PARALLEL SESSION 2.5

REDUCING THE GAP: ADDRESSING NEGLECTED DISEASE; NEGLECTED POPULATIONS

| BACKGROUND

Preventable, endemic diseases are rarely prioritized for surveillance as they do not pose a risk of epidemic or pandemic outbreak. This is a failing on two levels: (1) the presence of preventable diseases acts an indicator of the overall state of the health system; and (2) the knowledge of 'usual' allows for detection of the unusual. Strengthening surveillance and other systems for endemic diseases, infectious or otherwise, provides necessary infrastructure to combat the existing and target the emerging. In addition, most of these subsisting populations live in close proximity with their animals and experience a double burden, disease in their animals and disease in their families and communities. A pro-poor initiative on a massive scale, control of NTDs has much to offer in terms of what can be adapted, innovated and built in low-resource settings most burdened by NTDs in an agenda that makes poverty alleviation its overarching objective and aims to leave no one behind.

The success celebrated for some of the NTDs shows that it is possible to build private-public partnerships that lead to concrete results, such as the Global Partners' Meeting on NTDs based on the theme "Collaborate. Accelerate. Eliminate". This encapsulates an exemplary informal collaboration that marks a 'turning point' in global efforts to control and eliminate poverty-related diseases.

The discussion will center on forging cross-sectoral partnerships to tackle NTDs and "diseases of poverty", and will include a range of elements crucial to an effective collaboration across sectors such as financing, research and development, production and delivery of vaccinations and treatment, disease surveillance, role of local communities and other actors on the field. It will elucidate the incentives of building effective cross-sectoral and public-private partnerships by using the case of NTDs. Lessons may be derived from the NTD experience to other areas requiring cross-sectoral partnerships in health where a population-based intervention is appropriate.

| OBJECTIVES

Marginalized and neglected populations bear the epidemic risk of infectious diseases especially neglected tropical diseases. They are more exposed to disease vectors as well as have less access to effective and timely health care. Without addressing prevention, detection and response among this segment of the population, the world cannot be safe from infectious disease. This session aims to discuss successful examples of cross-sectoral partnerships across human and animal health sectors to tackle "diseases of poverty" including financing, vaccine development, and distribution as well as delivery. It will also address how to target this neglected segment of the population against the threat of infectious diseases. Intervention based approaches through specific diseases can be discussed as well as tackling access and inclusion into the health system through a social determinants approach. Tackling NTDs is addressing the causes of poverty and the pathways to reach the poorest and most vulnerable in society those that will have slower access to universal health coverage and would be a pathway to strengthen health systems, human, animal and environmental.

Panelist

Samson Akichem Lokele

NTD implementer

Lodwar Turkana county
Kenya

The curriculum vitae Personal details Name Samson akichem lokele Sex male Date of birth 14 march 1975 Marital status married Language spoken English/Swahili\ngaturkana Home address Lodwar district hospital eye unit box 18 030500 lodwar turkana county Mobile number 0720364061 Email address samson.lokele@yahoo.com EDUCATIONAL BACKGROUND September 20 11 to 2014 december bachelors degree in environmental health ,mount Kenya university and awarded second class upper division September 2005 to march 2007 joined higher diploma in clinical medicine ophthalmology and cataract surgery a warded a higher diploma in clinical medicine opthalmology and cataract surgery option. September 1996 to december 1999 joined Kenya medical training college nakuru for diploma in clinical medicine and surgery and a warded a diploma in clinical medicine and surgery January 1990 to December 1993 joined katilu secondary school and obtained a mean grade of B-[minus] with award of Kenya certificate of secondary education [KCSE]. January 1981 to december 1989 joined korinyang primary school and obtained 417 out of 800 marks with award of Kenya certificate of primary education[KCPE] PROFFESIONAL QUALIFICATION and working experience Trained and registered clinical officer working with the ministry of health at the lodwar county and referral hospital eye unit,ophthalmic clinical officer and cataract surgeon march 2007 to date,eyecare services coordinator turkana county, trachoma taskforce focal person.currently coordinating activities for eyecare in turkana between the implementing partners thus fred hollows foundation and sight savers international,turkana eye project by Spanish doctors and ministry of health thus organize outreach,eye camps.operational research,referral of need cases to other centres ,training of communities on primary eye care through community strategy incalculating SAFE strategy.conducting mass drug administration for axithromizin for trachoma . turkana since 2011 september to date. Participated in the trachoma impact assessment as a grader from may 2017 to june 2017 with pro ilako and antony Solomon of WHO as principal investigators Participated in KAP survey for trachoma done by London school of hygiene and tropical medicine inconjuction with sight savers international and diocese of Lodwar with prof clare gilbert ,Dr Hillary rono and lisa adaquaya from London school of hygiene and tropical medicine from jan to march 2012 turkana. Participated in turkana trachoma baseline survey march 2010 for turkana which informed of trachoma burden in turkana including the kakuma refugee camp which as resulted to implementation of full SAFE strategy in turkana. April 2015 participated in study for partnership for child development in conjuction with world food programme,UNHCR and IRC KAKUMA Worked as clinical officer incharge of lokitaung sub district hospital for 2001 to 2005. Participated in various nutritional baseline surveys since 2003 to 2010 with world vision,OXFAM GB,MERLIN,UNICEF sometimes as enumerator,team leader and finally as supervisor. Attended various COESCA conferences in RWANDA,TANZANIA,UGANDA and ZAMBIA Attend the bi annually conference in Logrono on eye health in spain 2013,2015 . WENT FOR TRAINING IN MOSHI TANZANIA IN KCCO in management in eye activities for 3 months Senior management course 68 with Kenya school of government baringo from 3 july to 28 july 2017 March 2010 is historic when the suspected trachoma turkana was done baseline survey which showed that turkana had a prevalence of 32.3 trachoma inflammation of which is active and the one that can easily spread coupled with existing predisposing factors which is of public health importance whereas that blinding trachoma mostly passive was 8.9 which is of public health importance according to WHO and it is recommended that we a apply full SAFE strategy which is surgery for the blinding trachoma through outreaches and eye camp,trainining of ophthalmic staff as lid surgeon and working on the backlog which 14000 by then after the survey with seven trachoma endemic districts which were turkana central,loima,west,south,east,north and kakuma refugee camp each had a population of above 100000 each by then. The above survey was supported by the consortium made of AMREF,SIGHT SAVERS INTERNATIONAL,CHRISTIAN BLIND MISSION AND TURKANA EYE PROJECT Initially the only partners who were working with us in small scale were the Spanish eye doctors who used to come twice a year and later DR HILLARY RONO our able zonal surgeon came in 2008 on quarterly basis with the support of operation eyesight universal until 2013 during this visit we could organize camps and outreach within an outreach and refer difficult cases to moi teaching and referral hospital,kikuyu eye hospital,sabatia eye hospital and Kenya national hospital Who were reffered by then were which cases Congenital cataract and children with trachoma trachiasis Retinoblastoma,refractive errors and childhood glaucomas and this helped many children in turkana In 2011 we did our first MDA with a lot of challenges but still achieved 71% which is the lowest for the last 5 years, being the first attempt,combined with polio campaign and also limited resources since it was only supported by TURKANA EYE PROJECT through EMALAIKAT FOUNDATION and vision mundi through the government of la rioja in spain We so far done five rounds of MDA the last being 2015 and also done the trachoma impact assessment june 2017 which shows a lot of reduction in trachoma with some evaluation unit going to surveillance stage eg turkana south,central and east therefore applying AFE thus antibiotic one round and face washing and environmental hygiene then impact assessment and while loima,north and west we still have to

do full SAFE strategy During the implementation of the SAFE strategy ,the county was partitioned into two for easy administrative purposes despite other partners who used to come and go TURKANA was divided into sight savers support and fred hollows foundation supported areas Loima,central and turkana west was under sight savers international while south,east and north and kibish was under fred hollows foundation In 2013 the queen Elizabeth diamond jubilee trust took over the trachoma activities through ICTC partners which in turkana are fred hollows foundation and sight savers international In the same year we did the KAP study on environmental hygiene and facial cleanliness and water in turkana and marsabit with the London school of hygiene and tropical medicine which lead to a project of unilever and turkana county where the super school of five was piloted and later implemented in the county,not forgetting LEWIS TRUST FOUNDATION specifically for loima where they dug toilets and provide water tanks and hand washing materials in schools,behavior change communication materials this is still an on going project Through the support of the parners we have been able to incooperate eye health into the government health systems,our reports are entered into the DHIS,we have a division PREVENTIVE AND PROMOTIVE and considered has a programme thus NTD PROGRAMEE AND EYE HEALTH UNIT this has resulted into inclusion annual operation plans and provision of budgets,payments of staff,supply of essential eye drugs,recruitment of staff ophthalmologist and optometrist and providing policy formulation and technical expert to partners through reviews,monitoring and evaluatiom,health system strengthening through development of strategic planning and this has led to improved provision of services in turkana The cross border issues have not been left out for most of areas with endemicity of neglected tropical disease are within the borders and influx of refugee within the borders two camps Kakuma refugees camp and kalobeyei mostly from south sudan who are not stable and so we attend the refugee through our outreaches and organize camps with IRC,AIC HEALTH MINISTRIES,CBM,UNHCR AND AMREF WE have had two cross border outreach and camps where we also gave MDA and we are planning for this year.the challenge is the south sudan where the trachoma,guinea worm and hydatidosis burden is a problem and no foreseen plans to sort the issues