Data Workshop on Monitoring and Evaluation of PC-NTD Programmes

Brazzaville, 12 – 16 August, 2024

World Health Organization
African Region

UHC/UCN
Universal Health Coverage/Communicable and noncommunicable Diseases

8:30 – 9:00 **Registration**

Miena Mikayoulo

ESPEN Admin Assistant

Security briefing

WHO/AFRO/RSO

UHC/UCN
Universal Health Coverage/Communicable and noncommunicable Diseases

World Health Organization
African Region

PRSEAH (WHO Principles on Prevention of Sexual Exploitation & Abuse)

PRSEAH Focal Point

UHC/UCN
Universal Health Coverage/Communicable and noncommunicable Diseases

World Health Organization
African Region

Individual introductions

Participants: Name, Organization, Role

Moderator: Santa-Mika Ndayiziga

Opening Remarks

Dr Elizabeth Juma
ESPEN Team Lead

Expectations / Agenda

Jorge Cano (ESPEN)
Kevin McRae-McKee (END Fund)
Ntsiba Ngoulou (Congo MoH)

Objectives, Expectations & Agenda

Kevin McRae-McKee
The END Fund

World Health Organization
African Region

UHC/UCN
Universal Health Coverage/Communicable and noncommunicable Diseases

Day 1 – Objectives and expected outcomes

Objectives

- Train data teams on the intricacies of submitting joint application packages effectively, emphasising comprehension of the system's ability to capture essential data accurately and efficiently.

- Collect feedback from program implementers to improve the joint application package system, focusing on overcoming existing hurdles and pinpointing opportunities for enhancement.

Expected outcomes

- Enhanced Understanding of the JAP System: Participants will gain a comprehensive understanding of the JAP system's functionalities, data reporting challenges, and insights from country and partner experiences.

- SWOT Analysis: Participants will identify strengths, weaknesses, opportunities, and threats to pinpoint areas for improvement and system enhancement.

- Actionable Feedback and Solutions: Participants will provide actionable feedback and practical solutions to improve the JAP submission process.

Day 1 - Agenda

DAY 1. JOINT APPLICATION PACKAGE SYSTEM		
Time	**Agenda Item**	**Presenter(s)**
8:30 - 09:00	Registration	Miena MIKAYOULOU
09:00 - 9:10	Security briefing	WHO/AFRO/RSO
9:10- 9:20	PRSEAH (WHO Principles on Prevention of Sexual Exploitation & Abuse)	PRSEAH focal point
9:20 - 9:45	Introduction to the meeting Individual introductions	Moderator: Santa-Mika Ndayiziga
9:45 - 10:00	Opening Remarks	WHO UCN Leadership ESPEN Team Lead
10:00 - 10:30	Expectations/Agenda	ESPEN M&E Partner: The END Fund M&E Country: Congo
10:30- 10:45	Group photo	
10:45 - 11:00	***Healthy coffee break***	
Plenary session		
11:00 - 11:20	JAP system and challenges on data reporting	Honorat M Zouré
11:20 - 11:40	Country experiences reporting through JAP system	M&E MOH Kenya M&E MOH Senegal
11:40 - 12:00	JAP system from the implementer partner perspective	M&E Kenya M&E Senegal – FHI360
Structured Working Group Discussion		
12:00 - 13:30	SWOT Analysis & JAP Enhancements	Groups
13:30 - 14:30	***Lunch break***	
Practical Hands-on session		
14:30 - 15:30	Groups presenting results of SWOT and Suggestions to Enhance JAP submission	Groups
15:30 - 16:00	**Healthy coffee break - Innovation Lab (Hall – Poster exhibition)**	
16:00 - 16:15	IU Planner • Inception and use case • Links to other tools (data flow)	Manta Ray Media Dave Melkman
16:15 - 16:30	JAP Tracking Tool	StandardCo TJ Muehleman
16:30 – 16:45	Q&A on the IU Planner and JAP Tracking Tool	
16:45	**End of the day**	

Innovation Lab

- Using the IU Planner to validate funding availability
- NTDeliver JRSM dashboard / JAP Tracking Tool

Day 2 – Objectives and expected outcomes

Objectives

- Improve Forecasting Accuracy: Develop forecasting techniques, aiming to better predict needs for commodities and medicine.

Expected outcomes

- Countries and partners will understand the purpose and rationale for creating forecasts related to NTD supply planning
- Countries will know the requirements and tools available for creating short- and longer-term forecasts and be able to develop basic versions using existing tools

Day 2 - Agenda

DAY 2. Forecasting Commodity needs: medicines, diagnostic tests, and MMDP		
Time	**Agenda Item**	**Presenter(s)**
8:30 - 9:00	Wrap up of previous day session: outcomes from working group discussions and practical sessions	Coordinators Day 1
Plenary session		
9:00 - 9:30	Overview of forecasting, monitoring accuracy and supply planning	Sarah Andersson
9:30 - 9:50	Evaluating a forecast - spot the assumptions and bias Q&A	Penny Smith
9:50 - 10:20	Small group discussions on challenges and opportunities for forecasting: modelling ideal vs. realistic forecasts	Groups Moderator: Penny Smith
10:20 - 10:45	Small groups report back	
10:45 - 11:00	***Healthy coffee break***	
11:00 - 11:20	Logistics data needed for forecasting: Brief Discussion	Sarah Andersson
11:20 - 12:00	Practical examples: Country presentations on eLMIS integration: (3 for 5 min) Group discussion	Moderator: Penny Smith
12:00 -12:30	Group work: Data for forecasting (eLMIS): challenges and opportunities:	Groups Moderator: Penny Smith
12:30 - 13:00	Small group report back	
13:00 - 14:00	***Lunch break***	
14:00 - 15:15	Breakout groups: Example data samples to develop forecasts	Breakout groups
15:15 - 16:00	Group presentations	Groups Moderator: Penny Smith
16:00 - 16:30	***Healthy coffee break - Innovation Lab (Hall – Poster exhibition)***	
16:30	**End of the day**	

Innovation Lab

- Country Health Information Platform (CHIP)

Day 3 – Objectives and expected outcomes

Objectives

- Promote the importance of NTD data management, use and integration with external sources, including National Health Management Information Systems (NHMIS), throughout the African region.

Expected outcomes

- Improved awareness of the importance and value add of NTD databases.
- Improved understanding of the strengths and limitations associated with using APIs.
- Contribution to the standardization of NTD data integration into NHMIS, facilitating better data sharing and utilization across countries.
- Improved understanding of the strengths and limitations of ESPEN Collect.

Day 3 - Agenda

DAY 3. NTD Data Integration		
Time	**Agenda Item**	**Presenter(s)**
8:30 - 9:00	Wrap up of previous day session: outcomes from working group discussions and practical sessions	Coordinators Day 2
9:00 - 9:15	**Country NTD databases:** Why are national NTD databases import and some example NTD databases	Alex Pavluck
9:15 - 9:45	**Break into groups** and reflect upon the three discussion guide questions (30min)	Groups
9:45 - 10:00	**Feedback** on reflection	Groups
10:00 - 10:20	**ESPEN APIs:** Sharing data between systems	Alex Pavluck
10:20 - 10:50	**Break into groups** and reflect upon the three discussion guide questions (30min)	Groups
10:50 - 11:00	**Feedback** on reflection	Groups
11:00 - 11:45	***Healthy coffee break***	
11:45 - 12:00	**HMIS:** Overview of the challenges and opportunities associated with NTD data integration within HMIS	Kevin McRae-McKee
12:00 - 13:15	Practical examples: Country presentations on HMIS integration (15-20 min each)	Moderator: Kevin McRae-McKee
13:15 - 13:30	Panel discussion and Q&A	Moderator: Kevin McRae-McKee
13:30 - 14:30	***Lunch break***	
14:30 - 15:00	Overview on use of ESPEN Collect • Successes and value • Pain points and what is working well • Sustainability	Dyesse Yumba
15:00 - 16:00	Breakout to discuss the role of partners to support ESPEN Collect. The perspective of countries on the system.	Groups
16:00 - 16:30	***Healthy coffee break - Innovation Lab (Hall – Poster exhibition)***	
16:30	**End of the day**	

Innovation Lab

- Geospatial microplanning (GRID3 and CrossCut)
- Crossroads: Crossborder review tool using data from annual reporting forms and GIS software from ESRI
- Nigeria Black Fly

Day 4

Data Workshop on Monitoring and Evaluation of PC-NTD Programmes (12 - 16 August, 2024)

DAY 4 - Notice to Participants: Cancellation of Day 4 Activities

Dear Participants,

We regret to inform you that all activities planned for Day 4 of the Data Workshop on Monitoring and Evaluation of PC-NTD Programmes, scheduled for Thursday, August 15th, 2024, will be cancelled. This decision has been made due to the **celebration of Independence Day in the Republic of Congo, a significant national holiday.**

The Independence Day festivities will include the presence of dignitaries from various countries. Many of these dignitaries will be staying at the Radisson Blu and PEFACO hotels, which we anticipate will result in severe traffic disruptions and potential internet connectivity issues. Given these circumstances, and upon the recommendation of WHO security services and leadership, we have decided to minimize mobility and ensure the safety and convenience of all participants.

We understand the importance of the sessions planned for this day and apologize for any inconvenience this may cause. Our objective remains to facilitate country teams (implementer partners and MOH staff) to reflect on the discussions and insights from the previous days (Days 1, 2, and 3), identify challenges and bottlenecks in data reporting and intervention forecasting, and develop a comprehensive workplan and roadmap to address these issues, including the integration of M&E of NTD diseases into national data systems.

We are considering alternatives for this session to ensure we capture your reflections on the content presented in the first three days.

Thank you for your understanding and cooperation.

Day 5 – Objectives and expected outcomes

Objectives

- Streamline M&E methodologies among key NTD stakeholders in Africa, updating data management processes to improve efficiency and effectiveness within country programs.

Expected outcomes

- Alignment on the importance of data quality in managing NTD programs.
- Share country experiences of different data strengthening approaches through various M&E tools.
- Shared understanding of the current recommended tools to support data quality, what they can inform, and where are the weaknesses.

Day 5 - Agenda

DAY 5. Data Quality		
Time	**Agenda Item**	**Presenter(s)**
8:30 - 9:00	Wrap up of previous day session: outcomes from working group discussions and practical sessions	Coordinators Day 3
Topic 1	**M&E Frameworks**	
9:00 - 9:40	Developing an M&E Framework: • Best practice • Contribution to overall data quality	Senegal representant CHAI
Topic 2	**Approaches to Improve Data Quality**	
9:40 - 10:00	General Overview: Why this is important and recommended tools, Act East experience	Act East, RTI Int
10:00 - 10:30	Country experience with Data Quality Assessments (DQAs): What is the value add and are the tools meeting the needs of programmes?	Country presentation
10:30 - 11:15	Country experience: Nigeria • Increasing MDA coverage through the use of high-quality timely data • DQA tools	Nigeria representant CHAI
11:15 - 11:30	***Healthy coffee break***	
11:30 - 12:00	Supervisor's Coverage Tool and real time MDA adaptations	Country presentation
12:00 - 13:00	Coverage Evaluation Surveys	Country Presentations Niger (HKI)
13:15 - 14:15	***Lunch break***	
14:15 - 14:45	Brief country readouts of draft action plans (volunteers) Q&A	Country presenters
14:45 - 15:45	Winding down/Q&A period: • Takeaways from the week • Permanent working group structure • How to improve this workshop going forward-will start developing next year's session based on this	Kevin McRae-McKee Jorge Cano
15:45 - 16:15	**Closure ceremony** • Word from representative of participants • Closure talk from UCN leadership / ESPEN Team Lead	Moderator: Santa-Mika Ndayiziga
16:15 - 16:45	***Healthy coffee break***	
16:45	**End of the workshop**	

No Innovation Lab on Day 5

Pre-workshop questionnaire results

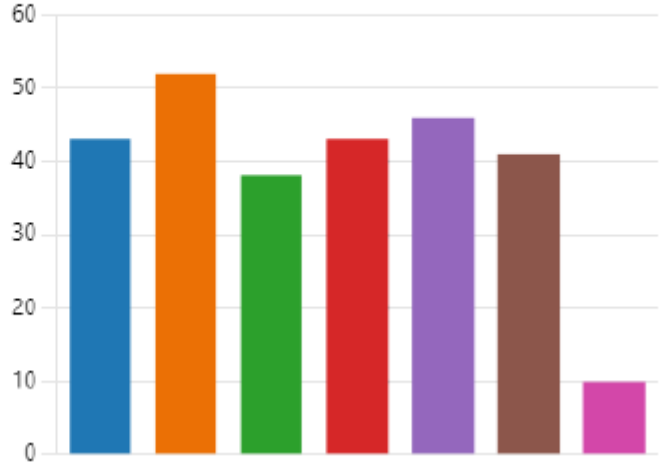
Respondent countries / countries

*Some partners present may support countries not listed above

n = 54

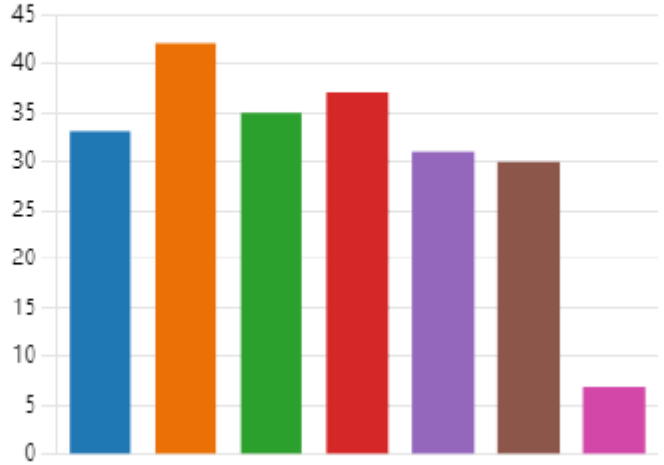
What specific objectives do you hope to achieve by attending this workshop? (Select all that apply)

Enhance data submission proce...	43
Improve data quality and accura...	52
Learn about advanced forecasti...	38
Understand standardized data i...	43
Gain insights into coordinated ...	46
Participate in the establishment ...	41
Other	10



What specific M&E practices do you believe need improvement in your program? (Select all that apply)

Data collection methodologies	33
Data analysis techniques	42
Reporting systems	35
Capacity building and training	37
Developing forecasts	31
Collaboration with stakeholders	30
Other	7



Pre-workshop questionnaire results

Day 3

Does your organization access data from national data systems?

Yes	36
No	13
Don't know	1
Not applicable	5

Does your organization integrate data from the ESPEN Portal via the ESPEN APIs?

Yes	23
No	18
Don't know	8
Not applicable	6

Does your organization support integration of NTD data into national systems such as HMIS and LMIS?

Yes	41
No	5
Don't know	5
Not applicable	4

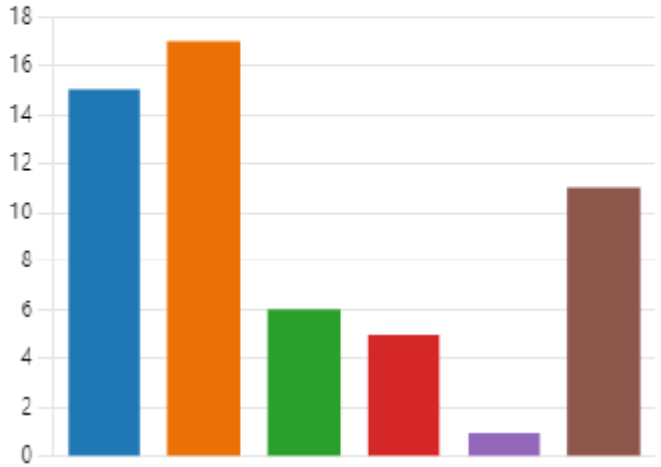
n = 54

Pre-workshop questionnaire results

Day 5

How effective do you find the current Data Quality Assessments (DQAs) tools in addressing these challenges?

Very effective	15
Somewhat effective	17
Neither effective nor ineffective	6
Somewhat ineffective	5
Very ineffective	1
Not applicable	11



Does your organization use its own DQA protocols or standardized protocols for DQA?

Country-specific DQA protocols	7
Standardized DQA protocols	23
Combination of both	11
Not sure	14

n = 54

Pre-workshop questionnaire results

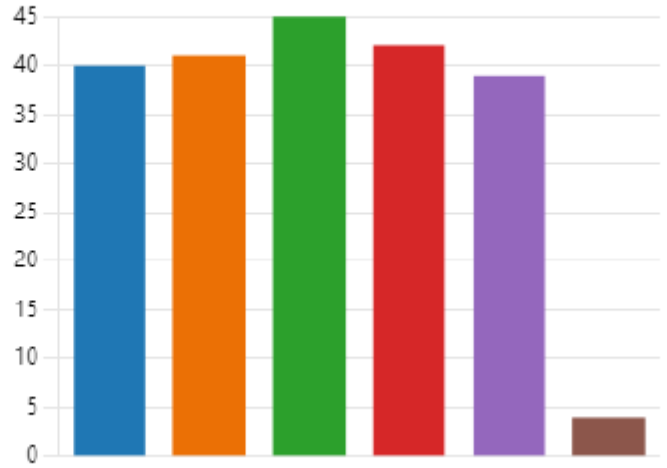
Day 5

How important do you think it is to have a formal coordination structure for sharing M&E experiences and learning from each other among NTD stakeholders?

Extremely important	45
Somewhat important	8
Neutral	2
Somewhat not important	0
Extremely not important	0

What key areas should this working group focus on to be effective? (Select all that apply)

Standardizing data collection an...	40
Providing training and capacity ...	41
Facilitating regular sharing of be...	45
Coordinating cross-country M&...	42
Addressing data quality and acc...	39
Other	4



n = 54

Pre-workshop questionnaire results

Day 1

How familiar are you with the WHO Joint Application Form system (JAP) and its submission process?

Very familiar	13
Somewhat familiar	37
Not familiar	5

Does your organization track and support the submission of programmatic activities on annual reporting forms?

Support only	14
Track only	6
Support and track	32
Neither	3

What challenges do you currently face with data management and reporting in your NTD program? (Select all that apply)

Delayed data submission	31
Misalignment between annual r...	22
Lack of appropriate tools to coll...	21
Inadequate training and capacit...	38
Other	13

n = 54

Group photo

Followed by Coffee Break

JAP system and challenges on data reporting

Honorat M Zoure
ESPEN Database Administrator

World Health Organization
African Region

UHC/UCN
Universal Health Coverage/Communicable and noncommunicable Diseases

The Joint Application Package

World Health Organization

Joint request for selected PC medicines v.4.3

As part of global efforts to accelerate expansion of preventive chemotherapy (PC) for control and elimination of lymphatic filariasis, schistosomiasis and soil-transmitted helminthiases, the World Health Organization (WHO) facilitates the supply of **albendazole** 400 mg tablets (GSK) to national lymphatic filariasis elimination programmes and national soil-transmitted helminth control programmes; **diethylcarbamazine citrate** 100 mg tablets (Eisai) to national lymphatic filariasis elimination programmes; **mebendazole** 500 mg tablets (J&J) for national soil-transmitted helminth control programmes; and **praziquantel** 600 mg tablets (Merck KGaA) for school-age children to national schistosomiasis control programmes. WHO also collaborates to supply **ivermectin** 3 mg tablets (Merck) for onchocerciasis and lymphatic filariasis donation programmes.

This Excel-based tool is designed to assist countries in quantifying the number of tablets of relevant PC medicines required to reach the planned target population and districts for the year of request. Output of the tool is a joint request for PC medicines, which can be printed, signed and submitted to WHO to request these medicines.

Structure of the application (worksheets):

INTRO	This worksheet includes guides on how to complete the joint request for selected PC medicines and information about the status of PC for endemic diseases in the country.
COUNTRY_INFO	This worksheet includes information about administrative structure of the country, population by age group, status of endemicity for each disease, population requiring PC and planned interventions.
DEC, ALB_MBD, PZQ and IVM	These worksheets include information about endemic districts targeted for treatment with specified PC medicines, treatment plan, and number of tablets required and requested.
SUMMARY	This worksheet includes summary of number of tablets requested, information about stock, and date for submission of requested medicines. Before generating the report (run macros) please select the medicine for which the report is needed. Follow the same rule to see the number of people to be treated for the specific disease. **This worksheet should be printed and submitted as a joint request for selected PC**

Medicine quantification *(implementation unit level)*

World Health Organization

PC Joint Reporting Form v.4.2

The purpose of this template **Joint Reporting Form (JRF)** - available as an Excel file - is to provide national health authorities and data managers with a standardized tool to address these reporting challenges, facilitate integration and thereby further contribute to improving overall programme management. This template aims to standardize national reporting of programme implementation outcomes, improve availability and coordination of preventive chemotherapy data across the World Health Organization regions.

National authorities are requested to complete this form for submission to the World Health Organization **within 3 months** after the last round was implemented and **no later than 31 March** of the next implementation year.

Structure of the application (worksheets):

INTRO	This worksheet includes guides on how to complete the joint reporting form and information about status of PC for endemic diseases in the country
COUNTRY_INFO	This worksheet includes information about administrative structure of the country, population by age group, status of endemicity for each disease, population requiring PC, planned interventions and interventions implemented
MDA1, MDA2, MDA3, MDA4, MDA5, T1, T2 and T3	These worksheets include information about endemic districts targeted for treatment with specified PC medicines, treatment plan, and number of people who received treatment by age group. Depending on co-endemicity of the diseases in a country the tool will generate respective worksheets to fill in.
DISTRICT	This worksheet includes summary of people treated by disease at the level of implementation. If data by gender is available, it requires to enter.
SUMMARY	This worksheet includes summary of people treated by disease and by PC intervention. Before generating the report (run macros) please select the disease for which you need the report. Follow the same rule to generate various reports. **This worksheet should be printed and submitted as a Joint Report (see the instruction for submission in the SUMMARY worksheet).**

Medicine use *(implementation unit level)*

World Health Organization

PC Epidemiological Data Reporting Form v.4.1

The purpose of this template **PC Epidemiological Data Reporting Form (PC EPIRF)** - available as an Excel file - is to provide national health authorities and data managers with a standardized tool to address these reporting challenges, facilitate integration and thereby further contribute to improving overall programme management. This template aims to standardize national reporting of epidemiological data on diseases targeted for preventive chemotherapy, improve availability and coordination of preventive chemotherapy data across the World Health Organization regions.

National authorities are requested to complete this form for submission to the World Health Organization on annual basis. This form could be submitted with the PC Joint Reporting Form (JRF).

Structure of the application (worksheets):

INTRO	This worksheet includes guides how to complete the PC epidemiological data reporting form and information about status of PC for endemic diseases in the country
LF	This worksheet includes indicators to report epidemiological data on lymphatic filariasis and section to report data on morbidity management and disability prevention
ONCHO	This worksheet includes indicators to report epidemiological data on onchocerciasis
STH	This worksheet includes indicators to report epidemiological data on soil-transmitted helminthiases
SCH	This worksheet includes indicators to report epidemiological data on schistosomiasis

Survey results *(site level)*

World Health Organization

Annual Work Plan

As part of the global efforts to accelerate expansion of preventive chemotherapy (PC) for elimination and control of lymphatic filariasis, schistosomiasis, soil-transmitted helminthiases and onchocerciasis, the World Health Organization (WHO) facilitates the supply of necessary medicines. In order to request for medicines, submission of the Annual Work Plan together with the Joint Request for selected PC medicines and the Joint Reporting Form is a requisite.

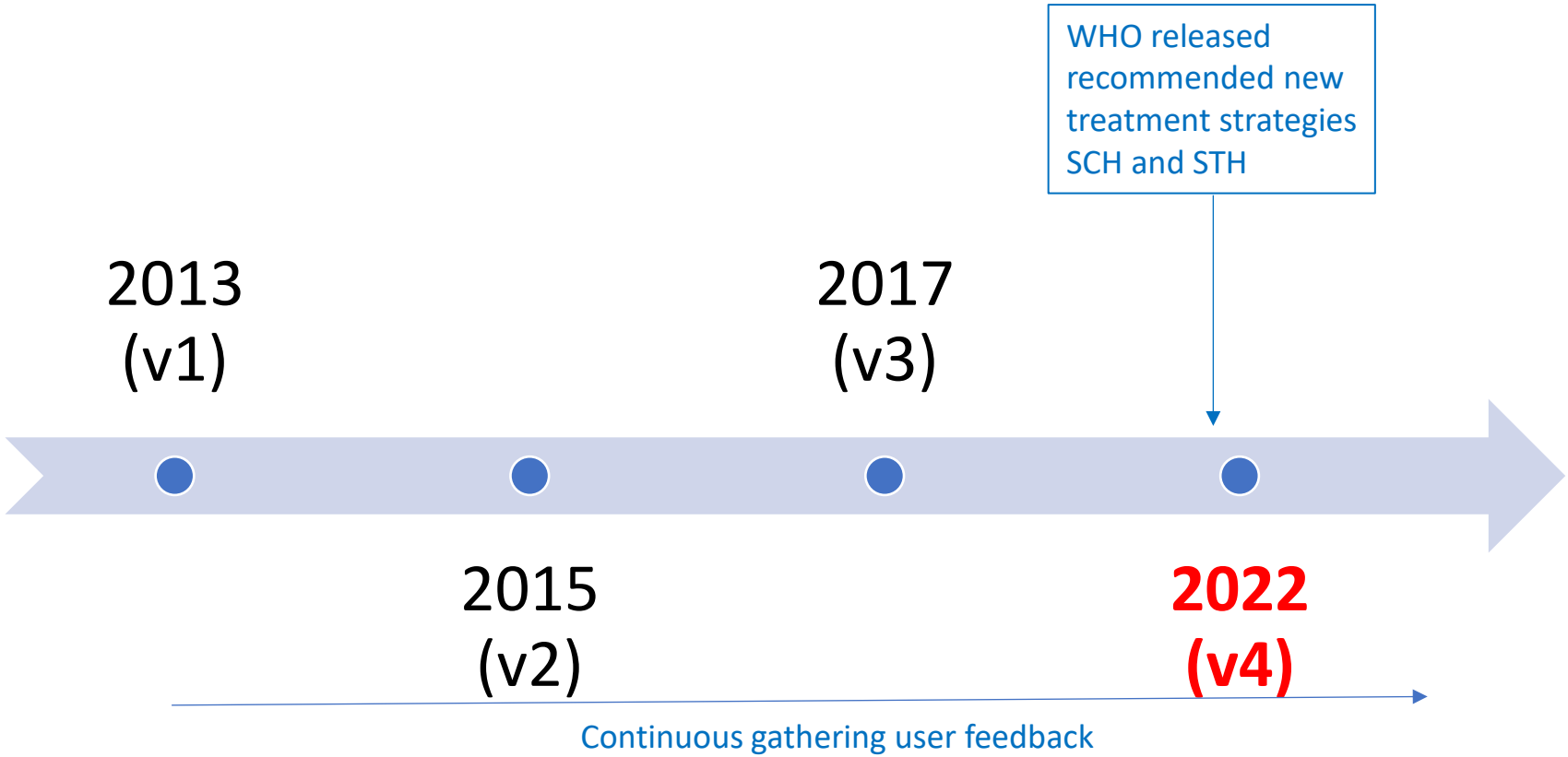
Annual Work Plan allows the national programmes to identify the specific objectives to be achieved in the year, to focus on the key activities that needs to be implemented to achieve the said objectives, and to identify the gap in financial and technical resources to achieve the objectives. It also allows WHO to closely monitor the progress of the national programmes, and to identify the obstacles and coordinate for provision of financial and technical support in time.

Information to be included in the Annual Work Plan

- ☐ Name of country
- ☐ Implementation year
- ☐ Relevant preventive chemotherapy diseases
- ☐ Specific programmatic targets to achieve in the year
- ☐ Annual work plan matrix comprising a list of activities and sub-activities with:
  - Timeline of implementation
  - Estimated cost

Activities and Funding *(implementation unit level)*

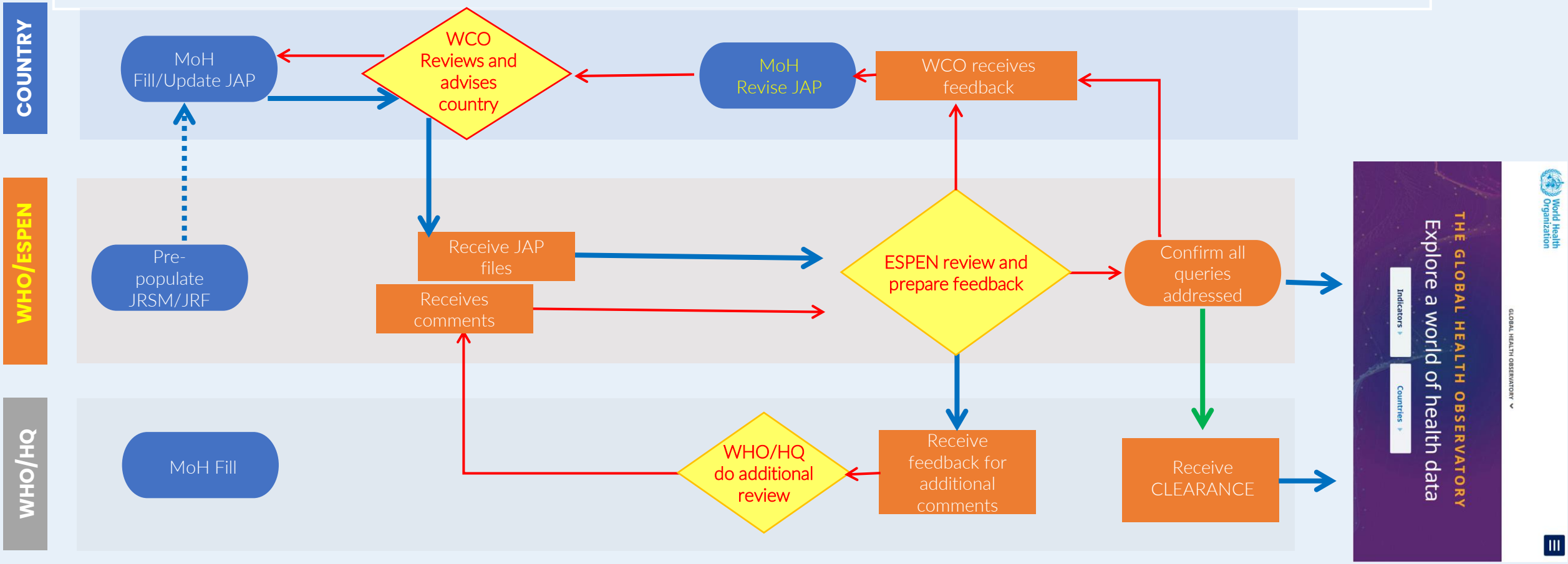
Release of JAP forms



Deadline for submission of JAP forms

- **JRF**: within 3 months after the last MDA round was implemented and no later than 31 March of the next implementation year
  - *example: if the last round MDA is completed in July 2024, JRF2024 should be submitted no later than October 2024*
- **JRSM**: at least 9 months before the first date of MDA planned in the calendar year of the request
  - *example: if the first round of MDA is planned in May 2025, JRSM2025 should be submitted no later than August 2024*
- **EPIRF**: should be submitted as soon as a specific survey is completed (ESPEN recommendation)
  - *Example: if LF TAS1 survey is completed in May 2024 and SCH impact assessment survey to be completed in August 2024*
    - *one EPIRF with LF TAS1 results in June 2024 the latest*
    - *one EPIRF with SCH impact assessment results in September 2024 the latest*

JAP forms submission and review flow



1st flow

2nd flow

The NTD CM follow the same flow except the prepopulate step

All communications done through email → Need for a better tool for transparency and better monitoring → **The upload tool aims to make the submission, review and approval process transparent**

Steps for filling JRSM

1. **Provide information on:**
   - Status of the 4 PC-NTDs in the country
   - Name of implementation units (IUs) in the country
   - Proportion of age groups (PreSAC, SAC, Adults, WRA)

INTRO worksheet

2. **Generate the required worksheets in the form**

3. **Provide demography data (total population and population by age group)**

4. **Enter the Endemicity status for each disease**

5. **Enter population requiring PC for Oncho and SCH**

COUNTRY_INFO worksheet

6. **Enter the treatment plan for 2025 (number of rounds of treatment planned)**

7. **Provide additional information for each medicine required**

DEC, ALB, MBD, DEC, IVM, IVM+ worksheets

8. **Generate the request and provide additional information**

SUMMARY worksheet

Steps for filling JRF

1. **Provide information on:**
   - Status of the 4 PC-NTDs in the country
   - Name of implementation units (IUs) in the country
   - Proportion of age groups (PreSAC, SAC, Adults, WRA)

2. **Generate the required worksheets in the form**

3. **Provide demography data (total population and population by age group)**

4. **Enter the Endemicity status for each disease**

5. **Enter population requiring PC for Oncho and SCH**

6. **Enter the PC strategy implemented (MDA1, MDA2, MDA3, MDA5, T1, T2, T3)**

7. **Enter the actual number of rounds implemented per disease for 2023**

8. **Provide additional information for PC strategy implemented (target population and number of persons treated)**

9. **Generate the report and provide additional information**

INTRO worksheet

COUNTRY_INFO worksheet

MDA1, MDA2, MDA3, MDA5, T1, T2, T3, IVM+ worksheets

SUMMARY worksheet

Key common inconsistencies/mistakes in JAP forms

- ✓ Demographic data not based on the most recent reliable census data available
- ✓ Endemicity status of districts not consistent with the latest mapping or impact assessment site prevalence
- ✓ Population requiring PC not adjusted to the area of disease transmission (Schisto, Oncho)
- ✓ Double counting of people treated for STH (MDA1/T1 and T3)
- ✓ Medicine used for STH (ALB/MBD) not specified
- ✓ Tablets in stock not reported

Main challenges

Country
Staff turnover. Need for continuous training
Limited data management skills
Use of the Schisto Community Workbook (algorithm, functionality, updating with new data)
Harmonization of data reporting tools (workload for NTD program)
Activities implemented not in line with initial planning (coordination among MoH and implementing partners). e.g.: medicines requested while implementing partners did not yet commit for funding
Reporting treatment data at community level for Schisto
Requesting medicines for case management after stopping of MDA

AFRO/ESPEN
Unclear how data is validated at country level
Delay in the review of country submissions
Late receipt of epidemiological survey results from countries
Lean staff (3 staff supporting submission and review of JRSM/JRF/EPIRF/AW, 1 staff supporting mobile data collection)
Non-existence of up-to-date implementation boundaries for spatial analysis

Solution – Pre-populated JAP forms

Pre-population JAP forms (JRSM/JRF)

IU Level disease-specific Forecasting tables

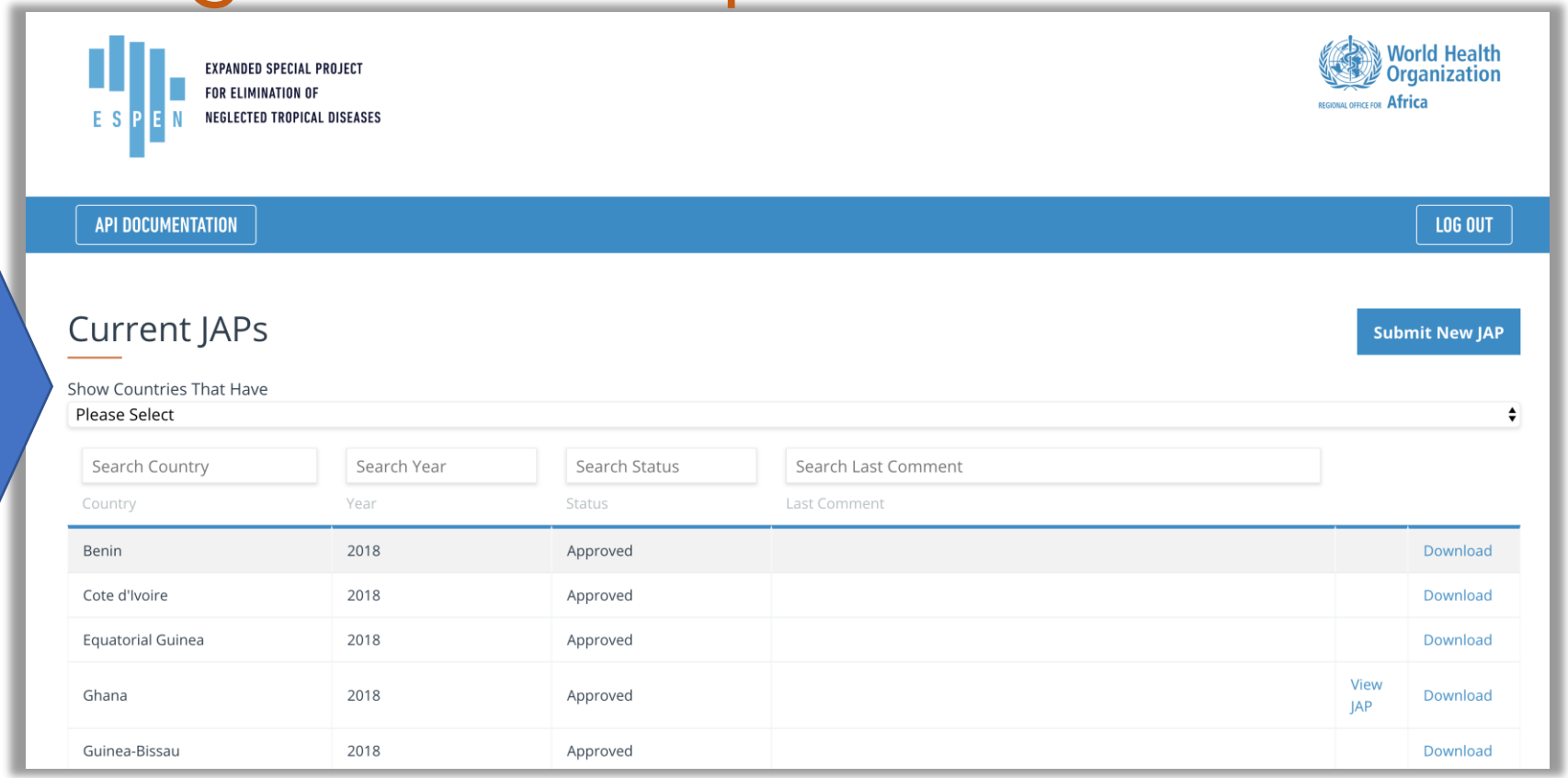
Demographic projections 2025-2030 (official census)

IU level up-to-date Drug Inventory

- Improve consistency in the completion of the JAP reports
  - History of MDA and M&E activities allow for better planning
  - Variations in the IU division are tracked and up-to-date
  - Mitigate the impact of NTD programmes turn-over
- Improve quality of submitted forms
  - Prevent for unjustified variations in demographics, endemicity status, or PC strategy
  - Better accountability of the medicines submitted (drug inventory at IU level)
- Ease completion for country programmes
  - Reduce workload to fill the forms (95% content filled for JRSM and 50% for JRF)
  - Speed up submission process

Solution – Improving submission process

JAP UPLOAD TOOL – **Online supervised submission**



Benefits

- Files not lost in recipient mailbox
- Visibility on submission of forms and the status of the review
- Stakeholders can contribute to resolve bottlenecks
- Availability of all versions of the forms

A website where countries manage their JAPs. This tool is fully functional and ready to use.

Partners will be notified when the submission takes place and follow up the process

Way forward

- Continue training targeting countries and implementing partners most in need
- Conduct training of country programs in the use of the Schisto Community Workbook
- Update the JAF forms to report community treatment data
- Encourage in-country implementing partners to strengthen country programs' capacity in data management through on-the-job training (with support from ESPEN when needed)
- Re-design the JAP upload tool based on users' feedback

Links to resources

Excel templates

https://www.who.int/teams/control-of-neglected-tropical-diseases/interventions/strategies/preventive-chemotherapy/joint-application-package/version4

User guide and Training materials also available

https://www.who.int/teams/control-of-neglected-tropical-diseases/interventions/strategies/preventive-chemotherapy/joint-application-package

World Health Organization

African Region

THANK YOU
MERCI BEAUCOUP
OBRIGADO

ESPEN

EXPANDED SPECIAL PROJECT
FOR ELIMINATION OF
NEGLECTED TROPICAL DISEASES

Country experiences reporting through JAP system: Kenya

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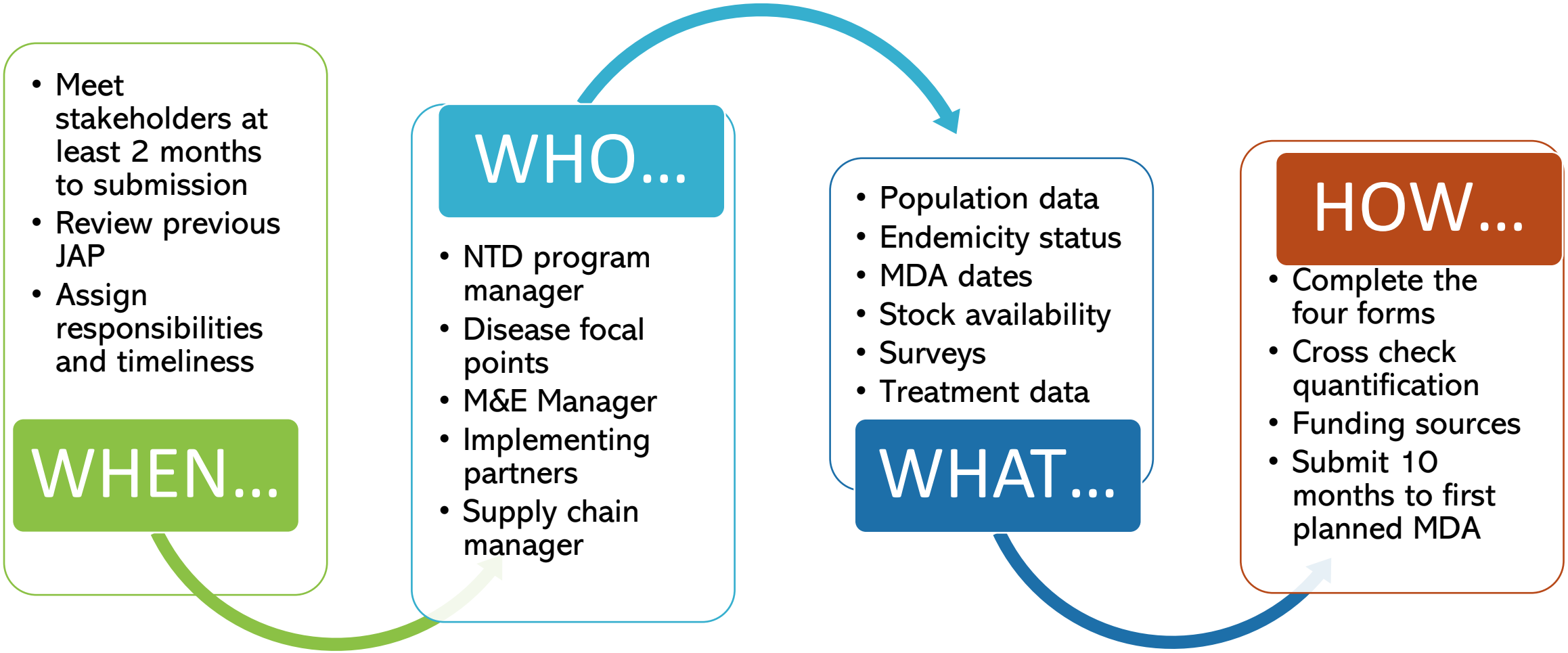
NTD M&E and Data Manager
Kenya MoH

World Health Organization
African Region

UHC/UCN
Universal Health Coverage/Communicable and noncommunicable Diseases

Standard Operating Procedures for JAP



World Health Organization
African Region

ESPEN EXPANDED SPECIAL PROJECT FOR ELIMINATION OF NEGLECTED TROPICAL DISEASES

Current progress; Kenya context

WHEN

- No JAP specific stakeholder engagements
- Lack of in country review of JAP forms
- Delayed JAP submissions over the last 2 years

WHO

- Review of forms done by NTD program
- Partner roles: limited to data use partners
- Stakeholders not convened to discuss JAP process

WHAT

- Lack of harmonized MDA calendar
- Incomplete treatment reporting (CWT vs NSBDP)
- Lack of harmonized reporting tools between the vertical programs

HOW

- Project specific preparation for MDA
- Program operates with project specific workplans
- JAP forms submitted do not include AWP for MDAs

Programmatic challenges impacting JAP process

- Vertical, fragmented disease strategies resulting in multiple survey methodologies and treatment implementation frameworks hindering reporting procedures

World Health Organization
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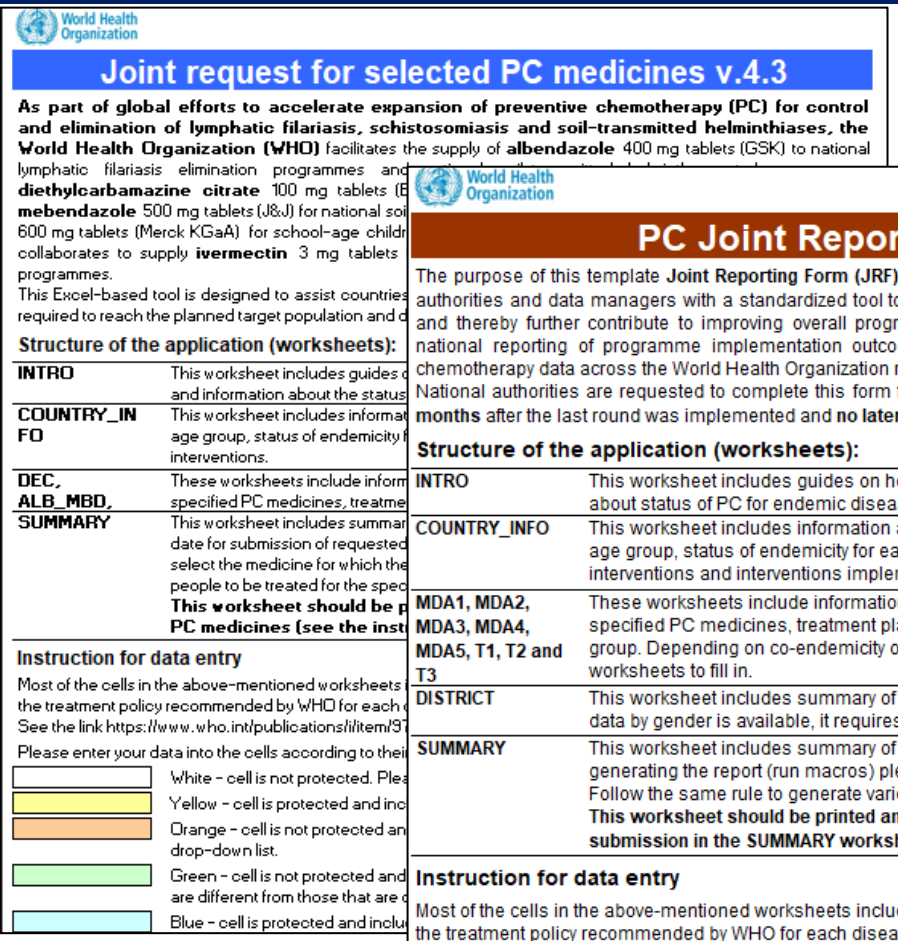
JRSM AND JRF in Kenya

ESPEN EXPANDED SPECIAL PROJECT FOR ELIMINATION OF NEGLECTED TROPICAL DISEASES



World Health Organization

Joint request for selected PC medicines v.4.3

As part of global efforts to accelerate expansion of preventive chemotherapy (PC) for control and elimination of lymphatic filariasis, schistosomiasis and soil-transmitted helminthiases, the World Health Organization (WHO) facilitates the supply of **albendazole** 400 mg tablets (GSK) to national lymphatic filariasis elimination programmes and **diethylcarbamazine citrate** 100 mg tablets (E **mebendazole** 500 mg tablets (J&J) for national soi 600 mg tablets (Merck KGaA) for school-age childr collaborates to supply **ivermectin** 3 mg tablets programmes.
This Excel-based tool is designed to assist countries required to reach the planned target population and c

Structure of the application (worksheets):

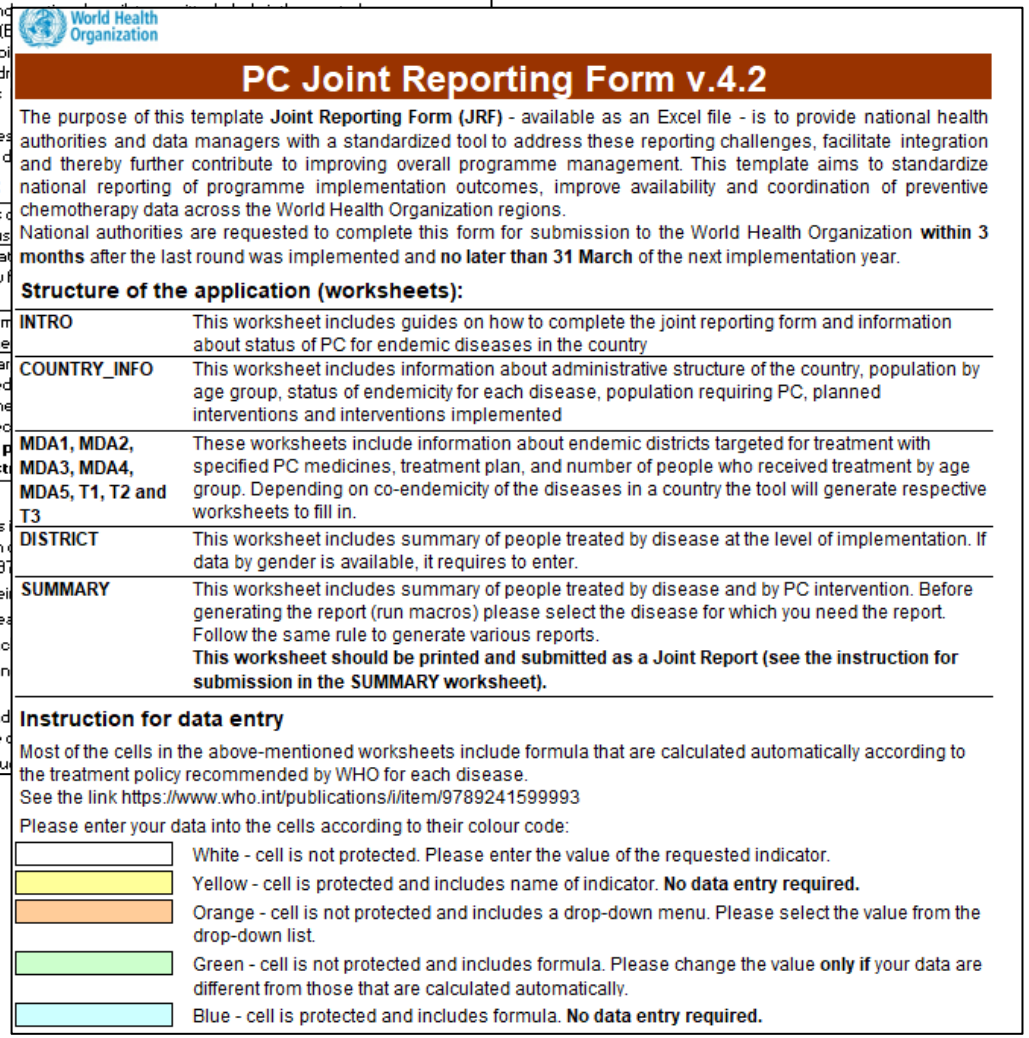
INTRO	This worksheet includes guides c and information about the status
COUNTRY_IN FO	This worksheet includes informat age group, status of endemicity f interventions.
DEC, ALB_MBD,	These worksheets include inform specified PC medicines, treatme
SUMMARY	This worksheet includes summar date for submission of requested select the medicine for which the people to be treated for the spec **This worksheet should be p PC medicines (see the inst**

Instruction for data entry

Most of the cells in the above-mentioned worksheets the treatment policy recommended by WHO for each See the link https://www.who.int/publications/i/item/97

Please enter your data into the cells according to thei

White - cell is not protected. Plea
Yellow - cell is protected and inc
Orange - cell is not protected an drop-down list.
Green - cell is not protected and are different from those that are
Blue - cell is protected and inclu



World Health Organization

PC Joint Reporting Form v.4.2

The purpose of this template **Joint Reporting Form (JRF)** - available as an Excel file - is to provide national health authorities and data managers with a standardized tool to address these reporting challenges, facilitate integration and thereby further contribute to improving overall programme management. This template aims to standardize national reporting of programme implementation outcomes, improve availability and coordination of preventive chemotherapy data across the World Health Organization regions.
National authorities are requested to complete this form for submission to the World Health Organization **within 3 months** after the last round was implemented and **no later than 31 March** of the next implementation year.

Structure of the application (worksheets):

INTRO	This worksheet includes guides on how to complete the joint reporting form and information about status of PC for endemic diseases in the country
COUNTRY_INFO	This worksheet includes information about administrative structure of the country, population by age group, status of endemicity for each disease, population requiring PC, planned interventions and interventions implemented
MDA1, MDA2, MDA3, MDA4, MDA5, T1, T2 and T3	These worksheets include information about endemic districts targeted for treatment with specified PC medicines, treatment plan, and number of people who received treatment by age group. Depending on co-endemicity of the diseases in a country the tool will generate respective worksheets to fill in.
DISTRICT	This worksheet includes summary of people treated by disease at the level of implementation. If data by gender is available, it requires to enter.
SUMMARY	This worksheet includes summary of people treated by disease and by PC intervention. Before generating the report (run macros) please select the disease for which you need the report. Follow the same rule to generate various reports. **This worksheet should be printed and submitted as a Joint Report (see the instruction for submission in the SUMMARY worksheet).**

Instruction for data entry

Most of the cells in the above-mentioned worksheets include formula that are calculated automatically according to the treatment policy recommended by WHO for each disease.
See the link https://www.who.int/publications/i/item/9789241599993

Please enter your data into the cells according to their colour code:

White - cell is not protected. Please enter the value of the requested indicator.
Yellow - cell is protected and includes name of indicator. **No data entry required.**
Orange - cell is not protected and includes a drop-down menu. Please select the value from the drop-down list.
Green - cell is not protected and includes formula. Please change the value **only if** your data are different from those that are calculated automatically.
Blue - cell is protected and includes formula. **No data entry required.**

M&E Manager:

- Population updates
- Update endemicity status
- Upload of forms to ESPEN portal
- Collate treatment data from all partners

Disease focal points

- Planned surveys
- Rounds of treatment and areas of implementation

Supply Chain Manager/Program Pharmacist

- Drug Quantification
- Inventory of medicines in national warehouse
- Aggregate reverse cascade data

NTD Program Manager

- Source of Funding
- Sign and upload approved forms

EPIRF and AWP in Kenya

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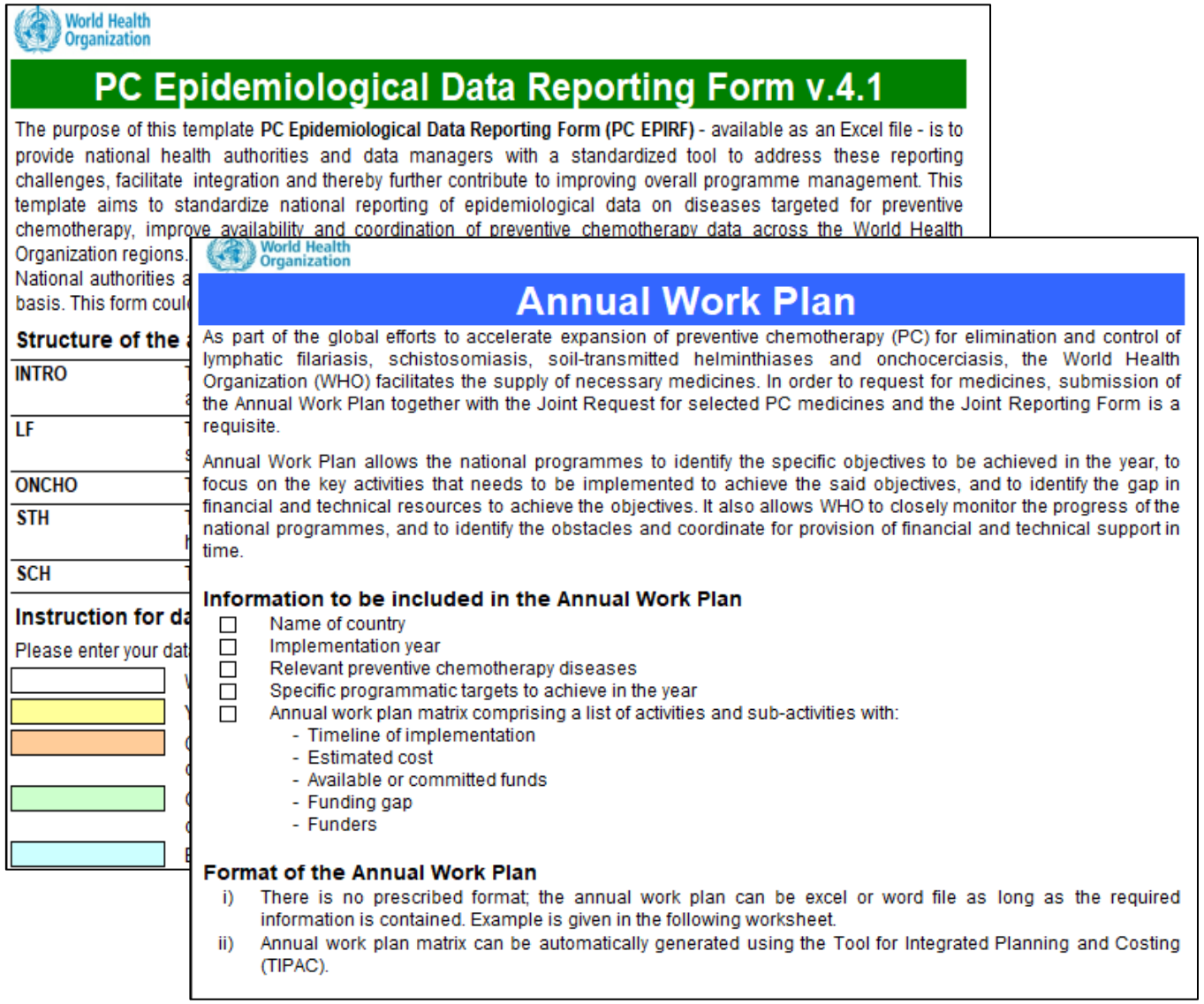
EXPANDED SPECIAL PROJECT FOR ELIMINATION OF NEGLECTED TROPICAL DISEASES



World Health Organization

PC Epidemiological Data Reporting Form v.4.1

The purpose of this template **PC Epidemiological Data Reporting Form (PC EPIRF)** - available as an Excel file - is to provide national health authorities and data managers with a standardized tool to address these reporting challenges, facilitate integration and thereby further contribute to improving overall programme management. This template aims to standardize national reporting of epidemiological data on diseases targeted for preventive chemotherapy, improve availability and coordination of preventive chemotherapy data across the World Health Organization regions.
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World Health Organization

Annual Work Plan

As part of the global efforts to accelerate expansion of preventive chemotherapy (PC) for elimination and control of lymphatic filariasis, schistosomiasis, soil-transmitted helminthiases and onchocerciasis, the World Health Organization (WHO) facilitates the supply of necessary medicines. In order to request for medicines, submission of the Annual Work Plan together with the Joint Request for selected PC medicines and the Joint Reporting Form is a requisite.

Annual Work Plan allows the national programmes to identify the specific objectives to be achieved in the year, to focus on the key activities that needs to be implemented to achieve the said objectives, and to identify the gap in financial and technical resources to achieve the objectives. It also allows WHO to closely monitor the progress of the national programmes, and to identify the obstacles and coordinate for provision of financial and technical support in time.

Information to be included in the Annual Work Plan

- ☐ Name of country
- ☐ Implementation year
- ☐ Relevant preventive chemotherapy diseases
- ☐ Specific programmatic targets to achieve in the year
- ☐ Annual work plan matrix comprising a list of activities and sub-activities with:
  - Timeline of implementation
  - Estimated cost
  - Available or committed funds
  - Funding gap
  - Funders

Format of the Annual Work Plan

i) There is no prescribed format; the annual work plan can be excel or word file as long as the required information is contained. Example is given in the following worksheet.

ii) Annual work plan matrix can be automatically generated using the Tool for Integrated Planning and Costing (TIPAC).

M&E Manager

- Request of survey data from all relevant stakeholders
- Ensure data is analysed at site level prior to EPIRF entry

Disease Focal Points

- Ensure all surveys conducted in the year are captured on the EPIRF
- Respond to feedback on decisions made by WHO

NTD Program Manager

- Ensure feedback from WHO on the EPIRF is addressed by relevant persons

However, the country has not been submitting the Annual Work Plan as part of the JAP

Challenges with JAP Forms

PC Epidemiological Data Reporting Form v.4.1

- Primary survey data is collected using different platforms, and not all surveys are reported
- Data analysis is primarily done at Implementation Unit, not site level, leading to delays in EPIRF completion
- Cumbersome to enter data for multiple sites

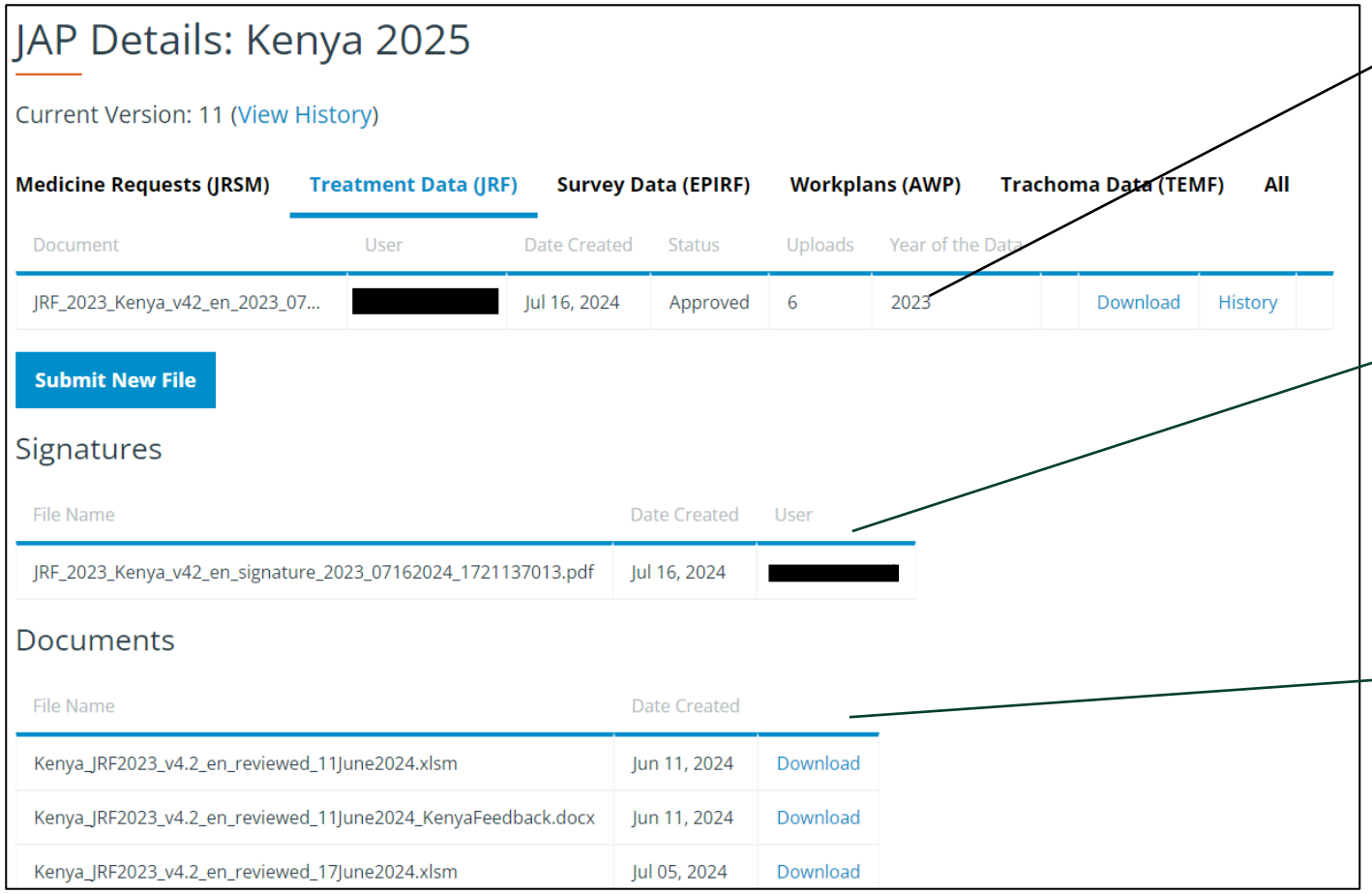
Joint request for selected PC medicines v.4.0

- Population estimates under/overestimate quantification of medicines requirements
- Wastage data is not collected primarily with existing campaign tools
- Treatment data is used as a proxy for consumption data

PC Joint Reporting Form v.4.2

- Treatment coverage is calculated for an entire district (sub county), while the Implementation Unit is the ward
- Treatment administered using other platforms is not included in the reporting forms

Specific Challenges with JAP Forms



JAP Details: Kenya 2025

Current Version: 11 (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_2023_Kenya_v42_en_2023_07...	[redacted]	Jul 16, 2024	Approved	6	2023		Download	History

Submit New File

Signatures

File Name	Date Created	User
JRF_2023_Kenya_v42_en_signature_2023_07162024_1721137013.pdf	Jul 16, 2024	[redacted]

Documents

File Name	Date Created	
Kenya_JRF2023_v4.2_en_reviewed_11June2024.xlsm	Jun 11, 2024	Download
Kenya_JRF2023_v4.2_en_reviewed_11June2024_KenyaFeedback.docx	Jun 11, 2024	Download
Kenya_JRF2023_v4.2_en_reviewed_17June2024.xlsm	Jul 05, 2024	Download

Forms for the year 2023 e.g. JRF are captured under the year 2025

Inability of country teams to upload approved and signed JRFs, JRSMs

Lack of clarity over section to upload forms and comment files

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ESPEN EXPANDED SPECIAL PROJECT FOR ELIMINATION OF NEGLECTED TROPICAL DISEASES

Current Progress and Way Forward

A deworming TWG has been formed to coordinate implementation of SCH/STH activities, including harmonized treatment platform

Commodity Security TWG has reviewed current endemic areas in the country and is harmonizing quantification of medicines for future MDAs

The M&E TWG is coordinating the integration of MDA reporting processes

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ESPEN

EXPANDED SPECIAL PROJECT
FOR ELIMINATION OF
NEGLECTED TROPICAL DISEASES

Expériences de pays concernant le rapportage via le système JAP : Sénégal

Auteur: **Daouda Gueye**
Fonction : Responsible bureau suivi-évaluation PNLMTN

World Health Organization
African Region

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Plan

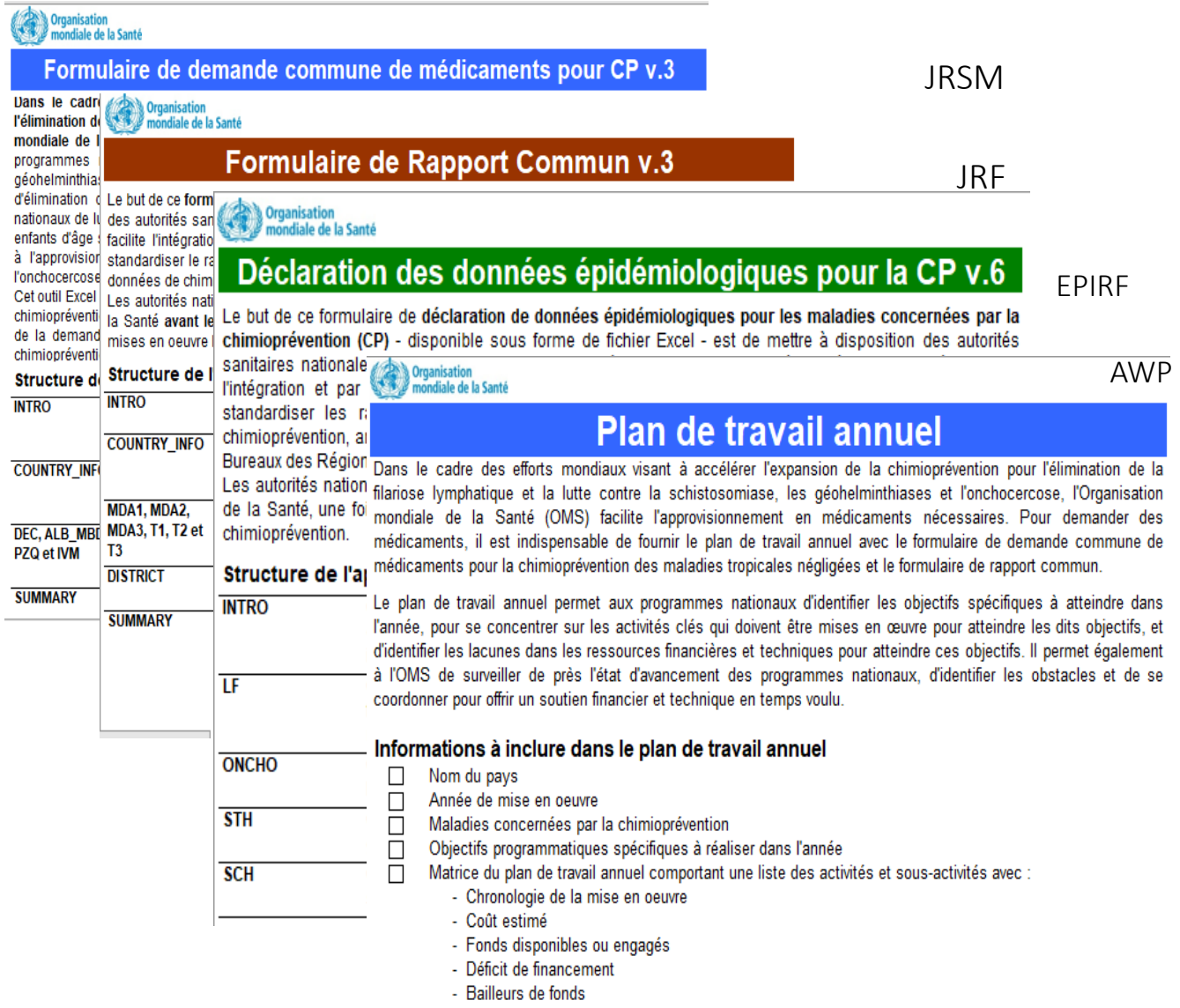
- Introduction
- Phase de Planification
- Processus de Remplissage des formulaires JAP
- Validation interne
- Soumission
- Défis
- Améliorations suggérées
- Axes d’appui au PNLMTN pour le JAP (FHI360)

Introduction

Depuis plusieurs années le Sénégal utilise les outils JAP

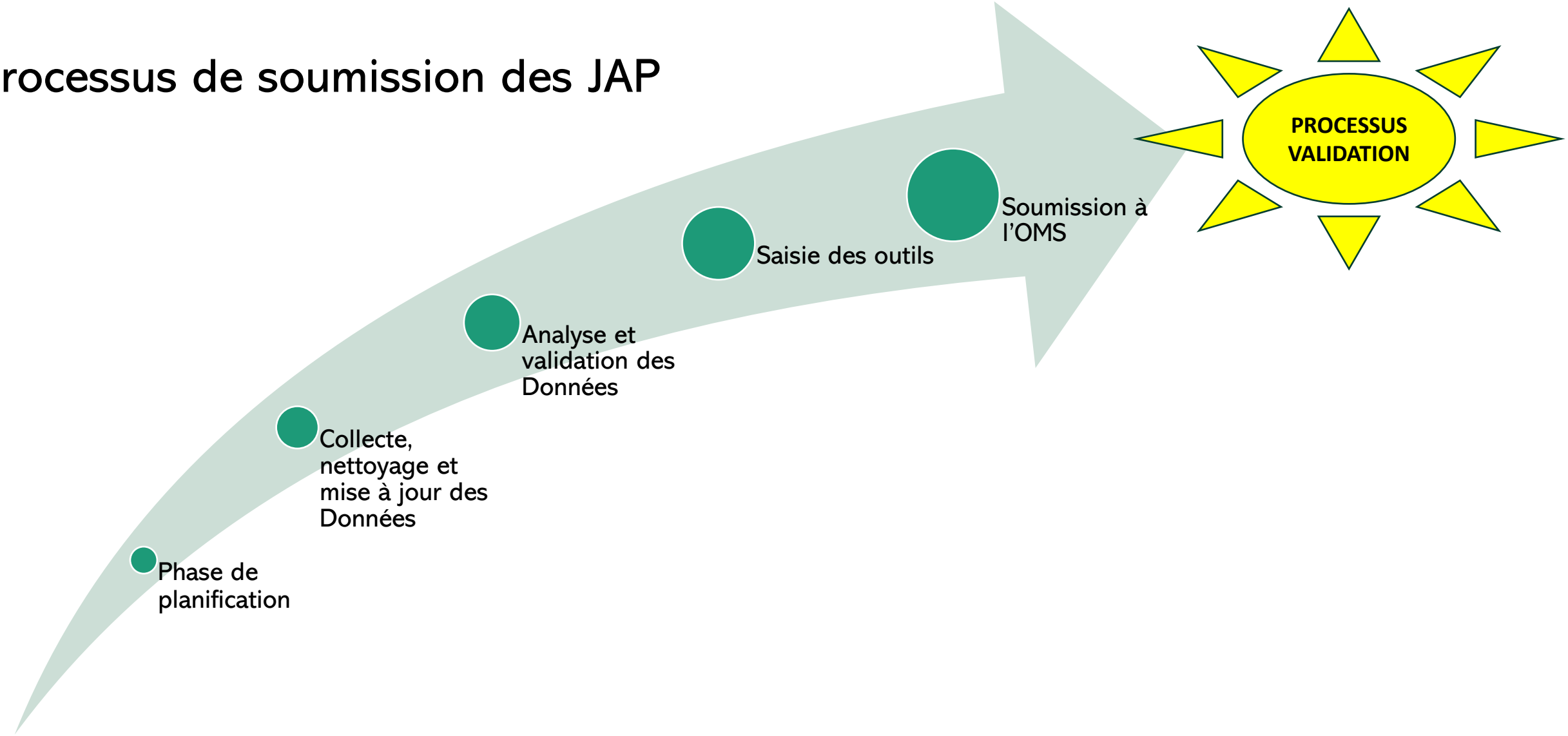
- **demande conjointe de certains médicaments (JRSM)**
- **Formulaire de déclaration conjointe (JRF)**
- **formulaire de déclaration épidémiologique (EPIRF)**
- plan de travail annuel (AWP)

la soumission de ces outils dans ESPEN nécessite de suivre un processus qui va de la planification à la validation par l'équipe de l'OMS



Introduction

Processus de soumission des JAP



Phase de Planification

Dans le processus de planification, chaque année un plan de travail annuel (PTA) est élaboré prenant en compte les AMM,Pré TAS,TAS,enquetes impact schisto/STH.

Planification de l'élaboration des outils JAP est faite suivant la période de mise en œuvre de ces différentes activités

- JRF→ AMM
- EPIRF → enquête impacts Sch/STH,TAS
- JRSM → AMM, enquête impacts Sch/STH,TAS

Processus de Remplissage des JAP

1. La collecte des données:

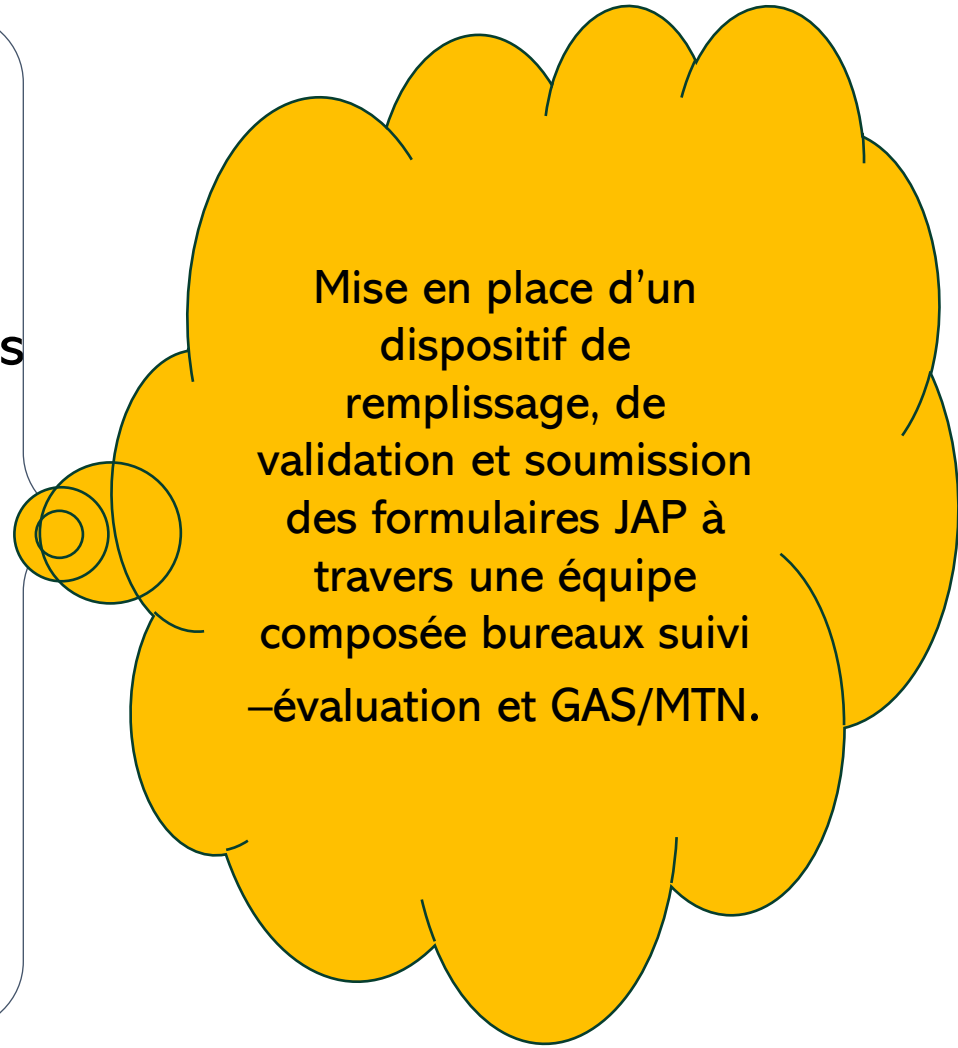
Il est important d'avoir des outils de collecte primaire adaptée aux informations demandées dans les outils JAP

- Désagrégation des données par sexe, âge, etc.
- La collecte des informations sur la logistique inverse des médicaments
- Le choix de l'outils de collecte des données d'enquête (Espen collect)

2. La compilation des données:

- Maquette de compilation des données de DMM nationale,DHIS2
- Base de données ESPEN Collect
- Le classeur schisto de l'OMS
- Le Tracker Schisto-Géo, etc.

3. Remplissage des fichiers JAP

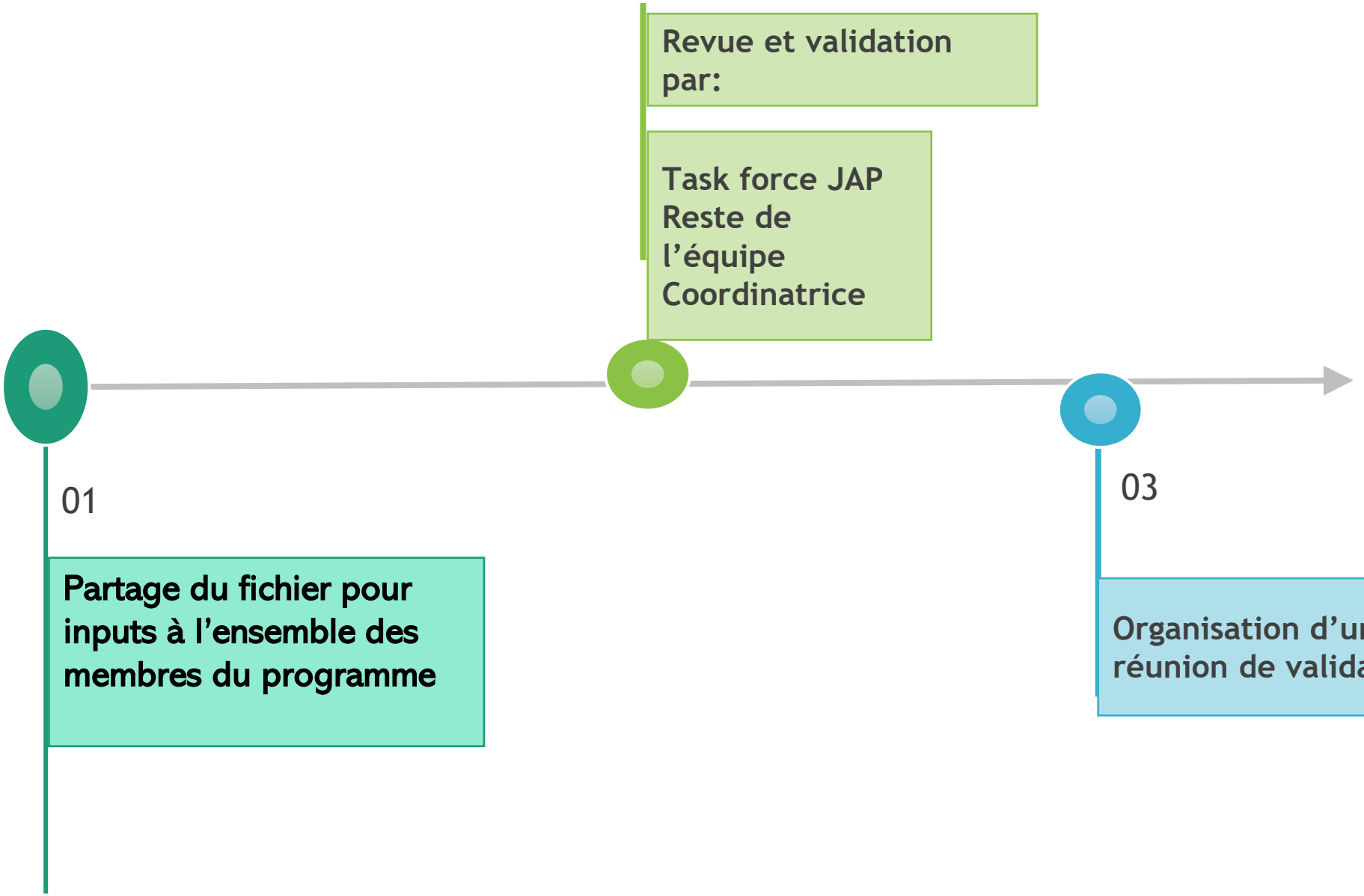


Validation interne

- Partage du fichier pour inputs à l'ensemble des membres du programme
- Validation par niveau :
  - Task force JAP
  - Équipe du programme
  - Validation finale par la coordinatrice du PNLMTN
- L'organisation d'une réunion de validation du fichier

NB: Cette phase de validation est précédée d'une phase de validation avec les DRS et districts sanitaires

Validation interne



Ces différentes étapes ont conduit à la validation des données du fichier qui sera soumis dans le portal

Soumission

La soumission est faite par la coordonnatrice du programme au niveau du portail ESPEN de l'OMS

Feed back de l'OMS sur le fichier soumis

Traitement des feed back par le programme et resoumission

Durant cette phase un suivi régulier est fait avec l'équipe de l'OMS via

Échanges de mail

Suivi de la validation au niveau du portail ESPEN

Après validation, la version finale est partagée aux membres du programme

Défis

- La disponibilité des données validés à temps
- La mise à jour continu du classeur de l'OMS
- La mise à jour du Tracker Shist-Géo
- Interopérabilité DHIS2 et JAP
- Le respect des délais de soumission
- Mise à jour des outils suivant les nouvelles lignes directrices

Améliorations suggérées

- Élaborer un JRF Schisto prenant en compte les sous districts
- Recueillir les informations sur la logistique inverse de manière agrégé pour le JRSM
- Intégrer une colonne « décision » sur la feuille Schisto de l'EPIRF

Axes d'appui FHI360 au PNLMTN pour le JAP

FHI360 Sénégal appui le PNLMTN à :

- Tenir des réunions pour soumettre les rapports de l'OMS sur le portail ESPEN et des réunions de quantification des besoins en médicaments contre les MTN pour la DMM
- Mettre à jour les données sur l'endémicité des maladies
- Accompagner la soumission des formulaire JAP à temps.

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SWOT Analysis & JAP Enhancements

Working Group Discussion

World Health Organization
African Region

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Universal Health Coverage/Communicable and noncommunicable Diseases

World Health Organization
African Region

Guidelines for Working Groups

ESPEN EXPANDED SPECIAL PROJECT FOR ELIMINATION OF NEGLECTED TROPICAL DISEASES

Objective Clarification: Through a SWOT analysis the goal is to identify key factors that influence the system's effectiveness and to brainstorm actionable improvements for the Joint Application Package (JAP) reporting system.
Group Roles: Assign specific roles within each group, such as a facilitator, and a note-taker to ensure a structured discussion and effective reporting.
Time Management: Allocate a specific amount of time (15min) for each section of the SWOT analysis—strengths, weaknesses, opportunities, and threats. This will help keep the discussion focused and balanced.

Focus Areas:

- **Strengths**: Identify what works well in the JAP reporting system. Consider aspects like data accuracy, user-friendliness, and support provided to users.
- **Weaknesses**: Discuss areas where the system falls short. Look at issues like technical challenges, data gaps, or difficulties in user training.
- **Opportunities**: Explore potential improvements or new features that could enhance the JAP system. Consider emerging technologies, potential partnerships, or training opportunities.
- **Threats**: Identify external factors that could hinder the effectiveness of the JAP system, such as policy changes, resource limitations, or technological disruptions.

Prioritization: After identifying points in each category, prioritize them based on their impact and feasibility for improvement.
Reporting Back: Each group should prepare to present their findings and suggested actions to the larger group. Encourage them to highlight the most critical issues and realistic solutions.

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Questions for Discussion

EXPANDED SPECIAL PROJECT FOR ELIMINATION OF NEGLECTED TROPICAL DISEASES

Strengths

- What features of the JAP system are most effective in ensuring accurate and efficient data capture?
- How does the current system support program implementers in their reporting tasks?
- Are there any recent improvements or updates that have particularly enhanced the system?

Weaknesses

- What are the most common challenges or barriers faced by users when interacting with the JAP system?
- How do these weaknesses impact the overall quality and timeliness of data submission?
- Are there specific areas where user training or support is lacking?

Opportunities

- What enhancements or new features could be introduced to make the JAP system more user-friendly or efficient?
- Are there opportunities for collaboration or integration with other systems to improve data reporting?
- How can we leverage technological advancements to address current system limitations?

Threats

- What external factors (e.g., policy changes, funding cuts) could jeopardize the effectiveness of the JAP system?
- How might changes in global health priorities impact the system's relevance or usability?
- Are there potential risks associated with the system's current design or infrastructure that could lead to data loss or inaccuracies?

Lunch Break

Groups presenting results of SWOT

Working Group Discussion

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Universal Health Coverage/Communicable and noncommunicable Diseases

Group 1 – SWOT Analysis

Working Group Discussion

World Health Organization
African Region

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Universal Health Coverage/Communicable and noncommunicable Diseases

Strengths – Findings/Inputs

Strengths:

- "Strikes a good balance". Cross-cutting, standardized for all countries to use for requesting/reporting epidemiological data and drug quantification requirements using different interrelated tools.
- User-friendly if you are an intermediate Excel user. As long as the user knows how NOT to make mistakes such as copy-pasting and overwriting existing formulas.
- Can prepopulate data.
- Easy to customize for different countries.
- The platform has transitioned from a free-floating Excel, emailed-around sheet to a more structured tool.
- Data sharing availability after validation; ability to combine data sets.
- Pre-populating certain fields is helpful (also an Opportunity – don't let perfect be the enemy of good).
- Online portal is useful.
- Granulation of administrative levels such as sub-district it very helpful.

Weaknesses – Findings/Inputs

Weaknesses:

- Delays due to back and forth transmission (see the process map).
  - Missing data
  - Data discrepancy
- Can be unclear where a form is in the process.
- Too many forms; different forms used for different data gathering activities.
- Needs to be interoperable with HMIS.
- Contributes to cluttered reporting environment.
- Prefer to have deeper dive, less-summarized data for reporting.
- User management environment could be improved.
  - Multiple logins
  - No guest/3rd party access
- Significant lag in publishing for public availability.
- Population (denominators) are not fixed, but they are difficult to change.
- Improve the JAP training process; this could assist with turnover too.

Opportunities – Findings/Inputs

Opportunities:

- Population estimate could be more accurate; fixed 3% may not be accurate; populations move and the tool cannot anticipate this currently.
- Crosswalking: indicators vary by country; if they are both ESPEN and DHIS2 could be interoperable. Could be helpful to map the IU from DHIS2 to ESPEN.
  - Coverages
  - IU names
  - Treatment data
  - Prevalence data
  - Morbidity Management & Disability Prevention
- Enhance usage beyond drug requests - such as surveying.
- “One thing I’d change”
  - Timeliness
  - Data quality
  - Completeness
  - Leverage newer technologies
  - Simplify the database approach
  - Fewer changes between versions to avoid pitfalls

Threats – Findings/Inputs

Threats:

External

- Population dynamics.
- Staff turnover is a threat to effective use and implementation.
- Governments can arbitrarily re-district.

Internal

- Out of date reports continue to be used.
- Question: the offline vs. cloud debate. Can this be solved? There are pros and cons to both.

Group 2 – SWOT Analysis

Working Group Discussion

World Health Organization
African Region

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Universal Health Coverage/Communicable and noncommunicable Diseases

Strengths – Findings/Inputs

Strengths:

- What features of the JAP system are most effective in ensuring accurate and efficient data capture?
  - MS Excel software- familiar, easy to use. Has macros to generate disease forms based on the input

- How does the current system support program implementers in their reporting tasks?
  - Standardized reporting across years, same form
  - **Ownership by ministry as the process happens yearly***
  - **Data is consolidated into one form for all PC-NTDs***

- Are there any recent improvements or updates that have particularly enhanced the system?
  - Community level subdistricts??
  - JRSM Inclusion of popln data for specific risk groups for SCH and STH; fishermen, pre-SAC,
  - JRF auto calculation of coverages to allow for decisions on implementation and data quality appraisal
  - JAP portal – allows for tracking of application; under review notification on feedback from ESPEN.
    - Gives accessibility to relevant stakeholders.
    - Email comms still occur
  - Allows for data validation
  - Auto population of JAP forms requires updating with current status

***priority strengths**

Weaknesses – Findings/Inputs

Weaknesses:

- **Some countries; MOH does the JAP reporting on its own, while other***
- **Surveys carried out by different institutions***
- JRF for SCH is analysed at a higher administrative level not keeping in mind that implementation is not in the entire admin
- **EPIRF; status column; not adaptive - doesn't allow for start MDA option***
- JRF; lacks the cumulative rounds of treatment
- ESPEN Collect:
  - false positive orphaned results (reconcile participant data and result data)
  - Feedback from WHO takes long and discourages use by partners
  - Limited access by stakeholders (view only) during the survey that doesn't allow for timely remedial action
- JAP submissions not updated on the portal on time
- Latest shapefiles
- LMIS does not track donated medicines

***priority weaknesses**

Opportunities – Findings/Inputs

Opportunities:

- **Integration of ESPEN and HMIS/DHIS2; guidance on NTD indicators to include in HMIS***
- **Communication of JAP format to partners and governments***
- **Maps shared and discussed during the validation process instead of at the end {final}**
- **Incorporate features/summaries/change log that show changes in the status over time**
- **Onboard Trachoma on the JAP process**
- **Include geographic coverages within the JAP forms**
- **Explore use of e-CHIS for CDD reporting of MDA**

***priority opportunities**

Threats – Findings/Inputs

Threats:

- **Country context on data laws differ***
- **Overall confidence in the country data can risk of future funding due to the variances in data (programmatic)***
- **Discrepancies on the definition of effective coverage (geographical coverage); ESPEN vs Country***
- ESPEN coding differs with the country naming
- Time cadence to review the data is limited especially when implementation falls within Q4(outside the reporting window for that year

***priority threats**

Group 3 – SWOT Analysis

Working Group Discussion

World Health Organization
African Region

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Universal Health Coverage/Communicable and noncommunicable Diseases

Strengths – Findings/Inputs

Strengths:

- Community workbooks have improved the way JRSM + EPIRF reporting integrates the focal nature of SCH to better reflect reporting at the IU level
- ESPEN pre-populates some of the forms (EPIRF), and in doing so, alleviates some reporting burden. For example, ESPEN Collect allows for auto-population of EPIRF
- Standardized set of indicators allows for consistent and coherent cross-country comparison and promotes SOP viz-a-viz drug requests and outcomes

Weaknesses – Findings/Inputs

Weaknesses:

- EPIRF only provides summary data for SCH prevalence at the district level, not actual IU/subdistrict level prevalences
- Once JAP submission has been made and it is process (still being validated), any changes cannot be easily updated/communicated to WHO before the validation is complete
- Iterative nature of the validation process (back-and-forth interaction between country and WHO) can delay process of approval and therefore start of MDA treatment
- Lean staff at WHO to process and validate JAP data for 40+ countries seems insufficient
- Currently , JAP data used as an input to single year draft country work plans only
- From a country perspective, nine-month lead time for JRSM is long and is exacerbated by the fact that there are lags in the ability for countries to initiate JAP submission. For instance, countries sometimes have to wait months to receive consolidated results from Impact Assessment / DSAs or MDAs before they can do so.

Opportunities – Findings/Inputs

Opportunities:

- Potential movement to digitalized JAP that has role-based access would facilitate making changes to the submission. For example, often country submissions are done from centralized level. Sometimes, staff in roles at the decentralized level have more accurate data and therefore could be given access
- Potential online system (non-Excel-based) would facilitate information being added into the system in real-time and therefore up-to-date data use – along with broadening data access and use
- Potential for improved data validation (for example, confusion around double data entry for LF, OV and STH drugs)
- Potential for JAP data to be used as an input to multi-year draft country work plans.
- Potential to integrate into JAP information on IU funding availability for drug distribution; given the nature of asynchronous funding approval, this information could be provided as an update to the JAP after the initial submission
- Potential for auto-population of JAP data from country-owned HMIS once data is validated would simplify process; currently this is only possible for EPIRF using CHIP system
- Dearth of guidance in relation to reverse logistics for unused drugs and the possibility of using such drugs for morbidity management (MM) to prevent drug expiration; call for remediation

Threats – Findings/Inputs

Threats:

- Potential for data hacking of on-line systems (JAP, ESPEN Collect and Country databases alike) compromising data security and data confidentiality (especially for ESPEN Collect which has individual level data)
- Excel-based tool that is being uploaded can be corrupted, especially if there is a lack of virus protection in place; this could lead to data loss. Also issue of version control can hamper data consistency. Finally, there is potential for data loss due to laptop loss or theft
- IU funding availability for drug distribution at sub-district/ district level cannot be confirmed in time because funding approval is often asynchronous with WHO JAP submission timing

Group 4 – SWOT Analysis

Working Group Discussion

World Health Organization
African Region

UHC/UCN
Universal Health Coverage/Communicable and noncommunicable Diseases

Forces – Résultats/Entrées

Forces

- Accessibilité du paquet JAP de l'OMS (Fichier en excel à téléchargement facile,)
- Facile à utiliser
- Outil commun à tous les pays
- Intégration des données de quatre MTN
- Soumission en ligne :
- Disponibilité d'une équipe pour appuyer les pays
- Mise à jour de l'outil ces dernières années

Faiblesses – Résultats/Entrées

Faiblesses

- Lenteur dans la retro action de ESPEN aux équipes pays
- Outil ne prend pas en compte le niveau sous district pour la schisto (
- Impossibilité de renseigner les données au niveau sous district (données de couvertures TDM)
- Insuffisance de formation de tous les acteurs

Opportunities – Résultats/Entrées

Opportunités :

- Disponibilité de plateformes de gestion des données de MTN
- Processus d'interopérabilité entre le JAP et les autres plateformes (DHIS2)
- Engouement des gouvernements pour la digitalisation des données de santé

Menaces – Résultats/Entrées

Menaces :

- Réduction des financements accordés à la lutte contre les MTN
- Mobilité du personnel
- Différence entre les objectifs du programme MTN et les recommandations de l'OMS en matière de traitement et d'elimination

Group 5 – SWOT Analysis

Working Group Discussion

World Health Organization
African Region

UHC/UCN
Universal Health Coverage/Communicable and noncommunicable Diseases

Forces – Résultats/Entrées

Forces :

- **Navigation sans effort**: acteurs peuvent facilement filtrer et rechercher par;I les soumissions, ce qui rend la recuperation des documents requis a la fois repide et efficace;
- **La mise a jour du status de la soumission a temps reel** : l'outil fournit une vue d'ensemble claire indiquant si le rapport est en cours d'examen, valide ou approuve garantissant ainsi que toutes les parties sont informes et alignes a chaque etape
- **La recuperation complete de rapports**: facilitant ainsi un processus d'examen et d'approbation plus fluide
- **Surveillance collaborative**: favorise un environnement collaboratif faisant impliquer toutes les parties prenantes dans le processus d'elaboration du JAP
- Le lien entre les onglets qui facilite le rapportage des donnees et minimise les omissions
- Les outils du JAP facilite l'accessibilite et la disponibilite des donnees pour une analyse rapide de la situation des medicaments, des resultats des traitements de masse et des enquetes d'impact
- Le JAP aide les programmes a une gestion rationnelle et efficace des medicaments
- La soumission en ligne des donnees facilite le travail au programme
- ESPEN collect permet de telecharger directement l'EPIRF
- Standardisation de la collecte et du rapportage des donnees sur les MTN par tous les pays grace au JAP
- L'ajout du deuxieme tour d'albendazole dans le JRF
- Le pre-remplissage du JAP par l'OMS

Faiblesses – Résultats/Entrées

Faiblesses :

- L'absence de la colonne sous-district pour schisto pour le traitement focal
- Impossibilite de telecharger les fichiers en offline
- L'indisponibilite de donnees historiques de certains pays sur le portail ESPEN
- Le canevas de JAP ne repond pas aux nouvelles directives de l'OMS sur la SCHISTO
- L'impossibilite de commander de medicament pour certains districts prevu pour des enquetes pre-stop
- Deficit de personnel des programmes formes et maitrisant le processus de remplissage du JAP
- L'absence d'une colonne decision sur l'EPIRF

Opportunities – Résultats/Entrées

Opportunités :

- L'interoperabilite entre DHIS2 et JAP
- L'interoperabilite entre le trackeur schisto et le JAP
- L'utilisation des systemes de collecte de donnees mobile ODK, Commcare, Kobo (digitalisation)
- L'exploration du GIS pour affiner les donnees sur les populations a traiter

Menaces – Résultats/Entrées

Menaces :

- Forte dependence aux ressources externes pour la mise en oeuvre des TDM et enquetes
- L'absence de consensus sur le denominateur a utiliser pour le calcul des couvertures therapeutiques
- Absence de restriction pour l'acces des donnees sur ESPEN
- Absence de souverainete des pays sur les donnees soumises dans ESPEN

Commentaires / Conclusions

Conclusions :

JAP aide les pays a mieux gerer les donnees. Cependant cela necessite un accompagnement et une amelioration au regard des Nouvelles directives de l'OMS.

ESPEN peut mettre en place un dispositif d'accompagnement continu des programmes pour la maitrise du remplissage des donnees necessaires a la soumission du JAP.

Coffee Break

ESPEN Implementation Unit Planner

Dave Melkman & Steve Lacey
Manta Ray Media

World Health Organization
African Region

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Universal Health Coverage/Communicable and noncommunicable Diseases

Implementation Unit Planner

Why the IU Planner? The problem…

Lack of detailed funding information

- JRSM does not collect info about IUs receiving external support.
- Lack of information about MDA or impact evaluations, supported by partners.

Funding gaps and expired medicines

- Donated drugs have arrived in-country but lacked distribution funding.
- Additional costs were incurred for warehousing, re-packing and re-routing
- A key reason for drug expiration is insufficient funding for MDA interventions.

Inefficient allocation of resources

- Funders and stakeholders lack precise data to direct support and identify program synergies.

Implementation Unit Planner

The solution… The IU Planner web application

Enhanced funding allocation

- Identifies funding gaps for efficient resource allocation.
- Supports strategic planning and intervention prioritization.

Improved planning and execution

- Pharmaceutical partners need timely information on funding to inform drug forecasts and production planning.
- Aligns medicine requests with confirmed funding to reduce expired medicines.

Stronger partnerships

- Promotes transparency, accountability, and trust, improving collaboration.

Data-driven decision making

- Enables informed decisions with accurate, real-time funding data.

Increased support and advocacy

- Helps advocate for more resources by showcasing program impact and needs.

World Health Organization
African Region

Implementation Unit Planner

EXPANDED SPECIAL PROJECT FOR ELIMINATION OF NEGLECTED TROPICAL DISEASES

What is the IU Planner

A web application that:

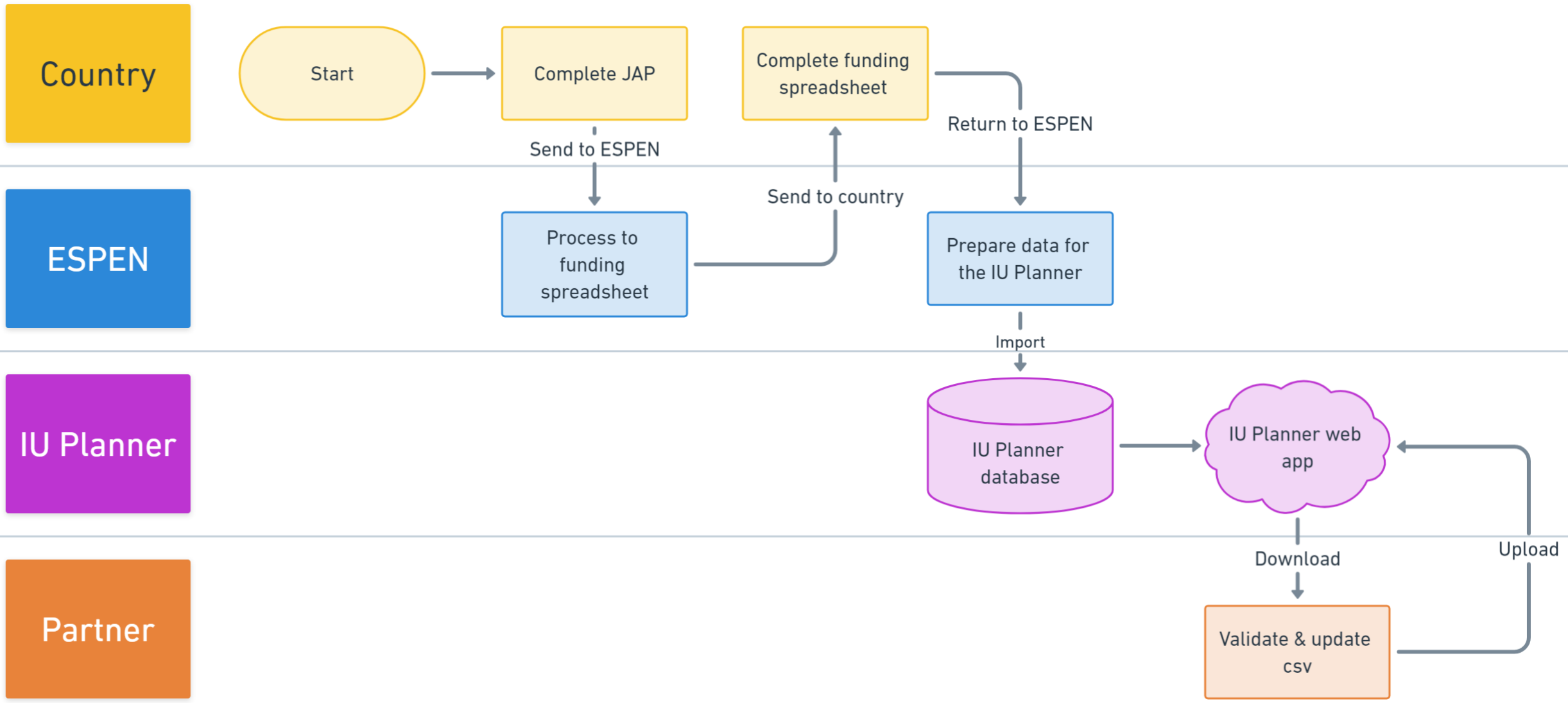
1. **Provides funding information:**
   - **On MDA and Surveys**
   - **At a sub-national IU level**
   - **For LF, Oncho, SCH & STH**
2. **Enables partners:**
   - **Donors**
   - **Fund managers**
   - **In-country implementation partners;**

   to update information on the funding status of their activities.

World Health Organization
African Region

Data flow

EXPANDED SPECIAL PROJECT FOR ELIMINATION OF NEGLECTED TROPICAL DISEASES
ESPEN



Implementation Unit Planner

The ask (Partners)…

- Confirm or reject country assumption of funding support on planned actions
- Confirm your role (Donor / Fund manager / Implementing partner):
  - Per disease
  - IU level
  - Commitment beyond current

Implementation Unit Planner

Demo

https://espen.iuplanner.app/

Implementation Unit Planner

Role definitions

- **Donor** – A non-government entity who is the original source of funding used to support implementation of programs (e.g., MDA or surveys). This can be represented by either a multi-lateral or bilateral group, or private philanthropy. This category is intended to capture external financial support to programs, acknowledging all countries provide support for their programs.

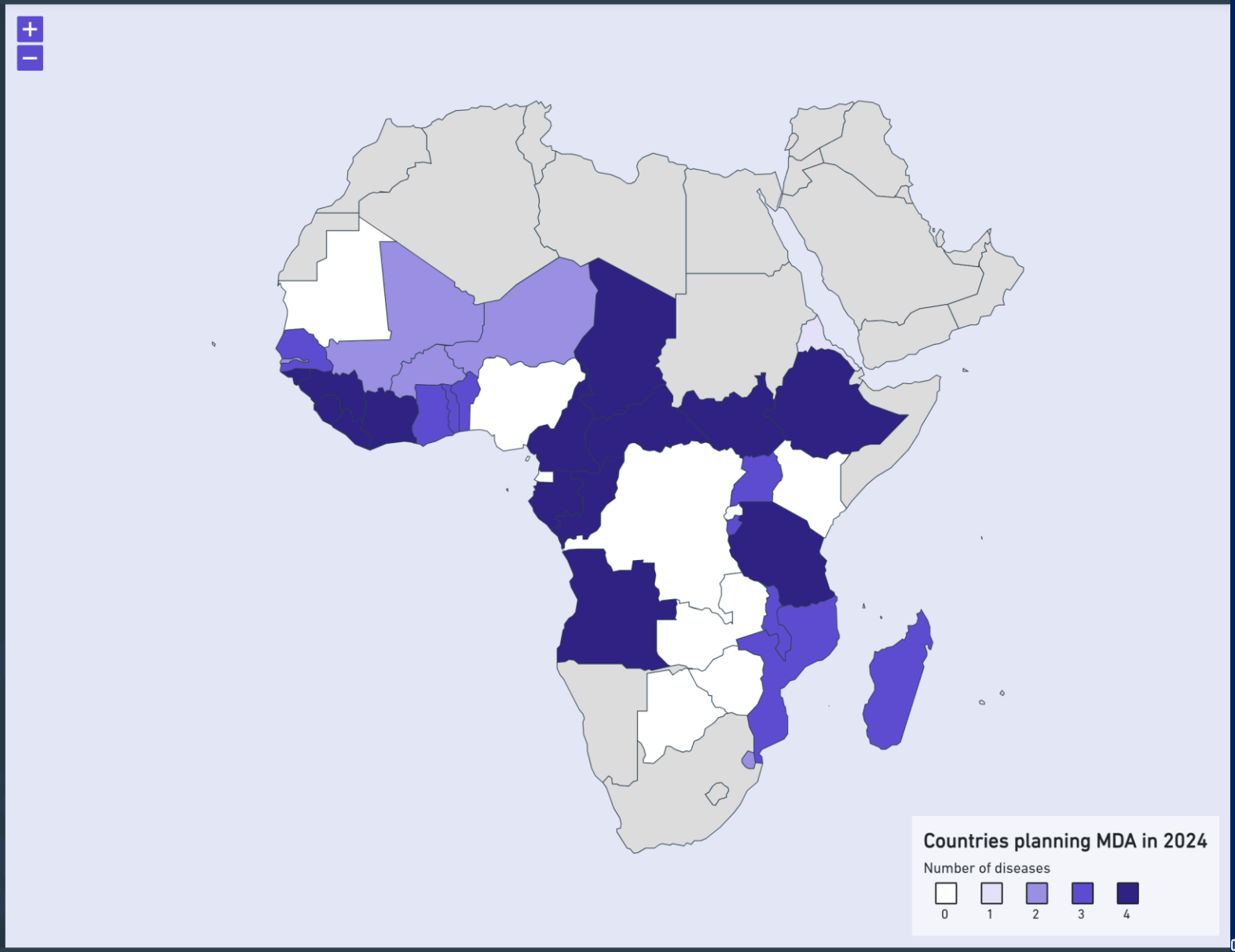
- **Fund Manager** - Typically represents an intermediary who receives funding from a donor and then disperses to an implementing partner or country directly to support implementation of programs (e.g., MDA or surveys). It is possible for donor and Fund Manager to be the same entity if Fund Manager represents a donor collective or does its own fundraising for programs. This may not apply to all countries, so you can also select ‘not applicable’

- **Implementation Partner** - Represents the entity that is final recipient of funding and is accountable to fund manager or donor to ensure quality execution of funded activities. Implementation Partner and Fund Manager can be the same entity if the Fund Manager organization also supports program implementation in-country. Countries can also be listed as the 'Implementation Partner' if they receive funding directly.

IMPLEMENTATION UNIT PLANNER

Supporting partners with MDA and surveys

Click on a country to explore



Angola

OVERVIEW | LF | ONCHO | SCH | STH

PLANNED ACTIVITIES
- (•) MDA
- ( ) Surveys

YEAR
- ( ) 2023
- (•) 2024

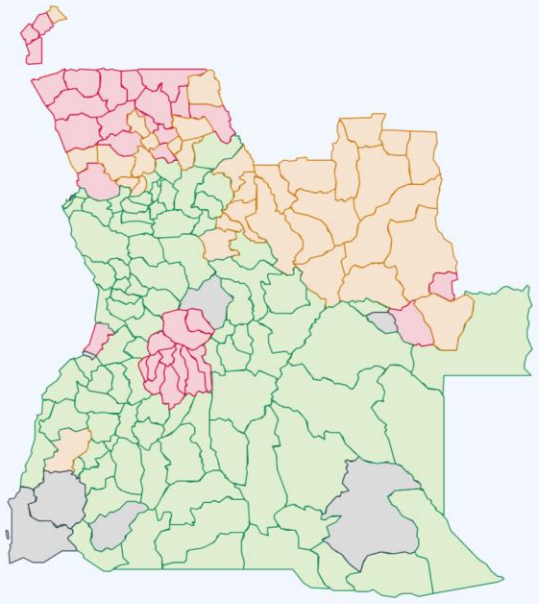
DISEASES
- LF
- ONCHO
- SCH
- STH

CLOSE

Overview of funding statuses in Angola

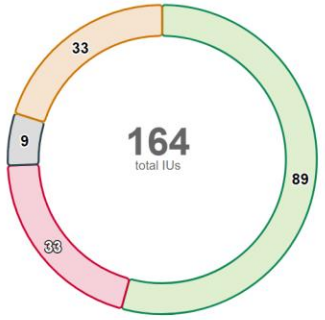
MDA > 2024

DOWNLOAD MAP DOWNLOAD DATA



MDA
- Funding secured
- Partially funded
- Funding needed
- Funding unknown
- Nothing planned

Distribution of funding statuses (2024)



- Funding secured
- Funding needed
- Nothing planned
- Funding unknown
- Partially funded

Highcharts.com

Partners

The END Fund
Not yet validated by The END Fund

The MENTOR Initiative
Not yet validated by The MENTOR Initiative

The World Bank
Not yet validated by The World Bank

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REGIONAL OFFICE FOR Africa

D SPECIAL PROJECT
INATION OF
D TROPICAL DISEASES

Tanzania (Mainland)

OVERVIEW | LF | ONCHO | SCH | STH

PLANNED ACTIVITIES

- MDA
- Surveys
- MDA & Surveys

YEAR

- 2023
- 2024

PARTNER

Select partner

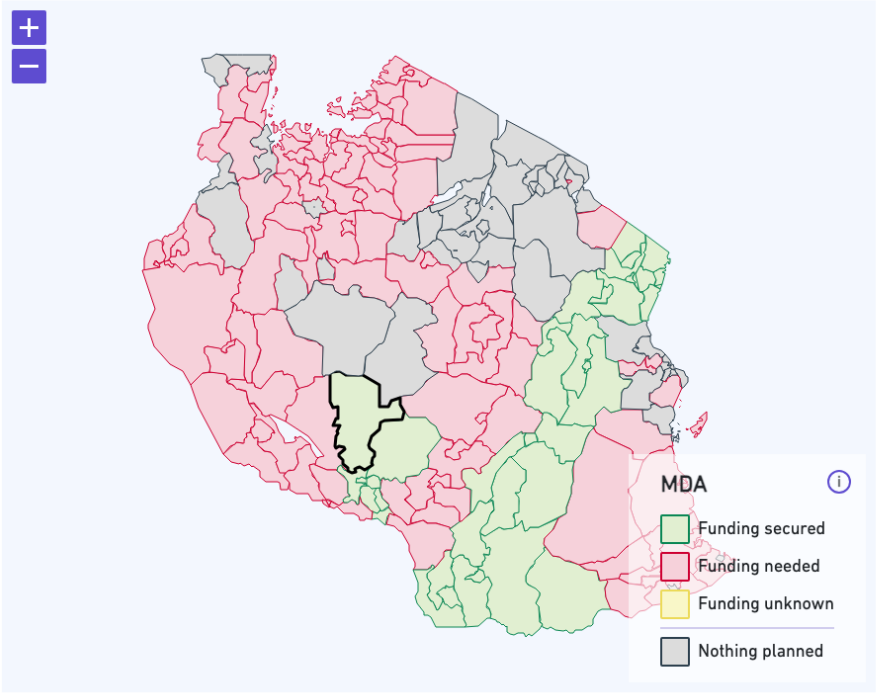
CLOSE

Funding status of Schistosomiasis in Tanzania (Mainland)

MDA > 2024

DOWNLOAD MAP | DOWNLOAD DATA

HIDE IU



Chunya District Council (2024)

High prevalence (50% and above) \ 198,672 requiring treatment

Planned Activities

MDA
FUNDING SECURED
External partners

Partners

1 Funding/Implementing partner

Role unknown

RTI International (2024) — MDA

The implementers listed above may update their presence in this IU by logging in or by creating an account if you do not have one already.

If you are not one of the implementers listed above and you want to recommend an update to the information provided, please complete our feedback form.

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EXPANDED SPECIAL PROJECT FOR ELIMINATION OF NEGLECTED TROPICAL DISEASES

IMPLEMENTATION UNIT PLANNER

Angola | English

Angola

OVERVIEW | LF | ONCHO | SCH | STH

PLANNED ACTIVITIES
- MDA
- Surveys
- MDA & Surveys

YEAR
- 2023
- 2024

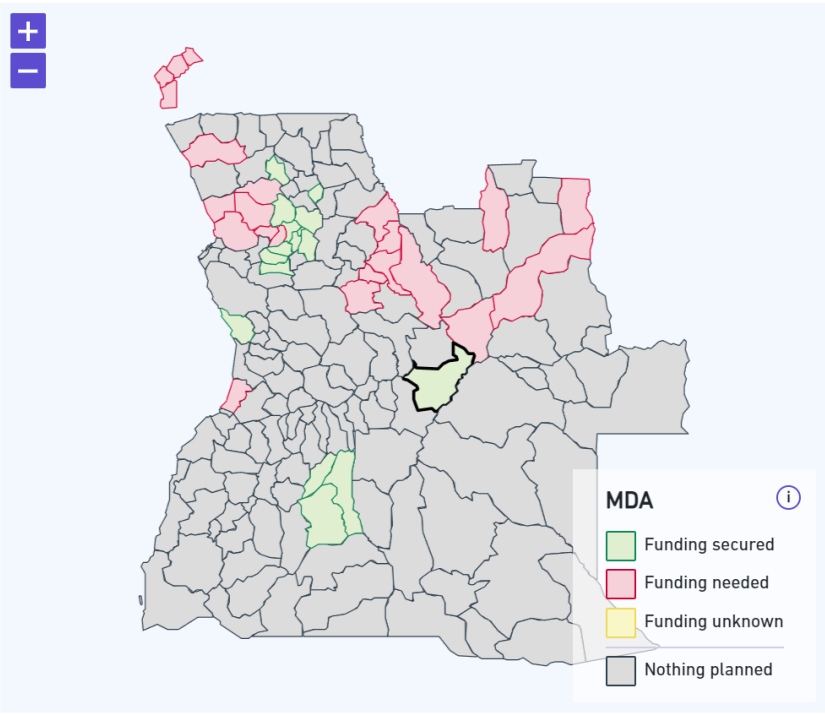
PARTNER
Select partner

CLOSE

Funding status of Lymphatic filariasis in Angola

MDA > 2024

DOWNLOAD MAP | DOWNLOAD DATA



HIDE IU

CUEMBA (2024)

Endemic (requiring MDA) \ 75,282 requiring treatment

Planned Activities

MDA
FUNDING SECURED
External partners

Partners

2 Funding/Implementing partners

Role unknown

The END Fund (2024) — MDA

The MENTOR Initiative (2024) — MDA

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Slide title…

- Blurbings if needed

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IMPLEMENTATION UNIT PLANNER

Angola | English

Angola

OVERVIEW | LF | ONCHO | SCH | STH

PLANNED ACTIVITIES
- MDA
- Surveys
- MDA & Surveys

YEAR
- 2023
- 2024

PARTNER
Select partner

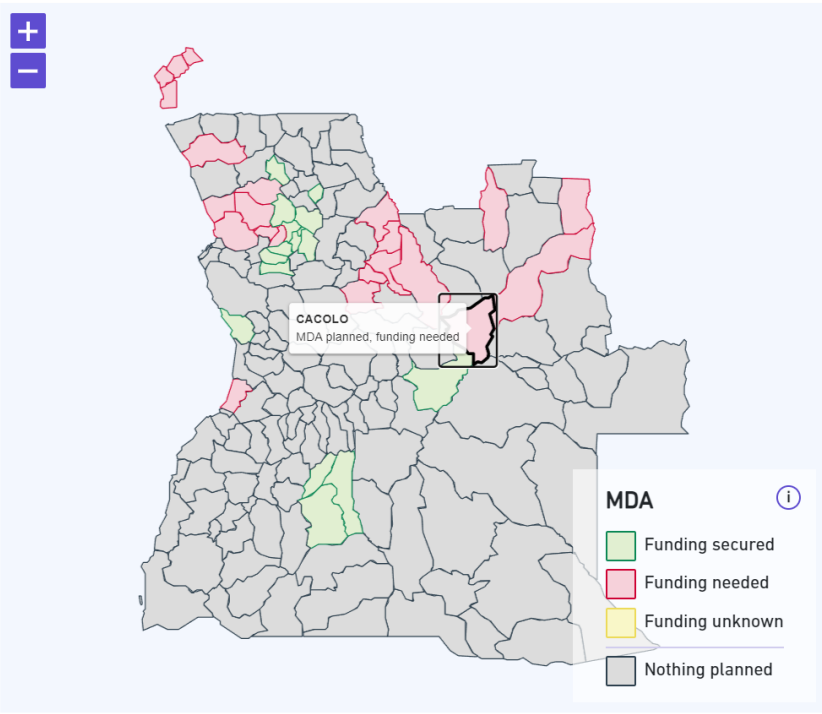
CLOSE

Funding status of Lymphatic filariasis in Angola

MDA > 2024

DOWNLOAD MAP | DOWNLOAD DATA

HIDE IU



CACOLO (2024)

Endemic (requiring MDA) \ 41,891 requiring treatment

Planned Activities

MDA
FUNDING NEEDED

Partners

0 Funding/Implementing partners

The implementers listed above may update their presence in this IU by logging in or by creating an account if you do not have one already.

If you are not one of the implementers listed above and you want to recommend an update to the information provided, please complete our feedback form.

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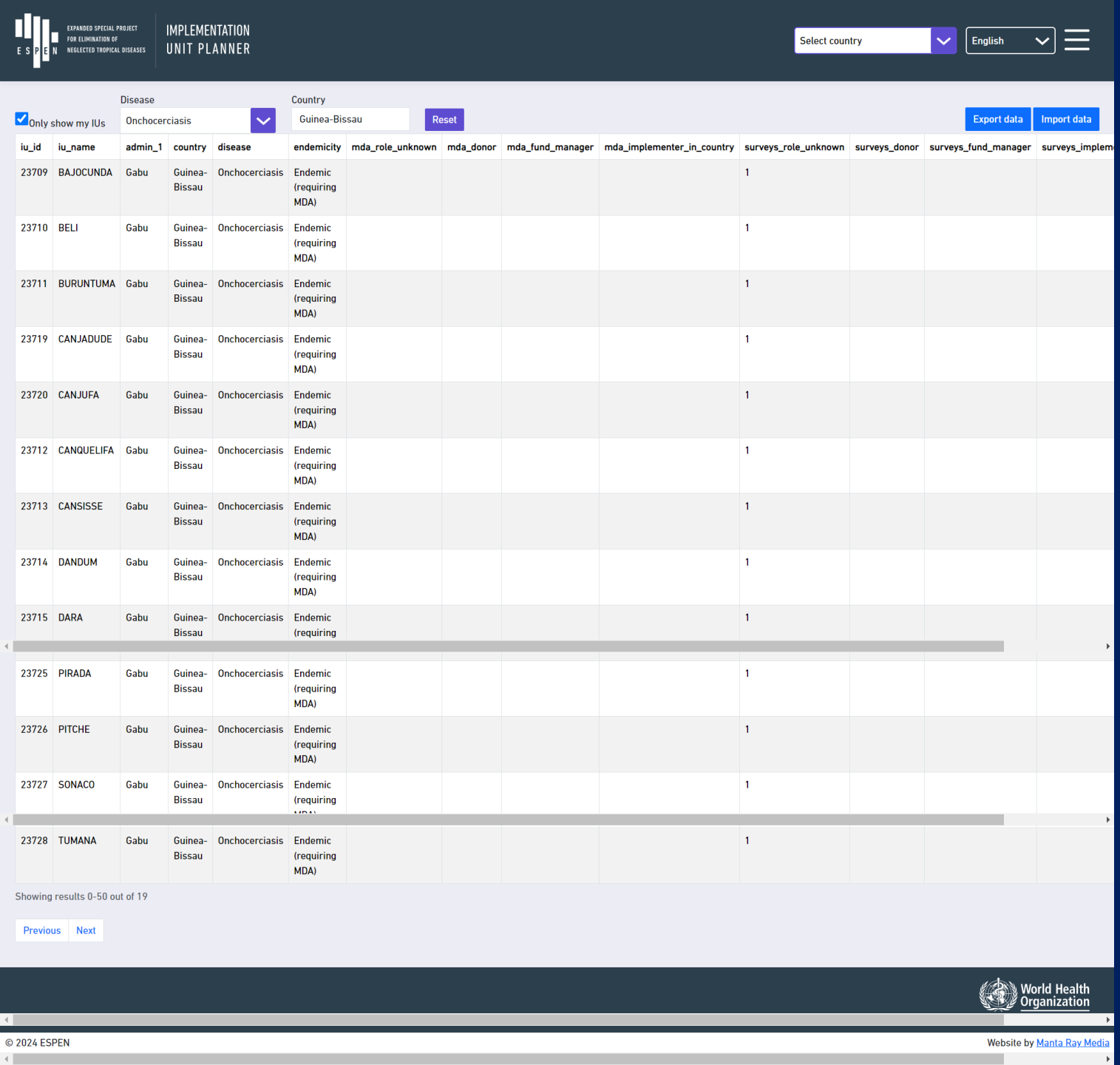
Slide title…

- Blurbings if needed

EXPANDED SPECIAL PROJECT FOR ELIMINATION OF NEGLECTED TROPICAL DISEASES



Behind the scenes...

- Once logged in you can filter by disease, country and partner

EXPANDED SPECIAL PROJECT FOR ELIMINATION OF NEGLECTED TROPICAL DISEASES

THANK YOU
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EXPANDED SPECIAL PROJECT FOR ELIMINATION OF NEGLECTED TROPICAL DISEASES

NTDeliver: JAP Tracker Dashboard

TJ Muehleman
CEO StandardCo

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African Region

UHC/UCN
Universal Health Coverage/Communicable and noncommunicable Diseases

World Health Organization
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Tracking JAP Submissions: Challenges

ESPEN EXPANDED SPECIAL PROJECT FOR ELIMINATION OF NEGLECTED TROPICAL DISEASES

See video here:

https://www.loom.com/share/992ef43343a1497084af5e01cac0f7ae

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NTDeliver Supply Chain Information System

Data Workshop on Monitoring and Evaluation of PC-NTD Programmes

NTDeliver
Supply Chain Information System

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African Region

ESPEN
EXPANDED SPECIAL PROJECT FOR ELIMINATION OF NEGLECTED TROPICAL DISEASES

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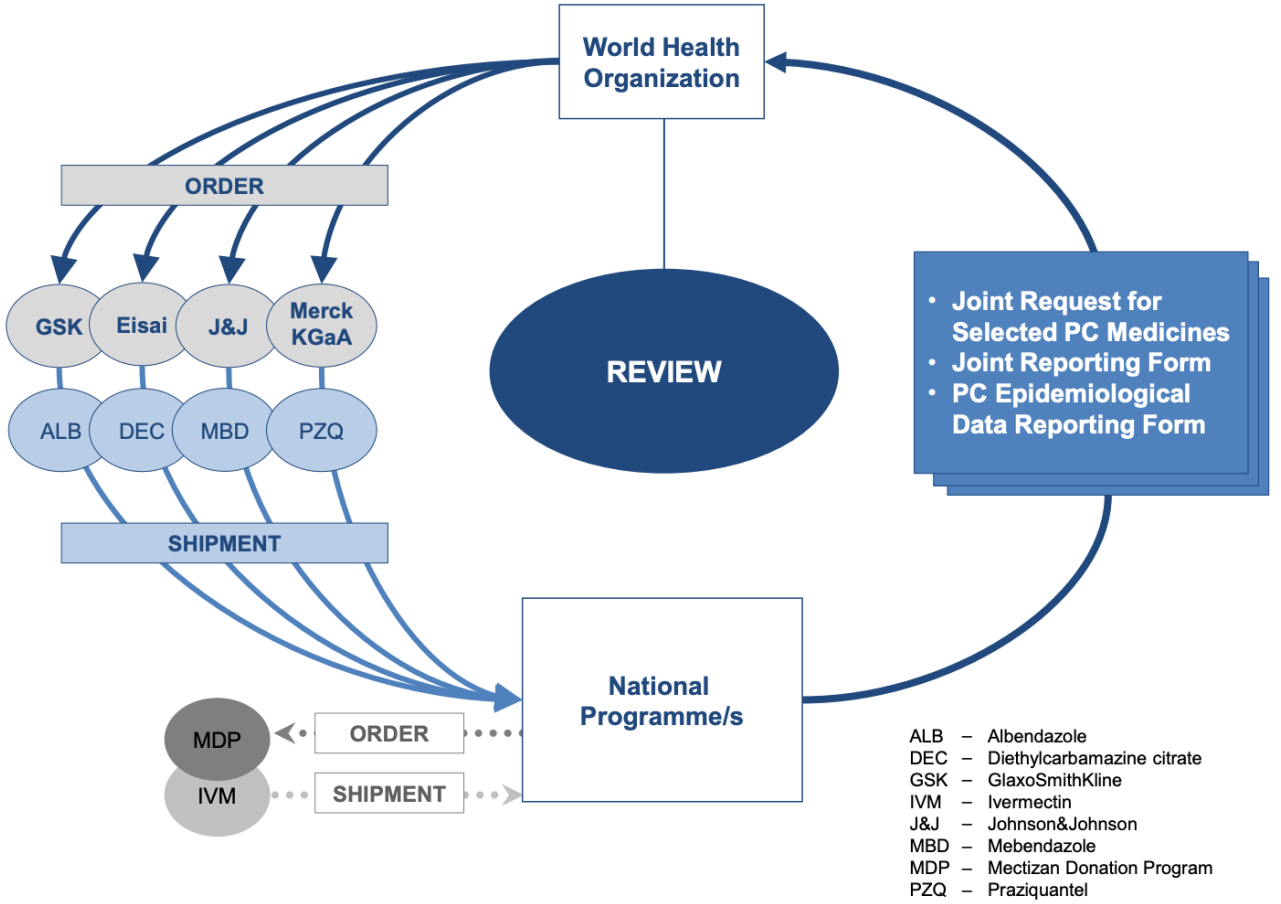
Tracking JAP Submissions: Challenges

ESPEN EXPANDED SPECIAL PROJECT FOR ELIMINATION OF NEGLECTED TROPICAL DISEASES

- **Timeliness of Submissions:** *Delayed submissions* of JAP forms can lead to disruptions in planning and resource allocation, affecting the entire supply chain.
- **Data Accuracy and Completeness:** *Inaccurate or incomplete data submissions* can result in poor decision-making and forecasting, leading to inventory imbalances and potential stockouts or surpluses.
- **Real-time Updates and Communication:** *Failure to provide real-time updates* on submission statuses and inventory levels can hinder effective communication and coordination across different stakeholders in the supply chain.
- **Integration with Supply Chain Systems:** *Lack of seamless integration* between JAP tracking and supply chain management systems can cause delays in response times and inefficiencies in managing inventory and distribution.

NTDeliver: JAP Tracker Dashboard

The **JAP Tracker Dashboard** is designed to efficiently communicate the status of the JAP for a given MDA year as well as what specific countries have requested (**regardless of whether their JRSM has been approved**). In addition to request amounts, the tracker shows inventory, funding status, and forecast data. Finally, the tool provides an easy mechanism to download all of the data into excel for further analysis.



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NTDeliver Supply Chain Information System

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How does the dashboard work?

EXPANDED SPECIAL PROJECT FOR ELIMINATION OF NEGLECTED TROPICAL DISEASES

NTDeliver
Supply Chain Information System

Hi, TJ Muehleman | Enter PO number | Search | Plan | Track | Last Mile | Report | Country | Downloads

Back

ALB (for STH) Summary

Country	JRSM Status	Year	ALB STH Forecast	ALB STH Inventory	ALB STH Requested	ALB STH PO
Angola	Re-Submitted by MoH	2025	2,000,000	4,416,509	8,813,000	-
Benin	Returned to WCO	2025	1,200,000	0	1,271,863	-
Botswana	Uploaded and Not Submitted by Country	2025	130,000	0	178,000	-
Burkina Faso	Returned to WCO	2025	0	0	0	-
Burundi	Uploaded and Not Submitted by Country	2025	2,500,000	0	2,443,000	-
Cameroun	Returned to WCO	2025	-	0	1,271,863	-
Cape Verde	Uploaded and Not Submitted by Country	2025	150,000	0	130,000	-
Centrafique	Uploaded and Not Submitted by Country	2025	700,000	0	1,128,000	-
Comoros	Uploaded and Not Submitted by Country	2025	120,000	0	432,000	-
Congo	Re-Submitted by MoH	2025	500,000	0	704,720	-
Côte d'Ivoire	Uploaded and Not Submitted by Country	2025	150,000	9,500,000	0	-
Democratic Republic of the Congo	Returned to WCO	2025	14,000,000	0	0	-

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NTDeliver
Supply Chain Information System

What data do we have?

The JAP Tracker combines data from WHO Geneva, the ESPEN Portal, and NTDeliver. The breakdown of data points available below is by programme:

SCH / STH / LF:

- Forecast
- Required
- Requested
- Inventory
- Ordered
- Funding available

Trachoma:

- Ordered

Oncho:

- Required
- Requested
- Inventory

Note: Oncho requests come in via the WHO JAP process but orders are managed independently. Trachoma requests and orders are managed via ITI but NTDeliver has an integration with the ZMAX Tracker so order data is shared with NTDeliver

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How to access?

EXPANDED SPECIAL PROJECT FOR ELIMINATION OF NEGLECTED TROPICAL DISEASES

During the review and feedback process, the dashboard is accessible at the link below.

After feedback and review is complete, the dashboard will be moved into NTDeliver.

https://tinyurl.com/japtracker

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Supply Chain Information System

Next steps…

- Integration in ESPEN Data Portal
- Set up meeting with pharma partners to elicit feedback on this tool
- Finalize fields and get approval to build out

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NTDeliver
Supply Chain Information System

ESPEN
EXPANDED SPECIAL PROJECT FOR ELIMINATION OF NEGLECTED TROPICAL DISEASES

Q&A on the IU Planner and JAP Tracking Tool

End of the day

Thank you
Merci beaucoup
Muito obrigado

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