

GUIDE FOR PREPARING
**A MASTER PLAN
FOR NATIONAL
NEGLECTED
TROPICAL DISEASES
PROGRAMMES**
IN THE AFRICAN REGION

FEBRUARY 2012

NEGLECTED TROPICAL
DISEASES (NTD)
PROGRAMME

DISEASE PREVENTION
AND CONTROL (DPC)
CLUSTER



World Health
Organization

REGIONAL OFFICE FOR **Africa**

© **World Health Organization**
Regional Office for Africa
2012

Contents

| | |
|--|-----------|
| ACRONYMS | IV |
| INTRODUCTION | 6 |
| PART 1: SITUATION ANALYSIS | 8 |
| 1.1 Country profile | 9 |
| 1.1.1 Administrative, demographic and community structures | 9 |
| 1.1.2 Geographical characteristics | 10 |
| 1.1.3 Socio-economic status and indicators | 10 |
| 1.1.4 Transportation and Communication | 10 |
| 1.2 Health System Situation Analysis | 11 |
| 1.2.1 Health system goals and priorities..... | 11 |
| 1.2.2 Analysis of the overall health system | 11 |
| 1.3 NTD situation analysis | 13 |
| 1.3.1 Epidemiology and burden of disease | 13 |
| 1.3.2 NTD programme implementation..... | 14 |
| 1.3.3 Gaps and Priorities..... | 14 |
| PART 2: NTD STRATEGIC AGENDA | 16 |
| 2.1 Overall NTD Programme Mission and Goals | 16 |
| 2.2 Guiding principles and strategic priorities | 17 |
| PART 3: OPERATIONAL FRAMEWORK | 18 |
| 3.1 National NTD Programme goals, Objectives, Strategies and Targets | 18 |
| 3.2 Strengthening Government Ownership, Advocacy, Coordination and Partnerships | 18 |
| 3.3 Enhancing planning for results, Resource Mobilization and Financial Sustainability ... | 19 |
| 3.4 scaling up access to NTD Interventions and treatment and service delivery capacity | 20 |
| 3.4.1 Scaling up preventive chemotherapy interventions | 21 |
| 3.4.2 Scaling up NTD Case management Interventions | 22 |
| 3.4.3 Scaling up NTD transmission control interventions | 23 |
| 3.5 Strengthening capacity at national level for NTD programme management and implementation..... | 24 |
| 3.6 Monitoring and Evaluation..... | 26 |
| 3.7. Pharmacovigilance in ntd control activities | 27 |
| 3.8. Post intervention surveillance and integration within Primary Health Care | 28 |
| BUDGET JUSTIFICATION AND ESTIMATES | 29 |
| ANNEXES | 32 |
| PART I SITUATION ANALYSIS | 33 |
| PART II: OPERATIONAL FRAMEWORK | 39 |

ACRONYMS

| | |
|----------|--|
| ALB | Albendazole |
| AFRO | Africa Region of the World Health Organization |
| APOC | African Programme for Onchocerciasis Control |
| CDD | Community Drug Distributor |
| CDTI | Community Directed Treatment with Ivermectin |
| CHANGES | Community Health and Nutrition, Gender and Education Support |
| CHDs | Child Health Days |
| CHW | Community Health Worker |
| CM | Case Management (NTDs) |
| ComDT | Community Directed Treatment |
| DALYs | Disability Adjusted Life Years |
| DEC | Diethyl carbamazine Citrate, an anti-filarial drug |
| DFMO | DL - alpha-difluoro-methyl-ornithine (Eflornithine), a trypanocidal drug |
| DHT | District Health Team |
| GDP | Gross Domestic Product |
| GNP | Gross National Product |
| GPELF | Global Programme for Elimination of Lymphatic Filariasis |
| GWE | Guinea Worm Eradication |
| HAT | Human African Trypanosomiasis |
| HIV | Human Immunodeficiency Virus |
| HSSP | Health Sector Strategic Plan |
| IDSR | Integrated Diseases Surveillance and Response |
| IEC | Information Education and Communication |
| IRS | Indoor Residual Spraying |
| ITNs | Insecticide Treated Nets |
| IU | Implementation Unit |
| LF | Lymphatic Filariasis |
| LFE | Lymphatic Filariasis Elimination |
| MADP | Mectizan Albendazole Donation Programme |
| MBD | Mebendazole |
| MDA | Mass Drug Administration |
| Mectizan | An anti-filarial drug donated by Merck & Co. Inc. |
| NGDO | Non Governmental Development Organization |
| NGO | Non-governmental Organization |
| NTD/NTDs | Neglected Tropical Disease or Diseases |
| OCP | Onchocerciasis Control Programmes elsewhere in Africa |

| | |
|--------|--|
| PCT | Preventive Chemotherapy (NTDs) |
| PELF | Programme for Elimination of Lymphatic Filariasis |
| PHC | Primary Health Care |
| PZQ | Praniquantel |
| SAC | School age children |
| SAEs | Severe Adverse Events |
| SSTH | Schistosomiasis and Soil Transmitted Helminthiasis |
| STH | Soil Transmitted Helminthiasis |
| TDR | Special Programme for Tropical Diseases Research |
| UNDP | United Nations Development Programme |
| UNICEF | United Nations Children’s Fund |
| USAID | United States Agency for International Development |
| WFP | World Food Programme |
| WHA | World Health Assembly |
| WHO | World Health Organization of the United Nations |

List of contributors

Adiele Onyeze, Landry Bide, Shimizu Toshiyasu, Likezo Mubila, Abdoulaye Diarra, Alhousseini Maiga, Alexandre Tiendrebeogo and Ekoue Boniface Kinvi

INTRODUCTION

Comprehensive multi-year plans for the control of Neglected Tropical Diseases (NTDs) also called NTD Programme Master plans, are essential components for effective planning and implementation of sustainable NTD programmes in the African region. Each national NTD programme's comprehensive multiyear plan (the NTD Master plan) provides programme goals, objectives and a 3–5 year strategy based on extensive situation analysis, and addresses all components of the NTD programmes relevant to the country. It enhances synergies among various NTD initiatives such as Guinea Worm Eradication (GWE) and Lymphatic Filariasis Elimination (LFE); provides the basis for integrated or linked NTD project plans and includes costing and financing requirements for effective NTD programme performance.

In addition, the master plan provides a platform for integrated planning and costing and for resource mobilization for the NTD programme. It also enhances partner coordination and alignment with national priorities. The NTD programme master plan also includes scenarios and strategies for financial sustainability that link to the health sector budgeting and planning cycles and encourage strong linkages with other programmes within and outside the health sector in each country.

The programme master plan brings into NTD programme implementation a perspective that:

- Ensures that the strategies in the programme are sufficiently comprehensive, (includes both preventive chemotherapy and case-management NTDs) and are linked to regional priorities, targets and goals;
- Fosters planning based on national strategic priorities rather than a disease or an initiative;
- Integrates and consolidates activities with other health interventions and within the NTD programme to solve shared problems;
- Costs financing of the NTD Programme in order to ensure financial sustainability, and links the NTD programme to health sector planning and financing mechanisms;
- Provides a strong base for the country's annual NTD work plans.

The country NTD master plans will also form the basis for harmonized implementation and performance monitoring of all NTD interventions in a country. It aims to provide all partners working on NTDs in the African region with a harmonized tool that will facilitate joint support to countries.

Progress in implementation of planned activities as well as the programme performance and outputs will be monitored regularly and evaluated at appropriate intervals. The strategic plan will be the framework for partner coordination, harmonization, and alignment. Therefore, consensus on the content will enhance commitment and accountability of all stakeholders for success in resource mobilization.

In-country consultations with all stakeholders will also serve as platforms for reviewing progress and lessons learned, based on which the national NTD multiyear plan may be updated or revised as required. The preparation of the NTD master plans is part of a process that includes analysis, development of the NTD programme plan, approval, and scaling up of the national NTD strategy and operation plans (see figure 1 on next page).

This guideline is intended to assist countries in the African region to develop high quality strategic plans bearing in mind the need to meet the Millennium Development Goal targets for 2015.

Figure 2 illustrates the NTD master plan development process, highlighting the three main components: situation analysis, the NTD strategic agenda, and the operational framework.

Figure 1: NTD Master Plan: Stages of NTD Programme multi-year planning

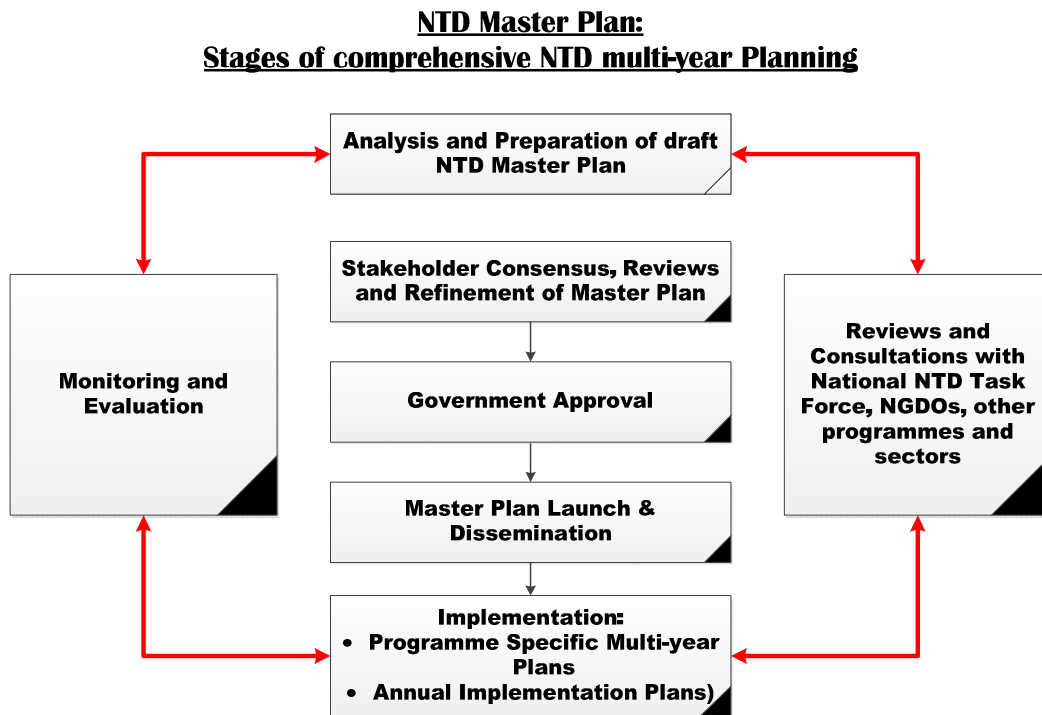
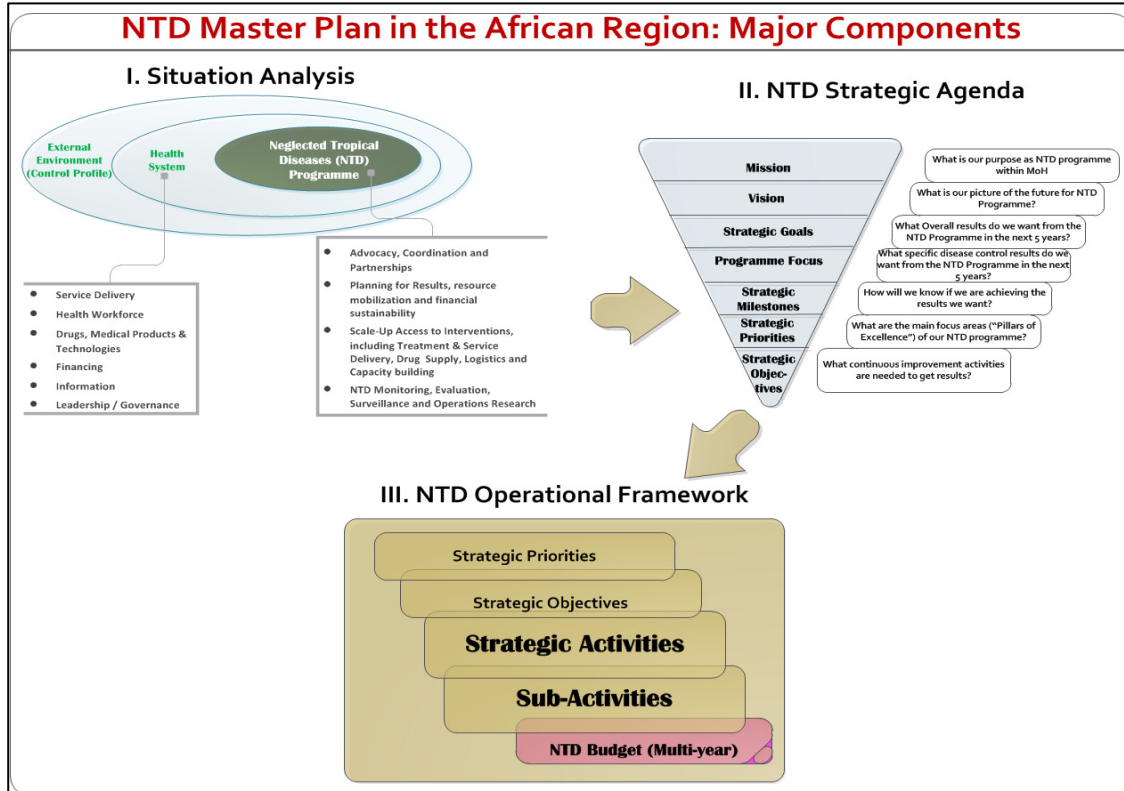


Figure 2: Major components of NTD Master plans



PART 1: SITUATION ANALYSIS

This section of the Master plan should describe the environment within which the NTD programme will be developed and implemented (see fig. 3). These are:

- The external [national] environment: the country profile and how the various elements affect the epidemiology of endemic NTDs and their control;
- The health system environment: the place of NTDs in the national health plan and the commitment of health authorities to their control;
- The programme environment: the main NTDs in the country and their disease burden, the success of previous strategic plans if any, partnerships, and achievements and challenges.

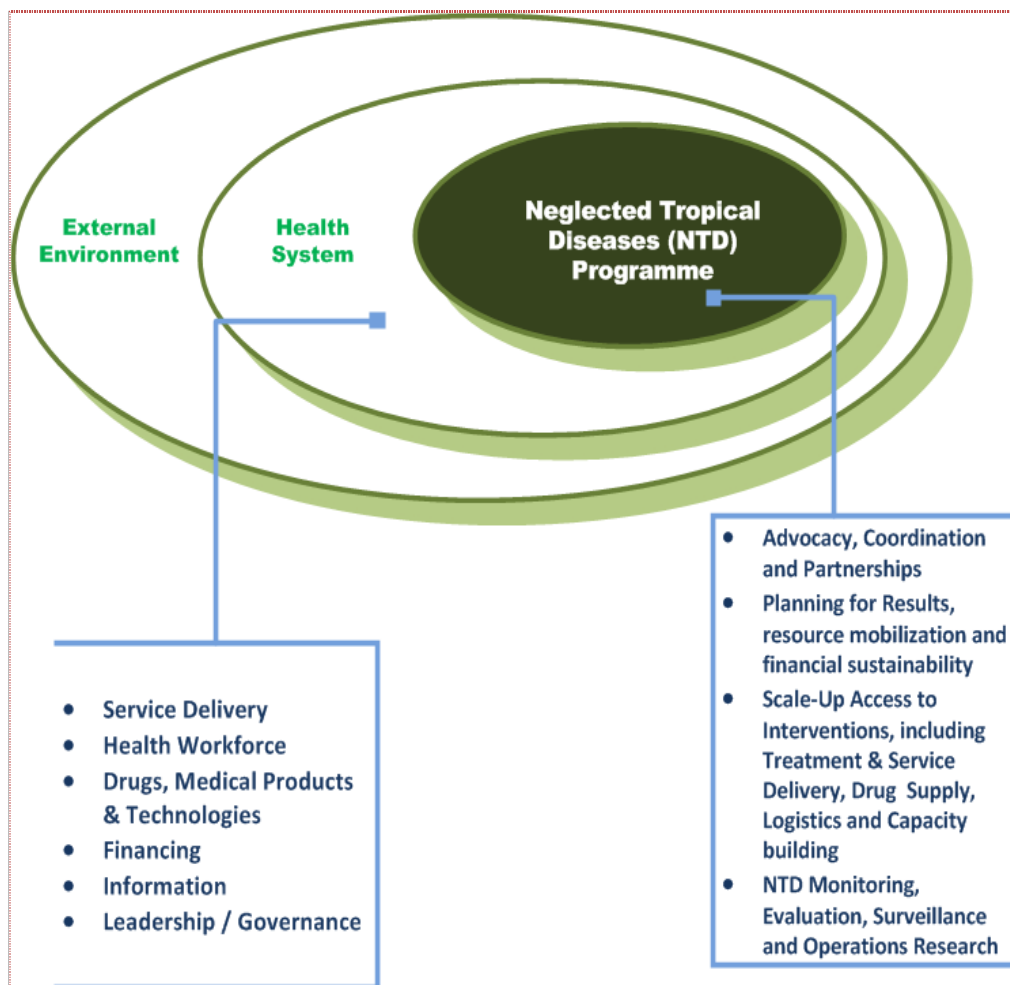


Figure 3: The three environments in which the NTD programme will operate.

1.1 COUNTRY PROFILE

This section should describe the national environmental and contextual factors that are critical in understanding the distribution of NTDs and their control. The details should include factors relating to (i) administrative, demographic and community structures; (ii) geographical characteristics; (iii) socioeconomic situation and indicators; and (iv) transportation, communications and technology.

1.1.1 Administrative, demographic and community structures

This information will be important in determining the denominators of coverage of NTD control interventions. The information you need to provide in this section should cover the following elements:

- Political and administrative structures of the country — Provide a country map displaying the districts, implementation units, etc.;
- Population composition¹ — Provide rural and urban distribution, growth rates, general male to female ratio, percentage of women of child-bearing age. Also provide the distribution by district and different age groups targeted by the programmes (0–6 months, 6–59 months, under 5 years, 5–14 years, 15–49 years and 50 years and older), numbers of health facilities, health service coverage (distances and catchment population), primary schools per district, and primary school enrolment rates. Please acknowledge all sources of information.
- Census patterns and data, including date of last census — summarize the data in a table such as the format proposed in table 1 and in annex 1.1. Convert the national population figures into a pyramid by sex and age-category (5 or 10-year age-groups, depending on available country data) and insert it as a figure in the text.
- Social organizations in the communities and settlement patterns — for example include hamlets, seasonal farmsteads, dispersed populations, and ethnic groups in the communities. For the communities living in the area to be covered by the NTD programme, provide the following details:
 - Community leadership structure;
 - Status of the people, that is whether they are migrants, nomads, refugees or internally displaced populations;
 - Main occupations and periods of major communal activities, role of women;
 - Preferred channels of communication;
 - Active associations and groups in the area such as social and religious groups;
 - Role of women groups and other social organizations, in particular in social mobilization, community-based interventions, etc.;
 - Established distribution systems for medicines or other supplies;
 - Experience with health and development projects.

Table 1: National population data, schools, and health facilities at district level

| Province or region | District | No. of villages or communities* | Total population | Under fives | 5–14 years | No. of primary schools | No. of peripheral health facilities |
|--------------------|----------|---------------------------------|------------------|-------------|------------|------------------------|-------------------------------------|
| | | | | | | | |

* Where implementation and administrative units are separate (e.g. onchocerciasis interventions), target communities in a district.

¹ Population figures will be used for estimating quantities of medicines required in the NTD programmes

1.1.2 Geographical characteristics

This section should provide information on the geographical factors that can affect the occurrence and distribution of NTDs in the country such as the physical location of the country, its neighbours, drainage, relief, vegetation, and climate. Focus on the following elements and provide a map for illustration:

- The major geographic characteristics of the country such as forests, deserts, coastal zones, rivers and lakes;
- Climatic conditions such as monthly rainfall, seasonal patterns, rainy days per month, average monthly temperature and relative humidity.

1.1.3 Socio-economic status and indicators

This section should describe the potential direct or indirect impact of NTDs on the national economy and socioeconomic status of the population. Examples of common economic sectors that could be affected by prevalence of NTDs are industries and agriculture (irrigation, rice growing, livestock, tourism, fisheries, etc.). Your analysis should be a comprehensive overview of the following factors:

- The economic base of the country, main sources of national income and their contribution to the Gross National Product (GNP). Highlight the occupational aspects that are risk factors for NTDs.
- The socioeconomic indicators of the country's economic performance such as Gross Domestic Product (GDP), human development index, inflation rate, unemployment rate, life expectancy, infant mortality rate, under-five mortality rate, and percentage of stunted children.
- The coverage rates for sanitation and safe-drinking water.

1.1.4 Transportation and Communication

Information in this section should be a description of the existing transportation and communication systems that can assist in planning and implementing NTD programmes. Specifically focus on the following factors:

- The main transportation and communication systems, and their networks in the districts and rural areas;
- Transportation infrastructure and constraints to transportation and communication beyond the districts, specifically in relation to access to health facilities and schools, including telephone coverage and utilization rates. Include in this description the status in the country of new communication technologies such as cell phone, radio, etc. that can be used in implementation of NTD programmes;
- The extent to which existing transportation and communication systems can be relied on for disease surveillance and control activities, and what improvements will be required specifically for NTD control activities.

Provide a chart, as example in annex 1.2, showing distances between the main cities and towns (these tables are usually available in country tourist maps or guides).

1.2 HEALTH SYSTEM SITUATION ANALYSIS

1.2.1 Health system goals and priorities

It is crucial to provide a clear analysis of the health system within which the NTD programme operates. This section should describe the health system goals and priorities including the top 10 health problems in the country, the process of priority setting, and the place of NTDs in the national and sub-national lists of priority diseases.

1.2.2 Analysis of the overall health system

The information you provide in this section is important for detailed planning of the programme in as far as sourcing of funds, coordination at various levels, custodianship of the programme, programme integration, etc. are concerned. It is important to provide a clear view of the health system performance in delivering personal and population-based services to those in need, and to analyse health system equity in terms of access, coverage, quality of health services, distribution and utilization of resources, and impact on health indicators, such as reduction in the infant mortality rate.

The analysis should be done based on the WHO framework for strengthening health systems with the six building blocks: service delivery; health workforce; information; medical products, vaccines and technologies; financing; and leadership and governance, as detailed below:

- **Service delivery:** Analyse the general functioning of the health care delivery system and mechanisms, and describe how they affect the control of NTDs. This includes the service delivery package, delivery models, management, safety and quality, demand for care and equity in access. Provide an indication of access to health care by summarizing information on numbers of health facilities per district and health service coverage in terms of distances, catchment populations, and average ratios of health practitioners/population (per 10,000 population) or whatever indicators are available in country. Please summarize the numbers of health facilities in the country in form of a pyramid from most peripheral level to reference hospitals. Indicate where private health facilities are included.
- **Health workforce:** Describe the general situation of human resources, including their issues and challenges, the national workforce policies and investment plan, norms, standards, distribution and skill mix. Show how these elements can affect the control of NTDs.
- **Health information:** Describe the general situation of the health information system and management pathway and describe its impact on the control of NTDs. This includes health facility and population-based information and surveillance systems, tools, production, analysis and use.
- **Medical products:** Describe the system for handling medical products including the norms, standards, policies, procurement, supplies and management systems, and drug quality assessment. Describe the constraints to the supply logistics for the control of NTDs. Also describe the existing pharmacovigilance system and list existing opportunities for incorporating NTD control related pharmacovigilance activities.
- **Health financing:** Describe the system in place for financing health programmes, including the national health financing policies, budget allocation for the health sector and for the various functional units of the health system, and tools and data on health expenditure. What proportion of the total government budget is allocated to NTDs? What is the government policy on donor support to the health sector? State funding mechanisms in place, for example, the sector wide approach, and how NTD programmes fit into it.
- **Leadership and governance:** Describe the administrative hierarchy of the ministry of health and responsibilities at each level. Some of the questions to consider are:
 - Are there reforms to the health system or parts of it being carried out in your country?

- Are existing conditions of health reforms and Primary Health Care (PHC) supportive of NTD control activities even if they are not a national priority?
- Is there a national policy on NTD control or an institutional framework for NTD control?
- Are NTDs included in the health sector strategic plan and the sub-national health work plans?
- Is there a national coordinating body overseeing all control programmes or are coordinating bodies constituted for specific programmes?
- Do constraints exist to the leadership and governance systems in the control of NTDs?
- What other ministries (e.g. agriculture, local government etc.) or government sectors, universities and other national research institutions are involved in health care in general and NTD control in particular? Does collaboration exist between the ministry of health and these sectors? For the ministry of education, are there health activities in the school programmes in general and specifically for the control of schistosomiasis and soil-transmitted helminthiasis? What information exists on the inclusion of NTD control in the primary school curriculum?
- For the Department of veterinary services, provide details on on-going activities/programmes relating to zoonotic diseases of public health significance in the country (rabies, plague, animal trypanosomiasis, etc.)

Provide in annexes an organizational chart showing the position of NTD programmes and programme coordinator and managers in the health sector (see an example in annex 1.3) and an indication of access to health care by summarizing information on coverage of health facilities in table 2 below.

Table 2: Distribution of Population, Villages/Communities, and Health facilities in Districts and Regions

| Province/ Region | District | Total Population | No. of villages/ communities* | Number of health facilities | | |
|----------------------|----------|------------------|----------------------------------|-----------------------------|-------------------|-------------------|
| | | | | Referral | District level | Health Centres |
| Province or Region 2 | | | | | | |
| | | | | | | |
| | | | | | | |
| Province or Region 2 | | | | | | |
| | | | | | | |
| | | | | | | |
| Province or Region 3 | | | | | | |
| | | | | | | |
| | | | | | | |
| Province or Region 4 | | | | | | |
| | | | | | | |
| | | | | | | |
| Province or Region 5 | | | | | | |
| | | | | | | |
| | | | | | | |

1.3 NTD SITUATION ANALYSIS

1.3.1 Epidemiology and burden of disease

The information that you need to provide in this section should cover the status of NTD endemicity, control interventions, and guide the selection of areas that can immediately be targeted for NTD interventions. Information from surveys and health service data (health case records) is important knowledge on disease distribution particularly for case management of diseases.

- Provide a list of the NTDs endemic to the country giving levels of morbidity and mortality reported during the past 5 years, (including Loa loa where applicable).
- Describe the known distribution of each endemic NTD from studies and other sources of information in form of:
 - Tables showing the location of the study site, NTD prevalence, methods used, year of data collection and references (see table 3 as format);

Note: It is optional to include these tables as annexes. Current prevalence rates will be used to determine where interventions are necessary according to disease-specific thresholds.

- Country maps showing the distribution of each of the NTDs and the overlap among NTDs

Table 3: Known disease distribution in the Country (e.g.: schistosomiasis)

| District | Location/ Site | Prevalence (numbers/ rate/proportion) | Study method | Year of survey and reference | GPS coordinates of study location |
|----------|----------------|---------------------------------------|------------------|---------------------------------|-----------------------------------|
| Sikiliti | Munzi | 45 % | Urine filtration | 2006 MoH Unpubl. Report 2007 | |

- Show the co-endemicity of NTDs by district (see table 4 as an example). Tables in annexes 1.4 and 1.5 could be used as formats for co-endemicity of PCT and CM NTDs.

Table 4: NTD co-endemicity

| Region | District | Diseases | | | | | | | | | | | |
|--------|----------|----------------------------------|------|------|------|------|---------|--------------------------|------|------|------|-------|-------|
| | | Preventive Chemotherapy Diseases | | | | | | Case management Diseases | | | | | |
| | | NTD1 | NTD2 | NTD3 | NTD4 | NTD5 | Loa loa | NTD6 | NTD7 | NTD8 | NTD9 | NTD10 | NTD11 |
| Silalo | Sikiliti | + | + | - | - | + | | | | | | | |
| Basoko | Cali | | + | | | + | | | | | | | |

If disease-specific maps are not available, using the data in the disease endemicity and co-endemicity tables above, please draw disease-specific endemicity country maps showing the distribution of each of the PCT NTDs. Proceed to construct NTD co-endemicity maps showing overlaps in distribution of PCT diseases. (This may not be necessary for case management diseases).

- Based on the information provided in the tables above, analyse the outstanding mapping needs for each endemic NTD in your country and summarize it as shown in table 5.

Table 5: NTD mapping status

| Endemic NTD | No. of districts suspected to be endemic | No. of districts mapped or known endemicity status | No. of districts remaining to be mapped or assessed for endemicity status |
|--------------------------------|--|--|---|
| Schistosomiasis | 25 | 20 | 5 |
| Soil Transmitted Helminthiasis | 25 | 20 | 5 |
| HAT | 5 | 0 | 5 |

1.3.2 NTD programme implementation

- List the past and on-going NTD control programmes. This information should be organized in to two sections: interventions for preventive chemotherapy (PCT) and interventions for case management (CM).
- Describe past and on-going interventions to control specific NTDs. This information can be summarized in a table as shown in tables 6.1 and 6.2

Table 6.1: Summary of intervention information on existing PCT programmes

| NTD | Date programme started | Total districts targeted | No. of districts covered (geographical coverage*) | Total population in target district | No. (%) Covered | Key strategies used | Key partners |
|-----|------------------------|--------------------------|---|-------------------------------------|-----------------|---------------------|--------------|
| LF | 2001 | 110 | 50 | 2,800,000 | 1400,000 (50%) | MDA | |

*Geographical coverage = $\frac{\text{No. of districts covered by the programme}}{\text{Total no. of endemic districts in the country}}$

Table 6.2: Summary of intervention information on existing CM programmes

| NTD | Date programme started | Total districts targeted | No. of districts covered (geographical coverage*) | (%) covered | Key strategies used | Key partners |
|-----|------------------------|--------------------------|---|-------------|---|--------------|
| HAT | 1996 | 5 | 5 | 100% | Active case finding and health facility treatment | |

*Geographical coverage = $\frac{\text{No. of districts covered by the programme}}{\text{Total no. of endemic districts in the country}}$

- Tables in annexes 1.6 and 1.7 can be used as formats to present the status of implementation of interventions for Preventive Chemotherapy (PCT) and Case Management (CM) respectively.

1.3.3 Gaps and Priorities

From the analysis on data on country profile, health system, and NTD programme status, conduct a SWOT analysis of the NTD programme and summarize this information in a table such as table 6.

Carry out a further analysis of the outcome of the SWOT and match:

- (a) Strengths, which can be used to offset the identified weaknesses and threats
- (b) Opportunities, which can be used to offset identified weaknesses and threats

Summarize this information in a table as per example below (include the points identified in the SWOT but cannot be matched in any way):

Table 7: SWOT counteracting table

| Weakness | Strengths counteracting weaknesses | Opportunities counteracting Weaknesses |
|----------|------------------------------------|--|
| | | |
| Threats | Strengths counteracting threats | Opportunities counteracting threats |
| | | |

The SWOT analysis should be used in determining the strategic priorities.

Based on the SWOT Analysis, itemize the major gaps and priorities for the formulation of the strategic objectives. Also, list the priorities in strengthening control of NTDs in the country categorized according to the heads: *Planning, Coordination and Management, Partnerships, Implementation of interventions, Surveillance, Monitoring, and Evaluation*. Please refer to the items listed in this SWOT analysis when defining activities to be implemented in the subsequent sections.

PART 2: NTD STRATEGIC AGENDA

The NTD master plan, as a multi-year strategic plan, requires a clear strategic agenda. The major elements of the strategic agenda are: the Mission, the Vision, Strategic goals, Programme focus, strategic milestones, strategic priorities, and strategic objectives, see figure 4 below.

Figure 4: NTD strategic agenda



The strategic agenda of the national NTD programmes should articulate the overall programme vision, mission, and goals. It should also delineate the strategic goals, major programme focus, and strategic milestones. In addition, the strategic priorities and strategic objectives should indicate the main "pillars of excellence" as well as the continuous improvement objectives that the programme seeks to achieve during the life cycle of the master plan, as shown in the figure 2 (above).

2.1 OVERALL NTD PROGRAMME MISSION AND GOALS

The goal of the African Region NTD strategic plan is "To support the establishment, by 2015, of sustainable integrated national NTD control programmes capable of achieving the set goals of individual programmes, thereby leading to the elimination and eradication of targeted NTDs in the African Region."

Examples:

- The vision for NTD control in the African Region is "to ensure that WHO provides leadership and technical expertise to national NTD control programmes in a manner that strongly embodies evidence and innovation in a well-coordinated and well-funded organizational climate that addresses all NTDs."
- The mission of a NTD control programme should be a subcomponent of the Ministry of Health's mission but should reflect the unique role of NTD programme. An example of an appropriate mission would be, "to provide the population in country X with the most effective tools and services for NTD prevention and control in an equitable manner."

2.2 Guiding principles and strategic priorities

In this section, indicate the guiding principles for preparation of the NTD master plan. Priority of interventions will be determined by the situation analysis and the country’s readiness for sustained control, pre-elimination and elimination of NTDs. This section will indicate whether the country is in the accelerated control or consolidation phase or is moving towards the pre-elimination and elimination phase.

The SWOT counteracting table, developed at the end of the first part, and all previous analysis describe how the control of NTDs will be managed in your country, specifically in relation to the following four strategic priorities:

- Strategic priority 1: Strengthen government ownership, advocacy, coordination and partnerships;
- Strategic priority 2: Enhance planning for results, resource mobilization and financial sustainability of national NTD programmes;
- Strategic priority 3: Scale up access to interventions, treatment and system capacity (service delivery) building;
- Strategic priority 4: Enhance NTD monitoring and evaluation, surveillance and operations research.

Construct a strategic framework summary table as shown in the example below.

Table 8: Strategic framework summary

| Strategic priorities | Strategic objectives |
|---|--|
| Strengthening coordination and partnerships | Strengthen coordinating mechanisms for NTDs at national and sub-national levels in the country |
| | Strengthen NTD steering committees |
| | |

PART 3: OPERATIONAL FRAMEWORK

The operational framework component of the NTD master plan should describe how a country will in practice implement the planned activities. The plan should also explain what the country’s capacity needs are, how resources will be mobilized, how potential risks will be addressed, and how the sustainability of the project achievements will be ensured. This part is an essential component and should clearly explain how the programme outcomes will be attained.

It is important that the operational plan is produced in consultation with all stakeholders in order to allow wide coverage of the programme, harmonize and align available resources, avoid duplication of activities and waste of resources and to yield desired results even within the existing constrained resources for NTD control.

3.1 NATIONAL NTD PROGRAMME GOALS, OBJECTIVES, STRATEGIES AND TARGETS

The NTD programme brings together a number of disease-specific programmes. However, it is essential to maintain the disease-specific goals, objectives, and strategies within the context of the one overall NTD programme. Integration is promoted as a cost-effective approach that maximizes use of limited resources.

Provide a summary (see table 9 as an example) stating the global disease-specific goals, objectives, strategies, national targets, and indicators for the targeted NTDs in your country. That information will be used when developing subsequent sections.

Table 9: Summary of NTD disease specific goals and objectives

| NTD PROGRAMME AND GLOBAL GOAL | NATIONAL TARGET | OBJECTIVES | STRATEGIES | DELIVERY CHANNELS |
|---|--------------------------------------|--|--|---|
| E.g. Lymphatic filariasis Elimination. Goal: Elimination of LF as public health problem by 2020. | To eliminate LF in Country X by 2016 | To interrupt transmission of lymphatic filariasis To prevent and manage LF disability | Mass drug administration; Vector control Surgery Personal hygiene Exercise of affected limbs | Community Indoor Residual spraying Health facility Home-based care |

3.2 STRENGTHENING GOVERNMENT OWNERSHIP, ADVOCACY, COORDINATION AND PARTNERSHIPS

This section should describe how NTD control would be streamlined at the sector level to establish effective longer-term multi-sectoral involvement at various operating levels, as well as to be responsive to the larger national goals. The existing interaction among the national actors, planners and partners should be the foundation for defining how streamlining of activities will be effected. They stakeholders should ensure that there is sufficient advocacy for NTD control programmes so that their relevance is kept high on the agenda.

Guiding principles in developing NTD activities:

- Streamlining and incorporation of NTD control in strategic national and sub-national health plans;
- Incorporation of NTD control activities in service delivery in health facilities, social services, education and training, employment, local government resources and opportunities;
- Regular NTD discussions and knowledge update in country coordinating mechanisms at all levels;
- Regular reviews of NTD programmes involving the steering committee, task forces, secretariat and stakeholders;
- Strengthening partnerships and seeking opportunities for collaboration;
- Coordination and oversight of control activities within the existing structures of the ministry of health;
- Media engagement;
- Community involvement and participation in NTD activities.

With the above guiding principles in mind, develop a summary table, such as the example shown in table 10 on the key activities you plan to implement in order to achieve the strategic objective of strengthening government ownership, advocacy, coordination, and partnerships.

Table 10: Activities for implementing Strategic priority 1: Strengthen government ownership, advocacy, coordination, and partnership.

| Activity | Details (sub-activities) | Time frame | Resources needed |
|--|--------------------------|------------|------------------|
| Strategic objective 1: Strengthen coordination mechanism for the NTD control programme at national and sub-national levels | | | |
| | | | |
| Strategic objective 2: Strengthen and foster partnerships for the control, elimination and eradication of targeted NTDs at national, district and community levels | | | |
| | | | |
| Strategic objective 3: Enhance high level reviews of NTD programme performance and the use of lessons learnt to enhance advocacy, awareness and effective implementation | | | |
| | | | |
| Strategic objective 4: Strengthen advocacy, visibility and profile of NTD control elimination and eradication interventions at all levels | | | |
| | | | |

3.3 ENHANCING PLANNING FOR RESULTS, RESOURCE MOBILIZATION AND FINANCIAL SUSTAINABILITY

This section should describe how the existing and planned systems for planning NTD activities at all levels continuously observe the prevailing trends in health priorities, financing and donor strategies. This will lead to identification of best strategies for NTD resource mobilization, partnership building and financial sustainability. The objectives should primarily aim at generating adequate resources as well as establishing an enabling environment that will suit resource mobilization for the multiyear comprehensive NTD plan.

Guiding principles

- Formulation of an annual operational plan for the control, elimination and eradication of target NTDs at national and sub-national levels in the country;
- Incorporation of NTDs in planning at national and sub-national levels;
- Development of resource mobilization strategies (within countries and outside);
- Production and use of evidence for resource mobilization;
- Establishment of reliable processes and systems to support mobilization;
- Institution of good communication channels and information flow mechanisms;
- Ensuring enabling and supportive environment;
- Establishment of good accountability systems for resource monitoring and control.

With these guiding principles in mind, provide a summary table such as table 11 on the key activities you plan to implement to achieve the four strategic objectives for enhancing planning for results, resource mobilization, and financial sustainability of national NTD programmes.

Table 11: Activities for implementing Strategic Priority 2: Enhance planning for results, resource mobilization, and financial sustainability of national NTD programmes.

| Activity | Details (sub-activities) | Time frame | Resources needed |
|--|--------------------------|------------|------------------|
| Strategic objective 1: Support countries to develop integrated multiyear strategic plans and gender-sensitive annual operational plans for the control, elimination and eradication of targeted NTDs | | | |
| | | | |
| Strategic objective 2: Enhance resource mobilization approaches and strategies at regional, national and sub-national levels for NTD interventions | | | |
| | | | |
| Strategic objective 3: Strengthen the integration and linkages of NTD programme and financial plans into sector-wide and national budgetary and financing mechanisms | | | |
| | | | |
| Strategic objective 4: Support countries to develop and update national NTD policies and elaborate guidelines and tools to guide effective policy and programme implementation | | | |
| | | | |

3.4 SCALING UP ACCESS TO NTD INTERVENTIONS AND TREATMENT AND SERVICE DELIVERY CAPACITY

Information in this section should provide be a detailed description of the activities that will form the basis for scaling up of the NTD control programme.

Based on the WHO manuals: ‘Preventive chemotherapy’ and ‘Approaches to implementation of integrated NTD programmes’, the guidelines on case management diseases, and disease-specific guidelines, the following three packages of interventions are recommended by WHO:

- Preventive chemotherapy;
- Case management/chronic care;
- Transmission control (which includes vector and reservoir control as well as improvements in sanitation and water quality and supply).

Use the information in the situation analysis section and tie that to the available disease-specific guidelines to make the decision on whether or not to intervene.

Identify priority implementation units or communities for control activities for each NTD programme and summarize this information in a table (see table 12 for an example).

Table 12: Districts requiring intervention or mapping for each targeted NTD

| NTD | Total no. districts above threshold for intervention | Total no. of districts where mapping is required |
|-----|--|--|
| | | |

State the main interventions and strategies and the methods (delivery channels) that will be used to achieve the stated goals and objectives, and the timing of delivery of interventions where this applies (e.g. mass drug administration).

Mass drug administration, case management and transmission control are the main strategies common in the control of NTDs. Recognizing the commonalities in the disease-specific strategies, NTD control can be carried out jointly for a number disease-specific programmes.

Put together packages of information for NTDs that share the same strategy and present a summary of the contents of this information in separate tables for each package and a summary map for mass drug administration packages according to the types of mass drug administration required in the various implementation units (districts).

3.4.1 Scaling up preventive chemotherapy interventions

Preventive chemotherapy is a package of activities for mass distribution of drugs to target populations. A summary of the contents of this package of activities is presented in Annex 2.1 Depending on the types of diseases targeted and their overlaps there will be variations in types and numbers of the drug combinations distributed at a particular time. This information is summarized in the algorithms given in the *Preventive chemotherapy manual* and presented in annexes 2.3 and 2.4.

- Based on the list of preventive chemotherapy diseases targeted in your NTD programme, provide a brief description of the interventions and provide details on the package of activities as shown in Annex 2.1 (Package of PCT interventions).
- Use the algorithms to describe the types of mass drug administration that will be required in your targeted districts. Summarize this information as shown in table 13.

Table 13: Types of mass drug administration

| Cross-cutting MDA types | Delivery channels | Timing of treatments | Disease combination | Requirements | Target (districts) - list | Other mass disease control interventions |
|--|---|----------------------|--|---|---------------------------|---|
| MDA1, MDA4 & T1 One annual round of MDA ivermectin/DEC and albendazole; One annual round of MDA with azithromycin; | Community-based campaigns/C DTI; School-based campaigns. | Month 1 and month 6 | Lymphatic filariasis, Onchocerciasis, Schistosomiasis, STH, trachoma | Training of health personnel; Training of teachers & community volunteers; Social mobilization; Supervision; | | EPI campaigns, ITN distribution and re-treatment. |

| Cross-cutting MDA types | Delivery channels | Timing of treatments | Disease combination | Requirements | Target (districts) - list | Other mass disease control interventions |
|--|-------------------|----------------------|---------------------|---|---------------------------|--|
| School-based treatment with (PZQ & ALB/MBD). | | | | Production of tools; Logistics for drug distribution and management. | | |

Legend

MDA1 = Ivermectin + Albendazole T1 = Praziquantel + Albendazole or Praziquantel + mebendazole
 MDA2 = DEC+ Albendazole T2 = Praziquantel only
 MDA3 = Ivermectin only (CDTI) T3 = Albendazole or mebendazole only
 MDA4 = Azithromycin only

- Provide a summary in table form (see table 14 for an example) on the key activities you plan to carry out to implement the PCT package defined in table 13.

Table 14: Activities for PCT interventions

| Activity | Details (sub-activities) | Time frame | Resources needed |
|---|--------------------------|------------|------------------|
| Strategic objective 1: Scale up an integrated preventive chemotherapy, including access to interventions for lymphatic filariasis, soil transmitted helminthiasis, onchocerciasis, schistosomiasis and trachoma | | | |
| | | | |

3.4.2 Scaling up NTD Case management Interventions

The case management package of activities includes identification (active and passive case finding) and management of patients of a specific NTD. These actions require the package of activities summarized in Annex 2.2 Depending on the types of diseases targeted and the overlap in their requirements there may be variations in types of activities to be carried out.

The algorithm in annex 2.5 shows co-endemicity of NTDs controllable mainly by case management interventions in countries of the WHO African region. This format can be used to classify Provinces or Regions and Districts into groups having the same co-endemic CM-NTDs. Countries can use this algorithm to group districts having the same co-endemicity.

- Based on the list of diseases targeted in your NTD programme that use case detection and management as their main strategy, tabulate the details on the package of activities as in Annex 2.2
- Based on the disease combinations in the target areas, describe the various categories of interventions that will be implemented for a group of diseases in your targeted districts. Summarize this information as shown in table 15.

Table 15: Package 3.2: Case management and chronic care.

| Cross-cutting interventions | NTDs targeted | Requirements | Other non-NTD opportunities for integration |
|--|---|---|---|
| Surgery Hydrocele surgery (hydrocelectomies); Trichiasis surgery; Skin grafting SAFE | Lymphatic filariasis hydrocele; Trachoma trichiasis; Buruli ulcer late condition. | Training of medical doctors and nurses; Surgical kits, dermatome and mesh graft (for skin grafting); Hospital facilities or appropriate basic facilities with good surgical facilities; Follow-up and supervision. | Capacity building for basic surgery skills at the district level. |

- Provide a table (such as the example in table 16) summarizing the key activities you plan to carry out to implement the case management package as defined above.

Table 16: Activities for case management interventions

| Activity | Details (sub-activities) | Time frame | Resources needed |
|---|--------------------------|------------|------------------|
| Strategic Objective 2: Scale up integrated case-management-based disease interventions, especially the following : (List of interventions for major CM-NTDs) | | | |
| | | | |

3.4.3 Scaling up NTD transmission control interventions

NTD transmission control activities are cross-cutting for both vector-borne diseases and other diseases. In effect, transmission control interventions are complementary to preventive chemotherapy and case management and, as such, they need to be conducted in all NTD endemic areas. These activities include vector control and environmental measures such as those summarized in annexes 2.6 and 2.7. Depending on the types of diseases targeted and the overlap in their requirements, there may be variations in the types of activities to be implemented.

- Based on the list of NTDs targeted in your NTD programme, tabulate the details on the package of activities as in annexes 2.6 and 2.7
- Based on the disease combinations in the targeted areas, describe the various categories of interventions that will be conducted for the disease groups. Summarize this information as shown in table 17.

Table 17: Intervention packages for Transmission control

| Cross-cutting interventions | Targeted NTDS | Requirements | Other non-NTD opportunities for integration |
|---|--|------------------------------------|--|
| Mosquito and sand-fly control: • Insecticide treated nets; • Indoor residual spraying; • Environmental management. | Lymphatic filariasis, Leishmaniasis, Dengue, Malaria | ITNs DDT Plastering of walls | Malaria vector control; Integrated vector management (IVM). |

- Provide a summary in table form (see table 18 for an example) on the key activities you plan to carry out to implement the transmission control package as defined above.

Table 18: Activities for disease transmission control

| Activity | Details (sub-activities) | Time frame | Resources needed |
|--|--------------------------|------------|------------------|
| Strategic objective 3: Strengthening integrated vector management for targeted NTDs. | | | |
| | | | |

- Provide a summary in table form (see table 18 for an example) on the key activities you plan to carry out to implement the transmission control package as defined above.
- Annex 2.8, “WHAT to do” by district (operational unit) by operational package can be used to present the scaling up of the three packages of intervention in districts.
- Annex 2.9, “Drug estimates and logistics” and annex 2.10 “Drug forecasting and logistics «can be used to present medicine requirement for scaling up PCT and CM interventions.

3.5 STRENGTHENING CAPACITY AT NATIONAL LEVEL FOR NTD PROGRAMME MANAGEMENT AND IMPLEMENTATION

This section should describe what is needed to strengthen the management and operational capacities of the NTD programme staff at various levels.

| Guiding principles |
|---|
| <ul style="list-style-type: none"> • Leadership and governance: Structural reform within the health sector relating to NTD programmes and harmonization, alignment, oversight and regulation of interventions. • Health workforce: Strengthening programme staff capacity (training needs to enhance human resources) for the purpose of the control activities. Indicate the category (e.g. laboratory diagnosis), level, type or number of training events required, and units involved in training; • Medical products, vaccines and technologies: establish and enforce norms, standards, policies, reliable procurement practices for drug quality. • Provide full contact details of NTD programmes at national level. Place this information as the last page of the Master Plan (before Annexes). • Provide an overview of existing capacity at national level for NTD Programme management and implementation against each of the points above. Indicate what improvement will be made where these are seen necessary. • Please provide a summary table on the key activities you plan to implement and estimate the resources needed (see table 19) |

Table 19: Activities and resources needed for strengthening capacity for NTD programme

| Activity | Details (sub-activities) | Time frame | Resources needed |
|---|--------------------------|------------|------------------|
| Strategic objective 4: Strengthening capacity at national level for NTD programme management and implementation | | | |
| Training | | Quarter 1 | Training modules |
| Leadership and management training | | | |
| Equipment use training | | | |

- Based on identified priority areas for initiating programme activities in sections above, describe how expansion of NTD control activities will progress to attain total coverage within a specified period (scaling up plan). This can be defined in terms of phasing in targeted districts. The information may be presented in table form (see table 20).

Table 20: Phasing in targeted districts in scaling up an NTD programme.

| Activity | Total districts targeted by end of master plan | Geographic coverage | | | | |
|----------|--|---|--------|--------|--------|--------|
| | | Number and percentage of districts to be targeted each year | | | | |
| | | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 |
| | | | | | | |
| | | | | | | |

3.6 MONITORING AND EVALUATION

This section is one of the most important parts of the plan. It should contain information on monitoring and evaluation considerations, including the indicators to be monitored for each disease, a logical framework, and the major M&E activities to be conducted. The M&E section needs to consume 5–10% of the total budget of the plan.

- **Monitoring** is the process of continuous observation and collection of data on the NTD programme to ensure that the programme is progressing as planned.
- **Evaluation** is the systematic and critical analysis of the adequacy, efficiency, and effectiveness of the programme and its strategies as well as progress. Evaluation refers to long, mid-term and annual analysis of a performance in relation to the goals, objectives and set targets.

The WHO African Region’s framework for NTD programme monitoring and evaluation is shown in figure 5 below.

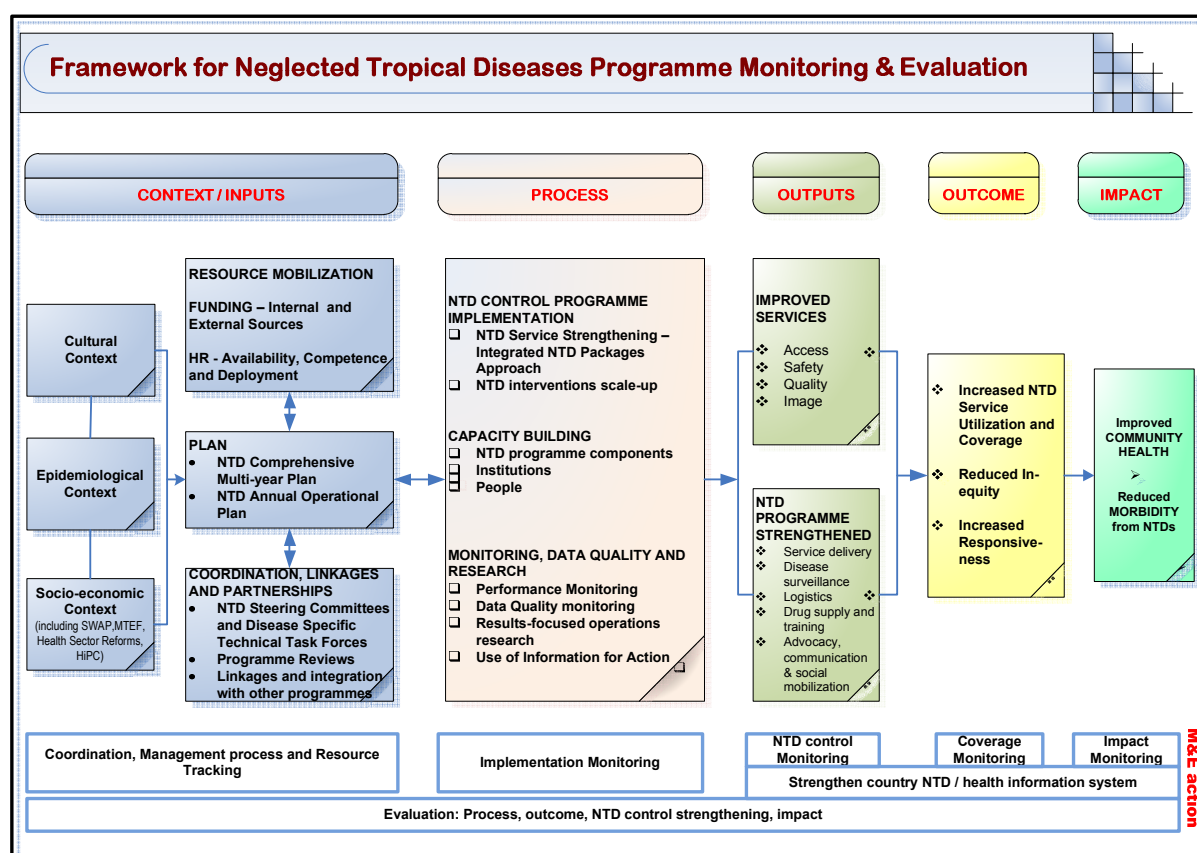


Figure 5: The WHO African Region’s M&E structure for NTD programmes

The following guiding principles should be considered in developing your M&E plan:

- Describe the existing system of M&E in the country including the Health Management Information System (HMIS) and Integrated Disease Surveillance and Response (IDSR) system and how NTD information will fit in.
- Describe the data flow and periodicity from the peripheral regions to the national level.
- Plan for periodic independent evaluations, for example at least every 3 years for outcomes and every 5 years for impact, depending on the type of disease to be evaluated.

Table 21: Strategic Priority 4: Enhance NTD monitoring and evaluation, surveillance and operations research.

| Activity | Details (sub-activities) | Time frame | Resources needed |
|---|--------------------------|------------|------------------|
| Strategic objective 1: Develop and promote an integrated NTD M&E framework and improve monitoring of NTDs, within the context of national health information systems. | | | |
| | | | |
| Strategic objective 2: Strengthen and foster partnerships for the control, elimination and eradication of targeted NTDs at national, district and community levels | | | |
| | | | |
| Strategic objective 3: Strengthen surveillance of NTDs and strengthen response and control of epidemic-prone NTDs, in particular dengue and Leishmaniasis | | | |
| | | | |
| Strategic objective 4 Establish integrated data management systems and support impact analysis for NTD in the WHO African Region as part of the global NTD data management system and global NTD plan | | | |
| | | | |
| | | | |

3.7. PHARCOVIGILANCE IN NTD CONTROL ACTIVITIES

This section should provide information and details on preparedness of the national pharmaco-vigilance system and NTD programme management to ensure satisfactory reporting and management of side effects and adverse events that may be linked to NTD interventions under the programme setting. Reference the following guideline: WHO (2009 –Draft). *Management of serious adverse events following preventive interventions for the control of neglected tropical diseases: practical advice for national programme managers*, Geneva, World Health Organization. Geneva.

- Given the existing pharmaco-vigilance system described in the section on situation analysis, please indicate how NTDs control activities can be incorporated in this system and further explain how pharmaco-vigilance in NTD programmes will be strengthened. Please provide a list of existing forms used for reporting of serious adverse events.
- Describe activities that will be implemented as part of strengthening pharmaco-vigilance NTDs programme if need identified.
- Please itemize these activities and related resource needs in table below

Table 22: Activities for strengthening pharmaco-vigilance in NTD programmes.

| Activity | Details (Sub-activities) | Timeframe | Resources needed |
|------------------------------|--------------------------|-----------|------------------|
| Strategic Objective : | | | |
| | | | |

3.8. POST INTERVENTION SURVEILLANCE AND INTEGRATION WITHIN PRIMARY HEALTH CARE

In order to successfully maintain disease levels below thresholds where they are not of public health significance following intense period of interventions depends on how strong post-intervention surveillance by the primary health care is, as well as their ability to incorporate the surveillance and residual control activities in routine health care delivery.

- Describe activities that will be implemented as part of surveillance for each of the NTDs targeted in this plan.
- Further, describe activities -planned prior to the start of interventions- that will ensure that surveillance and residual intervention activities are incorporated in routine health care delivery.

Please itemize these activities and related resource needs in table below:

Table 23: Activities for surveillance and sustainability

| Activity | Details (Sub-activities) | Timeframe | Resources needed |
|------------------------------|--------------------------|-----------|------------------|
| <i>Strategic Objective :</i> | | | |
| | | | |

BUDGET JUSTIFICATION AND ESTIMATES

A budget is a plan for future activities and is a key management tool. It is essential for the national NTD programme to have a simple yet comprehensive budgetary plan in line with the NTD master plan. The budget of the master plan should be:

- Comprehensive;
- Concise;
- Cost-effective;
- Accurate and persuasive to stakeholders.

The information contained in this section will provide guidance on how to create a multiyear NTD programme budget that is concise, comprehensive, realistic and cost-effective using the activity-based costing (ABC) tool.

In each worksheet of the ABC tool, enter the data as prescribed below.

Enter text

Enter numerical values

This is a protected cell containing formulas. Do not touch.

Sheet 1: Intervention

This sheet serves as a front cover. Enter the following information:

- Country name;
- First year of budget projection (ex. 2011);
- Target population of MDA for preventive chemotherapy (lymphatic filariasis, onchocerciasis, schistosomiasis, soil transmitted helminthiasis and trachoma).

Sheet 2: Population

This sheet auto-estimates the projected population in the coming five years. Enter the following information in the yellow cells:

- Percentage of pre-SAC (School Age Children) population in total population (C3);
- Percentage of SAC population in total population (C4);
- Population growth (%) (C5).

| |
|---|
| <p>If trachoma also is present in your country; % 0-6 months population in total population (H3); % 6-59 month population in total population (H4).</p> |
|---|

- Name of districts in your country (B10~);
- Total population by district (C10~).

Sheet 3: Drug forecast

This sheet forecasts the number of drugs required for each PCT disease.

- Choose from the drop-down menu whether or not onchocerciasis is endemic to your country (C3).
- For each PCT disease (starting from LF):

- **“Endemicity” column:** Enter the category of disease prevalence for each district. You can find the instruction on category by clicking the “Endemicity” cell under the heading of each disease (0, 1, 2 for LF, Honcho, trachoma; 0, 1,2,3,4 for schistosomiasis and STH).
- **“Year” column (“2011” “2012” ...):** Enter the planned number of MDAs in each district for each year.
- Scroll down the sheet to reach “Multi-year drug procurement cost” table.
 - **“\$ per tablet” column:** Enter the price of each drug. The default values are international (WHO) prices.
 - **“Drug clearance cost” cell (E841-L841):** Enter the approximate cost incurred for drug clearance for each year.

Sheet 4-7: Strategic priority 1-4

In order to deliver each of the four strategic priorities, a series of activities will be performed under the national NTD programme such as mapping, training and MDA. For each activity, various resources will be required, each of which will incur costs such as personnel, transport, materials and equipment costs, see figure 6 below.

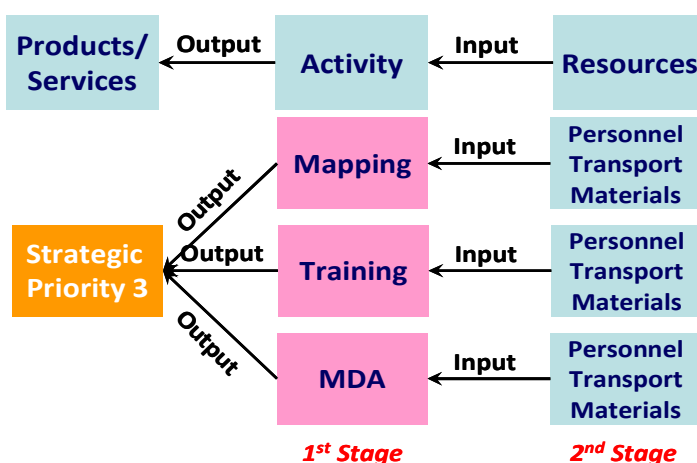


Figure 6: Type of resources as inputs for carrying out activities

- Identify all the activities that should be performed to achieve each strategic objective in the national NTD programme, and if necessary the sub-activities as well.
- For each activity or sub-activity define the timeframe and cost of resources that will be consumed such as personnel, transportation, materials, and equipment. “Cost drivers” are the factors that cause changes in your overall activity cost. These sheets allow modification of cost drivers (defined as unit cost, quantity, number of days, number of places, number of times) in order to explore various scenarios to reach the most cost-effective option.
- For each activity, identify the cost drivers that cause changes in the activity costs.
- In order to achieve cost-efficiency, analyse the programme budget to see how you can change the levels of the cost drivers for example through integration of interventions across diseases. For instance, see how the total cost changes when the number of training activities is reduced.

Sheet 8: Funding

This sheet provides the contributions currently expected from donors and partners and the gap that needs to be filled in funding and in drug donation.

- For each year, enter the name of donors and partners currently supporting or expected to support your programme (e.g. cell D3-J3 for 2011).

- For each identified donor, enter the expected funding level by strategic objective or the quantity of drugs to be donated by each donor (yellow cells D4–J8 for 2011).

Sheet 9: Summary

This sheet provides the summary of costs and the gap in funding and drug needs for the next 5 years.

Sheets 10–15: Graphs 2011–2015

These sheets illustrate visually the following information, based on your data:

- Cost breakdown by strategic objective;
- Cost breakdown by resource category (“personnel”, “transport” or “materials/equipment”);
- Donor contributions and funding gap.

Note:

- Requirements of the districts other than estimates of drugs will not be reflected in this budget. These can be estimated by the districts using the same costing tool at that level.
- “Protect” the sheet after every modification to protect the programmed formula.

Table 24: Summary table of information and data to be entered in the worksheets of Excel Master Plan Budgeting tool

| Worksheet | Required data |
|----------------------|---|
| 0) Front-page | <ul style="list-style-type: none"> - Name of local currency unit (LCU) - U.S. Dollar exchange rate - Name, title and email address of the responsible person |
| 1) Population | <ul style="list-style-type: none"> - Percentage of pre-SAC and SAC in total population at district level (%) - Population growth (%) - Percentage of 0-6 months old and 6-59 months old in total population at district level (%) (if blinding trachoma is present in the country) - Name and the total population of each district - The population of onchocerciasis-endemic communities, trachoma-endemic communities, at-risk adults for schistosomiasis and women of child-bearing targeted for STH control in each of the district |
| 2) MDA Plan | <ul style="list-style-type: none"> - Percentage of the population in all the endemic units/districts/communities that are targeted for MDA for each PC disease (%) (for drug forecast purpose) - Endemicity level of 5 PC diseases at each district - The number of MDA rounds completed for 5 PC diseases at each district in the previous year of the first projection year - The number of MDA rounds to be planned for 5 PC diseases at each district in the coming 5 years |
| 3)-6) SP 1-4 | <ul style="list-style-type: none"> - Unit cost for key resources (such as staff cost, per diem, fuel and laboratory materials) |
| 7) Funding | <ul style="list-style-type: none"> - Name all the donors and partners who are going to support the national NTD programme in the country - The cost of funds and the quantity of drugs that are to be donated by each donor and partner for each year |
| 9) Analysis | <ul style="list-style-type: none"> - Assumed percentage of operational cost that is to be spent for PC disease intervention (and the rest for case management diseases) |

ANNEXES

The following are the proposed annexes to the plan of action that will provide justification for the budget estimates and support the various sections elaborated in the main body of the plan:

Part 1: Situation analysis

- Annex 1.1: Summary population table
- Annex 1.2: Chart showing distances between major cities and district headquarters in the country;
- Annex 1.3: Organogram of the Ministry of Health and NTD National programme
- Annex 1.4: Table on available data on PCT-NTD distribution
- Annex 1.5: Table on available data on CM-NTD distribution
- Annex 1.6: Table on status of implementation of PCT NTD interventions
- Annex 1.7: Table on status of implementation of CM NTD interventions

Part 2: Strategic agenda and operational framework

- Annex 2.1: Package of Mass drug administration
- Annex 2.2: Package of Case management and chronic care
- Annex 2.3: PCT algorithm 1
- Annex 2.4: PCT algorithm 2
- Annex 2.5: Algorithm for co-endemicity of CM-NTDs in countries of the African Region
- Annex 2.6 Package of Transmission control - vector/reservoir control
- Annex 2.7: Package of Improvement of Environment, Supply of safe drinking water, sanitation, and operational research
- Annex 2.8 “WHAT to do” by district (operational unit) by operational package
- Annex 2.9: Drug estimates and logistics.
- Annex 2.10: Drug forecasting and logistics.
- Annex 2.11: Summary of progressive scale up and phase out of PCT interventions package
- Annex 2.12: Results framework for the WHO-HQ-AFRO-APOC Strategic Plan, 2010–2015.

Part 3 (optional)

- Disease specific annexes.

PART I SITUATION ANALYSIS

Annex 1.1. : Populations, Villages/communities, Children, Schools, and Health facilities per District and Province or Region

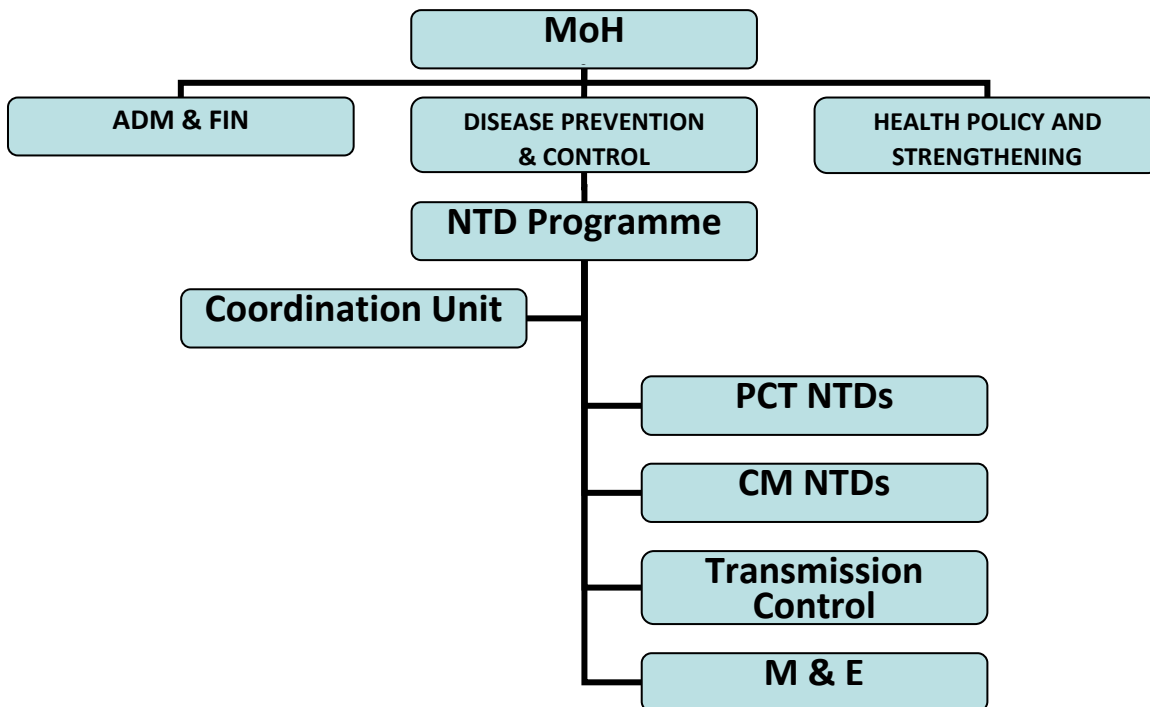
| Province or region | District | No. of villages or communities* | Total population | Under fives | 5–14 years | No. of primary schools | No. of health centres |
|----------------------------|--------------|---------------------------------|------------------|-------------|------------|------------------------|-----------------------|
| Province or Region 1 | District 1.1 | | | | | | |
| | District 1.2 | | | | | | |
| | District 1.3 | | | | | | |
| | District... | | | | | | |
| | District... | | | | | | |
| Total Region or Province 2 | | | | | | | |
| Province or Region 1 | District 2.1 | | | | | | |
| | District 2.2 | | | | | | |
| | District 2.3 | | | | | | |
| | District... | | | | | | |
| Total Region or Province 2 | | | | | | | |
| Province or Region 3 | District 3.1 | | | | | | |
| | District 3.2 | | | | | | |
| | District 3.3 | | | | | | |
| | District... | | | | | | |
| | District... | | | | | | |
| Total Region or Province 3 | | | | | | | |
| Province or Region 4 | District 4.1 | | | | | | |
| | District 4.2 | | | | | | |
| | District 4.3 | | | | | | |
| | District... | | | | | | |
| | District... | | | | | | |
| Total Region or Province 4 | | | | | | | |
| Province or Region 5 | District 5.1 | | | | | | |
| | District 5.2 | | | | | | |
| | District 5.3 | | | | | | |
| | District... | | | | | | |
| Total Region or Province 5 | | | | | | | |
| TOTAL COUNTRY | | | | | | | |

Annex 1.2 : Distances between main cities and district headquarters of the country

Capital City

| | | | | | | | |
|-----|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| 340 | Town1 | | | | | | |
| 100 | 240 | Town2 | | | | | |
| 350 | 690 | 450 | Town3 | | | | |
| 230 | 570 | 330 | 400 | Town4 | | | |
| 170 | 470 | 320 | 250 | 330 | Town5 | | |
| 300 | 470 | 400 | 325 | 250 | 240 | Town6 | |
| 350 | 550 | 300 | 200 | 150 | 150 | 400 | Town7 |

Annex 1.3: Organisational chart of the MoH and the NTD National Programme



Annex I.4: Summary on available data of PCT-NTD distribution

| Province or region | District or community* | Lymphatic filariasis | Onchocerciasis | Schistosomiasis | STH | Trachoma | Loa loa |
|----------------------------|------------------------|----------------------|----------------|-----------------|-----|----------|---------|
| Province or Region 1 | District 1.1 | | | | | | |
| | District 1.2 | | | | | | |
| | District 1.3 | | | | | | |
| | District... | | | | | | |
| | District... | | | | | | |
| Total Region or Province 2 | | | | | | | |
| Province or Region 1 | District 2.1 | | | | | | |
| | District 2.2 | | | | | | |
| | District 2.3 | | | | | | |
| | District... | | | | | | |
| Total Region or Province 2 | | | | | | | |
| Province or Region 3 | District 3.1 | | | | | | |
| | District 3.2 | | | | | | |
| | District 3.3 | | | | | | |
| | District... | | | | | | |
| | District... | | | | | | |
| Total Region or Province 3 | | | | | | | |
| Province or Region 4 | District 4.1 | | | | | | |
| | District 4.2 | | | | | | |
| | District 4.3 | | | | | | |
| | District... | | | | | | |
| | District... | | | | | | |
| Total Region or Province 4 | | | | | | | |
| Province or Region 5 | District 5.1 | | | | | | |
| | District 5.2 | | | | | | |
| | District 5.3 | | | | | | |
| | District... | | | | | | |
| Total Region or Province 5 | | | | | | | |
| TOTAL COUNTRY | | | | | | | |

Legend:

ND (No data): if no information is available

No: Not endemic or below PCT intervention threshold

Yes or known **Prevalence rate** if endemic

*Community is mainly for localised distribution of onchocerciasis and schistosomiasis.

In that case, state in bracket () the number or endemic communities or villages within the District

Annex I.5: Summary on available data on CM-NTD distribution

| Province or region | District or community* | Buruli ulcer | Guinea worm | HAT | Leishmaniasis | Leprosy | Rabies | Other |
|----------------------------|------------------------|--------------|-------------|-----|---------------|---------|--------|-------|
| Province or Region 1 | District 1.1 | | | | | | | |
| | District 1.2 | | | | | | | |
| | District 1.3 | | | | | | | |
| | District... | | | | | | | |
| | District... | | | | | | | |
| Total Region or Province 2 | | | | | | | | |
| Province or Region 1 | District 2.1 | | | | | | | |
| | District 2.2 | | | | | | | |
| | District 2.3 | | | | | | | |
| | District... | | | | | | | |
| Total Region or Province 2 | | | | | | | | |
| Province or Region 3 | District 31 | | | | | | | |
| | District 3.2 | | | | | | | |
| | District 3.3 | | | | | | | |
| | District... | | | | | | | |
| | District... | | | | | | | |
| Total Region or Province 3 | | | | | | | | |
| Province or Region 4 | District 4.1 | | | | | | | |
| | District 4.2 | | | | | | | |
| | District 4.3 | | | | | | | |
| | District... | | | | | | | |
| | District... | | | | | | | |
| Total Region or Province 4 | | | | | | | | |
| Province or Region 5 | District 5.1 | | | | | | | |
| | District 5.2 | | | | | | | |
| | District 5.3 | | | | | | | |
| | District... | | | | | | | |
| Total Region or Province 5 | | | | | | | | |
| TOTAL COUNTRY | | | | | | | | |

Legend:

ND (No data): if no information is available

No for Not endemic or below elimination threshold

Yes or known **Prevalence rate** if endemic

*Community is mainly for localised distribution of Guinea worm, which is targeted for eradication.

In that case, state in bracket () the number or endemic communities or villages within the District

Annex I.6: Summary on status of implementation of PCT NTD interventions in districts

| Province or region | District or community* | Lymphatic filariasis | Onchocerciasis | Schistosomiasis | STH | Trachoma | Loa loa** |
|----------------------------|------------------------|----------------------|----------------|-----------------|-----|----------|-----------|
| Province or Region 1 | District 1.1 | | | | | | |
| | District 1.2 | | | | | | |
| | District 1.3 | | | | | | |
| | District... | | | | | | |
| | District... | | | | | | |
| Total Region or Province 2 | | | | | | | |
| Province or Region 1 | District 2.1 | | | | | | |
| | District 2.2 | | | | | | |
| | District 2.3 | | | | | | |
| | District... | | | | | | |
| | District... | | | | | | |
| Total Region or Province 2 | | | | | | | |
| Province or Region 3 | District 31 | | | | | | |
| | District 3.2 | | | | | | |
| | District 3.3 | | | | | | |
| | District... | | | | | | |
| | District... | | | | | | |
| Total Region or Province 3 | | | | | | | |
| Province or Region 4 | District 4.1 | | | | | | |
| | District 4.2 | | | | | | |
| | District 4.3 | | | | | | |
| | District... | | | | | | |
| | District... | | | | | | |
| Total Region or Province 4 | | | | | | | |
| Province or Region 5 | District 5.1 | | | | | | |
| | District 5.2 | | | | | | |
| | District 5.3 | | | | | | |
| | District... | | | | | | |
| Total Region or Province 5 | | | | | | | |
| TOTAL COUNTRY | | | | | | | |

Legend: ND (No data): if no information is available

No: if no intervention is required

MAP: if mapping is planned or on-going

PCT(1), PCT(2), , PCT(10): if MDA, CDTI or Targeted treatment is on-going. In bracket is the number of round being conducted. Examples: MDA1(1) = 1st round of MDA1 (IVM+ALB), T2(3) = 3rd round of T2 (PZQ in SAC), CDTI(7) = 7th round of IVM in communities for Onchocerciasis

** Loa loa is only for mapping

Annex I.7: Summary on status of implementation of CM interventions in districts

| Province or region | District or community* | Buruli ulcer | Guinea worm | HAT | Leishmaniasis | Leprosy | Rabies | Other |
|----------------------------|------------------------|--------------|-------------|-----|---------------|---------|--------|-------|
| Province or Region 1 | District 1.1 | | | | | | | |
| | District 1.2 | | | | | | | |
| | District 1.3 | | | | | | | |
| | District... | | | | | | | |
| | District... | | | | | | | |
| Total Region or Province 2 | | | | | | | | |
| Province or Region 1 | District 2.1 | | | | | | | |
| | District 2.2 | | | | | | | |
| | District 2.3 | | | | | | | |
| | District... | | | | | | | |
| Total Region or Province 2 | | | | | | | | |
| Province or Region 3 | District 31 | | | | | | | |
| | District 3.2 | | | | | | | |
| | District 3.3 | | | | | | | |
| | District... | | | | | | | |
| | District... | | | | | | | |
| Total Region or Province 3 | | | | | | | | |
| Province or Region 4 | District 4.1 | | | | | | | |
| | District 4.2 | | | | | | | |
| | District 4.3 | | | | | | | |
| | District... | | | | | | | |
| | District... | | | | | | | |
| Total Region or Province 4 | | | | | | | | |
| Province or Region 5 | District 5.1 | | | | | | | |
| | District 5.2 | | | | | | | |
| | District 5.3 | | | | | | | |
| | District... | | | | | | | |
| Total Region or Province 5 | | | | | | | | |
| TOTAL COUNTRY | | | | | | | | |

Legend: ND (No data): if no information is available

No: if no active case finding is required (elimination goal is achieved at district level)

ACF: if active case finding is planned or on-going for assessing the disease burden and treating

CM1: if routine case finding and treatment are on-going in peripheral health facilities

CM2: if routine case finding and treatment are on-going and reference to higher levels (hospitals) is organised for confirmation of diagnosis, treatment and prevention of complications and disabilities

PART II: OPERATIONAL FRAMEWORK

Annex 2. 1: Package of Preventive Chemotherapy (PCT) - Mass drug administration (MDA)

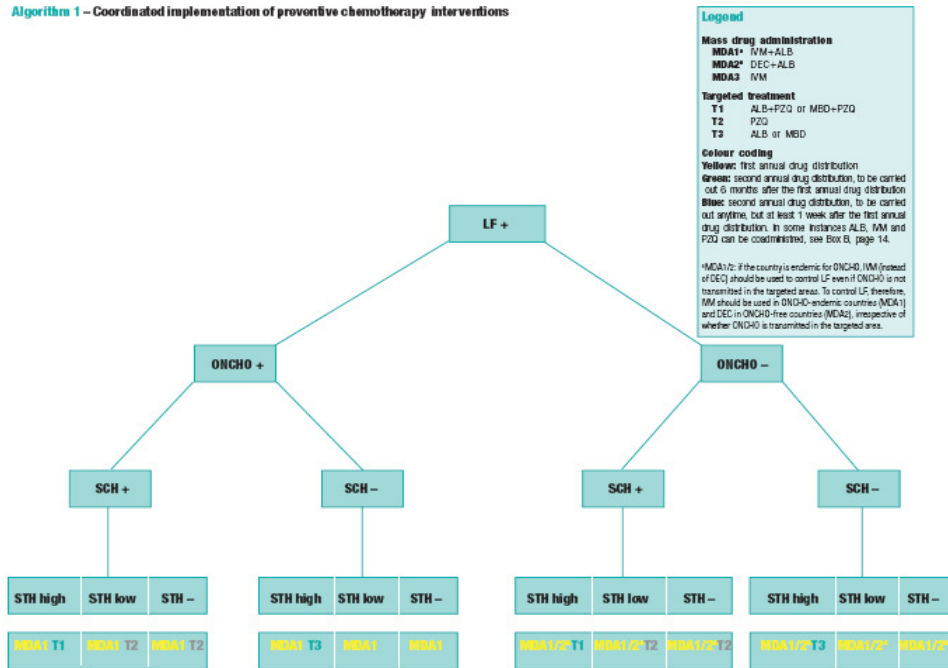
| Activity | | Lymphatic Filariasis | Onchocerciasis | Schistosomiasis | STH | Trachoma |
|--------------------------|-----------------------|----------------------|----------------|-----------------|-----|----------|
| Programme coordination | | X | X | X | X | X |
| Advocacy | | X | X | X | X | X |
| Resource mobilization | | X | X | X | X | X |
| Social mobilization | | X | X | X | X | X |
| Training | | X | X | X | X | X |
| Mapping | | X | X | X | X | X |
| Drug distribution | CDTI | X | X | X | X | X |
| | School | | | X | X | |
| | MDA campaign | X | | X | X | X |
| | Child health day | | | | X | X |
| | Immunization campaign | | | X | X | X |
| Health and nutrition day | | X | | X | | |
| HSAM | | X | X | X | X | X |
| M&E | | X | X | X | X | X |

Annex 2.2: Package of Case management (CM) and chronic care

| Key interventions | Diseases / conditions | | | | | | | | | | |
|---|-----------------------|---------|-------|-----|-------|----|------------------|-------------|--------|-------|------|
| | GW | Leprosy | YA WS | HAT | LEISH | BU | Complications LF | TRICH IASIS | Rabies | ECC H | CYST |
| Advocacy/resource mobilization | x | x | x | x | X | x | x | x | x | x | X |
| Strengthening partnership | x | x | x | x | X | x | x | x | x | x | X |
| Intersectoral collaboration | x | x | x | x | X | x | x | x | x | x | X |
| Health promotion | x | x | x | x | X | x | x | x | x | x | X |
| Capacity building | x | x | x | x | X | x | x | x | x | x | X |
| Mapping | x | x | x | x | X | x | x | x | x | x | X |
| Passive case finding | x | x | x | x | X | x | x | x | x | x | X |
| Active case finding | | | | x | X | x | x | | | | |
| Medical treatment | x | x | x | x | X | x | x | x | | | |
| Surgery | | x | | | | x | x | x | | | |
| Prevention of disability | | x | | | | x | x | | | | |
| Integrated vector management/ reservoir control | x | | | x | X | | | | | | |
| Surveillance | x | x | x | x | X | x | x | x | x | x | X |

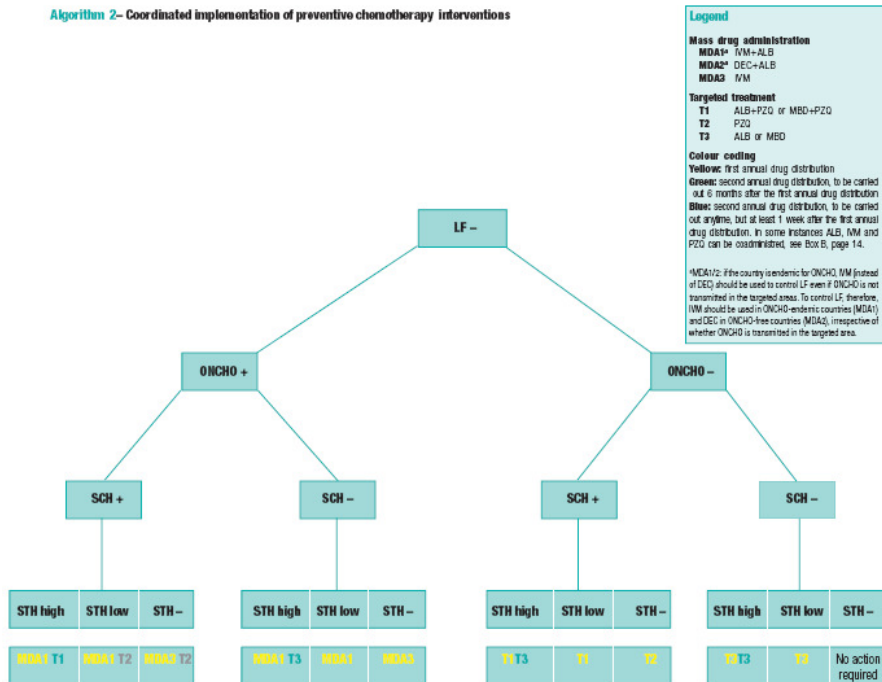
Annex 2.3: PCT algorithm 1

Algorithm 1 – Coordinated implementation of preventive chemotherapy interventions

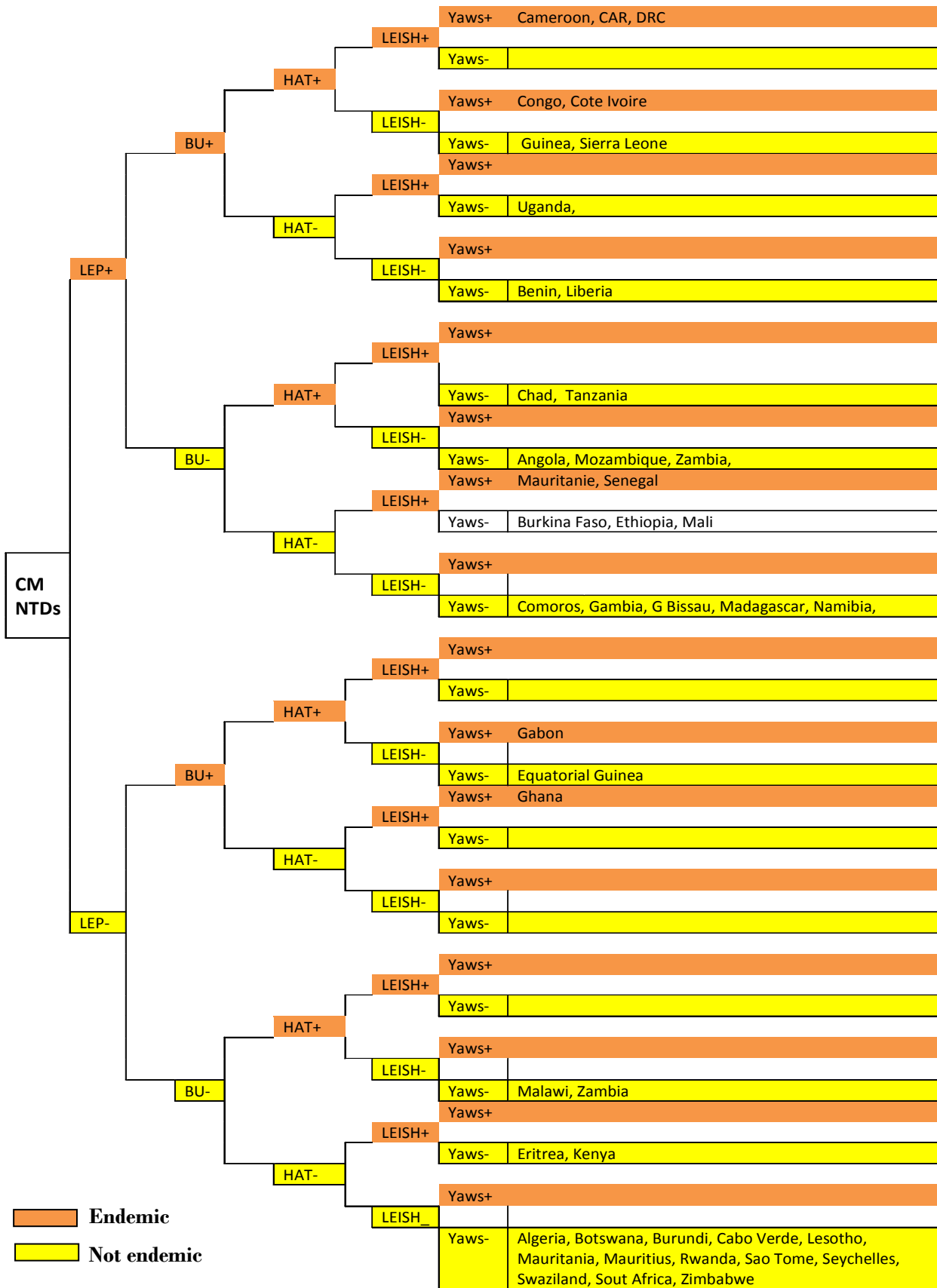


Annex 2.4: PCT algorithm 2

Algorithm 2 – Coordinated implementation of preventive chemotherapy interventions



Annex 2.5: Algorithm for Co-endorcicity of CM-NTDs (Leprosy, Buruli ulcer, HAT, Leishmaniasis and yaws) in countries of the WHO African Region



Endemic
 Not endemic

Annex 2.6 Package of Transmission control - vector/reservoir control

| Activity | Vectors and Associated NTDs | | | | | | |
|--|-----------------------------|--------|---------|---------------|-----------|----------|------------|
| | Mosquitoes | | | Other Vectors | | | |
| | LF | Dengue | Malaria | Snails | Black fly | Sand fly | Tsetse fly |
| | | | | Schisto | Oncho | Leish | HAT |
| ITN | X | X | X | | | X | - |
| IRS | X | X | X | | | X | |
| Space spraying | | | | | X | | X |
| Larviciding | X | X | X | | X | | |
| Traps | | | | | | | X |
| Prevention/treatment of breeding sites | X | X | X | x | x | ?? | |

Annex 2.7: Package of Improvement of Environment, Supply of safe drinking water, sanitation, and operational research

| Activity | LF | Oncho | SCH | STH | Trach | LEP | Leish | HAT | GW | BU | Rabies | Dengue |
|--|----|-------|-----|-----|-------|-----|-------|-----|----|----|--------|--------|
| Partnership for water supply improvement | | | X | X | X | | | | X | | | |
| Partnership for sanitation improvement | | | X | X | X | | | | | | | |
| Social mobilization | X | X | X | X | X | X | X | X | X | X | X | X |
| Health promotion | X | X | X | X | X | X | X | X | X | X | X | X |
| Operational research | X | X | X | X | X | X | X | X | X | X | X | X |

Annex 2.8: “WHAT to do” by district (operational unit) by operational package

| Province or region | District or community* | PCT-NTDs | | CM-NTDs | | PCT & CM NTDs | | | NTDs Targeted for Elimination or Eradication | |
|----------------------|------------------------|----------|-----|---------|-------|---------------|-----|-----|--|-------|
| | | MAP | PCT | ACF | CMI+2 | IVM | SWS | IoE | SURV | VERIF |
| Province or Region 1 | District 1.1 | | | | | | | | | |
| | District 1.2 | | | | | | | | | |
| | District 1.3 | | | | | | | | | |
| | District... | | | | | | | | | |
| | District... | | | | | | | | | |
| Province or Region 1 | District 2.1 | | | | | | | | | |
| | District 2.2 | | | | | | | | | |
| | District 2.3 | | | | | | | | | |
| | District... | | | | | | | | | |
| Province or Region 3 | District 3.1 | | | | | | | | | |
| | District 3.2 | | | | | | | | | |
| | District 3.3 | | | | | | | | | |
| | District... | | | | | | | | | |
| | District... | | | | | | | | | |
| Province or Region 4 | District 4.1 | | | | | | | | | |
| | District 4.2 | | | | | | | | | |
| | District 4.3 | | | | | | | | | |
| | District... | | | | | | | | | |
| | District... | | | | | | | | | |
| Province or Region 5 | District 5.1 | | | | | | | | | |
| | District 5.2 | | | | | | | | | |
| | District 5.3 | | | | | | | | | |
| | District... | | | | | | | | | |

LEGEND:

MAP= Mapping; **PCT**= MDA, CDTI and Targeted Treatment; **ACF**= Active Case finding; **CMI+2**= Routine case finding and treatment in HF1 (peripheral) and HF2 (reference hospitals); **IVM**= Integrated Vector Management; **SSWS**= Sanitation and Safe drinking Water Supply; **IoE**= Improvement of Environment; **SURV**= Surveillance; **VERIF**= Verification

Annex 2.9: Drug estimates and logistics

| NTD programme | Drug | Source drug | Status of procurement (donated or purchased) | Minimum lead time before delivery | In-country consignee |
|---------------|-------------------------------------|---------------|--|-----------------------------------|----------------------|
| LFE, oncho | IVM | | | | |
| LFE | DEC | | | | |
| LEPROSY | MDT blister packs | WHO, Novartis | Donated | 6 months | National programme |
| HAT | Pentamidine/Melarsoprol NEC/DFMO | | | | |

Annex 2.10: Drug forecasting and logistics

| Drug | Source of drug | Status of procurement (donate/purchased) | Minimum Lead time before delivery | In-country Consignee |
|------|----------------|--|-----------------------------------|----------------------|
| IVM | | | | |
| DEC | | | | |
| ALB | | | | |
| MEB | | | | |
| PZQ | | | | |
| AZI | | | | |

- Complete the following table to describe how essential NTD drug supplies will be obtained.
- Identify sources of drugs (procured or donated)
- Describe management, logistics and monitoring system for delivering drugs to field distributions sites.

Annex 2.11: Summary of progressive scale up and phase out of PCT interventions package

| | Status of interventions | Other PCT-NTD specific activities to be added |
|---|--------------------------------------|---|
| 1 | LFE Mass drug administration started | <p>Set up sentinel sites for STH impact evaluation</p> <p>Coordinate LF MDA with 2nd round of STH MDA, through school based approach, where prevalence is high (>50%).</p> <p>Assess schistosomiasis endemicity, if endemic; coordinate LF MDA with praziquantel treatment jointly with 2nd round of STH MDA. If only schistosomiasis is endemic or STH prevalence is low (<50%), coordinate with school based MDA for schistosomiasis.</p> |
| 2 | LF MDA planned | <p>-Map schistosomiasis and STH (also trachoma and onchocerciasis if applicable)</p> <p>-Collect baseline for LF, schistosomiasis and STH</p> <p>-Coordinate timing of delivery of MDA through community-based and school-based approaches appropriately.</p> |
| 3 | LF not mapped | <p>-Carry out integrated mapping with any of the five PCT diseases and Loa loa, where these are suspected. <i>Note: for some situations, LF mapping may need to be prioritized and carried out separately.</i></p> <p>-Where LF is endemic, to proceed as in 2 above.</p> |
| 4 | LF not endemic | -Proceed as in 2 above |
| 5 | LF MDA phasing out | <p>-Evaluate STH endemicity status and follow STH guidelines</p> <p>-where onchocerciasis is co-endemic, continue ivermectin distribution and follow guidelines for onchocerciasis control.</p> |

Annex 2.12: Results framework for the WHO-HQ-AFRO-APOC Strategic Plan, 2010–2015

| Strategic priorities | Strategic objectives | Core indicators |
|---|---|---|
| 1 Strengthen advocacy, coordination and partnerships | <ol style="list-style-type: none"> I. Strengthen coordination mechanisms for the NTD control programme at regional, national and subnational levels in the African Region; II. Strengthen and foster partnerships for the control, elimination and eradication of targeted NTDs at regional, national, district and community levels; III. Enhance high level reviews of NTD programme performance and the use of lessons learnt to enhance advocacy, awareness and effective implementation of targeted interventions; IV. Strengthen advocacy, visibility and profile of NTD control elimination and eradication interventions at all levels in the African Region. | <ul style="list-style-type: none"> • Minutes of high-level NTD coordination meetings in countries; • Minutes of partnership events on NTDs; • Number of high level advocacy events on NTDs; • Number of partners involved in NTD programme. |
| 2 Enhance resource mobilization and planning for results in NTD control | <ol style="list-style-type: none"> I. Support countries to develop integrated multiyear strategic plans and gender-sensitive annual operational plans for the control, elimination and eradication of targeted NTDs II. Enhance resource mobilization approaches and strategies at regional, national and sub-national levels for NTD interventions III. Strengthen the integration and linkages of NTD programme and financial plans into sector-wide and national budgetary and financing mechanisms IV. Support countries to develop and update national NTD policies and elaborate guidelines and tools to guide effective policy and programme implementation | <ul style="list-style-type: none"> • Number of countries with updated national integrated NTD strategic plans; • Number of NTD guidelines and NTD planning and implementation tools developed; • Number of countries with adapted national guidelines and tools; • Presence of NTD budget line; • Total amount of financial resources available for NTD activities; • Percentage of planned NTD funds received. |
| 3 Scale up access to interventions, treatment and NTD service delivery capacity, within the overall health system | <ol style="list-style-type: none"> I. Scale up an integrated preventive chemotherapy, including access to interventions for lymphatic filariasis, soil transmitted helminthiasis, onchocerciasis, schistosomiasis and trachoma; II. Scale up integrated case-management-based disease interventions, especially do the following: <ol style="list-style-type: none"> a. Accelerate leprosy elimination activities; b. Intensify guinea worm eradication and surveillance activities in order to interrupt transmission in the three remaining endemic countries in the shortest time possible; c. Enhance HAT control interventions for human African trypanosomiasis; d. Strengthen national programmes to control Buruli ulcer and endemic treponematosiis; e. Strengthen leishmaniasis control and human rabies prevention; III. Strengthening integrated vector management for targeted NTDs. IV. Strengthen capacity at the national level for NTD programme management and implementation and accelerate implementation of disease burden assessments and integrated mapping of NTDs; | <ul style="list-style-type: none"> • Number of countries with completed integrated mapping of NTDs; • Drug administration coverage; • National coverage; • Parasitological prevalence; • Percentage of disease-specific targets achieved. |
| 4 Enhance NTD monitoring and evaluation, surveillance and operations research | <ol style="list-style-type: none"> I. Develop and promote an integrated NTD M&E framework and improve monitoring of NTDs, within the context of national health information systems. This will include strengthening the reporting and response to severe adverse events (SAEs) by leveraging on-going efforts to strengthen pharmacy vigilance systems in the African Region; II. Strengthen surveillance of NTDs and strengthen response and control of epidemic-prone NTDs, in particular dengue and leishmaniasis; III. Support operational research, documentation and evidence to guide innovative approaches to NTD programme interventions; IV. Establish integrated data management systems and support impact analysis for NTD in the WHO African Region as part of the global NTD data management system and global NTD plan. | <ul style="list-style-type: none"> • NTD data completeness and timeliness; • Number of evaluation studies conducted and results disseminated; • Number of operational research studies conducted and results disseminated; • A functional data management system. |