ANNUAL MEETING OF NATIONAL NTD PROGRAMME MANAGERS IN THE WHO AFRICA REGION

November 29 to December 1, 2023

BRAZZAVILLE, CONGO

WHO AFRICA REGIONAL OFFICE

World Health Organization

African Region

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Session 5: NTD Master Plans

Moderator - Dr Augustine Kadima

The NTD Master plans – Titus Kioko

NTD Master plans development – Experiences (Dr Mwinzi and Dr. Dr Denise Mupfasoni

Country experiences in NTD Master plans implementation - Rwanda and Togo

M&E Framework (M&E Component of Master Plans - Dr Pamela Sabina Mbabazi

Annual Work planning - Dr Albis Gabrielli

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Status of NTD Master Plan Development in AFRO countries.

As at November 2023

The new 3rd generation NTD Master Plans

NTD master plans development by countries in alignment with the launched Global NTD Road Map 2021 – 2030.

Three foundational pillars

1. Accelerate programmatic action
2. Intensify cross-cutting approaches and
3. Change operating models and culture to facilitate country ownership

Set targets to contribute towards realization of 2030 global targets.

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The process…….

Activity started in 2022 but slow progress was realized owning to COVID Challenges

Towards end of 2022 ESPEN engaged a team of 14 consultants to support countries

Methodology

Hybrid support (online and country missions)

i. Stakeholder meetings to review situational analysis including review of current data

ii. Drafting of plans

iii. Validation

iv. Launch

v. Dissemination

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Progress so far…….

5 of countries had finalised Master Plans

11 countries activity on going

Jan – Dec 2022

Jan – Nov 2023

Jan – Mar 2024

Additional 31 countries were able to complete the process

Session 5: NTD Master Plans

Moderator - Dr Augustine Kadima

NTD Master plans development process

Experiences from Dr Mwinzi and Dr. Dr Denise Mupfasoni

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Session 5: NTD Master Plans

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M&E Framework (M&E Component of Master Plans - Dr Pamela Sabina Mbabazi

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21

Ending the neglect to attain the Sustainable Development Goals.

A framework for monitoring and evaluation of neglected tropical diseases, 2021 - 2030

Considerations for national M&E plans for NTD programmes

30

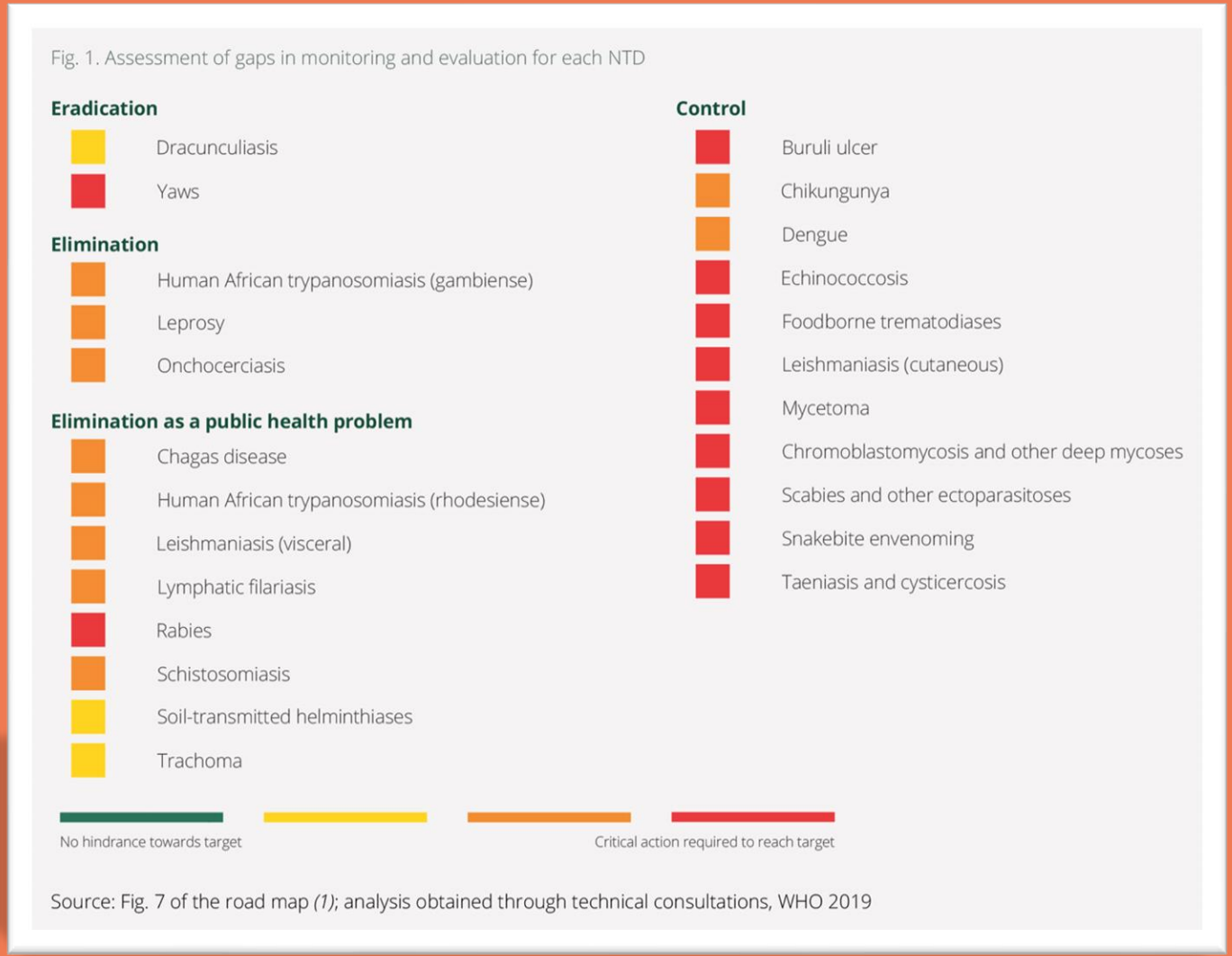
DR. MBABAZI, Pamela Sabina
Strategic Information and Analytics unit
Dept of Control of Neglected Tropical Diseases
WHO-Geneva, HQ

World Health Organization

Overview of NTD M&E framework 2021–2030: purpose, target audience and scope

Highlights

- Important gaps & priorities for attaining NTD road map goals
- Framework aims to facilitate tracking of progress against set goals while enabling course corrections
- Quantitative & Qualitative approaches



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Conceptual framework and shifts guiding monitoring and evaluation

- Theory of change (ToC) defines the programmatic inputs, action and outputs needed to achieve the NTD targets by 2030.
- Supports the three pillars outlined in the road map:
  - **Pillar I: impact orientation**
  - **Pillar II: intensifying cross-cutting approaches**
  - **Pillar III:** changing operational models and culture to facilitate country ownership and financing.

Fig. 4. Shifts in approaches to monitoring and evaluating progress towards the 2030 road map targets

	FROM	TO
Accountability for impact	**Historical orientation towards process**, with success measured based on input, process and output indicators	**Impact orientation,** measuring public health impact of NTD interventions
Programmatic approaches	**Siloed disease-specific programme surveillance, monitoring and evaluation,** with limited integration and interfaces with national health information systems and adjacent sectors **Inconsistent definitions and methods** for quantitative and qualitative monitoring and evaluation	**Holistic, cross-cutting approaches,** with the inclusion of overarching, cross-cutting and intersectoral indicators, integration across NTDs, mainstreaming in national health information systems, coordination with adjacent sectors for improved data sharing and strengthening country capacity and global support **Harmonized, well-defined indicators and a standardized, objective qualitative assessment dialogue.**
Programme ownership	**Heavy reliance on external technical support and donor funding for monitoring and evaluation activities**	**NTD monitoring and evaluation systems aligned with its national policies.** Coordinated support from partners needed.

Source: Adapted from Fig. 4 of the road map *(1)*

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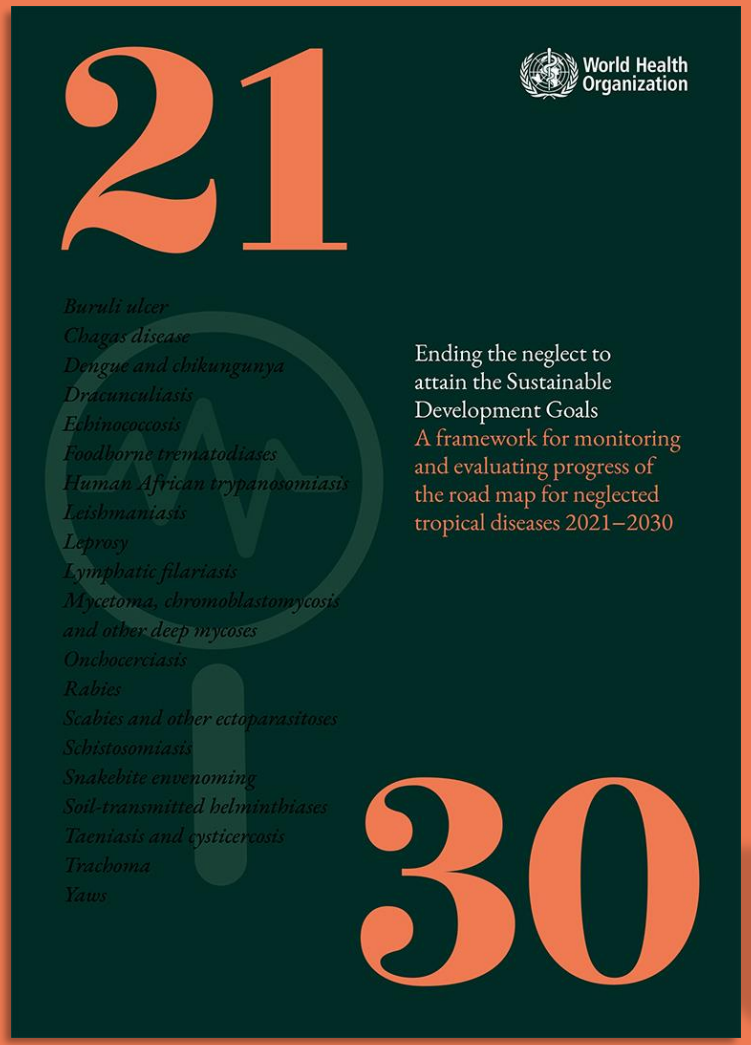
Main contents



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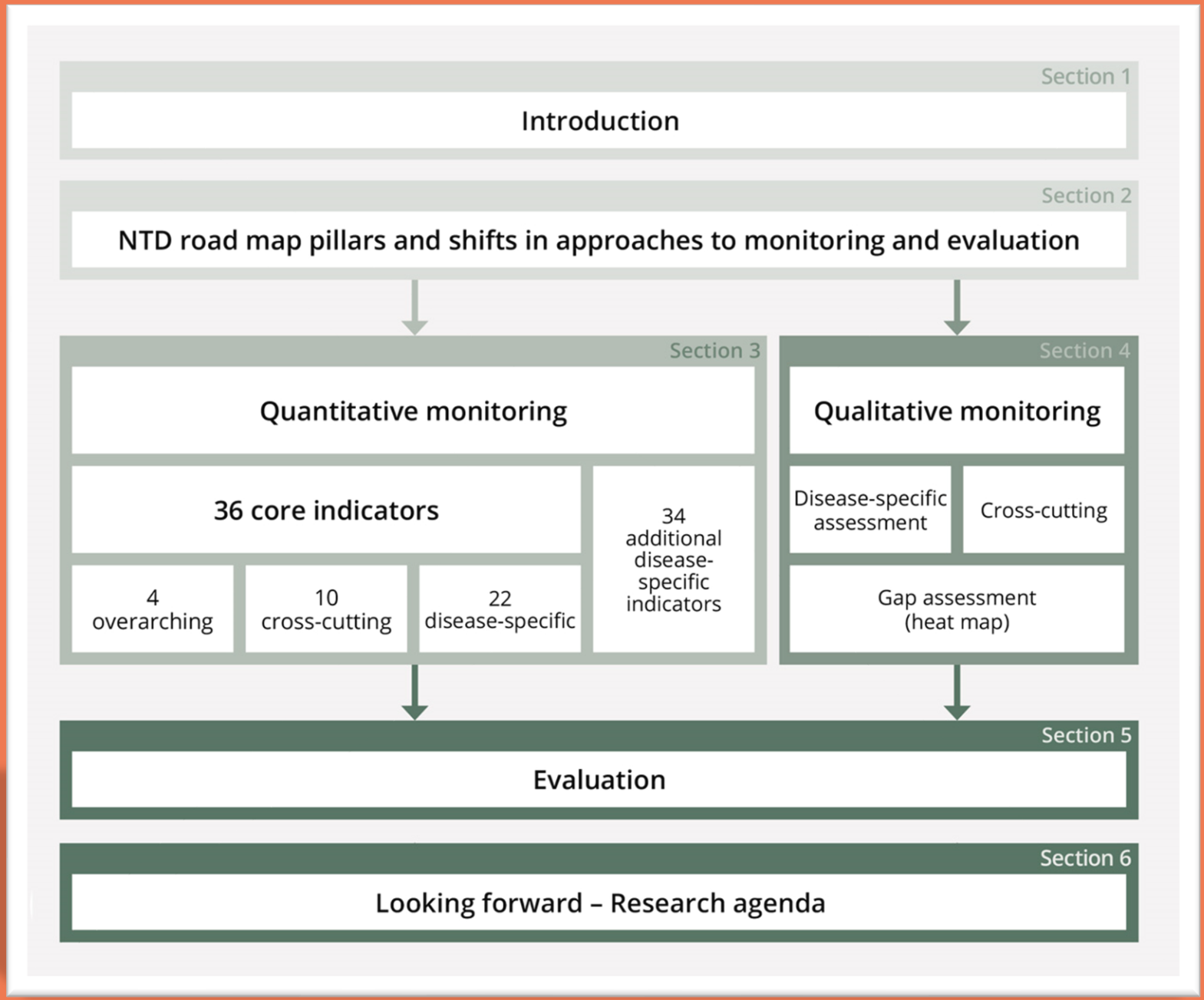

Quantitative approach: Overarching, Cross cutting, Disease-specific

Overarching targets

Top-line targets for NTDs, in line with the Sustainable Development Goals and WHO's 13th General Programme of Work

▼ 90%	Fewer people requiring interventions against NTDs
▼ 75%	Fewer NTD-related DALYs
100	Countries having eliminated at least one NTD
2	NTDs eradicated (dracunculiasis and yaws)

Indicator		2030
INTEGRATED APPROACHES	Integrated treatment coverage index for preventive chemotherapy	75%
	Number of countries that adopt and implement integrated skin neglected tropical disease strategies	40%
	Percentage reduction in number of deaths from vector-borne neglected tropical diseases (relative to 2016) – to achieve WHO's global vector control response goal	75%
MULTISECTORAL COORDINATION	Access to at least basic water supply, sanitation and hygiene in areas endemic for neglected tropical diseases – to achieve targets 6.1 and 6.2 of Sustainable Development Goal 6	100%
	Share of the population at risk protected against catastrophic out-of-pocket health expenditure due to neglected tropical diseases – to achieve target 3.8 of Sustainable Development Goal 3	90%
	Share of countries with neglected tropical diseases integrated in national health strategies/plans	90%
UNIVERSAL HEALTH COVERAGE	Share of countries including neglected tropical disease interventions in their package of essential services and budgeting for them	90%
	Share of countries with guidelines for management of neglected tropical disease-related disabilities within national health systems	90%
COUNTRY OWNERSHIP	Share of countries reporting on all relevant endemic neglected tropical diseases	90%
	Share of countries collecting and reporting data on neglected tropical diseases disaggregated by gender	90%

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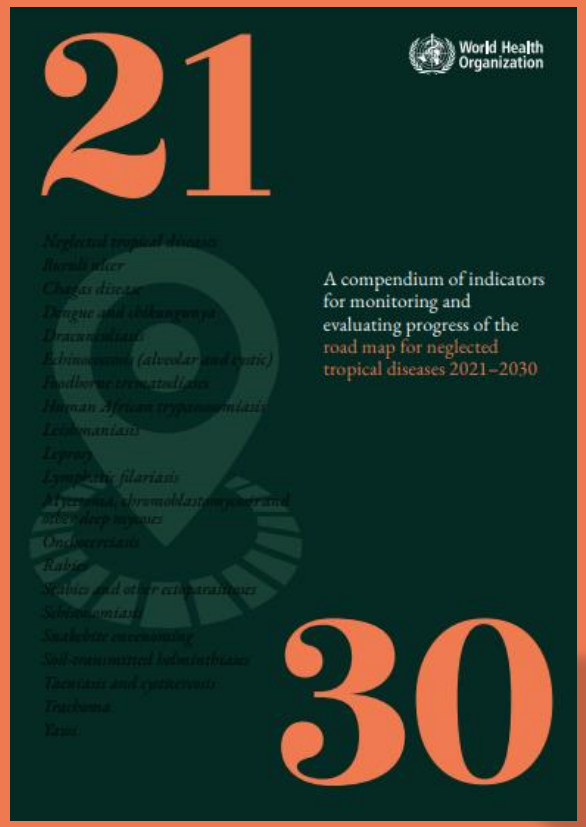
Disease-specific targets

Targets relevant to individual diseases

Disease	Indicator	2020	2023	2025	2030
TARGETED FOR ERADICATION					
Dracunculiasis	Number of countries certified free of transmission	189 (97%)	189 (97%)	191 (98%)	194 (100%)
Yaws	Number of countries certified free of transmission	1 (1%)	97 (50%)	136 (70%)	194 (100%)
TARGETED FOR ELIMINATION (INTERRUPTION OF TRANSMISSION)					
Human African trypanosomiasis (gambiense)	Number of countries verified for interruption of transmission	0	0	5 (21%)	15 (62%)
Leprosy	Number of countries with zero new indigenous cases	50 (26%)	75 (39%)	95 (49%)	120 (62%)
Onchocerciasis	Number of countries verified for interruption of transmission	4 (12%)	5 (13%)	8 (21%)	12 (31%)
TARGETED FOR ELIMINATION AS A PUBLIC HEALTH PROBLEM (public health problem)					
Chagas disease	Number of countries achieving interruption of transmission through the four transmission routes (vectorial, transfusional, transplantation and congenital), with 75% antiparasitic treatment coverage of eligible cases	0	4 (10%)	10 (24%)	15 (37%)
Human African trypanosomiasis (rhodesiense)	Number of countries validated for elimination as a public health problem (defined as < 1 case / 10 000 people per year, in each health district of the country averaged over the previous 5-year period)	0	2 (15%)	4 (31%)	8 (61%)
Leishmaniasis (visceral)	Number of countries validated for elimination as a public health problem (defined as < 1% case fatality rate due to primary disease)	0	32 (43%)	56 (75%)	64 (85%)
Lymphatic filariasis	Number of countries validated for elimination as a public health problem (defined as infection sustained below TAS thresholds for at least 4 years after stopping MDA; availability of essential package of care in all areas with known patients)	19 (26%)	23 (32%)	34 (47%)	58 (81%)
Rabies	Number of countries having achieved zero human deaths from rabies	80 (47%)	89 (53%)	113 (67%)	155 (92%)
Schistosomiasis	Number of countries validated for elimination as a public health problem (defined as < 1% proportion of heavy intensity infections)	26 (33%)	49 (63%)	69 (88%)	78 (100%)
Soil-transmitted helminthiases	Number of countries validated for elimination as a public health problem (defined as < 2% proportion of soil-transmitted helminth infections of moderate and heavy intensity due to *A. lumbricoides*, *T. trichuria*, *N. americanus* and *A. duodenale*)	7 (7%)	60 (60%)	70 (70%)	96 (96%)
Trachoma	Number of countries validated for elimination as a public health problem (defined as (i) a prevalence of trachomatous trichiasis "unknown to the health system" of < 0.2% in ≥ 15-year-olds in each formerly endemic district; (ii) a prevalence of trachomatous inflammation—follicular in children aged 1–9 years of < 5% in each formerly endemic district; and (iii) written evidence that the health system is able to identify and manage incident trachomatous trichiasis cases, using defined strategies, with evidence of appropriate financial resources to implement those strategies)	8 (13%)	28 (44%)	43 (68%)	64 (100%)
TARGETED FOR CONTROL					
Buruli ulcer	Proportion of cases in category III (late stage) at diagnosis	30%	< 22%	< 18%	< 10%
Dengue and chikungunya	Case fatality rate due to dengue	0.80%	0.50%	0.50%	0%
Echinococcosis	Number of countries with intensified control for cystic echinococcosis in hyperendemic areas	1	4	9	17
Foodborne trematodiases	Number of countries with intensified control in hyperendemic areas	N/A	3 (3%)	6 (7%)	11 (12%)
Leishmaniasis (cutaneous)	Number of countries having reached: 85% of all cases are detected and reported, and 95% of reported cases are treated	N/A	44 (51%)	66 (76%)	87 (100%)
Mycetoma, chromoblastomycosis and other deep mycoses	Number of countries where mycetoma, chromoblastomycosis, sporotrichosis and/or paracoccidioidomycosis are included in national control programmes and surveillance systems	1	4	8	15
Scabies and other ectoparasitoses	Number of countries having incorporated scabies management in the universal health coverage package of care	0	25 (13%)	50 (26%)	194 (100%)
Snakebite envenoming	Number of countries with incidence of snakebite achieving reduction of mortality by 50%	N/A	39 (30%)	61 (46%)	132 (100%)
Taeniasis and cysticercosis	Number of countries with intensified control in hyperendemic areas	2 (3%)	4 (6%)	9 (14%)	17 (27%)

Note: In certain cases, reference to "countries" should be understood as signifying countries, territories and areas.

Compendium of indicators for NTDs



Living document

Annex 5. Structure of the NTD indicator compendium

1. Indicates the domain the indicator belongs to: health system, service coverage, risk or health status
2. Indicates the name of the indicator
3. Indicates the unique ID for the indicator
4. Indicates the results chain typical of logic models: input includes those items that the programme invests in (e.g. human resource, staffing); process/activity refers to the planning, implementation and coordination of NTD activities; output refers to what was delivered/ produced from conducting activities (e.g. number of posters distributed); outcome refers to changes in behaviour after the programme implemented activities (e.g. number of people using NTD services or aware of disease, and voluntary reporting to the health facility); impact refers to impact on health status of population (e.g. number of people in need of treatment or DALYs averted).
5. Provides detailed definitions of the words included in the name or the content of the indicator.
6. Indicates the reason why the indicator is important and the justification for measuring it.
7. Indicates the number of the population or unit meeting the criteria for inclusion in the numerator of the indicators
8. Indicates the total number of the population or unit meeting the criteria for inclusion in the denominator of the indicators
9. Indicates how the data are disaggregated or the breakdown of the data (e.g. age, gender, WHO region).
10. Provides guidance on how the indicator should be measured, including how the data are collected, compiled and analysed, and the data sources. This field specifies the methodology of data collection such as baseline and follow up surveys, routine and specific monitoring; guidance on sampling methodology and data collection tools, information systems and methods of calculation. Precise definitions of the numerator and the denominator are provided for indicators that are expressed as percentages or ratios.
11. In situations where primary data collection is not available, this field provides guidance on how the indicator is estimated, including the institution responsible for estimates, methodology, data source and statistical model used, and how the analysis is made.
12. Indicates the frequency of measuring the indicator (e.g. ad hoc, annual, biannual).
13. This field indicates the data sources, which could be population-based or institution-based (e.g. civil registry and vital statistics, Ministry of Health, Health Statistics Office.
14. Indicates the first level where the data are collected (e.g. household, community or health facility).
15. Indicates the related country indicators

Source: A compendium of indicators for monitoring and evaluating progress of the road map for neglected tropical diseases 2021–2030. Geneva: World Health Organization; 2021 [in press].

NTD INDICATOR COMPENDIUM

Disease specific Indicator

Dracunculiasis

1 Health Status

Dracunculiasis 2

Number of countries certified free of transmission

AlternativeIndicatorName	
Indicator ID 3	NTDDRA0000132
ME Framework	Impact 4
Definition	Certification of elimination of transmission: Confirmed absence of the emergence of adult female worms (defined as compatible with the interruption of transmission of Dracunculus medinensis) in humans and animals for 3 consecutive years or longer at the country level.
Unit Measurement	Country 5
Rationale	WHA 39.21; WHA 42.29; WHA 44.5; WHA50.35; WHA 57.9; WHA 64.16 6
Numerator 7	Number of countries certified free
8 Denominator	
Disaggregation	Country 9
Method of measurement	Country submitted: a declaration and filled questionnaire of dracunculiasis-free status, and for formerly endemic country a country report. Survey: An International Certification Team(ICT) will conduct field visit to assess and verify the veracity of the claim included in country report. The surveillance system and documentation at all levels will be assessed on its readiness to detect and respond appropriately to any rumours or suspected case of guinea worm disease. This assessment includes but not limited to surveys at household, village, market, schools, health facility levels to assess the awareness of the population about the guinea worm disease, its prevention, reward system and to determine the source of drinking water. The ICT will report to ICCDE. ICCDE will take decision and recommeds to WHO if the country will be certified free of dracunculiasis transmission. An ICT report is then submitted to International Certification for Dracunculiasis Eradication for review and then ICCDE recommends to WHO if the country met the criteria for certification. WHO certifies the country that has interrupted transmission. 10
Method of estimation 11	
Measurement Frequency	Adhoc 12
Preferred data source	World Health Organization 13
Other data sources	
14 Primary level of data collection	Member State
Timing of primary data collection	Adhoc
Further information and related links	https://www.who.int/en/news-room/fact-sheets/detail/dracunculiasis-(guinea-worm-disease)

☑ High level indicator ☐ UHC indicator ☑ GHO Indicator ☐ Roadmap 2020

☐ SDG indicator ☐ GPW13 indicator ☑ Roadmap 2030

Related country indicator

Number of new cases	NTDDRA0000006
Number of new infected animal	NTDDRA0000007
15 Case containment rate (%)	NTDDRA0000009
Number of rumours reported	NTDDRA0000010

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https://www.who.int/publications/i/item/9789240062863

NTD data pathways

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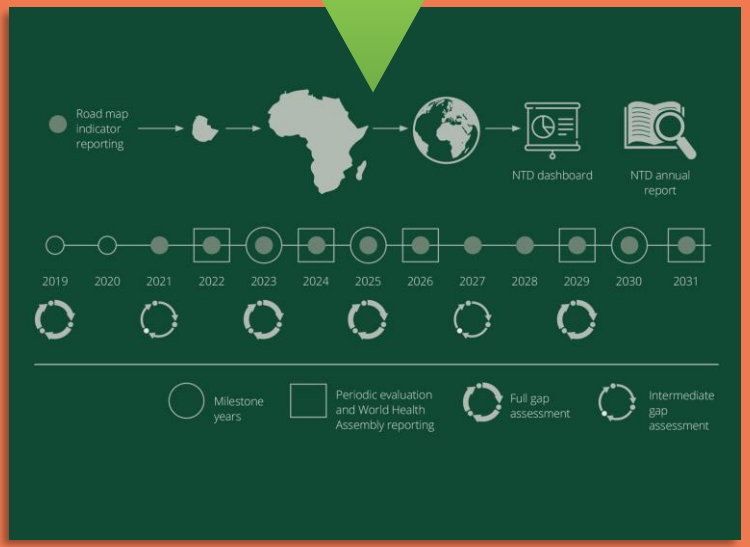
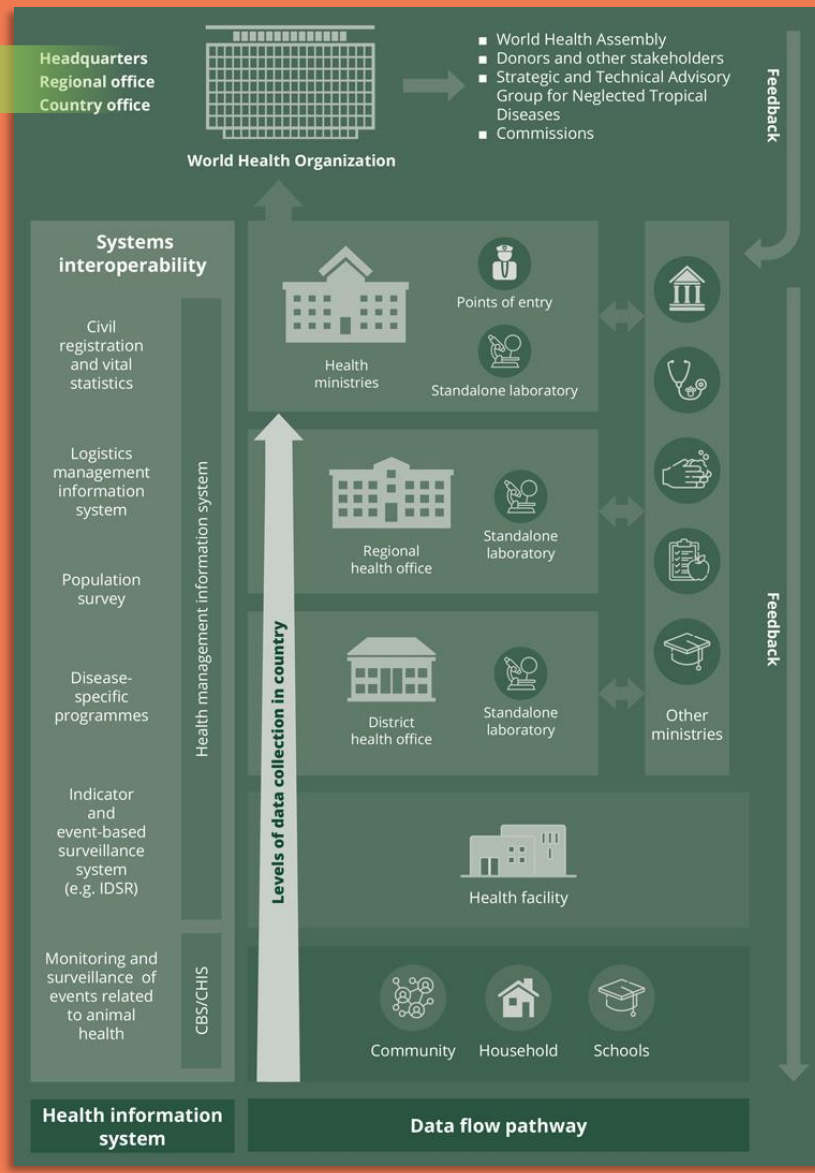
WHO CORPORATE VISION ON SINGLE REPOSITORY OF HEALTH DATA

Bring WHO data together in one place



World Health Assembly reporting timeline



Qualitative approach to monitoring: Gap Assessment Tool

Disease assessment framework

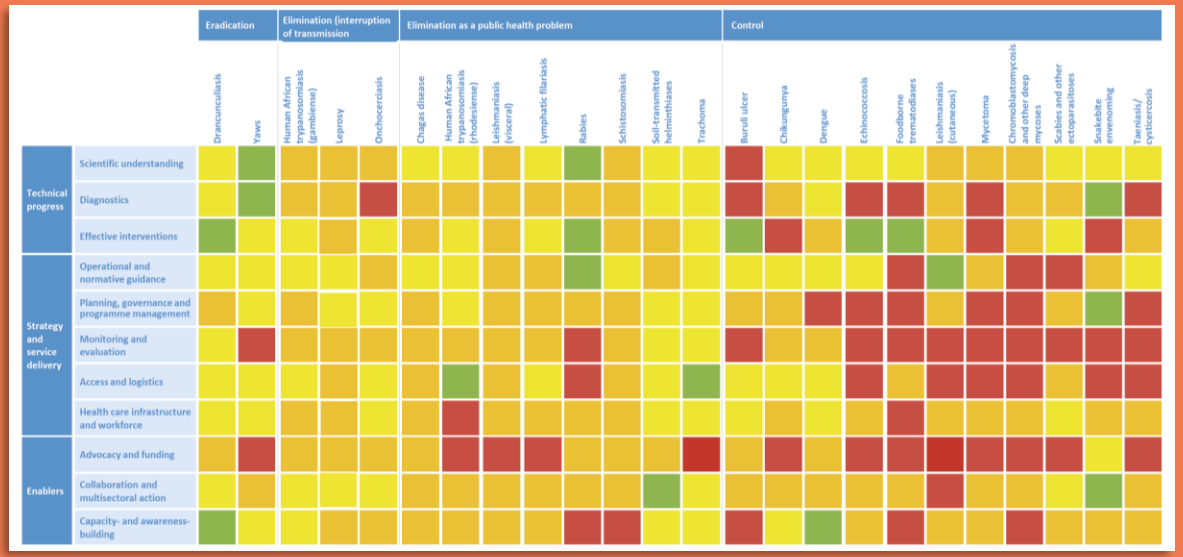
Template for assessing gaps along the 11 dimensions, through objective criteria

Year	Assessment	Status and progress since last assessment	Actions required
2019		Text from 2019 disease profile	Text from 2019 disease profile
2021		Updated text on progress since last assessment	Updated text on actions required

Standardized colour assessment criteria for questionnaire

✓ Criterion 1 met ✓ Criterion 2 met ✓ Criterion 3 met	✓ Criterion 1 met ✓ Criterion 2 met	✓ Criterion 1 met	No criteria met

Component	Dimension
Technical progress	Scientific understanding
	Diagnostics
	Effective intervention
Strategy and service delivery	Operational and normative guidance
	Planning, governance and program implementation
	Monitoring & Evaluation
	Access and logistics
	Healthcare infrastructure and workforce
Enablers	Advocacy and funding
	Collaboration & multisectoral action
	Capacity building



- Builds on the NTD road map consultation approach
- Combined disease-specific assessments along 11 dimensions to create a “heat map” showing common challenges and areas for focused action and course correction as needed
- Objective method to update the heat map/color-code rubric

Best practices in NTD data processes

Data collection	• **Integrated and standardized** disease-specific and cross-cutting indicators and data collection tools • **Mainstreamed** into health management information system/integrated disease surveillance and response • Disaggregated by **age, gender and location** • Recorded and reviewed on the **same day** that collected • Reported to the next level in a timely manner • **Supervised** collection of data • **Digital health platform** used for collection
Data storage and aggregation	• **Mainstreamed** into health management information system/integrated disease surveillance and response • **Secured** with defined users and access • **Updated** at regular intervals
Data validation	• Validated at **multiple levels** with **feedback** on data quality • **Triangulated** from various sources • Checked for internal and external **consistency** • **Routine** (e.g. during supportive supervision) and **periodic exercises** (e.g. coverage evaluation surveys, data quality audits) conducted
Data analysis	• Viewed through the lens of **person, time, place** to answer **4/5 Ws: "what, where, when, why and how?"** • Analysed at **multiple levels** (community, health facility, district, national, regional, global) • **Advanced analyses** used to fill public health data gaps
Monitoring progress towards targets	• Progress measured with attention to geographical areas, population groups and trends over time • Progress analysed as to how and why targets are being achieved or not achieved to inform decisions

Research priorities

Table 2. Monitoring and evaluation gaps and needs for NTD programmes

M&E topic	Identified gaps and needs
M&E framework for NTD programmes	• M&E highlighted in the road map as a critical area which may prevent the attainment of road map targets • Lack of integrated M&E framework for NTD programme • Some NTDs lack established M&E frameworks to track outcomes and impact • Robust criteria are needed to define disease elimination consistently across all NTDs • New tools and strategies are required to support disease-specific and integrated surveillance • Integrating and mainstreaming NTDs into national health information systems are key to strengthen in-country M&E activities
Disease-specific indicators	• Some NTDs lack outcome and impact indicators • As new diagnostic tools are developed, these may require development of new indicators or adaptation of existing indicators
Cross-cutting indicators	• Some cross-cutting indicators require additional work to refine definition, methods of measurement and data source • Clearer guidance is needed to enable countries to measure and monitor cross-cutting approaches (integrating, mainstreaming, coordinating and strengthening) • Some NTDs lack measurement methods for inclusion in the overarching and cross-cutting indicators
Qualitative assessments	• Efforts required to standardize the process, methods, tools and timing for the gap assessment • Objectivity of criteria to score each dimension for each disease needs further refinement • Development of criteria to enable assessment of implementation of cross-cutting approaches (integration, mainstreaming, coordination and health system strengthening), changing operation models, country ownership and sustainability • Research is needed on how to adapt the gap assessment for country-level use
Data management	• Robust systems are needed to support collection of data that are complete, timely, systematic, accurate and disaggregated by age, gender and location • Data systems should be centralized in the health ministry, and data stored in a standard format on integrated platforms
Data analytics and use	• Additional training and implementation research is required to maximize the utility of these systems and, particularly, to improve data use at the lowest levels of the health system • Digital health tools for data collection, analysis and interpretation are needed to enable informed decision-making • New approaches to use spatial data are necessary to obtain a granular view of disease epidemiology to guide targeted interventions and surveillance

Annex 2: All existing diseases-specific M&E guidelines/frameworks

Annex 2. WHO guidelines on monitoring and evaluating NTD programmes

General guidelines

Joint request for selected preventive chemotherapy medicines and joint reporting form: a user guide. Geneva: World Health Organization; 2013 (https://apps.who.int/iris/handle/10665/83962).

Monitoring drug coverage for preventive chemotherapy. Geneva: World Health Organization; 2010 (https://www.who.int/trachoma/resources/9241546905/en/).

Preventive chemotherapy. Tools for improving the quality of reported data and information: a field manual for implementation. Geneva: World Health Organization; 2019 (https://apps.who.int/iris/bitstream/handle/10665/329376/9789241516464-eng.pdf).

Towards universal coverage for preventive chemotherapy for neglected tropical diseases: guidance for assessing "who is being left behind and why". Geneva: World Health Organization; 2017 (https://apps.who.int/iris/bitstream/handle/10665/259487/WHO-FWC-17.3-eng.pdf).

Disease-specific guidelines (or key publications)

Eradication

Dracunculiasis	• Eradicating guinea worm disease. Geneva: World Health Organization; 1998

Elimination as a public health problem

Chagas disease	• Guidelines for
Human African trypanosomiasis (rhodesiense)	• Control and
Leishmaniasis (visceral) (case-fatality rate in Africa, Asia and Europe; incidence rate in South-East Asia)	• Indicators f Bangladesh Programme • Control of leishmania Report Seri • Process of WHO Regio
Lymphatic filariasis	• Monitoring eliminate ly Organizatio
Rabies	• WHO exper Technical R • Global elim December Health; 201 RabiesCont • Strategic fr New Delhi,
Schistosomiasis	• Helminth co Geneva: Wo • Montresor transmitted 1998
Soil-transmitted helminthiases	• 2030 target 2020 • Helminth co Geneva: Wo • Guideline groups. Ge • Tools for of soil-transmitted helminthiasis. Washington (DC): Pan American Health Organization; 2017 (https://www.paho.org/en/documents/tools-monitoring-coverage-integrated-public-health-interventions-vaccination-and).

Elimination as a public health problem

Trachoma	• Validation of elimination of trachoma as a public health problem. Geneva: World Health Organization; 2016 (https://apps.who.int/iris/bitstream/handle/10665/208901/WHO-HTM-NTD-2016.8-eng.pdf). • Trachoma control: a guide for programme managers. Geneva: World Health Organization; 2006 (http://apps.who.int/iris/bitstream/10665/43405/1/9241546905_eng.pdf). • Design parameters for population-based trachoma prevalence survey. Geneva: World Health Organization; 2018 (https://www.who.int/trachoma/resources/who_htm_ntd_pct_2018.07/en/). • Design and validation of a trachomatous trichiasis-only survey. Geneva: World Health Organization; 2017 (https://www.who.int/trachoma/resources/who_htm_ntd_pct_2017.08/en/).

Control

Buruli ulcer	• Asiedu K, Scherpbier R, Raviglione M. Buruli ulcer: *Mycobacterium ulcerans* infection. Geneva: World Health Organization; 2000 (https://apps.who.int/iris/bitstream/handle/10665/66164/WHO_CDS_CPE_GBUI_2000.1.pdf)
Dengue	• Monitoring and evaluation indicators for integrated vector management. Geneva: World Health Organization; 2012 (https://apps.who.int/iris/bitstream/handle/10665/76504/9789241504027_eng.pdf) • Dengue guidelines, for diagnosis, treatment, prevention and control. Geneva: World Health Organization; 2009 (http://apps.who.int/iris/bitstream/10665/44188/1/9789241547871_eng.pdf). • Global strategy for dengue prevention and control 2012–2020. Geneva: World Health Organization; 2013 (https://www.who.int/immunization/sage/meetings/2013/april/5_Dengue_SAGE_Apr2013_Global_Strategy.pdf). • Global vector control response 2017–2030. Geneva: World Health Organization; 2017 (https://apps.who.int/iris/bitstream/handle/10665/259205/9789241512978-eng.pdf). • Global vector control response: progress in planning and implementation. Geneva: World Health Organization; 2020 (https://www.who.int/publications/i/item/9789240007987).
Echinococcosis	• Reporting: Meeting of the WHO Informal Working Group on Echinococcosis (WHO-IWGE), Geneva, 15–16 December 2016. Geneva: World Health Organization; 2017 (https://apps.who.int/iris/rest/bitstreams/1081982/retrieve).
Foodborne trematodiases	• Expert consultation to accelerate control of foodborne trematode infections, taeniasis and cysticercosis, Seoul, Republic of Korea, 17–19 May 2017, Geneva. (https://apps.who.int/iris/rest/bitstreams/1157183/retrieve)

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Evaluation of progress towards road map targets

Integrated programme reviews

Evaluation for impact and accountability

COUNTRY-LEVEL MONITORING

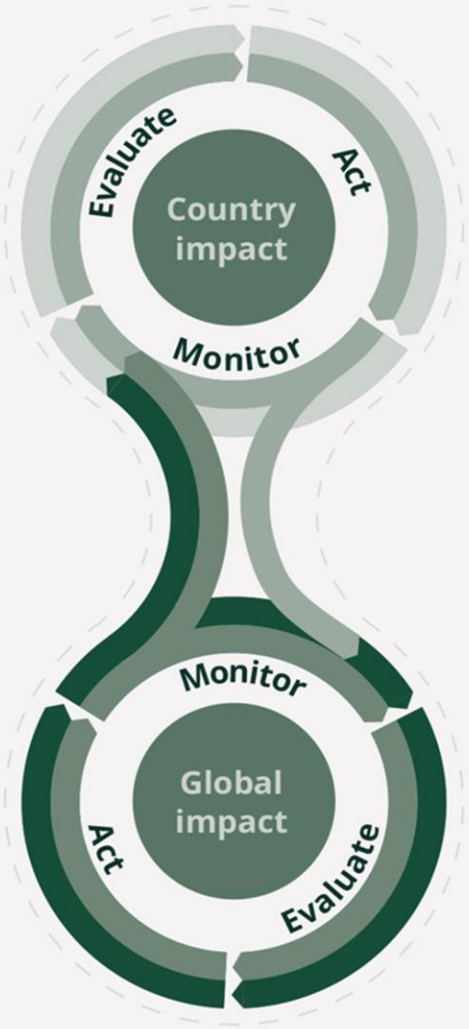
- Routine and periodic implementation reports from health facilities and community-based interventions, etc.
- Non-health sector implementation reports (WASH, One Health, Education, Finance, etc.)
- Country-level cross-cutting road map indicators

COUNTRY-LEVEL EVALUATION

- NTD impact evaluation via community-based surveys, health facility data, integrated disease surveillance and response, etc.
- NTD plan reviews
- Health sector reviews
- Independent external evaluations

COUNTRY-LEVEL ACTIONS

- Inter-ministerial reports
- Intersectoral reports
- Corrective action and revision of national plans



- Information for country programme management only
- Information from countries for road map monitoring
- Global data on road map indicators
- Gap assessment

GLOBAL-LEVEL MONITORING

- Disease-specific reports from countries
- Road map cross-cutting indicators from countries
- Road map dashboard
- Periodic gap assessment

GLOBAL-LEVEL EVALUATION

- STAG-NTD policy dialogues
- Independent NTD commissions

GLOBAL-LEVEL ACTIONS

- Progress reports to World Health Assembly
- NTD annual report
- Annual disease-specific articles in *Weekly Epidemiological Record*
- Revision of targets and strategies as needed
- Revision of heat map and critical actions

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Thank you

#BeatNTDs #StrongerTogether #NTDroadmap2030 #Unite.Act.Elimimate

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21 NTD ROAD MAP 30

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Session 5: NTD Master Plans

Moderator - Dr Augustine Kadima

Country experiences in NTD Master plans implementation - Rwanda and Togo

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COUNTRY UPDATE
In the implementation progress of the WHO NTD Roadmap 2021-2030

Country name: Rwanda

Name of National Programme Manager: Ladislas NSHIMIYIMANA

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Country context: NTDs concerned and their targets

Objective 1:

By 2024, eliminate the following NTDs as a public health problem in Rwanda:

- **Schistosomiasis (1023 administrative cells are endemic)**
- **Human African Trypanosomiasis**
- **Onchocreciasis, Trachoma, Lympatic Lilariasis, Yaws, Leprosy (Under TB and ORD Division)**

Objective 2:

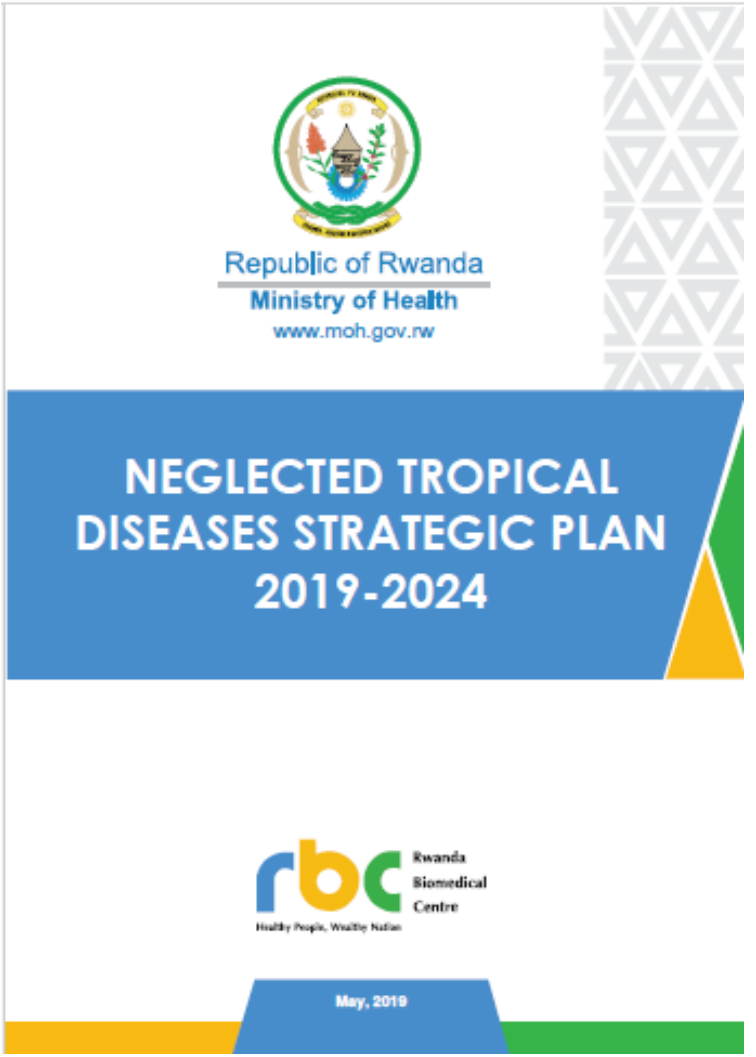
- **By 2024, eliminate Podoconiosis in endemic Districts with <1% prevalence of untreated podoconiosis among individuals aged ≥ 15,and > 95% of lymphoedema cases are treated adequately (1024/6000 under follow-up)**

Objective 3:

- **Reduce by 100% death related to rabies (Zero death of dog-mediated rabies)**

Objective 4:

- **Reduce to <20% the prevalence of intestinal worms/ STHs by 2024 (current 41%)**
- **Reduce by 50% the morbidity and mortality of snake Bites Envenoming by 2024**



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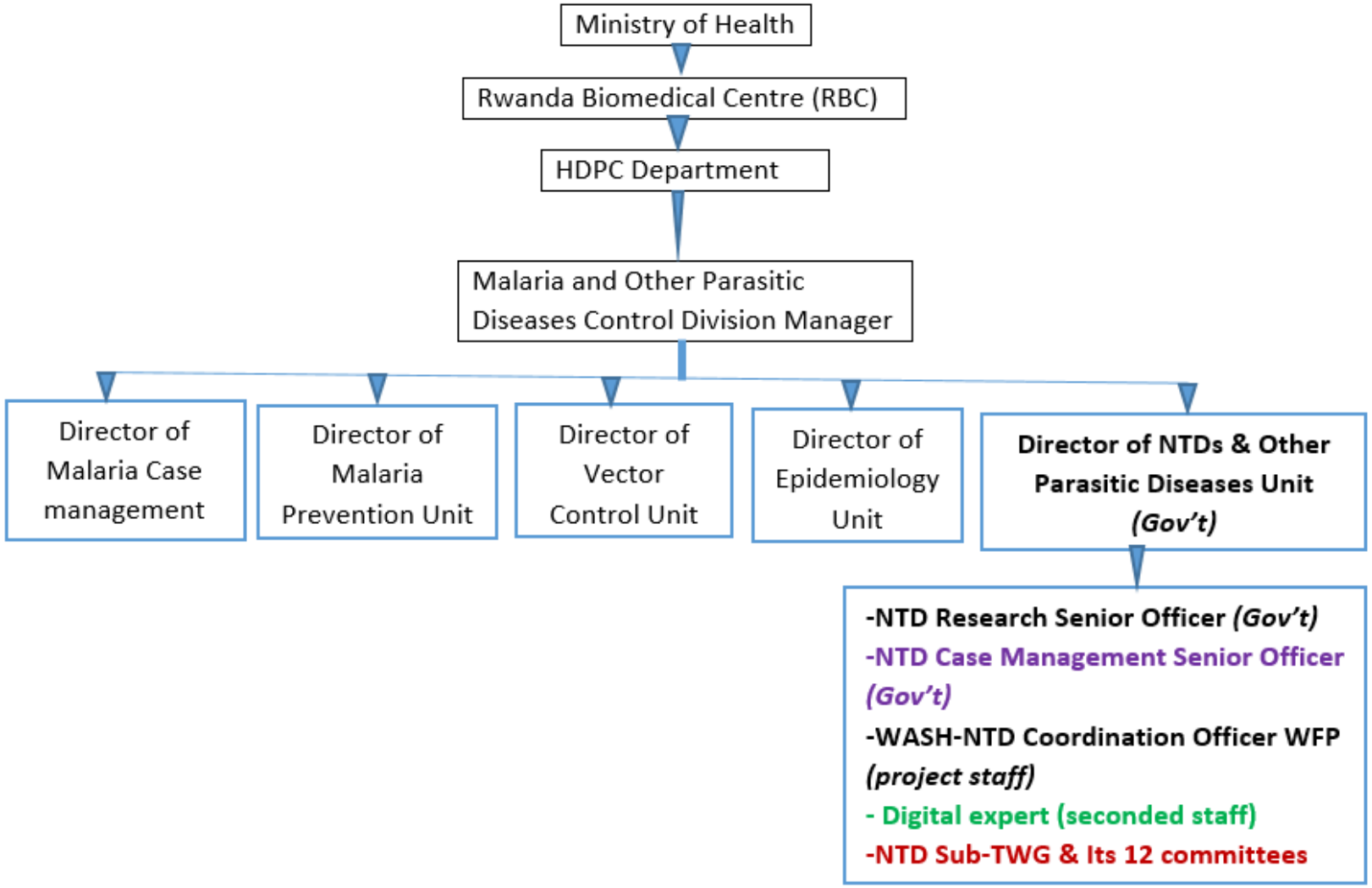
By 2030, All NTDs to be eliminated as Public Health Problem (Country Commitment, by Rt. Hon. PM Rwanda, during Kick-Off commitment for the Kigali Declaration on NTDs)

Country context: The NTDs programme structure, to get the job done



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Implementation of master plan: *How are we implementing the roadmap strategic shifts?*

Intensifying cross-cutting approaches: WASH and One Health in action

The Joint Roadmap driving to its finalization

27h October 22:
High-level (Ministerial) consultative meeting

Dec/ 2022: Dvpt of WASH-OH-NTDs Joint Roadmap

NTD Sub-TWG Members during NTD cross-sector Joint planning session for FY21-22 @Musanze in June 2021

World Health Organization

Country context: Intensifying cross-cutting approaches: 12 NTDs working committees

Annex I: Organization chart of NTD Sub-Technical Working Group (TWG)

Health Sector Working Group → Infectious Diseases TWG →

NTD Sub-TWG

1. **Chair: Director of NTD&OPD Unit/RBC**
2. **Co-Chair: WHO**
3. **Secretary: World Vision**
4. **Alternate Chair: Environmental Health/MOH**
5. **Alternate Co-Chair: UNICEF**

Technical committees

1.r-HAT Elimination Committee (HEC)
1. Chair
2. Secretary

2. Snakebite, Taenia & Rabies Elimination Committee (STREC)
1. Chair
2. Secretary

3.Eyes NTD Elimination Committee (ENEC)
1. Chair
2. Secretary

4.Skin NTD Elimination Committee (SNEC)
1. Chair
2. Secretary

5.Snail Control & Schistosoma free Environment Committee (SCSEC)
1. Chair
2. Secretary

6.Schistosomiasis Elimination Committee (SEC)
1. Chair
2. Secretary

7. WASH-NTDs Committee (WASHNC)
1. Chair
2. Secretary

8.MDA Microplanning Committee (MMC)
1. Chair
2. Secretary

9. NTD Community Engagement "Tujyanemo" & Communication Committee (NCECC)
1. Chair
2. Secretary

10. NTD M&E, Research and Surveillance Committee (NMERSC)
1. Chair
2. Secretary

11. NTD resources mobilization committee (NRMC)
1. Chair
2. Secretary

12. NTD Coordination Committee (NCOCO)
1. Chair
2. Secretary

World Health Organization

Country context: Integration of Skin NTDs control & Elimination plans

1. Where we want to be by 2024 & Beyond

i. All Skin NTDs (historically & currently endemic) with elimination targets are integrated in the Rwanda NTD Strategic Plan 2019-2024

(accessible online: https://rbc.gov.rw/fileadmin/user_upload/guide2019/guide2019/RWANDA%20NTD%20STRATEGIC%20PLAN%202019-2024.pdf

Page 42.

Table 3: ***NTDs Control and Elimination Targets with Key Strategies***

Target	NTDs	Year	Means of verification	Strategy
Elimination as a public Health problem	Human African Trypanosomiasis	2021	Routine or survey data and WHO validation	Community and health facility-based screening, treatment and Surveillance
	Mycetoma. Page 60			
	Yaws	2021		
	Onchocerciasis	2022		
	Leprosy	2022		
	L. filariasis	2023		
	Trachoma	2024		
	Schistosomiasis	2024		
Control with 100% of mortality reduction (Zero death)	Rabies	2024	Routine or survey data	1.Decentralization of Control interventions under District coordination for sustainability in terms of impact and funding 2. Improved multi-sectoral collaboration 3. Prioritization of education for behavior change and Community engagement **"Tujyanemo"** 4.Scaling-up MDA intervention against STH&SCH (increasing MDA Rounds and consideration of adults)
Control with 25% of morbidity reduction	Scabies	2024	Routine or survey data	
Control with 50% of mortality and morbidity reduction	Snakebites Envenoming	2024	Routine or survey data	
Control with reduction of prevalence to far < 20%	STH	2024	Routine & survey data	
Control with reduction of morbidity by 25%	Cysticercosis/Taeniasis	2024	Routine or survey data	
Control with reduction of morbidity by 20%	Tungiasis	2024	Routine or survey data	
To eliminate podoconiosis in endemic Districts by 2024 with <1% prevalence of untreated podoconiosis among individuals aged ≥ 15 years and > 95% of lymphoedema cases are treated adequately	Podoconiosis	2024	Routine or survey data	

Implementation of master plan: Change operating models and culture to facilitate country ownership: Decentralization & Integration

District

-Guidelines
-Integrated medicine supply

Central

- *Guidance*
- ***Annual planning***
- *Implementation*
- *M&E*
- *Coordination & Supply Chain*

Sectors & Health centers

Orientation to Cell Coordinators &head teachers
Medicines Supply

Cell (Previous community distribution site)

Orientation
Medicines supply

Schools by Teachers

Villages by CHWs & Leaders

HMIS

eLMIS

Reverse logistics (drugs) & Reporting (Daily)

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Implementation of master plan:
Accelerate programmatic actions: MDA implementation in Adults

After precision Mapping, adults were included in deworming program

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❑ Distribution of deworming tablets at schools by teachers

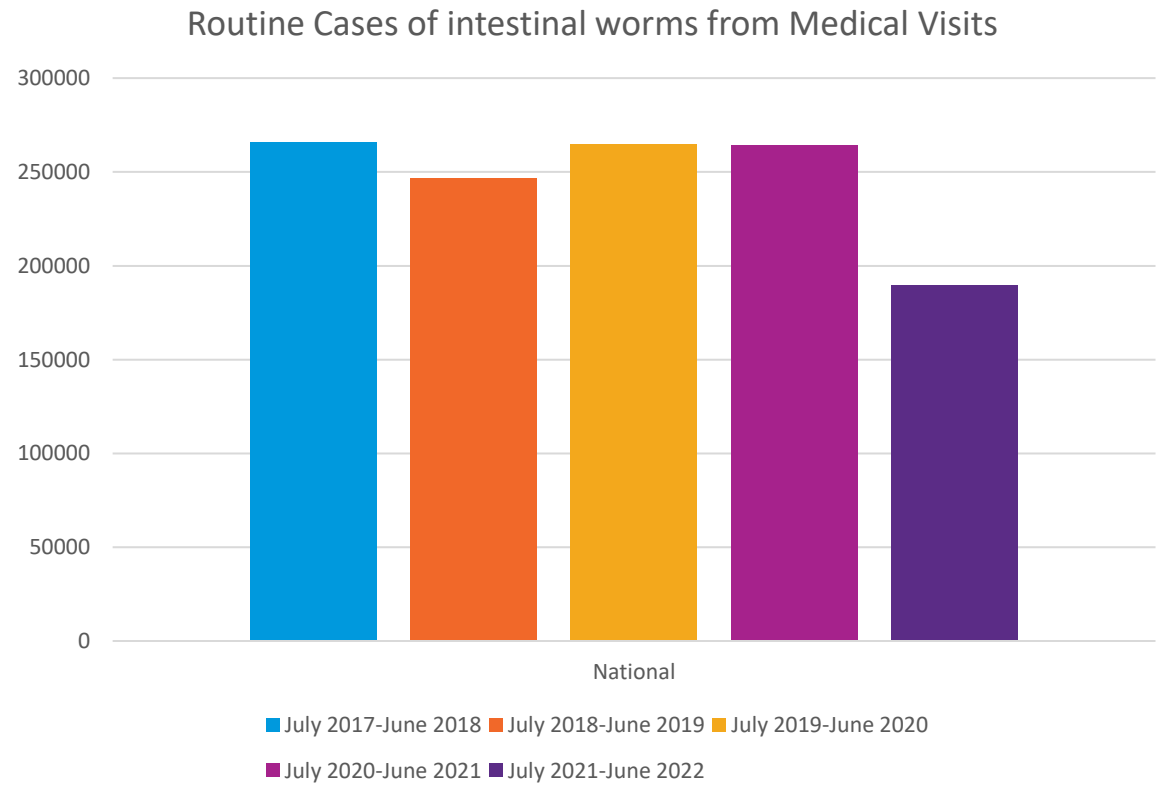
❑ Distribution of deworming tablets at university by health volunteers

❑ Distribution of deworming tablets at ISIBO by CHWs in the afternoon hours

❑ Engagement of local leaders

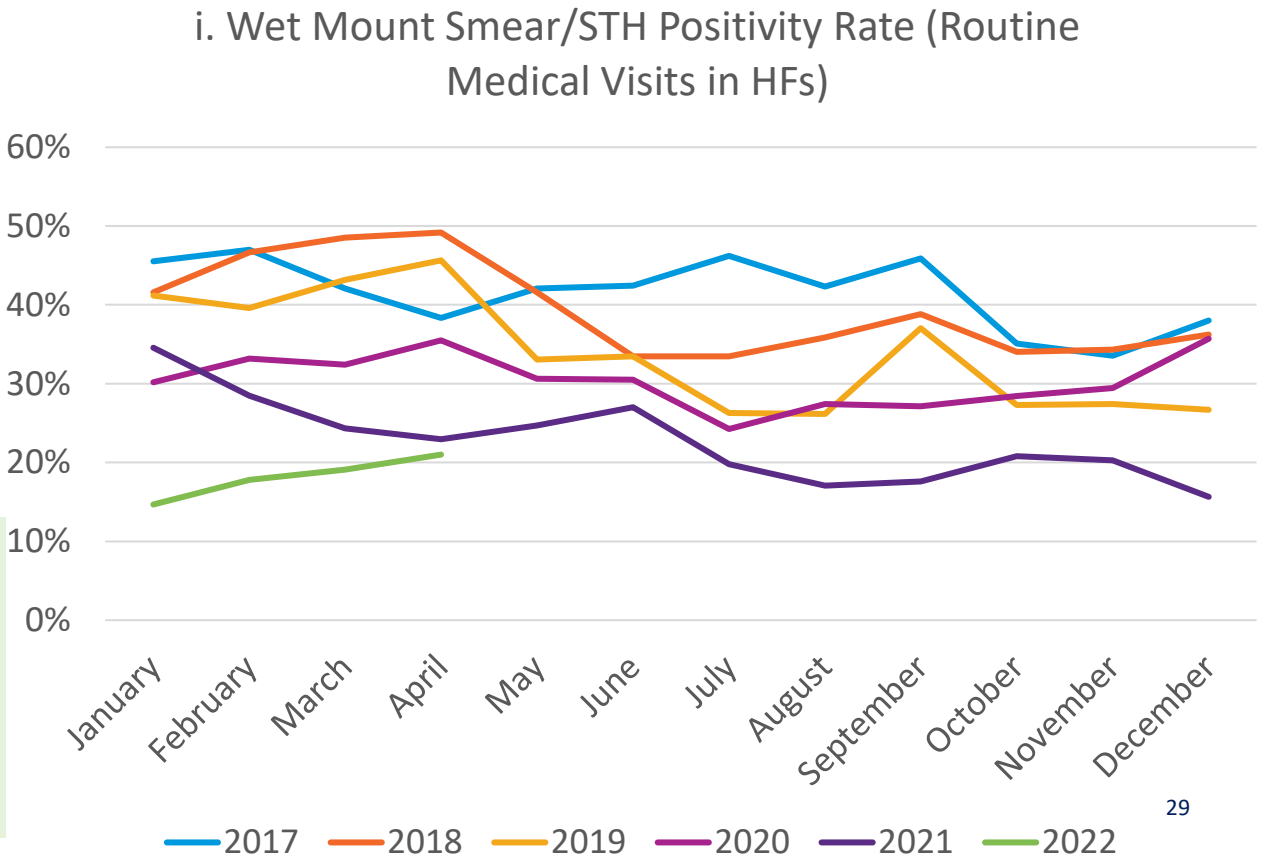
❑ Distribution of deworming tablets during community gathering events

Impact: MDA in adults works



MDA in adults for just 1 year contributed to the sharp decline of >50,000 cases (***from a constant 250,000 cases per year in the first 4 years despite MDA in SAC & Pre-SAC***) to below 200,000 cases in the last year (July 2021-June 2022).

January 22: Historic +vity rate (15%) achieved following adults' MDA June & Nov 2021. It used to be >30%



Opportunities:

- The High-level political leaders have been involved in NTDs elimination (Launch of the WHO Roadmap 21-30; Kick-off commitment for the Kigali Declaration)
- Nutrition projects working on WASH and STH elimination (due to its contribution to malnutrition)
- NTDs are integrated with malaria, making easy the integration of activities, etc.
- Having health, governance and education structures that go down to village and school level

Embracing Technology for Emergency delivery of NTDs commodities

World Health Organization

zipline

Challenges

- Delay in supply of deworming tablets
- Short shelf life (PQZ)
- The program is understaffed affecting prompt response to all NTDs
- Low drug efficacy (ALB and MEB) for **Trichuris trichiura**

Lessons learnt

- Use data to guide interventions, to prioritize intervention areas and to prompt corresponding response (use of NTDs scorecard).
- Maintain the adults' MDA will help accelerate the elimination of STH & SCH
- Delay in supply of deworming tablets jeopardize the program performance
- Initiating new partnerships for NTDs elimination, including private sector (PPP)

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Thank you for your kind attention

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COUNTRY UPDATE
In the implementation progress of the WHO NTD Roadmap 2021-2030

Mise à jour sur les Progrès de la mise en œuvre de la feuille de route de l'OMS pour les MTN au Togo (2021-2030)

TOGO
Dr GNOSSIKE Piham
Coordonnateur National MTN

World Health Organization

RÉPUBLIQUE TOGOLAISE

MINISTERE DE LA SANTE, DE L'HYGIENE PUBLIQUE ET DE L'ACCES UNIVERSEL AUX SOINS

Ministry of Health and Ministry of Education partnership for School-based deworming in Togo: an example of multisectoral collaboration

Partenariat entre le ministère de la santé et le ministère de l'éducation pour le déparasitage en milieu scolaire au Togo : un exemple de collaboration multisectorielle

Dr Piham GNOSSIKE

NTD Program Coordinator

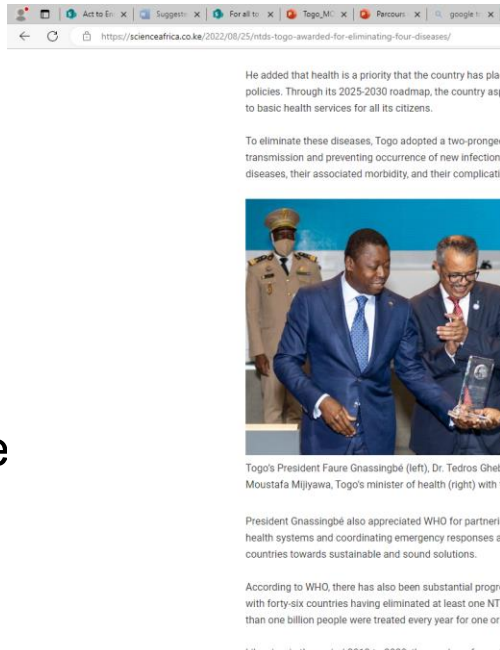
Contexte

Les MTN actives au Togo:

Filariose lymphatique ; Trachome ; Onchocercose ; Schistosomiase ; géo helminthiase ; Ver de Guinée ; THA ; Ulcère de Buruli ; lèpre, envenimation et morsures de serpent, gale.....

Progrès dans la lutte contre les MTN :

- ❑ 4 MTN éliminées : Trypanosomiase humaine africaine, ver de Guinée, FL et trachome.
- ❑ En route vers l'élimination des Onchocercose : arrêt du TDM dans la région des Maritimes (juin 2022 après réunion des experts)
- ❑ Les MTN restantes sont la Schistosomiase et la géo helminthiase : En raison de la diminution de la prévalence des helminthiases et de l'élimination de l'onchocercose, il est nécessaire d'envisager un programme de lutte contre la schistosomiase et la géo helminthiase à l'école uniquement(enfin de pérenniser le déparasitage.) il était important de trouver une plateforme multisectorielle pour l'opérationnalisation de cette pérennisation,


https://scienceafrica.co.ke/2022/08/25/ntds-togo-awarded-for-eliminating-four-diseases/

He added that health is a priority that the country has pla
policies. Through its 2025-2030 roadmap, the country as
to basic health services for all its citizens.

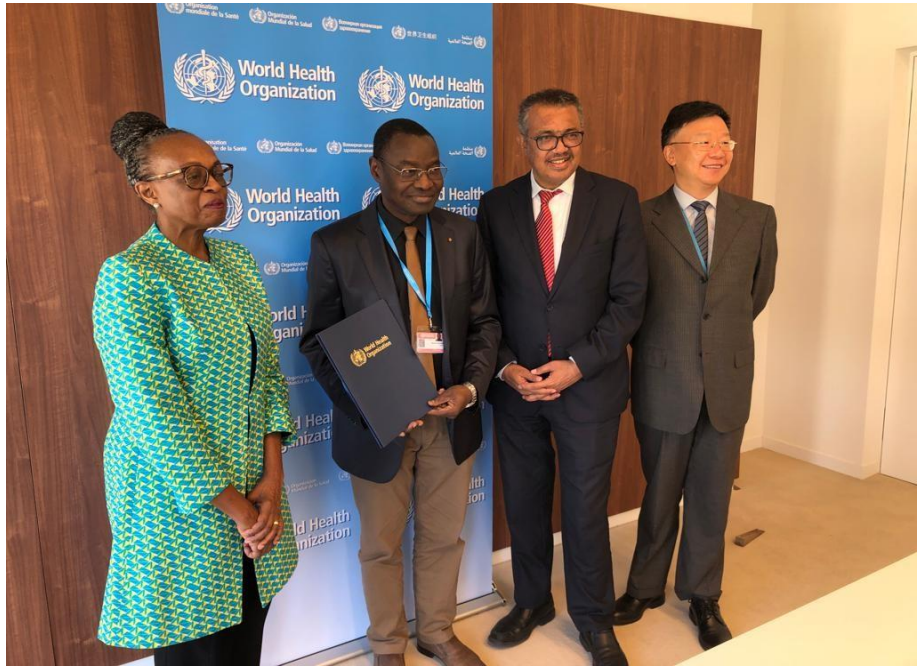
To eliminate these diseases, Togo adopted a two-pronge
transmission and preventing occurrence of new infection
diseases, their associated morbidity, and their complicati

Togo's President Faure Gnassingbé (left), Dr. Tedros Ghe
Moustafa Mijiyawa, Togo's minister of health (right) with

President Gnassingbé also appreciated WHO for partneri
health systems and coordinating emergency responses a
countries towards sustainable and sound solutions.

According to WHO, there has also been substantial progr
with forty-six countries having eliminated at least one NT
than one billion people were treated every year for one or

MTN Vision 2030



MTN Vision 2030

Adoption et alignement des stratégies sur la feuille de route 2030 de l'OMS

Plan directeur pour les MTN 2022-2026

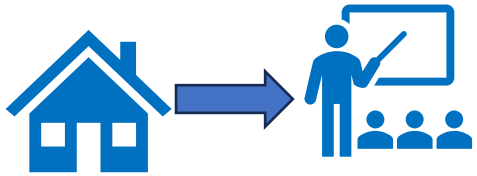
Plan de durabilité validé, approuvé par le gouvernement (document unique pour maintenir les acquis)

activités clés

Changer de plateforme pour le PZQ / ALB TDM de la communauté --> de l'école

Développer un système de surveillance des MTN mieux intégré dans le système de surveillance de santé du pays

Prise en charge des morbidités

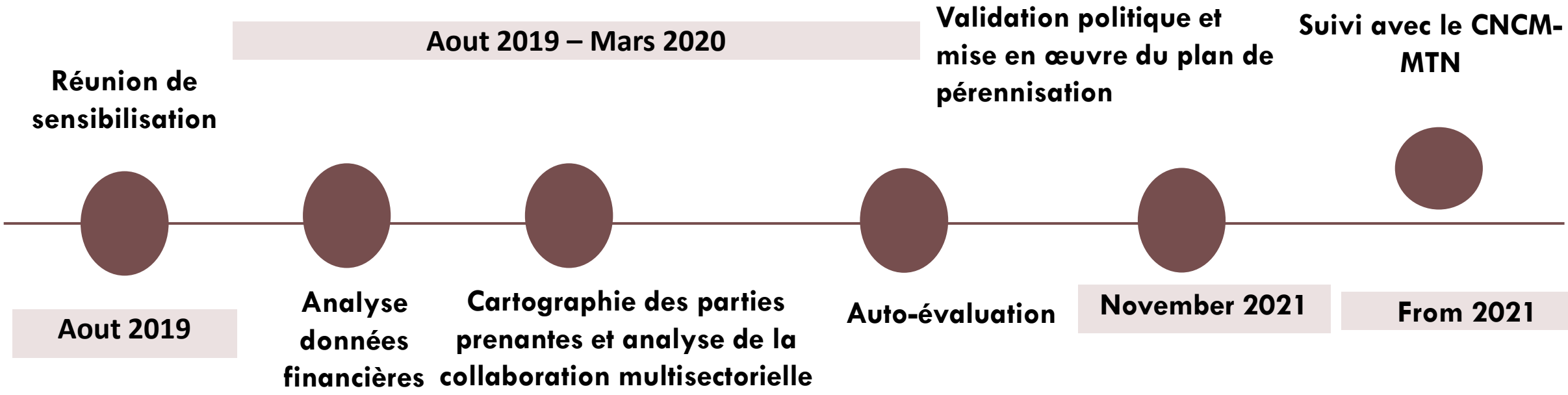


Mise en œuvre du cadre de durabilité de l'OMS

- **Pourquoi s’engager dans le processus de «pérennisation» pour l’élimination et le contrôle des MTN ?**
  - Soutenir les progrès et les réalisations en matière de lutte contre les MTN et d'élimination de ces maladies (pérennisation et acquis)
  - Assurer une couverture sanitaire universelle d'ici à 2030
  - Diminution de la charge des MTN et défis en matière de surveillance (méthode de surveillance)
- **Envisager l’intégration des MTN au-delà de la Chimioprophylaxie**
  - Les données sur les MTN dans le DHIS 2 comprennent les deux types de MNT(PCC et Chimio)
  - La ligne budgétaire MTN couvre Toutes les MTN

Etapes d’élaboration du plan de pérennisation

Le plan de pérennisation est l'aboutissement d’un processus inclusif



Priorités du plan de développement durable 1

Le plan identifie des interventions dans les six domaines clés

Coordination	• **Renforcement de la collaboration entre les programmes au sein du ministère de la sante et élaboration d' un cadre officiel** • **Organiser des réunions semestrielles avec les parties prenantes et les partenaires identifiés pour mettre œuvre une stratégie de partenariat**
Politiques et planification	• **Poursuite du plaidoyer auprès des décideurs du Ministère de la Santé et des responsables des autres programmes / secteurs de la santé pour l'intégration effective des MTN-CP dans les politiques** • **Élaborer le nouveaux plan Stratégique MTN 2021-2025**
Capacités opérationnelles	• **Renforcement de la capacité du personnel de santé pour la prise en charge des morbidités liées aux des MTN** • **Organiser un atelier d'identification des outils de surveillance MTN pour leur intégration dans le système national de surveillance**

Priorités du plan de développement durable 2

Systèmes d'information	• Organiser des rencontres de plaidoyer avec la DSNISI pour la finalisation du paramétrage des indicateurs de MTN dans le DHIS2 • Renforcement des capacités du programme pour l'analyse et la documentation des données de S&E
Services	• Sensibilisation des prestataires de santé sur la prise en charge des cas de morbidité • Renforcement de l'implication du Ministère de l'Éducation dans les activités du programme • Sensibilisation des points focaux et RFS sur l'importance de la surveillance des MTN-CP
Financement	• Renforcement de la prise de décision par l'utilisation des informations factuelles du TIPAC • Organiser des rencontres avec les entités cibles pour le plaidoyer • Adaptation et validation d'un outil pour la projection budgétaire pluriannuelle

Approbation et soutien formels de la parties nationale

- Validation politique du plan de durabilité
- Mise en place et formalisation d'un mécanisme de coordination intersectorielle pour les MTN (CNCM-MTN) pour suivre la mise en œuvre du Plan Stratégique

Exemple 1/3: institutionnalisation de la collaboration avec le ministère de l'éducation

Mesures prises à ce jour :

- ❑2021-2022 : Concertation technique entre le PNMTN et la Direction de la pédagogie scolaire (Ministère de l'Education) pour définir les axes de la collaboration ;
- ❑Plaidoyer du PNMTN auprès des autorités des deux ministères
- ❑Signature du cadre de partenariat par le ministre de la Santé et le ministre de l'Éducation

REPUBLIQUE TOGOLAISE

Travail- Liberté- Patrie

CONVENTION DE PARTENARIAT

ENTRE

Le Ministère de la Santé, de l'Hygiène Publique et de l'Accès Universel Aux Soins (MSHPAUS)

Et

Le Ministère des Enseignements Primaire, Secondaire, Technique et de l'Artisanat (MEPSTA)

Pour

La promotion de la santé des enfants

Exemple 2/3: Coordination dirigée par le gouvernement

Formalisation d'un mécanisme de coordination intersectorielle pour les MTN :

- ❑Août 2022 : Note de service portant création d'un cadre national de coordination multisectorielle des MTN dirigé par le Secrétaire général du Ministère de la santé;
- ❑Novembre 2023 : Elaboration des activités prioritaires et de l'agenda des 3 commissions pour une plus grande appropriation des priorités clés du plan de durabilité (Commissions chargée de la planification, suivi évaluation surveillance et recherche; Chargée du plaidoyer, communication et mobilisation des ressources internes, chargée de l'élimination, contrôle et éradication des maladies prise en charge des maladies)
- ❑Prochaines étapes : Influencer les organes de gouvernance et les plateformes nationales pour mieux intégrer les MTN (toute instance national amenée d'aider les MTN).

Photo de la réunion du cadre de coordination multi sectoriel du 23 nov 2023

Exemple 3/3: Mise en œuvre du Financement durable des MTN

Ressources gouvernementales pour les MTN :

- ❑Ligne budgétaire dédiée aux MTN et engagement continu au haut niveau de l'Etat en vue d'une augmentation de ce financement pour combler les besoins non couverts ;
- ❑Tirer parti du paquet des services de la Couverture Maladie Universelle pour assurer un financement durable et des prestations de services à long terme pour les morbidités liées aux MTN.

Suivi des indicateurs transversaux (feuille de route 2030)

Suivi des indicateurs transversaux de la feuille de route

INDICATEURS	Statut
Indice de couverture de traitement intégré pour la chimiothérapie préventive	N/A
Nombre de pays qui adoptent et mettent en œuvre des stratégies intégrées de lutte contre les maladies à manifestation cutanée	N/A, fait
Pourcentage de réduction du nombre de décès dus aux maladies tropicales négligées à transmission vectorielle (par rapport à 2016) pour atteindre l'objectif de l'OMS de l'action mondiale pour lutter contre les vecteurs	N/A
Accès au minimum à des services de base en matière d'approvisionnement en eau, d'assainissement et d'hygiène dans les zones endémiques pour les maladies tropicales négligées pour atteindre les cibles 6.1 et 6.2 de l'objectif de développement durable	N/A fait
Proportion de la population à risque protégée contre les dépenses directes catastrophiques dues aux maladies tropicales négligées pour atteindre la cible 3.8 de l'objectif de développement durable 3	N/A
Proportion des pays intégrant les maladies tropicales négligées dans les stratégies/ plans de santé nationaux	N/A intégration de la plateforme scolaire
Proportion des pays incluant des interventions de lutte contre les maladies tropicales négligées dans leur ensemble de services essentiels et les budgétisant	PEC des morbidités integrée dans le paquet de soins
Proportion des pays disposant de lignes directrices pour la prise en charge des handicaps liés aux maladies tropicales négligées au sein des systèmes de santé nationaux	DHIS 2
Proportion des pays déclarant toutes les maladies tropicales négligées endémiques pertinentes	N/A fait
Proportion des pays collectant et déclarant des données sur les maladies tropicales négligées ventilées par sexe	fait

Conclusion

- Après plusieurs années de lutte, le PNMTN a éliminé 4 MTN et réduit la prévalence de plusieurs MTN.
- Toutes ces réalisations doivent être soutenues afin de les conserver et de réorienter les ressources vers d'autres objectifs.
- Le plan de développement durable actuel mérite d'être soutenu pour financer ses activités.
- Appui des partenaires et de l'OMS dans cette phase de transition pour développer des stratégies innovantes afin de s'assurer que les acquis de cette lutte doivent être maintenus au Togo.

Remerciements

- OMS
- Gouvernement de l’état Togolais via le secrétariat général du ministère de la santé.
- Autres parties prenantes

Merci de votre aimable attention

Thank you for your kind attention

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Session 5: NTD Master Plans

Moderator - Dr Augustine Kadima

Annual Work planning - Dr Albis Gabrielli

World Health Organization

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Annual workplan: a tool to facilitate coordination at country level

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From multi-year plans to yearly plans

NTD master plan

NTD sustainability plan

Annual workplans

Many countries have multi-year NTD master plans and a few have NTD sustainability plans. However annual workplans are not widely used. This hampers coordination, generates fragmentation, and limits implementation

Annual workplan

- The annual workplan (AWP) is a planning and budgeting tool that captures the timeline, roles & responsibilities and costs of priority activities identified by a country for a given year
- The AWP responds to the need to address specific areas of national policy documents (national NTD master plan and/or NTD sustainability plan) that need to be prioritized or are in need of improvement

Annual workplan: purposes

- To highlight priority activities that are key to address specific programmatic areas that should be prioritized for implementation or are in need of improvement, so as to achieve the targets set in national policy documents
- To promote leadership and ownership at country level by facilitating the presentation of national plans and budgets to all stakeholders, partners and donors
- To enable tracking of activities and monitoring progress towards set goals

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Annual workplan and country coordination

- The annual workplan can serve as the tool around which country coordination can be built and strengthened
- Priority activities set to address specific gaps can be the trigger for coordination among all actors
- Annual workplans could be discussed during country-specific virtual meetings involving all stakeholders, during which solutions and ways forward could be proposed

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Annual workplan and country coordination: process

1. Identification of **priority areas** (from national policy documents) – ***e.g. monitoring & evaluation***
2. Identification of **priority activities** required to implement, or address gaps in, each priority area – ***e.g. need to implement a survey***
3. Discussion of the annual workplan with all relevant stakeholders during country-specific virtual meetings - ***identification of roles, responsibilities, cost and timeline***

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Previous versions of the AWP

PART 3 : ANNUAL OPERATIONAL PLAN

Annex 3.1: Activities by area of interventions for achieving specific objectives and annual targets (e.g. PC-NTDs)

Area of interventions:	PC-NTDs							
Specific objective:						Annual target:		
Activities	Required Resources							
	Human	Medicines	Materials	Transport	Finance	Others	Time	Dates of implementation

ANNUAL WORK PLAN

1. Name of country: Murkonia
2. Implementation year: May (month) 2013 (year) to Apr (month) 2014 (year)
3. Relevant PC diseases: ☑ LF ☑ STH ☑ SCH ☑ ONCHO
4. Specific goals to be achieved in the year:
   i) To achieve 75% national coverage for STH and SCH
   ii) To conduct LF TAS in 2 Evaluation Units
   iii) To conduct epidemiological survey for all PC diseases
5. Annual work plan matrix

Activities and sub-activities	Timeline for implementation												Estimated cost USD	Available funding USD	Funding gap USD	Funders
	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr				
Annual planning and review													**10,600**	**6,360**	**4,240**	**Government funding**
Annual planning meeting													5,300	3,180	2,120	Government funding
National stakeholders meeting													5,300	3,180	2,120	Government funding
Training													**14,000**	**0**	**14,000**	
Training of drug distributors													7,000	0	7,000	
National TAS training													7,000	0	7,000	
Social mobilization													**7,000**	**0**	**7,000**	
Drug logistics													**63,678**	**0**	**63,678**	
Drug request													54,484	0	54,484	
Drug repackaging													1,767	0	1,767	
Drug transportation to districts													7,428	0	7,428	
Drug distribution													**326,901**	**0**	**326,901**	
MDA1 (IVM + ALB)													54,484	0	54,484	
MDA2 (DEC + ALB)													54,484	0	54,484	
MDA3 (IVM)													54,484	0	54,484	
T1 (ALB/MBD + PZQ)													54,484	0	54,484	
T2 (PZQ)													54,484	0	54,484	
T3 (ALB/MBD)													54,484	0	54,484	
Monitoring and evaluation													**29,400**	**14,700**	**14,700**	**Funder 1, Funder 2**
LF sentinel/spot check sites survey													13,500	13,500	0	Funder 1
SCH and/or STH prevalence survey													1,200	1,200	0	Funder 2
ONC epidemiological survey															0	
LF TAS													13,500	13,500	0	Funder 1
Evaluation Unit 1													600	600	0	Funder 2
Evaluation Unit 2													600	600	0	Funder 2

6. Attachment: ☑ Joint Request for Selected PC Medicines ☑ Joint Reporting Form

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For discussion

1. What do you think of the proposed model?
2. What are your experiences with the development of annual workplans?
3. What elements should be included in the annual workplan template to make it useful for planning and reporting?
4. What type of platform or mechanism could improve country coordination?