

Community drug distributors for mass drug administration in neglected tropical disease programmes: A systematic review and analysis of policy documents

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Key messages

There is a drive to meet current global health targets for drug-controlled NTDs. Delivery of such programmes by community volunteers appears critical for programme success but could potentially be a weak link (1-3).

WHO global and regional documents and select African national NTD programme master plans assume CDDs will implement NTD programmes. However, there is little delineation of responsibilities or up-to-date practical guidance in those documents.

There are also clear gaps regarding the most effective ways to train, supervise and support CDDs. These gaps seem to have become greater overtime.

This ambiguity, in relation to the lack of explicit policies or programmatic guidance, probably impairs the effectiveness of NTD programmes.

Whilst this review of policy has focused on the African situation for CDDs in NTD programmes, the findings will likely apply to other global health programmes that rely on volunteers (4).

Background

Neglected tropical disease (NTD) mass drug administration (MDA) programmes depend on voluntary community drug distributors (CDDs) to deliver drugs. These volunteer schemes need regular training and supervision.

NTD policy now integrates multiple disease programmes, but we are unsure if there is clarity in what is currently expected of CDDs and how they are managed.

We were part of development teams to support sustainable scaling up of MDA campaigns in Cameroon, Liberia, Ghana and Nigeria - COUNTDOWN - and examined the evidence around CDDs in NTD programmes.

Our initial appraisal identified clear benchmarks in relation to a World Health Organization (WHO) affiliated training document for CDDs published in 1998 (5), but more recent CDD policies were not as well-defined. As this cadre appears to be central to global programmes distributing freely donated drugs (6), we wondered:

- **Objective one:** How clear are policies and procedures set by WHO or national programmes to assure their distribution by CDDs?
- **Objective two:** What are the explicit responsibilities of CDDs in contemporary MDA programmes for NTDs in Africa?

We systematically sought and analysed the CDDs role as presented in a) global and regional policy documents for Africa; and b) in selected national NTD programme master plans

What is a Community Drug Distributor?

Our definition is: “a volunteer who is selected by the community to distribute drugs for diseases targeted by NTD programmes”.

This includes volunteers that participate in MDAs to all members of a community and volunteers involved in targeted treatment of specific at-risk groups in the community (9).



Fig 1: A community drug distributor in a village in Kaduna, Nigeria with medicine, measuring stick and information for the community.

Methodology

The following documents were included in this study:

Objective 1: WHO global programmes and WHO-Regional Office for Africa guidelines, strategies, operational manuals, and meeting reports published between January 2007 (the establishment of worldwide NTD policy by the WHO) (7) to February 2018. Only those that included policy and plans for CDDs in preventative chemotherapy (PC-NTD) programmes were included.

We excluded certain documents:

- those described as ‘working drafts’, reports and documents that only referred to CDDs and related terms in the introductory sections or in a ‘situation analysis’, ‘update’, or ‘progress report’, and
- documents that referred only to CDI or CDTI without clear reference to CDD involvement.

Objective 2:

National NTD programme master plans for Cameroon, Ghana, Liberia, Nigeria, selected because all four countries receive support from the COUNTDOWN consortium.

For both review components, we examined the CDD responsibilities through a framework developed iteratively against the documents and prepared a narrative synthesis.

Findings

Twenty WHO policy documents met the inclusion criteria, of which twelve were global and eight regional in their scope.

We found that the policies and plans assume CDDs will implement NTD programmes, but there was little delineation of responsibilities or up-to-date practical guidance.

Drug distribution

Only three documents explicitly stated that CDDs will distribute drugs. Few documents specified other tasks associated with drug distribution, such as health promotion, data collection and reporting, and clinical care.

Additional activities

The more recent policy documents included “MMDP delivery” (morbidity management and disability prevention), although what this constitutes was unclear. Some documents provided potential uses for CDDs, such as in the delivery of bed nets and sensitisation for skin NTDs, and only one document from 2007 made a recommendation relating to CDDs (8). Similarly, the role of CDDs in the national multi-year master plans was not explicit. Half of the country master plans involve volunteers in either case management or transmission control, and most acknowledge CDDs participation in other tasks outside control of PC-NTDs.

Training & management

This was one of the most frequently addressed topics, particularly in global policy, with more detail on supervisory and management tasks compared to training. The more comprehensive of the WHO documents covered aspects of training, recommended management styles etc, but provided little practical guidance on how CDDs should conduct drug distribution and ancillary tasks let alone other service delivery. It was not documented anywhere how many interventions CDDs can be responsible for.

Training and supervision of CDDs was required by all the country master plans but reported variously. Training frequency ranged from annual to quarterly. Details of CDD supervision and timing were less clearly formulated across the master plans.

Incentives and CDD motivation were mentioned in some global and regional policy documents, and in all the country master plans, however, there was little consensus and few solutions offered.

Conclusion

WHO and national policies and plans assume CDDs will implement NTD programmes. However, there is almost no clear delineation of responsibilities, nor is there up-to-date practical guidance to guide managers. There are also clear gaps regarding the training, supervision and support of CDDs to fulfil their roles to the best of their ability.

Given the changes in diseases covered, and addition of tasks such as morbidity control, case management, and distribution of other commodities, plus the absence of clear guidance, regular training and active management at both national and local levels, it seems likely that the ambiguity and growth of tasks will contribute to these programmes failing to assure equitable drug delivery to people.

Whilst our review of policy has focused on the African situation for CDDs in NTD programmes, the findings will likely apply to other global health programmes that rely on volunteers (4).

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Calling time on Neglected Tropical Diseases

COUNTDOWN (grant ID PO 6407) is a multi-disciplinary research consortium dedicated to investigating cost-effective, scaled-up and sustainable solutions to control and eliminate the seven most common NTDs by 2020.



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