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

P. Olliaro, TDR
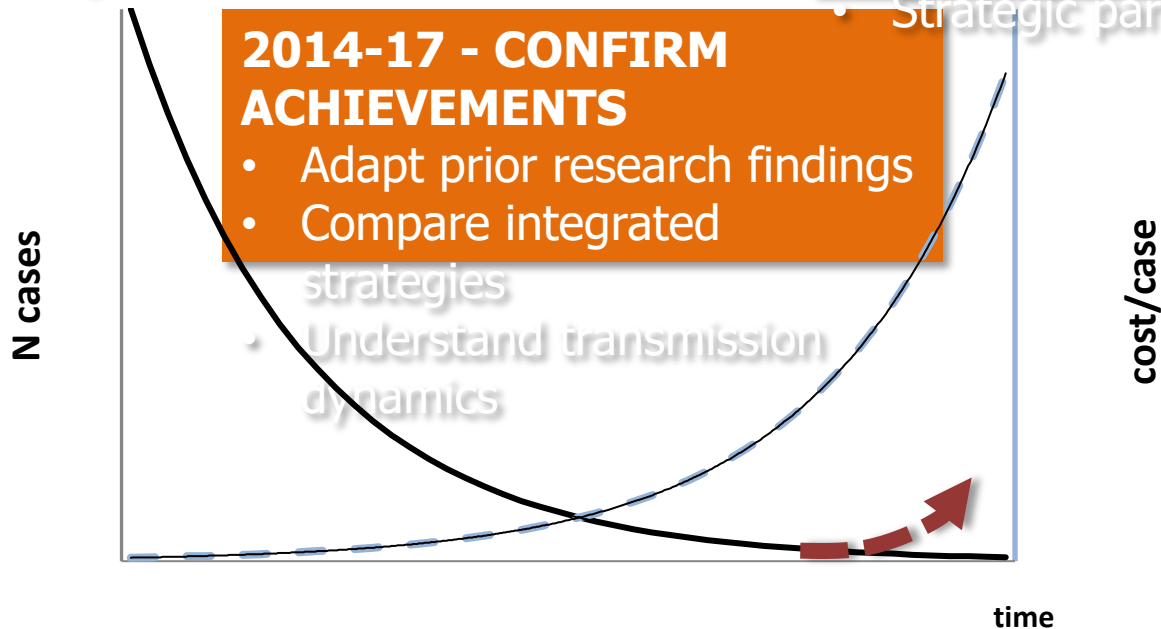
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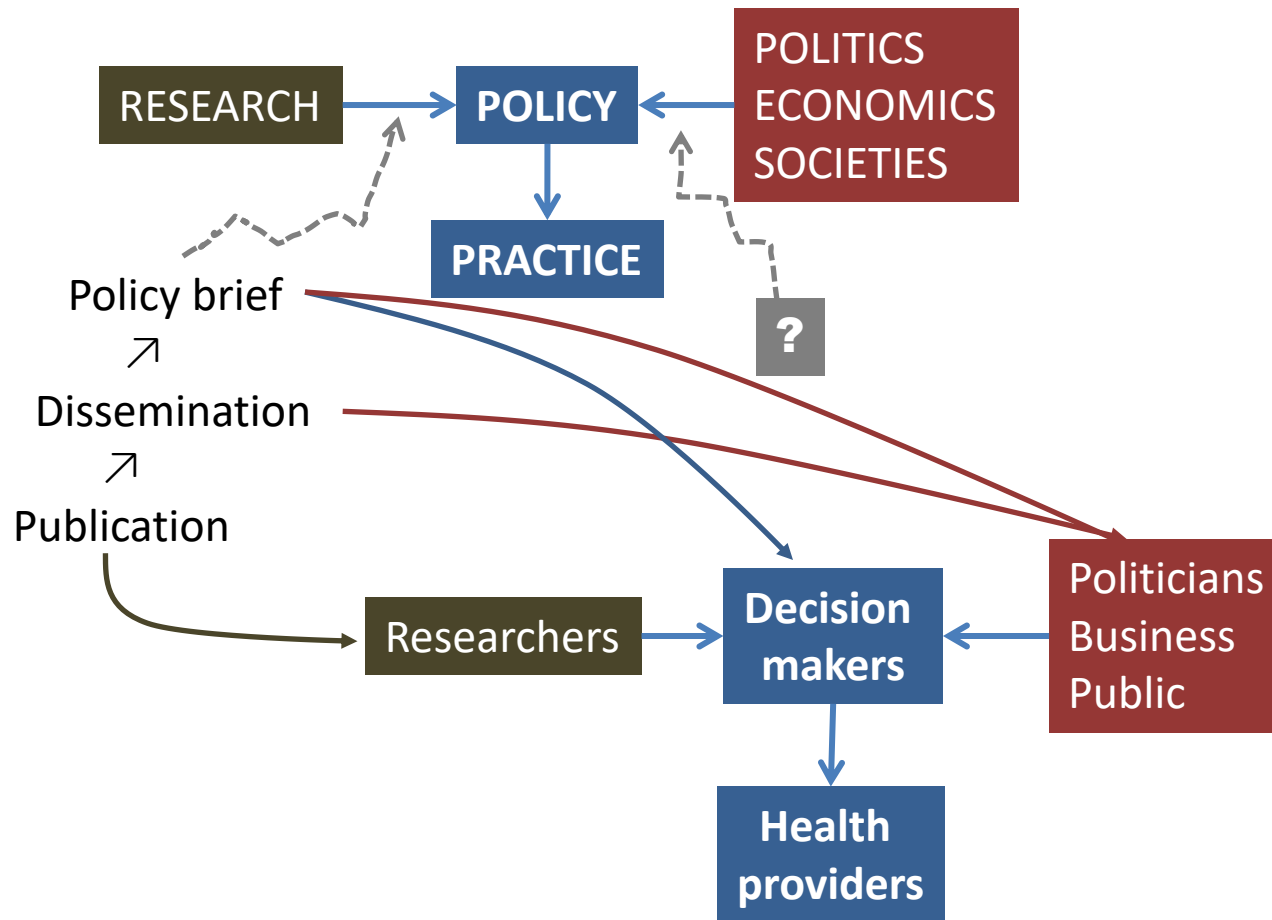
2008-14 - REDUCE CASES:
- Tools (diagnosis, treatment, vector control)
- IR-guided improved deployment strategies

2017-19 - SUSTAIN ACHIEVEMENTS
- IR-guided sustainable integrated case-identification and vector-control strategies
- Advocacy for political & donor commitment
- Strategic partnerships

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

N cases

cost/case

time

TDR For research on diseases of poverty
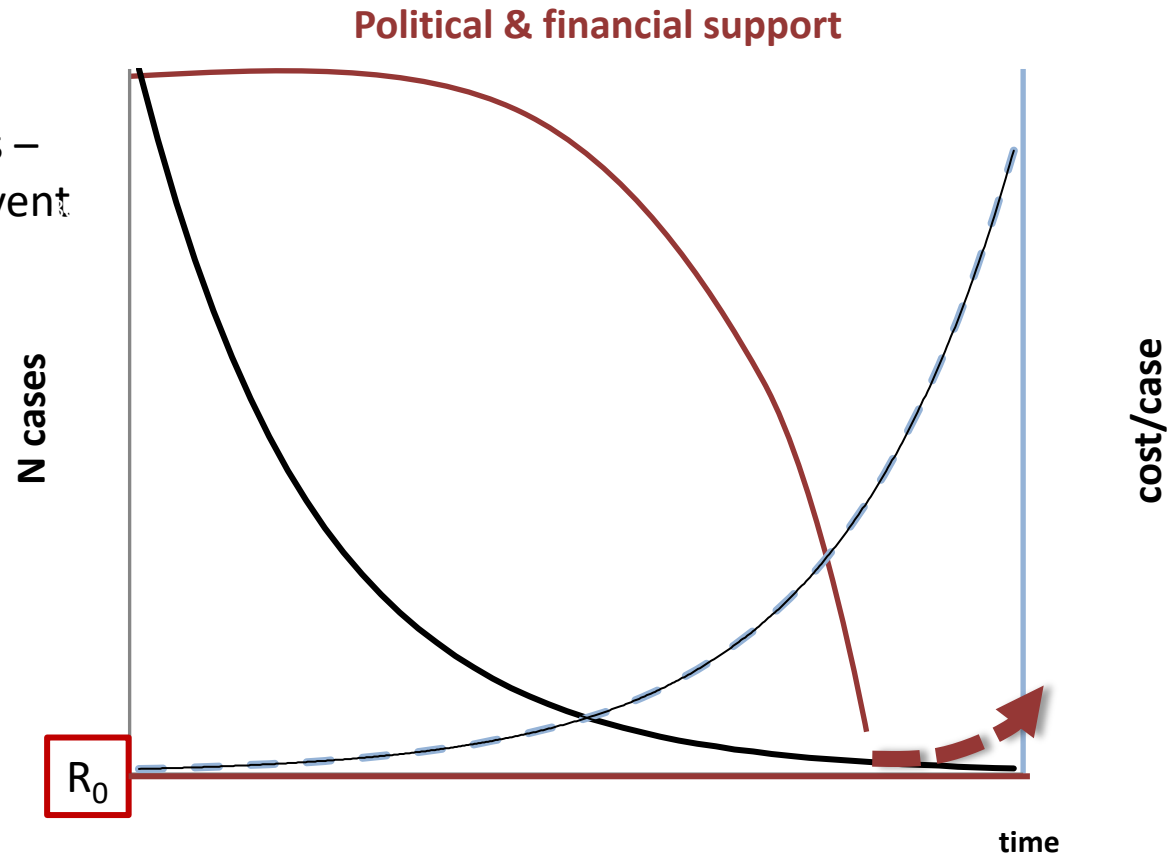UNICEF · UNDP · World Bank · WHO

World Health Organization

Tools trigger an elimination programme
Political decisions shape it

TRIGGERS

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

Political & financial support

N cases

cost/case

R_0

time

IMPEDIMENTS

- Same tools may not be adapted
- Political will & funding waning

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PLOS | NEGLECTED TROPICAL DISEASES

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.

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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'
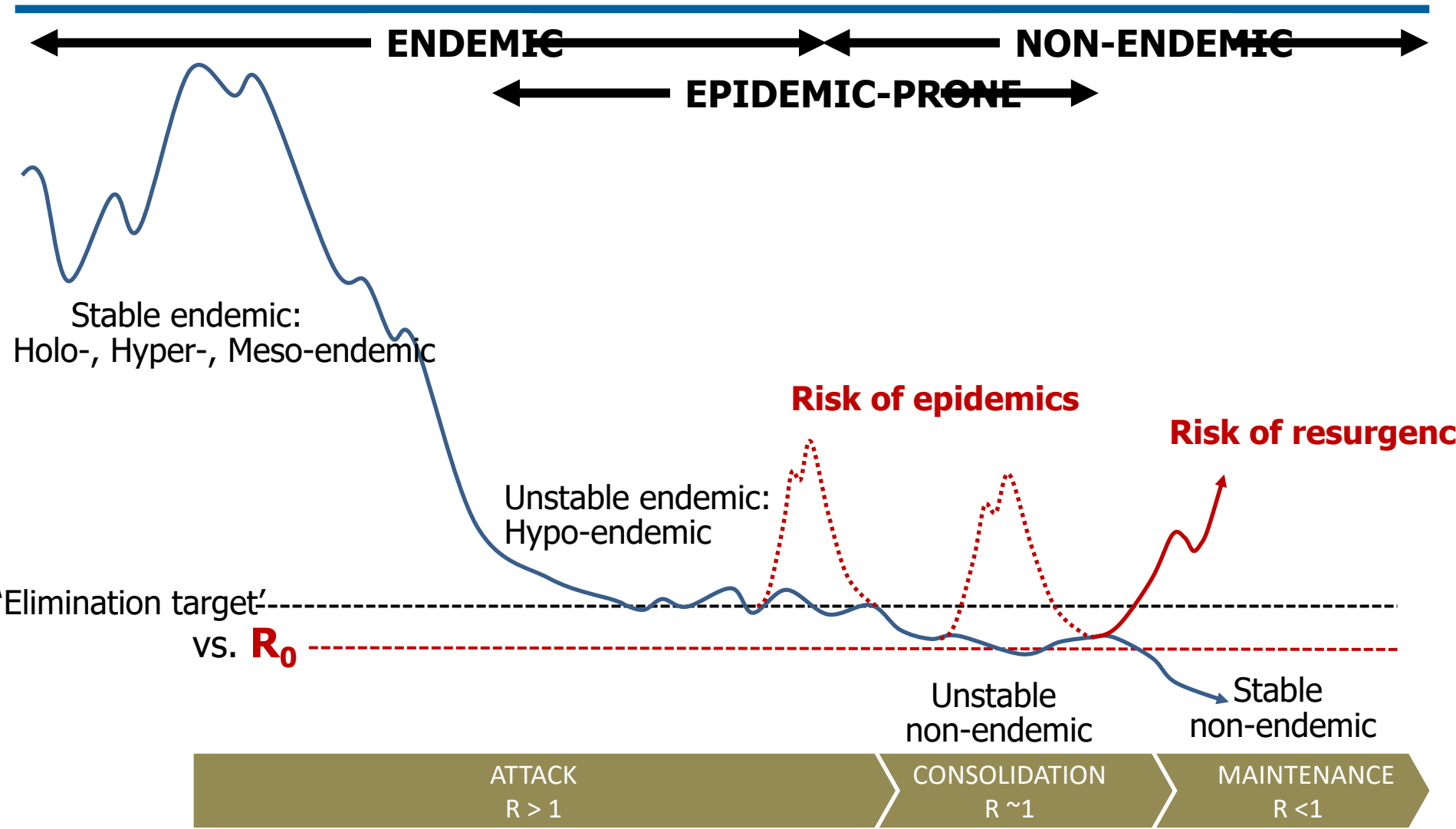Definition of the target: 1/10,000 *
Danger: re-emergence once 'elimination' target reached, if interventions not sustained

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

Risk of epidemics

Risk of resurgence

'Elimination target'
vs. R_0

Unstable
non-endemic

Stable
non-endemic

ATTACK $R > 1$	CONSOLIDATION $R \sim 1$	MAINTENANCE $R < 1$

Certification of elimination

Partly from Hay et al, LID, 2008

From research to health impact

THE BUILD-UP: R&D

THE DEPLOYMENT: IMPLEMENTATION RESEARCH

THE APPROACH: PARTNERSHIP, CAPACITY STRE LOCAL EMPOWERMENT, STEWA

Tools to:

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

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

Country Researchers + Control Programmes

- Generate research questions
- Develop Interventions
- Test Interventions

Adoption by National Control Programme

Optimize implementation; Adapt to change

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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

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Thank you

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