

Strengthening primary healthcare for neglected tropical diseases in Ethiopia

The study will pilot-test materials and processes designed to improve capacity to detect, manage and record neglected tropical diseases at primary healthcare level in Ethiopia.

Project outline

Background

Neglected tropical diseases (NTDs) are a group of communicable diseases that cause suffering, blindness, disfigurement, and delays in physical and cognitive growth. They affect more than one billion people worldwide, mainly populations living in poverty, perpetuating the cycle of poverty for those infected by hindering their productivity. Ethiopia bears a significant burden of NTDs in Africa, with a wide range of the diseases highly endemic in the country.

Historically, the global NTD community's efforts to reduce the burden of NTDs have mainly been focused on mass drug administration, such as periodic, large-scale population treatment. However, to eradicate NTDs it will also be important to enable primary healthcare (PHC) providers to play a central role in the control of these diseases. Strengthening capacity to detect, manage and record NTDs at PHC level is expected to improve quality of care and result in timely, localised data relating to the burden of NTDs, which could inform strategies and actions to improve disease control.

This study will be conducted in Hawella Tula, a district located in Ethiopia's Southern Nations, Nationalities, and Peoples' Regional State. It will focus on a range of NTDs which are highly prevalent in the region: schistosomiasis (intestinal and urogenital), soil-transmitted helminths, trachoma and morbidity related to untreated lymphatic filiariasis and podoconiosis.

Country

Ethiopia

Donoi

UK aid from the UK government

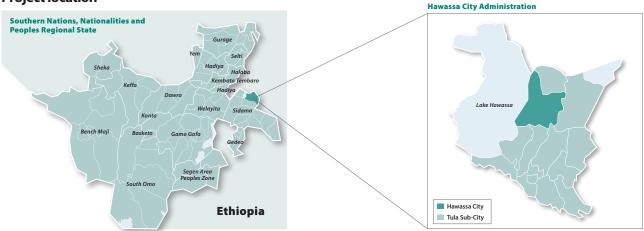
Length of project

June 2017 – December 2018

Partners

Nuffield Centre for International Health Development, University of Leeds, UK

Project location



Methods

The study is designed as a small-scale pilot, focusing on determining the feasibility and acceptability of a public health intervention and collecting evidence for its potential impact. The materials and processes for the pilot intervention will be developed through an iterative approach of engagement and pre-testing with relevant stakeholders, and taking into account findings from a literature review and health system capacity assessment. They will be piloted in the catchment area of one health centre for one year.

The pilot intervention will involve providing training to approximately 30 health workers at primary district hospital and health centre level, providing an overview of the target NTDs and introducing a range of guidance materials such as clinical algorithms and desk guides for detecting and managing NTDs. Health extension workers (HEWs), a cadre of trained health workers providing a basic package of care at rural health posts, and health development army (HDA) volunteers, a network of women tasked with driving health-related behaviour change within their communities, will also play a central role in the pilot intervention. With the help of simple pictorial tools, HEWs and HDA volunteers will be asked to provide health education about NTDs at community level and refer suspected cases of NTDs to the health centre or hospital for testing and treatment. The project estimates that about 10 HEWs and up to 100 HDA volunteer team leaders will participate in the study. Reporting tools will be provided to track suspected and confirmed cases of NTDs at all levels.

A range of research activities will be conducted before, during and after the pilot intervention period to collect relevant data relating to feasibility and acceptability of the intervention, as well as its potential impact:

- » Health worker knowledge assessment, using a multiple choice knowledge questionnaire, which will be administered before and after the training, and 12 months after;
- » Health worker skills assessment, testing practical skills related to detection, management and recording of NTDs, using methods adopted from the Objective Structured Clinical Examination (OSCE) approach;

- » Observation notes, kept by the study team throughout the intervention period and detailing observations from regular visits to all health facilities and communities participating in the study;
- » All data collected using the recording tools introduced as part of this intervention will be routinely analysed;
- » Focus groups and in-depth interviews will be conducted with health workers, HEW and HDA volunteers to discuss thoughts, opinions and suggestions with regard to the materials and processes introduced by this study.

Project objectives

The study explores the feasibility and acceptability of the provision of materials and processes relating to the detection, management and recording of selected NTDs at PHC level in Ethiopia, including HEW and HDA volunteers. It also aims to gather evidence of the intervention's potential impact in terms of health workers' knowledge and skills relating to NTD control, as well as the system's capacity to produce relevant, timely and accurate data with regard to disease burden. Throughout the study period, the study will engage with national and international stakeholders to maximise impact on policy and practice.

The study is conducted through COMDIS-HSD, a Research Programme Consortium led by the Nuffield Centre for International Health and Development at the University of Leeds, UK, and funded by UK aid from the UK government. The study will be conducted in close collaboration with the Federal Ministry of Health in Ethiopia and the Southern Nations, Nationalities, and Peoples' Regional State's Regional Health Bureau.

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www.malariaconsortium.org/projects/comdis-hsd

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