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Country ownership and integration of neglected tropical diseases programme in Rwanda: Road towards their elimination and reaching sustainable development goals

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By 2030, numbers of people requiring interventions for neglected tropical diseases is targeted for reduction by 90% (Sustainable Development Goals 3.3). Partners mainly for the mass drug administration support most of neglected tropical diseases programmes in endemic countries. On the other hand, there is a decline of partners financial support. In the road towards achieving the above target and eliminate neglected tropical diseases available in Rwanda according to strategic plans in place, in addition to the mass drug administration supported mainly by partners to control soil-transmitted helminthiasis and schistosomiasis more comprehensive interventions needed to be strategically oriented and implemented in a sustainable manner. Since 2012, the specific neglected tropical diseases unit was in place at national level for the national coordination. In 2019, Rwanda adopted a decentralization and integration approach down to village (lower administrative entity in Rwanda) level under coordination of administrative district in order to maximize benefits of available resources and opportunities and to improve community and local leadership engagement and ownership.

As a result, local administration integrated neglected tropical diseases control interventions in their plans by collaborating with health sector. At village and school level, both the leadership and community members are engaged during weekly gatherings by (1) Health education for behavior change and (2) Community engagement in seeking homegrown solutions: Identification of local risk factors and local-feasible preventive measures (related to water, sanitation, hygiene and environmental health) with implementation timelines to eliminate them in their community. Furthermore, (3) Mass drug administration is now owned by the country where in each village it is integrated with the malnutrition screening while in schools the teacher of each class administers the medicines to his/her respective children. This practice of integrating and owning the neglected tropical diseases program can inspire other countries sharing similar context with Rwanda (Figure 1).



Figure 1: New changes made by Rwanda to achieve 100% ownership for operation costs of Mass Drug Administration (MDA)

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Biography

Jean Bosco Mbonigaba is a public health expert in NTDs control and elimination. He joined the national NTD programme in 2016 and from May 2017 he is serving as acting director of NTDs and other parasitic diseases unit within Rwanda Biomedical Centre. He coordinated different initiatives including the first ever approved Rwanda NTD strategic plan 2019-2024; Initializing and coordinating the multi-sectoral collaboration response to NTDs and the decentralization and integration of NTD control and elimination plans under district; He coordinated the decentralization and integration of Mass Drug Administration within existing community and school platforms which resulted in ownership of MDA implementation costs. He has coordinated NTDs mapping, surveillance and elimination projects. His current focus is to have Rwanda validated for elimination of 7 targeted NTDs by 2024 and the reduction of NTDs burden to alleviate sufferings of affected individuals and communities.

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