Mar 31, 2025

🌐 Exploring Overlapping Factors Behind Never Treatment in Mass Drug Administration for PC-NTDs: A Scoping Review

claudia duguay[1]

[1]uottawa

claudia duguay
uottawa

Protocol status: Working
We use this protocol and it's working

Abstract

Mass drug administration (MDA) is an important strategy for the control and elimination of five neglected tropical diseases (PC-NTDs) including lymphatic filariasis, onchocerciasis, schistosomiasis, soil-transmitted helminths, and trachoma. While high treatment coverage is essential for the success of MDA, a persistent subset of individuals who report never receiving treatment—referred to as "never treated"—poses a significant barrier to elimination efforts. This scoping review aims to identify and synthesize the range of factors, including overlapping and context-specific determinants, associated with never treatment in MDA programs for PC-NTDs. We will search
MEDLINE, Embase, SCOPUS, Global Health, and CINAHL for English and French-language studies of any year. Eligible studies include primary qualitative and quantitative research that investigate never treatment or related concepts such as systematic noncompliance, zero dose, or systematic non-adherence. Data extraction will follow a standardized form, and findings will be thematically synthesized. Key outcomes include the definitions of never treatment used in the literature and thematic categories of contributing factors. This review will offer a comprehensive overview of what is known about never treatment in MDA, supporting efforts to design more inclusive and
effective NTD elimination strategies.

Troubleshooting

Title

1   Exploring Overlapping Factors Behind Never Treatment in Mass Drug Administration for PC-NTDs: A Scoping Review

Review Question

2   What are the common and distinct factors contributing to never treatment in MDA programs for PC-NTDs.

Searches

3   MEDLINE, Embase, SCOPUS, Global health, CINAHL

Condition or domain being studied

4   An estimated 1.6 billion people require interventions for neglected tropical diseases (NTDs), whether preventative, curative, or both. NTDs are a group of 21 diverse diseases caused
by a variety of pathogen, predominantly affecting people living in vulnerable circumstances. The world health organization recommends the large-scale distribution of treatment against 5 NTDs, including lymphatic filariasis, onchocerciasis, schistosomiasis, soil-transmitted helminths, and trachoma.

The success of MDA on reducing prevalence depends on factors such as baseline prevalence, treatment coverage, and the number of individuals who have never been treated. "Never treatment" is defined as a self-reported measure of never swallowing tablets offered during MDA. Never treated populations have also been described and defined in the literature as systematically noncompliant, zero dose, and systematic non-adherence. Globally, never treatment represents a growing concern for elimination efforts for NTDs.

Participants/population

5   We will investigate studies that investigate the never treatment of mass drug administration for at least one of the five neglected tropical diseases targeted by preventative chemotherapy, in human population for any geographic setting.

Intervention(s), exposure(s)

6　We will include studies that focus on the never treatment, including those using alternative definitions that align with or encompass the concept of never treatment, of mass drug administration for at least one of the five neglected tropical diseases targeted by preventative chemotherapy.

Type of study to be included

7　Relevant articles include qualitative or quantitative primary research (e.g., cross sectional, cohort, randomized control trials, cluster randomized control trials). We will exclude studies that are secondary research (e.g., literature reviews, editorials).

Context

8　We will include all study years published in either French or English

Main outcome(s)

9　The two main outcomes include 1) definition of never treatment and 2) themes surrounding reasons for never treatment.

Data extraction

10　All identified studies will be imported into COVIDENCE, a systematic review management software, to screen (title, abstract, and full text) and manage the results of the search. Two reviewers (CD and DK) will independently assess the titles and abstracts of the included articles based on the inclusion criteria. In the event of discordance between the two reviewers, a third reviewer (AK) will review the titles and abstracts and will come to a final decision. From the included articles, CD and DK, will identify relevant publication by reviewing the full text. Any discordance will again be resolved by AK.

A PRISMA flow diagram will be used to report final numbers of articles that are included and excluded at each stage. From the included articles, one reviewer (CD) will work independently to extract data from the articles following a pre-specified extraction sheet. The following data will be extracted from each paper into COVIDENCE: (1) author; (2) year of publication; (3) study period; (4) study design; (5) country of study; (6) NTD(s) being investigated; (7) MDA (i.e., type of PC) being analyzed; (8) working definition for

never treatment; (9) instrument used to measure never treatment; (10) factors associated with never treatment; and (11) key findings.

Strategy for data synthesis

11   This systematic review will comprehensively outline various themes surrounding never treatment.