Potential application of Community-Directed Intervention (CDTI/CDI) concept to Primary eye care (PEC)

Dr Grace Fobi
African Programme for Onchocerciasis Control

17-20 September 2012, Hyderabad, India
Onchocerciasis: The Disease

- Caused by a parasitic worm
- Transmitted from person to person by a blackfly

- The worm lives 14 years in the human body, producing millions of microscopic parasites
The Face of Onchocerciasis

40,000 estimated new cases of blindness per year

300,000 people are blind and 0.5 million visually impaired

Dwarfism, Epilepsy maybe associated
African Programme for Onchocerciasis control (APOC)-1995

- To have established, by 2015, a country-led system capable of eliminating onchocerciasis as a public health problem in endemic countries, both those within the geographical area covered by APOC’s mandate and those in ex-OCP area that are causing concern.
African Programme for Onchocerciasis Control (APOC)

A broad and well-defined Partnership 1995...
A coalition of ...

- >146,000 Local communities
- 20 African countries
- 20 donor countries & organizations

- 15 Non-Governmental Development Organizations (NGDOs)
- 1 pharmaceutical company Merck & Co. Inc
- Research institutions e.g. TDR
APOC – a regional approach and global partnership

- Trust is enhanced through equity in participation
- Clearly delineated and agreed roles and responsibilities
- Structure through a legal framework - MoU
- Governance structure of JAF- All ministers of APOC and now of ex-OCP countries, donors and NGDOs work within a legal framework that promotes country leadership in policy, research and implementation.
“...There is a sculpture at the WHO building, of a boy leading a blind man by means of a stick. This sculpture is rich in symbolism: The symbolism of the disease, onchocerciasis, but also the symbolism of the social fabric that gives hope. ... This is a symbol that acknowledges a new way of doing things in global health.”

Dr William Foege
May 2000
Multi-country study on community-Directed Treatment with ivermectin (CDTI)

Main Conclusions

- Feasible, effective and replicable
- Likely to be sustainable
- Community designed methods better
- Flexibility important
- Reporting needs improvement

Principal drug delivery strategy for APOC
- adopted in 1997
CDTI/CDI: A health intervention that is undertaken at the community level under the direction of the community itself.

The concept of Community-Direction is introduced by the health services and its partners (NGDOs) in a participatory manner, highlighting **community ownership** from the onset.
• From then on, the community takes charge of the process, usually through a series of community meetings combined with implementation by selected community members.

• The community, the health services and other partners have specific role in CDTI/ Community-Directed Intervention (CDI)
In the CDTI process, it is essential that the MoH and partners (e.g. NGDOs) be committed to empowering the communities not dominating but contributing according to their roles and responsibilities.

Empowers communities themselves to play a major role in determining their own health outcomes.
Collect ivermectin from the nearest health facility

Decide how and when to distribute ivermectin and reports back to Health Services

Collectively select drug distributors

Are trained and monitored by the Health Services/NGDOs

Are empowered by APOC/MOH/NGDOs

>146,000 remote communities in 16 countries
Ivermectin treatment

More than 1.8 billion ivermectin tablets distributed by CDDs

More than 522 million treatments provided by communities: 1997-2010 (cumulative)

IMPACT OF CDTI STRATEGY ON APOC OPERATION

World Health Organization


Year

Community based Drug distribution

CDTI adopted as a Strategy

APOC Established

Number of persons treated

75.8 million

 IMPACT OF CDTI STRATEGY ON APOC OPERATION

More than 1.8 billion ivermectin tablets distributed by CDDs

More than 522 million treatments provided by communities: 1997-2010 (cumulative)
Additional health interventions using CDTI as vehicle, APOC resources and grassroots network
Scaling Up for Additional Interventions

APOC’s ComDT network offers a key entry point for many health interventions in the most remote, rural communities. APOC reaches the poorest of the poor in areas where National Health Services are weak or non-existent.

- Lymphatic Filariasis Treatment
- Vitamin A Distribution
- Schistosomiasis Treatment
- Guinea Worm Intervention
- Immunizations (polio, measles, others)
- Eye Care (cataract identification, primary eye care)
- Malaria Bed Net Distribution
- HIV/AIDS and Reproductive Health
Health interventions co-implemented using CDTI/CDI network
<table>
<thead>
<tr>
<th></th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vit A</td>
<td>6,889,337</td>
<td>5,582,508</td>
<td>7,235,366</td>
</tr>
<tr>
<td>Trachoma</td>
<td>1,123,315</td>
<td>1,124,277</td>
<td></td>
</tr>
</tbody>
</table>

World Health Organization
CDTI/CDI concept underpinned by PHC

1978 The Alma Ata declaration Primary Health Care (PHC): “Primary Health Care requires and promotes maximum community and individual self-reliance and participation in the planning, organization, operation and control of primary health care, making fullest use of local, national and other available resources; and to this end develops through appropriate education the ability of communities to participate.”

2008 Ouagadougou Declaration on PHC: “...set up sustainable mechanisms for increasing availability.........the use of community-directed approaches...”
The CDTI/CDI concept has shown how to concretize the ALMA ATA philosophy of Primary Health Care which was restated in the Ouagadougou Declaration on community participation and involvement in a systematic and replicable way.
CDTI/CDI contributes to HSS
Can the CDI concept be applied to PEC?

**Definition**

*Primary Eye Care:* Eye care provided by general health workers at the lowest level where fulltime health workers are routinely deployed (health centers, dispensaries etc) *Courtright et al, 2010*
**Trachoma**
- Azithromax distribution
- Case finding and referral of trichiasis
Health education, sensibilization and mobilization
face wash and environmental sanitation

**Vitamin A**
- Distribution
- Health education for better nutrition

**CDTI/CDI: potential for PEC**

**Leprosy**
Case finding and referral

**Cataract**
Case finding and referral
Low vision identification and referral

**World Health Organization**
> 1 million community members trained as community-directed distributors (CDDs). Thanks to them it is possible to eliminate oncho by 2025 in some countries.
> 1 million CDDs available to serve in implementing other health interventions and PEC if appropriately trained
There is an urgent need to accelerate the empowerment of communities if we intend to meet in 8 years the vision2020 goal.

THANK YOU FOR YOUR KIND ATTENTION