Policy brief for sustaining VL elimination - what are we missing out?

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Researchers ➔ Decision makers ➔ Health providers ➔ Politicians ➔ Business Public ➔ Policy brief ➔ Dissemination ➔ Publication

RESEARCH ➔ POLICY ➔ PRACTICE ➔ POLITICS ECONOMICS SOCIETIES

[Diagram showing the flow from research to policy, practice, and politics/economics/societies with various pathways and arrows indicating dissemination and publication.]
2008-14 - REDUCE CASES:
- Tools (diagnosis, treatment, vector control)
- IR-guided improved deployment strategies

2014-17 - CONFIRM ACHIEVEMENTS
- Adapt prior research findings
- Compare integrated strategies
- Understand transmission dynamics

2017-19 - SUSTAIN ACHIEVEMENTS
- IR-guided sustainable integrated case-identification and vector-control strategies
- Advocacy for political & donor commitment
- Strategic partnerships
Tools trigger an elimination programme
Political decisions shape it

TRIGGERS
• Disease burden
• Adapted, scalable tools – to diagnose, treat, prevent
• Political will
• Funding mechanisms

IMPEDIMENTS
• Same tools may not be adapted
• Political will & funding waning

Political & financial support

N cases

cost/case

time

R₀
SUSTAINING VISCERAL LEISHMANIASIS ELIMINATION IN BANGLADESH – COULD A POLICY BRIEF HELP?

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Tool to assist decision-makers in valuing relevant factors and options, and providing evidence-based recommendations to support the achievement of important public health aims.
Policy briefs

should be concise, action-oriented and synthesize relevant cross-cutting considerations, such as the economic and political impact of decisions. Should include:

1. Executive summary and recommendation – a brief, high-level overview of the memo.
2. Background – identification of the key issue, and relevant background information to contextualizes the problem.
3. Stakeholder map – a map outlining the key players and their relative priorities. This map can assist the decision-maker in devising strategy and understanding the implications of decisions.
4. Policy options – a range of policy options, alongside their benefits and disadvantages should be presented.
5. Policy recommendation – a preferred policy and rationale should be offered, outlining the key factors supporting the decision.
Detailed stakeholder analysis of key actors

• Report current activities vs. role in consolidation/maintenance phases
• Categories e.g.:
  – State actors – National
  – Intergovernmental Organizations
  – Non-state actors – including non-governmental organisations and consortia
• Stakeholder map by major role:
  – Agenda setting
  – Funding – Research
  – Funding – Execution
  – Research activities
  – Execution & Service delivery
Critical issues in the VL elimination programme:

Objective: elimination as ‘public health problem’
Definition of the target: 1/10,000 *
Danger: re-emergence once ‘elimination’ target reached, if interventions not sustained

* Control of a disease or its manifestations to a level that it is no longer considered "a public health problem," as an arbitrarily defined qualitative or quantitative level of disease control.
(International Task Force for Disease Eradication (I) 1989-1992)
The ‘science of elimination’

Stable endemic: Holo-, Hyper-, Meso-endemic

Unstable endemic: Hypo-endemic

‘Elimination target’

\( R_0 \)

Risk of epidemics

Risk of resurgence

Partly from Hay et al, LID, 2008
From research to health impact

**THE BUILD-UP: R&D**

**Tools to:**
- Identify cases: rK39
- Treat cases: LAMB multiple & single-dose, miltefosine, paromomycin; Combinations
- Limit transmission: IRS, bednets, wall painting/lining

**THE DEPLOYMENT: IMPLEMENTATION RESEARCH**

**REACH OUT FOR CASES**
Test and compare:
1. Fever camp (+ PKDL, Leprosy, TB, malaria)
2. Index case
3. Blanket house-to-house
4. Incentives to HW (ASHAs, etc.)

**REDUCE MORBIDITY MORTALITY**

**PREVENT INFECTIONS**
Test and compare:
1. Environmental Mgt.
2. IRS
3. Bed nets
4. Wall-lining
5. Wall-painting
6. Performance of NCP
7. M&E tool validation

**THE APPROACH: PARTNERSHIP, CAPACITY STRENGTHENING LOCAL EMPOWERMENT, STEWARDSHIP**

- Country Researchers + Control Programmes
- Generate research questions
- Develop Interventions
- Test Interventions
- Adoption by National Control Programme
- Optimize implementation; Adapt to change
A two-pronged approach

1. Governments, Aid agencies: Don’t pull the plug now! Intensity efforts and commit to achieve zero-transmission
   – We don’t have the perfect tools, but
   – We know what works
   – We know how to deliver them

2. International donors, charities, PDPs: Continue to invest in research
   – Develop better tools: vaccine; easier drug; marker of disease
   – IR/OR
Changing mind-set

- Preach to the congregation
- Use the science lingo
- Understand the process
- Identify key factors, actors and influencers
- Target the message to the audience
- Bring clear, simple solutions
Thank you