

The Road to 2030: Country Perspectives on the Role of Drug Donations beyond 2020

Session Date & Time:	Monday, November 18; 1:00 PM to 4:00 PM
Session Location:	Aria Meeting Room
Session Description:	<p>What are the enabling factors and barriers for effective integration of deworming into broader school health programs? How can countries transition from dependency on donations towards viewing domestic financing as an effective investment, especially during this period of rethinking the drug donations? These issues will be explored through presentations on the established national programs in India, Kenya and Nigeria, followed by a panel discussion with private sector representation, followed by Q&A.</p> <p><i>*Due to visa and availability issues, several speakers were unable to make the meeting. Informed representatives presented on their behalf. This was followed by group discussions.</i></p>
Session Chairs:	Lesley Drake / Don Bundy
Session Rapporteur:	Hugh Mehta, Uniting to Combat Neglected Tropical Diseases

KEY DISCUSSION POINTS

- Arguably, one of the biggest issues as we work towards a new roadmap for neglected tropical diseases (NTDs) and the 2030 goals, is how countries will transition from drug donations and donor support to be self-reliant when it comes to treating NTDs.
- The case study on India highlighted one of the world's largest deworming programs and the scale-up of National Deworming Day, which takes twice a year and targets 1-19 year olds. The majority of drugs are locally procured through domestic financing. The government ensures budget allocation, uses international drug quality standards and sets management guidelines. A deworming secretariat supports states, which have established drug procurement systems. One lesson, raised in the Q&A, is that you can reach high coverage via schools, but you can't reach every child this way.
- The Nigeria presentation told an impactful story of integration across sectors. Deworming treatments are delivered via the home grown school feeding program that feeds 9.9m children. The added cost of deworming, alongside large scale school feeding, is small. Half of

the treatments are funded domestically via the Ministry of Finance. 33 of 36 Nigerian states are operating the program which brings together education, health and agriculture ministries to work together. One lesson is the need for high level political leadership – in this case, the Vice President has driven the program and called for ministries to work together with clearly defined roles and responsibilities.

- Johnson & Johnson provided a pharmaceutical perspective on the future of drug donation programs. Sustainability requires a shift to procurement – whilst reducing the need for treatment (essentially a shift from mass drug administration, or MDA, drug donations to targeted treatment as part of universal health coverage, or UHC). The presentation showed the steps needed for countries to take ownership of soil-transmitted helminthiasis (STH) programs – including revised performance indicators, evidence based operational guidelines, impact surveys, stakeholder alignment and incorporation into UHC plans. Whilst pharmaceutical companies cannot drive the transition, they ‘are in the car’, and may be able to support by looking at drug affordability, innovation (e.g. chewable mebendazole) and sharing supply chain/diagnostic development expertise.
- The Partnership for Quality Medical Donations (PQMD) brings together pharma companies and implementers. Donation guidelines are the foundation of the partnership. For true sustainability, donations should be a stop gap, for emergencies, not endless programs. PQMD offers global health education for donation professionals and will shortly host a Global Health Policy Forum (New York, April), which will look at NTDs and other issues.
- After the presentations 4 small groups considered this question, ‘How do we transition from drug donations and donor support to self-reliance by countries?’. Answers are collated under the pre-populated headings below.

KNOWLEDGE GAPS IDENTIFIED

- **Situational assessments** in country will be key. **Drug needs, impact data, partner mapping** and **cost analysis** will all help with decision making.
- **Country specific guidelines and procedures** and **defined roles and responsibilities** will be required moving forward. Guidelines will be needed for disease programs as well as procurement and supply chains.

RECOMMENDED NEXT STEPS

- **Political commitment/will** on **policies, budget and UHC** is needed from countries
- Collaboration will be needed to ensure the **availability of quality affordable medicines**, delivered through **effective procurement, supply chains & UHC programs**. Protocol for leftover drugs should be considered.

- Further bespoke country **capacity building and training**, will be required (including monitoring and evaluation, or M&E)
- Continued **advocacy for internal or external financing and resources** will support programs
- Donors will need to be **consistent and aligned in support and expectations** in country.