

NNN 2022 Workshop: Cross-cutting approaches to mainstreaming NTDs: innovations, opportunities and limitations

Historically, NTD programming has occurred in parallel systems. However, this is not conducive to ensuring long term sustainability in terms of resourcing, financing, management and country ownership. In response to the [WHO 2030 Road map](#) and the call to 'intensify cross-cutting approaches', efforts are being made to: 1) integrate NTD control measures across multiple NTDs; 2) mainstream NTD programming into the healthcare system; and 3) support cross-sectoral collaboration and coordination. Identifying and effectively implementing integrated programmes requires a whole systems approach, with a clear understanding of common barriers and enablers that can support wider mainstreamed NTD control programming.

There are now a wide range of integrated formats being implemented, with key learning outcomes arising from various programmes and partners which can be shared amongst NTD programmers for more effective programming in the future.

This hybrid workshop focused on the WHO pillar: *Intensifying Cross-Cutting Approaches to NTD control*. Key themes included integration, mainstreaming and coordination. For example, integrated multi-NTD approaches to programming can lead to efficiencies in resource use and time, but requires careful planning and coordination prior to roll-out to ensure all opportunities for streamlining are explored at the same time as mitigating barriers to effective implementation. Another approach is service integration across the healthcare system to embed screening into mainstreamed activities. Critical structures that underline NTD programmes such as information systems and supply chains are frequently vertically applied in many countries, but there exist examples of mainstreaming these into wider health systems which were shared and explored during this session. Finally, coordination across sectors is critical for a longer- term sustainable outlook for NTD control measures.

The aim of the workshop was therefore to use examples of NTD integration in different contexts and applications to identify key criteria and priorities for successfully applying cross-cutting integration for mainstream NTD control underlined by government leadership and ownership for long term sustainability.

Through sharing of case-studies for integration from a variety of backgrounds and facilitating discussions in breakout sessions, the workshop objectives were to:

- Identify underlying mechanisms and enablers behind successful integration of NTD control
- Discuss additional cross-cutting approaches to mainstreaming NTD control
- Identify priorities for integration of NTDs, and develop a set of recommendations for application in other situations.

Dr Victoria Gamba and Dr Akinola Oluwole led the section of our workshop on integrating Female Genital Schistosomiasis into healthcare services. Dr Gamba presented on a pilot project she had worked on in Kenya to integrate FGS into existing cervical cancer screening and SRH services in Homa Bay and Kwale County. Dr Oluwole reported on the COUNTDOWN project in Nigeria and Liberia, integrating FGS awareness and training for health workers, with outputs of two manuals, [one for Nigeria](#) and the other [for Liberia](#).

[Slides can be viewed here.](#)

Following the presentations Dr Gamba led the in-person discussions on FGS integration, identifying and discussing enablers and challenges, whilst Dr Oluwole led the discussions with online participants.

Key enablers discussed included

- demand creation - engaging communities, raising awareness, reducing stigma
- creating a "package of health" to deliver through services at the community level and health facility level
- engaging and training healthcare professionals at the community level, health facility level and up to regional/national level
- creating a case definition of FGS that can be used in risk profiles
- using NNN and SRH webinars to raise awareness among policymakers and practitioners in both sectors
- push for Universal Health Coverage (UHC) - integration for service access and utilisation - NTDs as a litmus test for UHC - linkage with SDG3 creating accountability for countries

Challenges (a big focus of discussions) included:

- Lack of algorithms / risk profiles for FGS for health care professionals
- How to integrate FGS in services for underserved populations or groups such as mobile populations (pastoralists etc), children and adults with disabilities and refugee camps / centres?
- Prescription and diagnostics in drug formulary
- Accessibility and availability of praziquantel (treatment for schistosomiasis infections) at the local health facility/pharmacy
- How to prevent schistosomiasis and the development of FGS in children, particularly those that do not attend school or live in areas far from health facilities?

- Linking understanding/awareness of FGS with water contact practices where schistosomiasis transmission occurs

Outputs and outcomes:

- Our workshop was well attended with approximately 40 participants, half in person and the other half online. Dr Gamba and Dr Oluwole led the discussions on the integration of female genital schistosomiasis into health services, such as sexual and reproductive healthcare.
- We saw a clear interest from NTD stakeholders and participants in working with SRH and primary health professionals to integrate FGS into health services. In fact a request was made from participants to host online meetings to deep-dive into what is needed for FGS to be integrated into health services, particularly for healthcare professionals and community health workers, with a focus on identifying what research, tools, training and resources can be developed and tailored to address the current needs. This is something that can be taken forward by the [FGS Integration Group](#) and the NTD NGO Network.