

ENSURING ACCESS FOR ALL

CBM Neglected Tropical Diseases – Annual Report



2018

Neglected tropical diseases (NTDs): a diverse group of communicable diseases that prevail in tropical and subtropical conditions in 149 countries – affecting more than one billion people and costing developing economies billions of dollars every year (WHO)

ACRONYMS

AICHM	Africa Inland Church Health Ministries
ATCP	Amhara Trachoma Control Programme
ATSC	Anti-trachoma School Club
CAR	Central African Republic
CBID	Community Based Inclusive Development
CDTI	Community Directed Treatment with Ivermectin
COAVS	College of Ophthalmology and Allied Vision Sciences
DFAT	Department of Foreign Affairs and Trade (Australia)
DfID	Department for International Development (UK Aid)
DID	Disability Inclusive Development
DMDI	Disease Management Disability and Inclusion
DRC	Democratic Republic of Congo
F&E	Facial cleanliness and Environmental Improvements
FCT	Federal Capital Territory
GTM	Garbet Tehadiso Mahber
HANDS	Health And Development Support
HEW	Health Extension Worker
IADC	Italian Agency for Development Cooperation
LGA	Local Government Area (Nigeria)
LSTMH	London School of Tropical Medicine and Hygiene
MDA	Mass Drug Administration
MDP	Mectizan Donation Program
NTTF	National Trachoma Task Force (Ethiopia)
ORDA	Organization for Rehabilitation and Development of Amhara
PCG	Presbyterian Church of Ghana
PCT	Preventive Chemotherapy
SAFE	Surgery, Antibiotics, Facial cleanliness and Environmental Improvement
SDGs	Sustainable Development Goals
SNNPR	Southern Nations Nationalities and People's Region (Ethiopia)
TAS	Transmission Assessment Survey
TT	Trachomatous Trichiasis
WASH	Water, Sanitation and Hygiene
WHO	World Health Organisation

CBM gratefully acknowledges financial support from the following organisations to its NTD programmes in the countries indicated



Nigeria, Ethiopia



DRC, CAR, Burundi,
South Sudan



Ethiopia



Chad



Nigeria, South Sudan



Kenya, Nigeria



Nigeria



Nigeria, Pakistan



Nigeria, Ethiopia

FOREWORD

Access to health care is a fundamental human right. Functional health services not only help to safeguard physical and mental wellbeing, but also have a much wider impact on the lives of families and communities; they help ensure people can lead productive lives and give children the chance to fulfil their potential.

Neglected Tropical Diseases (NTDs) affect the poorest, particularly those who don't have the knowledge or the means to protect themselves, and who don't have easy access to health services or medicines. Many NTDs cause long term suffering and often result in disfigurement and disability. In many cases, this prevents the sufferer from working and places a heavy burden on carers, trapping families in a cycle of poverty.

CBM has been working to combat NTDs for over 25 years. Building on our pioneering work in trachoma and river blindness, CBM is committed to see the end of NTDs – and progress is being made. Our work in Ghana in the 1990s in partnership with the Presbyterian Church, laid the foundations for Ghana's recent success in eliminating trachoma – the first sub-Saharan country to achieve this milestone. The elimination of trachoma is also in sight in Burundi, where recent surveys show that it remains a public health problem in only one district. Similarly, in northern Nigeria, pre-TAS surveys have shown that some areas are on track to stop treatment for lymphatic filariasis.

CBM is committed to inclusive access to health services – to ensure that no one should be excluded from prevention and treatment. Where resources allow, our aim is that people receive a comprehensive service which addresses their needs in a holistic way. For example, our work in Ethiopia has provided clean water and improved sanitation to thousands of families as part of the SAFE approach, contributing to relieving the burden of trachoma. CBM has been in the forefront of recognising the link between mental health and NTDs – with the WHO and others developing documents to improve the recognition and management of mental wellbeing and stigma where this is affected by NTDs.

CBM also continues to work in conflict affected countries such as South Sudan, CAR and DRC where despite the challenges, health workers and dedicated volunteers continue to deliver services to make progress towards elimination.

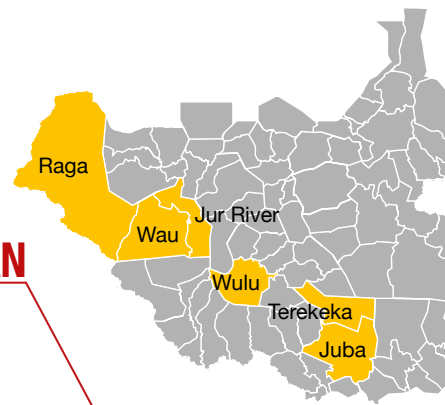
The battle continues to promote and secure all people's rights for access to drugs, treatment and rehabilitation that will end the suffering and poverty resulting from NTDs. CBM remains committed to support governments to deliver sustainable and effective health services to the most remote village – to ensure that no one is left behind.



Dr Babar Qureshi
Director Neglected Tropical Diseases

CBM: NTD PROGRAMMES 2018

CBM carries out additional TT surgeries under its Inclusive Eye Health programmes in these and other countries



SOUTH SUDAN

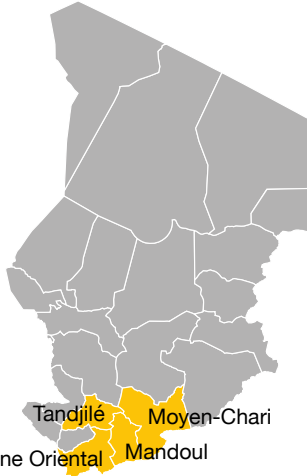
DISEASES COVERED

ONCHO

LF

TRACHOMA

Oncho/LF MDA in 3 counties, expanding to 6 in 2018. TT surgery in IDP camps. Funding: END fund, CBM, MDP

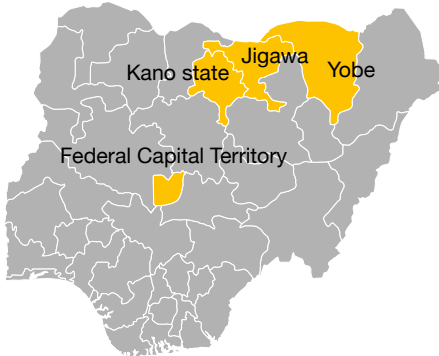


CHAD

DISEASES COVERED

TRACHOMA

Trachoma TT surgery in four regions. Partner: Koumra Hospital. Funding: CBM, Lions Club International Foundation



NIGERIA

DISEASES COVERED

ONCHO

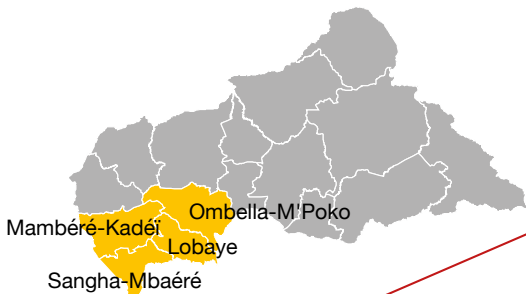
LF

SCH

STH

TRACHOMA

Integrated MDA in 4 states; expansion of TT surgery in 1 state. Funding: DFAT, DfID, Queen Elizabeth Diamond Jubilee Trust, NZ Aid, Sightsavers



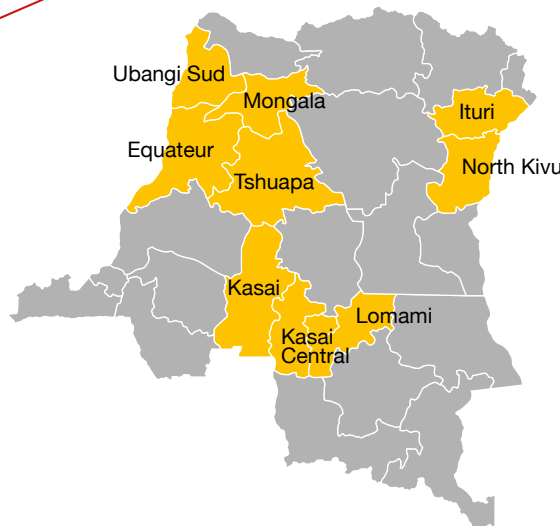
CAR

DISEASES COVERED

ONCHO

LF

MDA in 11 prefectures. Funding: END Fund



DRC

DISEASES COVERED

ONCHO

LF

SCH

STH

TRACHOMA

Integrated MDA in 122 Health Zones; trachoma MDA to be included in 2018. Funding: END Fund, CBM

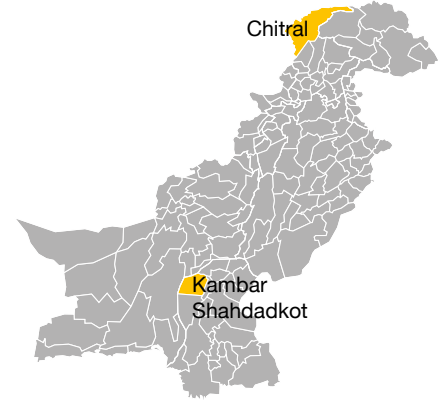
Key to Neglected Tropical Diseases

- ONCHO** Onchocerciasis
- LF** Lymphatic Filariasis
- SCH** Schistosomiasis
- STH** Soil Transmitted Helminths
- TRA** Trachoma

YEMEN

DISEASES COVERED
TRACHOMA

Collaboration between Yemen Ministry of Health, World Health Organization, Fred Hollows Foundation, International Trachoma Initiative, Sightsavers and CBM.



PAKISTAN

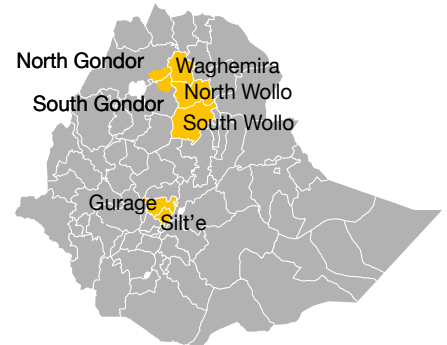
DISEASES COVERED
TRACHOMA

TT surgery, F&E. Partners: Pakistan Sindh Institute of Ophthalmology, and COAVS. Funding: DfID

ETHIOPIA

DISEASES COVERED
TRACHOMA

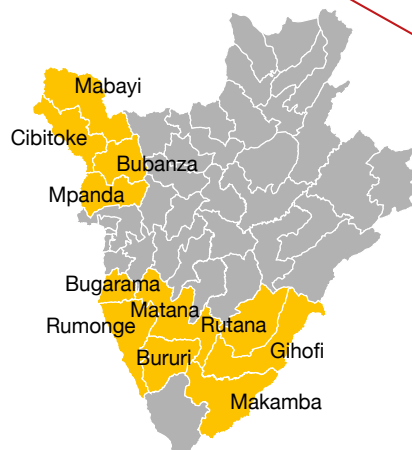
Covering 20 districts in SNNPR and Amhara Regions with strong focus on F&E. Partners: ORDA, GTM. Funding: CBM, IADC, DFAT, NZ Aid



BURUNDI

DISEASES COVERED
ONCHO
STH
TRACHOMA

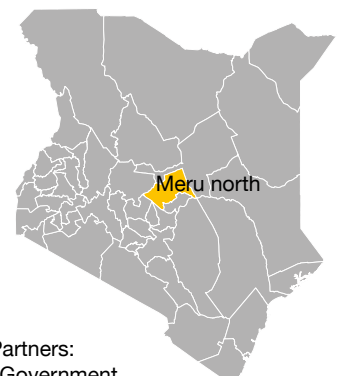
Onchocerciasis MDA in 11 districts. Trachoma survey in 12 districts with MDA to start in one district. Funding: CBM, END Fund



KENYA

DISEASES COVERED
TRACHOMA

TT surgery and F&E. Partners: AICHM, Meru County Government. Funding: Queen Elizabeth Diamond Jubilee Trust



ETHIOPIA

ETHIOPIA CARRIES 42% OF THE GLOBAL TRACHOMA BURDEN

TRACHOMA ELIMINATION PROGRAMMES

Trachoma is the world's leading infectious cause of blindness and one of the biggest NTD threats to Ethiopia. The country carries a significant proportion of the global burden of trachoma, where many families, particularly mothers, face a life of even deeper poverty and social exclusion due to avoidable blindness caused by repeated re-infection. Working closely with the National Trachoma Task Force and Ethiopia's Ministry of Health, CBM is currently tackling trachoma in 20 districts, 13 in the Amhara Region and 7 in Southern Nations, Nationalities and Peoples Region (SNNPR), where we engage and empower local communities to take action.

SAFE STRATEGY



SURGERY



ANTIBIOTICS



FACIAL CLEANLINESS



ENVIRONMENTAL IMPROVEMENTS



Zeritu from Gazegibela district

“Personal hygiene is not a priority when water is scarce,” says Zeritu, a mother of 9. The village now benefits from clean water thanks to pipes installed by CBM. “My children stay healthy because they can wash their faces and bathe regularly,” she says. “Also, thanks to the new supply, I have extra time to engage in economic activities such as farming.”

SUCCESSFUL PARTNERSHIPS

AMHARA REGION – CBM & ORDA (The Organization for Rehabilitation and Development of Amhara)

The Amhara Trachoma Control Programme (ATCP) is delivered through a multi-sectoral and multi-partnership framework which implements the components of the WHO approved SAFE strategy. CBM's focus is on improving community awareness of F&E and behaviour change through significant investments in:

1. Village health educators (VEHs) and health extension workers (HEWs)
2. WASH committees (WASHCOs) with female and male members
3. Anti-trachoma school clubs (ATSCs) run by student ambassadors
4. Inclusive WASH education and encouraging construction and use of latrines
5. Construction of accessible community water supply schemes

The Amhara region is home to more than 21 million people and farming is a main source of livelihood. During the dry season regular water sources diminish forcing women and girls

to walk even further to collect fresh supplies. Because they can only carry so much, the water is used for cooking and drinking – personal hygiene / face washing often is not a priority.

In hyper-endemic areas, where the prevalence of active trachoma infection (TF) among children (1-9 years of age) previously reached as high as 70%, re-infection with trachoma will remain an even bigger problem if hygiene behaviours and access to water remain unchanged. Since the start of the projects in Amhara and SNNPR, CBM has trained 2,280 WASH Committee members and set up 124 Anti-Trachoma School Clubs, where student ambassadors take the lead to provide trachoma prevention education to over 44,000 school children and count clean faces during class inspections. These groups include inspirational women and young girls who are determined to ensure trachoma is eliminated from their communities and schools in the near future.



Student Ambassadors (15 yrs) of the ATSC inspect the cleanliness of the school latrines



School children in Amhara wait for a face inspection

SNNPR REGION – CBM & GTM (Garbet Tehadso Mahber)

Focusing on all four components of the SAFE strategy in the SNNPR region, CBM has particularly helped to strengthen the local capacity of eye health partners by promoting quality training in trichomatous trichiasis (TT) surgery, including the HeadStart approach, supportive supervision and good follow up, and ensuring equitable services for all people with the advanced stage of trachoma.

Even if patients have had surgery, a continuum of care and addressing other eye health problems (TT+) are essential. Comprehensive and inclusive eye health outreach teams have been established to cover all aspects of trachoma as well as identifying and referring patients with other eye problems to the GTM centre.



Belayneshe is pain free after suffering with trichiasis for 15 years. “Every few days I would pluck out my eyelashes as the pain was unbearable. I was worried I would go blind and no one would be able to take care of my nine children,” she says. The CBM supported GTM eye care outreach team operated on her eyes in 2017. Her children and the community they live in are learning how to prevent reinfection by keeping their faces clean.



2017: 6200 TT SURGERIES

Being able to see is critical to people’s livelihoods and well-being. 78 year-old Kibret is a priest. He had trichiasis (TT) in his left eye and couldn’t read his books. In 2017 he received CBM-sponsored TT surgery. “After the surgery I felt relief. I can read again”.

CBM is committed to inclusive access to health services – to ensure no one is excluded from prevention, treatment and rehabilitation.

In SNNPR, as in Amhara, schools and communities have been actively engaged in the fight against trachoma and are starting to understand the need for inclusion of older people and people with disabilities in SAFE activities, through Anti-trachoma School Clubs and communities’ awareness raising events and campaigns. Apart from the provision of MDA for almost three quarters of a million people, CBM has

provided education to 380,000 people on WASH and hygiene, including facial cleanliness and cleaning of latrines and compounds. CBM has constructed over 110 accessible water points and supports the construction of accessible school and community latrines.

In 2017, CBM carried out mapping of people with varying disabilities to make sure everyone was included in the intervention activities. The Government Health Extension Workers, who visit every household, are the key to understanding the on-going needs of all people in their kebele (local area).

2017
740,500
MDA TREATMENTS
380,600 PEOPLE
EDUCATED ON WASH

TRACHOMA AND DISABILITY **INCLUSIVE DEVELOPMENT**

Many national governments, including Ethiopia, have committed to make sure that people with disabilities are included in all their international development programmes.

How can this be achieved?

While contributing toward the elimination of trachoma in communities and schools through an inclusive SAFE strategy, CBM has also made efforts to creatively link its trachoma work with other priority programmes in Ethiopia. CBM's Disability Inclusive Development (DID) strategy uses Community Based Inclusive Development (CBID) as a

comprehensive approach towards inclusive work and local capacity development. Established in Ethiopia since 1967, CBM currently supports 35 projects with 26 partners, in the often closely interlinked areas of trachoma, Inclusive Eye Health/Prevention of Blindness, Inclusive Education, Inclusive Livelihoods, Physical Rehabilitation, Ear and Hearing Care and Emergency response.

2017

**116 ACCESSIBLE
WATER POINTS
CONSTRUCTED**



Government Health Extension Worker, Ergoye, discusses strengthening her role in disability inclusion in NTD programmes WASH education and monitoring.



Meeting with the WASH Committee responsible for managing the accessible water point at Lenkoch spring fed well in Dessie Zuria District

CBM CROSSCUTTING APPROACH – TRACHOMA

- 1. Trachoma surgery is supported through dedicated trachoma projects as well as inclusive eye health partners. Scaling up services to the national trachoma elimination plans, ensuring equity and access for all in preparation for the endgame.**
- 2. MDA is supported through dedicated trachoma projects as well as support to local governments and other partners in achieving the required coverage. In this context our partners play a vital role in strengthening coordination and community engagement.**
- 3. Facial cleanliness and environmental improvement is supported through empowerment of communities in close collaboration with partners from the WASH and education sectors.**
- 4. CBM supported Livelihood projects in Trachoma endemic districts assist in addressing the causes and consequences of poverty and exclusion.**
- 5. CBM's expertise and capacity in CBR/CBID assist in developing inclusive approaches and provide a suitable platform for continuum of care based comprehensive and inclusive trachoma work.**
- 6. The upcoming collaboration with CBM's Mental Health work will assist in addressing mental wellbeing and stigma of trachoma affected persons in CBM project areas.**

With its huge trachoma burden, Ethiopia is viewed as an inspirational example of what can be achieved with strong country leadership, coordinated partner support, application of technical expertise and active community engagement.

BURUNDI

Trachoma – The elimination of trachoma is in sight in Burundi, where recent surveys show that it remains a public health problem in only one district.

In 2007, the Ministry of Health extended its NTD and Prevention of Blindness programme to cover trachoma, after a survey found the disease to be endemic. CBM supported the distribution of Zithromax to four endemic districts in 2012 and the following impact assessment found trachoma had been sufficiently reduced to stop mass treatment in three of those districts. In 2018, discussions with Tropical Data agreed a plan to re-survey 12 districts where trachoma had potential to remain a public health problem. The survey showed only one district where active trachoma remained just above the 5% threshold. This will receive

one additional year of MDA. All other districts can now enter post-MDA surveillance. Burundi's goal to eliminate trachoma by 2020 is within reach.

Onchocerciasis – In 2004, CBM and the Government of Burundi took up the fight against onchocerciasis. CBM continues to support CDTI in 11 districts pending the implementation of impact assessment surveys to determine where distribution can be stopped and post MDA surveillance started. Ensuring access for all remains a priority: Dr Victor Bucumi, the National NTD coordinator in Burundi noted: "Community Health Agents are updating population registers, including indicators on gender and access to care for people living with disability," he says. "These NTD programmes are strengthening interventions at all levels of health care in Burundi."

2017

1,770,000
MDA TREATMENTS
3,400
TRAINED IN WASH

NIGERIA

In partnership with NGO Health and Development Support (HANDS), CBM supports the Government of Nigeria in its programme to eliminate NTDs in Kano, Jigawa and Yobe states and in the Federal Capital Territory (FCT). With a joint population of about 20 million, most local government areas (LGAs) are affected by several NTDs.

Onchocerciasis – treatment with Mectizan® in all four states dates from 1994 and has included hypo-endemic areas from the beginning. The status of transmission in these states has yet to be confirmed by surveys. Epidemiological and entomological surveys are planned in FCT in 2019 and it is hoped that these will confirm interruption of transmission in some areas.

Trachoma – In 2017, remapping and impact assessment surveys were carried out in 32 LGAs in Jigawa and Yobe with

support from Tropical Data and funding from the Queen Elizabeth Diamond Jubilee Trust. About 40% of the LGAs will require one further round and 45% three further rounds. It is expected that most if not all LGAs will have stopped MDA treatment by the end of 2020.

Almost 6,000 TT surgeries were carried out in Jigawa and Yobe in 2017. However, we anticipate a significant scaling up over the next few years to address the large remaining backlog.

Other NTDs – over 15 million people received MDA for LF, almost 2 million for schistosomiasis and over 1.6 million for intestinal worms (STH). Encouraging progress has been made in FCT where, pre-TAS (transmission assessment surveys) showed that we are on track to stop treatment for LF in two Area Councils next year. Additional funding is set to ensure increased coverage for SCH/STH in 2018.

2017

22,000,000
MDA TREATMENTS
6,000
TT SURGERIES
24 TT SURGEONS
TRAINED
44,000
TRAINED IN WASH

DRC

DRUG MANAGEMENT AND SUPPLY CHAIN TRAINING

Pharmaceutical logistics is an indispensable component in the implementation of mass drug administration against NTDs. The effectiveness of interventions using preventive chemotherapy to control and eliminate neglected tropical diseases depends on being able to deliver drugs to the required place at the right time.

CBM is supporting the DRC National NTD programme to provide training and supervision to staff in 14 provinces to strengthen management and logistics of all preventive chemotherapy NTD drugs. The first training took place in August 2018.

The training aims to reduce wastage and improve reverse logistics so that unused drugs are returned in good time. This will mean that reports on stock balances can be more quickly and accurately reported to the National level – facilitating the submission of the following years' drug order through the WHO.

CBM is supporting similar training in the states of Jigawa, Yobe and FCT in Nigeria in collaboration with the Nigerian Federal Ministry of Health.

This programme supports CBM's agreement with Merck (MSD) on the management of its Mectizan donation. Funds for this programme have been provided by CBM Germany.

2017

25,000,000
MDA TREATMENTS
92,000
TRAINED IN WASH



NTDS, STIGMA AND MENTAL WELLBEING



Albert, DRC, living with the stigma of blindness caused by onchocerciasis

LINKS BETWEEN NTDS & MENTAL WELLBEING

Anxiety and depression are increased by:

- Stigma and social exclusion, particularly due to disfiguring NTDs
- Physical disability, pain, itching and blindness
- Increased poverty due to difficulty in working, exclusion from employment, and cost of treatment

Recognising the link between NTDs, stigma and mental wellbeing

There is a strong relationship between mental illness and Neglected Tropical Diseases (NTDs), which tend to mutually reinforce each other. Since 2014, CBM has started to research what interventions to promote mental

health can be effectively delivered within NTD programmes.

CBM and other organisations are working with the World Health Organisation, to develop an **advocacy brochure** for mental health support for people with NTDs. This will raise the profile of, and investment in, mental health in NTD programming. The brochure will be published in 2019.

Building on this, we will develop a **manual** on integrating components related to stigma, mental health and psychosocial support in NTD programmes. The manual will be designed to support the practical integration of evidence-based good practice in field-based programmes.

GHANA – PIONEERING ELIMINATION

Ghana has become the first country in Sub-Saharan Africa to eliminate trachoma as a public health problem – an important milestone in the fight against the disease.

From 1990, over a period of more than 15 years, CBM helped to build Ghana's capacity for eye health through support to the National Training programme in Accra. With CBM's partner, the Presbyterian Church of Ghana (PCG), dozens of government ophthalmic nurses and eye doctors were trained to provide sight-saving surgeries

In 1996, CBM and PCG became aware of the scale of trachoma in the Northern and Upper West provinces, where it was estimated that nearly 3 million people were at risk of the disease. Over the following years, CBM funded the operation of four trachoma outreach teams based at the PCG Eye Hospital in Bawku, who travelled extensively throughout the

northern region and even into Burkina Faso. Working with community volunteers who helped identify cases, the teams provided antibiotics to treat active trachoma, and operated on those with trichiasis. Children in local schools were also screened, given antibiotics if needed and taught the importance of clean faces.

Hundreds of surgeries were carried out during this time. Surgeon Isaac Baba recalled, "Due to superstitions, people were afraid – if you asked them to come to a clinic for surgery they would never come... so we had to operate where people were."

In 1999, research carried out by LSTMH with support from the PCG hospital in Bawku and the Ghana Health Service, showed that azithromycin could be safely administered by trained community volunteers. This established the basis for future mass drug administration programmes against trachoma, not only in Ghana but throughout the world.



Peter Abugri (Eye Programme Coordinator PCG) receiving an award on behalf of CBM and PCG at the Ghana Trachoma Elimination celebration in Accra (August 2018)

The CBM/PCG outreach programme ended in 2002 by which time the National Trachoma Control Programme had been established with PCG ophthalmic nurse, Jo Akudibillah, as its first Coordinator. It would be many more years before the Ghana Health Service, with vital support from other partners, succeeded in eliminating trachoma.

www.cbm.org/CBM-plays-important-role-in-making-Ghana-trachoma-free-546157.php



PCG nurses Peter Abugri and Andrew Saaka crossing the Daboya river for outreach (circa 1997)



Peter Abugri and Mary Gbolo on outreach in the Northern Region (circa 1997)

Seada (15 years) is a student ambassador for her Anti-trachoma School Club in Amhara, Ethiopia. She shows us her vision for the future.

