



The All-Party Parliamentary Group on Malaria and Neglected Tropical Diseases

Meeting Report: APPG on Malaria and NTDs Meeting The Launch of DFID's Flagship Neglected Tropical Disease Programme, "ASCEND"

22nd October 2019, MacMillan Room, Portcullis House, House of Commons

Background Information:

At this meeting we heard from the UK Department for International Development about their investments into neglected tropical diseases programmes including the recent launch of their flagship NTD programme, ASCEND, which will protect 200 million people in 25 countries from 5 debilitating diseases. We also heard from Sightsavers and Crown Agents, the leading implementing partners of this major programme and representatives from these organisations in the affected countries.

Meeting Report:

Minister of State for International, Development, the Rt Hon Andrew Murrison MP, opened the meeting. He expressed his disappointment that having studied the issue of tropical disease as a young medical student, these continue to place a heavy burden on global health. He expressed his satisfaction with the Ascend programme, which builds upon learning from DFID's work to improve health. He noted that the Ascend programme structure of integration and health systems strengthening design takes account of the shortcomings of vertical programmes in reducing the burden of diseases. In particular, a health systems approach can help address public scepticism of vertical programmes, a key challenge in addressing the final cases of diseases towards elimination. He emphasised the role of tackling NTDs in increasing impact in economic growth, addressing poverty, and education across generations. The Minister expressed pride in the amount spent by the UK on international development generally, and NTDs specifically. He noted the opportunity presented by the UK's hosting of the GAVI replenishment in 2020 to sustain the UK's leadership in global health. Warm congratulations were offered to the APPG's continued activity on Malaria and NTDs. In a round of questions from present Parliamentarians, the Minister further noted that targeting NTDs is fundamental to the achievement of Universal Health Coverage, given the size of the burden and where it falls. He emphasised the low cost of many NTD interventions in relation to lives saved, making them a "development best-buy" and consequently an area of great interest to DFID.



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Minister Murrison addressing the APPG on Malaria and NTDs including Dr. Paul Williams MP, Jeremy Lefroy MP, Fiona Bruce MP, Catherine West MP, Baroness Hayman

Lot 1: East and Southern Africa, South Asia

The programme is managed by Crown Agents (lead), Abt Associates, Oriole Global Health and the Royal Tropical.

- **Kate Hargreaves, Team Leader for ASCEND Lot 1, Crown Agents**, presented the overarching approach utilised by the Lot 1 consortium, emphasising the need for sustainability including reduced reliance of NTD programmes on donors and less emphasis on treatment as the main focus of the programme. The consortium will work directly with governments to increase capacity for programme delivery, ensuring that no one is left behind, particularly in countries moving from large scale mass drug administration to disease elimination. A strong emphasis during inception has been placed on sustainability assessments to assess gaps in capacity, application of standards, political commitment and domestic investment in NTDs. The consortium will be assessing and supporting supply chains, reverse logistics, accurate forecasting and drug demand, as well as data integration into national information systems. Collaboration with education and water ministries will also be developed. Initial assessment will allow the development of a bespoke package of support for each country.
- **Philip Davies, Health Systems and Economics Lead, Abt Britain**, explained that sustainability is woven throughout the approach, to ensure that the situation does not revert to pre-programme status once delivery ends. This will be done through ensuring a supportive environment in terms of a strong health system based on the six WHO building blocks, ensuring both downstream (intervention delivery) and upstream (leadership and governance) support.



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- **Sir Roy Anderson, Oriole Global Health** provided an overview of NTD burden data, showing that many of these are highly concentrated. Focusing on the issue of lymphatic filariasis, he outlined the problems presented by the use of prevalence levels to determine whether elimination has been achieved, and the role of new diagnostics in addressing these problems. Within Ascend, implementing partners will go beyond coverage statistics to measure compliance with treatment programmes. He noted the role of the programme in creating a desire within Ministries of Health to take ownership and leadership of NTD programmes.



(L-R) Sir Roy Anderson, Kate Hargreaves, Philip Davies, Jeremy Lefroy MP, Catherine West MP, Simon Bush, Amy Clark, Sunday Isiyaku, Agatha Aboe

Lot 2: West and Central Africa

The programme is managed by Sightsavers (lead), The Schistosomiasis Control Initiative, the Liverpool School of Tropical Medicine and Mott MacDonald.

- **Simon Bush, Director of NTDs at Sightsavers**, emphasised that Ascend is led by national governments and driven by community needs. Rather than being a top-down intervention, it is aligned with countries' own national plans. The main way in which Ascend differs from previous programmes is the tackling of multiple diseases in one programme, recognising that people and communities carry multiple diseases. While, vertical programmes are easier to manage, integration enhances both value for money and health systems. Partners will ensure that all services are inclusive and accessible to everyone, acknowledging that non-compliance can have very valid reasons. The community-based approach developed by the consortium partners is now the bedrock of NTD treatment programmes. Activities have already begun, and the consortium does not view conflict, for example in the CAR, as a barrier to reaching communities.



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- **Amy Clark, Ascend Knowledge Innovation and Learning Unit, Sightsavers**, set out the consortium's approach to knowledge, innovation and learning, ensuring a systematic approach to programme learning. This involves embedding a learning culture in each aspect of the programme, using the "Collaborate, Learn and Adapt" approach that builds 'pause and reflect' moments into the programme cycle. Peer to peer learning will utilise the skills from within the consortium in a cost-effective way that ensures lessons from previous programmes are taken up. Additionally, a learning and innovation fund has been set up and is being designed with Accenture to support initiatives that emerge from the programmes and address specific barriers.
- **Sunday Isiyaku, Ghana and Nigeria's Country Director for Sightsavers**, outlined the success of the first DfID-supported integrated NTD programme, the UNITED programme in Nigeria, as a gateway for larger scale DfID investment. The programme showed the effectiveness of integration and the community-based approach to NTDs. The focus on health systems strengthening has contributed to a health system able to reach almost every endemic community (except conflict areas). He emphasised the deep significance of the programme, stating: "we don't just treat people, we change their lives".
- **Agatha Aboe, Global Technical Advisor for trachoma, Sightsavers**, spoke of the importance of trachoma elimination programme in Ghana - the first country to achieve trachoma elimination in sub-Saharan Africa. DfID's support was crucial not only for the programme itself but also to the Global Trachoma Mapping Project, which enabled targeting of elimination efforts. The programme showed the importance of system capacity post-elimination to treat remaining cases and continue school and community health promotion. The need for partnership is a key lesson of the programme: everyone is important, especially the Ministry of Health.

A question and answer session followed, with **Laura Westcott, Diseases of Poverty Hub Lead, DfID**, joining the panel. Questions were raised with regards to impact evaluation, noting that resources for this within the programme are limited. The concern of antimicrobial resistance in treatment programmes was also raised, and reassurance was given that DfID is addressing this issue by collaborating closely with WHO, while improvement treatment targeting and pausing mass drug administration where necessary. Another question was raised on the likelihood of expanding NTD investment to other countries; DfID works closely with other donors and implementing partners to identify and address gaps.

Appendix A: Detail on the two parts of the ASCEND programme:

ASCEND Lot 1:

[Ascend, East and Southern Africa, South Asia](#)



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- The programme is managed by four development and specialist scientific research organisations: Crown Agents (lead), Abt Associates, Oriole Global Health and the Royal Tropical Institute.
- The Ascend lot 1 programme aims to consolidate progress towards eliminating and controlling five neglected tropical diseases (NTDs), in 12 of the world's poorest countries, while working with the governments of those countries to improve their capacity for sustained programming .
- We will work alongside ministries of health, communities and partners, including The World Health Organization (WHO), in endemic countries to deliver one of the most significant NTD programmes in history.
- As part of a focus on sustainability, we will be taking a fresh look at blockages and inhibitors of progress: such as fragmented supply chains, parallel processes, lack of coordination and prioritisation within health systems.
- During the ASCEND programme we will support progress towards 'the end game' in NTD programming by facilitating surveillance and transmission surveys that help countries progress towards achieving and demonstrating/validating elimination.

ASCEND Lot 2:

Ascend, West and Central Africa:

The Ascend West and Central Africa programme aims to make major progress towards eliminating five painful and poverty-trapping neglected tropical diseases (NTDs), in 13 of the world's poorest countries. The programme is funded by UK aid and is managed by four leading development organisations: Sightsavers, The Schistosomiasis Control Initiative, the Liverpool School of Tropical Medicine and Mott MacDonald. We will work alongside ministries of health, communities and partners, including The World Health Organization (WHO), in endemic countries to deliver one of the most significant NTD programmes in history. In three years, together we will deliver 440 million treatments to support several countries to reach the elimination threshold for diseases and promote long-term sustainable change.