

EFFECTIVENESS OF INTEGRATED APPROACH OF PUBLIC HEALTH INTERVENTIONS

Case of “the national integrated campaign of community-directed distribution of: long-lasting insecticide-treated net (LLINs) for a universal access, vitamin A, Albendazole, Ivermectin and Praziquantel in Togo”.

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Community leaders attending the launching ceremony of the campaign held on July 29th, 2011 in Agbélouvé

1. Introduction

Progress towards the Millennium Development Goals (MDGs) requires initiatives and innovative approaches that target not only the most vulnerable but also the general population in the context of universal access to interventions and efficiency. In order to accelerate the reduction of morbidity and mortality due to malaria, vitamin A deficiency, anaemia and neglected tropical diseases, contributing to the achievement of the MDGs, the Ministry of Health of Togo, with the support of partners, organized in 2011 its 3rd national integrated campaign of distribution of long-lasting insecticide-treated nets (LLINs), Albendazole, Praziquantel, Ivermectin and vitamin A supplementation. The choice of this integrated approach is based on the successful experiences of integrated campaigns in 2004 and 2008 which involved all stakeholders from Ministry of Health, other sectors, civil society, partners and communities, leading to the achievement of the goals. The launching ceremony was held on July 29, 2011 in Agbelouvé, a village of Zio health district located about 75 km from the capital Lomé, and chaired by the Minister of Health, Prof. Charles Kondi Agba, in the presence of local authorities, population and representatives of partner institutions involved in this activity.

2. Advantages of integrated strategy

For poor countries, where the availability of financial resources is limited, integrated approach of interventions is a suitable way to maximize results. Thus, the integrated approach in 2011 gave the following advantages:

- Integrating interventions saves time;
- Integrating community-directed interventions helps accelerate the achievement of the MDGs;
- Entire involvement and input means of the community (an asset based on the principles of primary health care);
- The joint use of household as a target by providing the opportunity and the possibility to "give something to each member" and the enthusiasm of communities during some interventions such as the distribution of LLINs;
- Optimizing the use of available resources as a solution to the progressive reduction of resources in a context of socioeconomic crisis.

3. Objectives of the campaign

- Administer Albendazole to at least 95% of 12 to 59 months children and at least 80% of school-age children (5-14 years) in endemic areas to helminthiasis;
- Administer vitamin A to at least 95% of 6 to 59 months children;
- Distribute the long-lasting insecticide treated-nets to 100% of eligible households;

- Treat with Ivermectin at least 85% of people in 100% of onchocerciasis endemic communities selected to CDTI;
- Treat with Praziquantel at least 80% of target population in schistosomiasis endemic areas.

4. Methodology

4.1 Target populations and intervention areas of the campaign

- For LLINs: All households with no LLIN. Coverage area: the whole country;
- For vitamin A: 6 to 59 months children. Coverage area: the whole country;
- For geo-helminthiasis: 12 to 59 months children. Coverage area: the whole country and school-age children from 5 to 14 years in helminthiasis endemic areas;
- For onchocerciasis: 5 years and over in endemic areas;
- For schistosomiasis: 5 years and over in endemic areas.

4.2 pre-campaign activities

Organizationally, the Ministry of Health has set up a National Steering Committee (NSC) and local organizing committees (LOC) at the operational level. The NSC is the panel responsible for the management of the campaign. It comprises of four other committees for specific tasks which are the following:

- Technical Committee responsible for planning, developing technical documents and tools for implementation, training of actors and the organization of monitoring and supervision activities;
- Logistics Committee responsible for the development and implementation of logistic plans, including transportation and storage of inputs in all parts of the country;
- Finance and Resources Mobilization Committee, responsible for integrated budgets;
- Social Mobilization Committee: to assure information and communication activities towards populations.

The composition of the NSC is multi-sectorial in order to ensure the involvement of all sectors. Local Organizing Committees (LOC) of the campaign were set up at health regions and districts level. They consisted of:

- Administrative and political authorities (Prefects, Mayors, Presidents of special delegations, security forces);
- Community representatives;
- Members of health region and district management teams.

These committees have the following tasks:

- Mobilization of the necessary human resources for the campaign;
- Identification and securing LLINs warehouses;
- Development and implementation micro plans;
- Organization and implementation the field actors training;
- Education and mobilization communities;
- Implementation the campaign activities;
- Participation in different assessments activities.



The launching of the national integrated campaign by the Minister of health in Agbélouvé

4.3 Activities undertaken during the campaign

Operationally, the campaign was conducted in three phases:

- **Household census phase:** It took place from 1 to 22 August 2011. During the census, LLINs available in households were identified and classified according to their state of wear. In the same time, Albendazole and vitamin A were administered to under-five-years children. In addition, Ivermectin tablets were distributed to the target referring to a neglected tropical disease mapping. School-age children benefited from deworming with albendazole according to the neglected tropical disease mapping. This nationwide operation lasted three weeks.

- **Phase2:** taking place from 21 to 25 September 2011. It was related to the distribution of tickets to households, coupled with de-worming with praziquantel in targeted areas.
- **LLINs distribution phase** was implemented from September 28 to October 4, 2011. This distribution phase was performed in only 29 districts out of 35 districts expected due to lack of LLINs.

The implementation of these community-directed interventions involved 10,830 community health workers (CHWs) selected from all parts, cities and villages of the whole country.



Two census agents standing in front of a house

4.4. Management of the campaign

In order to ensure the success of the campaign, a management system has been implemented. This system included the coordination, supervision, data collection and data analysis, pharmacovigilance, technical support, security and traceability of inputs.

5. Results

5.1. Malaria control: targets and results

The number of LLINs needed is overall estimated at 348 3,743. On the whole, out of the 1 171 905 census households expected to receive the LLINs:

- 1,167,197 households received their tickets for LLINs, representing 99.6% of coverage.
- 1 162 571 households actually received LLINs, representing 99.2% of the census households.

5.2. Neglected Tropical Diseases control: targets and results



Drugs distribution in household by a community health agent

5.2.1. The administration of Albendazole

Census eligible population: 1 100 239 people; Population receiving treatment with Albendazole: 1 017 735 people. The national therapeutic coverage is 92.5%. This rate meets the expectations of the campaign which targets at 80% the goals related to this intervention.

5.2.2. Treatment with Ivermectin

At the national level, 2,467,365 people within 5 years and over received treatment out of 2,999,505 census population showing a national coverage of 82.3%, 3 points lower to the goal.

5.2.3. Treatment with praziquantel

Among school-age children (5 to 14 years), 603 567 people received treatment out of 697,686 census population. The goal is achieved with a national coverage of 86.5%.

5.3. Results of vitamin A supplementation and deworming among under-5-years children

- 113,132 children within 6 to 11 months received vitamin A out of 133,300 targeted children representing 84.87% coverage;
- 817,014 children within 12 to 59 months received albendazole out of 878,116 targeted children representing 93.04% coverage.

6. Funding of the campaign

With a total cost of FCFA 12,559,706,976, this integrated campaign has once again illustrated the importance of the collaborative relationship between Togo and its partners.

Table 1: Financial contributions

Sources	Amount (XOF)
Government	47 819 975
GF/ATM	7 098 685 508
HDI	316 372 198
UNICEF	140 311 883
CRS	110 902 100
Plan Togo	43 274 267
VESTERGAAD	50 000 000
WHO	1 630 295
OCDI	27 000 000
Sightsavers	4 723 710 750
Total	12,559,706,976



LLIN use demonstration

7. Difficulties

The integrated campaign of 2011 was a success regarding the results obtained. Nevertheless, it is important to note that the process has experienced some difficulties. The mains were:

- Lack of resources impacting the implementation of activities at the operational level (training, supervision, motivation of CHA);
- Important gap of LLINs which did not cover the whole country;
- Inappropriate implementing period (Muslims fasting period, rainy season with accessibility problems in some communities and occupation period of rural populations because of farm work);
- Non-compliance with the financing plan by some partners due to the lack of autonomy in their financial management. Ex: Plan Togo which was supposed to refer to the Global Fund before taking some decisions;
- Discrepancy in partner's financial management procedures.

8. Challenges

- Compliance with the terms of reference by stakeholders;
- Community mobilization.

9. Conclusion

Togo has once again demonstrated that the integrated approach to diseases control is the best way leading to real impact. Through the LLINs distribution campaign for a universal access, vitamin A, Albendazole, Ivermectin and Praziquantel were administered to households. As in previous years, all actors in national development, including those of the public sector, private sector, civil society and communities showed great involvement in order to make this event a success. The strong mobilization of technical and financial partners, whose contribution is over 99% of the funds raised for this campaign (mobilization rate is 86%), was an important factor for its success. Despite the financial and organizational difficulties encountered during the planning and the implementation, the campaign was successful. Satisfactory results have been performed on the whole.