

BUILDING SUPPORT WITHIN THE GOVERNMENT: TOOLS TO ENGAGE THE POLITICAL ACTORS IN THE FIGHT AGAINST NEGLECTED TROPICAL DISEASES AT COUNTRY LEVEL



This tool provides NTD Programme managers and their teams with a model game plan for undertaking an advocacy initiative that aims to promote greater in-country support for achieving their NTD programmatic goals. It is also useful also useful for NTD stakeholders at country-level who are working with the NTD programme to achieve its advocacy goals.

It comes as no surprise that the support of your government ministries and agencies is key to the success of your NTD program. The political environment and competition for government resources require a consistent targeted campaign of advocacy for government actors to support the NTD program. It is especially difficult sometimes to engage the interest of the government when other diseases, such as HIV, TB and malaria, occupy a centre stage both globally and nationally. And while the Ministry of Health is a natural partner, it is important to seek the support of other ministries and agencies as well.

Political will among affected countries to control, eliminate and eradicate NTDs has increased in the last five years. This has been extraordinarily helpful in the progress being made in a number of African countries. However, tapping into that political will can be a challenge for even the most active NTD program manager.

Political decisions are made differently depending on the nature of the state, politics, and media. In some places, the legislature has more authority. In other places, the Minister of Finance dominates policymaking. Countries have different levels of freedom and access to the public sector.

Overall, advocacy with government officials at the national or subnational level aims to ensure adequate and sustained political and financial commitment for the NTD Program. The development of ties within the state apparatus will likely require advocacy efforts towards the following, among others:



Parliamentary health and budgetary committees to provide funding and support to NTD programs.



Ministry of Finance (Planning Commission/ Division) to ensure timely and adequate release of funds for NTD activities.



The Ministry of Information/Communication (or equivalent) to encourage state-owned broadcasting organizations to develop special programmes around NTD issues and events.



The Ministry of Education to incorporate a strong NTD component in its primary and secondary school health curricula.



The Ministry of Women's Affairs to mobilize women and incorporate information about NTD treatment and prevention in their service delivery.

Your advocacy effort at the highest level of government, including the office of the head of state, should demonstrate how strengthening the country's NTD effort will help the country meet its international commitments with regard to the Sustainable Development Goals (SDGs). The SDGs, which the UN General Assembly passed, are a universal call to action to end poverty, protect the planet and ensure that all people enjoy peace and prosperity. The SDGs provide clear guidelines and targets for all countries to adopt in accordance with their own priorities and the environmental challenges of the world at large. African governments have embraced the SDGs, and many countries are making significant progress in reaching their targets.

In specific, the SDGs include a call to end the epidemic of NTDs by the year 2030, and high-level government officials will likely want to insure the international community that the government is living up to its commitments. It will also be important to illustrate to government officials how investments made toward reaching the NTD elimination goal make the achievement of the goal of Universal Health Coverage more affordable. Eliminating illness and disabilities of NTDs will reduce the costs of hospitalization to health systems and individuals, thus equating to a reduction of expenditures to achieve Universal Health Coverage. The NTD elimination effort also closely relates to the SDGs established for clean water supplies and sanitation.

The yearly Voluntary National Reviews (VNRs) of SDG progress provides your government with the opportunity to showcase its actions and achievements toward reaching the goal of ending NTDs. As part of your NTD advocacy intervention, you can target government officials with messaging around the international commitment to review the progress towards eliminating NTDs and highlight the country's successes.

In addition to demonstrating progress on the SDGs, your advocacy effort can use the ALMA scorecard to promote sustained political will for NTD elimination. In January 2018, at the 30th African Union summit, 30 heads of states belonging to the African Leaders Malaria Alliance (ALMA) added neglected tropical diseases (NTDs) to its annual scorecard on disease progress.

By adding NTDs to the scorecard, African leaders made a public commitment to hold themselves accountable for progress on these diseases and put NTDs alongside malaria and maternal and child health as top health priorities for the continent.

NTD progress index for the ALMA scorecard, which can be found at <http://unitingtocombatntds.org/africa/>, provides an overview of each country's progress in reaching people in need of mass treatment and country-specific recommendations on improving performance. The criteria established for the scorecard are monitored every 3 months to track progress and identify bottlenecks. The index also ranks country progress, allowing each Head of State to compare a country's standing on NTD progress compared to other African countries. The scorecard is personally reviewed by African heads of state every year.



EXAMPLES OF SUCCESSFUL DOMESTIC RESOURCE MOBILIZATION INITIATIVES IN COUNTRIES

BURKINA FASO

Burkina Faso provides a good example of the power of domestic support. In a 10-year period (2004–2014), Burkina Faso's government provided US\$ 300,000 – 400,000 per year to support their NTD programme costs. In 2016, the programme was assisted with a World Bank loan, to cover per diems and other expenses for community mobilization, monitoring and evaluation. Today, Burkina Faso, with the support of USAID and UK aid, has achieved nearly 90% coverage of its population at risk with MDA.

DEMOCRATIC REPUBLIC OF THE CONGO (DRC)

DRC now provides 25% of funding for its NTD programs, up from 0% in 2011.

MOZAMBIQUE

At the Global Citizen Festival Mandela 100 Festival, celebrated in South Africa on December 2, 2019, Mozambique committed US\$ 6 million allocation to the NTD program for the schistosomiasis mapping exercise and increased coverage of soil-transmitted helminths.

NIGERIA

The Nigerian Inter-faith Action Association (NIFAA) has mobilized Christian and Muslim leaders to engage religious communities in the fight against malaria as well as other diseases and poverty and obtained funding from the World Bank in support of their program.

SUDAN

The Sudanese government allocated over \$1.5 million to NTD projects in 2016.

TANZANIA

Tanzania's national government accounts for more than 40% of total spending on NTD programs.



A VERY IMPORTANT TOOL FOR NTD ADVOCACY EFFORTS:

ASSEMBLING A PERFECT POLICY BRIEF

A policy brief is a very important tool in your NTD advocacy efforts. The policy brief targets the decision-maker, whether at the national level or sub-national level, and is the preferred form of communication favoured by policy actors. Research shows that 79% of policy actors from both developing and developed countries rated policy briefs as a 'key tool' for making decisions.

The objective of your policy brief is to advocate for a change in policy—from a budget request to a change in the country's health policy concerning NTDs. It is important to keep in mind the audience for your policy brief. Officials in the Ministry of Finance will expect a policy brief that focuses on issues related to budgets, costs and other financial issues. At the Ministry of Health, officials will respond to the public health issues around NTDs.

The position of the official is also important. Technical staff will respond to evidence-based arguments. At higher levels of the government, a policy brief should lay out the policy options—keeping in mind the political realities and the competing narratives.

Policy briefs should be no more than two-pages. There is a useful five-step framework for writing a policy brief for a public health issue:



STEP 1

What is the context, who are the stakeholders and influential actors? What is the problem and what are the choices to be made?



STEP 2

What are the reasonable and feasible options? What are the attributes and tradeoffs for each alternative?



STEP 3

Given the information about each alternative or strategy described above, what are the expected outcomes of each of the choices? Which would appear to be the most efficient option?



STEP 4

What are the decision-making criteria? What are the outcomes most valued by the decision-maker or stakeholder (e.g. improving health, reducing risk, promoting equity)? What are the political realities and what are the competing narratives?



STEP 5

Make a recommendation for a specific action to be taken.



SAMPLE OF A POLICY BRIEF ON LYMPHATIC FILARIASIS

Lymphatic filariasis, commonly known as elephantiasis, is a neglected tropical disease (NTD). Infection occurs when filarial parasites are transmitted to humans through mosquitoes. Infection is usually acquired in childhood causing hidden damage to the lymphatic system.

When lymphatic filariasis develops into chronic conditions it leads to lymphoedema (tissue swelling) or elephantiasis (skin/tissue thickening) of limbs and hydrocele (scrotal swelling). Involvement of breasts and genital organs is common. Such body deformities often lead to social stigma and sub-optimal mental health, loss of income-earning opportunities and increased medical expenses for patients and their caretakers. The socioeconomic burdens of isolation and poverty are immense.



LF KEY FACTS

- Lymphatic filariasis impairs the lymphatic system and can lead to the abnormal enlargement of body parts, causing pain, severe disability and social stigma.
- 856 million people in 52 countries worldwide remain threatened by lymphatic filariasis and require preventive chemotherapy to stop the spread of this parasitic infection.
- In 2000 over 120 million people were infected, with about 40 million disfigured and incapacitated by the disease.
- 499 million people no longer require preventive chemotherapy due to successful implementation of WHO strategies.



THE WORLD HEALTH ORGANIZATION'S (WHO) RESPONSE

World Health Assembly resolution WHA50.29 encourages Member States to eliminate lymphatic filariasis as a public health problem. In response, WHO launched its Global Programme to Eliminate Lymphatic Filariasis (GPELF) in 2000. In 2012, the WHO neglected tropical diseases roadmap reconfirmed the target date for achieving elimination by 2020.

WHO's strategy is based on 2 key components:

- Stopping the spread of infection through large-scale annual treatment of all eligible people in an area or region where infection is present; and
- Alleviating the suffering caused by lymphatic filariasis through provision of the recommended basic package of care.

GLOBAL PROGRAM SUCCESSES

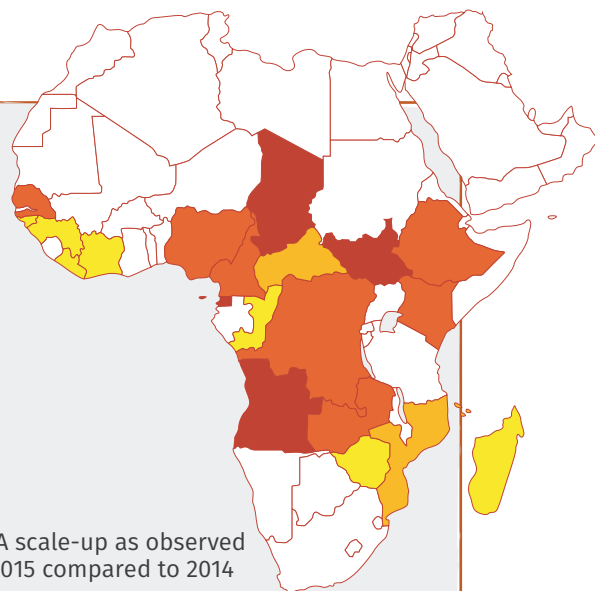


- From 2000 to 2016, 6.7 billion treatments were delivered to more than 850 million people at least once in 66 countries, considerably reducing transmission in many places.
- The population requiring MDA has declined by 36% (499 million) where infection prevalence has been reduced below elimination thresholds.
- The overall economic benefit of the programme during 2000-2007 is conservatively estimated at US\$ 24 billion
- Preventive chemotherapy is still required in 52 countries but has not been delivered to all endemic areas as of the end of 2017.



LF ELIMINATION: PROGRESS IN AFRICA¹

An unprecedented effort of mapping NTDs in the African Region has narrowed the scope of LF endemicity. Among the 35 countries originally considered endemic, an estimated 395.3 million persons are currently considered to require MDA. Based on data reported from 20 countries, 176.5 million persons were reported covered in MDA for a regional coverage of 44.7%, representing an 18% increase from 2014. MDA scale-up as observed in 2015 compared to 2014 is encouraging for Cameroon, Democratic Republic of Congo, Ethiopia, Kenya, Nigeria, Senegal, and Zambia, highlighting the many examples of success with MDA in the region.



- MDA scale-up as observed in 2015 compared to 2014
- Rapid scale-up of MDA to all endemic IUs is still required
- MDA needs to start urgently
- MDA was also required but not implemented



LEVERAGING THE BENEFITS OF LF TREATMENT

LF medications provide effective prevention of and treatment for several medically important intestinal helminth (parasitic worm) infections. For example, one medication used to treat LF, albendazole, also treats hookworm, roundworm, and whipworm infections. Prevention of and treatment for these infections (also NTDs), contribute to greater productivity and better quality of life by protecting children from cognitive impairment, anemia, and malnourishment.



RECOMMENDATIONS

In support of the global program, countries and partners are encouraged to:



Continue and scale-up MDA programs.



Develop and implement strategies to accelerate the elimination of LF.



Increase efforts to provide disease management for persons with LF.



Wherever possible, integrate LF programs to deliver services for other NTDs and diseases.

¹ WHO's Weekly Epidemiological Record, 20 September 2016

USEFUL TOOLS



**POWERPOINT
PRESENTATIONS**



**NTD
FACTSHEET**



**POLICY
BRIEF**

NTDs KEY FACTS



WHAT ARE NEGLECTED TROPICAL DISEASES?

Neglected tropical diseases (NTDs) are a group of destructive mostly communicable diseases. They affect the world's poorest people and are especially common in tropical areas, where people have little access to clean water or proper ways to dispose of human waste.

Women and children who live in unsanitary environments face the biggest threat of NTDs. Although they can be prevented and treated, they continue to cause severe disfigurement and other long-term disabilities that create obstacles to education, employment, economic growth and overall development.



THE NTD BURDEN



1 BILLION PEOPLE

are affected by NTDs worldwide



NEARLY 50%

of the global NTD burden occurs in
Africa



ONLY 0.6%

of global healthcare funding goes to
controlling NTDs



THE NO TO NTDs MOVEMENT

In November 2018, the “No to Neglected Tropical Diseases” movement was launched. Through this movement, individuals, political leaders, private sector companies and civil society organizations (CSOs) come together to increase awareness, prioritization and national commitment to accelerate the control and elimination of NTDs in Africa.

Combating NTDs and reaching all communities in need can put countries on the pathway to achieving universal health coverage. Where there is poverty, NTDs are commonly an accepted part of life. But this is not inevitable, nor should we accept it. In this sense, the movement aims to:

1. Increase overall political engagement to NTDs to increase domestic resources for NTDs;
2. Build the capacity of civil society organizations to make NTD decision-making spaces more inclusive;
3. Create an enabling environment at the national level for increased prioritization of NTD elimination.



THE ONLINE PLATFORM

An online platform is available to enable knowledge sharing and facilitate the spread of the No to NTDs movement in Africa. It is designed for stakeholders in all African countries working on NTD control and elimination. The resources aim to support all stakeholders with NTD campaign planning, strategic partnership building, increased visibility and monitoring and evaluation.

For more information about the NTD Advocacy guide or the No to NTDs movement please contact:
info@speakupafrika.org or check out the No to NTDs online platform at notontds.org