

CASE STUDY:

ZANZIBAR MALARIA AND NEGLECTED TROPICAL DISEASES (NTDs) PROGRAMME INTEGRATION WORKSHOP

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GLOBAL
INSTITUTE FOR
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ELIMINATION



Bridges to
Development



CONTEXT

MALARIA AND NEGLECTED TROPICAL DISEASES (NTDs) HAVE DEVASTATING IMPACTS ON THE COMMUNITIES THEY AFFECT AND ARE ADDRESSED BY DEFINED PROGRAMMES WORKING WITHIN MINISTRIES OF HEALTH (MOHs).



Integration across programmes within the health sector or with other sectors has been identified as a means to increase resource and operational efficiency, sustainability, and community acceptability. In the Global Technical Strategy for Malaria 2016-2030¹ and NTD Roadmap to 2030² the WHO encourages an increased drive for countries to integrate programmes.

Nonetheless, there has been limited integration in practice to date due, for example, to resource differences between programmes, only partial overlap of strategies, and separate management structures. Where it has happened, the catalyst was often donor funding leading to integrated activities ending as project funds were exhausted. This process from Zanzibar (ZNZ) provides an initial case study for a different way of approaching integration.

¹ http://apps.who.int/iris/bitstream/handle/10665/176712/9789241564991_eng.pdf;jsessionid=E95EBC58FB1F32F73C3FAD92735537B6?sequence=1

² <https://www.who.int/publications/i/item/9789240010352>

ORIGINS OF THIS CASE STUDY

The Zanzibar Ministry of Health (MoH) identified the potential to integrate a limited number of NTD and malaria activities related to vector control and entomology in its 2022 annual workplan. As of May, 2022 this activity had remained unaddressed.

In parallel and in an effort to support the translation of theories about integration into practice, Bridges to Development (Bridges) and the Global Institute for Disease Elimination (GLIDE) had developed a framework and practical, efficient process to support programmes to identify impactful and feasible win-win integration opportunities. Owned and led by the national programmes, the framework and process are designed to be a neutral starting point for the two programmes then tailored to local context, facilitating collaboration between programmes. The process draws heavily from the experiences of the Ministry of Health (MoH) staff at sub-national and nations levels implementing the programmes.

Building off a successful virtual integration workshop between the NTD and malaria teams in Ghana in November 2021, Bridges and GLIDE, consulted WHO AFRO about other potential countries interested in integration. In consultation with the WHO Country Office, Bridges and GLIDE contacted the Zanzibar MoH.

The Zanzibar MoH decided to implement the process, tailored to their context, through a workshop in June 2022 as summarized in the following sections.

HOW CAN INTEGRATION HELP ZANZIBAR MOH PROGRAMMES REACH THEIR GOALS?

- Integration can support disease programmes look for suitable funders to support the implementation of integrated activities. Otherwise the MoH needs to re-approach common funders for malaria or NTDs to support both
- With the implementation of integrated approaches, it would be possible to increase performance, reduce cost of implementation and build the capacity of implementers from both programmes. In that sense, the MoH should find alternative funders including increasing local funds for both programmes and ensure that the planned activities are implemented accordingly.



WHAT WAS IMPLEMENTED

A virtual working group comprised of ZNZ malaria and NTD programmes, Bridges, GLIDE and the WHO Zanzibar country office team members worked through email and three one-hour Zoom meetings. Collectively, the group decided on the workshop objectives and format to optimize engagement (in person, over two days instead of virtual due to connectivity). The working group also agreed to hold further planning meetings in person just prior to the workshop while Zanzibar MoH team organized meeting logistics. The development of the agenda for the workshop was led by the Zanzibar MoH team from malaria and NTD programmes.

The programmes identified 42 MoH participants who worked in areas co-endemic for malaria and NTDs and ensured representation from district and national levels, as well as equitable geographical representation. Participants included RTI, and the WHO Zanzibar Country Office who supported with the facilitation.

The workshop took place over two days. After introductions by the Deputy Director of Preventative Services, the WHO malaria and NTD focal points and Bridges and GLIDE, the NTD and Malaria programme managers provided

WHAT DID ZANZIBAR MOH HOPE TO ACHIEVE FROM THE WORKSHOP?

- The final outcome is to see a roadmap and workplan for better implementation of integration activities that clearly shows the areas for integration and how the plan can be jointly implemented
- Collaboration/capacity building among between disease program staff during integration workshop sessions

programmatic overviews of objectives and key strategies. The participants were then divided into working groups to explore three potential areas of integration: Biology/Lifecycle/Vector Control Approach; HSS Building blocks & Determinant factors; Path to elimination/Laboratory/Surveillance. The working groups then presented back to the larger group the outcomes of their discussion and the identification of opportunities to integrate in each thematic area.



OUTCOMES

Participants prioritized eight points of integration with the highest potential impact and feasibility at the following levels:

Following the integration workshop, teams from the malaria and NTD programmes developed proceedings of the meeting where specific activities related to vector management were identified for more optimal use of resource.

Teams also documented the planned way forward including the formation of the Technical Working Group with representatives from both programmes, as well as a plan to manage outcomes.

Identified opportunities for integration included:

- Merge and develop new Integrated Vector Management (IVM) guidelines to serve both Malaria and NTD programmes
- Joint Malaria and NTD lab to serve as one for both diseases
- Merge some operational cost for both diseases especially on vector control and management

NINETEEN PARTICIPANTS RESPONDED TO AN ANONYMOUS SURVEY AFTER THE WORKSHOP:

- 95% indicated they were very satisfied or satisfied with the workshop
- 100% indicated that the length was appropriate, while approximately 95% strongly agreed or agreed that the design of the workshop was effective.
- 95% either strongly agreed or agreed that “a similar workshop would be valuable for other countries to conduct.”
- Most strikingly, 100% strongly agreed or agreed that the workshop met its objectives to help identify opportunities for cross-programme integration, and also met objectives to plan concrete actions for the programmes to take identified integration opportunities forward





FACTORS CONTRIBUTING TO THE OUTCOMES AND WORKSHOP SUCCESS

The ownership and leadership of the design and co-implementation by malaria and NTDs programmes were pivotal to successfully identifying win-win opportunities. The following factors were among the important contributors:

- **Ensuring support from the Deputy Director of Preventative Services overseeing malaria and NTD programmes and both management teams for a shared process**
 - The workshop planning and implementation provided a means to gauge the level of agreement/acceptance on integration amongst leadership and staff of the two programmes, as well as across all levels of the healthcare system
- **Building from a better understanding of each programme's strengths and weaknesses and existing resources how we can take advantage of each other's strengths**
- **Engaging diverse staff working at national, regional and district levels, instead of keeping the discussion to national-level teams**
 - Embedding lessons from integration already happening at different levels and building from its success
- **Focusing on concrete, incremental steps towards integration instead of an extensive redesign of existing systems**
- **Ensuring a practical, efficient design to the planning and implementation of the workshop**
 - Time from first planning call to workshop was 6 weeks demonstrating that the planning and lead up to workshop can be efficient and manageable
 - Timing and duration to minimize disruption to regular work schedules
 - Spread over two days to allow reflection and building from one to the next
 - Breakout groups with sufficient time to fully engage all participants.
- **Leveraging support from partners to help with preparation and documentation**
 - Coordinating with the WHO Country Office who works closely with both teams and has been engaged with Bridges/ GLIDE through WHO AFRO prior to engaging the Zanzibar MoH

CHALLENGES TO ANTICIPATE AND MITIGATION APPROACHES

PROCESS IDENTIFIES INTEGRATION OPPORTUNITIES WITHOUT SPECIFICALLY BRINGING ADDITIONAL DONOR FUNDING

Mitigation:

- Workshops facilitate malaria and NTD programmes to work jointly to identify opportunities that are feasible, such as by building upon existing processes and resources
- Participants include those with national and sub-national roles to focus on context of integration tailored to health system level

VIRTUAL MEETING FATIGUE AND PERCEPTION THAT INTER-PERSONAL CONNECTIONS AT A PHYSICAL MEETING WOULD BE INVALUABLE

Mitigation:

- Zanzibar MoH decided to hold the meeting in person
- Zanzibar team organized logistics for the meeting
- Pre-workshop planning session with GLIDE, Bridges and Zanzibar MoH team the day before the workshop to finalize the structure and exercises

TIME COMMITMENT REQUIRED OF TEAMS TO IDENTIFY INTEGRATION OPPORTUNITIES

Mitigation:

- Discuss approach with responsible officer above malaria and NTD so that time spent is supported and valued within MoH hierarchy
- If programme managers unavailable, deputies or assignee(s) from malaria and NTD to lead process and co-facilitate workshop for continuity
- Focused, limited preparatory meetings building on existing templates where feasible; Workshop timing tailored to be least disruptive to ongoing work commitments of participants



FOR MORE INFORMATION:

WWW.GLIDEAE.ORG

WWW.GLIDE.AE

INFO@GLIDEAE.ORG



@GLIDE_AE



GLIDEAE



GLOBAL INSTITUTE FOR DISEASE ELIMINATION (GLIDE)



GLIDE.AE

**ADDRESS: AL MAQAM TOWER, UNIT NO. 703,
ABU DHABI GLOBAL MARKET, AL MARYAH ISLAND,
ABU DHABI - UNITED ARAB EMIRATES**

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