

BREAKOUT SESSION FACILITATION SHEET

Rethinking MDA campaigns: Leveraging integrated health campaigns for improved effectiveness and impact.

DATE: 21 JAN

SESSION TIME: 8:30AM - 12PM (LOCAL)

The session includes group activities aimed at identifying factors that contribute to the success or failure of preventive chemotherapy (PC) integration strategies and exploring the metrics and monitoring processes required to track progress on health deliverables.

THE OBJECTIVES ARE:

- Identify implementation and operational research questions needed to strengthen SCH, STH, and NTD PC integration and coordination with national and subnational health campaigns.
- Capture actionable outcomes and recommendations, such as policy recommendations, that will support a move from vertical, siloed PC MDA programmes to integrated, holistic, effective and sustainable public health campaigns.

GROUP ACTIVITY 1 - WHAT DO WE KNOW ABOUT INTEGRATED PREVENTIVE CHEMOTHERAPY (PC) CODELIVERY APPROACHES?

1. What examples/case studies do you have from your context of integrated PC delivery?
2. What were the drivers and expected benefits behind these integrated delivery approaches?
3. Can you share some of the barriers to implementation, to scale up, to sustainability from these examples?

GROUP ACTIVITY 2 - WHAT ARE THE METRICS FOR EVALUATING INTEGRATED CO-DELIVERY PROGRESS IN HEALTH PROGRAMS?

1. What metrics need to be captured during the implementation stage, through coverage evaluation and through impact assessments (data types: treatment coverage, geographical coverage, acceptability, compliance, epidemiology, cost, quality-control etc)?
2. What metrics need to be shared with relevant stakeholders e.g. to meet the WHO medicine donation criteria and supporting organisations, and what needs to be standardized?

3. What data can be fed into models to assess effectiveness, cost effectiveness and impact of different co-delivery approaches vs standard vertical approaches?

GROUP ACTIVITY 3 - WHAT DO WE NEED TO STRENGTHEN INTEGRATION AND CODELIVERY FOR SUSTAINABLE PUBLIC HEALTH INTERVENTIONS?

1. Policy/Governance: Building on the barriers identified in Group Activity 1, what policy changes might be needed - at the national level, at the local level and globally?
2. Financing: As external funding decreases, what is needed to advocate for co-delivery models at the country level? What do partners need to do to support this and advocate at the international level?
3. Workforce: What does this mean for the health system, including community workers, campaign workers, outreach programmes, volunteers, health service staff?

FINAL ACTIVITY - CONSOLIDATE RESEARCH QUESTIONS WITH THE WHOLE ROOM.

We will go through the identified operational and implementation research questions and any identified recommended policies or actionable items. If there is not enough time to consolidate all the items, participants will be contacted after the conference to assist in finalizing and prioritizing the identified OR/IR and recommended actions.

BREAKOUT SESSION DESCRIPTION:

The rapidly evolving global health funding landscape has significantly reduced resources available for schistosomiasis control and preventive chemotherapy (PC)-NTD mass drug administration (MDA) campaigns. As a result, countries are often forced to prioritize which vertical disease campaigns or monitoring and evaluation surveys to implement, frequently pausing or abandoning activities until new funding can be secured. This jeopardizes the success and impact of these programmes.

In response to these challenges, public health programmes are exploring alternative approaches to delivering health campaigns and optimizing available resources. This breakout session will examine different models for delivering preventive chemotherapy for schistosomiasis and other NTDs, leveraging existing health campaigns and platforms. The discussion will emphasize country-driven approaches and national ownership. It will also explore the possibility of translating a potential crisis into an opportunity to improve sustainability and improve health services.

The session will include group activities aimed at identifying factors that contribute to the success or failure of integration strategies and exploring the metrics and monitoring processes required to track progress on health deliverables. The ultimate objective is to pinpoint the critical implementation and operational research questions needed to

strengthen SCH, STH, and NTD integration and coordination with national and subnational health campaigns. This will help identify areas for improvement, enhance programme impact, and ensure effective progress tracking of health outcomes. A further important objective is to capture actionable outcomes and recommendations, such as policy recommendations, that will support a move from vertical, siloed PC MDA programmes to integrated, holistic, effective and sustainable public health campaigns.

Three group activity sections:

- Group Activity 1: What do we know about integrated preventive chemotherapy (PC) codelivery approaches?
- Group Activity 2: What are the metrics for evaluating integrated co-delivery progress in health programs?
- Group Activity 3: What do we need to strengthen integration and codelivery for sustainable public health interventions?

There will be a short talk ahead of each Group Activity section to provide food for thought ahead of discussions. For the Group Activity, participants will split into 3-5 groups (depending on numbers) and each group will discuss the same questions as outlined above. Each group will have:

1. A facilitator and someone to capture key messages
2. A flipchart and pens to record key points

Each group will be asked to identify 1 or 2 key messages/operational/implementation research questions to share in the report back to the main breakout session. At the end of each group activity each group will have 2mins to share their 1-2 key message/research question, therefore we ask that these points are kept succinct.

All points will be collected and fed into the final report to be shared with COR NTD, breakout participants and through the GSA network.

NOTES:
