



**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



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

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

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 portal →



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Latest news on NTDs: [Launch of the Stage II of the Mwele Malecela Mentorship Program for Women in NTDs](#)

Accelerating elimination of NTDs - Towards 2030



1.5 billion
people affected by
NTDs worldwide

39%
of the global NTD
burden occurs in
Africa

600 million
people require
treatment in Africa

The ESPEN Portal enables health ministries and stakeholders to share, and exchange subnational programme data, in support of the NTD control and elimination goals.

Browse 14,935 maps and data



Lymphatic
filariasis



Onchocerciasis



Loiasis



Schistosomiasis



Soil-transmitted
helminthiasis



Trachoma



WASH and
neglected tropical

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/>

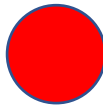


EXPANDED SPECIAL PROJECT
FOR ELIMINATION OF
NEGLECTED TROPICAL DISEASES

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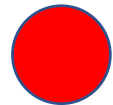
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Latest news on NTDs and Covid-19: WHO recommendations on NTD interventions



Dynamic dashboards: visualization treatment progress and projections



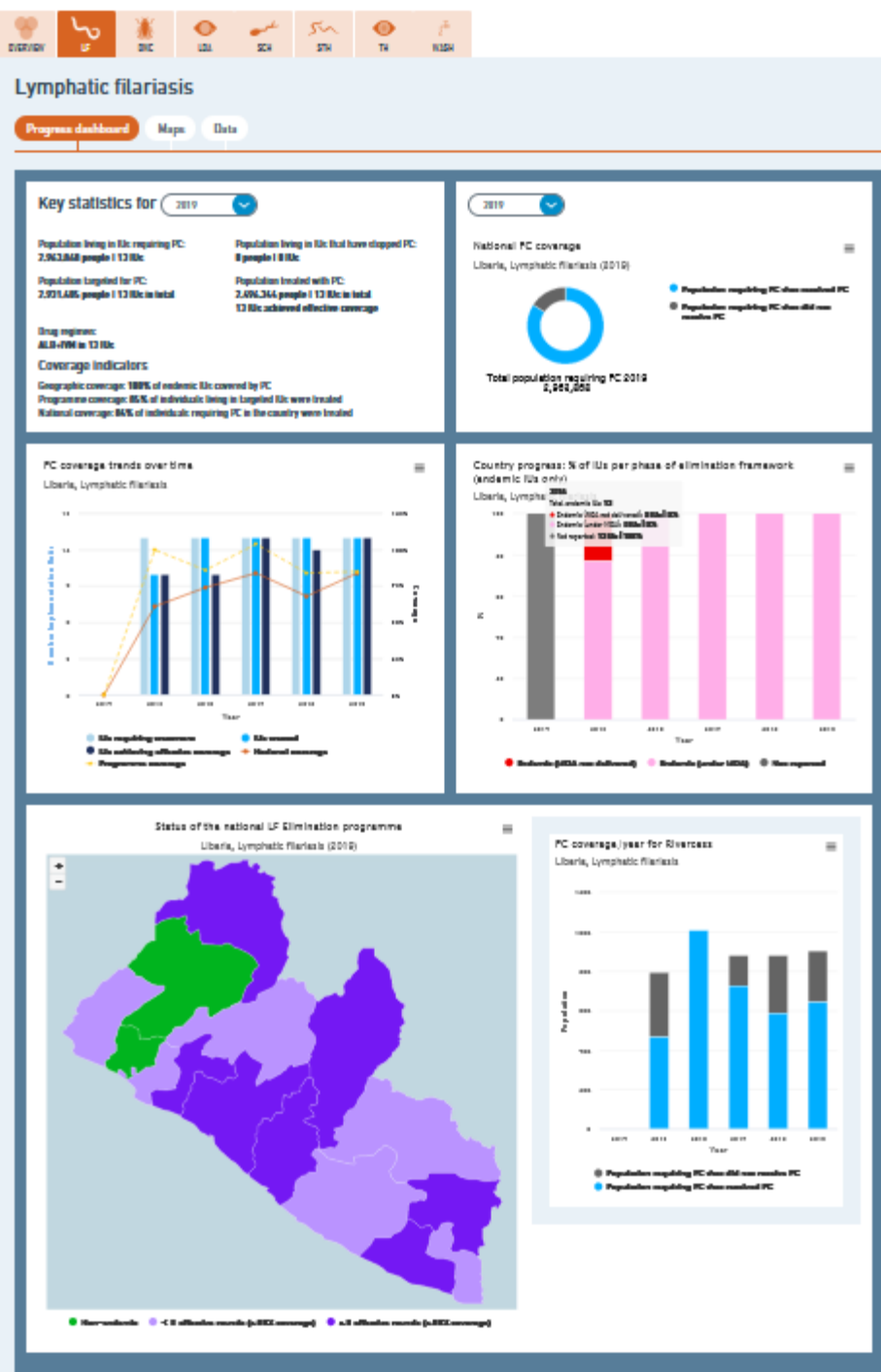
Summary indicators & maps: key treatment and endemicity indicators, dynamic and static maps, and progress charts



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.

77
Unités d'implémentation (UI)

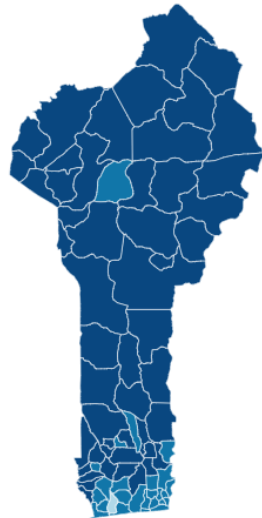
10,527,515
Population

Endémicité des MTN par les unités d'implémentation (UI)

UI endémiques >> 0 51 76 77

Nombre de MTN endémiques

● 1 ● 2 ● 3




Région	UI	Filariose Lymphatique	Onchocercose	Schistosomiase	Géohelminthiases
Alibori	Banikoara	Non-endémique	Endémique	Moderée	Faible
Alibori	Gogounou	Non-endémique	Endémique	Faible	Moderée
Alibori	Kandi	Non-endémique	Endémique	Moderée	Moderée
Alibori	Karimama	Post-AMM	Endémique	Faible	Faible
Alibori	Malanville	Post-AMM	Endémique	Moderée	Faible
Alibori	Segbana	Non-endémique	Endémique	Faible	Moderée
Atakora	Boukoumbe	Post-AMM	Endémique	Moderée	Faible
Atakora	Cobly	Non-endémique	Endémique	Moderée	Moderée
Atakora	Kerou	Post-AMM	Endémique	Faible	Faible
Atakora	Kouande	Non-endémique	Endémique	Moderée	Moderée
Atakora	Materi	Post-AMM	Endémique	Faible	Faible
Atakora	Natitingou	Non-endémique	Endémique	Faible	Faible
Atakora	Pehunco	Non-endémique	Non-endémique	Moderée	Faible
Atakora	Tanguieta	Post-AMM	Endémique	Moderée	Faible
Atakora	Toukountouna	Post-AMM	Endémique	Faible	Faible
Atlantique	Abomey-Calavi	Non-endémique	Non-endémique	Faible	Faible
Atlantique	Allada	Post-AMM	Non-endémique	Faible	Moderée
Atlantique	Kpomasse	Post-AMM	Non-endémique	Non-endémique	Faible
Atlantique	Ouidah	Post-AMM	Non-endémique	Moderée	Faible
Atlantique	So-Ava	Non-endémique	Non-endémique	Forte	Faible
Atlantique	Toffo	Non-endémique	Endémique	Moderée	Forte
Atlantique	Torri-Bossito	Post-AMM	Non-endémique	Moderée	Moderée
Atlantique	Ze	Non-endémique	Endémique	Moderée	Moderée
Borgou	Bembereke	Non-endémique	Endémique	Forte	Faible
Borgou	Kalale	Non-endémique	Endémique	Moderée	Moderée
Borgou	N'Dali	Non-endémique	Endémique	Forte	Moderée
Borgou	Nikki	Non-endémique	Endémique	Moderée	Faible
Borgou	Parakou	Post-AMM	Endémique	Moderée	Moderée



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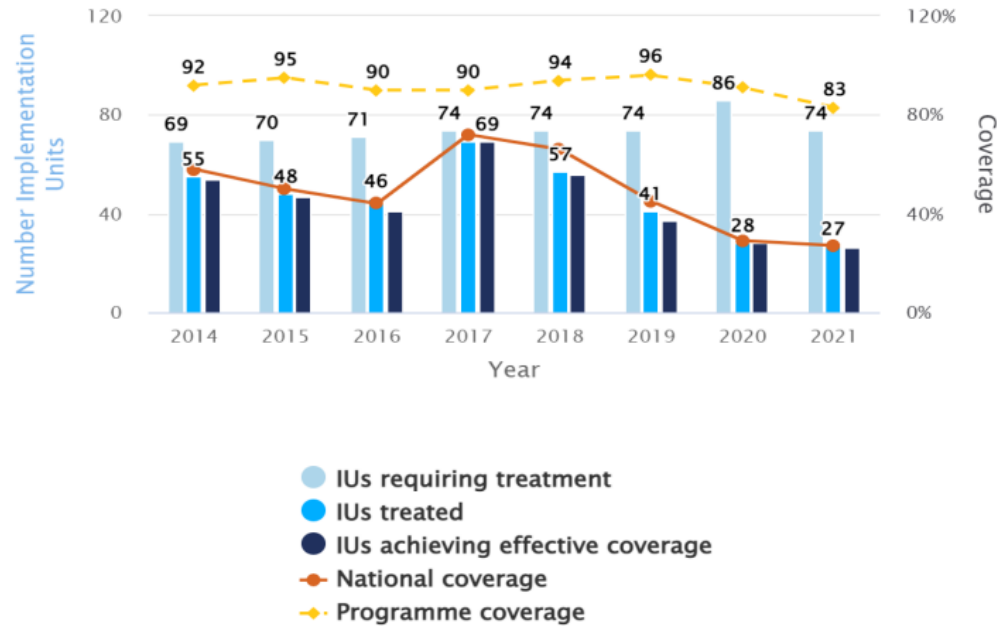


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Country use cases

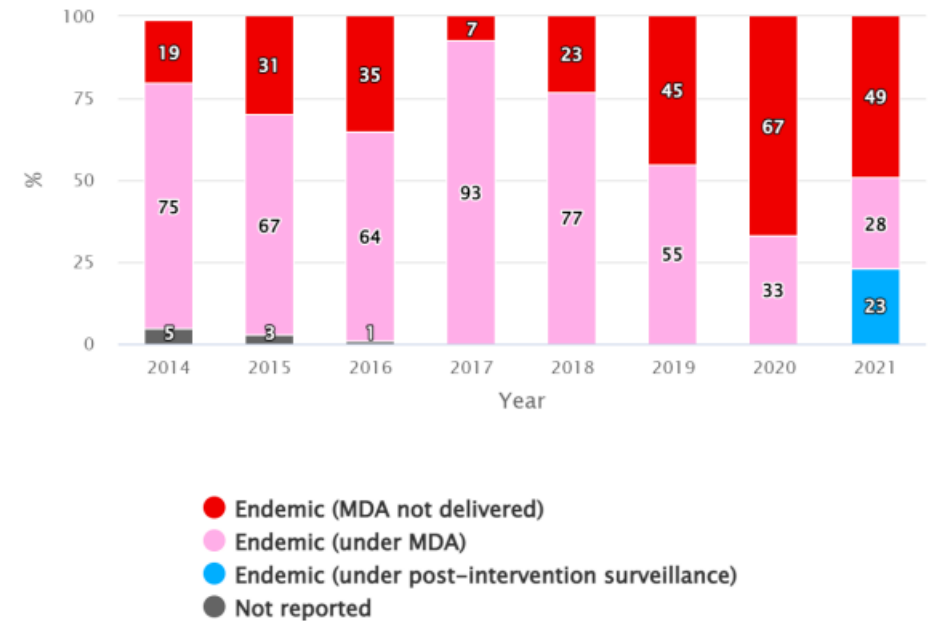
FMoH/ETHIOPIA: monitoring LF elimination

PC coverage trends over time
Ethiopia, Lymphatic filariasis



Country progress: % of IUs per phase of elimination framework (endemic IUs only)

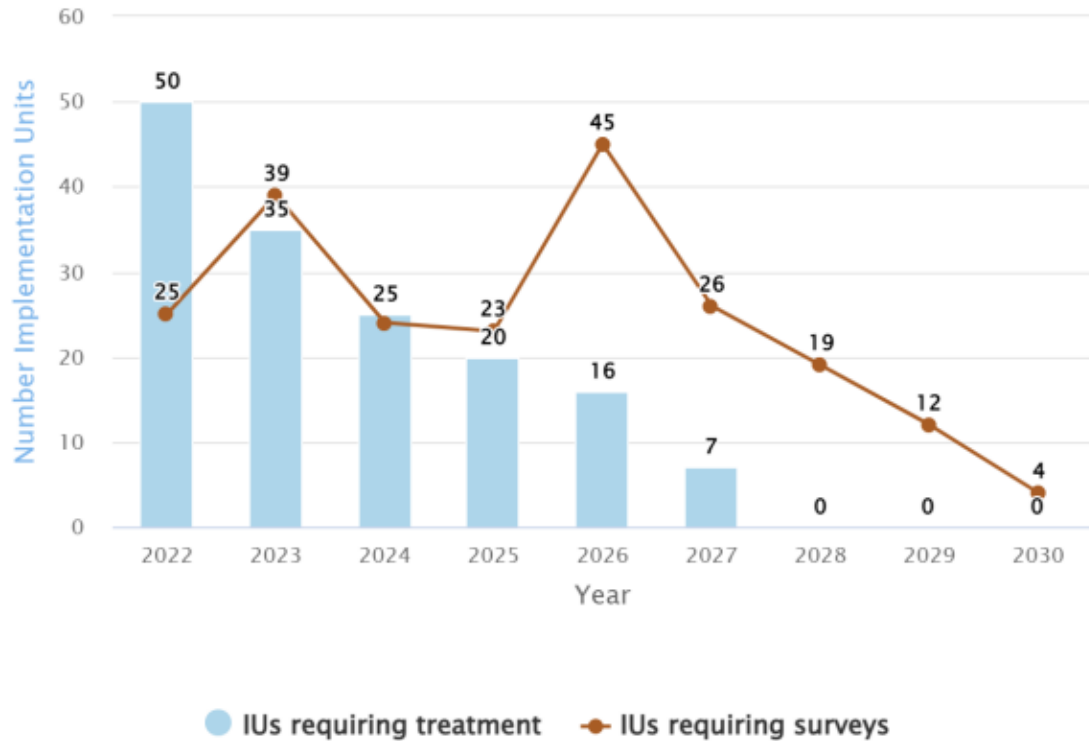
Ethiopia, Lymphatic filariasis



FMoH/Ethiopia: monitoring LF elimination

LF Elimination timeline: forecast IUs requiring PC and surveys

Ethiopia, Lymphatic filariasis



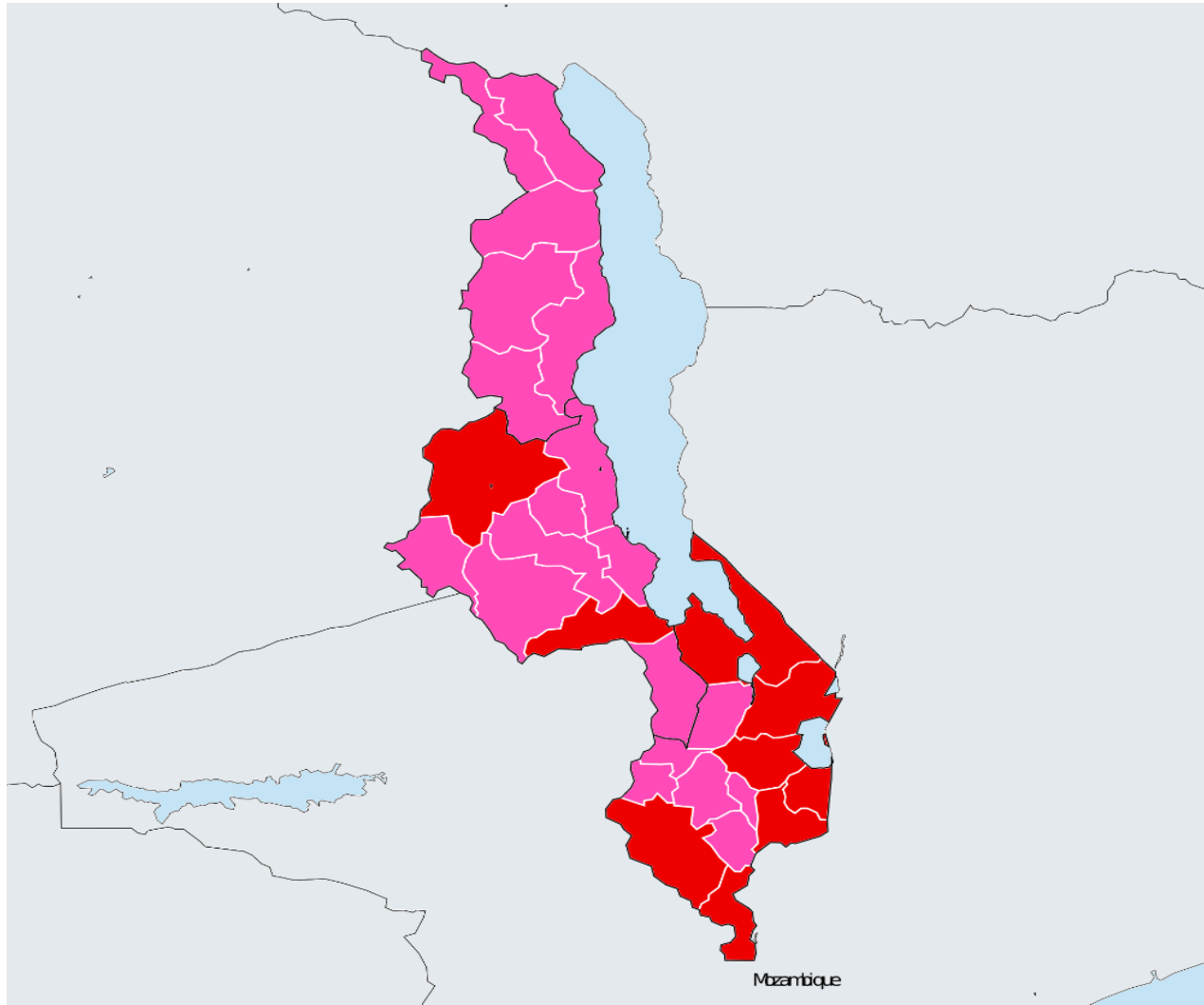
Conclusions:

- 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

Boundaries, names and designations used here do not imply expression of WHO opinion concerning the legal status of any country, territory or area, or of its authorities, or concerning delimitation of frontiers or boundaries. Dotted / dashed lines represent approximate border lines for which there may not yet be full agreement.

Data Source:

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

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500 KM



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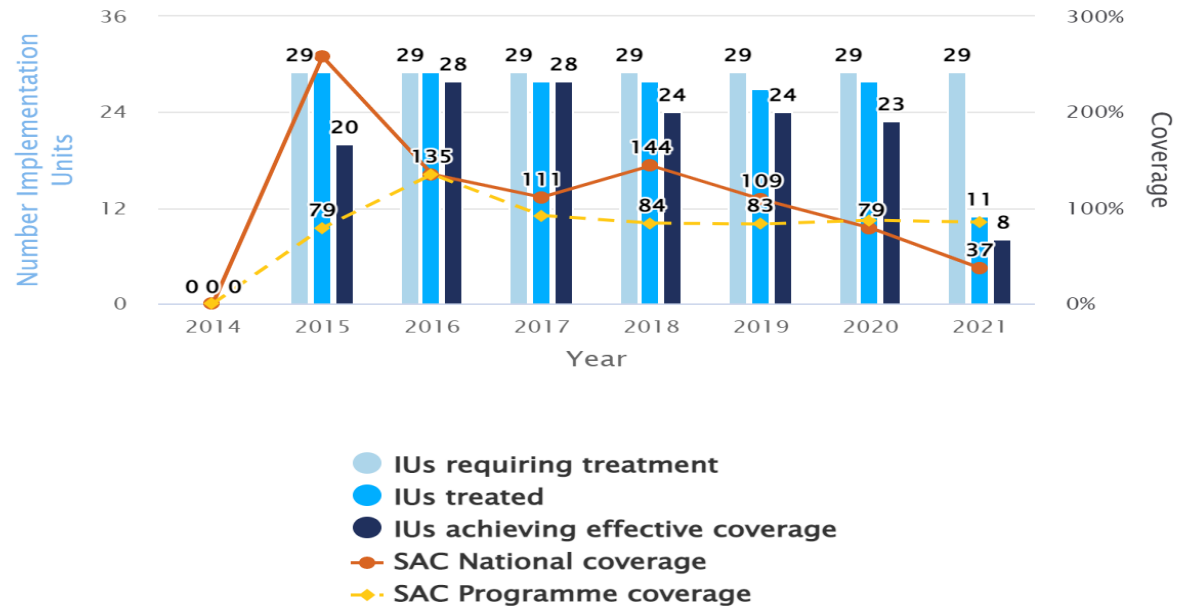
[Latest news on NTDs and Covid-19: WHO recommendations on NTD interventions](#)

Country use cases

MoH/Malawi: monitoring Schisto elimination

PC coverage trends over time

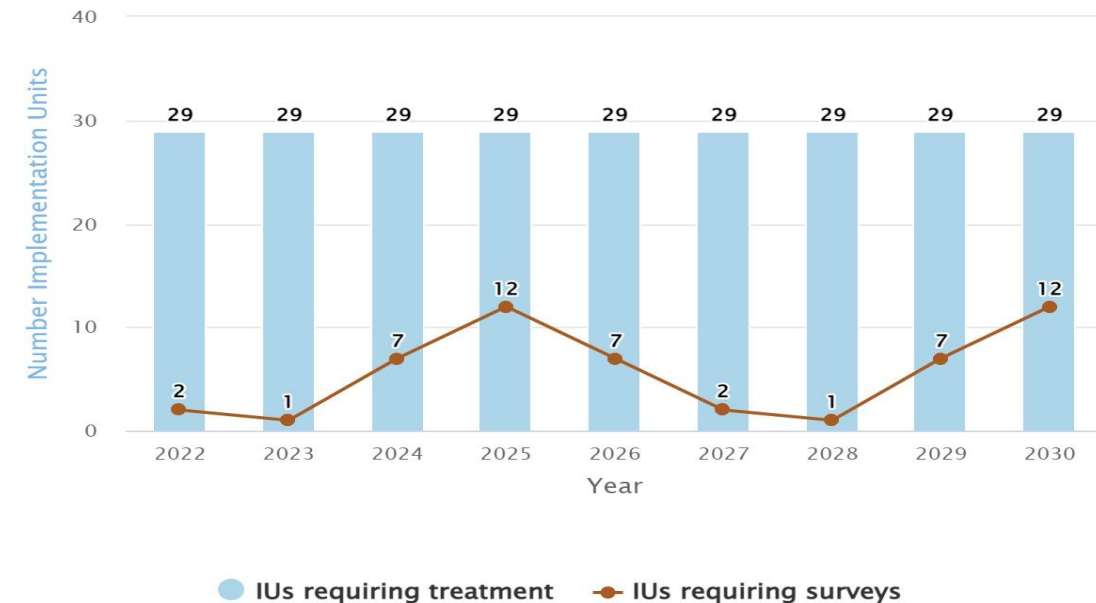
Malawi, Schistosomiasis



Data source: NTD data from Health Ministries & ESPEN Partnership.

SCH program timeline: forecast IUUs requiring PC and surveys

Malawi, Schistosomiasis



Data source: NTD data from Health Ministries & ESPEN Partnership.

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

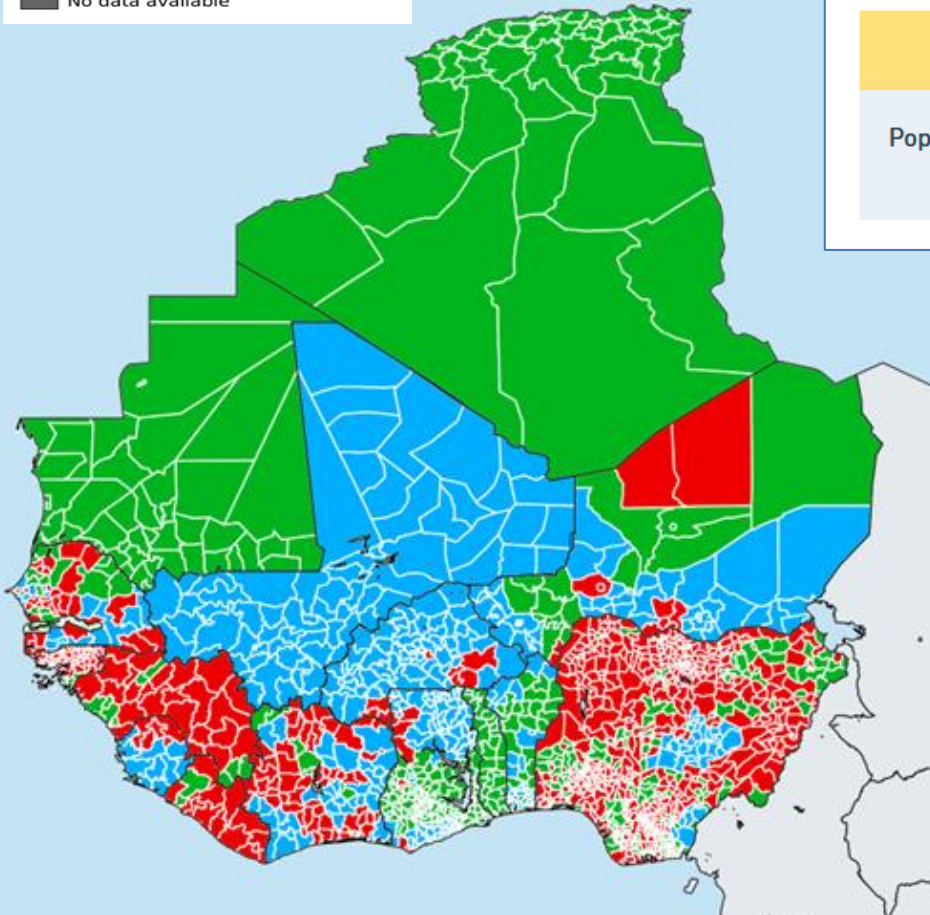
MoH/Burkina Faso: monitoring LF elimination

Western Africa (2021)

Status of Lymphatic filariasis Elimination

Lymphatic filariasis > Endemicity

- Non-endemic
- Endemic (requiring MDA)
- Under post-intervention surveillance
- Endemicity unknown
- No data available



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

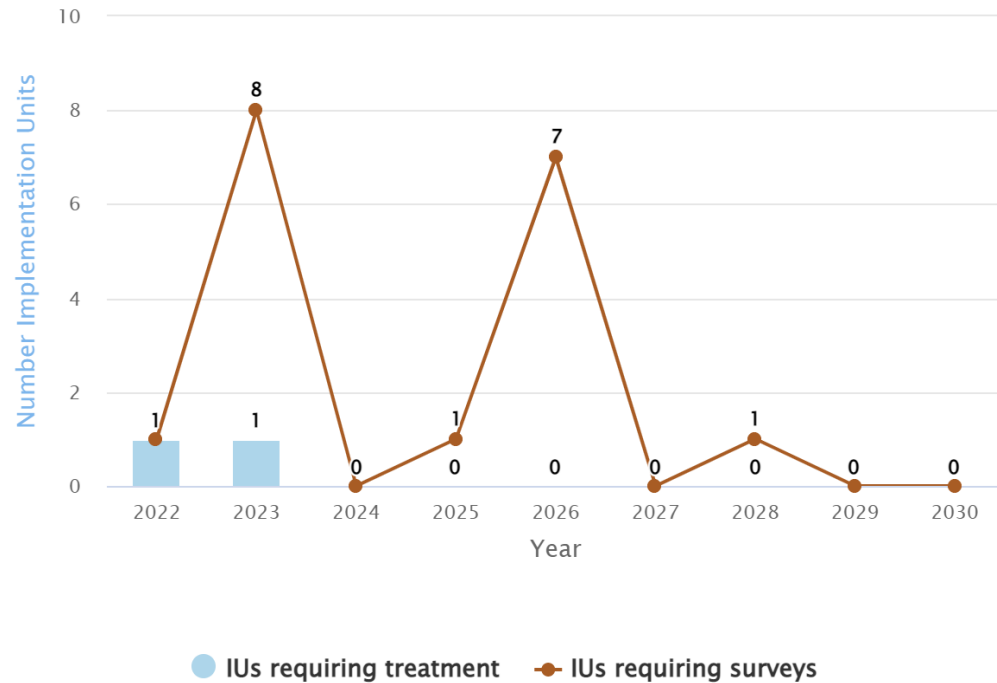
Le Burkina Faso est situé au cœur de l'Afrique de l'Ouest

Il a des districts endémiques à la FL à l'instar d'autres pays de la sous région

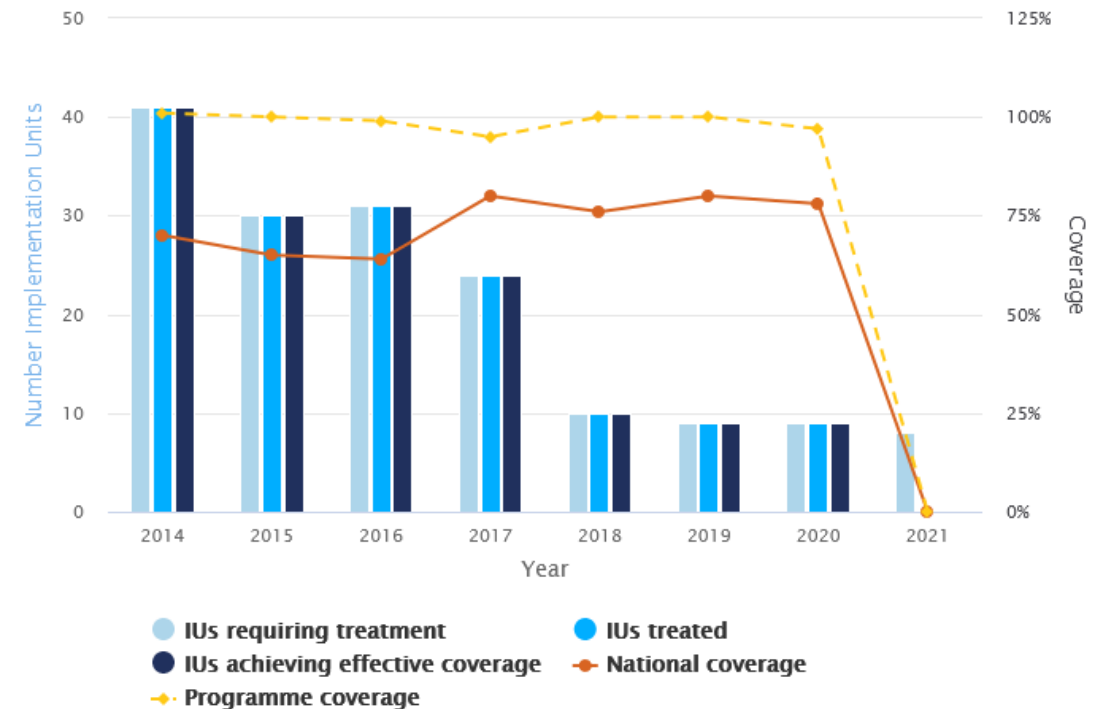
MoH/Burkina Faso: monitoring LF elimination

LF Elimination timeline: forecast IUs requiring PC and surveys

Burkina Faso, Lymphatic filariasis



PC coverage trends over time
Burkina Faso, Filariose lymphatique




- 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%



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Data collection and reporting tools

 [Download the EPIRF](#)

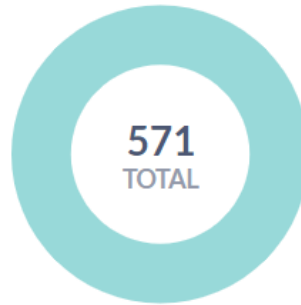
1. Surveillance et erreurs

332

Number of sites visited - TAS1 (Jun 2022)

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

 Solved



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

 Solved



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	

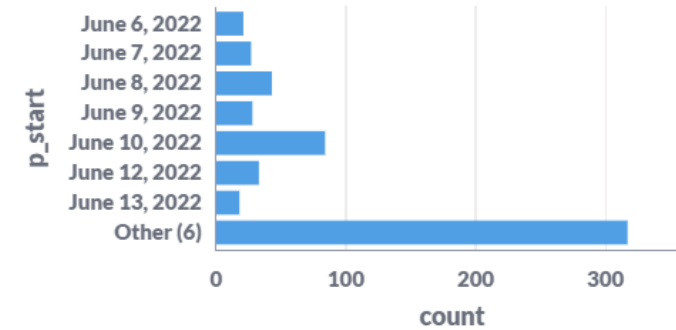
Rows 1-3 of 571 < >

1. Duplicates per operator - TAS1 (Jun 2022)

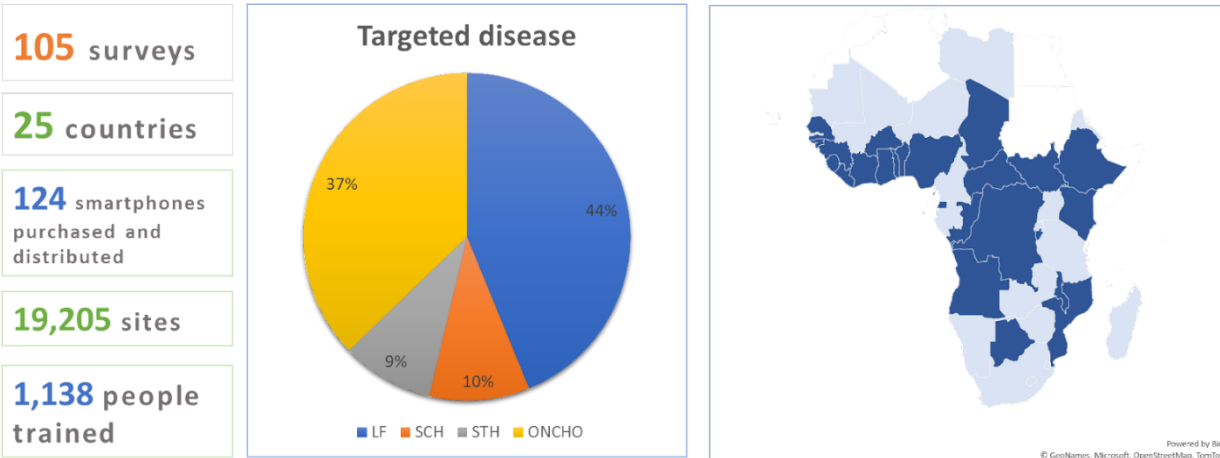
Opérateurs	Total des doublants
Cynthia Samson	429
Esther Mwaura	34
Esther Mwaura	24

Rows 1-3 of 14 < >

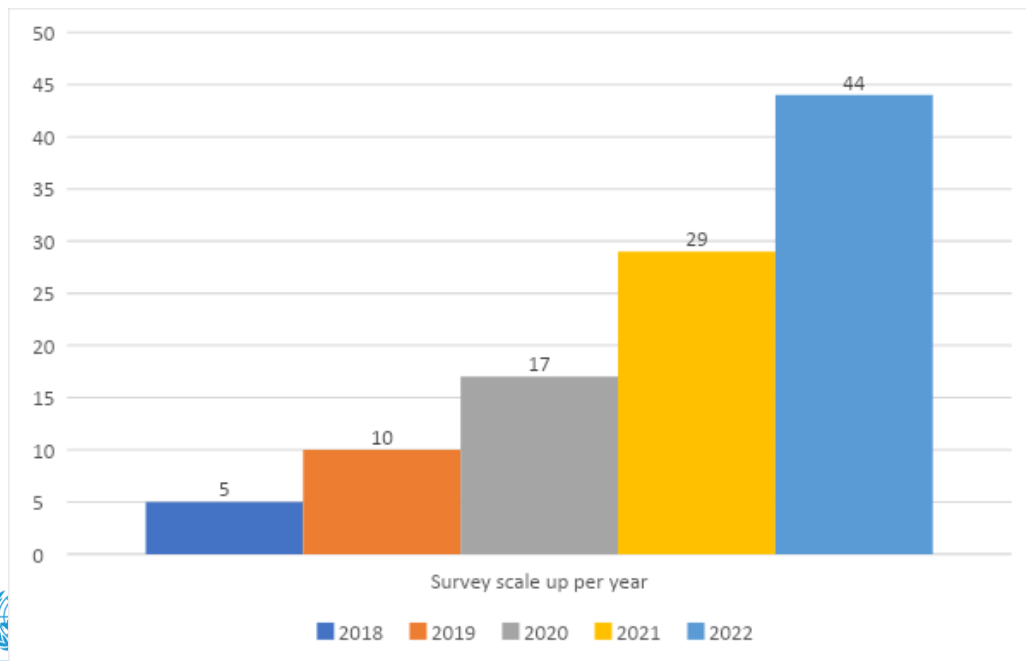
3. Duplicates per day - TAS1 (Jun 2022)



ESPEN Collect



- 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 \(JRSB\)](#)

[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

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.

Comments

[Add Comment](#)

Dra Elsa, Como os medicamentos não foram administrados para tratar adultos, você não teve como alvo todos os adultos. Portanto, considere 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

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, morbidity management, and epidemiological surveys

CHIP

Country health
information platform



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>

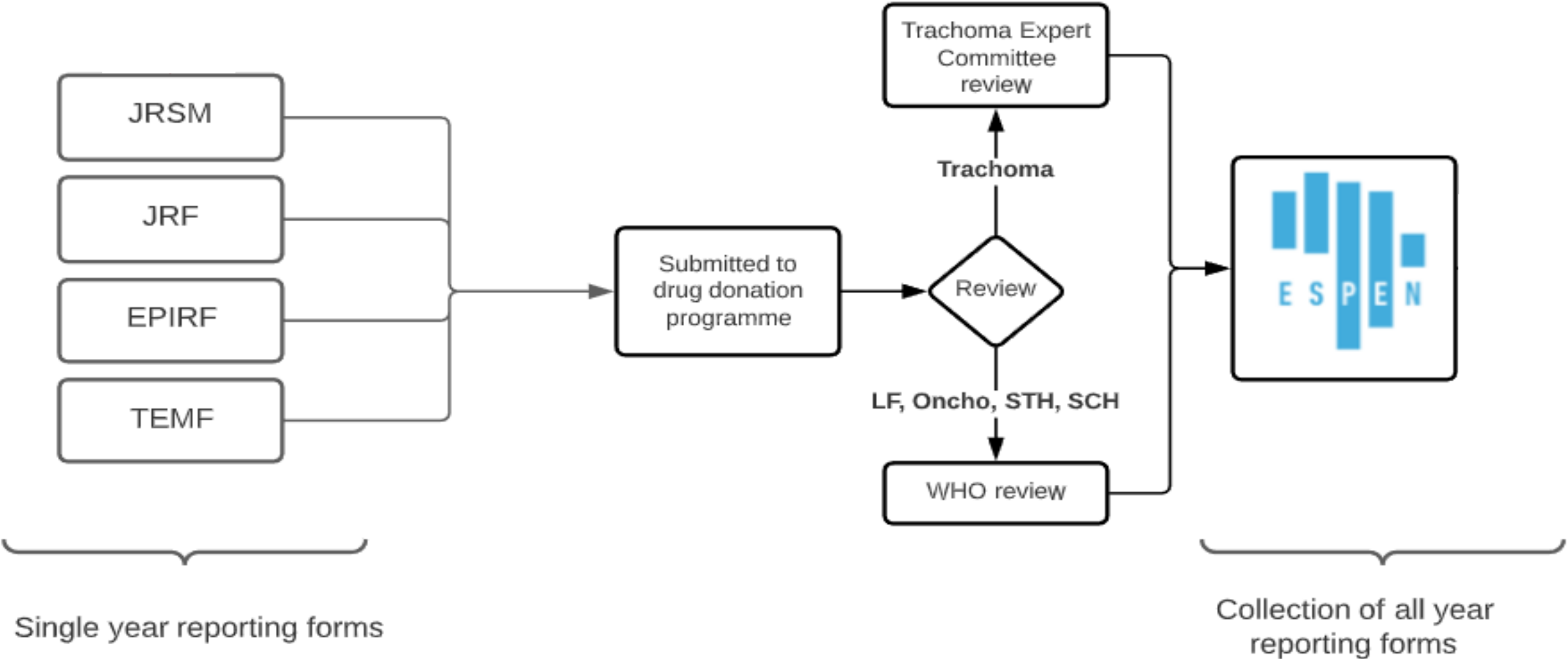
The screenshot displays the ESPEN Portal interface. At the top, the ESPEN logo is accompanied by the text "EXPANDED SPECIAL PROJECT FOR ELIMINATION OF NEGLECTED TROPICAL DISEASES". Navigation links include "ESPEN Collect login", "JAP Upload Tool login", "Contact", and "Feedback". A "Select Language" dropdown and a search bar are also present. The main navigation bar features several menu items: "DASHBOARDS", "REGIONS", "COUNTRIES", "DISEASES", "PROGRAM STAGES", "TOOLS & RESOURCES", "UPDATES & EVENTS", and "ABOUT". The "COUNTRIES" and "TOOLS & RESOURCES" items are highlighted with red boxes. Below the navigation bar, the breadcrumb trail reads "Home > Tools & resources > Country Health Information Platform". The main content area is titled "Country Health Information Platform (CHIP)" and features a video player with the title "The Country Health Information Platform (CHIP): data visualisation for neglected tropical diseases". To the right of the video, a text box explains that CHIP is a Microsoft Power BI dashboard aggregating national data from annual reporting forms into a single, interactive dashboard. It also mentions that national NTD programmes can register to use CHIP and receive training on its features, provided they have complete reporting of all programmatic activities.

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 2.0 coming in Jan 2024

Updated page navigation

Lymphatic filariasis

Key statistics for...

2018	2019	2020	2021	2022
774	526	455	455	57
IUs	IUs requiring PC	IUs targeted for PC	IUs treated with PC	IUs post-MDA
207,804,965	138,928,992	95,500,321	84,598,467	13,625,824
people	people	people	people	people

Endemicity 2022

● Endemic ● Post-MDA ● Non-endemic

Historic treatment coverage (epidemiologic)

<65% : 65-100% : >100% IU population receiving treatment

		53	57	31	6	22
		454	442	400	112	431
		3	7	4	0	2

Coverage watchlist

2018	2019	2020	2021	2022
3	7	4	0	2

Region	IUs	Endemicity 2022	PC rounds	Effective PC rounds >2014	2018	2019	2020	2021	2022
Abia	Abia North	Endemic	6	5	69.96	68.54	70.32	66.52	
Abia	Abia South	Endemic	4	4	72.14	65.95	71.10	68.81	
Abia	Arochukuwu	Endemic	11	7	72.60	68.77	73.95	65.65	
Abia	Bende	Endemic	11	7	78.59	66.63	75.37	66.20	
Abia	Iluwano	Endemic	11	7	78.55	68.20	75.25	65.55	
Abia	Isiala-Ngwia North	Endemic	11	5	70.49	63.39	77.16	66.24	
Abia	Isiala-Ngwia South	Endemic	11	6	79.07	70.15	76.93	65.39	
Abia	Isiukuwato	Endemic	11	7	78.00	69.38	72.45	67.41	
Abia	Obio-Ngwia	Endemic	6	3	70.10	69.35	68.12	13.04	
Abia	Ohalia	Endemic	11	7	73.73	68.86	72.20	66.26	
Abia	Opatoma Ngwia	Endemic	6	5	70.79	65.71	77.47	66.52	
Abia	Ugwunago	Endemic	6	6	74.94	71.57	67.68	66.36	
Abia	Ukwa East	Endemic	11	7	71.91	69.57	77.83	65.75	
Abia	Ukwa West	Endemic	11	7	75.50	71.40	74.71	65.75	
Abia	Umuhia North	Endemic	11	6	77.89	68.38	76.15	66.26	
Abia	Umuhia South	Endemic	11	6	77.98	71.37	76.82	66.12	
Abia	Umu-Nneochi	Endemic	11	7	70.42	66.88	77.04	67.91	
Adamawa	Demsa	Endemic	8	5	69.69	76.93	80.80	80.12	
Adamawa	Fufere	Endemic	11	6	68.11	66.16	80.29	80.01	
Adamawa	Ganye	Endemic	8	5	68.91	65.46	80.17	80.36	
Adamawa	Oriei	Endemic	10	5	66.49	68.01	80.19		
Adamawa	Combi	Endemic	11	5	67.19	65.10	71.53	80.02	
Adamawa	Guyuk	Endemic	8	3	66.04	68.88	80.54	80.00	
Adamawa	Hong	Non-endemic	0	0					
Adamawa	Jada	Endemic	7	5	69.47	66.80	80.19		

Programme status 2022

Historic survey results

Region	IUs	Month	Year	Survey	Diagnostic	Tool	Prevalence	Decision
Abia	Abia North	Jan	2021	Sentinel site	Serological	FTS (Ag)	0.0%	Continue MDA
Abia	Abia North	Jan	2021	Spot check	Serological	FTS (Ag)	0.0%	Continue MDA
Abia	Abia South	2008	Mapping	Serological	ICT (Ag)	19.0%	No data	
Abia	Arochukuwu	1984	Mapping	Parasitological	Blood smear	10.0%	No data	
Abia	Arochukuwu	2008	Mapping	Serological	ICT (Ag)	25.0%	No data	
Abia	Arochukuwu	Jan	2021	Sentinel site	Serological	FTS (Ag)	0.0%	Continue MDA
Abia	Arochukuwu	Jan	2021	Spot check	Serological	FTS (Ag)	0.0%	Continue MDA
Abia	Bende	2002	Mapping	Parasitological	Blood smear	7.4%	No data	
Abia	Bende	2008	Mapping	Serological	ICT (Ag)	26.0%	No data	
Abia	Bende	Jan	2021	Sentinel site	Serological	FTS (Ag)	0.0%	Continue MDA
Abia	Bende	Jan	2021	Spot check	Serological	FTS (Ag)	0.0%	Continue MDA
Abia	Iluwano	Jan	2021	Spot check	Serological	FTS (Ag)	0.0%	Continue MDA
Abia	Iluwano	2008	Mapping	Parasitological	Blood smear	5.0%	No data	
Abia	Iluwano	2021	Spot check	Serological	ICT (Ag)	8.0%	No data	
Abia	Iluwano	Jan	2021	Sentinel site	Serological	FTS (Ag)	0.0%	Continue MDA
Abia	Iluwano	Jan	2021	Spot check	Serological	FTS (Ag)	0.0%	Continue MDA
Abia	Isiala-Ngwia North	2008	Mapping	Serological	ICT (Ag)	28.0%	No data	
Abia	Isiala-Ngwia North	Jan	2021	Sentinel site	Serological	FTS (Ag)	0.0%	Continue MDA
Abia	Isiala-Ngwia North	Jan	2021	Spot check	Serological	FTS (Ag)	0.0%	Continue MDA
Abia	Isiala-Ngwia South	Jan	2021	Sentinel site	Serological	FTS (Ag)	0.0%	Continue MDA
Abia	Isiala-Ngwia South	Jan	2021	Spot check	Serological	FTS (Ag)	0.0%	Continue MDA
Abia	Isiukuwato	2008	Mapping	Serological	ICT (Ag)	3.0%	No data	
Abia	Isiukuwato	Jan	2021	Sentinel site	Serological	FTS (Ag)	0.0%	Continue MDA

Forecasted country progress (endemic IUs only)

Forecasted surveys by year

Surveys	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030
pre-TAS1	163	107	42	32	20	23	0	0	0	0
TAS1	160	163	107	42	32	20	23	0	0	0
TAS2	0	0	160	163	107	42	32	20	23	0
TAS3	0	0	0	0	0	160	163	107	42	32
IU Count	323	270	309	237	159	245	218	127	65	32

2027
Expected final PC round

2032
Expected final TAS3

[WHO guidance and publications search](#)

[ESPEN Portal country page \(for data download\)](#)

Developed and hosted by Sightsavers

Expanded summary statistics

Coverage category IU counts and watchlist filters

Epidemiological survey results reported through the EPIRF

Elimination forecast

Additional data visualizations

CHIP

Country health
information platform



Thank you

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



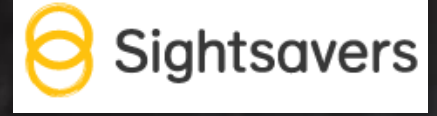
GLOBAL
INSTITUTE FOR
~~DISEASE~~
ELIMINATION



STANDARD CO



BILL & MELINDA
GATES foundation



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

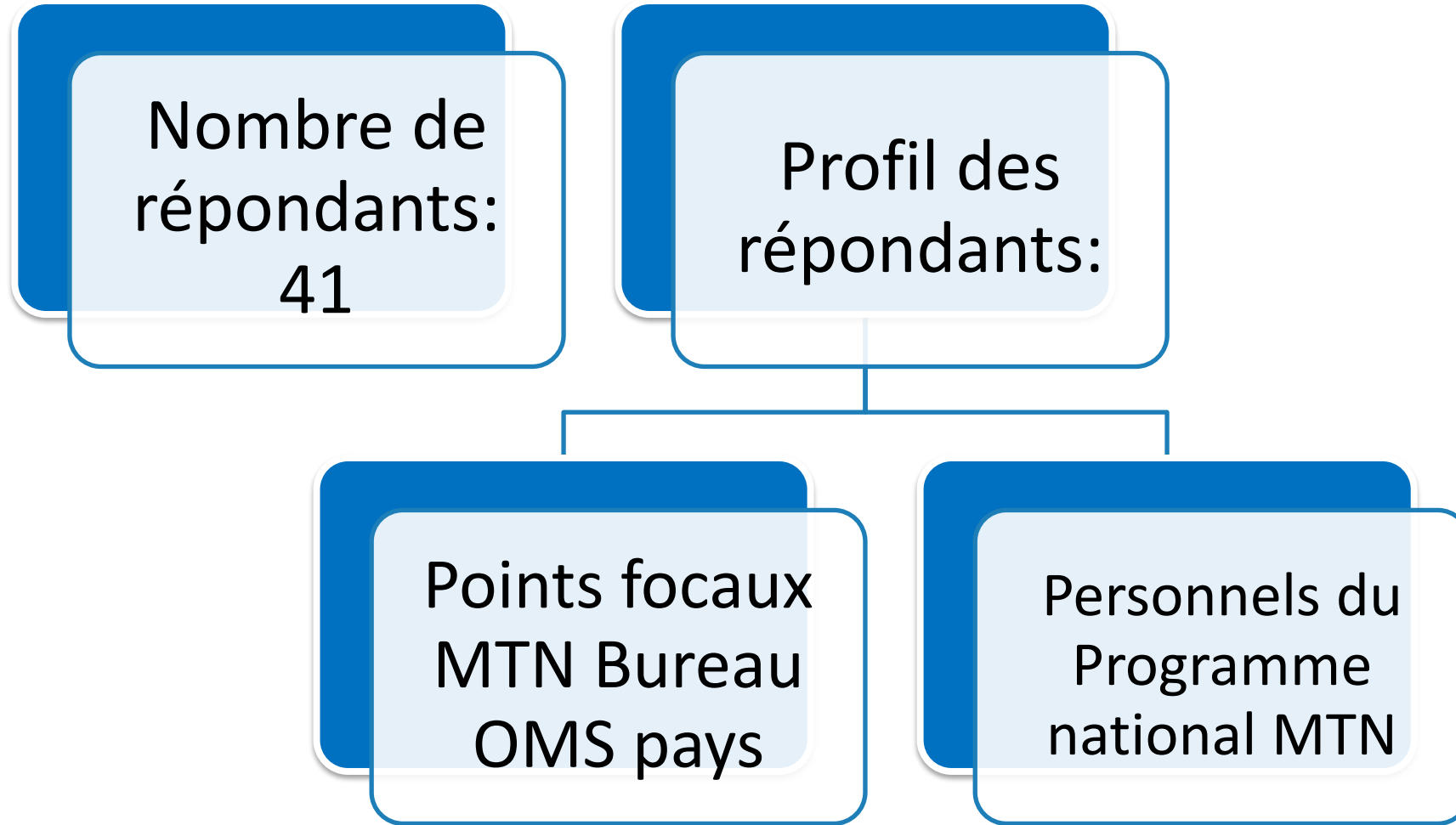


Méthodologie

MÉTHODE: EN
LIGNE
(MICROSOFT
FORMS)

PÉRIODE DE
L'ENQUÊTE:
JANVIER 2023

Répondants

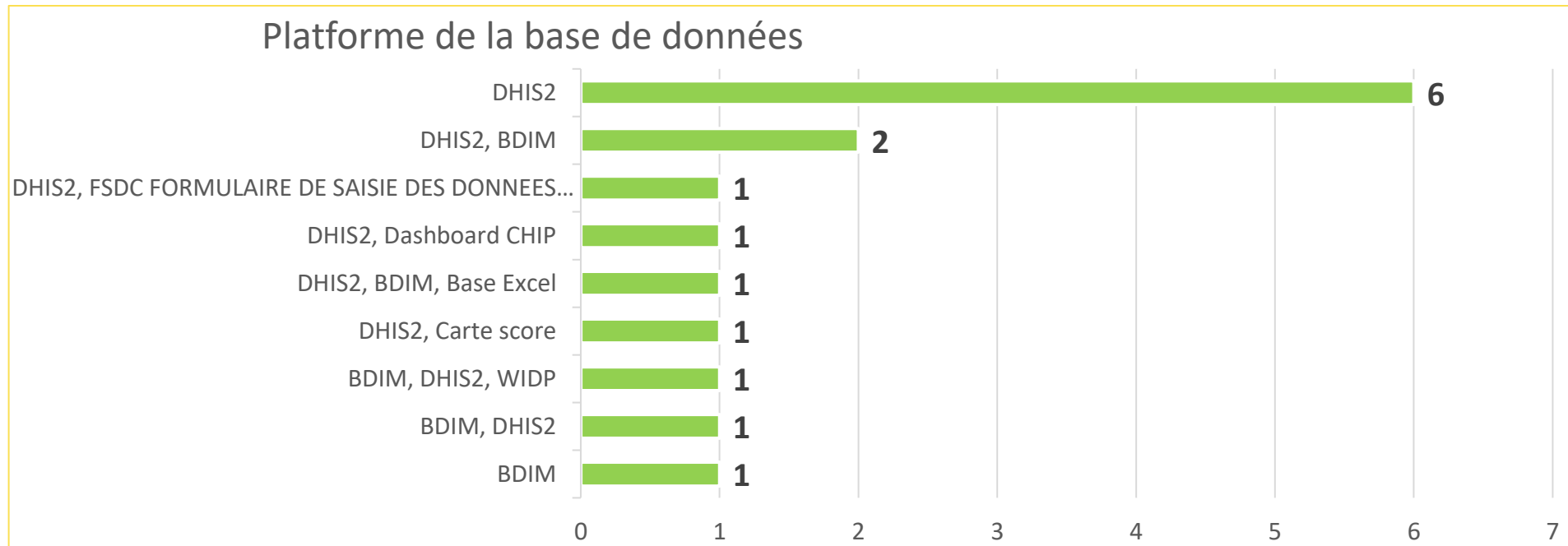
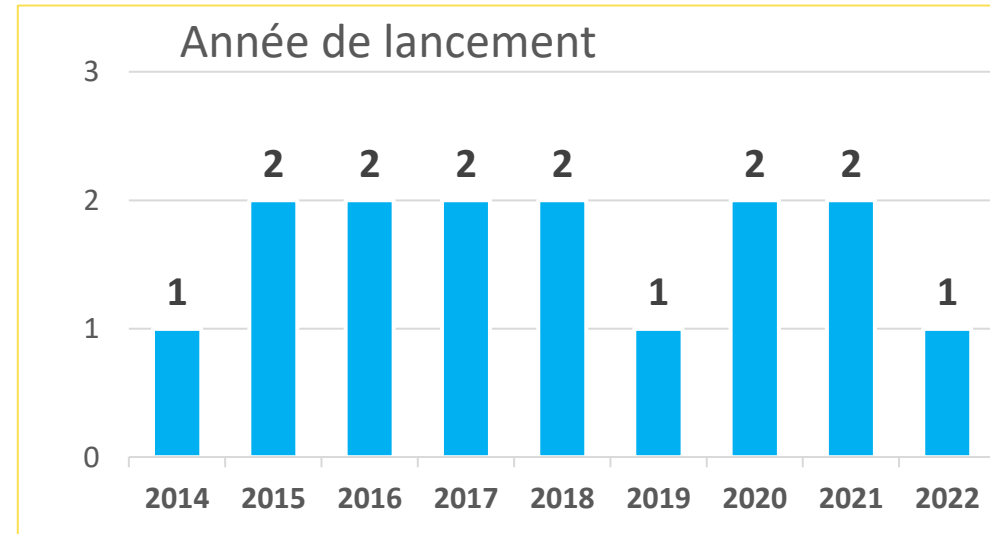
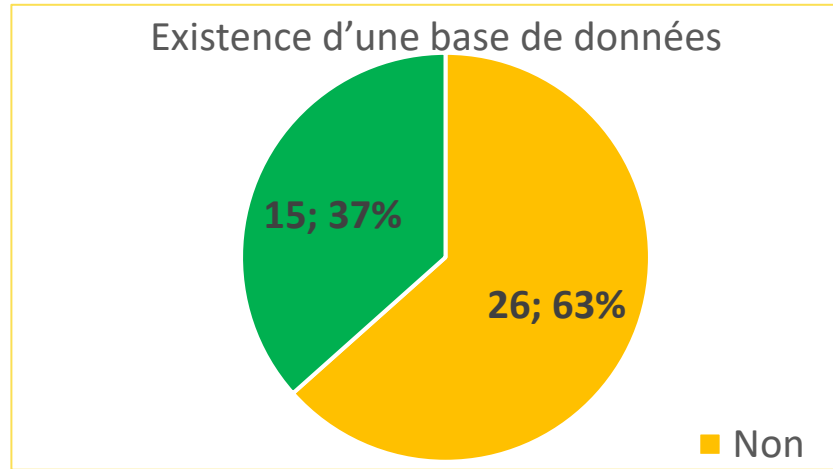


Base de donnée sur les MTN



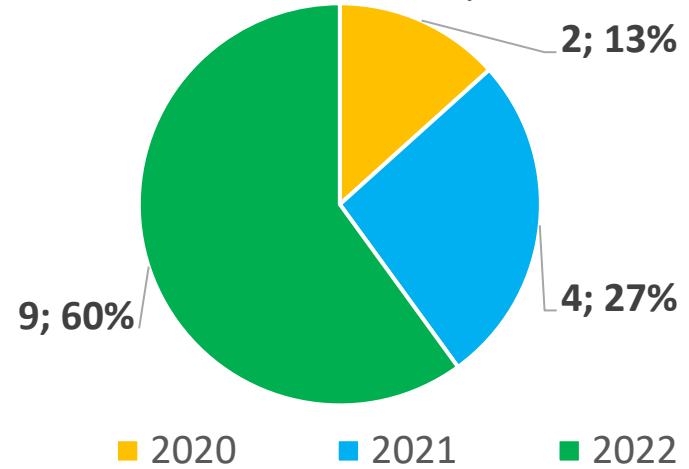
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Organization

Existence d'une base de données sur les MTN

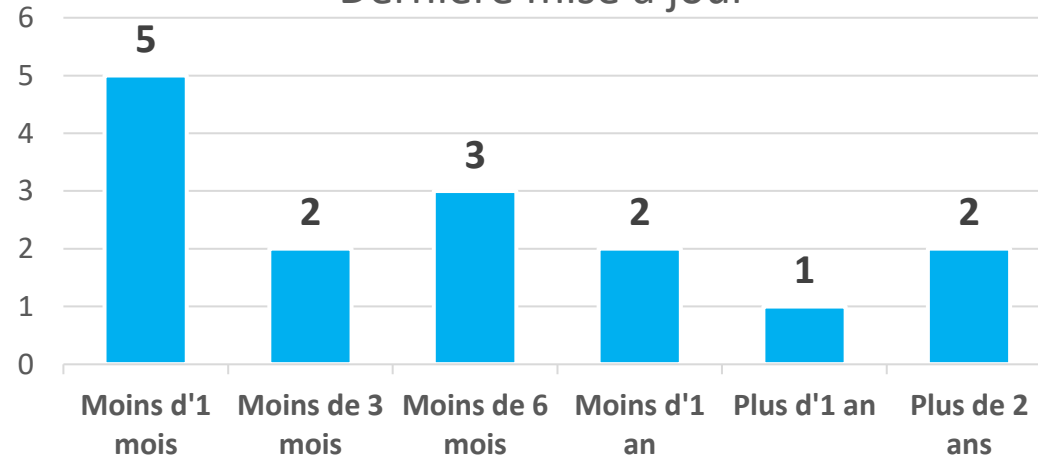


Existence d'une base de données sur les MTN

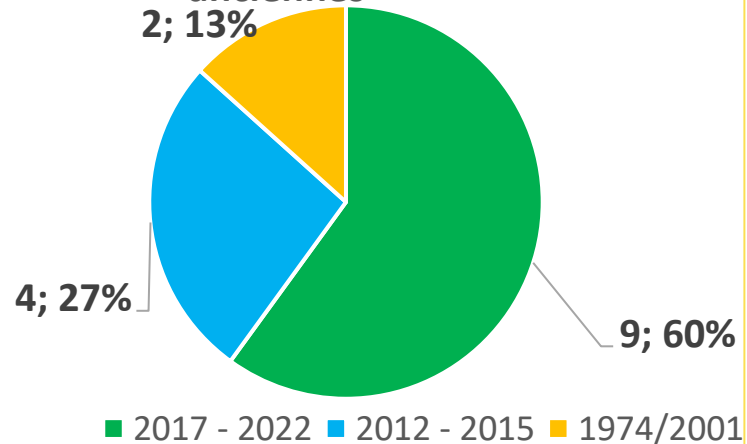
Année des données les plus récentes



Dernière mise à jour



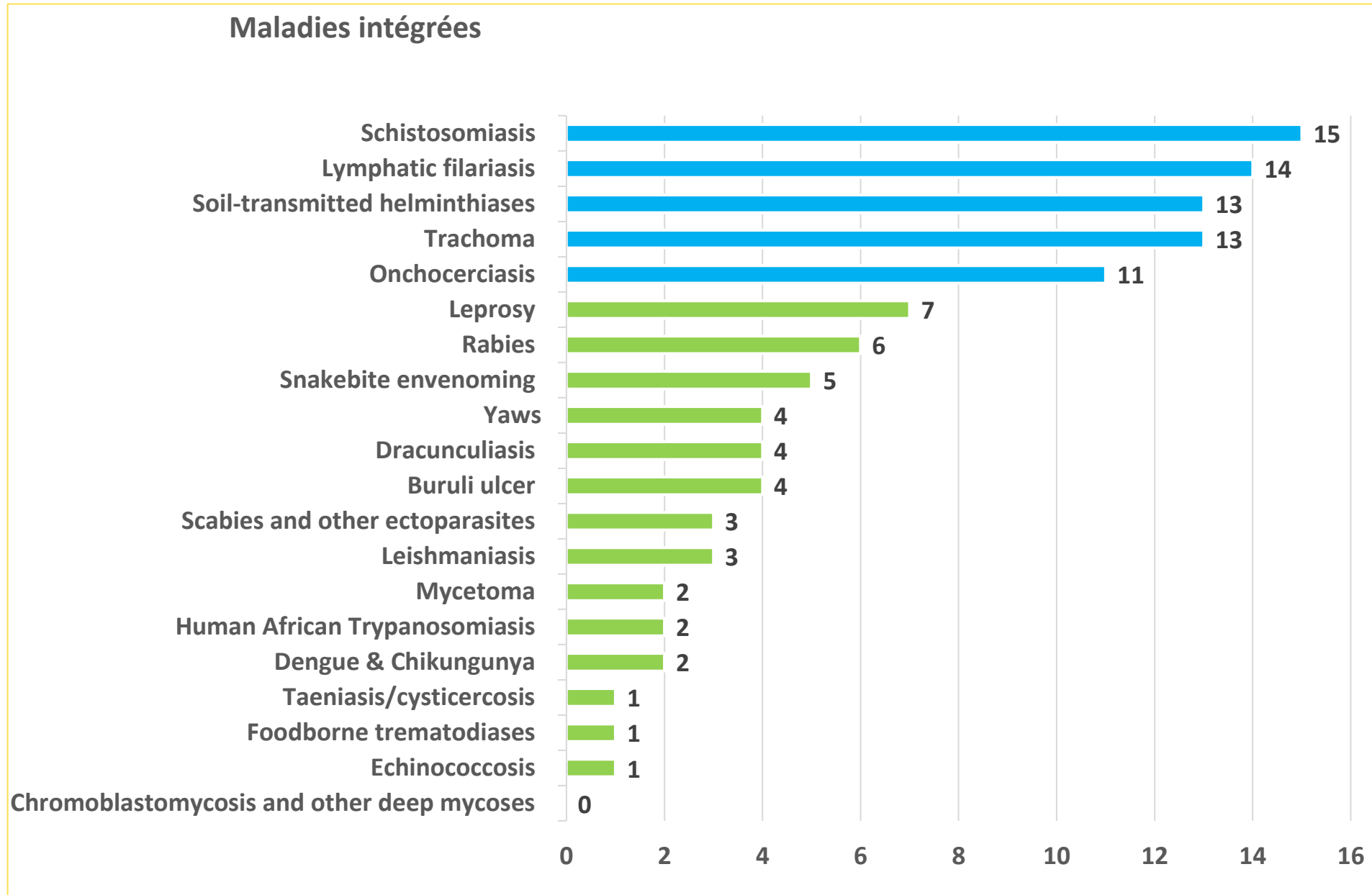
Année des données les plus anciennes



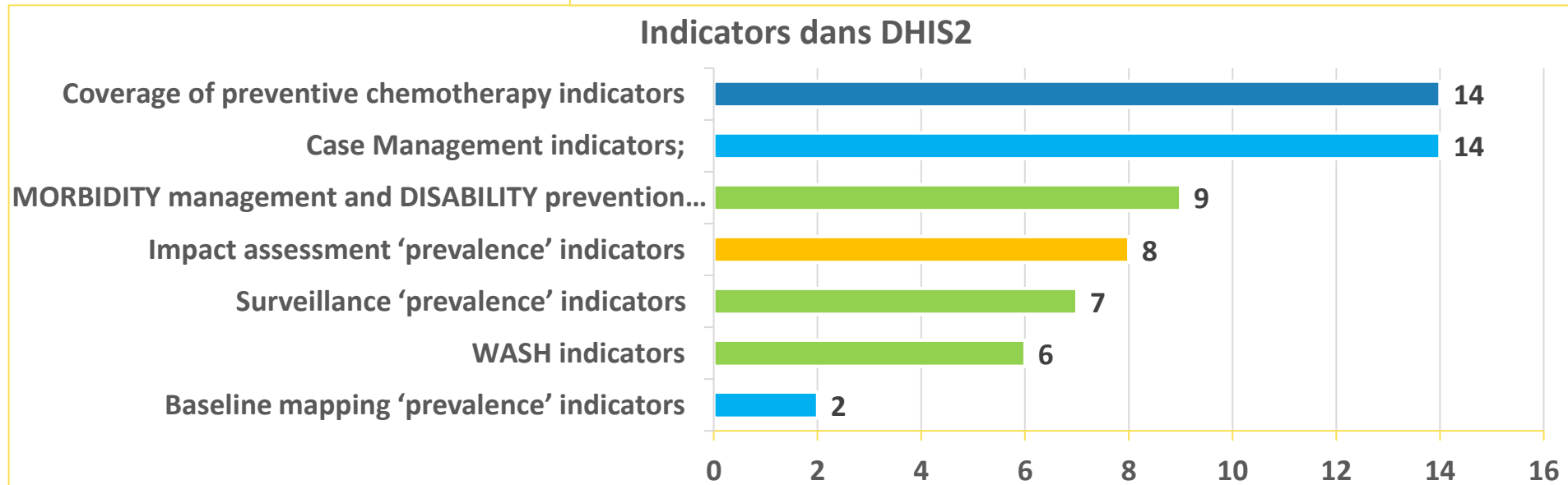
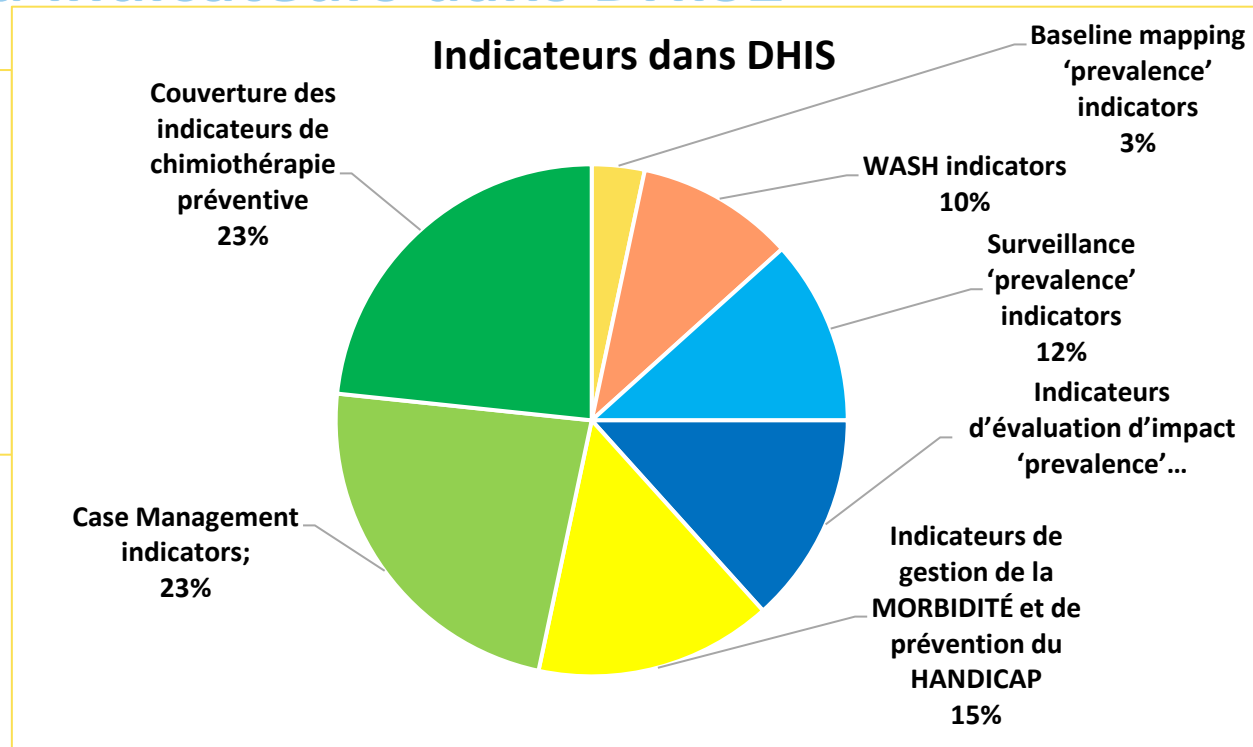
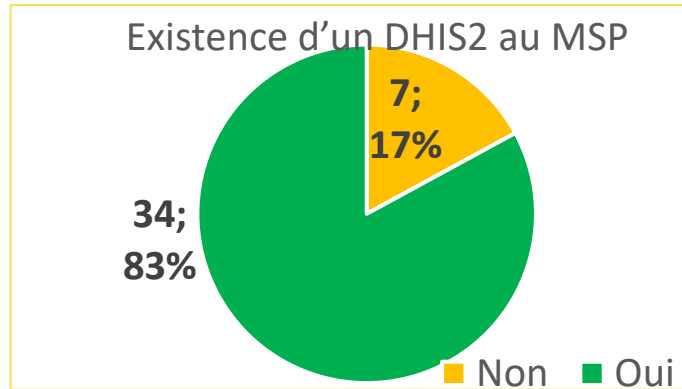
Année des données les plus anciennes



Maladies intégrées dans la BD



Types d'indicateurs dans DHIS2

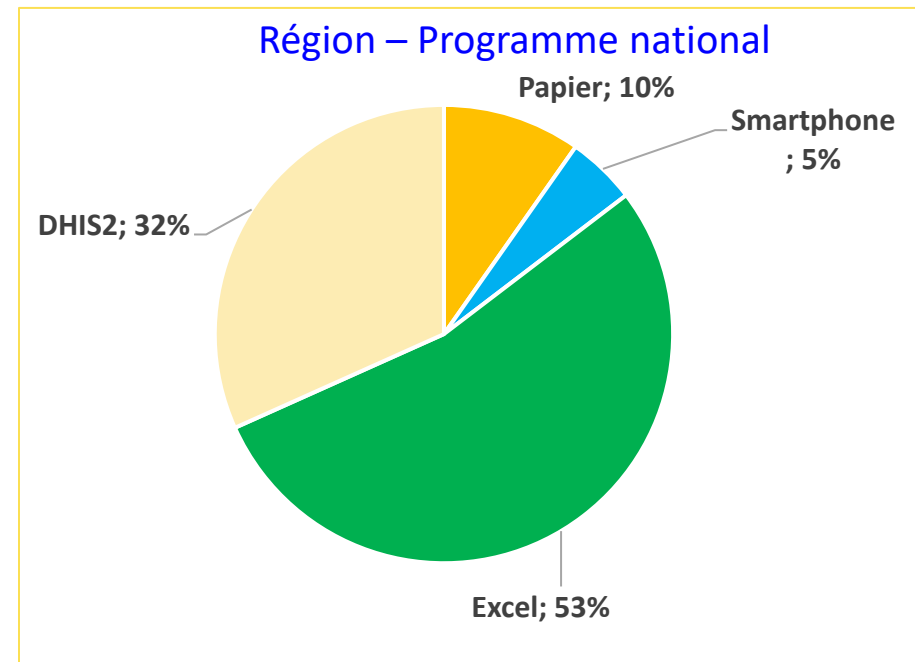
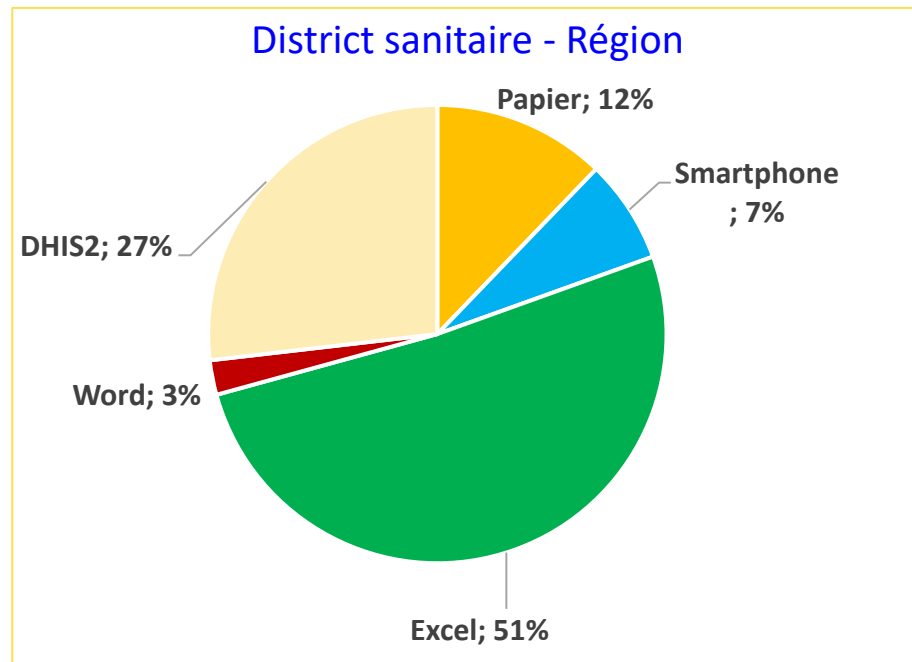
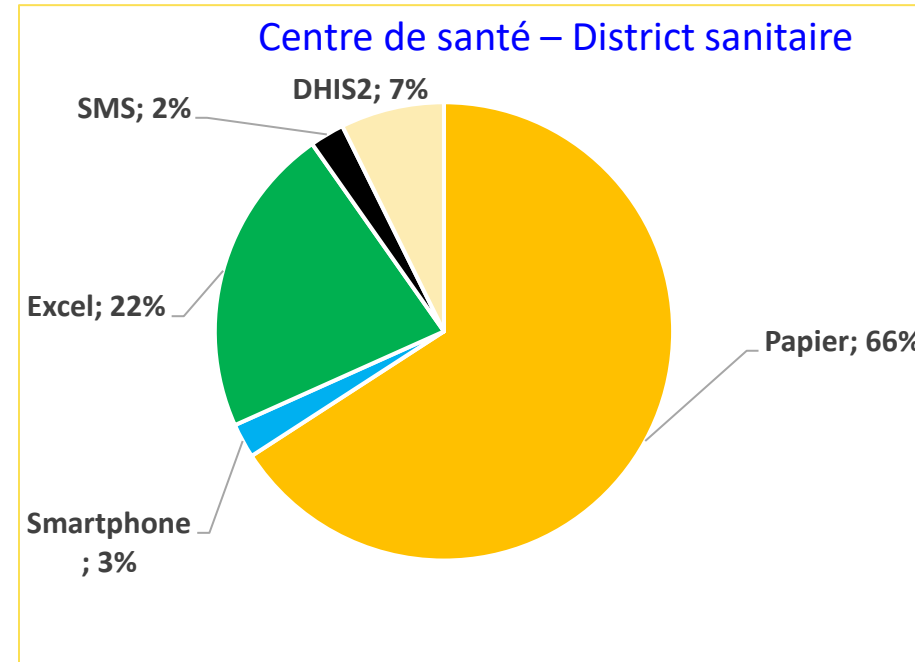
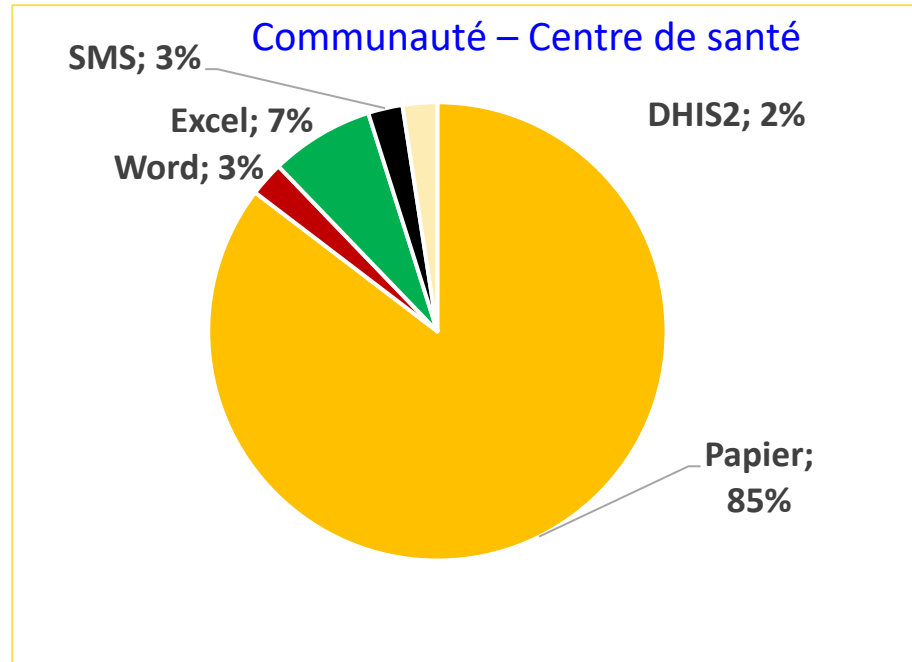


Transmission des données

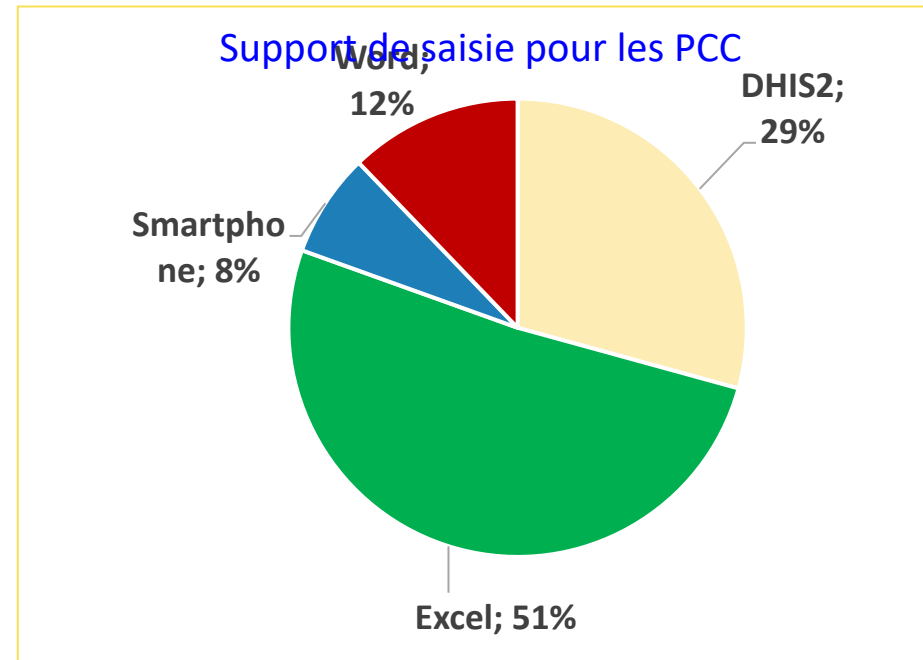
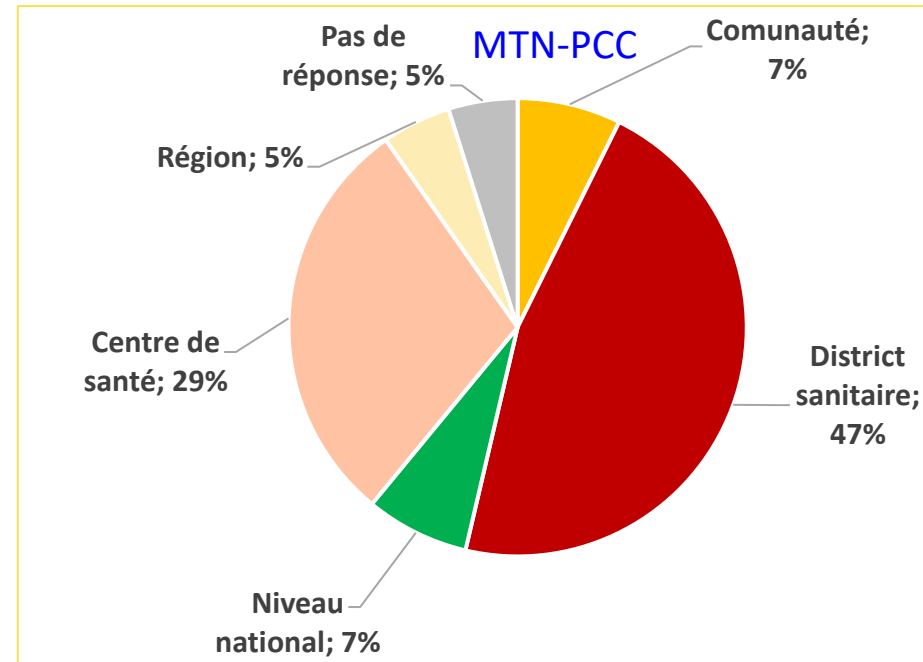
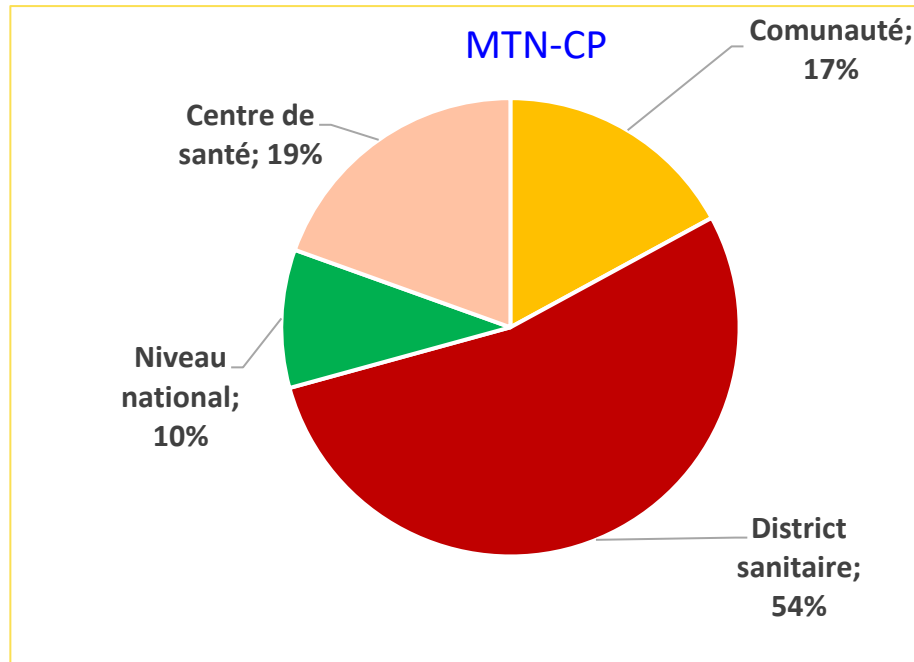


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Flux des données



Premier niveau de saisie des données

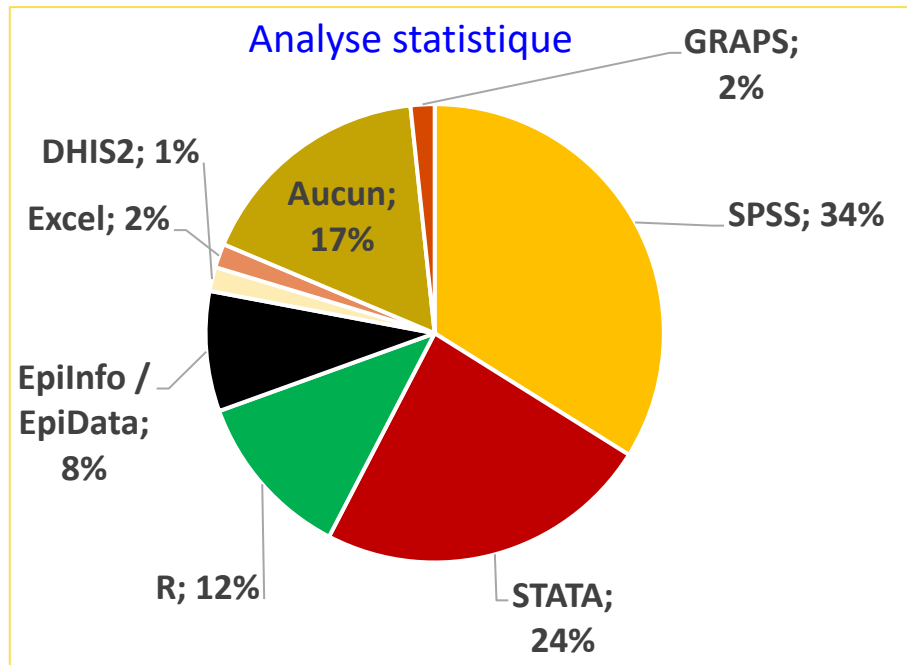
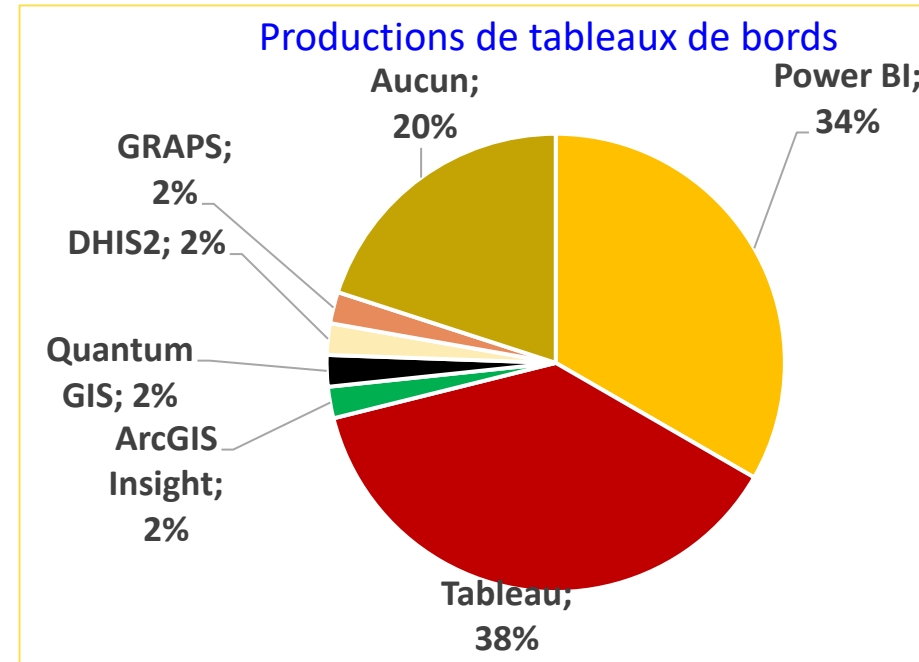
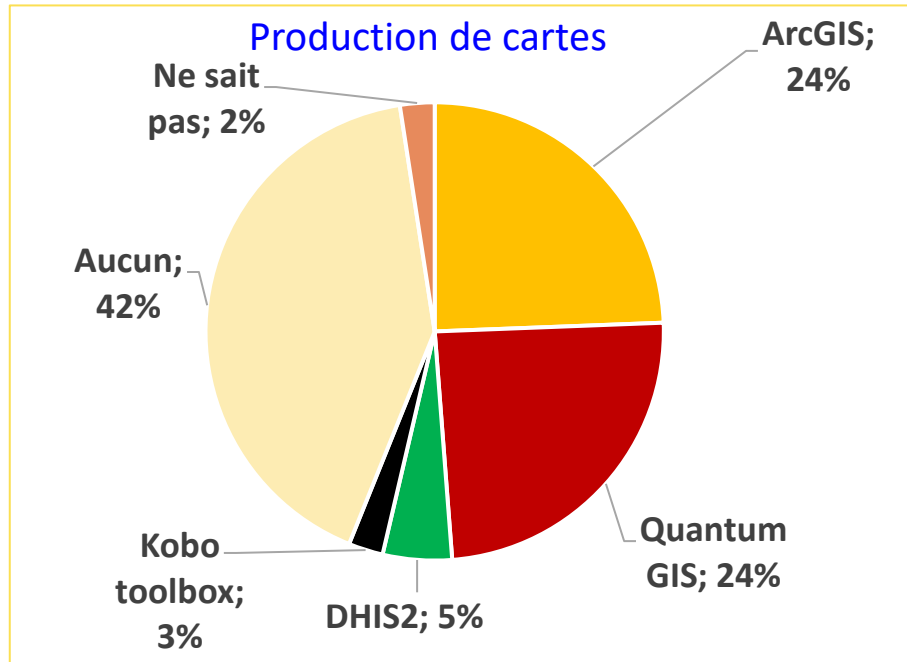


Capacité en gestion et analyse de données



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Capacité en gestion et analyse de données



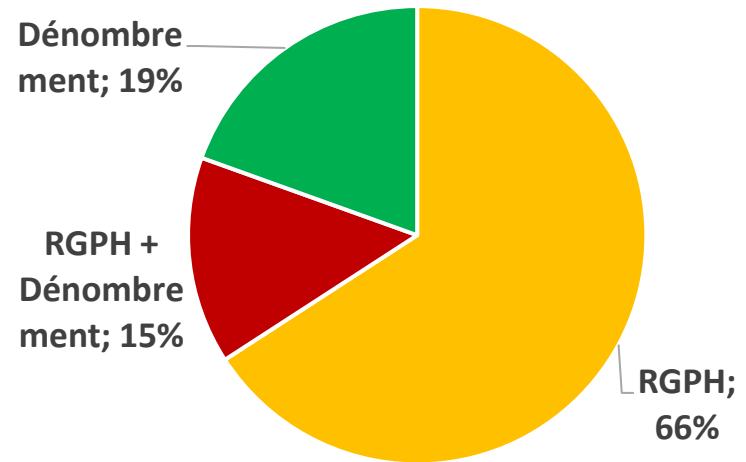
Données de démographie



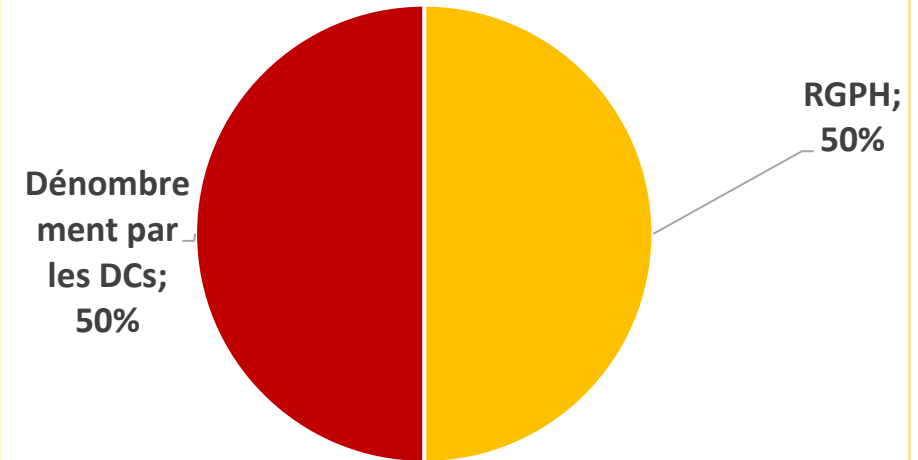
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Données de démographie

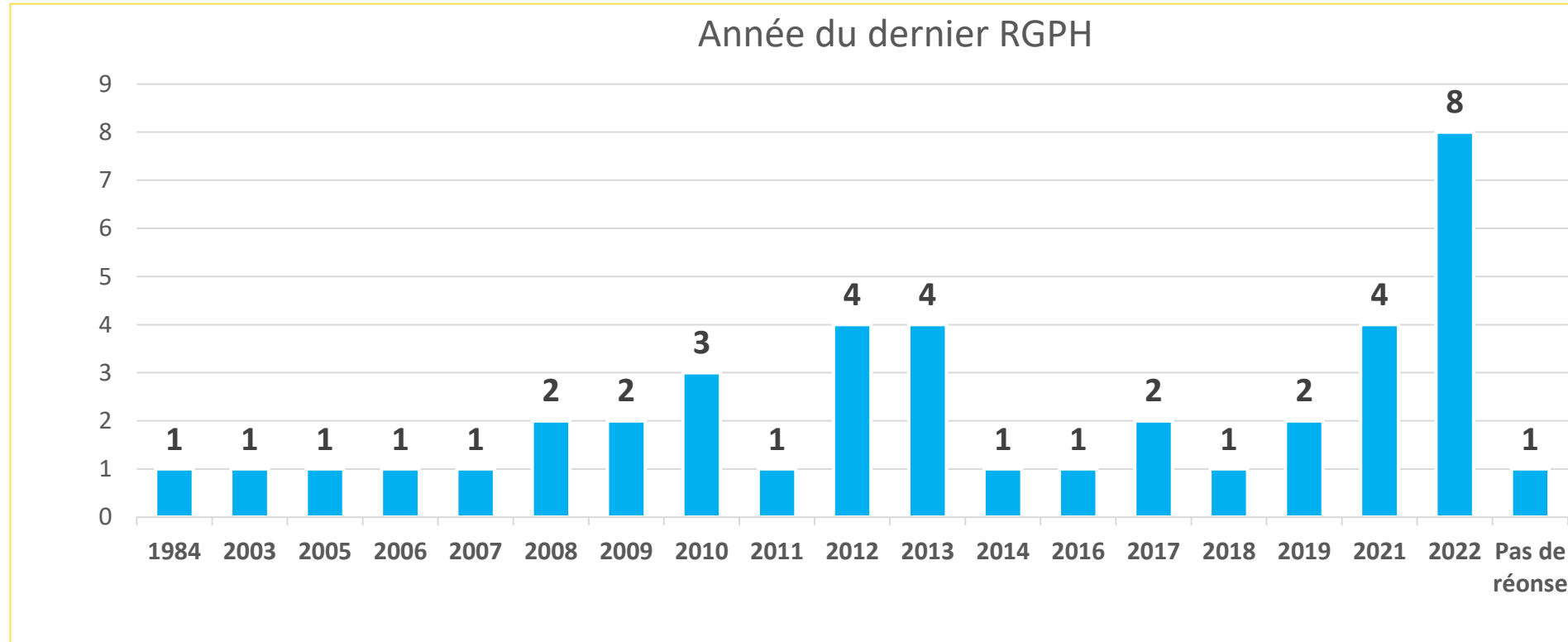
Utilisé pour la planification de la CP



Source la plus fiable

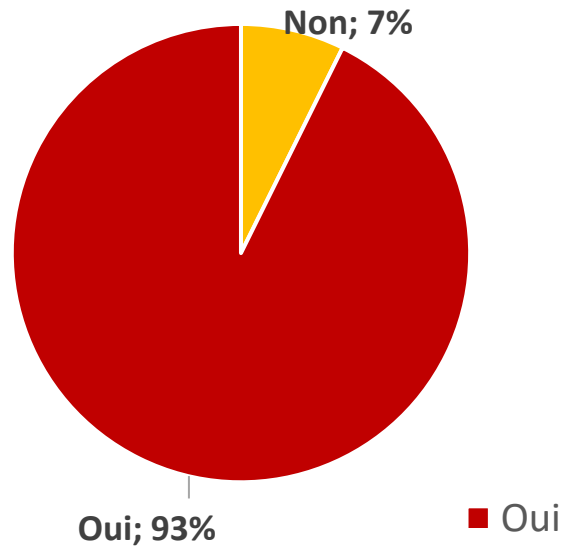


Données de démographie

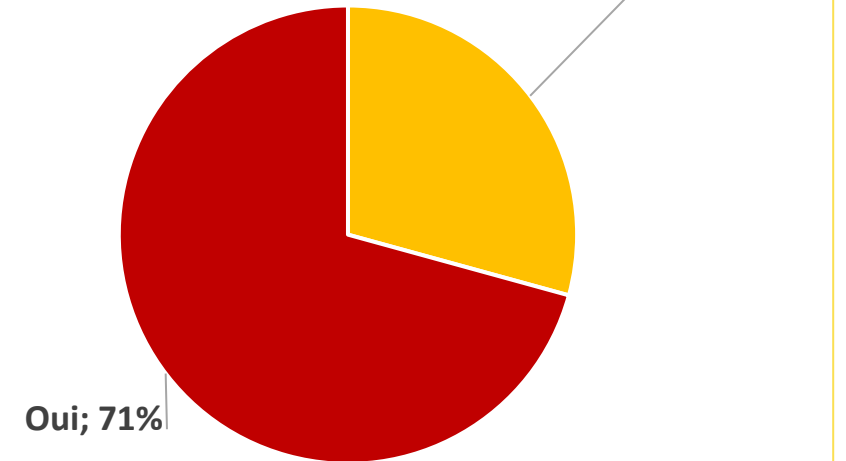


Données de démographie

Existence de projection par district



Existence de projection par sous-district



Connaissane et Utilisation du portal d'ESPEN



World Health
Organization

Visite du Portal d'ESPEN

Frequence de visit du portal d'ESPEN	Number 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 posteriori. Il pourrait y avoir des imprécisions dans les réponses. Cependant, les résultats de cette 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



November 30, 2023

Integrated post validation/verification planning toolkit for NTDs

Abdel Direny, MD-MPH
Senior Manager, NTD Surveillance



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.
- 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.

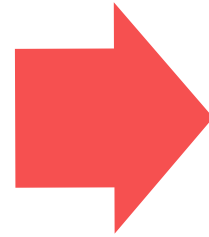


Individuals take medicines at the start of a mass drug administration campaign in Cameroon. Photo Credit: Helen Keller Institute via USAID, 2022

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.

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.

Target audiences for Integrated PVS Planning Toolkit for NTDs

Primary Audience:

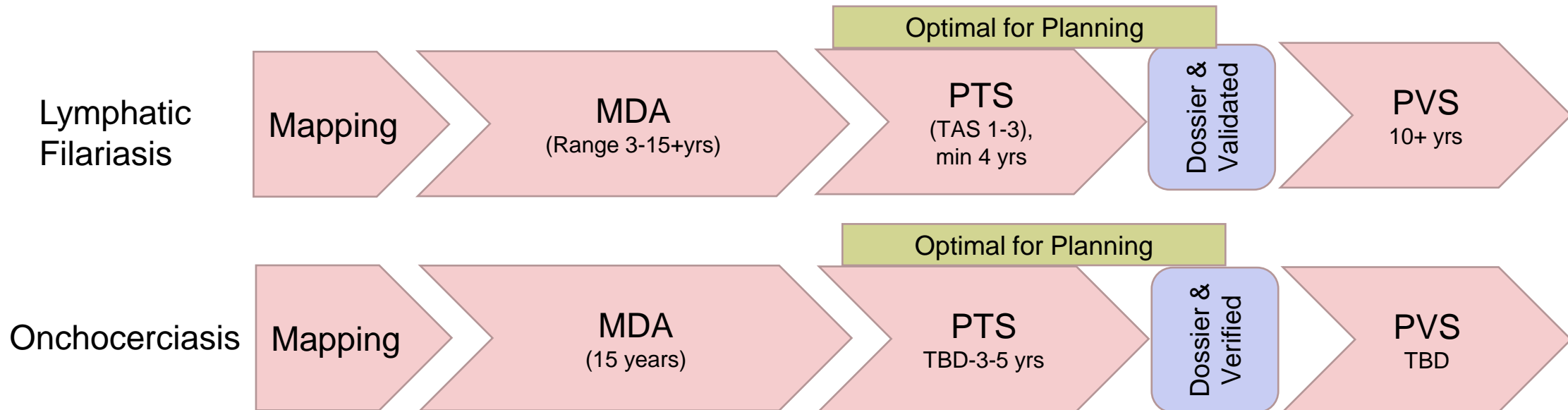
- National NTD programs in countries approaching elimination of target NTDs (i.e., lymphatic filariasis, onchocerciasis).

Secondary Audiences:

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

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.

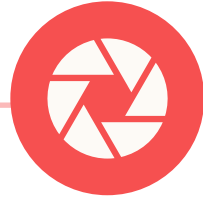
- Ex. Gather phase excel tool

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.



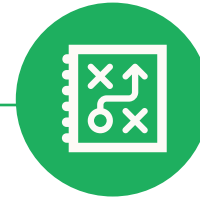
SYNTHESIZE

- 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.

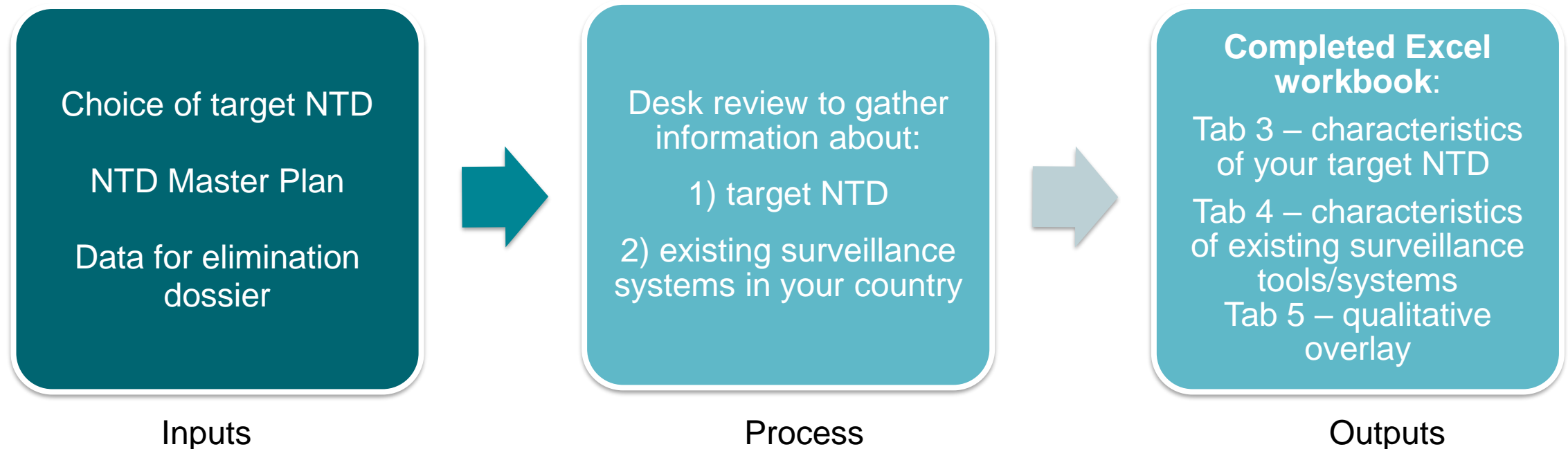


IMPLEMENT

- 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.

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.

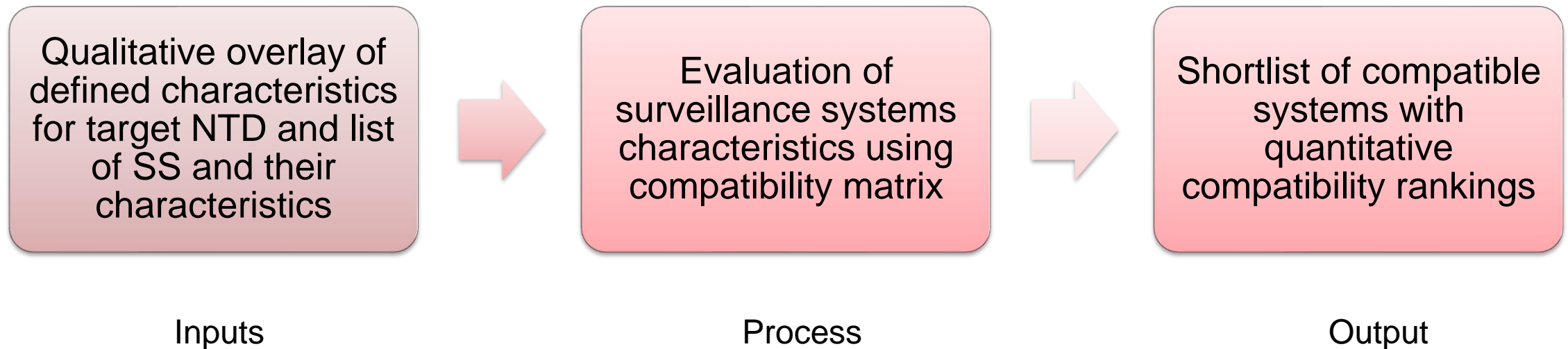
Clearly non-compatible options would show as mostly orange. Generally compatible options would show as mostly green.

Surveillance Systems	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.



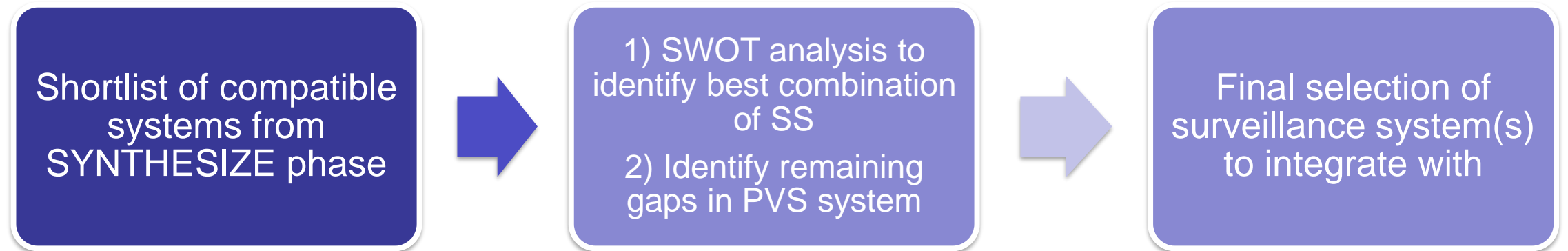
Compatibility Ranking

Surveillance options	Characteristic 1 <i>Priority weight: 4</i>	Characteristic 2 <i>Priority weight: 1</i>	Characteristic 3 <i>Priority weight: 1</i>	Characteristic 4 <i>Priority weight: 4</i>	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 $(5 \times 0.4) + (10 \times 0.1) + (10 \times 0.1) + (0 \times 0.4) = 4$.
- From the compatibility ranking, SS #2 and SS #4 are the best candidates for PVS integration as they have the highest index scores.

Assess

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



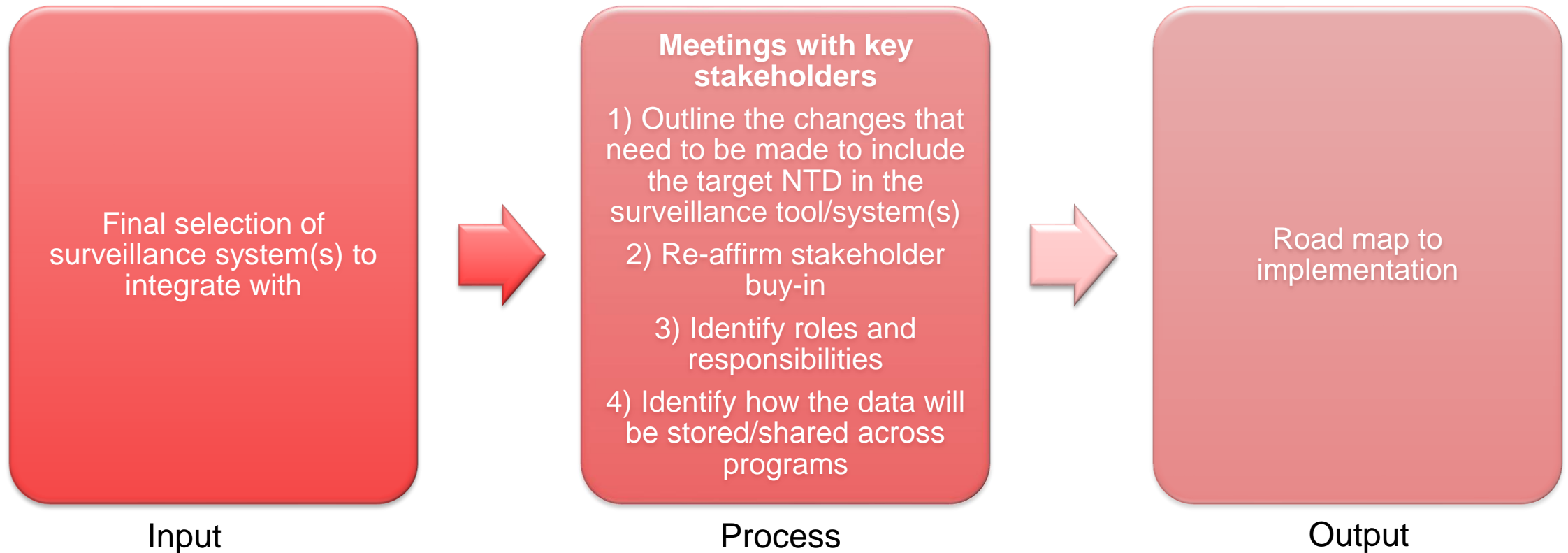
Input

Process

Output

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.

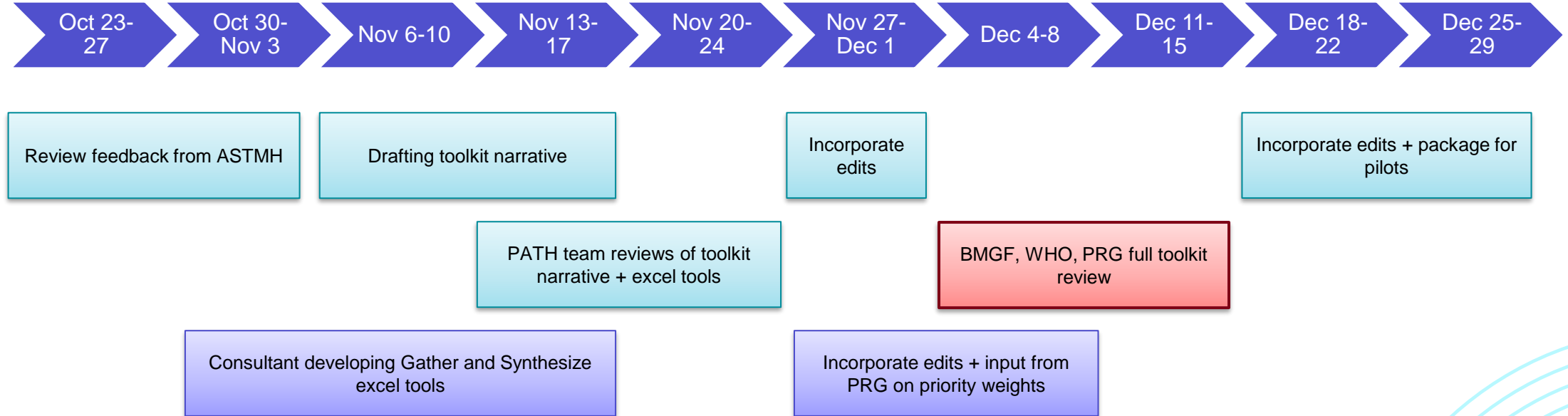


Inputs

Process

Outputs

TOOLKIT DEVELOPMENT TIMELINE



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Thank you

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