.

The use of content from this health information product for all non-commercial education, training and information purposes is encouraged, including translation, quotation and reproduction, in any medium, but the content must not be changed and full acknowledgement of the source must be clearly stated. A copy of any resulting product with such content should be sent to TDR, World Health Organization, Avenue Appia, 1211 Geneva 27, Switzerland. TDR is a World Health Organization (WHO) executed UNDP/World Bank/World Health Organization Special Programme for Research and Training in Tropical Diseases.

This information product is not for sale. The use of any information or content whatsoever from it for publicity or advertising, or for any commercial or income-generating purpose, is strictly prohibited. No elements of this information product, in part or in whole, may be used to promote any specific individual, entity or product, in any manner whatsoever.

The designations employed and the presentation of material in this health information product, including maps and other illustrative materials, do not imply the expression of any opinion whatsoever on the part of WHO, including TDR, the authors or any parties cooperating in the production, concerning the legal status of any country, territory, city or area, or of its authorities, or concerning the delineation of frontiers and borders.

Mention or depiction of any specific product or commercial enterprise does not imply endorsement or recommendation by WHO, including TDR, the authors or any parties cooperating in the production, in preference to others of a similar nature not mentioned or depicted.

The views expressed in this health information product are those of the authors and do not necessarily reflect those of WHO, including TDR.

WHO, including TDR, and the authors of this health information product make no warranties or representations regarding the content, presentation, appearance, completeness or accuracy in any medium and shall not be held liable for any damages whatsoever as a result of its use or application. WHO, including TDR, reserves the right to make updates and changes without notice and accepts no liability for any errors or omissions in this regard. Any alteration to the original content brought about by display or access through different media is not the responsibility of WHO, including TDR, or the authors.

WHO, including TDR, and the authors accept no responsibility whatsoever for any inaccurate advice or information that is provided by sources reached via linkages or references to this health information product.

Concept and design: Andy Crump, Lisa Schwarb

Cover photo: A local health worker (holding bag) arrives in a remote pygmy village. Rukungiri, Uganda. (WHO/TDR/Crump)

The involvement of community-directed distributors of ivermectin in other health and development activities



UNDP/World Bank/WHO
Special Programme for Research and Training in Tropical Diseases
(TDR)

Acronyms

APOC

African Programme for Onchocerciasis Control

CDD

Community-directed distributor

CDTI

Community-directed treatment with ivermectin

EPI

Expanded Programme of Immunization

FGD

Focus group discussion

H&D

Health and development

LGA

Local government area

NPI

National programme of immunization

NID

National immunization day

PHC

Primary health care

TB-DOTS

Tuberculosis-directly observed treatment short course, the internationally-recommended TB control strategy

Team composition

CALABAR, CROSS RIVER, NIGERIA

Cross River Onchocerciasis Control Programme, Ministry of Health, Calabar

- Ukam Oyene (Principal Investigator)
- Joseph Okeibunor
- Inyang Atting
- Philip Bassey
- Bassey Esu
- Gabriel Undelikwo
- Uwem Ekpo
- Rose Duke

SOUTH-WEST PROVINCE, CAMEROON

Institute of Medical Research and Study of Medicinal Plants

- Martyn T. Sama (Principal Investigator)
- Roger Moyou
- Richard Penn
- Jude Nting
- Penn Teyha

KADUNA, NIGERIA

Ahmadu Bello University Teaching Hospital, Kaduna

- Michael Kayode Ogungbemi (Principal Investigator)
- Elizabeth Elhassan
- Sunday Isiyaku
- Daramola Femi
- Enwezor Felicia
- Sanda Safia

REGION CENTRALE AND REGION DE LA KARA, TOGO

Programme Nationale de lutte contre l'onchocercose, Direction Régionale de la Santé, Kara

- Gbeleou Sesso (Principal Investigator)
- Dare Aboudou
- Kouassi Koame

CONTENTS

	EXECUTIVE SUMMARY	1
1	INTRODUCTION	3
2	STUDY OBJECTIVES	5
3	METHODOLOGY	7
	3.1 Study population, sampling and data collection	7
	3.2 Research instruments and relation to study objectives	8
4	STUDY AREAS AND STATUS OF CDTI	9
	4.1 Cross River State, Nigeria	9
	4.2 South-west Province, Cameroon	10
	4.3 Kaduna State, Nigeria	10
	4.4 Togo	11
5	RESULTS	
	5.1 Socio-demographic characteristics of CDDs	13
	5.2 Additional health and development activities of CDDs	14
	5.3 Relationship between the involvement of CDDs in other health and development activities and the performance of CDTI	20
	5.4 Attitudes towards involvement of CDDs in other health and development activities	21
6	CONCLUSIONS	25
7	RECOMMENDATIONS	27
8	ACKNOWLEDGEMENTS	27
9	BIBLIOGRAPHY	29
10	ANNEXES: RESEARCH INSTRUMENTS 1-5	31
	Research instruments 1	32
	Research instruments 2	39
	Research instruments 3	40
	Research instruments 4	43
	Research instruments 5	45

EXECUTIVE SUMMARY

Community-directed treatment with ivermectin (CDTI), through which millions of people are treated, is currently the principal drug delivery strategy for onchocerciasis control. The success of CDTI in onchocerciasis control has caught the attention of other health and development programmes and there have been various attempts to use the CDTI structures and community-directed distributors (CDDs) for other health interventions.

However, the implications of this development for the effectiveness and sustainability of CDTI are not yet clear. Some expect that integration of other community-level health care activities with CDTI would enhance its sustainability. Others fear that sustainability may be jeopardized if CDDs are overloaded with tasks for other health and development activities. Hence there was a need for a detailed scientific evaluation of the current experiences and to identify what actions, if any, need to be taken to ensure that integration of other activities in CDTI strengthens rather than weakens its effectiveness and sustainability. Four research teams, from Calabar, Cross River and Kaduna in Nigeria; South-west Province, Cameroon; and Region Centrale and Region de la Kara, Togo, were commissioned to investigate this.

The study used a cross sectional design focusing on CDDs in the community as the unit of analysis. The study population consisted of all partners involved in the process of community-directed treatment of onchocerciasis with ivermectin at the community level. These included community members, their leaders and the CDDs they had selected, health facility staff and at the district level, and managers of other health and development programmes operating in the study communities.

The results showed that the majority of CDDs were involved in additional health and development activities. These were mainly Expanded Programme of Immunization (EPI), water and sanitation, and community development activities. The additional activities are not considered an important burden and do not seem to affect CDTI performance, as evidenced by the fact that ivermectin treatment coverage did not decline with increasing number of additional activities per CDD.

Most health programmes are interested in building on the experiences and structures of CDTI and in involving CDDs in their activities. Two-thirds of CDDs are already involved in EPI. Programmes such as EPI provide financial incentives to community volunteers, and this may explain why EPI is more popular with CDDs than CDTI. However, the results of the study suggest that provision of incentives by other programmes does not have a negative influence on CDTI and that communities often take advantage of such opportunities to reward the CDDs by selecting them for these other activities.

Nearly all CDDs were highly motivated to continue working as a CDD while being very much aware that they could not expect any financial reward for their CDTI work.

CDDs, communities and health workers were very much in favour of greater involvement of CDDs in additional health and development activities. The health workers wanted to build on the experience of the CDDs; the community wanted better services and had confidence in the CDDs; and, for the CDDs, this offered an opportunity for further capacity strengthening and they were particularly interested in doing more health-related work.

预览已结束，完整报告链接和二维码如下：

https://www.yunbaogao.cn/report/index/report?reportId=5_30217

