ABSTRACT

Background

Mass Drug Administration (MDA) has been found by several studies to be a vital tool for the eradication of lymphatic filariasis and onchocerciasis in all endemic communities. MDA optimal coverage entails both the therapeutical and geographical coverage of all people in the endemic population. The report of Ekiti State in the year 2020 shows 67.2% therapeutic coverage compared to the minimum requirement of 80% recommended by WHO and there are many people and some communities that are yet to be covered. Hence, there is a need to study the factors that pose as barriers and facilitators to optimal coverage of MDA in Ekiti State, Nigeria.

This study aims to explore actors' and stakeholders' perceived barriers and facilitators of optimal coverage of MDA for the treatment of lymphatic filariasis and onchocerciasis in Ekiti State, Nigeria.

Methods

A qualitative research design was used to explore the perceived barriers and facilitators to optimal coverage of MDA through in-depth and key informant interviews with frontline health workers who are Community Health Extension Workers (CHEW), community people and state officers in the Neglected Tropical Diseases (NTDs) unit of Primary Health Care Development Agency of Ekiti State, Nigeria. Thematic analysis was done and the interview transcripts were inductively coded. The Consolidated Framework for Implementation Research was used to describe the themes that emerged from the study.

Results

Fifteen participants were proposed for the study including both males and females, consisting of six frontline health workers, six community people and three state officers. They all willingly participated in the study. Some factors emerged as barriers and facilitators to optimal coverage of MDA in Ekiti State, Nigeria. Six main themes with other sub-themes related to barriers and facilitators were found to emerge from the study. The key barriers that emerged are based on beliefs in the community; adverse drug reactions (both real and imagined); problems around the working conditions of the Community-Directed Distributors (CDDs) and the consequent attrition of CDDs; lack of infrastructure and logistical support; the need for improved record-keeping. These barriers are the factors posing challenges to optimal coverage of MDA in Ekiti State. The major facilitators that emerged are good communication and education of community members and health personnel on MDA; interpersonal relationship and cooperation between health workers, CDDs and community people; supervision and provision by the state government; availability of drugs at all health facilities for those who missed MDA; and integration of the MDA into the NTDs programs. These facilitators are good factors that can promote and enhance optimal coverage of the MDA in Ekiti State.

Conclusion

The barriers and facilitators to MDA in Ekiti State Nigeria cover every level of stakeholders who are involved in the program such as government, sponsors, health workers and CDDs. It is recommended in the short term that government and sponsors could give adequate financial support and provide security that will enhance free movement to the actors in those dangerous zones of Ekiti State. Health workers and CDDs could give continuous health education, campaigns and awareness creation about MDA in the community. While in the long term, it is recommended

that government could make provisions for those who missed the drug during mass distributions at the health facilities and also conduct a new census that can give viable population figures for those who are eligible for proper planning. Government and sponsors could provide take-home small cards for drug users that indicate the dosage, given date and next appointment for easy identification of the users, to avoid overdosage and as a reminder of the next appointment for the users. The government could assign implementation science professionals to work with all the institutions and organizations where evidence-based interventions are carried out for monitoring and supervision. In order to improve the coverage of MDA, factors at each level need to be taken into account.

Key words: Mass Drug Administration; lymphatic filariasis; onchocerciasis; barriers; facilitators; Neglected Tropical Diseases; Primary Health Care Development Agency; Ekiti State; Nigeria.