



World Health  
Organization

REGIONAL OFFICE FOR **Africa**

NTD PROGRAMME

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# Framework for the establishment of the Expanded Special Project for Elimination of Neglected Tropical Diseases

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*"An African Region free of Neglected tropical diseases"*



## THE ESPEN FRAMEWORK

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## List of Acronyms

<b>AFRO</b>	WHO Regional Office for Africa
<b>APOC</b>	African Program for Onchocerciasis Control
<b>CSA</b>	Committee of Sponsoring Agencies
<b>DPM</b>	Director of Programme Management
<b>ESPEN</b>	Expanded Special Project for Elimination of Neglected Tropical Diseases
<b>IST</b>	Inter-country Support Team
<b>JAF</b>	Joint Action Forum
<b>LF</b>	Lymphatic Filariasis
<b>MDA</b>	Mass Drug Administration
<b>M&amp;E</b>	Monitoring and Evaluation
<b>MOH</b>	Ministry of Health
<b>NGDOs</b>	Non-Governmental Development Organisations
<b>NTDs</b>	Neglected Tropical Diseases
<b>PC-NTDs</b>	Preventive chemotherapy Neglected Tropical Diseases
<b>PCT</b>	Preventive Chemotherapy & Transmission Control
<b>PENDA</b>	Program for the Elimination of Neglected Diseases in Africa
<b>RPRG</b>	Regional Program Review Group
<b>SAFE</b>	Surgery, Antibiotic treatments, Facial cleanliness and Environmental changes
<b>SCH</b>	Schistosomiasis
<b>STH</b>	Soil Transmitted Helminthiasis
<b>TT</b>	Trachoma Trichiasis
<b>UN</b>	United Nations
<b>WHA</b>	World Health Assembly
<b>WHO</b>	World Health Organization
<b>WHO/AFRO</b>	World Health Organization Regional Office for Africa

## 1. Context

The African Region bears about 40% of the global burden of neglected tropical diseases (NTDs). All the 47 countries of the Region are endemic for at least two of the neglected tropical diseases that are amenable to preventive chemotherapy (PC-NTDs) while 36 of them are co-endemic for at least 5 of these diseases.

Neglected Tropical Diseases (NTDs) disproportionately affect the most vulnerable people and the poorest communities. They lead to chronic and debilitating physical and mental symptoms which affect more than one billion people including more than 500,000 million children. The global NTD burden amounts to between 46 and 57 million disability adjusted life years (DALYs) lost annually. The burden of neglected tropical diseases requiring preventive chemotherapy (PC-NTDs) is ranging from 169 million for Onchocerciasis (Oncho) to 468 million for Lymphatic Filariasis (LF) in the WHO African Region.

Significant progress has been made in recent years in tackling NTDs. This includes increasing political commitment and government leadership to deliver interventions in line with the regional and national NTD agenda, and the regional NTD strategic plan for the period 2014-2020; increasing support for bilateral and multilateral agencies; private sector and other agencies, and increased mass drug coverage. For instance, the coverage of community-directed treatment (CDTI) for controlling onchocerciasis has reached 80% of the total population in many targeted communities. As a result, onchocerciasis transmission has been interrupted in several foci. Mass Drug Administration (MDA) coverage for Lymphatic Filariasis has also increased in countries and Togo for instance has achieved national elimination of LF while eight countries have stopped MDA in some districts (Benin, Burkina Faso, Ghana, Madagascar, Malawi, Niger, Tanzania and Uganda).

## 2. Justification

Over the past few years, AFRO in close collaboration with partners has been providing support to countries to implement and monitor interventions targeting Schistosomiasis, Lymphatic Filariasis, Trachoma and STH, while APOC focused on Onchocerciasis control. In line with the 2020 NTD elimination goals, stated in the WHO Global roadmap on NTDs, resolutions WHA66.12 and AFR/RC63.R6 on NTDs, two (Guinea worm disease and yaws) neglected tropical diseases (NTDs) are targeted for eradication, four (human African Trypanosomiasis, leprosy, lymphatic Filariasis and trachoma) for elimination as public health problems and others (Buruli ulcer, Leishmaniasis, schistosomiasis and soil-transmitted helminthiasis) for control. Onchocerciasis is targeted for elimination by 2025.

There is need for intensified implementation of NTD strategies with plans at regional and national levels that use cost-effective approaches. Coordinated interventions against NTDs integrated within the Primary Health Care remains the best approach for achieving NTD eradication, elimination and control targets. This is in line with WHO's Universal Health Coverage goals. The regional NTD Program has already developed coordinated mapping and coordinated mass drug administration guidelines to provide guidance to countries in the implementation of their NTD master plans and annual plans of action. Current national master

plans which are being extended to 2020 employ these integrated and coordinated approaches for scaling up their interventions.

This reinforces the need for an effective and cost-efficient mechanism to provide the necessary strategic, operational and technical support to countries. Through this support, countries will be empowered and their capacities strengthened for implementing NTD interventions and coordinating implementing partners.

Countries need support to achieve the set NTD targets and goals. As described below, several discussions towards the establishment of a new NTD entity to eliminate NTDs have taken place over the past 2 years in order to provide countries with the technical support required. The WHO, countries and NTD stakeholders and partners have now reached an agreement on the establishment of a new NTD structure located in AFRO that will provide a coordinated and high-quality technical support to countries. This will ensure that the capacities of countries are built to achieve the NTD elimination targets and goals in line with the regional strategy for NTDs and resolutions adopted by WHO.

### 3. Discussions towards the establishment of the new entity to eliminate NTDs

The African Program for Onchocerciasis Control (APOC), established in 1995, played a critical role in the control of river blindness. This program will close by the end of 2015 in accordance with the decisions of its governing bodies. In December 2013, the 19th Session of the Joint Action Forum (JAF) discussed a concept note for the transformation of APOC into a new regional entity for elimination of Onchocerciasis and Lymphatic Filariasis and support to other Neglected Tropical Diseases (NTDs), provisionally named “Program for the Elimination of Neglected Diseases in Africa” (PENDA).

Along the course, budget scenarios for PENDA were prepared and presented to the Committee of Sponsoring Agencies of APOC (CSA 148 and 149), and the 20th Session of the JAF in December 2014. None of the proposed budget scenarios were endorsed as they were thought to be substantially high. Concerns and diverging views on the scope and nature of the new Program were also raised, calling for the creation of an entirely new NTD entity to eliminate NTDs instead of relabeling APOC. The new NTD entity to eliminate NTDs was expected to have a long-term plan addressing all the 5 preventive chemotherapy (PC) NTDs, be leaner in size, and with country-led operations.

WHO acknowledged the concerns expressed by several partners and donors, and released a statement during the APOC governing bodies’ meetings in December 2014 indicating that there will be two parallel lines of work; one to close APOC and another to address the establishment of a new NTD entity to eliminate NTDs. To this effect, WHO/AFRO convened an internal drafting group to prepare discussion papers on the new NTD entity to eliminate NTDs, to be shared with stakeholders in a meeting scheduled for the first quarter of 2015. The drafting group meeting took place from the 12-16 January 2015 in Brazzaville, Congo.

These discussions papers were reviewed by a Clearing Group led by the CSA during a meeting held in London from 29-30 January, 2015. The meeting proposed a series of actions to be taken

by WHO in relation to the scope and governance structure of the new NTD entity to eliminate NTDs; reorganization of discussions papers for ease of understanding of the establishment of the new NTD entity to eliminate NTDs; funding mechanisms and strategy to facilitate advocacy for resource mobilization. Since February 2015, several exchanges between WHO Leadership and partners took place to seek consensus on the scope, objectives, and governance structure of the new NTD entity to eliminate NTDs.

In March 2015, discussions held during the CSA 150 in Paris on the new NTD entity to eliminate NTDs resulted into a broad agreement on the scope of the new NTD entity to eliminate NTDs, which is provision of technical support, its governance structure, which is expected to be within WHO, and its budget estimated at around 10 million USD per year. Participants also confirmed their availability to attend a working group meeting on the establishment of the new NTD entity to eliminate NTDs.

The working group meeting took place in Johannesburg from April 28-30, 2015 was convened to review a draft proposal on the establishment of the new NTD entity to eliminate NTDs developed by WHO with inputs from different stakeholders. The working group meeting resulted in consensus on the scope, functions, institutional framework, and funding mechanisms for the new NTD entity to eliminate NTDs that will be a new NTD entity focusing on the elimination of the 5 PC-NTDs which are the most endemic in the WHO African region (Lymphatic filariasis, Onchocerciasis, Schistosomiasis, Soil-transmitted Helminthiasis and Trachoma). A transition plan of action developed to cover the period between APOC closure and the establishment of the new NTD entity was also reviewed and consensus reached on the key components of this plan of action. The framework for the new NTD entity and the transition plan of action were updated based on the consensus reached in Johannesburg, South Africa.

As a follow-up on one of the proposed next steps of the Working Group meeting on the establishment of the new NTD Entity, WHO convened a stakeholders' meeting on the new NTD Entity from 8<sup>th</sup> to 10<sup>th</sup> July 2015 in Geneva, Switzerland. The objectives of the meeting, which brought together about 70 participants drawn from endemic countries; pharmaceutical companies, NGOs and donors, was to review and endorse the framework for the new NTD entity 2016-2020 and the transition plan of action 2016, and initiate resource mobilization to support their implementation. The major outcomes of the meeting were the adoption of the new NTD entity framework, which is now called **Expanded Special Project for Elimination of Neglected Tropical Diseases (ESPEN)**, the transition plan of action; and commitments of endemic countries, donors, NGOs, and WHO to support the rapid commencement of the operations of ESPEN.



## 4. The Expanded Special Project for Elimination of Neglected Tropical Diseases

### 4.1 Goal

Taking into account the full advantage of effective donated medicines, the goal of ESPEN is to contribute to an accelerated reduction in the burden of disease of the 5 PC-NTDs by providing technical support to endemic countries in their efforts to control and eliminate targeted NTDs, including morbidity management and prevention of disabilities due to PC-NTDs, and thereby contributing to poverty alleviation, productivity and improved quality of life of affected people in the African Region. The ESPEN will have a life span of five years from 2016 to 2020. The first year will be a transition period for the establishment of ESPEN.

### 4.2 Objectives

As a special project responsible for technical support planning and management, its objectives are as follows:

1. Support achievement of the NTD goals and targets through the provision of technical assistance to national governments, in collaboration with other stakeholders;
2. Assist in capacity building of national and regional experts to provide relevant high quality technical support;
3. Encourage a harmonized approach in the delivery of technical support;
4. Provide support to countries to scale up their implementation and identify funding opportunities.

### 4.3 Scope

The ESPEN will address all 5 PC-NTDs (viz. Lymphatic Filariasis, Onchocerciasis, Schistosomiasis, STH and Trachoma) and function as the technical arm of the Regional Office on PC-NTDs, aimed at improving access to timely, high quality short- and longer-term technical assistance for achieving the PC-NTD set goals and targets for preventive chemotherapy, morbidity management and disability prevention in countries of the WHO African region. The entity will also contribute to resource mobilization and promote collaboration with other sectors such as the Water, Sanitation, Hygiene and Environment to achieve the NTD elimination goals. The Case management NTDs will remain under the direct responsibility of the AFRO NTD programme.

### 4.4 Functions

The ESPEN will provide operational and technical support on PC-NTDs to endemic countries which will be coordinated to ensure achievement of PC-NTD goals and targets at country level in accordance with the Regional Strategic Plan for NTD 2014-2020. The ESPEN will focus on ensuring that the disease specific targets are met at the national level in support of integrated NTD country Programmes. It will prioritize assistance to countries which are marginalized and / or have exceptional needs. The provision of technical support to countries will focus on:

- a. Strategic and operational planning for 5PC-NTDs through review of national master plans and annual operational plans in coordination with AFRO-Regional Programme Review Group (RPRG) of WHO/AFRO
- b. Strengthening of technical quality of NTD Programmes to increase coverage so that more people can benefit from donated medicines with an emphasis on NTD activities such as mapping, morbidity management and disability prevention, surveillance, monitoring and evaluation including M&E of country progress towards disease specific targets, implementation, and impact assessment including elimination of targeted PC-NTDs (lymphatic filariasis, onchocerciasis and trachoma);
- c. Prioritizing assistance to countries which are marginalized and, or have exceptional needs through development and monitoring of the use of an assessment tool for prioritizing countries, building on the criteria set in the transition plan of action;
- d. Improving financial management to enhance accountability and cost efficiencies of the delivery system as well as guiding countries to raise funds directly from donors.
- e. Strengthening health systems to deliver health interventions including NTD medicines delivered to poor and hard to reach communities.

## 4.4 Expected outputs and milestones

Through provision of technical support to endemic countries, the ESPEN will be expected to deliver on the following outputs:

- a. All endemic countries have NTD Master and Operational plans that guide the scale-up and scale-down of NTD interventions, as well as resource mobilization
- b. All endemic countries have technical support plans derived from the NTD Master and Operational Plans
- c. MDA scaled-up to reach at least 65% in all endemic countries
- d. Improved collaboration with other sectors based on a set of defined criteria
- e. Enhanced financial management systems and accountability based on a set of defined criteria

The critical milestones, described in the Regional Strategic Plan on NTDs covering the period 2014-2020, are summarized in the table below:

Indicators	2014	2015	2016	2017	2018	2019	2020
<b>Mapping and Mass Drug Administration</b>							
% of countries that have completed mapping of PC-NTDs	100%						
% of countries requiring preventive chemotherapy that have achieved 100% geographic coverage and at least 75% programme coverage	30%	50%	75%	100%			
<b>Morbidity control/Elimination</b>							
% of endemic countries that have eliminated onchocerciasis		10%	20%	35%	50%	65%	74%
% of endemic countries that have eliminated LF		25%	40%	50%	75%	100%	
% of endemic countries that have eliminated schistosomiasis				15%	25%	40%	70%
% of endemic countries that have achieved advanced control of STH			20%	30%	40%	50%	100%
% of endemic countries that have eliminated Blinding trachoma	4%	30%	35%	45%	60%	80%	100%
<b>Infection prevention interventions</b>							
% of schistosomiasis and STH endemic countries provided with clean water source		50%	60%	70%	80%	90%	99%
% of schistosomiasis and STH endemic countries with improved sanitation facilities		40%	50%	60%	70%	80%	99%

## 4.5 Guiding principles

With the primary focus of ESPEN being provision of technical support, the following guiding principles, aligned with those of the Regional Strategy on NTDs in the WHO African region and RPRG recommendations, will underline the operations of ESPEN:

- a. National leadership and ownership: in many countries, NTD Programmes are still implemented as individual vertical projects sponsored mainly by external partners with little or no coordination in ensuring complete coverage of the areas at risk and requiring PC across the entire country. Efforts should be made to enhance country ownership and leadership of national NTD Programmes. This entails respect for national master plans and structures; national co-financing; national technical capacity for monitoring and evaluation; and country-level decision making which gives due consideration of WHO guidelines. This will also require equipping the national NTD leadership to effectively coordinate, manage and ensure a flow of information on coverage and impact to the national authorities.
- b. Alignment with national priorities and the regional NTD strategy and strategic plan: a demand-driven approach to technical support aligned with the NTD Master plan will be as much as possible promoted. This will require political commitment and financial support of governments towards domestic financing to fill the gaps. Evidence-driven allocation of resources based on disease burden and co-investment will also be pursued.
- c. Coordination of stakeholders' contributions: considering the resources required tackling NTDs, the role of civil society and private sector, pharmaceutical firms, nongovernmental development organizations and international cooperation in assisting NTD-endemic Member States is important. Strong collaboration between all these NTD Stakeholders at national level is critical.
- d. Mutual accountability of national authorities and partners i.e. shared responsibility and risks among all stakeholders

## 4.6 The Expanded Special Project for Elimination of Neglected Tropical Diseases within WHO/AFRO

The Expanded Special Project for Elimination of Neglected Tropical Diseases of the NTD Programme will be established within AFRO and placed under the Communicable Disease Surveillance Cluster of WHO/AFRO. It will be limited to a life span of 5 years. Though considered as the technical arm of WHO/AFRO on PC-NTDs, the ESPEN will be flexible and will adapt to changing needs and priorities. Its major functions will be planning and management of technical support as well as capacity building for national NTD Programmes in the technical support areas below. Through a network of experts it builds in and beyond the African region, the ESPEN should have the capacity to tap into the existing expertise of WHO (HQ/ Countries) and partner institutions. It will also contribute to resource mobilization activities and promote collaboration with other sectors such as the Water, Sanitation, Hygiene and Environment.

The ESPEN will have clear links with the existing Regional Programme Review Group, and a Steering Committee that will be established to play its role in contributing to the achievement of the broad 5PC-NTD elimination agenda.

## 4.6.1 Modus Operandi

The ESPEN will facilitate countries to work on all 5 PC NTDs through a **common platform**. Given that there are different objectives and targets for the different diseases, emphasis will be given initially to the diseases targeted for early elimination (Onchocerciasis, Lymphatic Filariasis and Trachoma) and later to others for longer term elimination (Soil Transmitted Helminthiasis and Schistosomiasis). Whereas the ESPEN will support all endemic countries, it will prioritize technical assistance to marginalized countries or areas of exceptional needs. Criteria for prioritization will be developed and reviewed regularly.

- a. Standard operating procedures and tools will be developed to support the operations of the ESPEN. These operations will include but not limited to the following: Development of an ESPEN action plan that will be based on the criteria for prioritization of countries, and technical assistance developed for the transition plan of action. This plan of action will be reviewed and endorsed by the Steering committee
- b. Gap assessment in priority and marginalized countries: working closely with countries and partners, the ESPEN will assess on regular basis technical gaps at country and regional levels; support the development of a technical support plan; and fill the gaps through mobilization of technical expertise within and outside of WHO.
- c. Implementation of the plan of action: following the identification of technical gaps, countries will submit their request for technical assistance to the WHO Country Office. After an initial assessment, the Country Office will either provide the support using existing WHO resources at country level or direct the request to the WHO Regional Office for Africa as per existing procedures. Upon receipt of the request, the ESPEN will assess the request, identify from within or outside WHO the required expertise, and mobilize it. Appropriate mechanisms and procedures for the rapid deployment of expertise in the field will be used and closely monitored by the ESPEN. Upon completion of the technical support, an assessment of the support provided and monitoring mechanisms will be put in place as part of the M&E and accountability framework.
- d. Systematic monitoring of the technical assistance managed by the ESPEN using standard operating procedures and monitoring tools.
- e. Conduct regular technical review meetings to assess and review the technical support provided to countries and its impact on the quality of NTD interventions
- f. Production of regular reports on technical assistance, financial implementation and resource mobilization, to be shared with the governing structures of the ESPEN on regular basis.

The RPRG will play a critical role as technical advisory group for the ESPEN and its major roles will include:

- a. Reviewing country Programmes, requests for donated medicines and making recommendations to WHO AFRO for further development of National Programmes
- b. Identifying gaps and Program needs
- c. Addressing specific NTD matters through task forces / sub-committees with appropriate internal & external expertise

Detailed Terms of Reference of RPRG are indicated in section 6.2 and attached as annex 2..

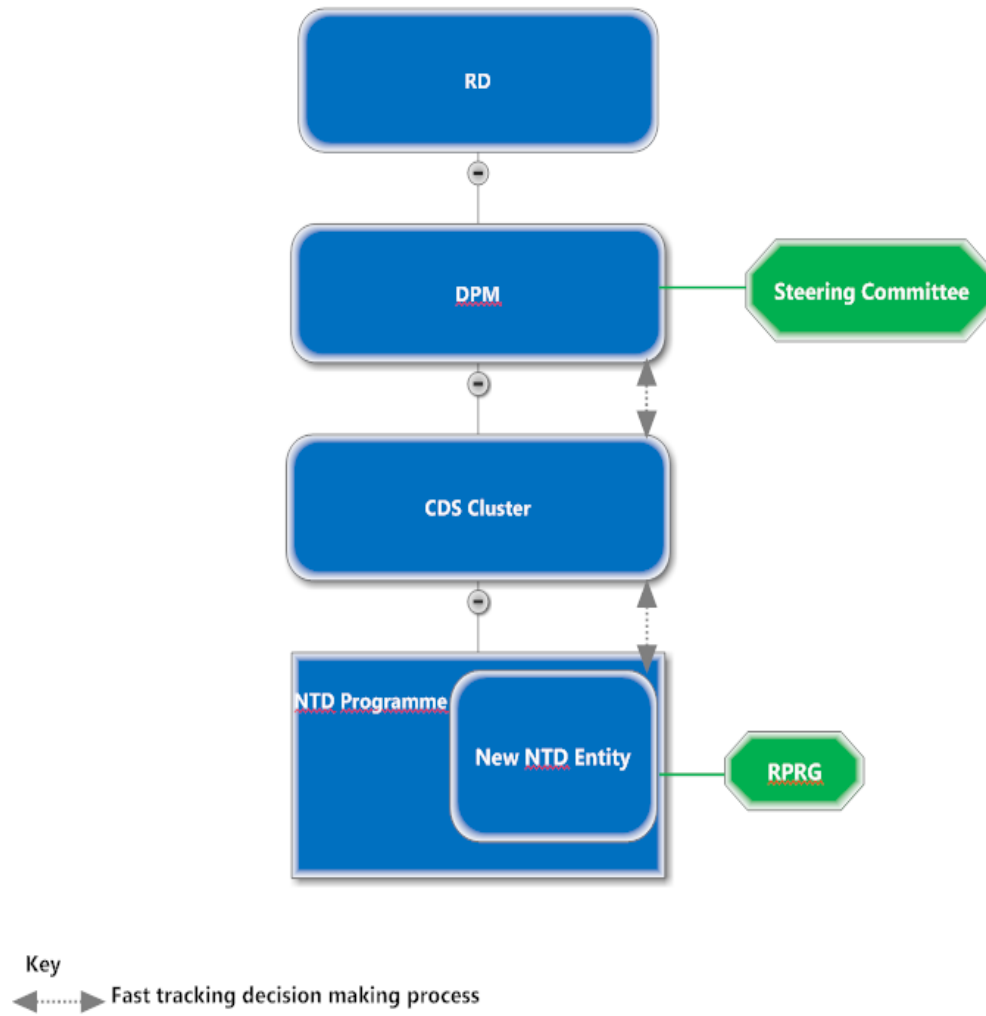
The Steering Committee (see below) will review the ESPEN plans and budgets, recommend budget allocations for the different prioritized activities, and provide financial oversight to the ESPEN.

## 5. The Institutional framework

To ensure that the ESPEN can adapt rapidly to evolving needs, it is proposed to rely on a light and flexible institutional framework which will be placed under the overall direct responsibility of Director, Communicable Diseases Cluster of WHO/AFRO. This should enable it to play its technical supportive role of ensuring the capacity of endemic countries to effectively implement the spectrum of NTD activities, while at the same time ensuring that the views of stakeholders are taken into consideration. The institutional framework is illustrated in the diagram below.

The ESPEN will interact closely with WHO at different levels (HQ/AFRO/ISTs/WCOs) to identify and fill technical gaps. The WHO/AFRO NTD Programme, being the regional NTD secretariat, will retain the convening authority for the NTD Regional Programme Review Group (RPRG) and implementation of WHO resolutions, policies and recommendations and other tasks outside the PC5-NTD roles and responsibilities, ensuring that there is no duplication of functions. There will be clear lines of communication between RD, DPM and CDS for rapid decision making pertaining to ESPEN. The ESPEN will operate under the coordination and the leadership of the CDS Director who reports directly to the Director of Programme Management and to the Regional Director. These clear lines of communication with commitment of AFRO leadership to move NTD agenda forward will make ESPEN more visible and facilitate decision making in a timely fashion. As part of the CDS Cluster, the ESPEN will collaborate closely with other programmes such as the Public Health and Environment programme, which addresses Water Sanitation and Hygiene (WASH) interventions.

**Figure 1: Institutional Framework**



## 5.1 Main features of the Institutional framework

Within AFRO, the NTD Programme is placed under the Communicable Diseases Cluster. The Programme is composed of two main units, “Preventive Chemotherapy” (PC) and “Case Management” (CM). The ESPEN will be established within the Programme and under the direct responsibility of AFRO/CDS Cluster.. Such placement in AFRO organogram will be more visible and ensure a coordinated structured approach to provision of technical support to countries by the Project. It will also facilitate an integrated approach to PC-NTD disease management while maintaining at the same time a specific disease focus.

The ESPEN will have its own financial management expertise in order to facilitate financial flows and ensure a dedicated financial management. In this regard, a strengthened accountability and monitoring framework will be used for the ESPEN.

Experienced staff will be contracted by WHO for the ESPEN to fast track implementation, with special attention to maintain staff expenditures at a minimal level, including by facilitating staff secondment from stakeholders.

In delivering its activities, the ESPEN will be guided by the existing RPRG and by a Steering Committee to be established (see below). While the RPRG have already adopted its own Terms of Reference which could be reviewed if necessary to align its role in relation the ESPEN; the Steering Committee will adopt its own working procedures to ensure that close and regular interactions are maintained with the RPRG, the NTD Programme and AFRO Management.

## 5.2 Advantages

The proposed institutional framework will be cost-effective, light and easy to adapt to changing needs. This will allow for a faster decision-making process and reinforce the transparency of processes, as stakeholders will be directly involved in the Project through their participation in the RPRG and Steering Committee.

In addition, the performance of the Project will be closely monitored by the DPM as per the RD’s transformation agenda with focus on results.

## 6. Roles and responsibilities

### 6.1. Steering Committee

The members are nominated by the main stakeholder groups and the Regional Director makes the appointment. It will meet at least twice per year and will be reporting to the Regional Director through the Director of Programme Management.

The Steering Committee will comprise of 10 - 12 members with the Secretariat being handled by staff members on the AFRO NTD Programme. The proposed composition of the Steering Committee is as follows:

## Members

- WHO Senior Finance Manager (GMC) -1
- WHO Management -2
- ESPEN Coordinator (Secretary of Committee) -1
- Donor of medicines -1
- Endemic countries (sub-regional representation) -3
- Donors (1 direct country + 1 Pooled funding) -2
- NGDO -1
- Trust Fund Manager -1

## Observers

- RPRG Representative
- WHO Disease Specific Focal Person -1
- Advisors or experts as needed

## Roles of Steering Committee

- Ensures yearly action plan has technical, logistical and financial support available and are aligned with the national priorities and regional strategic plans.
- Review and make recommendations to the Regional Director on budgets and allocation of funds disbursed from the trust fund for the ESPEN operating cost
- Review and make recommendations to the Regional Director on budgets and allocation of funds disbursed from the trust fund for country plans and activities based on recommendations from the RPRG and information from direct funding donors
- Ensure appropriate action is taken on gaps / needs identified by AFRO /RPRG
- Ensure country ownership and leadership on the implementation of the various activities related to PC NTDs
- Ensure well country coordination mechanisms are in place and functional with the support from the NTD stakeholders.
- The steering committee will meet twice a year and communicate on conference calls as needed. The SC members should cover their own meeting costs; however there may be exceptions to ensure that all members can attend.



## 6.2. Regional Programme Review Group (RPRG)

The RPRG will be the main technical advisory group with sub-groups/task forces to address technical matters and provide technical guidance and recommendations to the ESPEN. The RPRG will have a number of taskforces to assist with different aspects of its work including but not limited to the LF/ONCHO task force, SCH/STH taskforce and Trachoma.

The following are the main terms of reference of the RPRG:

- a. To review and support country ownership for the successful completion of the national strategic and action plans of national NTD Programmes; and assess their overall adequacy and responsiveness to the policies, strategies and intervention required for achieving regional NTD Programme targets and goals.
- b. With respect to preventive chemotherapy interventions:
  - i. To review and approve results of NTD mapping surveys and advise countries on required interventions.
  - ii. To review and approve country preventive chemotherapy plans and applications for donated medicines, and provide guidance on their adequacy vis-a-vis the national Program implementation capacity and expected targets and goals, as well as the safe and rational use of NTD medicines, monitor severe adverse events reported by countries and provide appropriate guidance.
  - iii. To provide guidance on impact assessments to stop large scale preventive chemotherapy (mass drug administration [MDA]), on post-MDA surveillance, on the progress toward the interruption of transmission of NTDs targeted for elimination in countries of the African Region, and make appropriate recommendations to the WHO NTD Strategic and Advisory Group and the WHO Regional Director for Africa.
- c. To identify capacity building operational research issues arising from the implementation of national Programmes and provide appropriate mentoring and technical guidance.
- d. To review the advocacy, planning and resource mobilization strategies and provide technical guidance required to enhance Program capacities and performance of national and regional NTD Programmes.
- e. To review progress towards regional and country goals and milestones and assess progress against a baseline scorecard towards the control and elimination of targeted NTDs and assess the overall adequacy and the responsiveness to the policies, strategies of the regional intervention required for achieving regional NTD Programme targets and goals.
- f. To identify gaps and Programme needs.
- g. To address specific NTD matters through task forces / sub-committees with appropriate internal & external expertise.

Detailed terms of reference are attached as annex 2

## 6.3. WHO/AFRO

- a. Serve as the Secretariat to the RPRG and the Steering Committee
- b. Convene regularly a Forum on NTDs
- c. Undertake advocacy, communications and resource mobilization
- d. Provide technical support to ensure country ownership and leadership of PC NTD program
- e. Enhance country coordination mechanism by providing appropriate technical assistance and engaging all NTD stakeholders
- f. Organize technical review and meetings
- g. Coordinate cross-border activities
- h. Facilitate ministerial engagement through the Regional Committee
- i. Support development of national plans
- j. Provide technical guidance, support, and oversight of the ESPEN
- k. Identifies gaps and program needs
- l. Regional data management and reporting

## 6.4. Donors and Collaborating partners

Donors will participate in the financing of the ESPEN. They will also play an active role in monitoring the stream of funds dedicated to 5 PC-NTDs at country and regional level, participate in the review of the ESPEN plan of action and budgets and audits, and play a critical role of monitoring the performance of the ESPEN and NTD Program in general through the Forum.

Collaborating Partners will be engaged through their participation in the ESPEN meetings, and provide financial and/or technical assistance to activities to combat the 5 PC-NTDs at country level. In view of the multiple sources of funding for the 5 PC-NTD Programmes at national level, Collaborating Partners will also coordinate with the endemic Countries to analyse funding gaps, ensure adequate technical capacity, efficiency and value for money.

## 6.5. Donors of medicines

Donors of medicines will continue to ensure regular and timely delivery of medicines used by the national NTD Programmes, based on accurate forecasts from endemic Countries and requests reviewed by RPRG.

## 6.6. Non-Governmental Development Organisations (NGDOs)

The NTD NDGO community is made of a diverse group of NGDOs that work at community, national, regional and international levels. The members of this group provide technical support and have an important role in defining policy through the National NTD Task Forces and international bodies; supporting countries to scale-up MDA; promoting WASH and Morbidity Management and Disability Prevention; mobilizing and contributing resources to achieve NTD targets set in the WHO Road Map. The ESPEN will be working closely with all NGDOs to contribute to the achievement of PC-NTD targets and goals.

## 6.7. WHO/HQ

WHO/HQ will provide technical guidance for the NTD elimination agenda by provision of the necessary guidelines and tools, and periodic review and promotion of new tools as they become available. WHO/HQ will also provide technical experts to guide the countries and the NTD Program in AFRO as may be needed. WHO/HQ will conduct the global advocacy, communication, and resource mobilization for control and elimination of NTDs.

## 6.8. WHO/Inter-country Support Teams (ISTs)

The WHO/IST NTD staff will be available to provide technical support to and support capacity building of the member states on different aspects of the 5 PC-NTDs in line with the technical support plan being managed by the ESPEN.

## 6.9. WHO Country Offices

All the WHO country offices in the NTD endemic countries have NTD focal persons. In high priority countries, specific 5PC-NTD NPOs will be recruited to support the national PC NTD Programmes. These work closely with the NTD Programmes in the countries to support coordination, provide technical guidance, and support implementation of the NTD activities. These will be the main liaison focal points at the WHO country office for the ESPEN and will ensure that the entity is linked to the Country NTD Program and coordination mechanisms. WHO country offices will support the national programs in resource mobilization to fill the budget gaps and also strengthen national coordination mechanisms to ensure resources are utilized in an efficient, effective and well-coordinated manner. In addition, country offices will support the national program to apply for PC 5 funding.

## 7. Coordination arrangements

Robust country coordination mechanisms are vital for leveraging the Neglected Tropical Diseases (5PC-NTDs) Programme to reduce the burden of neglected tropical diseases at national and regional levels. The Country Coordination mechanism brings together all stakeholders to a common platform to support the integrated NTD Program at all levels and demonstrate the linkages with the support functions of the ESPEN. Resources will be channelled to the countries for coordination at national and sub-national levels to accelerate control and elimination of NTDs.

### 7.1. NTD Program country coordination mechanisms

The objectives of the country NTD coordination mechanisms are to:

- a. Coordinate direction of national NTD policies and goals, in alignment with regional and global targets and milestones.
- b. Harmonize technical guidance on NTD strategies, approaches, and targets, in alignment with regional and global goals for the control and elimination of the 5 PC-NTDs.
- c. Coordinate resource mobilization from different sources including application for trust funds and needed medicines.

- d. Ensure that mobilized resources are efficiently utilised in order to maximise the impact of national NTD Programmes.
- e. Ensure appropriate linkages between the ESPEN and its supportive functions and in-country Program coordination mechanisms
- f. Identify and communicate technical and other support needs to WHO.

Major stakeholders include the Ministries of Health, Districts, Communities, NGOs, and the WHO, Funding partners, Academia and research institutions and other sectors such as Education, Water and Sanitation, Agriculture and Energy, with MOH leadership.

Recommended coordination platforms in accordance with the WHO NTD coordination guidelines are as follows;

- i. The Steering Committee for NTD
- ii. The NTD Technical Advisory Group
- iii. The National NTD Secretariat

The proposed coordination mechanisms should be adapted by countries taking into consideration each country specific context.

### 7.2 Linkages between the ESPEN and the National Coordination Mechanism

Based on the supportive functions of the ESPEN and in line with guidance provided by JAF 20 and CSA 149 to strengthen coordination mechanism at the country level, the ESPEN will support the country coordination mechanism and NTD activities from the regional level without any direct in-country implementation role. It will specifically focus on the following:

- a. Provide coordinated technical support to the NTD secretariat in the area of NTD strategic planning, monitoring and evaluation, documentation, data management and dissemination, Medicines Forecasting, Application and Supply Chain Management, and others and as requested by the country coordination mechanism
- b. Ensure that operational research issues emerging at the National level are identified and highlighted by the National Steering Committee. Should the National Committee request technical assistance, this could be sought from the AFRO NTD Programme and RPRG. Larger technical issues with cross-country implications will be referred to WHO-HQ for review by the appropriate scientific Working Group and if necessary by the WHO STAG.

## 8. Funding and Financing mechanisms

### 8.1 Funding of the ESPEN

In order to ensure attainment of the ESPEN agreed objectives; adequate funds will need to be mobilized and properly channelled for the ESPEN operational costs and technical support to endemic countries. Anticipation of funding needs of the ESPEN through properly articulated operational budgets is pertinent in ensuring adequate mobilization and timely channelling of pooled and direct funding to the ESPEN. The estimated budget for the ESPEN operations will include human resource costs to cover the positions in the approved organogram, country

support costs, meetings to address the broad NTD elimination agenda and office operational costs.

Given the need for raising resources to fund the operations of the ESPEN, WHO will develop a detailed resource mobilization/fund raising strategy in close collaboration with the World Bank and other institutions. Resource mobilization will be a shared responsibility from the Regional level down to the country level. The Members of Steering Committee will also need to use their relationships to open doors for raising funds. A feasibility study on how much money can reasonably be raised for ESPEN may be necessary in order to better ground the plan of action and budget in reality with the support from the World Bank and other institutions.

### 8.2 Financing mechanisms

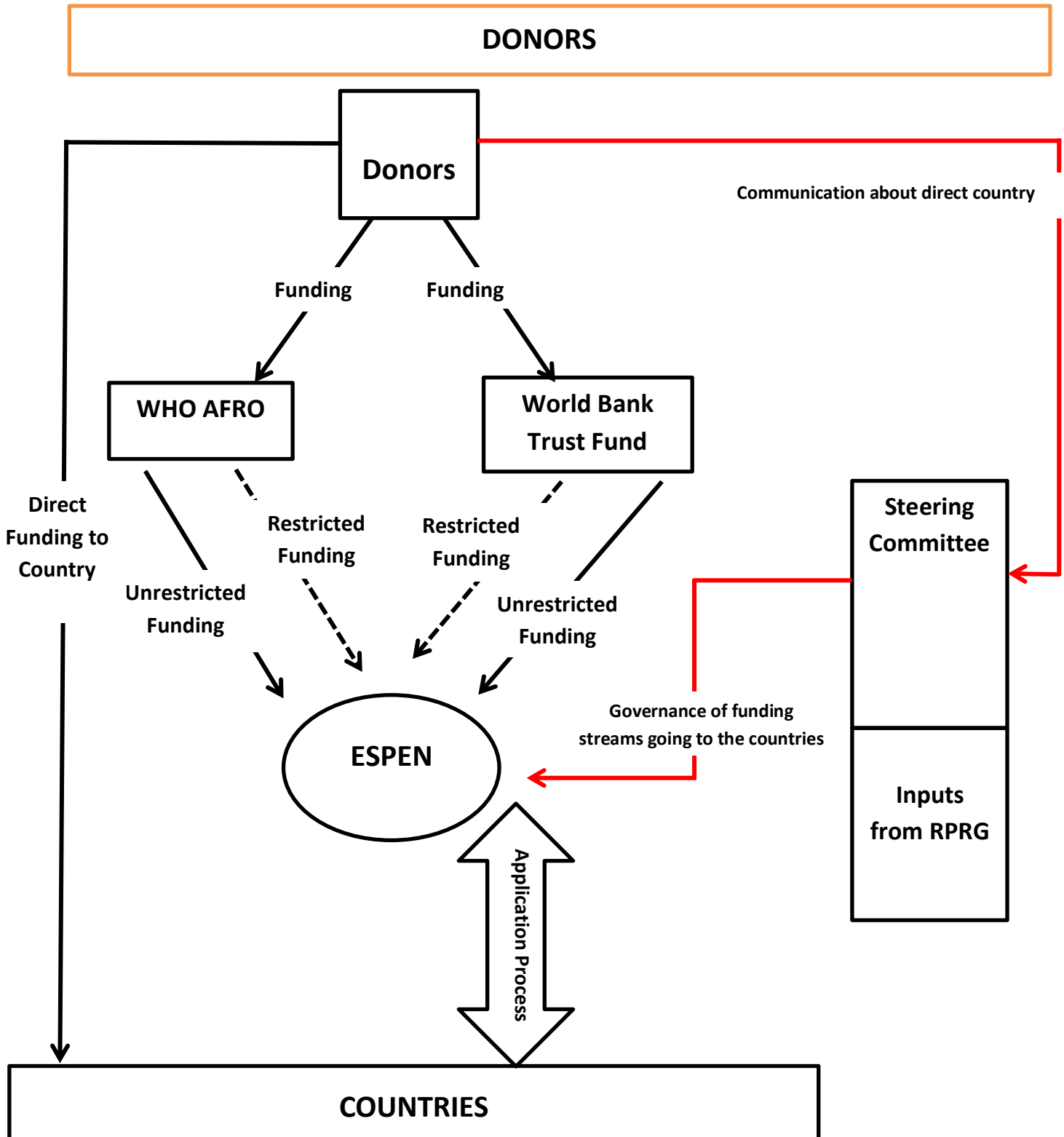
The overall funding required for the attainment of NTD goals and targets will be through a multifaceted approach involving direct donor funding to countries, direct funding by Governments of endemic countries, pooled donor funds through a trust fund managed by the World Bank and direct donor contributions to the ESPEN. These funding requirements will be derived from the national operational plans which are developed from already approved national NTD master plans, the operational plans for the ESPEN and other related costs. To facilitate focused and realistic budgeting for resource mobilization efforts, budget cycles (e.g. one, two or 5 year cycles) will need to be agreed upon and implemented.

The pooled funds will cover the country needs to maintain and scale up national PC 5 implementation plan and the ESPEN core costs. The country funding which will go through the NTD program will comprise of ring fenced and unrestricted funding for which the country can apply. The application process will be clearly stipulated to the countries and the country proposal development will be supported by the ESPEN staff. Fund application will be based on needs and country priorities. The country fund proposal will be reviewed by the ESPEN using a set of predefined criteria.. Furthermore, some donors will support countries directly or through NGOs that support implementation in the countries. Emphasis will be placed on improving domestic funding and scaling up national PC 5 implementation plans by mainstreaming the NTD plans and budgets into the national health plan.

The financing of the ESPEN has different facets; the pooled funds and direct donor funds. The ESPEN will finance the activities which it directly supports (including its operational costs and the direct intensive support and technical assistance it delivers for implementation in endemic countries). It will have its own financial management expertise a separate finance manager and will develop a costed implementation plan annually which will be submitted to the Steering Committee for review. Overall oversight of the finance management of the ESPEN will be undertaken at the level of the Steering Committee.

# Framework of ESPEN

It is important that the Steering Committee maintains an overall picture of financing flow and which donors and partners are involved, oversees budget reviews, funding allocation and reporting. This committee should comprise of representatives of key stakeholders with expertise in financial management and technical issues. This will enable them to identify important gaps which may need to be covered and to spot potential new donors or financing possibilities. The proposed ESPEN financing mechanism is illustrated in the figure below.

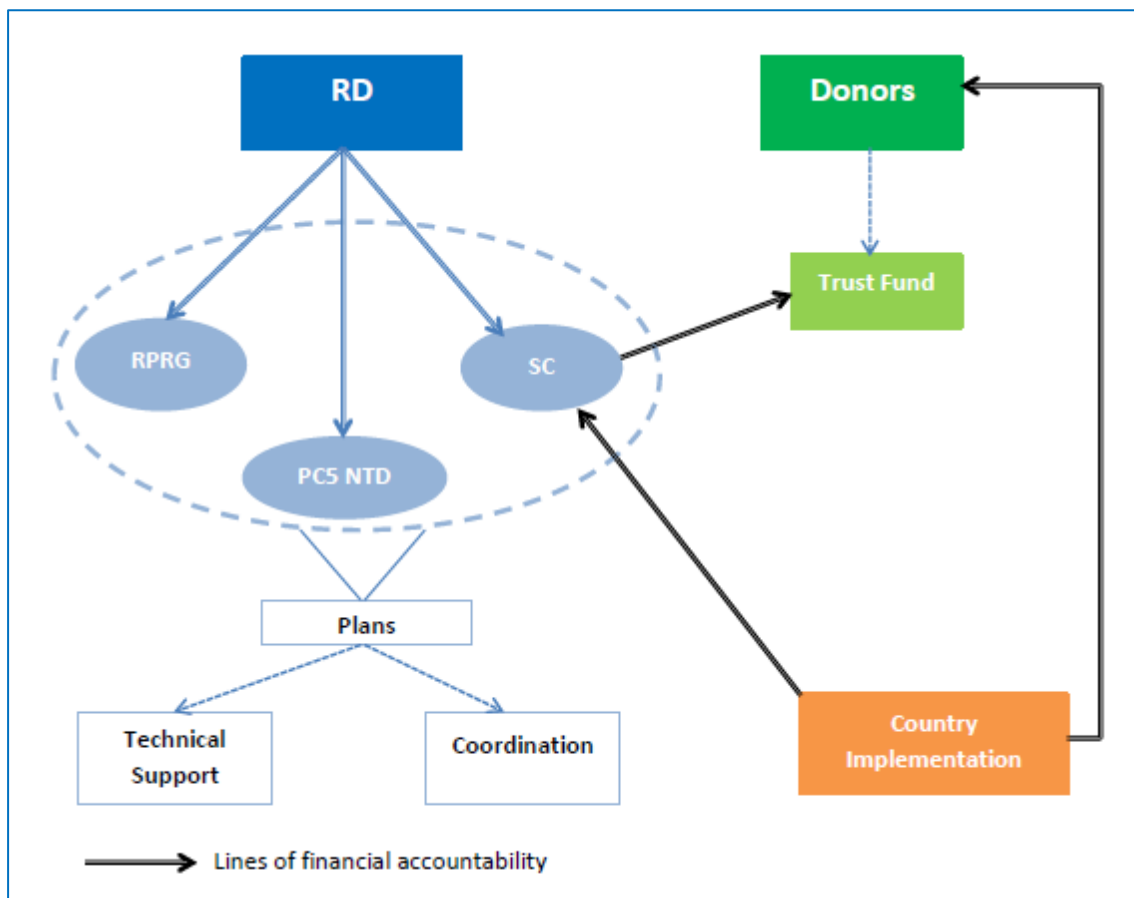


Different strategies of resource mobilization will be engaged including seeking contributions from donors (bilateral and multi-lateral), WHO, philanthropists, foundations, and endemic countries. Countries will be requested to contribute specified amount of funds computed based on agreed criteria.

### 8.3. Financial accountability

Endemic Countries will be accountable either directly to the donor for direct support or to the AFRO Management for funding received through the NTD program (after review by the Steering Committee). AFRO Management will be accountable to the Donors for funds disbursed from the Trust fund. The line of financial accountability is summarized in the flow chart below.

**Fig 3: Lines of Financial Accountability**



## 9. Monitoring and evaluation and Accountability framework

Monitoring and Evaluation (M&E) of technical support is crucial to track the level of implementation of the technical support plan, assess the quality of technical support and measure the extent to which the technical support has contributed to the desired outcomes. The monitoring and evaluation will also enable NTD Program Managers (or national authorities) and partners to draw lessons and if needed, adapt or reorient the technical support plan. Given that planning of technical support provision is an integral part of the NTD Master and operational plans, M&E of this support have to be integrated into the overall national M&E



framework of the master plan. Broad agreement on the chain of results, M&E tools and resources required will be designed as soon as the ESPEN is established<sup>1</sup>. Countries should also be accountable to the ESPEN for use of pooled funds; and the ESPEN accountable through the Steering Committee to the Regional Director.

### 9.1 Performance management and Accountability framework

A robust performance management and accountability framework is proposed to be established. Its primary objective will be to provide a timely, systematic and comprehensive evaluation of the performance of the ESPEN and the AFRO NTD Program. Such a regularly implemented system for measuring performance would allow for a real-time and retrospective evaluation of the decisions and actions of the ESPEN and the AFRO NTD Program. The performance management and accountability framework would be a simple and transparent cyclical process of monitoring, review and action with indicators and targets as an essential part that employs tracer indicators. The ESPEN would work with partners to develop and implement a training Program on the accountability framework.

It will involve the following steps:

1. A high-level communications plan will be developed and shared with personnel at all levels
2. Clear results expected from each staff will be identified and regular staff performance reviewed to ensure attainment of results and excellence in performance.
3. Greater frequency of performance reviews
4. Documented outcomes of evaluations will inform actions including appropriate rewards and sanctions
5. Standard indicators will be used across countries at the different administrative levels in order to monitor and compare performance across countries.

## 10. Human resource management

The minimum human resource requirements have been determined considering different options available and with the aim of minimizing costs. However, it is noted that depending on country need and availability of funds the human resource requirement may evolve along the years. Consideration has been given to a mixture of functions and disease specific expertise in determining the minimum human resource needs of the ESPEN as well as NPOs for high priority countries. In addition, the ESPEN will use short-term consultants drawn from the pool of international experts including previous APOC epidemiological, entomological and laboratory staff.

The ESPEN will be staffed with a lean effective and responsive workforce comprising of subject matter experts in the relevant technical fields, data management experts, finance manager and minimal administrative support staff. Appropriate and transparent recruitment processes will be conducted to ensure the best available experts are recruited for the ESPEN. Secondment options from technical partners will also be explored as a cost saving measure.

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<sup>1</sup> Source: UNAIDS, TSF 5 year report. APSED 2005 and 2010



The ESPEN's staff members will operate under a clearly defined accountability framework which will ensure objective monitoring and evaluation of key performance objectives.

### 10.1. Proposed human resources for the ESPEN

The proposed staffing for the ESPEN is indicated below with a summary of their roles/functions. The detailed job descriptions will be developed later.

1. ESPEN Coordinator: This will be a senior and experienced public health expert, with experience in management and knowledgeable about 5PC-NTDs. The coordinator will be the head of the ESPEN and provide oversight of the work of the ESPEN including planning for and management of the ESPEN, recruitment of human resources, and supervision and mentoring of the technical staff to ensure high quality performance. The ESPEN coordinator will ensure ESPEN annual plans and budgets are developed timely and submitted to the steering committee for review. The ESPEN plans should address priorities identified by the RPRG. The coordinator will play a secretarial role in the different governing body fora. The ESPEN coordinator will provide progress reports on the work of the 5PC-NTD project regularly. The project coordinator is a core and mandatory position of the ESPEN that needs to be in place immediately to ensure the establishment of the ESPEN and expedite the work of the ESPEN in line with the agreed plan of action.
2. Five (5) Technical officers: These will include 3 disease specific experts (Oncho/LF, SCH/STH, and Trachoma), 1 database system developer and 1 monitoring and evaluation expert. The officers will provide technical support and also coordinate provision of technical support by regional and international experts in the different areas, and also perform other normative functions related to the specific areas e.g. development or updating of guidelines. The disease specific experts will ensure that the disease specific issues are adequately taken care of in integrated activities, and will keep track of implementation of the disease specific interventions, and achievements versus the milestones and targets. All the technical officers will promote integrated approach to the NTD management and ensure cost-effectiveness through this approach. Given the importance of epidemiological and entomological monitoring in elimination Programmes an M&E expert is needed to guide countries in this aspect and also coordinate deployment of short term consultants to support countries as needed. The database system developer will be responsible for building comprehensive data systems at regional level and supporting countries to build database that feeds into the regional database. The officer will also be responsible for building capacity for data management for national Programmes and producing regional information products for dissemination to all the stakeholders.
3. Four to eight (4 - 8) National Professional Officers (NPOs) to provide in country technical support in high priority countries. It will be a new position and the skill set will include knowledge of program implementation See detailed Terms of Reference in annex 2.
4. A Finance officer who will oversee and manage the funds of the ESPEN, including ensuring timely budgets, resource mobilization, efficient use of available funds, timely reporting and financial accountability, and transparency in finance operations.
5. Administrative assistant – to support the day-to-day administration of the ESPEN

### Conclusion

The ESPEN is developed in line with the WHO Regional and Global Strategies to eliminate NTDs and aim to contribute to achieve the key goals of these strategies. The main focus of the ESPEN is to accelerate the elimination of onchocerciasis and lymphatic filariasis, trachoma and sustained control of schistosomiasis and soil transmitted helminthiasis.

The Expanded Special Project for Elimination of Neglected Tropical Diseases of the NTD Programme will be established within AFRO and placed under the Communicable Disease Surveillance Cluster of WHO/AFRO. . This will hasten decision making, a good number and mix of high quality and experienced technical staff recruited quickly and transparently and including secondments from partners, responsiveness and technical excellence, accountability for results, and a strict performance monitoring framework.

It is anticipated that with the new features, donated medicines and adequate funding, the ESPEN will be efficient and effective in providing the required support to member states to ensure acceleration of the efforts to eliminate PC-NTDs and achievement of the 2020 targets.

## Annexes

### Annex 1: Example of Performance management & Accountability framework

<b>Standard Process:</b>	<p>Actions to be taken by supervisors and supervisees:</p> <ol style="list-style-type: none"> <li>1. Beginning of Period <ul style="list-style-type: none"> <li>• Discussion of objectives and indicators</li> <li>• Written agreement on indicators</li> </ul> </li> <li>2. During the Period <ul style="list-style-type: none"> <li>• Discussion of progress against indicators at regular intervals</li> <li>• Written agreement on the status</li> </ul> </li> <li>3. End of Period <ul style="list-style-type: none"> <li>• Discussion of overall progress during the period</li> <li>• Written agreement on the final evaluation</li> </ul> </li> </ol>
<b>Greater Frequency:</b>	Weekly and Monthly reviews during the evaluation period.
<b>Critical Indicators:</b>	Definition of 4-5 critical indicators at each level that all priority countries must use.
<b>Link to performance appraisal:</b>	Performance appraisal (or formal evaluation) must be based upon the outcomes from the NTD accountability framework.
<b>Documentation:</b>	The standard process steps above must be captured in writing and signed by all parties. Records must be kept by Country Offices and consolidated in a standard format by the Regional Office.
<b>Standard Tools and Forms:</b>	Countries may develop their own tools and formats as long as the other principles are respected.
<b>Evaluation:</b>	Performance appraisal system for staff members; Dashboard/traffic light system (green: satisfactory performance; yellow: needs improvement; red: not satisfactory) for other contract types.
<b>Action Taken:</b>	<p><u>Staff contracts</u>: in accordance with WHO policy</p> <p><u>Non-staff contracts</u>: Green: recognition of good performance; Yellow: discussion with supervisor; Red: written warning; 3 reds = dismissal</p>
<b>Monitoring:</b>	Monitoring and confirmation through completion of the performance management and development system (PMDS) process for staff or the formal performance appraisal for non-staff.

## Annex 2: Terms of Reference for National Professional Officers (PC-NTD Priority countries)

### Background

For effective implementation and scale-up of NTD interventions in PC-NTD priority countries, WHO/AFRO has created the position of National Professional Officer for the NTD Programme (NTD/NPO) to support the National NTD Programme. The major functions of the NTD/NPO at WHO country office include the following:

- **Policy guidance and planning.** Support the Ministry of Health (MoH) to adapt regional policies and guidelines, support implementation of national policies and guidelines, and the development/update of MoH NTD Master Plan and annual plans of action, as well as the WHO Country Office work-plans
- **Resource mobilisation.** Contribute to develop budgets of the MoH NTD Master Plan and annual plans, develop the budget of the WHO Country Office NTD action plan and support in-country resource mobilization, use and reporting
- **Implementation.** Backstop country in NTD Support for country NTD programme interventions
- **Monitoring and evaluation.** Support MoH to ensure programme data collection, analysis and use for action, monitor implementation of national NTD Plans and conduct operational research aimed at improving the efficiency and effectiveness of interventions

### Job Description and scope of work of PC-NTD/NPO

The incumbent of this position will provide the following services:

- Contribute to adapting regional NTD policies and guidelines, and support their implementation by the NTD Programme of the MoH
- Contribute to planning and resource mobilization for the NTD Programme of the MoH by:
  - Assisting in development of collaborative work-plans with the Government in the area of NTDs and ensure monitoring, evaluation, and implementation of National NTD Master plans and NTD annual plans of action in a timely manner;
  - Mobilising resources for the NTD Programme of the MoH by preparation and review of budget proposals to Government and donors
- Support the scale up of NTD Interventions, with a focus on preventive chemotherapy (PC) by:
  - Assisting in mapping of PC-NTDs which include lymphatic filariasis, onchocerciasis, schistosomiasis, soil-transmitted helminthiasis and trachoma
  - Contributing to preparation, implementation and supervision of mass drug administrations, case management and of other preventive measures of NTDs, such as health education, access to clean water, sanitation and environmental improvement
  - Promote linkages between the National NTD programme and other sectors essential to the control of NTDs which include the Ministries of Education, Communication, Agriculture, Environment, etc.

- Support the monitoring and evaluation of NTD programme interventions by:
  - Assisting in collection, compilation and analysis of data, and reporting on NTD interventions
  - Participating in periodic review meetings of the NTD programme
  - Contributing to evaluations of the performance and impact of the NTD programme interventions such as coverage, transmission assessment and data quality surveys.