# 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

75 HEALTH FOR ALL

# Session 6

# AVAILABLE TOOLS AND NEW ONES TO BE PUT IN PLACE TO MONITOR THE ACHIEVEMENTS TOWARDS CONTROL AND ELIMINATION OF NTDS)

| | Topic and session | Presenters and panellists |
|---|---|---|
| | | |
| | ESPEN portal: country example of use for monitoring progress towards control | Mr Honorat Zouré,<br>Mr Alex Pavluck<br>Mr Andy Tate |
| | Q & A | |
| | NTD road map tracker and country profiles: data collection, pathways and visualization | Mrs Junerlyn Farah Virrey Agua |
| | Results of the rapid survey on existing national information systems on neglected tropical diseases | Mr Honorat Zouré<br>Mrs Noémie Nikiema-Nidjergou |
| | Q & A | |

# ESPEN NTD Data Portal

## *A supporting platform to monitor achievements towards control, elimination and eradication of NTDs*

Honorat Zouré
ESPEN Database administrator
WHO/AFRO

Jorge Cano MSc, PhD
ESPEN Surveillance Officer
WHO/AFRO

# ESPEN – Strategic priorities

ESPEN portal →

1 **Scaling up**

Scaling up MDA to achieve 100% geographic coverage and effective epidemiological coverage

2 **Scaling down**

Scaling down MDA towards PC-NTD elimination and reduction of those at risk for NTDs

3 **Strengthening the information system**

Strengthening the information management system for evidence-based implementation-level decision-making

4 **Effective use of medicines**

Improving the effective use of donated medicines through enhanced supply chain management

5 **Partnership and coordination**

Promote coordination, collaboration, country leadership, and partnerships

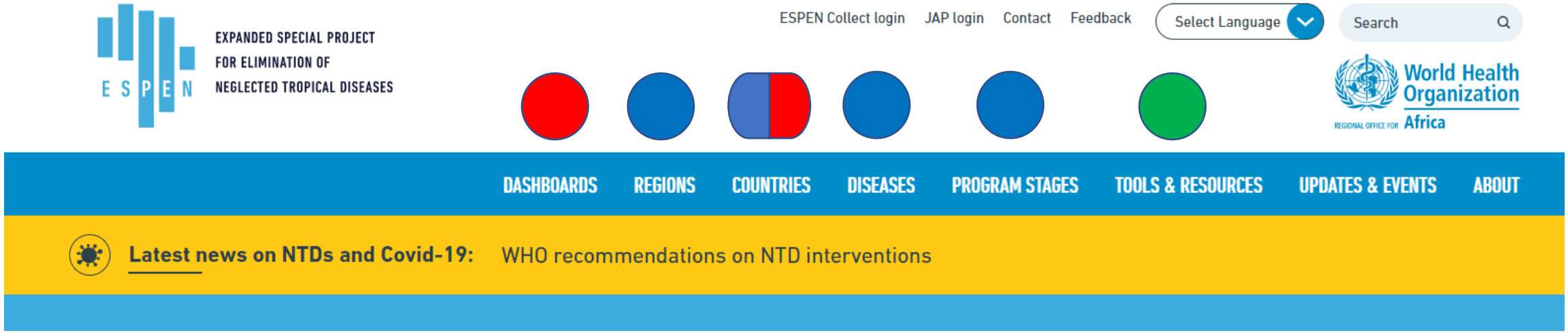
# ESPEN Data Portal – v3.0 (2022)

https://espen.afro.who.int/

# ESPEN Data Portal - https://espen.afro.who.int/

- ESPEN established the NTD Data Portal in April 2017 with the aim of making technical resources for planning and decision-making easily available to country NTD Programmes and stakeholders.
- The ESPEN NTD Portal is intended to be the most **comprehensive, publicly available** NTD data repository for mapping and impact surveys, and records of preventive chemotherapy (PC) interventions.
- For this, ESPEN is **compiling** all relevant epidemiological and treatment data concerning PC-NTDs submitted by countries through regular channels: JAP & TEMF report systems), **processing** it and **summarizing** it to inform countries on their progress and best strategy towards the control and elimination of PC-NTDs.
- **But it is also intended to be MORE than a data repository**, providing supporting resources for
  - ✓ Data collection (through the *ESPEN Collect platform*)
  - ✓ Data reporting (*JAP Online Submission* tool)
  - ✓ Data visualization – graphs, dashboards and thematic maps
  - ✓ And additional relevant information such as National NTD Master Plans, Updated Cartography [Implementation Units], Partner Matrix, Elimination forecast models, etc.
  - ✓ It has also made available a collection of APIs (application programming interface): a set of functions and procedures allowing the creation of external applications and services that access the ESPEN NTD data.

# ESPEN Data Portal: Interface https://espen.afro.who.int/

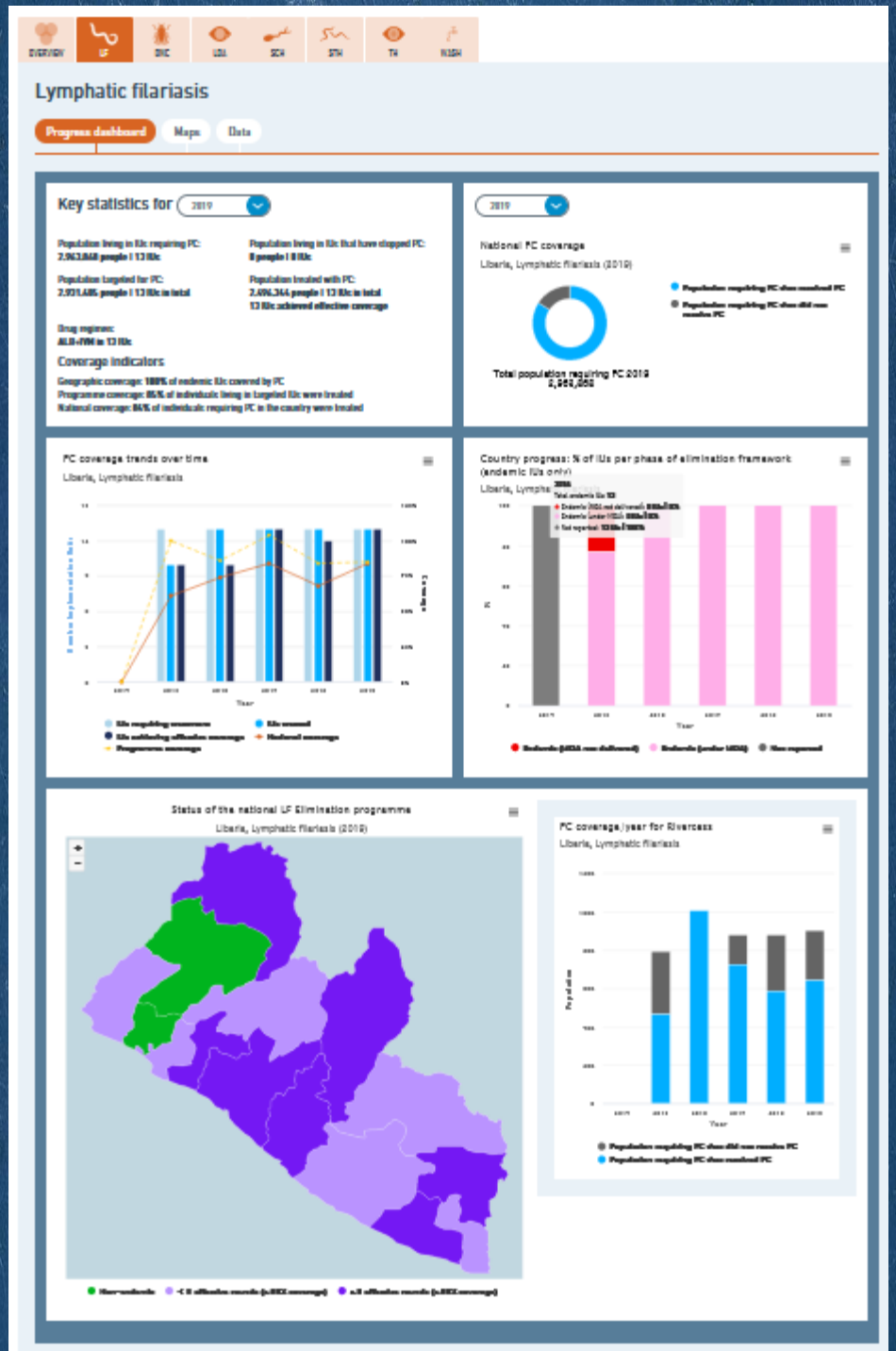



**Dynamic dashboards**: visualization treatment progress and projections

**Summary indicators & maps**: key treatment and endemicity indicators, dynamic and static maps, and progress charts

**Dashboards, Summary indicators & maps**: key treatment and endemicity indicators, dynamic and static maps, and interactive dashboards

**Other resources:** data & map query tools, JAP Upload tool, IU level Cartography, ESPEN Collect, access to APIs library, etc

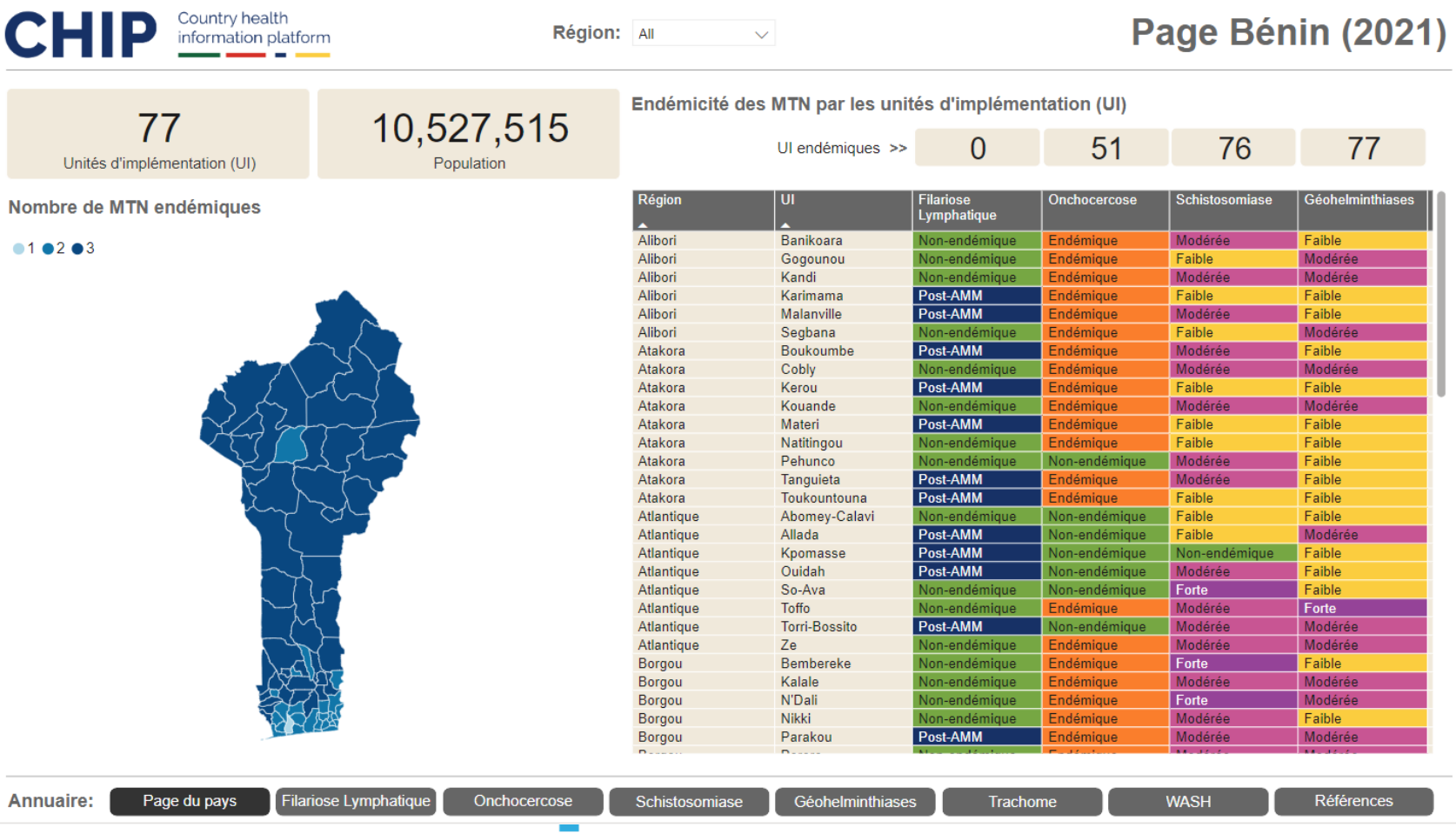



# Analytical Dashboards for Monitoring Progress:

1. Disease-specific dashboards under COUNTRY tab: **progress on PC since 2014**
2. Key statistics by year including population and IU level summaries
3. Simple graphic to emphasis national coverage by year
4. Detailed graphics highlighting:
   - trends in population and IU coverage over time
   - Country progress along elimination framework by IU
5. Interactive map showing treatment coverage over time (PC rounds map) with linked IU-level PC treatment coverage graph
6. Chart and plots are downloadable.

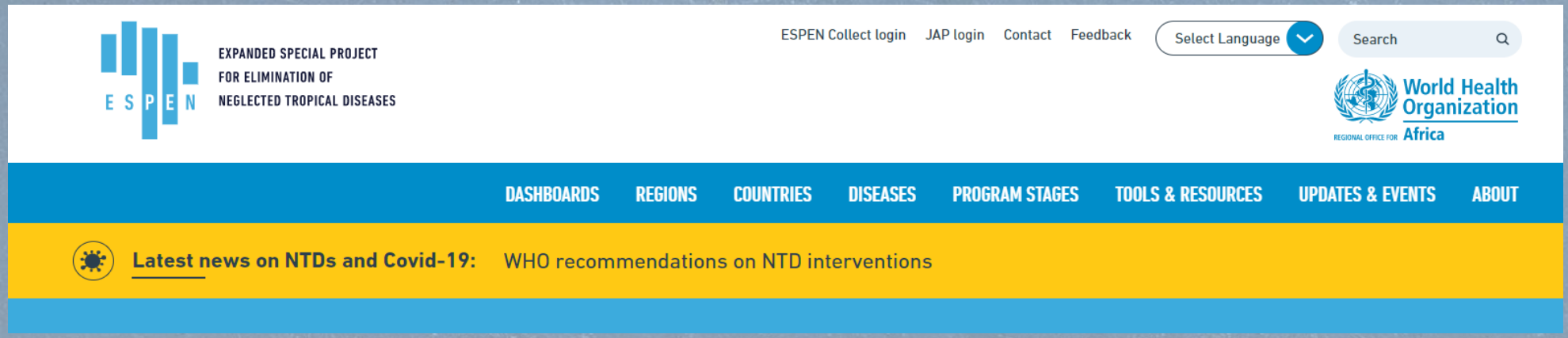
# Country Health Information Platform (CHIP)

The **Country Health Information Platform (CHIP)** is a business intelligence software tool, using Microsoft Power BI, which integrates with data on the ESPEN NTD Portal and presents this data to users through a fully **interactive, web-based dashboard**.



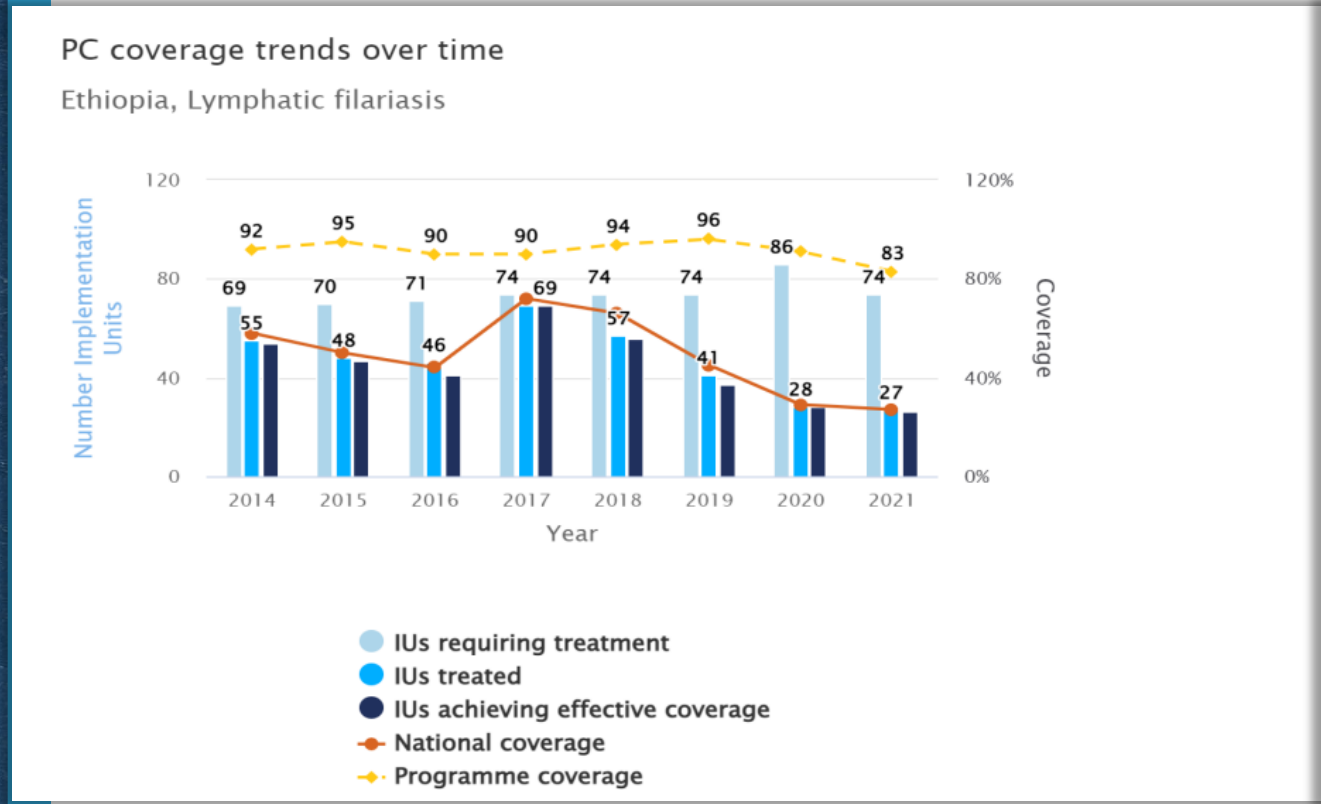

CHIP Country health information platform

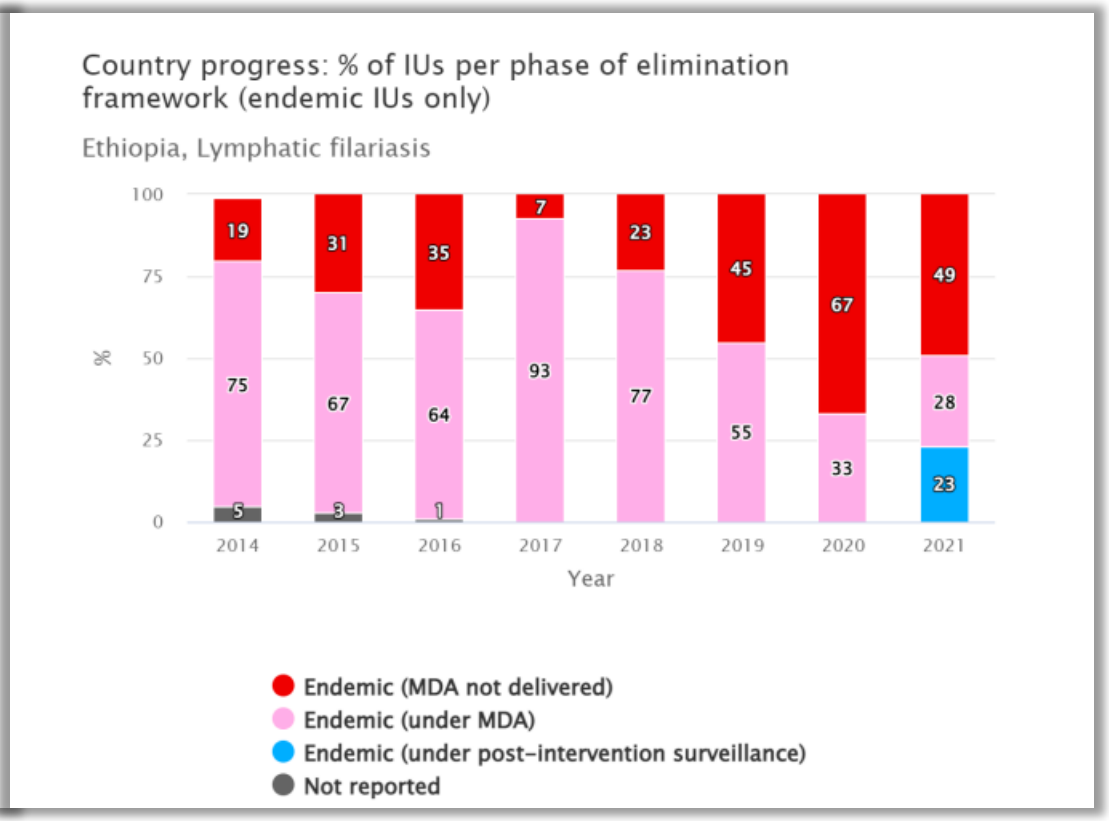
https://espen.afro.who.int/tools-resources/chip



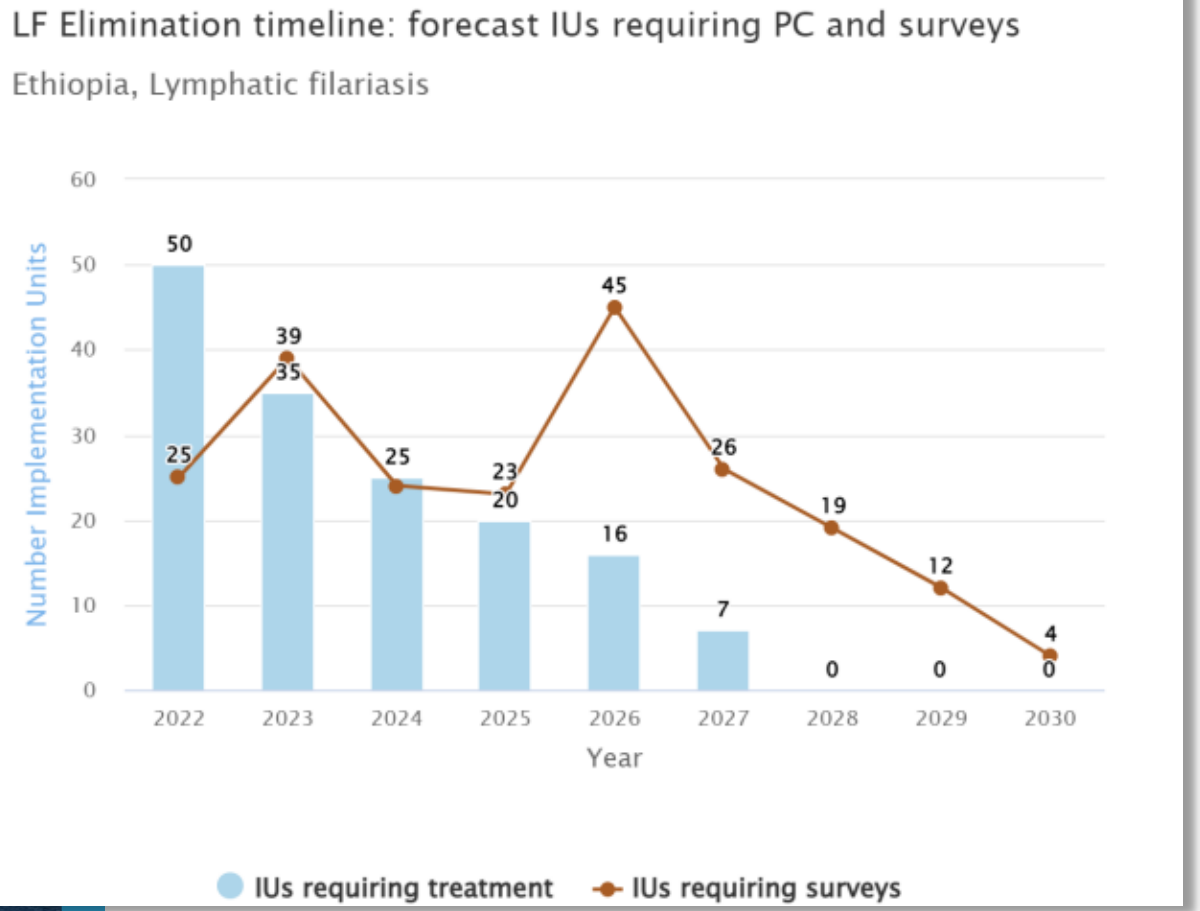

# Country use cases

# FMoH/ETHIOPIA: monitoring LF elimination



# FMoH/Ethiopia: monitoring LF elimination



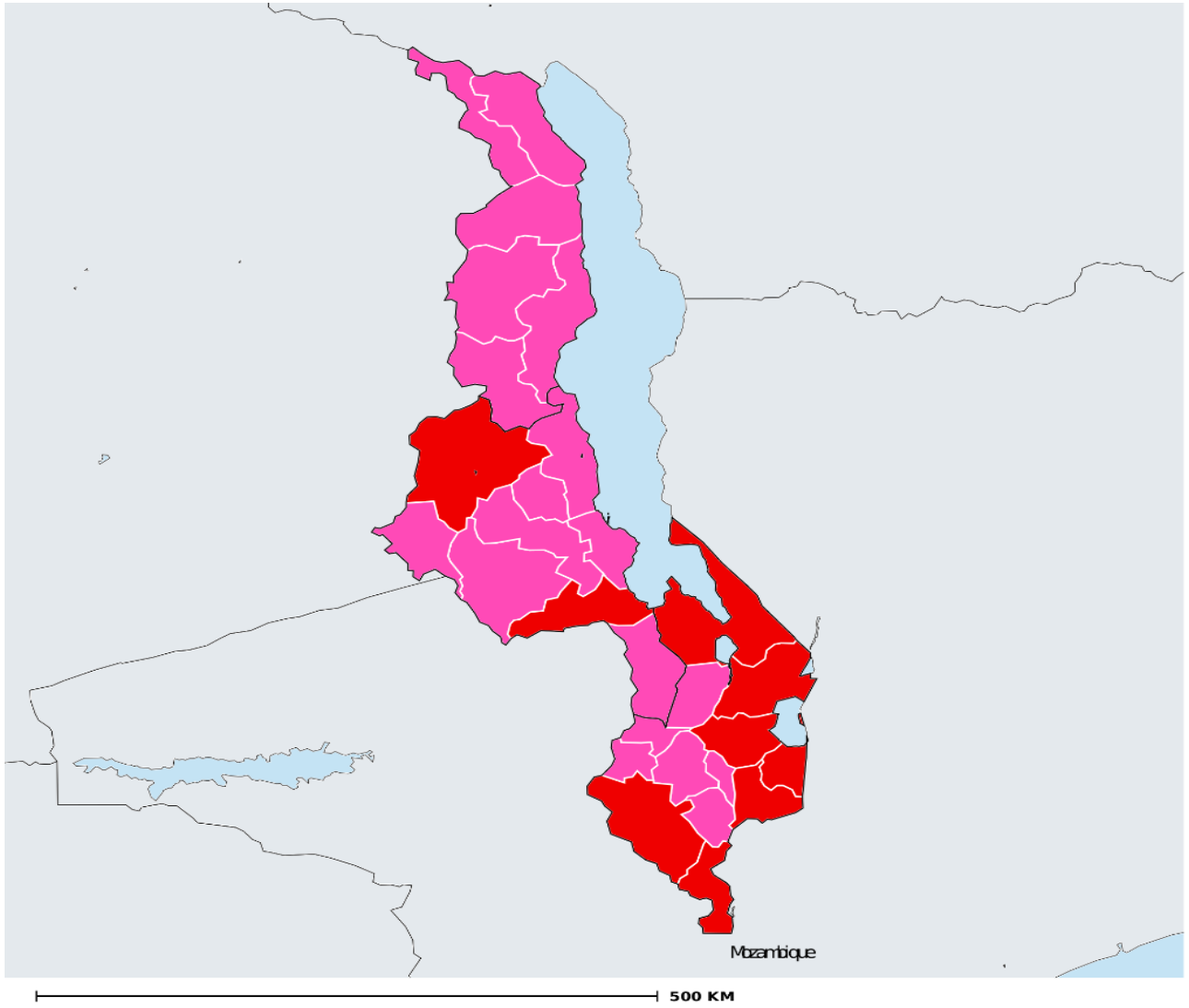

## Conclusions:

- LF elimination in Ethiopia is progressing well according to the national SP
- Mapping is 100% completed and MDA is scaled up in all IUs
- MMDP for LF is going well.
- With the current pace, LF elimination as PHP will be achieved by 2027.
- However, there are certain challenges including insecurity in some parts of the country

## Recommendations:

- Continued support from IPs and donors
- In place resilient programmatic action
- Ensure effective geographic and therapeutic coverage
- Ensure timely dossier preparation for validation

# MoH/Malawi: monitoring Schisto elimination




## Malawi (2021)

### Status of Schistosomiasis Elimination

Schistosomiasis > Endemicity

- < 1% prevalence (non-endemic)
- 1 - 9.9% prevalence (low)
- 10 - 49.9% prevalence (moderate)
- ≥50% prevalence (high)
- Endemic (prevalence unknown)
- Endemicity unknown
- No data available

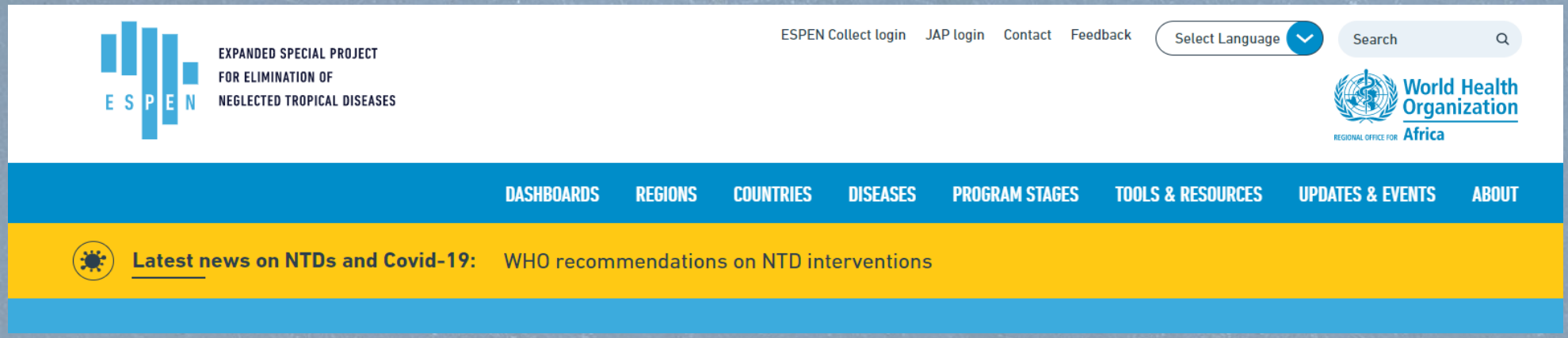


**Data Source:**
Data provided by health ministries to ESPEN through WHO reporting processes.
All reasonable precautions have been taken to verify this information



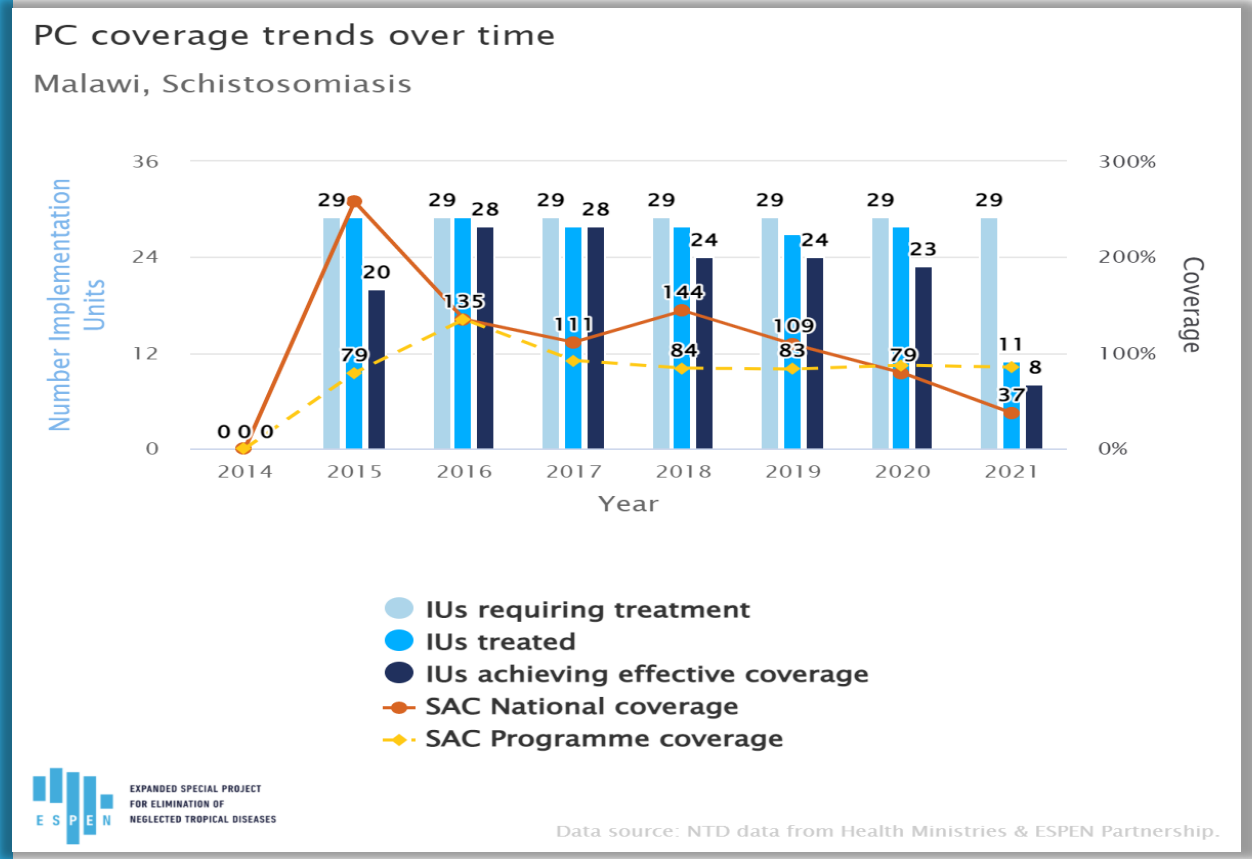
ESPEN EXPANDED SPECIAL PROJECT FOR ELIMINATION OF NEGLECTED TROPICAL DISEASES

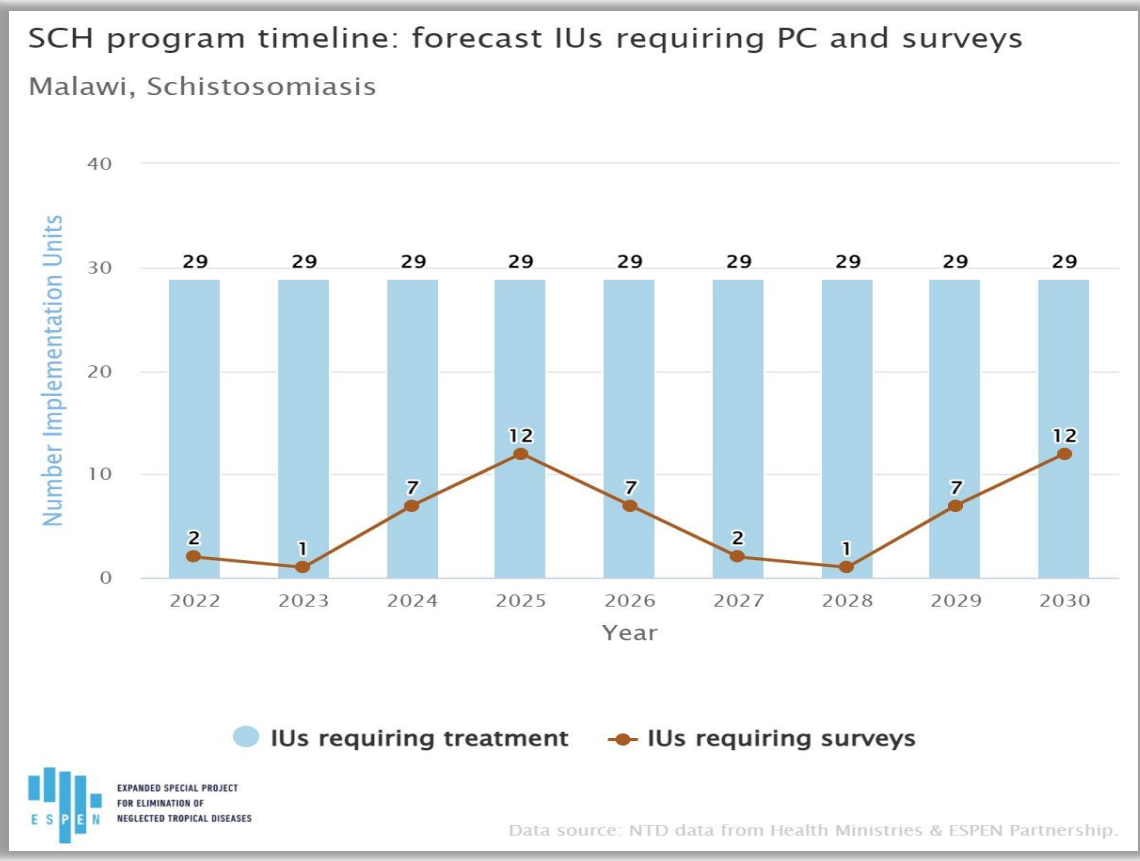
World Health Organization REGIONAL OFFICE FOR Africa




# Country use cases

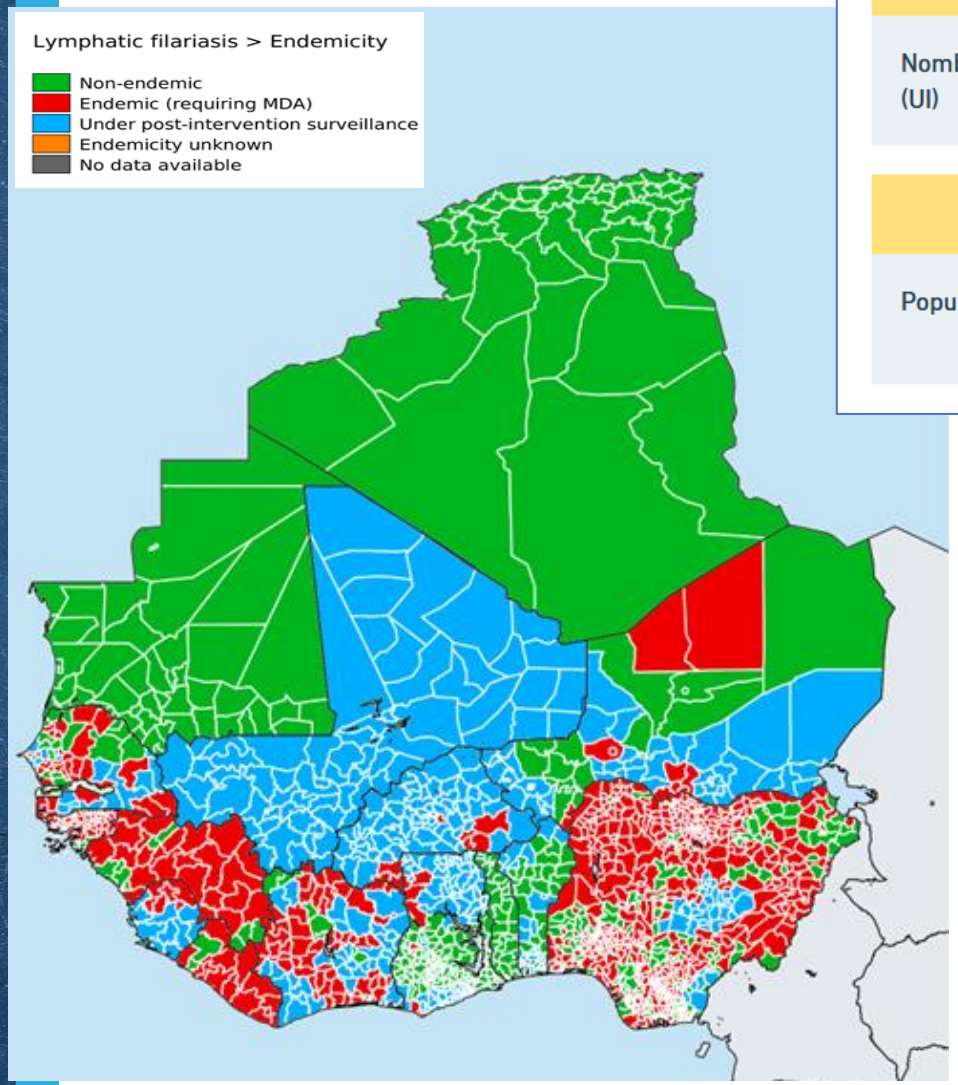
# MoH/Malawi: monitoring Schisto elimination




- Malawi has done well in controlling and Eliminating Schistosomaisis
- However there is need to do another survey to update the endemicity situation
- There is a need to revise the current IUs from Traditional Authority to Health Facility catchment area in order to expose hotspots that are currently being missed due to large IUs

# MoH/Burkina Faso: monitoring LF elimination

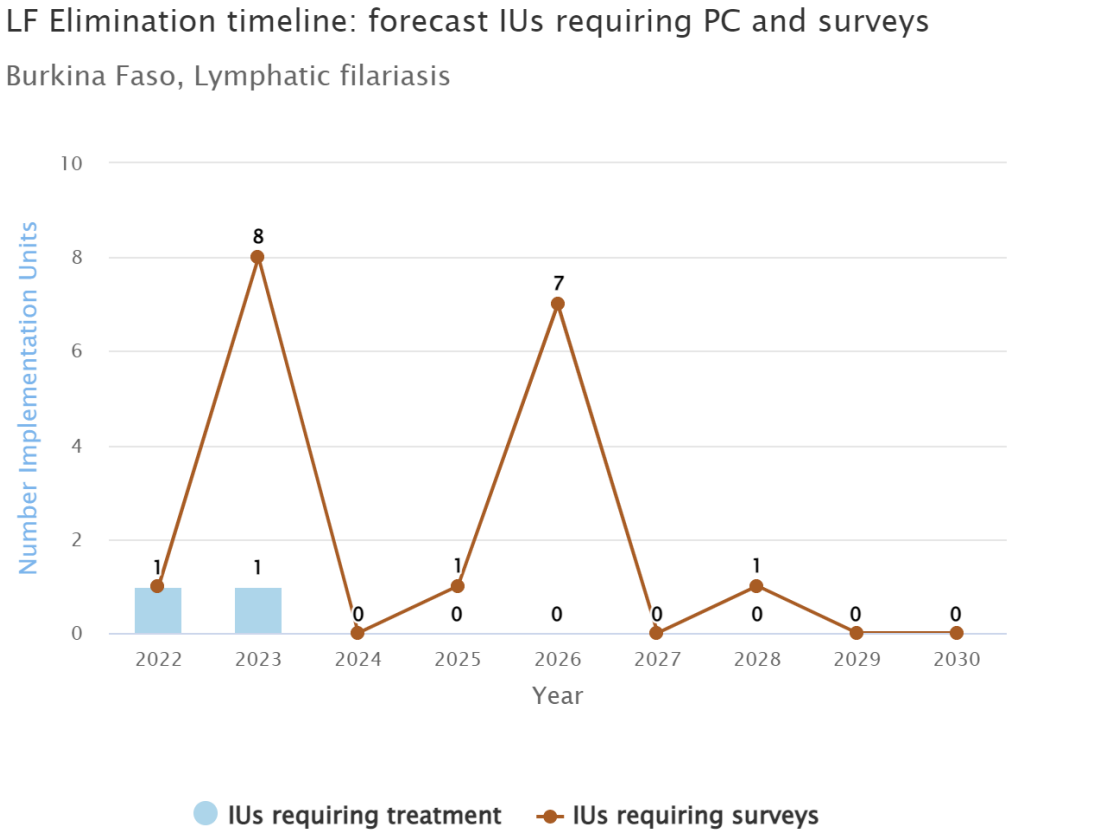


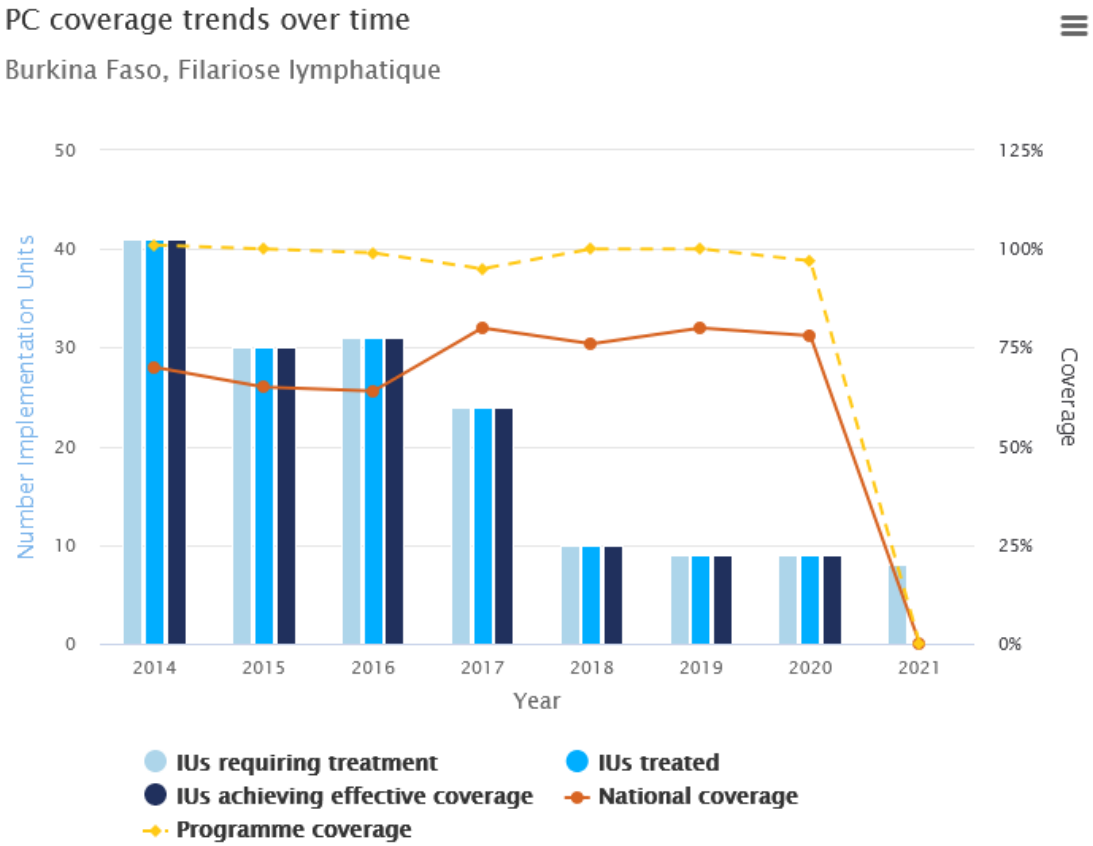

## Démographie

| | | |
|---|---|---|
| **1 871** | **401 087 596** | **59 399 060** |
| Nombre d'unités de mise en œuvre (UI) | Population totale | Population totale du PréSAC |
| **111 219 132** | **215 607 675** | **14** |
| Population totale du SAC | Population adulte totale | Nombre de pays communiquant des données |

**Le Burkina Faso est situé au cœur de l'Afrique de l'Ouest**
**Il a des districts endémiques à la FL à l'instar d'autres pays de la sous région**

# MoH/Burkina Faso: monitoring LF elimination

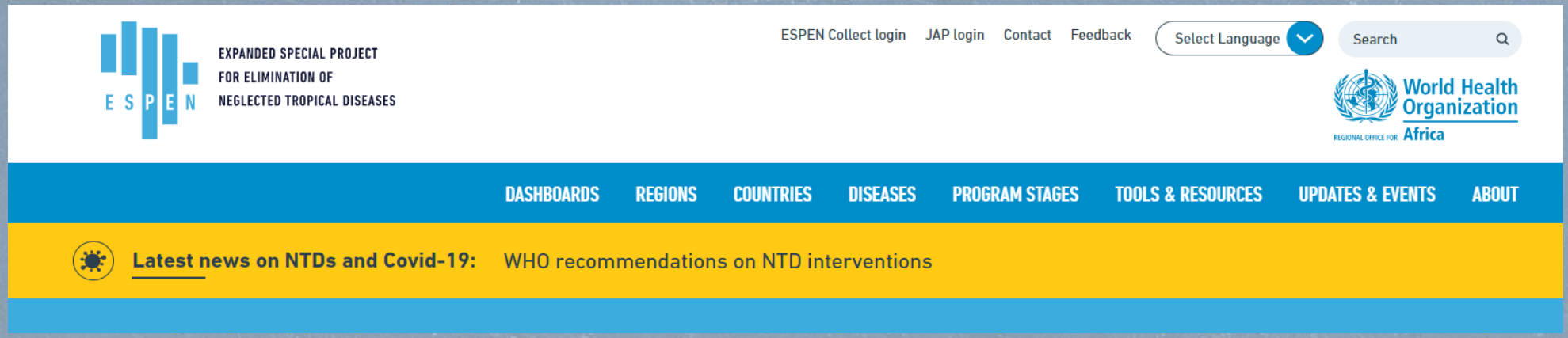



- De 70 DS endémiques en 2000, 36 DS étaient toujours sous MDA en 2014
- En 2020, 62 DS ont arrêté le MDA et 9 DS conduit le MDA
- La population exclue du MDA en 2022 est de 18 632 221 soit 89,49%

World Health Organization
REGIONAL OFFICE FOR Africa

ESPEN




# Data collection and reporting tools

# ESPEN Collect

Download the EPIRF

## 1. Surveillance et erreurs

**332**

Number of sites visited - TAS1 (Jun 2022)

### 4. Duplicates resolved by unresolved duplicates - TAS1 (Jun 2022)


### 6. Resolved Orphan by Unresolved Orphan - TAS1 (Jun 2022)


### 2. Duplicate errors - TAS1 (Jun 2022)

| Formulaire | Code Site | Nom Site | ID Participant | Code Opérateur | Age en années | Nbr année vécue |
|---|---|---|---|---|---|---|
| Participant | 101 | Kathama | 104029 | Cynthia Samson | 6 | |
| Participant | 101 | Kathama | 104001 | Cynthia Samson | 6 | |
| Participant | 101 | Kathama | 104001 | Cynthia Samson | 6 | |

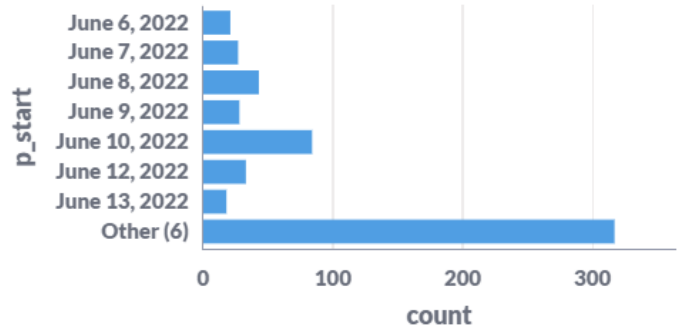
Rows 1-3 of 571

### 1. Duplicates per operator - TAS1 (Ju...

| Opérateurs | Total des doublants |
|---|---|
| Cynthia Samson | 429 |
| Esther Mwaura | 34 |
| Esther Mwaura | 24 |

Rows 1-3 of 14

### 3. Duplicates per day - TAS1 (Jun 2022)



# ESPEN Collect

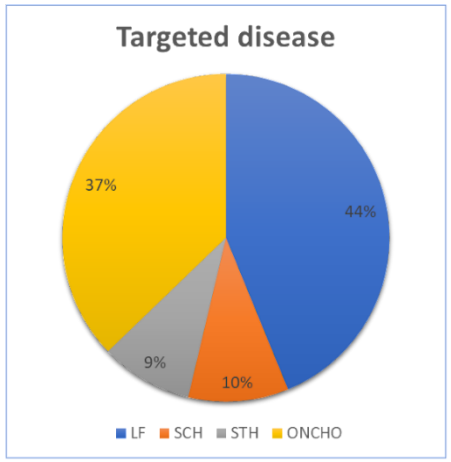
105 surveys

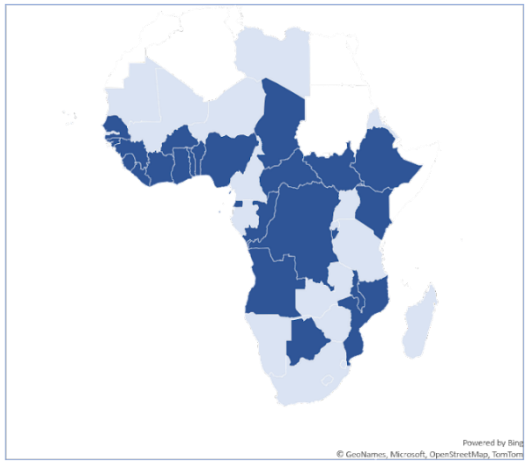
25 countries

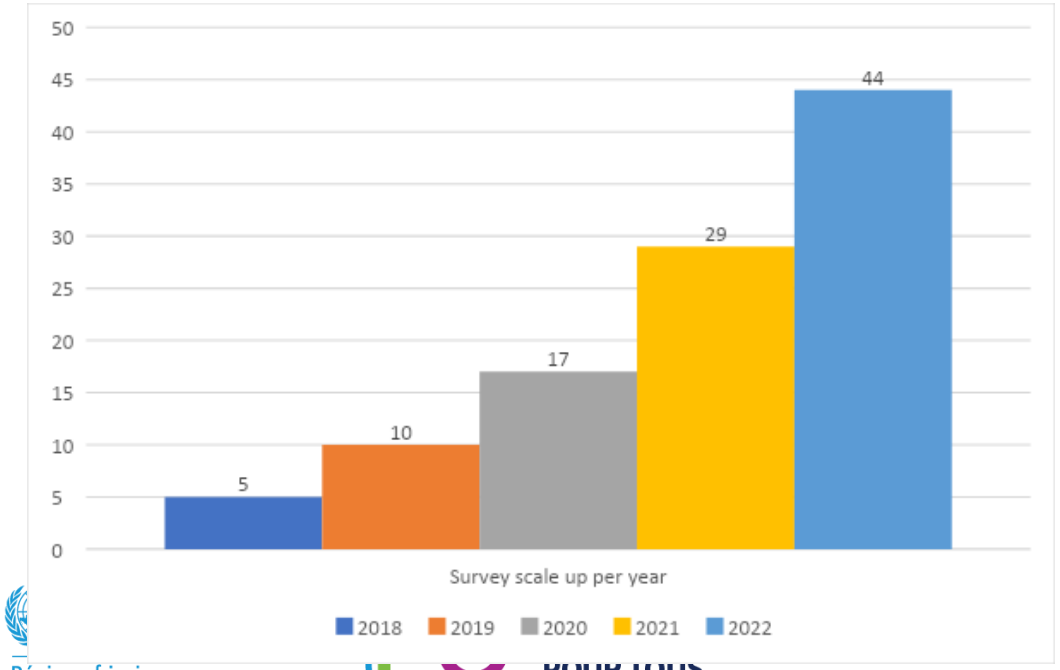
124 smartphones purchased and distributed

19,205 sites

1,138 people trained






- ESPEN Collect received 105 support requests from 25 countries, highlighting the platform's growing recognition and demand.
- In 2022, 44 surveys from 19 countries received comprehensive support through ESPEN Collect.
- ESPEN Collect collaborated with five partner organizations, namely Sightsavers, FHI360, KEMRI, HKI, and Crown Agents.
- ESPEN Collect expanded to five new countries in 2022: Chad, DR Congo, Guinea Bissau, Kenya, and Malawi.
- ESPEN Collect facilitated data collection from 546 districts and 5,845 sites, including schools and villages.

# The JAP upload tool

## JAP Details: Angola 2024

Current Version: 40 (View History)

**Medicine Requests (JRSM)** | **Treatment Data (JRF)** | **Survey Data (EPIRF)** | **Workplans (AWP)** | **Trachoma Data (TEMF)** | **All**

| Document | User | Date Created | Status | Uploads | Year of the Data |
|---|---|---|---|---|---|
| JRF_2022_Angola_v31L_en_2022_03242023_1679654449.xlsm | Honorat Zouré | Mar 24, 2023 | Approved | | |

**Submit New File**

### Signatures

| File Name | Date Created | User | |
|---|---|---|---|
| JRF_2022_assinado_2022_03152023_1678897596.pdf | Mar 15, 2023 | Dr Elsa Mendes | Download Signature |

### Comments

**Add Comment**

Dra Elsa, Como os medicamentos não foram administrados para tratar adultos, você não teve como alvo todos os adultos. Portanto, considerei os adultos-alvo como aqueles que foram tratados. A versão em anexo do JRF2022 é a versão final. Você pode, portanto, assiná-la e colocar a página assinada na seção Assinatura. Atenciosamente. ---------- ---------- Etant donné que les médicaments n'avaient pas été donnés pour traiter les adultes, vous n'aviez pas ciblé tous les adultes. Par conséquent, j'ai considéré que les adultes ciblés sont ceux qui ont été traités. La version ci-jointe du JRF2022 est la version finale. Vous pouvez donc la faire signer et mettre la page signée dans la section Signature. Meilleures salutations.

JRF | **Honorat Zouré** 16:20 on Mar 14, 2023

Na folha T3R1, você terá que capturar na coluna I, os números de adultos-alvo para os distritos de Uíge e Zaire que foram tratados. Isso é tudo o que resta para o relatório ser final. Dans la feuille T3R1, il faudra saisir dans la colonne I, les nombres d'adultes ciblés pour le districts de Uige et Zaire qui ont été traités. C'est tout ce qui reste pour que le rapport soit final.

JRF | **Honorat Zouré** 13:50 on Mar 14, 2023

19 countries have used the tool as the main medium of communication between the country and ESPEN to submit and revise their 2022 treatment report and replying to queries raised during the review process.

# Submission of 2022 treatment reports, by countries

**36** country programs implemented MDA in 2022

***03 April 2023***

Received: **18** (50%)

Cleared: 9 (25%)

Finalized, yet to be signed: 2 (6%)

***24 July 2023***

Received: **35** (97%)

Cleared: 29 (81%)

Finalized, yet to be signed: 2 (6%)

***29 November 2023***

Received: **35** (97%)

Cleared: 33 (92%)

Finalized, yet to be signed: 1 (3%)

Not received: 1

# *Country Health Information Platform (CHIP)*

An interactive national NTD dashboard to visually review data submitted on annual NTD reporting forms for treatments, mobidity management, and epidemiological surveys

CHIP

Country health information platform

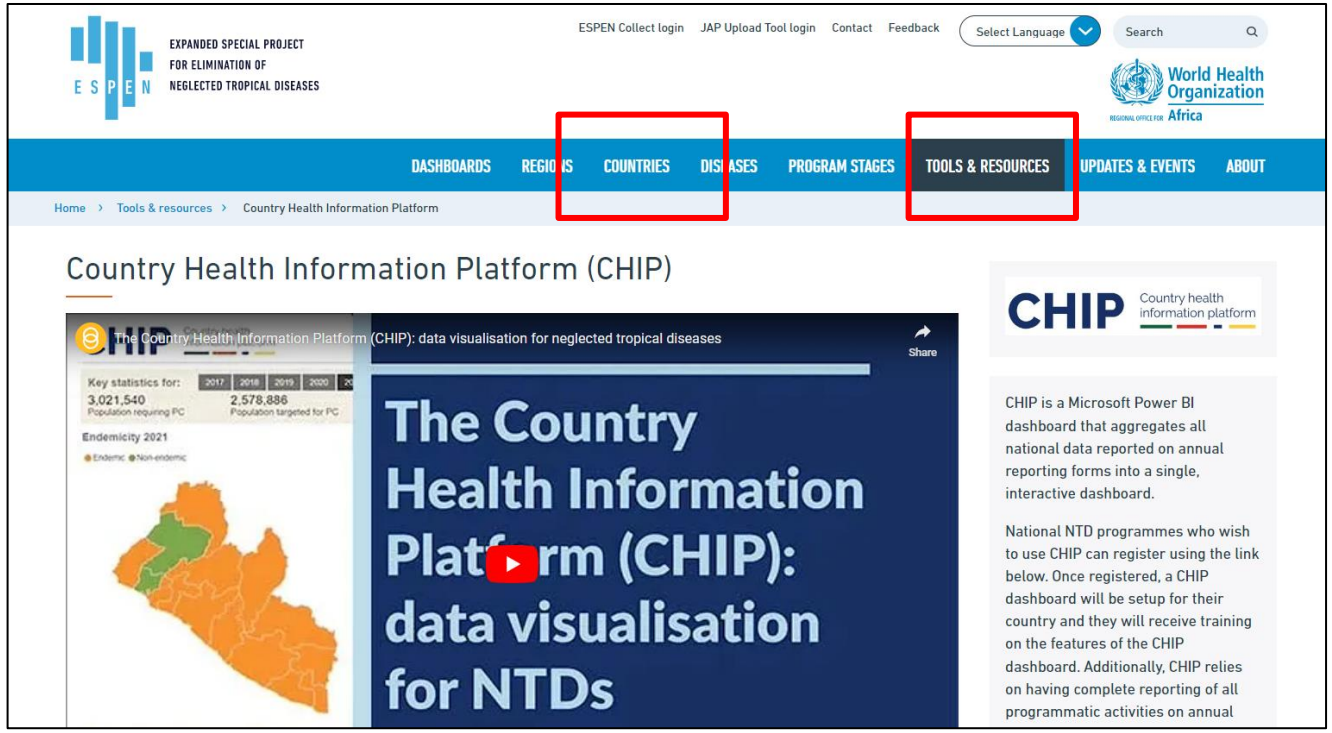
ESPEN

# What is CHIP

- CHIP is a publically-accessible online business intelligence dashboard built using Microsoft Power BI
- All countries in the WHO AFRO region endemic for at least one of the PC NTDs have access to a CHIP dashboard

**CHIP dashboards can be accessed via the ESPEN Portal either through the individual country page or through the CHIP page under Tools & Resources**

https://espen.afro.who.int/tools-resources/chip

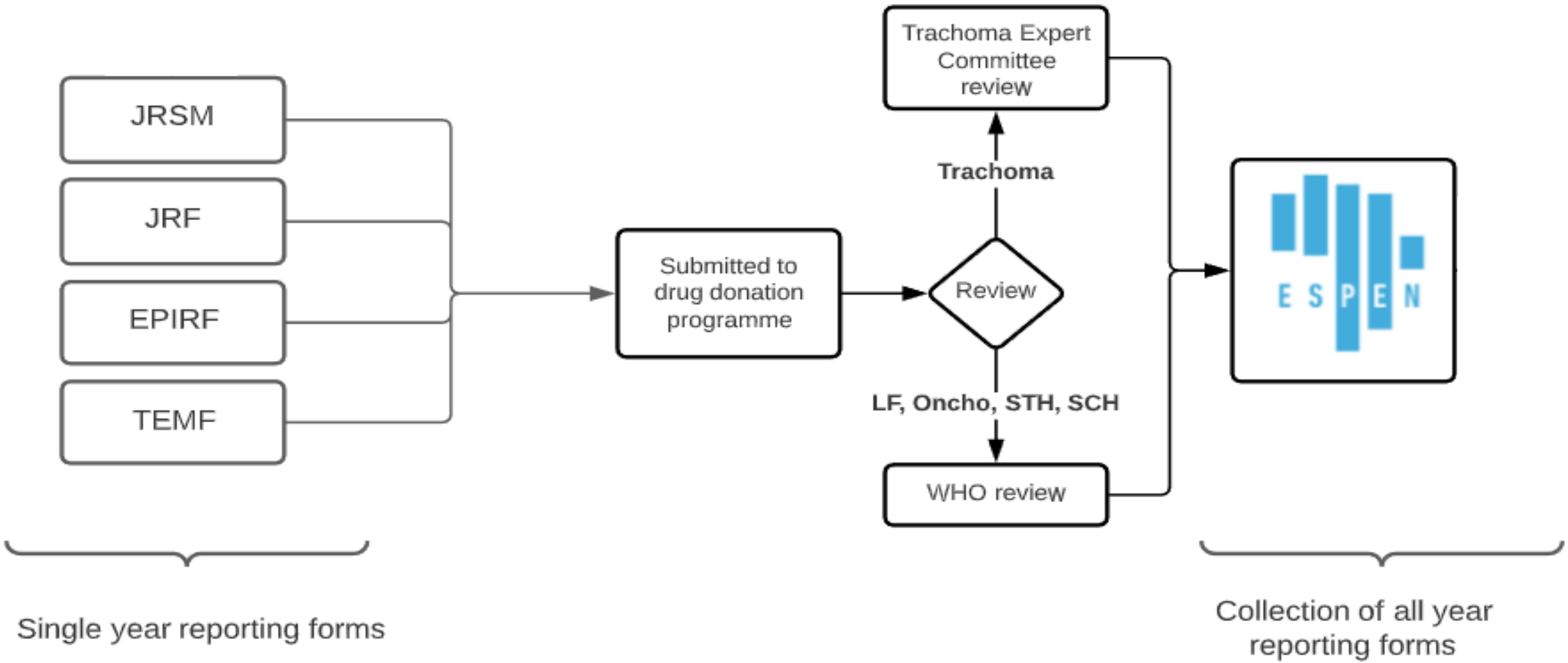


# Why is a tool like CHIP needed?

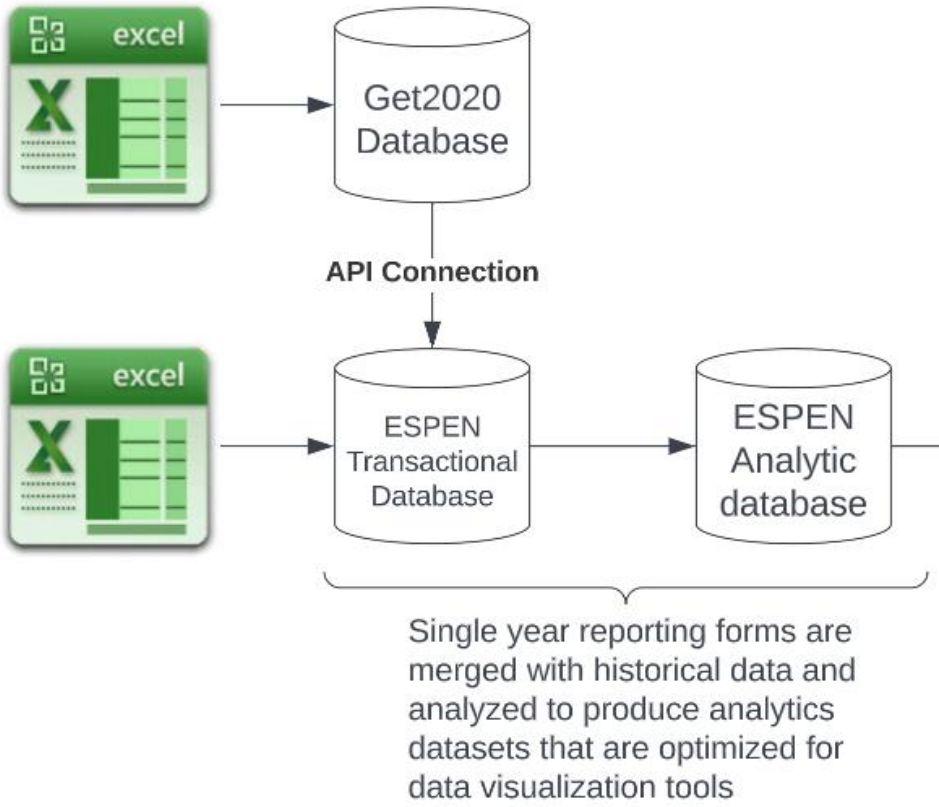
NTD programmes tend to **operate outside of health management information systems** for a variety of reasons.

- Because of this, NTD programmes need to **develop their own databases to store programmatic data** coming from surveys, morbidity management, inventory management, and mass drug administration treatments. *This can be difficult for NTD teams, often comprised of disease subject matter experts with limited experience in implementing and maintaining data systems.*
- However, **each year national NTD programmes submit a wealth of programmatic data** to WHO and the International Trachoma Initiative (ITI) to report on endemicity status, treatments delivered, surveys conducted, morbidity, and medicines required and remaining for the current reporting period. *Taken in aggregate, these single year reporting forms provide a wholistic view of programmatic activities which need to be implemented over multiple years to interrupt disease transmission.*

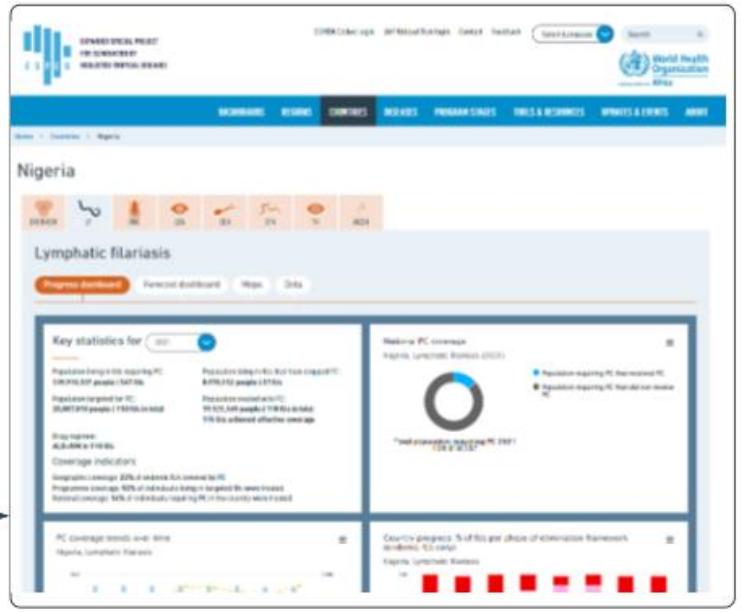
# CHIP data model 1: Country > ESPEN



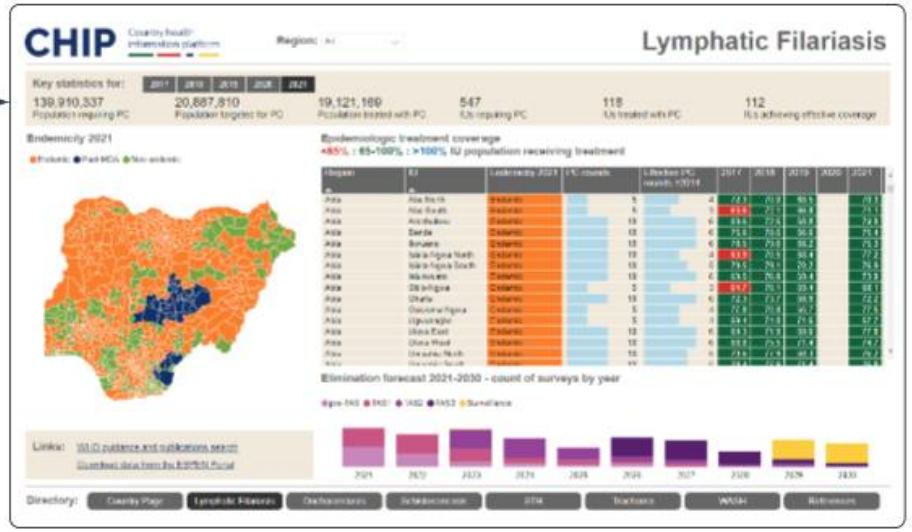
# CHIP data model 2: ESPEN > Country




ESPEN Portal



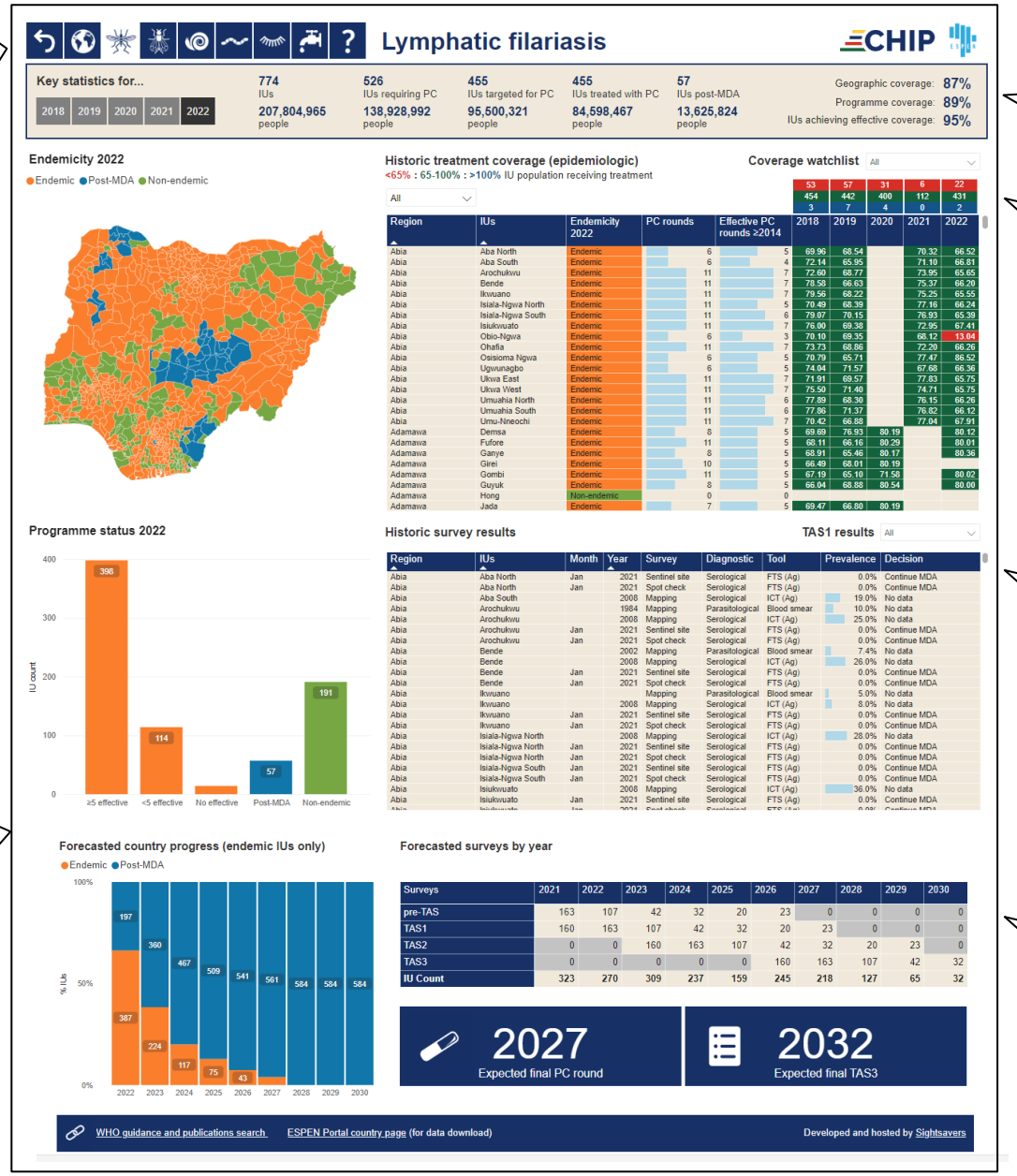

CHIP Dashboards



# CHIP 2.0 coming in Jan 2024

Updated page navigation

Additional data visualizations




Expanded summary statistics

Coverage category IU counts and watchlist filters

Epidemiological survey results reported through the EPIRF

Elimination forecast

# Common questions

CHIP Country health information platform

ESPEN

**Thank you**

**Designed and developed by Sightsavers with technical and financial support from:**

Sightsavers

GLOBAL INSTITUTE FOR DISEASE ELIMINATION

Manta Ray media

STANDARD CO

**MRM:** Manta Ray Media
**SC:** StandardCode
**GET:** Global Elimination Trachoma
**IHME:** Institute for Health Metrics & Evaluation
**Sightsavers**
**London School of Hygiene & Tropical Medicine**

# Session 6: Data tools for monitoring of progress

Moderator - **Pamela**

NTD road map tracker and country profiles **- Mrs Farah Agua.**
**WHO/HQ**

World Health Organization

# Renforcement des capacités des programmes nationaux de lutte contre les MTN dans la gestion et la communication des données de la chimiothérapie préventive

## Enquête rapide sur les systèmes de données sur les MTN

## Résultats de l'enquête

ESPEN EXPANDED SPECIAL PROJECT FOR ELIMINATION OF NEGLECTED TROPICAL DISEASES

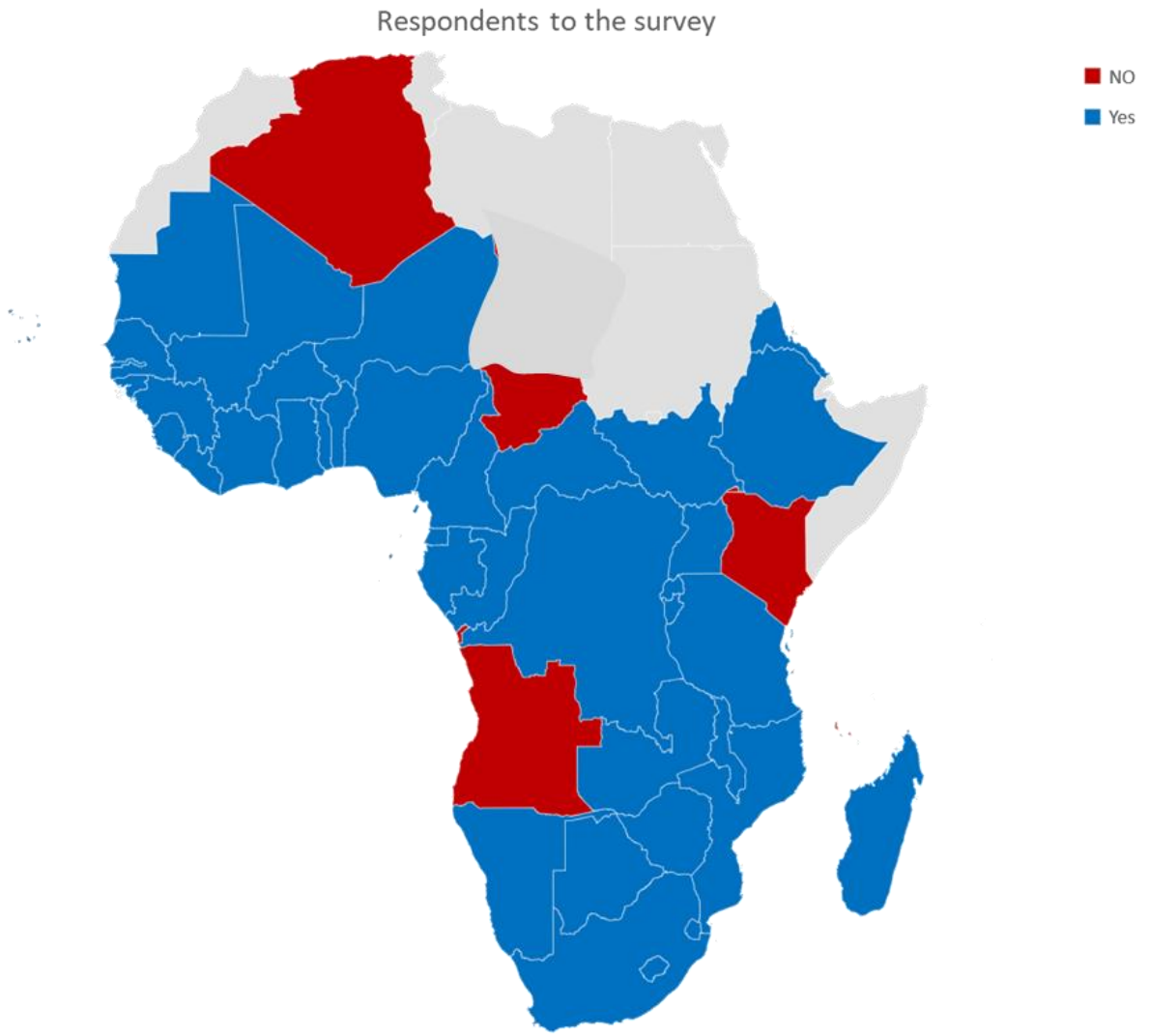
World Health Organization Africa

# Méthodologie

MÉTHODE: EN LIGNE (MICROSOFT FORMS)

PÉRIODE DE L'ENQUÊTE: JANVIER 2023

# 41 Programmes nationaux participants



# Répondants

Nombre de répondants: 41

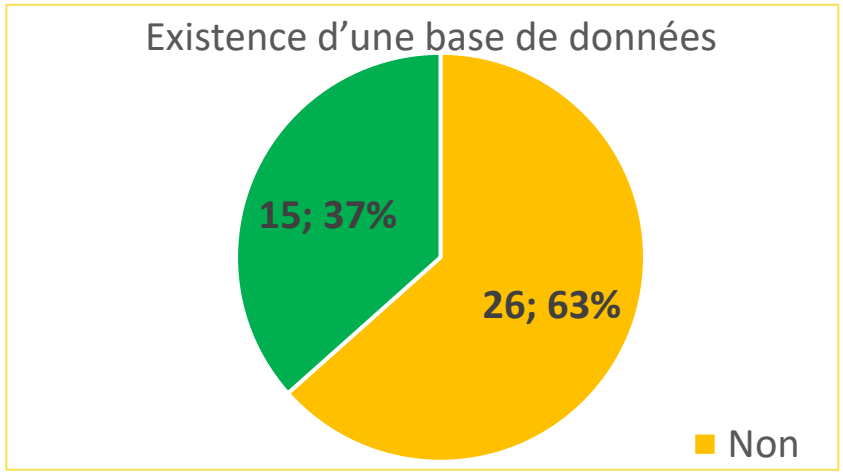
Profil des répondants:

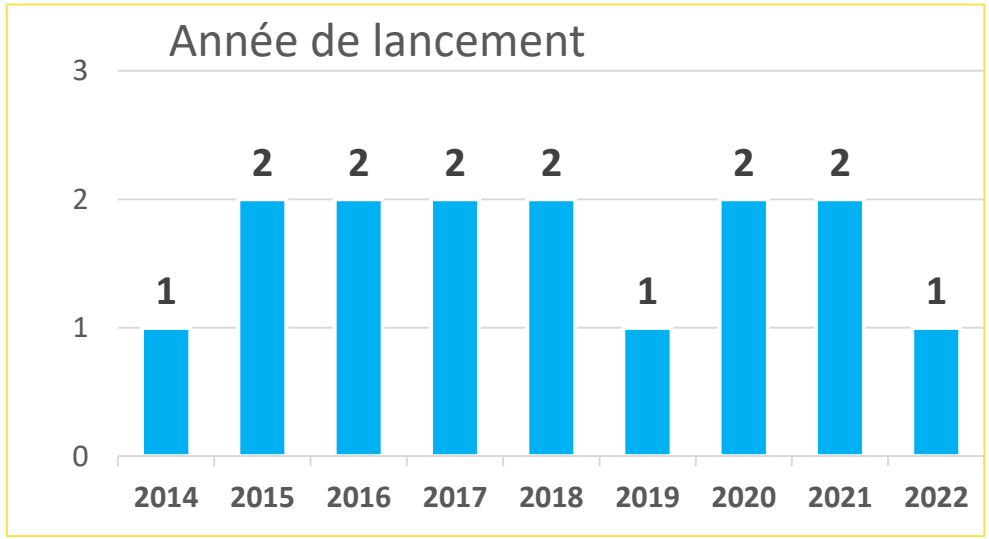
- Points focaux MTN Bureau OMS pays
- Personnels du Programme national MTN

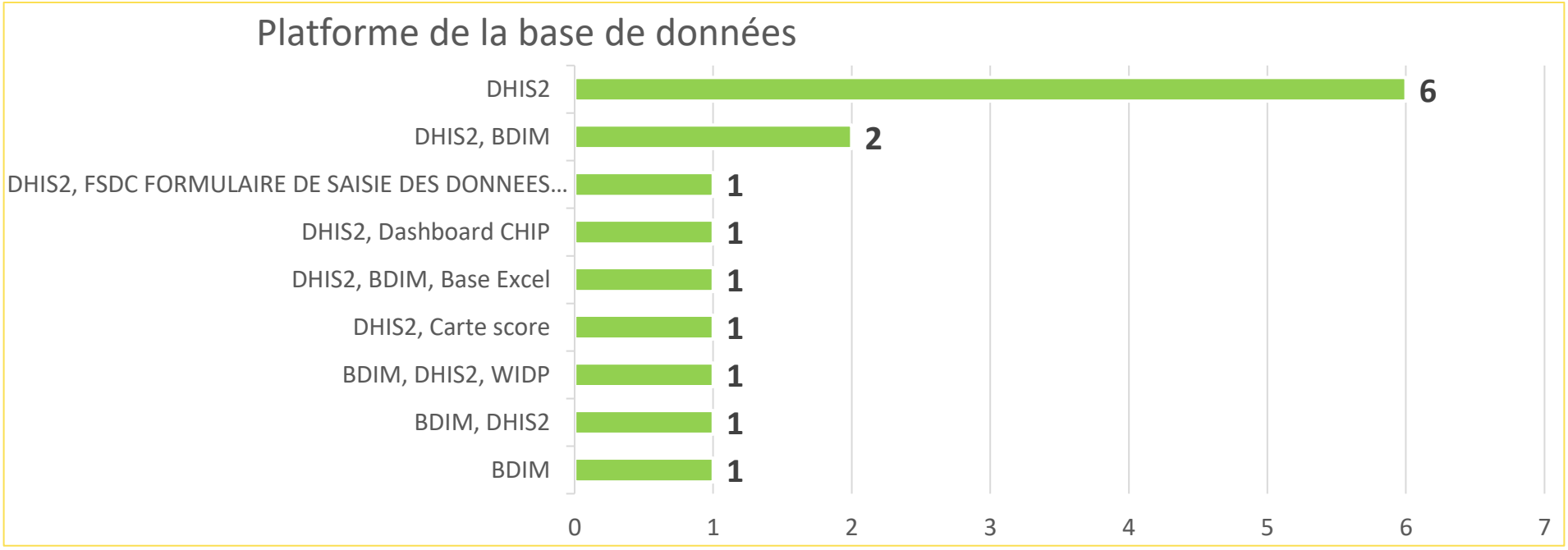
# Base de donnée sur les MTN

World Health Organization

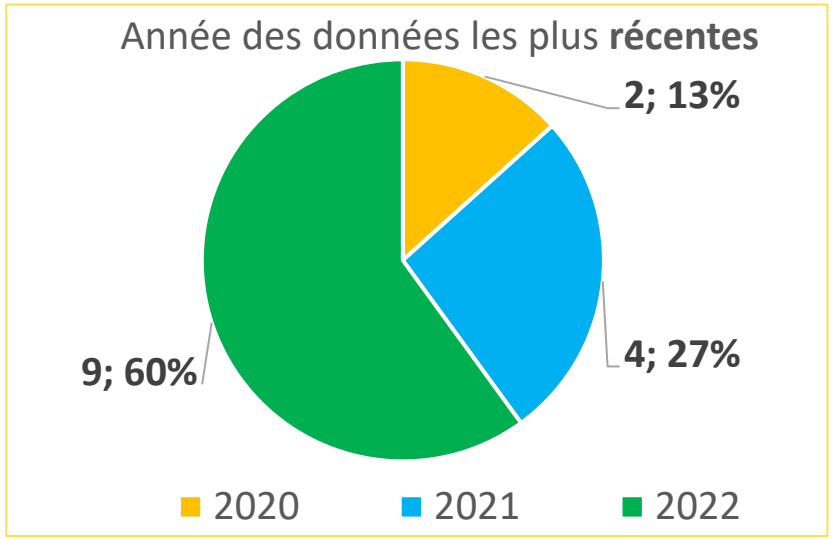
# Existence d’une base de données sur les MTN

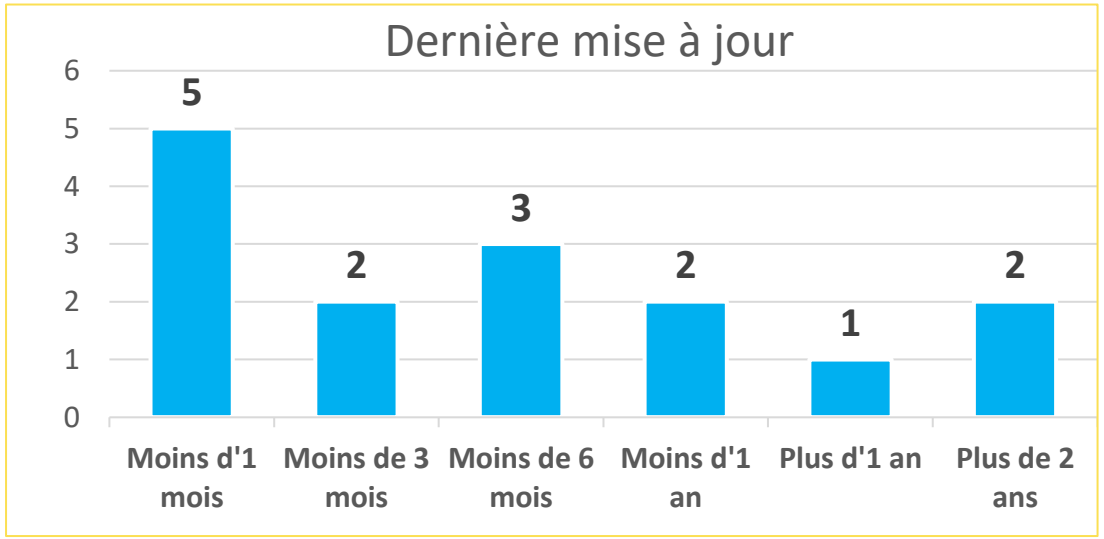


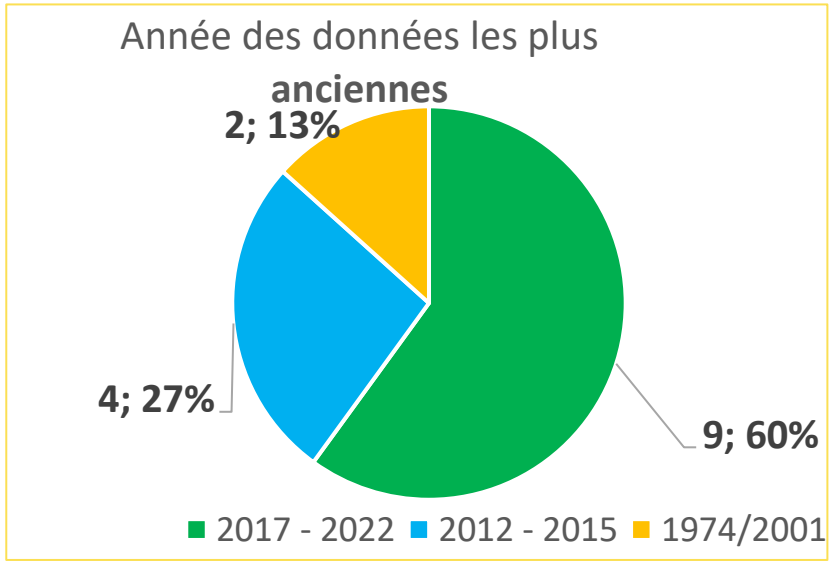



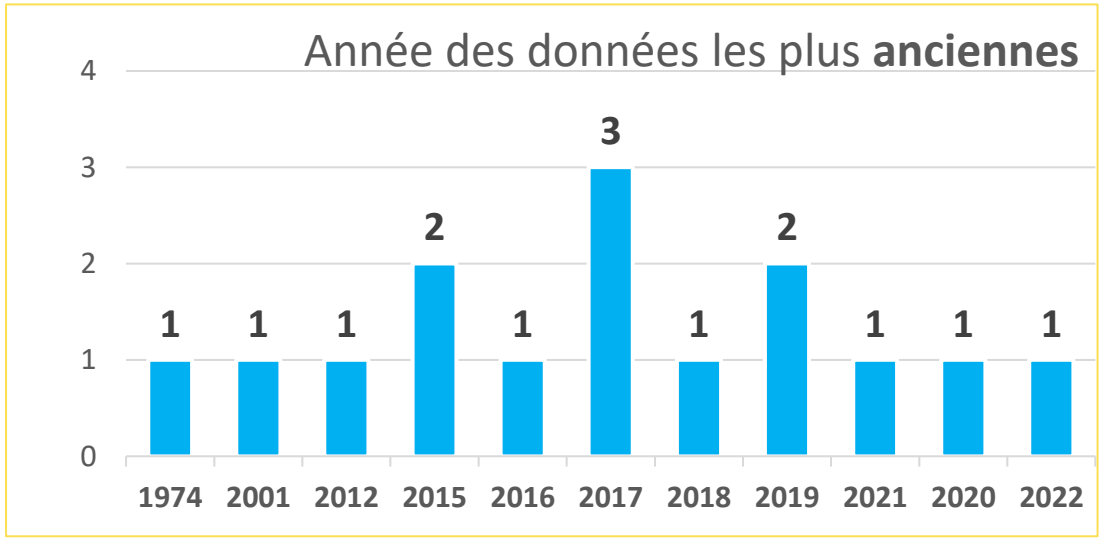



# Existence d’une base de données sur les MTN

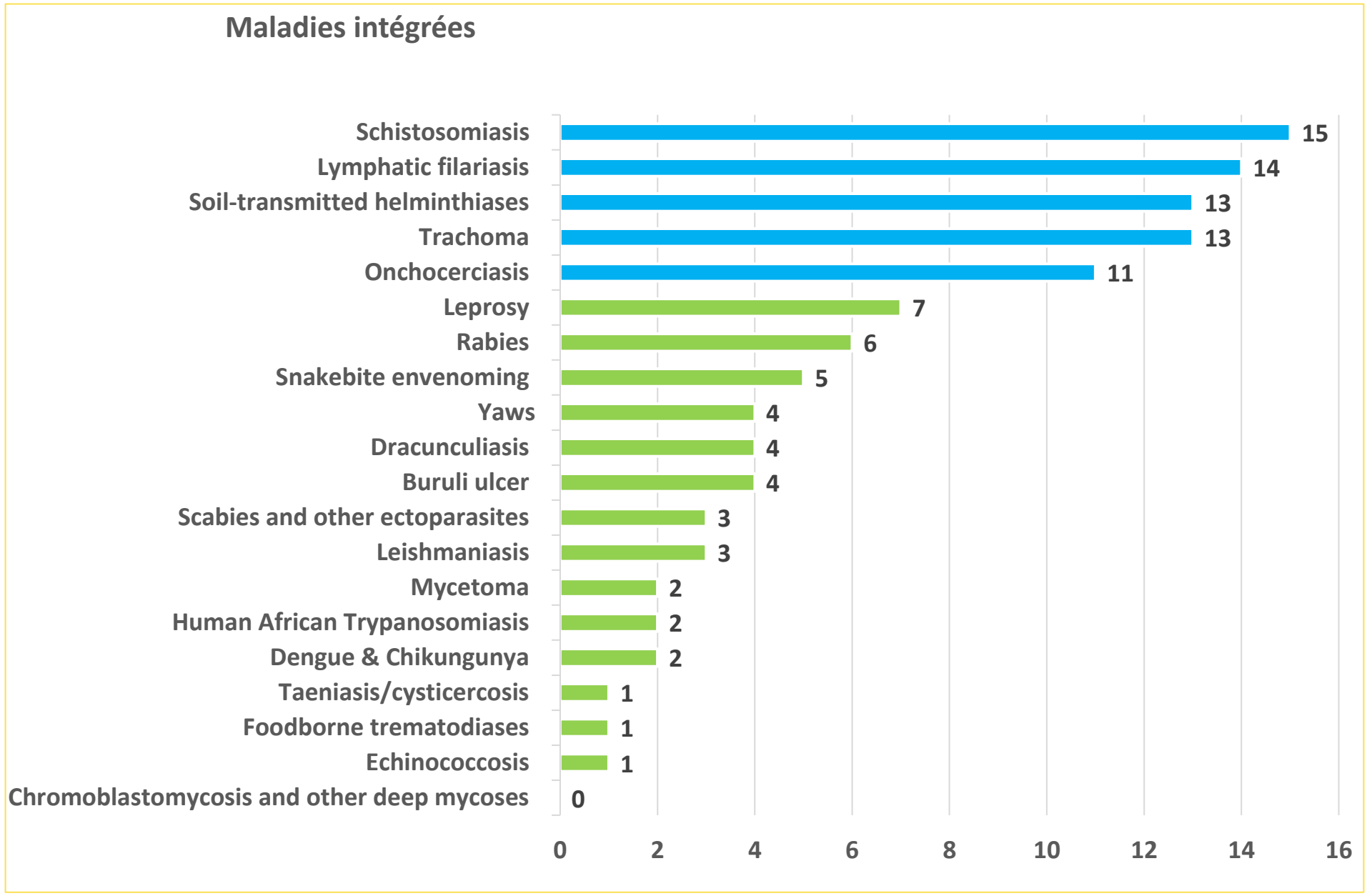


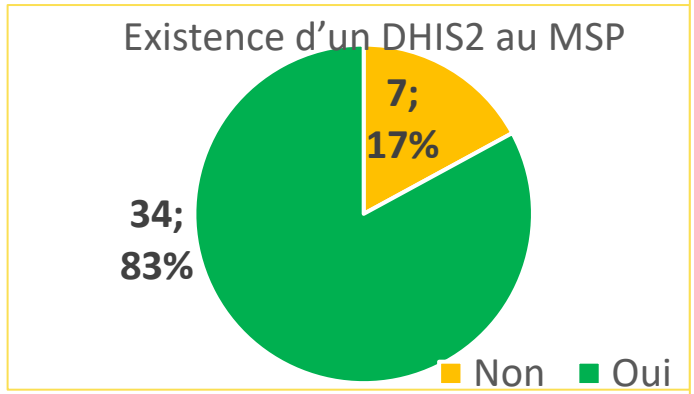



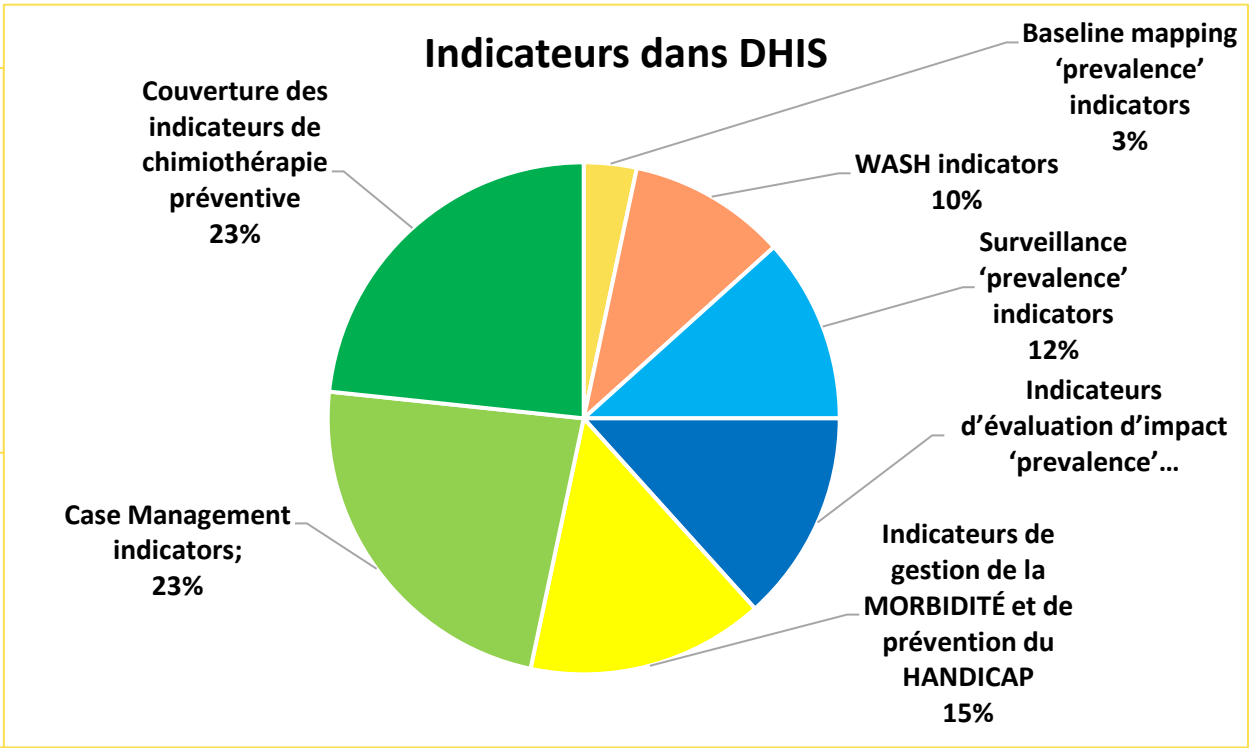



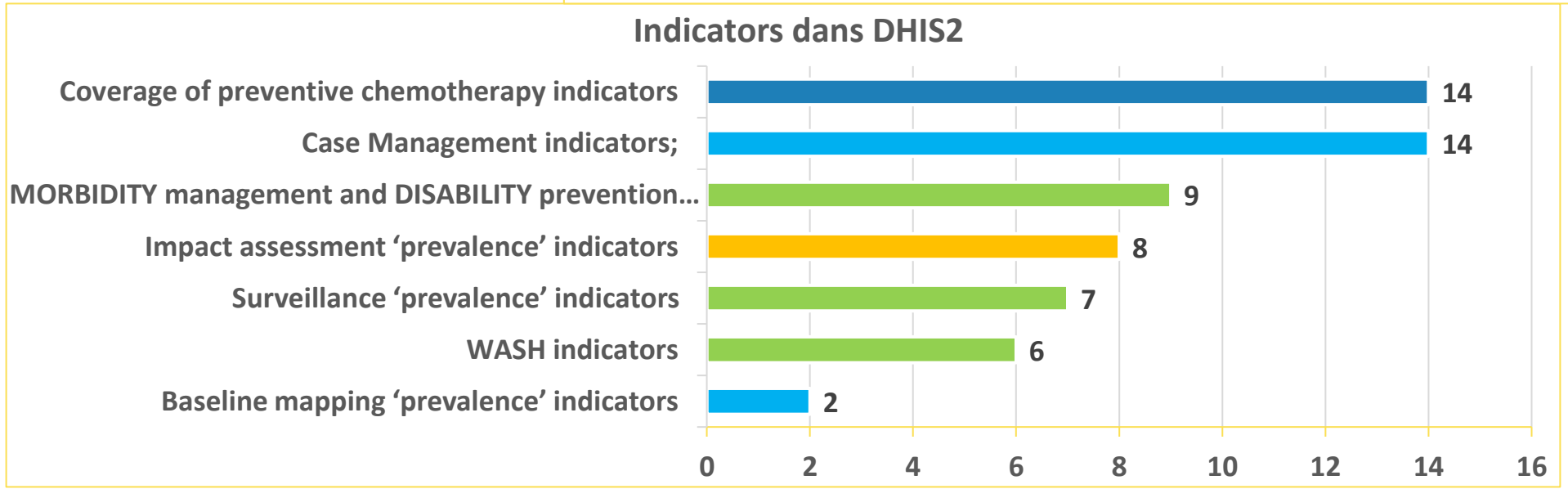
# Maladies intégrées dans la BD



# Types d'indicateurs dans DHIS2



# Transmission des données

World Health Organization



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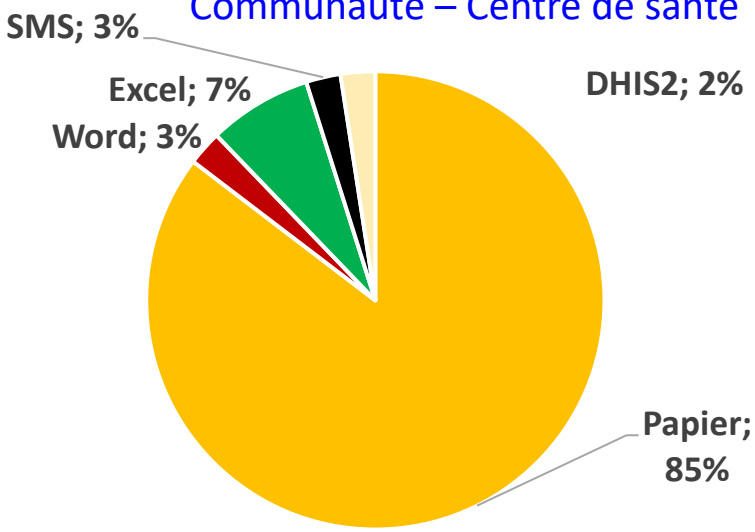
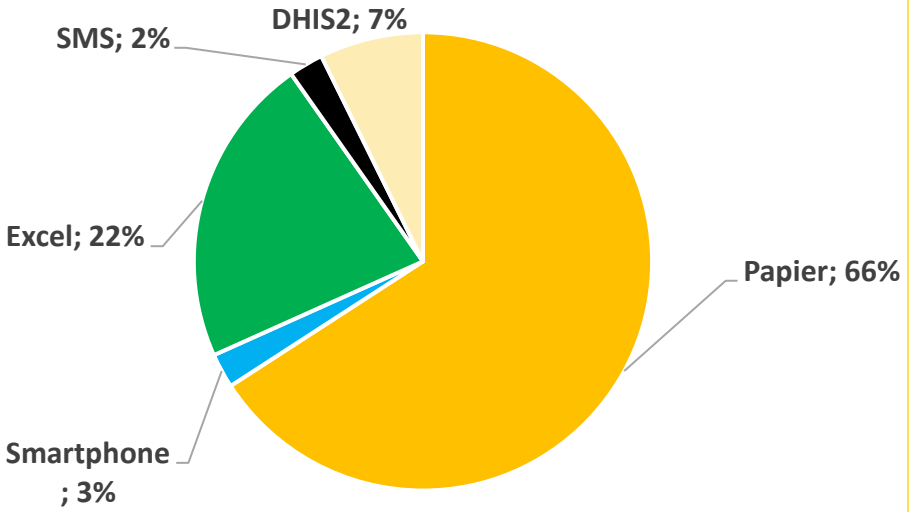
# Flux des données

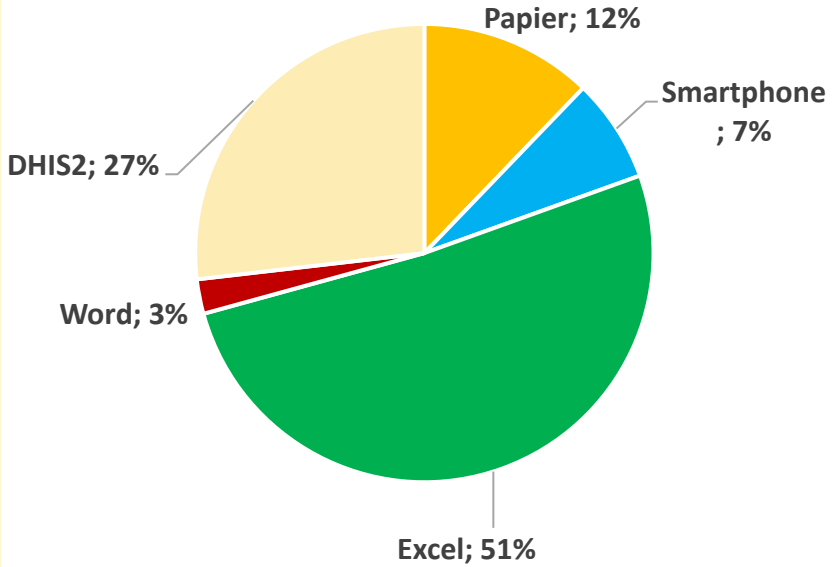
## Communauté – Centre de santé



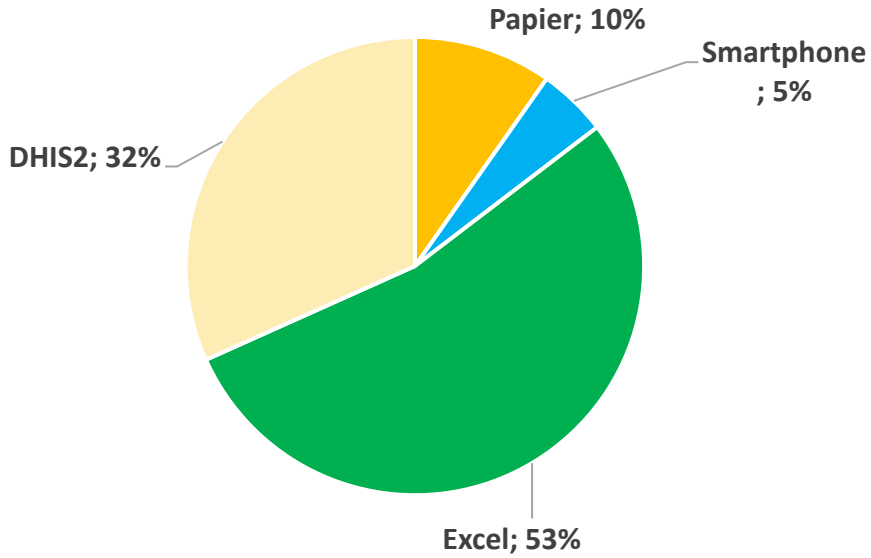

## Centre de santé – District sanitaire



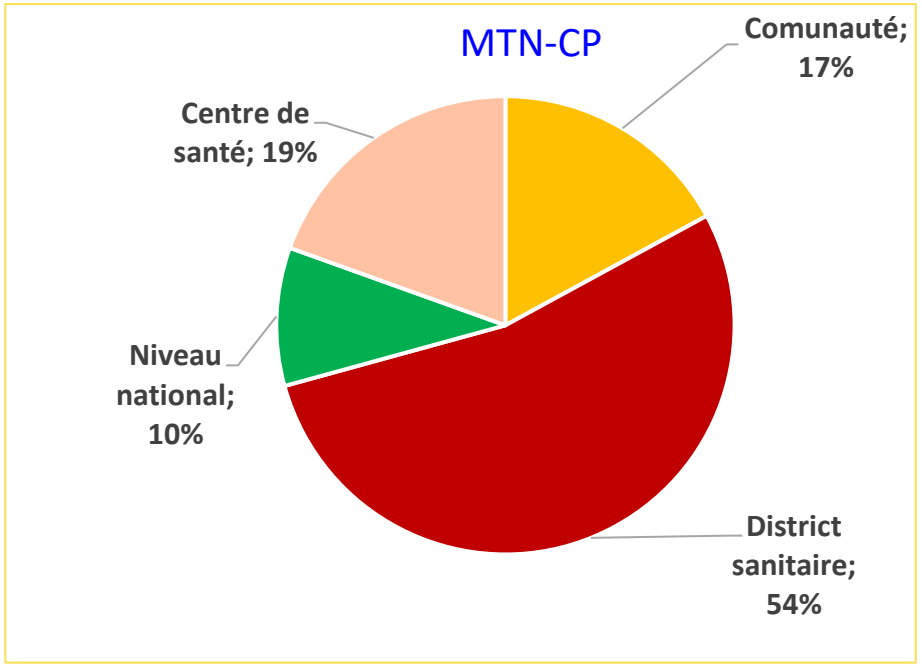

## District sanitaire - Région

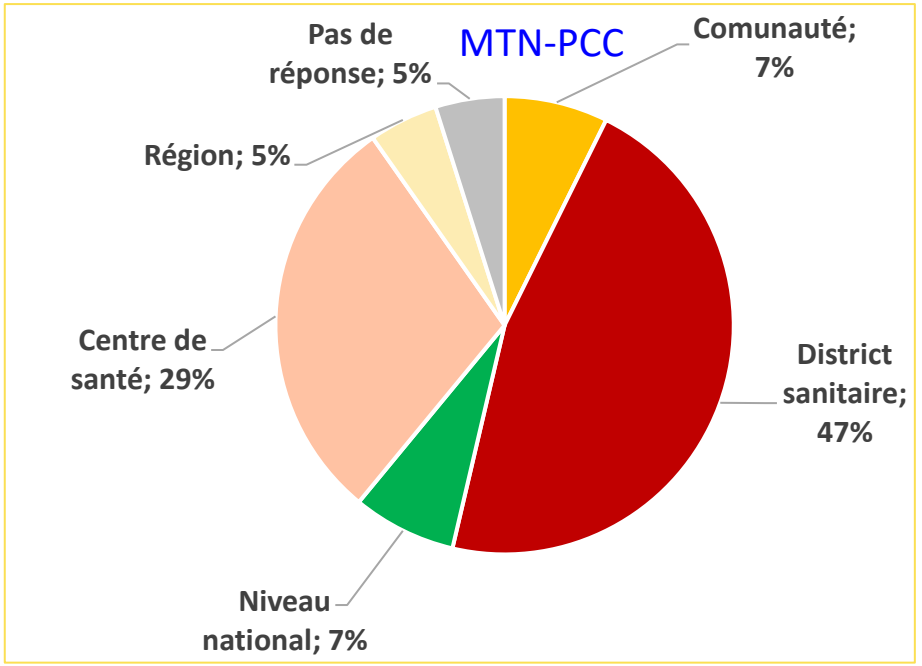


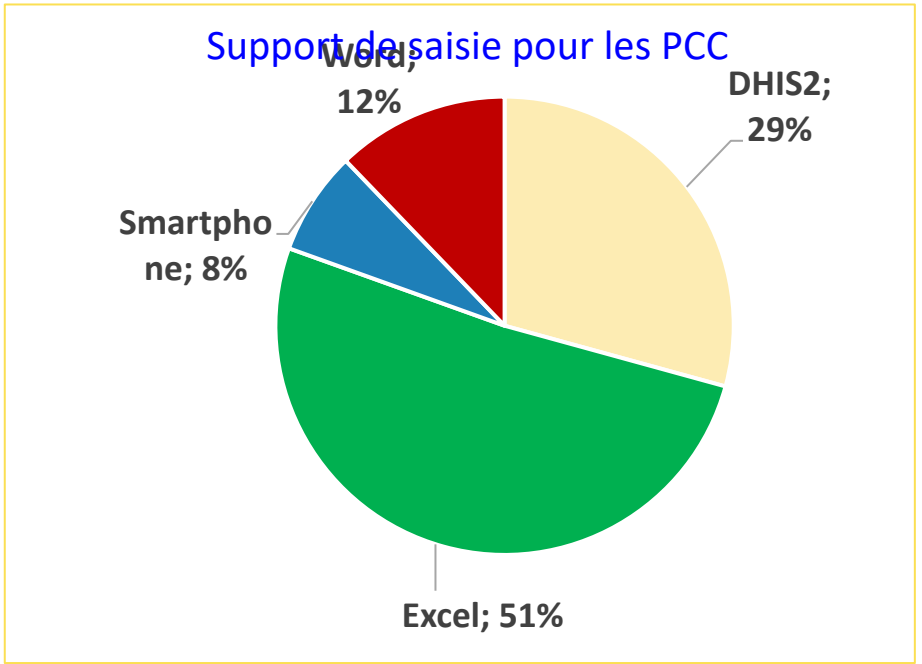

## Région – Programme national



# Premier niveau de saisie des données



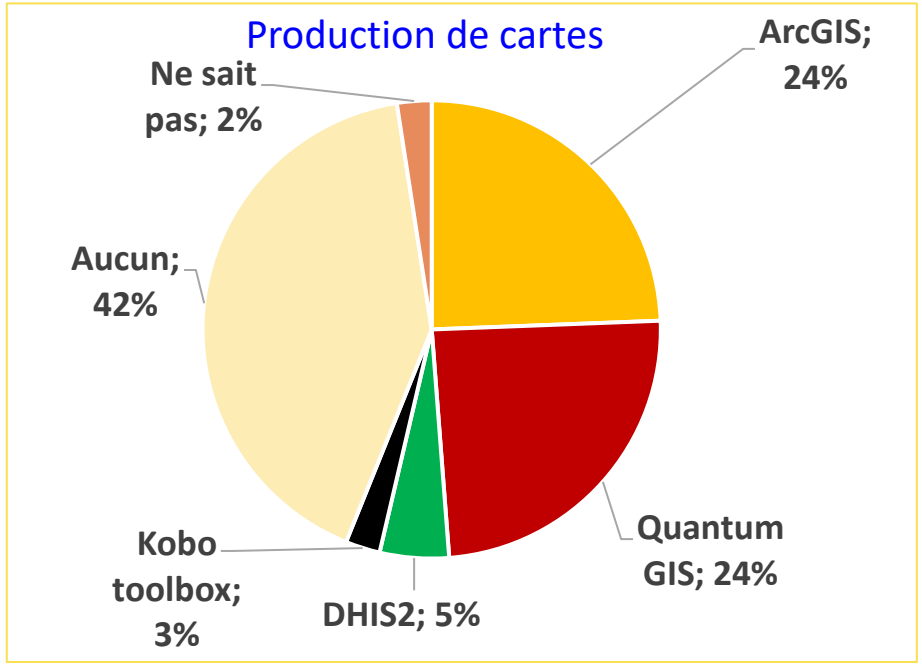



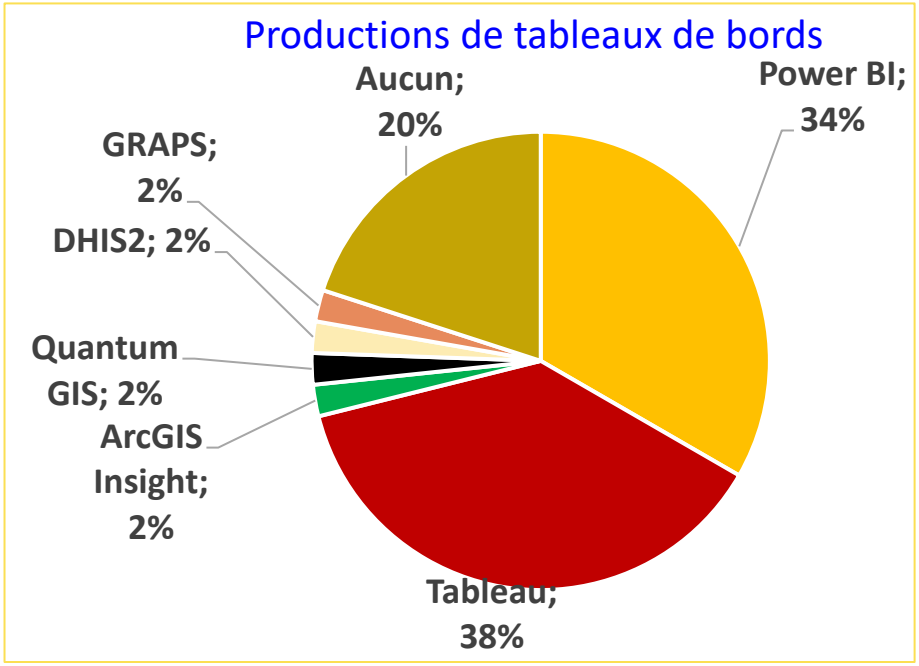



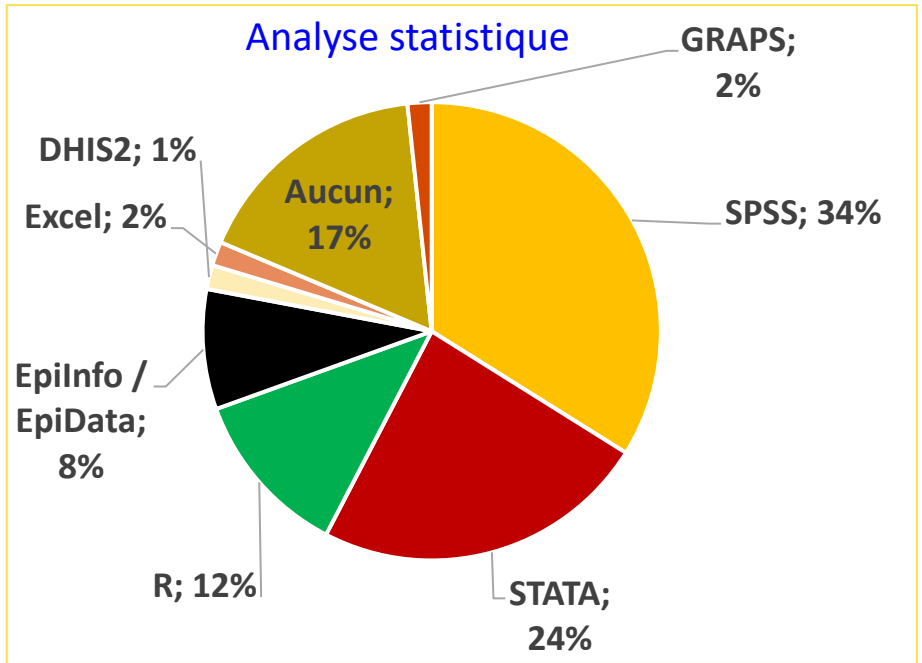
# Capacité en gestion et analyse de données

World Health Organization

# Capacité en gestion et analyse de données



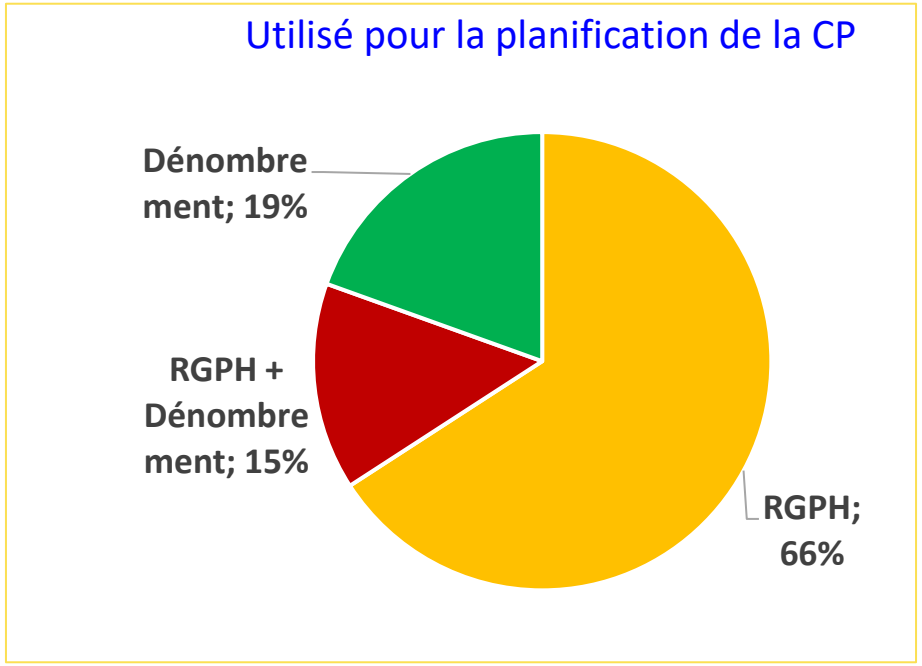



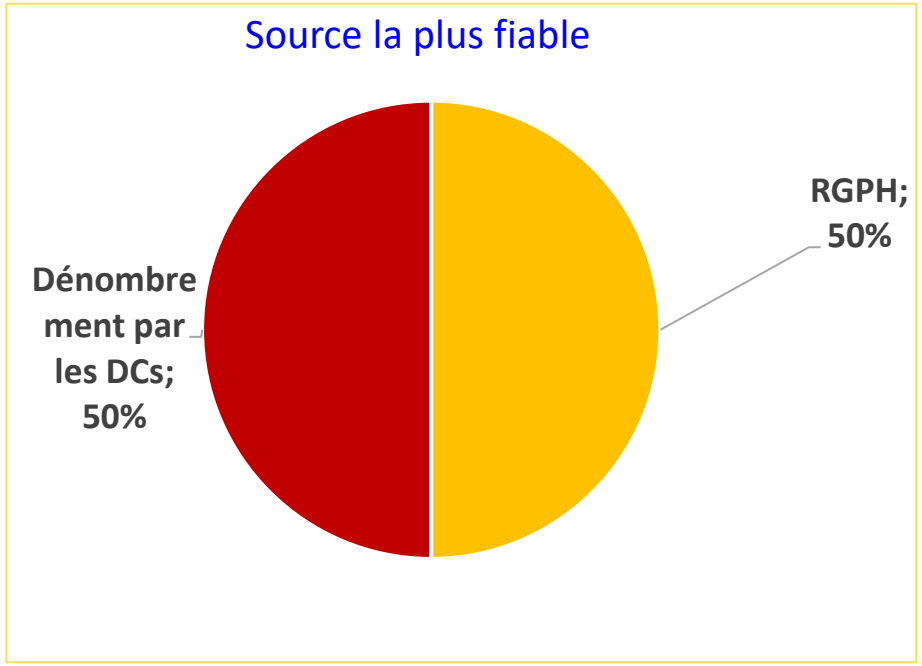



# Données de démographie

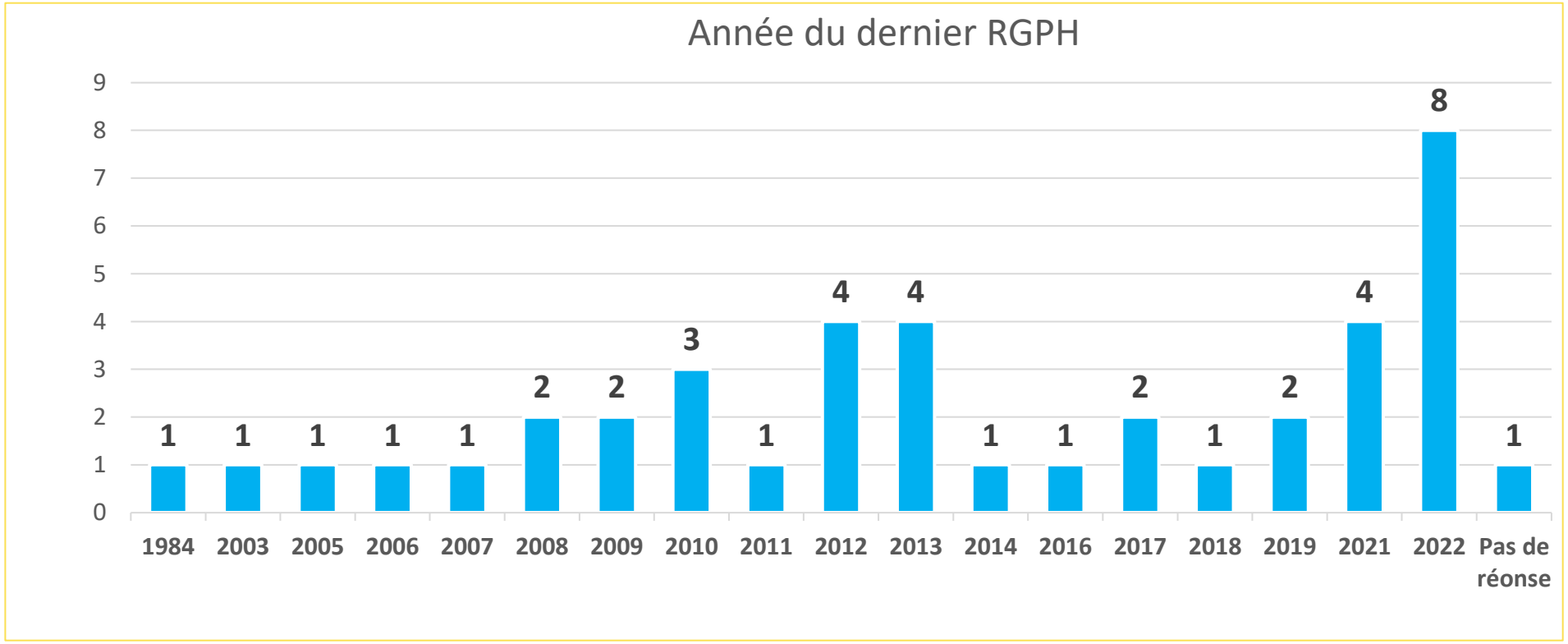
World Health Organization

# Données de démographie

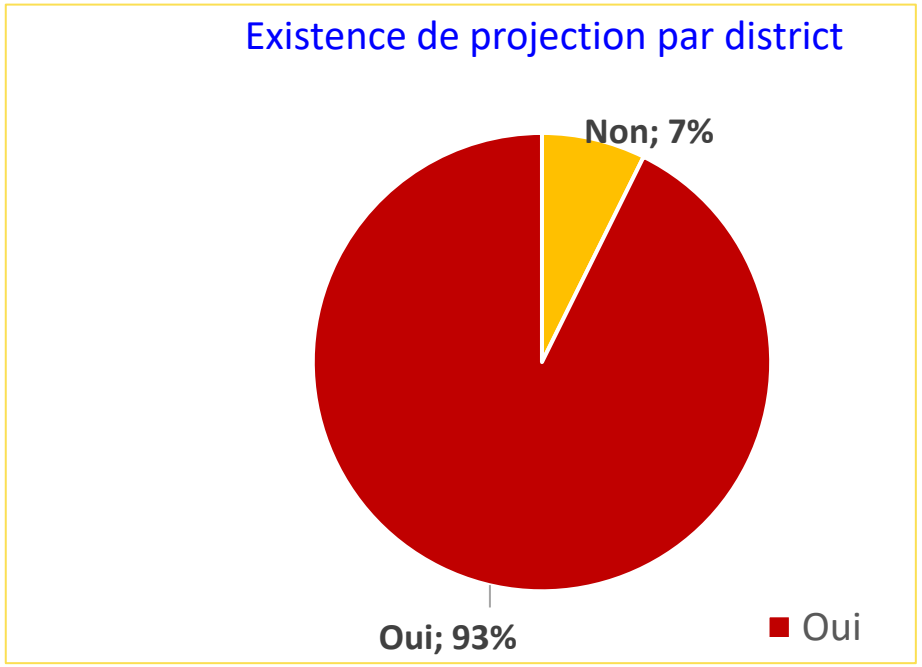


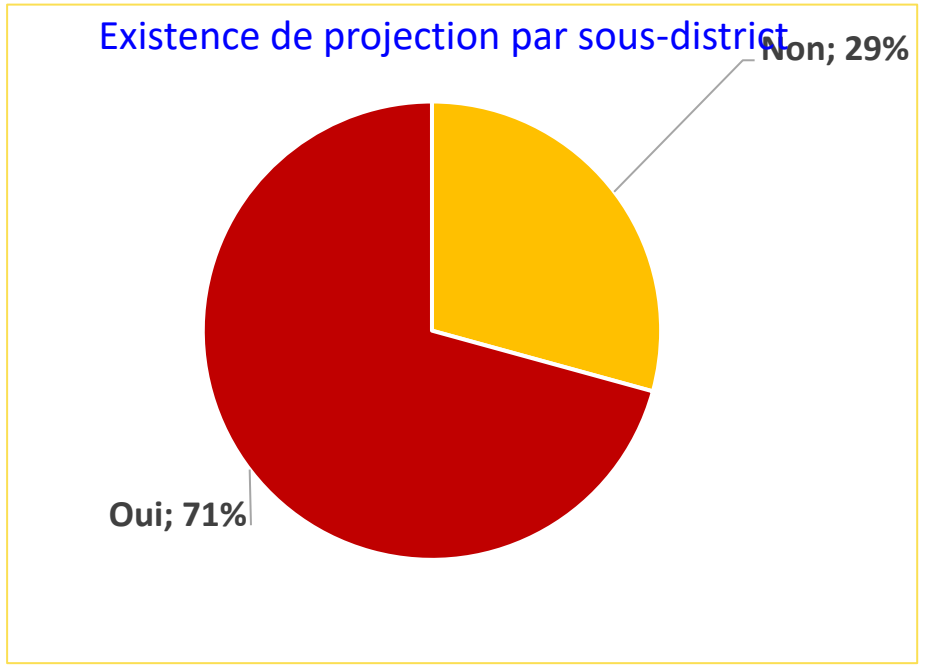



# Données de démographie



# Données de démographie



# Conaissane et Utilisation du portal d'ESPEN

World Health Organization

# Visite du Portal d'ESPEN

| Frequence de visit du portal d'ESPEN | Nomber de programmes | % |
|---|---|---|
| N'ont pas visité depuis le 1er Janvier 2022 | 9 | 22 |
| Moins de 5 moins | 18 | 44 |
| Plus de 5 fois | 4 | 10 |
| Plus de 10 fois | 7 | 17 |
| Plus de 20 fois | 3 | 7 |

# Connaissance des ressources du Portal d'ESPEN

| Resource | Frequency | % |
|---|---|---|
| Cartes de la répartition des maladies | 20 | 48.8 |
| Ensembles de données sur la distribution des maladies | 15 | 36.6 |
| Outil de téléchargement JAP | 15 | 36.6 |
| La tendance en couverture géographique et thérapeutique | 13 | 31.7 |
| Plans directeurs nationaux pour les maladies tropicales négligées (MTN) | 13 | 31.7 |
| Données de prévalence au niveau du site | 10 | 24.4 |
| La superposition de la distribution de la schistosomiase (SCH) / des helminthiases transmises par le sol (STH) avec WASH | 10 | 24.4 |
| Directives/recommandations de l'OMS | 10 | 24.4 |
| ESPEN Collect | 8 | 19.5 |
| Rapports annuel ESPEN | 8 | 19.5 |
| The Country Health Information Platform (CHIP) | 8 | 19.5 |
| Des rapports de réunions | 5 | 12.2 |
| Les limites des districts sanitaire numérisées | 1 | 2.4 |

# Conclusion

1. Moins de la moitié des pays disposent d'une base de données nationale intégrant des données sur les MTN. Pour ceux qui en disposent, DHIS2 est la plateforme la plus utilisée, suivie et de la BDIM sont les plus utilisés.

2. 41% des programmes ne disposent d'aucun gestionnaire de données.

3. Pour près de la moitié des programmes, la transmission des données du district sanitaire vers le niveau régional ou national se fait sur papier. Pour 2/3 des programmes le papier est utilisé au niveau des centres de santé.

4. Pour plus de la moitié des programmes, le dernier RGPH datent de plus de plus de 10 ans. Ceci constitue un handicap pour une bonne quantification des besoins en médicaments et l'appréciation des couvertures de traitement pour la chimio prévention.

5. Plus de la moitié des répondants ont visité le portail d'ESPEN plus de 10 au cours de l'année 2022.

# Conclusion

- **Les parties prenantes dans la lutte contre les MTN disposent d'un référentiel qui peut être utilisé pour identifier des actions à entreprendre pour renforcer les capacités des programmes MTNs dans la collecte, la gestion et l'utilisation des données.**

- **Il s'agit de réponse spontanée des personnes ayant répondu, sans qu'il n'y ai de vérification à postériori. Il pourrait y avoir des imprécisions dans les réponses. Cependant, les résutats de ette enquête rapide peuvent être utilisée pour engager un dialogue entre les parties prenantes.**

# Actions possibles de l'OMS et des partenaires

1. Faire un plaidoyer pour l'affectation de gestionnaires de données aux programmes qui n'en disposent pas, et les former.

2. Apporter un appui aux pays disposant d'un DHIS2 national pour l'intégration des données MTN, en concertation avec HQ/SAI.

3. Renforcer les capacités des programmes dans la digitalisation des données au moins au niveau des centres de santé, par l'utilisation du téléphone portable ou DHIS2 à ces niveaux.

4. Organiser des sessions de renforcement des capacités des pays en les regroupant par centre d'intérêt en prenant en compte les résultats de cette enquête, notamment en ce qui concerne l'analyse spatiale des données, .

5. Dans la mise à jour du Portail, ESPEN devrait prendre en compte les souhaits exprimés par les utilisateurs quant aux ressources et informations qu'ils jugent utiles, tel que mentionnés dans cette enquête.

# MERCI POUR VOTRE ATTENTION

World Health Organization
REGIONAL OFFICE FOR Africa



World Health Organization

November 30, 2023

# Integrated post validation/verification planning toolkit for NTDs

Abdel Direny, MD-MPH
Senior Manager, NTD Surveillance

PATH

# Use case for an integrated PVS planning toolkit for NTDs

- Countries that have eliminated at least one neglected tropical disease (NTD) are currently grappling with **how** to implement post-verification/validation surveillance (PVS) with limited resources.
- Some countries have developed their own methods for PVS while others have not been able to implement any PVS systems for eliminated NTDs.


Individuals take medicines at the start of a mass drug administration campaign in Cameroon.
Photo Credit: Helen Keller Institute via USAID, 2022

- While global guidance for PVS for most NTDs is under development, an integrated PVS planning toolkit for NTDs could **support national program decision-making** on how to best leverage platforms and resources that are currently available in-country to monitor for recrudescence of eliminated NTDs.

PATH

# Integration to sustain NTD surveillance activities

## Challenges:

- NTD elimination efforts are typically **vertical and siloed** by disease with dedicated funding.
- Early infection with most NTDs does not cause visible signs/symptoms.
- NTD variation in pathogenesis, transmission pathways, and vectors **complicate identification of commonalities and opportunities for integration**.
- PVS is needed for many years to monitor for recrudescence or resurgence, but **resources are often limited after elimination**.

## Proposed approach:

- Develop a planning toolkit that can assist countries in **assessing applicability, adaptability, and feasibility of integrating NTD PVS** into existing or future surveillance platforms.
- Analysis and synthesis of outputs can be used by countries to **inform planning** of sustainable integrated PVS.

**Identifying and assessing opportunities for integrated PVS both within and outside of the NTD surveillance platforms can help countries bridge the gap.**

PATH

# Developing an integrated PVS planning toolkit for NTDs

# Target NTDs to guide toolkit development

**Lymphatic filariasis**

**Onchocerciasis**

- Substantial progress towards elimination in multiple countries.
- Chemoprevention ends with elimination; sustainable surveillance will likely depend on other systems.
- Early infections occur months to years before there are clinical signs or symptoms, requiring active surveillance of some sort.
- Some recommendations have already been developed by WHO on sustainable surveillance approaches.

*Toolkit is being developed in a way that allows other NTDs to be added in the future.*

PATH

# Target audiences for Integrated PVS Planning Toolkit for NTDs

## Primary Audience:

- National NTD programs in countries approaching elimination of target NTDs (i.e., lymphatic filariasis, onchocerciasis).

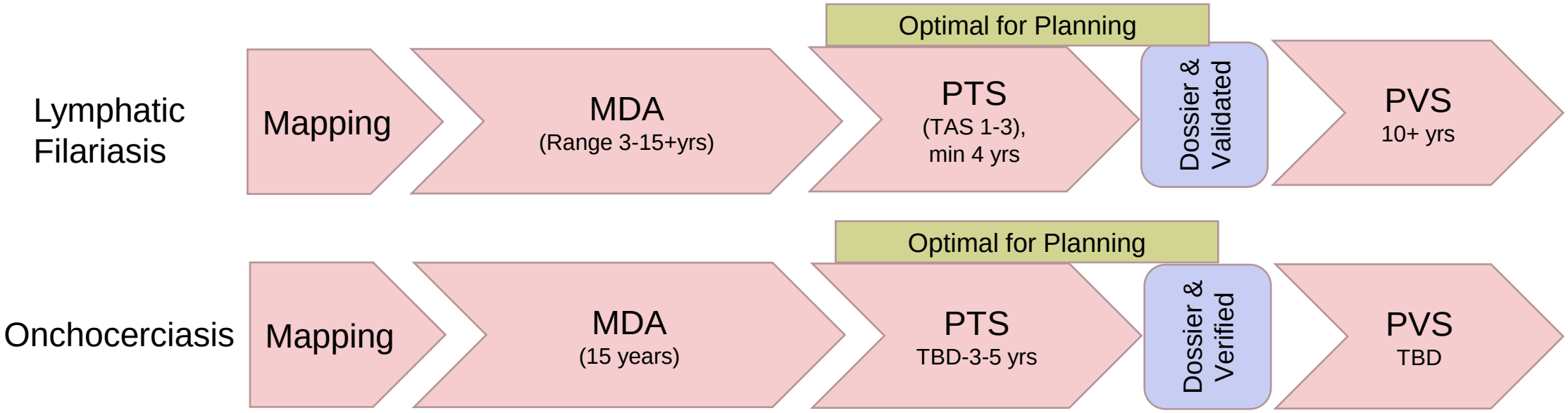
## Secondary Audiences:

- National Surveillance Officers and MOH
- WHO Regional Offices
- Global stakeholders supporting elimination efforts

PATH

# Timeline for toolkit & PVS is critical

Planning toolkit is most useful during **post-treatment surveillance & during preparation of dossier** submission prior to being validated/verified.



# PVS planning toolkit for NTDs

## Overview

# Toolkit overview

**Objective:** Develop an integrated PVS plan for your target NTD.

**Structure:**

Word document with chapters for each phase of the toolkit:

1. **Introduction**: Overview of the toolkit, use case, and necessary information to get started.
2. **Gather**: Desk review of NTD needs for PVS and existing surveillance systems in your country.
3. **Synthesize**: Overlap surveillance systems with PVS needs for your target NTD.
4. **Assess**: Select appropriate surveillance systems.
5. **Plan**: Coordinate with partner programs you wish to integrate with and outline PVS strategy.
6. **Implement**: Roll out PVS plan.

Associated tools available as annexes to support activities in each section.

- Ex. Gather phase excel tool

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# Phases of the planning toolkit

## GATHER

- Country self-check.
- Gather information about focus NTD entering PVS.
- Gather information about existing surveillance systems (SS).
- Overlay SS characteristics with requirements for target NTD to identify potential systems.

## SYNTHESIZE

- Assess feasibility and comparative cost of integrating PVS of target NTD into each shortlisted SS.
- Rank each characteristic based on appropriateness.
- Select a shortlist of SS that meet a minimum level of compatibility.

## ASSESS

- SWOT analysis to support NTD programs in determining the best combination of SS to integrate with.
- Identification of any remaining gaps with the selected combination of SS.

## PLAN

- Outline process/requirements for integrating NTD surveillance.
- Stakeholder consensus building.
- Develop response plan.

## IMPLEMENT

- Develop implementation SOPs.
- Test and evaluate integrated system in pilot site.
- Scale up.
- Ensure decision-makers are accessing and using data.
- Report out and assess impact.

PATH

# GATHER

**Objective**: Gather relevant information about your focus NTD and potential interoperable and compatible surveillance systems.

# Qualitative Overlay

Visual representation of compatibility of other SS with target NTD characteristics.

Values range from no-overlap with reference sheet characteristics (Dark Orange) to complete overlap with the reference sheet (Dark Green), with partial overlap shown in shades of light orange and green.

Clearly non-compatible options would show as mostly orange. Generally compatible options would show as mostly green.

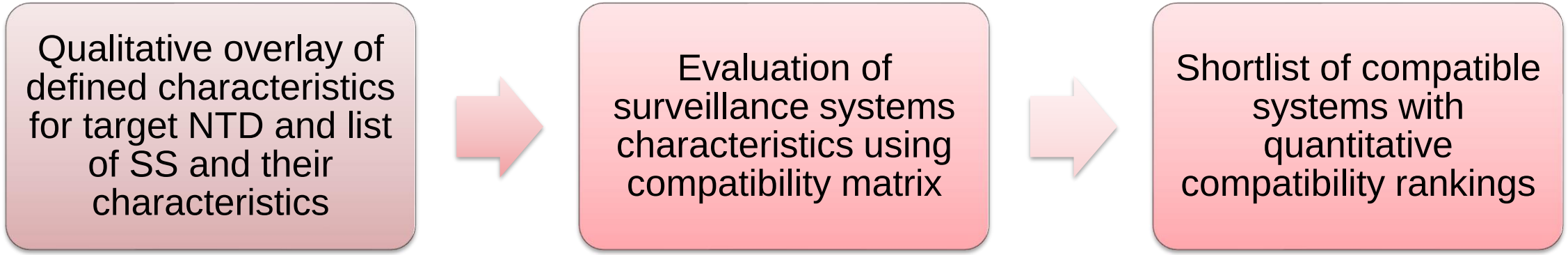
Gen

| Surveillance Systems Health-Facility Based | Districts Included | Sample Type | Diagnostic Commodity | Treatment Commodity | Target Age Group | Target Populations | Capacity to Store Sample | Capacity to Transport Sample | Trained Laboratory Staff Present |
|---|---|---|---|---|---|---|---|---|---|
| Prenatal Screening | Acul-du-Nord | No Sample | Ultrasound | N/A | Newborns < 1 year | Pregnant persons | Yes | Yes | No |
| Acute Febrile Illness (AFI) Surveillance | Bainet, Belle-Anse | Blood - finger prick | RDT - Antigen | ACT | All Ages | All populations | Limited | No | Limited |
| Malaria Surveillance | le Cap-Haïtien, les Cayes, l'Arcahaie | Rapid test - Antigen | RDT - Antigen | ACT | All Ages | Schoolchildren | Yes | Yes | Yes |
| HIV Surveillance | Port-au-Prince, le Cap-Haïtien, Belle-Anse, l'Arcahaie | Blood - finger prick | RDT - Antibody | ARV | Adults > 18 years | All populations | No | Limited | Yes |

*In this hypothetical example, Malaria surveillance and HIV surveillance might be the best two systems to include for the next phase

# synthesize

**Objective**: Support NTD programs in reviewing and synthesizing the information gathered during the Gather Phase and developing a shortlist of compatible systems that would be possible to integrate with.



# Compatibility Ranking

| **Surveillance options** | **Characteristic 1** *Priority weight: 4* | **Characteristic 2** *Priority weight: 1* | **Characteristic 3** *Priority weight: 1* | **Characteristic 4** *Priority weight: 4* | **Ranking** |
|---|---|---|---|---|---|
| Surveillance system (SS) #1 | 5 | 10 | 10 | 0 | **4** |
| SS #2 | 10 | 10 | 10 | 10 | **10** |
| SS #3 | 0 | 5 | 0 | 0 | **0.5** |
| SS #4 | 10 | 4 | 0 | 4 | **6** |

- Priority weights (1-5) are multiplied by the values of each characteristic (0-10) and summed to create the overall compatibility ranking (maximum value = 20).
- The priority weights and characteristic values will be determined by each program's needs and contexts, but suggested weighting will be provided as a template in the tool.
- In this example, Surveillance System (SS) #1 formula would be (5*0.4) + (10*0.1) + (10*0.1) + (0*0.4) = 4.
- From the compatibility ranking, SS #2 and SS #4 are the best candidates for PVS integration as they have the highest index scores.

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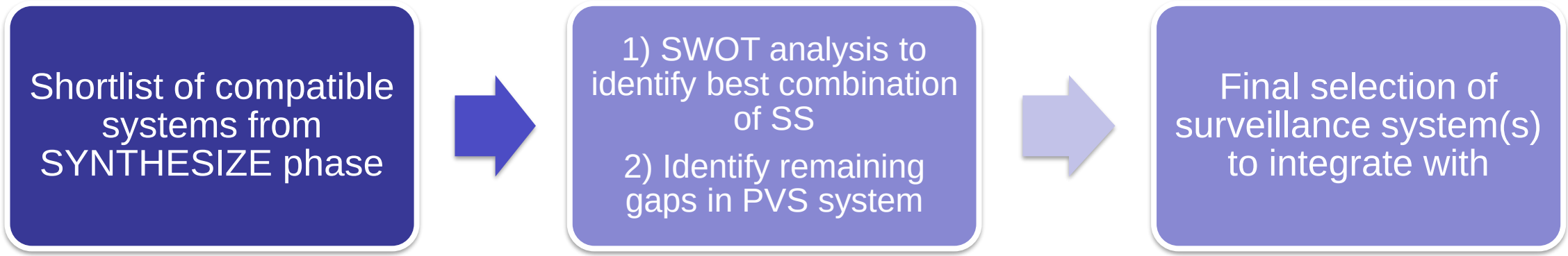
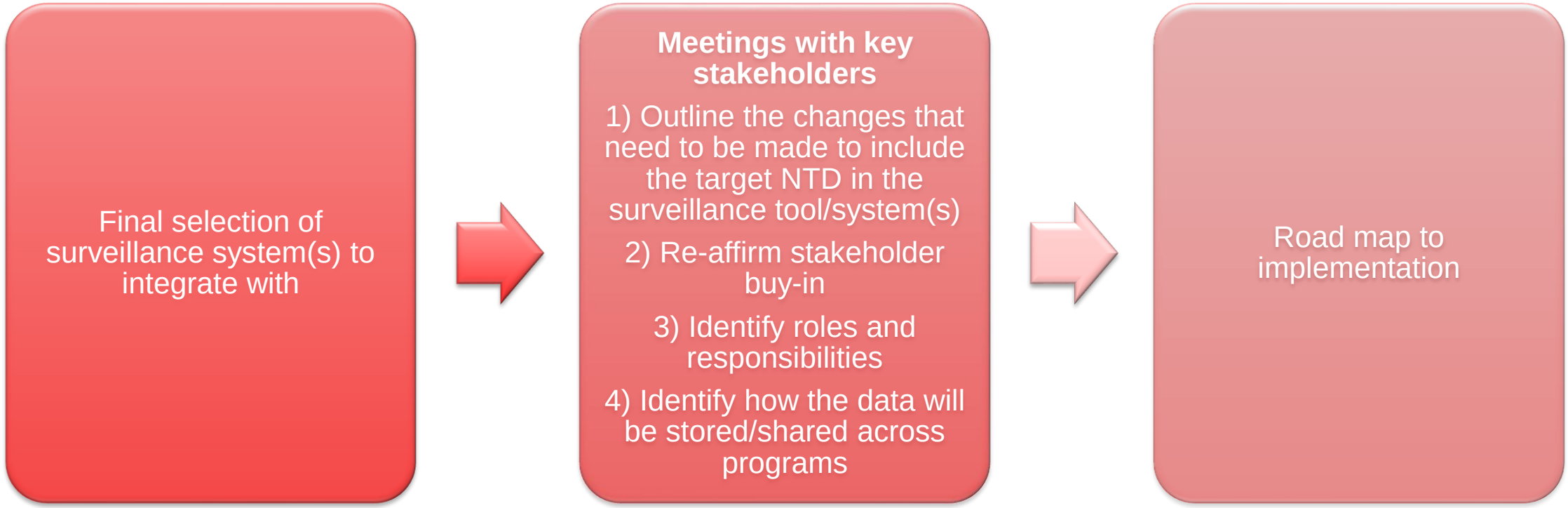
# Assess

**Objective**: Support NTD programs in assessing their shortlisted compatible systems and determining the best combination of surveillance systems to integrate with.



# Plan

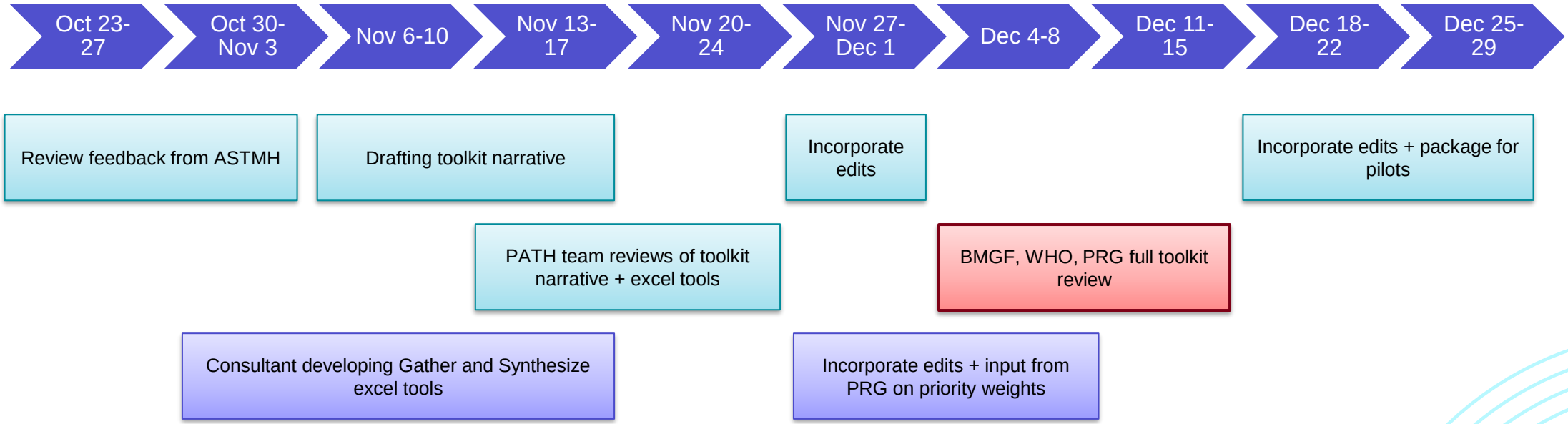
**Objective**: Coordinate with other programs to outline approach for integrating surveillance of your focus NTD into the existing system(s).



# Implement

**Objective**: Implement PVS for your target NTD based on the plans outlined in the previous step.

# TOOLKIT DEVELOPMENT TIMELINE



# Acknowledgement


- Bill and Melinda Gates Foundation
- World Health Organization
- Project Review Group (PRG)

# Thank you

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