

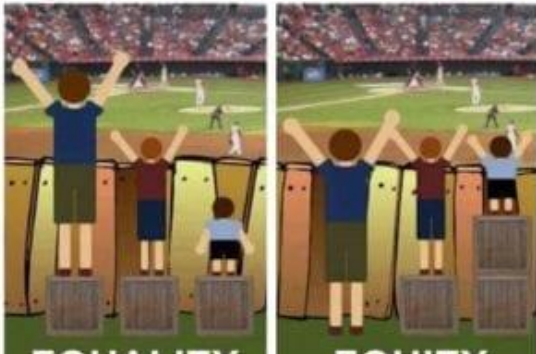
From 'shiny hospitals' to equitable access to NTD Services and the road to Universal Health Coverage

By Shahreen Chowdhury and Kelly Smyth

On 10th September 2019 the All-Party Parliamentary Group on Malaria & Neglected Tropical Diseases (NTDs) held a meeting at the House of Commons, Westminster to discuss 'Achieving Health for All: How UK action on NTDs is delivering Universal Health Coverage (UHC)'. [Jeremy Lefroy MP](#), chair of the meeting opened by celebrating the UK's contributions and commitment to UHC. He named DFID as the 2nd largest supporter in eliminating five key diseases in 25 countries.

How do successful NTD programmes support UHC? We are all in agreement that we need to be working with governments to increase healthcare access for the poor and vulnerable. But huge numbers of people are being left behind in diagnosis and treatment of NTDs. It is important that efforts should be directed towards reaching the most poor and vulnerable.

Mass Drug Administration (MDA) programmes can be very successful in their own right, but as with most approaches they do not come without challenges. MDA focuses on prevention but even if NTDs are eliminated, there are millions still affected by NTD-related morbidity and disability. If we are serious about 'leaving no one behind', we must focus our efforts on increasing equitable access to healthcare.



For programs to be equitable, they need to focus on disability inclusion and address those left behind.

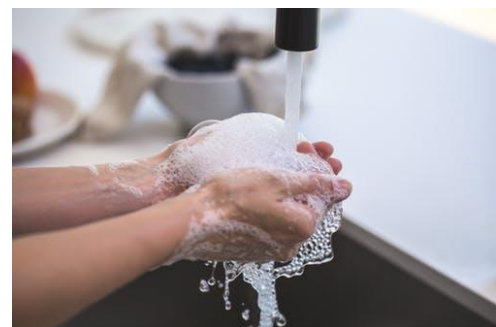
Source: Education Trust

As disease prevention increases, mass treatment will cease to be cost-effective in some areas. We will need new and more collaborative techniques to direct funding towards delivering healthcare to those who are being missed. It is not enough to implement vertical programmes as we need to consider how NTD programmes can benefit from complementary approaches such as vector ecology, veterinary ecology and behaviour change psychology.

Perhaps the answers lie in an intersectoral approach?

It is undeniably shocking that in data published by [WaterAid](#) earlier this year it is estimated that over **1.5 billion** people globally have no sanitation service at their healthcare facility, and that **1** in every **6** healthcare facilities have no place for people to wash their hands.

The need for intersectoral collaboration was highlighted by Yael Velleman (SCI) and Helen Hamilton (WaterAid). There is a significant link between Water, sanitation & Hygiene (WASH) and NTDs. Stagnant water and poor access to sanitation increases the risk of contracting diseases such as schistosomiasis, lymphatic filariasis, trachoma and soil-transmitted helminthiasis. Access to clean water is also crucial in the management and treatment of NTDs as water is needed not only to wash wounds, but to also take the medication during MDA. We cannot reach the target of eliminating NTDs by 2020 with MDA alone.



A promising step in implementing collaboration with WASH has been the toolkit recently published with the World Health Organization (WHO) stamp of approval [WASH and Health Working Together](#). This

toolkit provides step-by-step guidance to empower NTD programme managers and partners on how to work with the WASH community and reach out to services, thereby improving delivery of WASH services to marginalised populations affected by NTDs.

But lack of long-termism in programmes is a big issue. Once the programme has ended and the last of the funding has been spent- what now? Jeremy Lefroy MP proposed investing in financial protection and integrating services into primary care, rather than investing in ‘shiny hospitals that poor, vulnerable people cannot access’. Christian Rassi, the Seasonal Malaria Chemoprevention (SMC) Programme Director from the Malaria Consortium also made a strong case for the transition from ‘vertical’ NTD programmes to integrating the detection and management of NTDs within primary healthcare (PHC).

It is all well and good talking about policies, targets and figures. What about the realities faced by people? There is a need to think beyond MDA and focus on a more people-centred approach through PHC. However, Christian Rassi mentioned that this requires health systems to have adequate financing, human resources and infrastructure. Community health workers are at the forefront of NTD programmes- but they are chronically underfunded and under resourced (as outlined in ongoing [COUNTDOWN](#) research).

As WHO worked on the new roadmap on NTDs for a post-2020 world, we hope that governments take the opportunity to focus on disability inclusion and develop new measures of programme success, such as community accountability mechanisms and intersectoral collaboration.

A key message from the meeting was that strong political commitment is vital in implementing UHC and primary health care. As researchers, we tend to present research and statistics well but ultimately, we have a responsibility to advocate in a way that is accessible and attractive for politicians to invest in sustainable change.



DFID and the UK have contributed greatly to the progress on eliminating NTDs, but how can we do better? We will need to take a step back and look at the bigger picture.