How has the Ascend programme contributed to strengthening health systems for sustainable country-driven neglected tropical disease programming?

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A major objective of the Ascend programme was to deliver a range of key interventions for the control and elimination of neglected tropical diseases (NTDs) while ensuring a strong health systems strengthening (HSS) approach was applied. Ascend strengthened relevant building blocks of national health systems to support countries to provide the prevention, detection, treatment and surveillance activities necessary to maintain the reduced disease burden in the longer term, and to prevent disease resurgence.

The WHO states that ‘a well-functioning health system working in harmony is built on having trained and motivated health workers, a well-maintained infrastructure and a reliable supply of medicines and technologies, backed by adequate funding, strong health plans and evidence-based policies’. HSS comprises strategies and activities designed to sustainably improve country health system performance. Evidence shows the impact of HSS interventions is associated with improvements in service utilisation, financial protection and quality service provision, all important outcomes on the pathway to improved health.

The Ascend programme focused on strengthening relevant WHO building blocks of national health systems, which are required for sustainable NTD control and elimination. A key principle of the Ascend approach was the prioritisation of context-specific activities across the six HSS building blocks (Table 1). Prioritisation was critical in order to select activities that would have the most impact for NTD control and elimination, and which would contribute to overall HSS while recognising the limitations of the programme’s ability to initiate full health systems reform.

The values and vision of Ascend’s HSS approach are directly aligned with the WHO’s Ending the neglect to attain the Sustainable Development Goals: a road map for neglected tropical diseases 2021–2030 and Sustainability Framework for Action 2021–2030. Both are grounded in embedding NTDs in universal health coverage and moving away from a siloed disease approach towards the integration and mainstreaming of NTDs into the wider health system.

We can take several lessons away from how Ascend’s approach contributed to developing country-driven sustainable systems for NTDs. One such learning is the value of the process undertaken through a strong dialogue with the Ministries of Health (MOHs) to design priority interventions that have the most impact on NTD control and elimination. Jointly designing systems-change interventions with MOHs supports countries with their journey to self-reliance. These interventions will contribute to the sustainability of NTD programming and also to systems improvement.
In addition, the systematic consultations with MOHs demonstrated a means to better understand the wider blockages for the integration of NTDs. For example, findings from a Human Resources for Health building block mapping exercise on the integration of NTD community health workers (CHWs) and community drug distributors (CDDs) are useful for the wider health sector. The findings show there are opportunities to reduce the barriers between CHWs and CDDs and preserve their roles, for example, through combined training programmes and harmonised incentive models. Further integration of CHWs and CDDs into the larger health infrastructure can provide appropriate capacity and resources for the detection and treatment of any remaining NTD cases, particularly as the postelimination stages are reached.

We developed a structured and systematic methodology to determine a country-driven prioritisation of HSS interventions for each Ascend country. HSS assessments were undertaken to identify the existing systems, understand national priorities and identify gaps where improvement and support was needed. The HSS assessments applied a set of tools to assess the maturity of the health systems and to measure the sustainability of the NTD programmes through the level of government ownership of NTD programming and availability of domestic resources. Bespoke tools were developed for political and economy, and public expenditure analyses, combined with the existing NTD Sustainability Assessment Tool developed by Dalberg, which defines sustainability as the level of government ownership of NTD programming measured across six sustainability dimensions. This was mapped against the WHO building blocks for HSS during our analysis (Table 1). The service delivery and access to medicines building blocks are incorporated under a single dimension of Delivery System in the Dalberg tool, demonstrating the important pharmaceutical element of NTD service delivery. The HSS assessments allow governments and partners to see where support is needed and serve as a basis for future dialogue.

A guiding principle that we applied during implementation was for all interventions to be tailored to each country to acknowledge variations in the national health systems, the status of the national NTD programmes and unique disease-elimination targets. To drive the government ownership of the Ascend investment for HSS, country-level workshops and meetings with NTD programme teams and stakeholders beyond the health sector were held to validate the findings of the HSS assessments and prioritise activities that address the specific needs of each country. Other major drivers supporting the design of activities included coordination and collaboration with NTD stakeholders; this coordination sought to minimise duplications and achieve harmonisation with other ongoing initiatives and support the countries to address other weaknesses to fully transition to integrated NTD programmes in the future.

The contribution to NTD master plan development using the new WHO Guidelines is a central pillar of the Ascend HSS investment. On a global level, through collaboration with the WHO NTD department and expanded special project for elimination of neglected tropical diseases, we contributed to the drafting of the new WHO Country NTD Master Plan 2021–2025 Guidelines and Framework for Action against NTDs. At country level, master plan development is a MOH-led process and we have integrated our resources according to the expressed needs from MOHs. We have also supported the coordination and codependencies with other partners and agencies to plan the development of master plans and the related sustainability framework companion documents such as investment cases. The need to increase NTD funding was demonstrated in the Ghana Investment Case for NTDs that we supported the Ghana Health Service to develop. The Ghana Health Service is transitioning into a new health sector medium-term plan and the investment case opens discussions on increasing domestic financing for NTDs, highlighting the work that needs to be done to ensure NTD masterplans can deliver against their targets. Indeed, COVID-19 has shown that it is possible to mobilise additional domestic resources for health.

### Table 1. NTD sustainability dimensions/HSS building blocks

| NTD sustainability dimensions defined by Dalberg Tool | HSS building blocks (WHO) |
|------------------------------------------------------|--------------------------|
| Policy and leadership                                 | Health governance and leadership |
| Budget                                               | Health financing          |
| Delivery system                                      | Service delivery and access to medicines |
| Organisation capacity                                | Human resources for health |
| Partnerships                                         | Health governance and leadership |
| Evaluation and adaptation                            | Health information systems |
Key reflections identified across the Ascend HSS mainstreaming process include: (i) the need for greater political will on NTDs and the implementation of policies that benefit long-term elimination strategies; (ii) the need for data integration into national health information systems to raise the profile of NTDs and garner more attention from government; (iii) the need to elevate domestic partnerships to source new funding; and (iv) the need to review how best to support and preserve CHWs and CDDs as part of the larger health infrastructure.

Finally, through the engagement with MOHs and the coordination with key NTD stakeholders, we have been able to support the countries with the transition for the early exit of Ascend by looking at what has been achieved and what gaps remain as we close the programme. The transition support process captures the short and longer term needs in one document for funding discussions. This thereby ensures all data and information are handed over to MOHs and potential donors to make use of the results, which will hopefully sustain the gains made in the control and elimination of NTDs and to inform future sustainable NTD programming.

In conclusion, despite the early exit taking place as key HSS interventions were underway, Ascend has achieved important progress contributing to the development of sustainable systems for NTDs delivery.

Authors' contributions: SR wrote the manuscript. PA-A, OW, DN, AG and AP contributed to sections and finalized references. SR and DN revised the manuscript. All the authors read and approved the final manuscript.

Funding: This paper was published as part of a supplement financially supported by the UK Foreign, Commonwealth and Development Office (FCDO) (contract number 205249) and Sightsavers. The content of this paper relates to activities supported by FCDO and implemented by Sightsavers and partners as part of the Accelerating the Sustainable Control and Elimination of Neglected Tropical Diseases (Ascend) programme, West and Central Africa Lot.

Competing interests: None declared.

Ethical approval: Not required.

Data availability: No new data were generated or analysed in support of this manuscript.

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