

**Expert Insights:**

# **GETACHEW GEBRESELASSIE ON ELIMINATING NTDS AND ADVANCING EYE CARE SERVICES**



**Getachew Gebreselassie**

Program Manger of Neglected Tropical  
Diseases and Eye Care at Amref Ethiopia

# DRIVING COMMUNITY-LED AND INTEGRATED SYSTEMS

In Ethiopia's Somali and Afar regions, Amref's trachoma elimination efforts have emerged as a powerful model of success with over 90% of districts in these regions meeting elimination targets. This success is rooted in deep community engagement, cultural adaptation, and integrated service delivery, moving beyond traditional facility-based models to involve clan leaders, religious figures, women's groups, and WASH committees in driving change on the ground.

From health outreach and school health clubs to local media campaigns, we embed hygiene and sanitation promotion so that each Trachoma Mass Drug Administration and surgical campaign is reinforced with WASH behavior change messaging. We also partnered with the Bureau of Education to integrate hygiene promotion into school curricula, train teachers, and strengthen WASH clubs, supporting trachoma prevention as well as soil-transmitted helminths and schistosomiasis control.

Cultural alignment is key to building trust, empowering local leadership, and ensuring accountability. By tailoring our approach to the unique dynamics of Somali and Afar communities, we've helped foster local ownership and sustained impact. Through Improving monitoring now WASH indicators like household latrine coverage and school handwashing facilities alongside NTD outcomes, can be tracked to demonstrate the tangible link between WASH improvements and disease reduction, and reinforcing the power of community-led, systems-based health solutions.



# STRENGTHENING DOMESTIC HEALTH CAPACITY

Domestic ownership is central to sustainability, and Amref has deliberately worked to strengthen the leadership of Ethiopia's Ministry of Health and Regional Health Bureaus so that Neglected Tropical Diseases (NTD) services are part of the core health system mandate. Instead of creating NGO-driven reporting lines, we've invested in strengthening the Health Management Information System (HMIS) and District Health Information Software 2 (DHIS2) platforms so that NTD data is captured through routine government systems, giving regional health bureaus ownership of both performance tracking and decision-making.

In addition to empowering domestic ownership, utilizing Ethiopia's potential for domestic financing is vital. Overdependence on external funding weakens the ability of the government to plan, respond, and deliver consistent care. This gap is especially visible at the point of care, where health professionals report shortages of drug supplies, equipment, and human resources that affect their work and motivation.

Through providing evidence such as coverage data, we equip the government to advocate for new domestic financing and inclusion of NTD services in regional budgets. By supporting new public and private domestic financing capabilities and reframing donor partnerships, programs on NTD prevention and eye care can shift from dependency to co-ownership, building health systems that endure beyond projects and funding cycles.



# TRANSLATING DIGITAL DATA TO ACTION

It's not just about collecting data. We need to actively use, interpret, and analyze data to guide real-time decision-making. While digital platforms like District Health Information Software 2 (DHIS2) have expanded access to health data, many gaps remain in how data is used, especially at the facility and subnational levels.

Through the Neglected Tropical Diseases (NTD) and Eye Care program, we embed real-time data use, greatly supported by the introduction of digital monitoring tools, across all levels of the health care system. Through our Trachoma program, daily treatment data is captured and shared in real time during mass drug administration campaigns. By introducing Coverage Validation Surveys and Lot Quality Assurance Sampling, we were able to identify and assist underserved communities, achieving over 80% of therapeutic coverage in the majority of target districts.

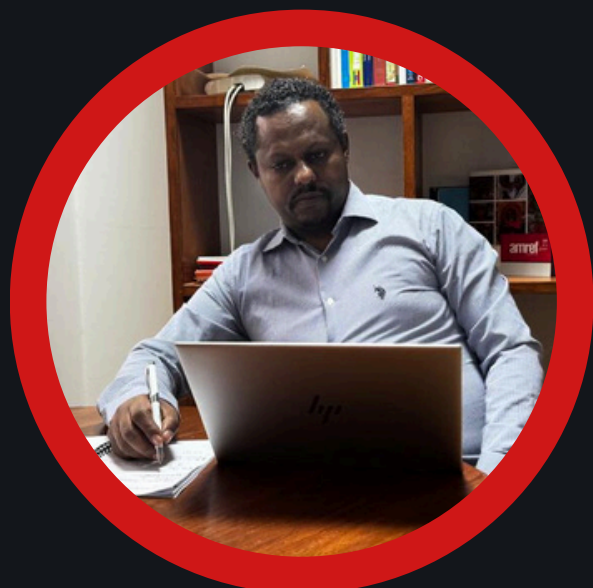
This approach empowers local teams to assess coverage, identify unreached populations, and take swift, targeted action, whether by deploying additional health workers or adapting outreach strategies to local needs. Through optimizing digital data tools and platforms, we are shifting the culture by improving service delivery and ensuring decisions are directly guided by local teams and informed by accurate and timely data.



# DECENTRALIZING LEADERSHIP FOR LOCAL POWER

Another core aspect of Amref Ethiopia's NTD and Eye Care program is empowering local leadership with real responsibility and decision-making power. In regions like Somali and Afar, we empower district health officers and Health Extension Workers to develop and implement their own micro-plans for Mass Drug Administrations, tailored to community needs. This approach improves coverage, builds trust, and motivates health workers to take initiative.

We've trained thousands of government health workers, not only in technical areas like drug delivery and trachoma surgery referrals, but also in leadership, local decision-making and problem-solving. Once health workers have gained confidence in managing NTD interventions, they were able to apply the same skills to maternal health, immunization, and sanitation promotion. Additionally, we've also developed mentorship systems pairing regional trainers with district and facility-level staff to build lasting technical capacity within the government system. By shifting ownership to local teams, Amref's approach has fostered a culture of accountability, created stronger health system linkages, and built a more skilled and empowered workforce committed to sustainable care.



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