Integrated Workshop on Data Collection, Reporting, and Utilization for Preventive Chemotherapy NTDs

Day 2

Brazzaville, 21-25 July 2025

World Health Organization
African Region

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Integrated Workshop on Data Collection, Reporting, and Utilization for Preventive Chemotherapy NTDs

Attendance: 22 July 2025

21-25 July 2025

Brazzaville, Congo Republic

World Health Organization
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Wrap Up Day 1

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Wrap Up Day 1

- Countries like Tanzania and Benin are leading efforts to integrate NTD programmatic and medicine data into DHIS2 and eLMIS, using phased roll-outs, national ownership, and cross-sector coordination.
- Key focus areas include integrating indicators for MDA coverage, morbidity, WASH, and medicine stock levels into national platforms.
- Persistent challenges include interoperability gaps, paper-based reporting (especially for school MDAs), limited server access, and inconsistent community-to-national data flow.
- **Recommendations from countries**:
  - ✓ Standardize key indicators across platforms.
  - ✓ Pilot integration before national scale-up.
  - ✓ Strengthen reverse logistics and medicine tracking.
  - ✓ Promote interoperability and reduce parallel systems.
- **Innovation highlight**: Ghana is piloting AI chatbots to support MDA campaigns and exploring AI integration in DHIS2.

Wrap Up Day 1

- ESPEN Collect, active in 33 countries, provides end-to-end support for NTD surveys—including protocol review, training, real-time dashboards, and EPIRF generation.
- Countries value the platform's consistency and technical support but raised concerns about:
  - ✓ Survey teams face access constraints to dashboards and data editing features.
  - ✓ Protocol approval delays.
  - ✓ Duplicate entries and mapping issues.
- Suggested improvements:
  - ✓ Enable role-based access for national teams and partners.
  - ✓ Streamline forms and approval processes.
  - ✓ Expand training materials (e.g., videos) and real-time support.
- Strong interest in interoperability with national systems (e.g., DHIS2) using customized data exports or APIs.
- Countries emphasized that platform evolution must remain cost-neutral and support integration without duplicating national systems.

Common Challenges in Completing the JAP: JRF and JRSM

Mr Honorat M Zouré

ESPEN Database Administrator

Ms Namuchile Kaonga

ESPEN Supply Chain Management Officer

World Health Organization
African Region

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The Joint Application Package

World Health Organization

Joint request for selected PC medicines v.4.4

As part of global efforts to accelerate expansion of preventive chemotherapy (PC) for control and elimination o 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 nationa lymphatic filariasis elimination programmes; **mebendazole** 500 mg tablets (J&J) for national soil-transmitted helminth contro programmes; and **praziquantel** 600 mg tablets (Merck KGaA) for school-age children to national schistosomiasis contro 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 medicines (see the instruction for submission in the SUMMARY worksheet).**

Medicine quantification (implementation unit level)

World Health Organization

PC Epidemiological Data Reporting Form v.4.2

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

Survey results (site level)

World Health Organization

PC Joint Reporting Form v.4.2

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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

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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).**

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)

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 April 2024, JRF2024 should be submitted no later than July 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 2026, JRSM2026 should be submitted no later than August 2026*
- **EPIRF**: should be submitted as soon as a specific survey is completed (ESPEN recommendation)
  - *Example: if LF TAS1 survey is completed in May 2025 and SCH impact assessment survey to be completed in August 2025*
    - *one EPIRF with LF TAS1 results in June 2025 the latest*
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Common challenges in completing JAP

	Issue	Consequence	Solutions
Epidemiological Data	Late availability of impact assessment results	Inadequate prevalence data hampers informed decisions on PC implementation	Support countries in reviewing and analysing reported data for accuracy/completeness
Implementation of Impact Assessments	Delay in conducting impact surveys	MDA based on outdated data (e.g., 10+ rounds)	Advocate partner support and build local capacity
Data Processing Capacity	Limited use of modern data tools	Poor quality of submissions, long review cycles	Capacity building and peer learning Use of AI tools

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Common challenges in completing JAP

	Issue	Consequence	Solutions
Demographic Data	Lack of recent census data	Over/under procurement of medicines Over/under estimation of treatment coerage	Use validated projections and improve collaboration
Medicine Inventory & Reconciliation	Discrepancy between reported and expected stock	Delays in JRSM approval	Improve inventory systems and supervision In-country support missions
Availability of funds for MDA	Medicine donation subject to secured funding for MDA	Delayed medicine procurement	ESPEN IU Planner Advocate partner support and build local capacity

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ESPEN efforts to ease JAP submission process

Pre-population JAP forms (JRSM/JRF)

IU Level disease-specific Forecasting tables

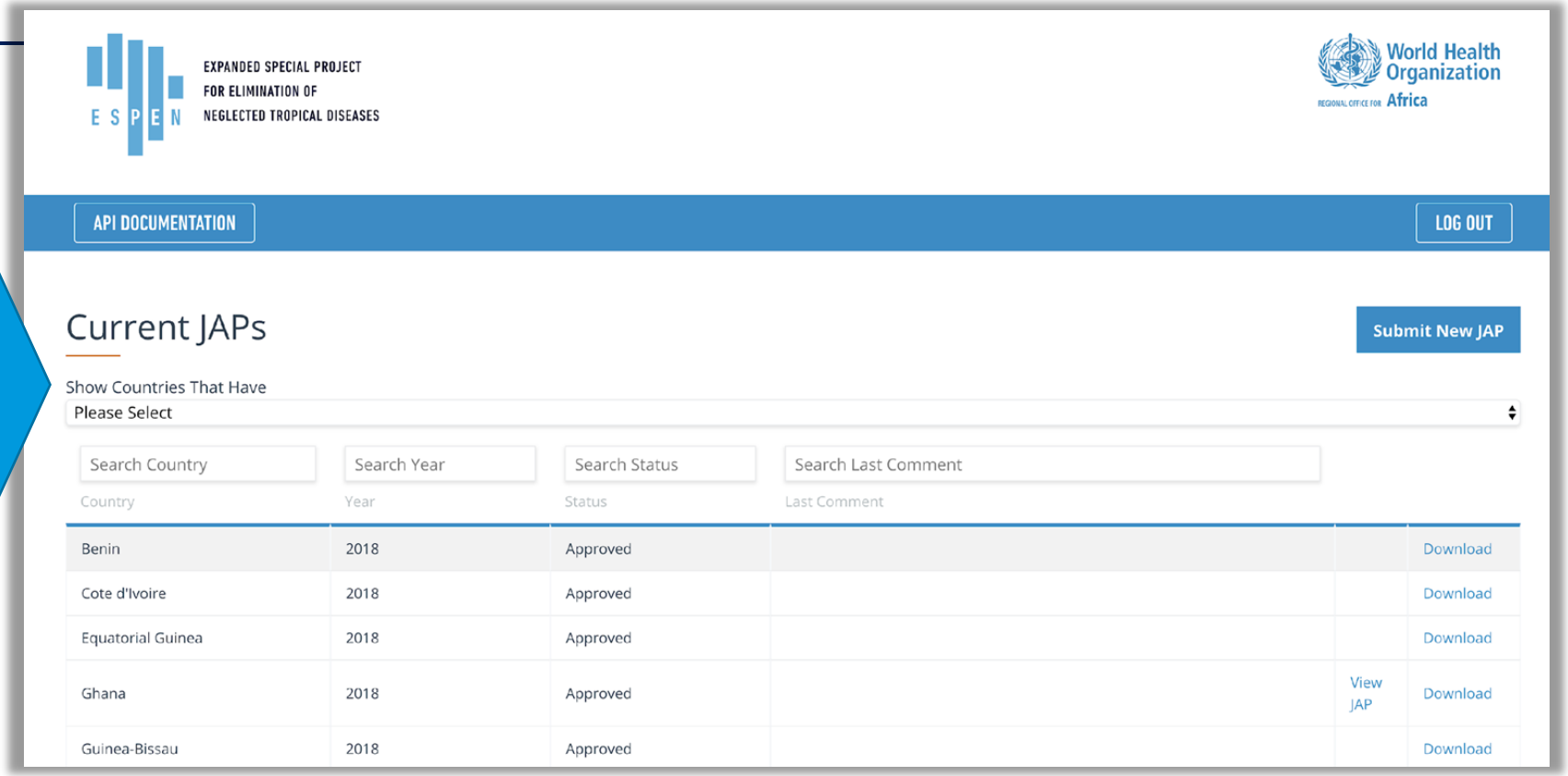
Demographic projections 2025-2030 (official census)

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

ESPEN efforts to ease JAP 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
- Encourage in-country implementing partners to strengthen country programs' capacity in data management through on-the-job training (with support from ESPEN when needed)
- Explore the use of AI tools to automate JAP review process

Présentation pays – Guinée : Amélioration de la ponctualité dans la soumission du JAP

Équipe MTN Guinée

World Health Organization
African Region

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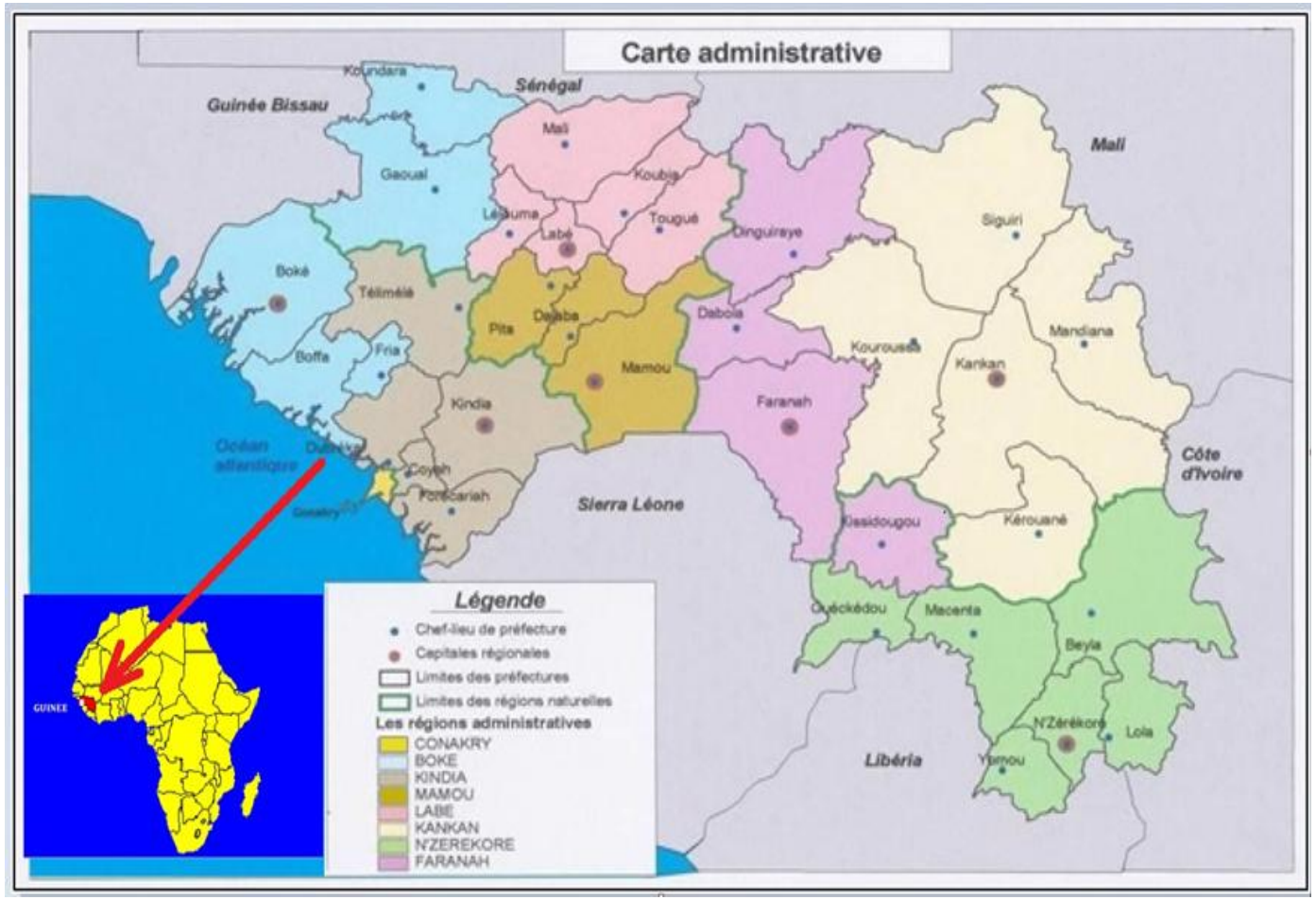
Aperçu du pays et historique des soumissions JAP

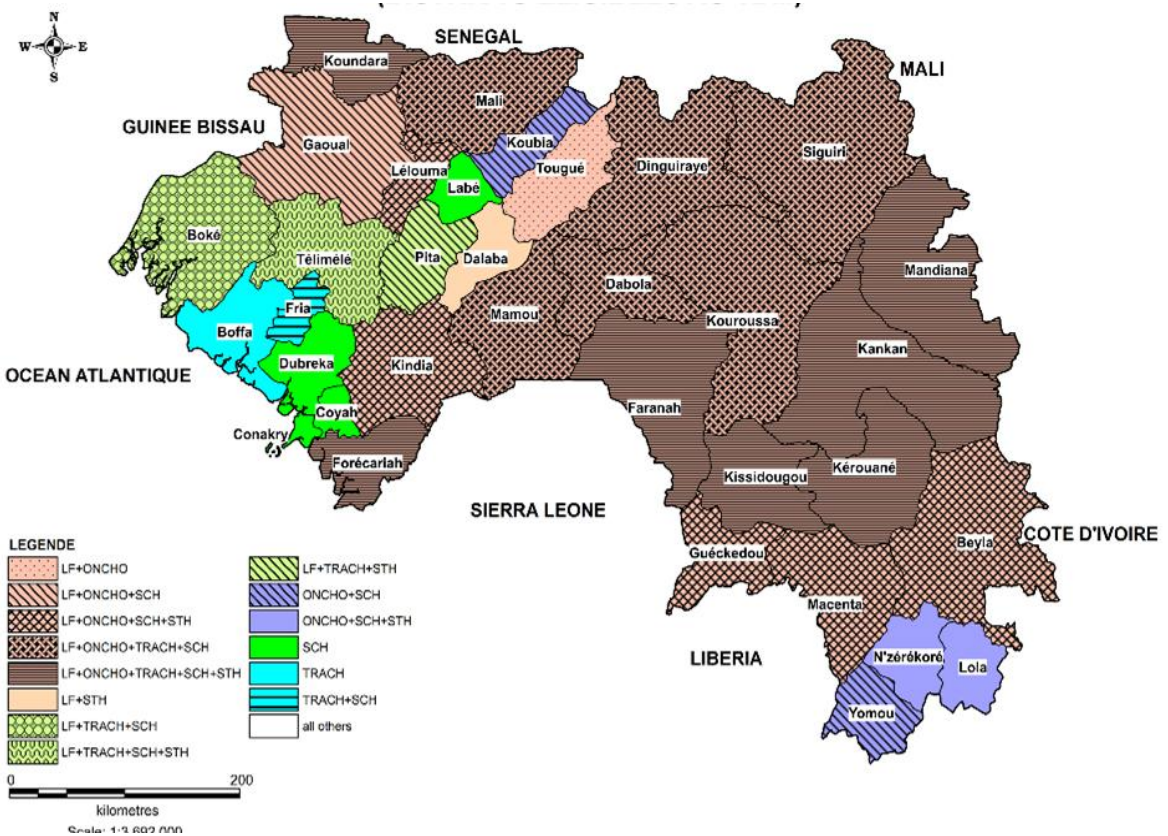
- La république de Guinée est située en Afrique de l'Ouest
- Superficie : 245 857 Km2;
- Population estimée à 14 363 931 millions
- Densité 55,41 hab./km2 (RGPH3)
- 38 unités de mise en oeuvre



Aperçu du pays et historique des soumissions JAP

Cinq MTN-CTP sont endémiques en Guinée :

- **La Filariose lymphatique**
- **L'Onchocercose**
- **Le Trachome**
- **Les SCH**
- **Les STH**



Aperçu du pays et historique des soumissions JAP

- **Calendrier typique de développement et d'approbation des JAP au cours des dernières années (2023-2024-2025)**

Activités	Période
Activités préparatoires (Inventaires, collecte des données démographiques et épidémiologiques)	Décembre-Février
Atelier de remplissage et de validation	Mars
Soumission	Mars-Avril
Feedback OMS-Pays	Mai-Juillet
Approbation	Juillet-Août

Défis passés (2 à 3 minutes)

➢ **Les principaux goulots qui ont contribué au retard de la soumission du JRSMRSM au cours des années précédentes (2024/2025 et 2023 et 2024) sont :**

- Des problèmes de collecte de données
  - 📋👥 Collecte des données par les distributeurs communautaires
- Rapprochement des stocks
  - ⚠️ Incoherence entre les données et les stocks

Mesures d'atténuation prises pour le JAP 2026

➢ **Ce qui a été fait autrement cette année**

- **Coordination plus précoce avec les parties prenantes (Partenaires, IRS/DPS, PCG…)**

  Implication des gestionnaires de données de IRS/DPS ;

- **Réunions de validation internes**

  Toutes les données requises pour le JAP ont été validées au cours des réunions internes ;

- **Soumission anticipée des données d'enquête**

Principales leçons et recommandations (1 à 2 minutes)

Recommandations

Autres pays/partenaires

- ❑Impliquer toutes les parties prenantes dans l'élaboration du JAP
- ❑Tenir des réunions de validation interne des données

Outils ou actions trouvés particulièrement utiles

- ❑Le pré-remplissage
- ❑L'utilisation de la plate forme ESPEN pour la collecte des données d'enquête (EPIRF généré automatiquement).

Country Presentation – Sierra Leone: Strengthening JAP Submission Through Stakeholder Engagement

Sierra Leone NTD team

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Presentation on

Strengthening JAP Submission Through Stakeholder Engagement

Presentation Outline

- Country Overview & JAP Submission History
- Country JAP Submission History
- Past Challenges
- Mitigation Measures Taken for 2026 JAP
- Key Lessons & Recommendations

Country Overview & JAP Submission History

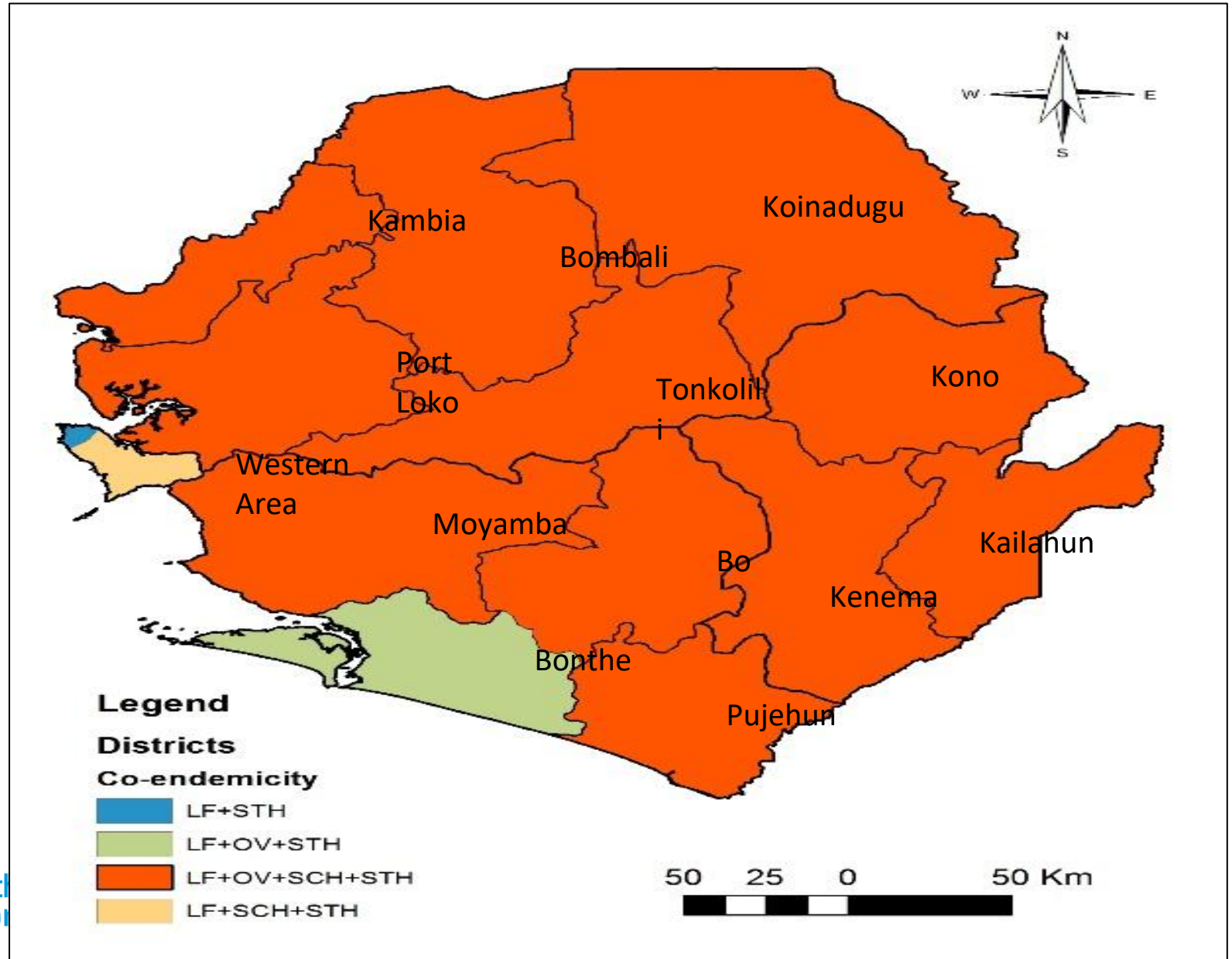
- Sierra Leone has a high burden of neglected tropical diseases (NTDs).
- **Lymphatic filariasis (LF):** Endemic in 16 implementation units (IUs)
- **Onchocerciasis (ONCHO):** Endemic in 14 IUs
- **Schistosomiasis (SCH):** Endemic in 9 IUs
- **Soil-transmitted helminths (STH):** Endemic in 16 IUs
- **Skin NTDs:** Includes leprosy, yaws, scabies, and Buruli ulcer
- The country has made significant progress in mapping, mass drug administration (MDA), morbidity management, and disease surveillance.

Country Overview & JAP Submission History

Co-endemicity:

- 14 IUs are co-endemic for LF, ONCHO, and STH
- 2 IUs are co-endemic for LF and STH
- 9 IUs are co-endemic for SCH and STH

PCT EPIDEMIOLOGY & CO-ENDEMICITY MAP



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Country Overview & JAP Submission History

- The program targets four preventive chemotherapy (PC) NTDs through MDA.
- Two rounds of MDA are conducted annually:
  - **First round:** For LF, onchocerciasis, and STH, which are co-endemic—integrated treatment with ivermectin (IVM) and albendazole (ALB) is provided once a year in 14 of the 16 districts.
  - **Second round:** For schistosomiasis and STH—targeting school-age children and at-risk adults in 9 endemic IUs.
- **Trachoma:** Prevalence is too low to warrant public health interventions; therefore, no mass treatment is implemented.

Country JAP Submission History

- **Historical Context:** Sierra Leone has implemented a coordinated approach to tackling NTDs since launching its joint drug application process in 2013.
- The initiative aims to improve coordination, data collection, and reporting for NTD treatment programs.
- Drug quantification is based on national population projections from Statistics Sierra Leone and community-directed distributor (CDD) census data from rural areas.

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Country JAP Submission History

- The WHO Joint Application Package (JAP) for Sierra Leone has been completed and submitted for the fiscal year 2026. This package includes drug quantification and monitoring plans for NTD treatment.
- These JAP utilizes the following forms
- EpiForm: To report on Surveys, Impact Assessment and MMDP data
- JRSM form: To request for NTD PC Medicine
- JRF Form ; To Repot for NTD Medicine Utilized
- Country Annual work plan

Country JAP Submission History

- The JRF for 2024 has been submitted and approved.
- The JAP (JRSM) application is typically submitted between May and June of each year..
- Approval is expected by September.

Past Challenges

- Inacurate reporting on MDAs by the district staff , which lead to over reporting and delay in submission of the data .
- Redistricting and de-amalgamation of sub-districts impacted total population figures, especially in the absence of an updated national census. There was delay in determining the new district population.
- Different ministries and departments had varying sub- population estimates and lead to inconsistencies and delays..
- Delay in the release of funds by partners affeced the timely completion and submission of JAP forms.

Mitigation Measures Taken for 2026 JAP

- Early coordination with stakeholders—including partners and other ministries such as the Ministry of Education—was key.
- Internal validation meetings and review workshops provided technical support and enhanced data quality.
- Improved use of previous JAP templates and consistent population estimates streamlined the process.
- Timely submission of survey data contributed to meeting deadlines.

Key Lessons & Recommendations

- Establishing a system for quick feedback from WHO/ESPEN after each submission will help countries identify common pitfalls and improve future applications.
- Regular reviews of draft submissions before finalization allow for early error detection.
- Maintaining open lines of communication between countries and WHO/ESPEN ensures timely clarification of submission guidelines and requirements.
- Schistosomiasis sub-district data should be accurately captured in the JRSM form.

Thank You

Plenary Discussion

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Coffee Break

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Step-by-Step Guide to Completing the JRSM and JRF

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The Joint Application Package

World Health Organization

Joint request for selected PC medicines v.4.4

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Medicine quantification (implementation unit level)

World Health Organization

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Survey results (site level)

World Health Organization

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World Health Organization

Annual Work Plan

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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
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Activities and Funding (implementation unit level)

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 April 2024, JRF2024 should be submitted no later than July 2024*
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Completing JRSM

World Health Organization

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Steps for filling JRSM

1. Provide information on: — INTRO worksheet
   - 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) — COUNTRY_INFO worksheet
4. Enter the Endemicity status for each disease
5. Enter population requring PC for Oncho and SCH
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

INTRO worksheet

World Health Organization

Joint request for selected PC medicines v.4.0

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 medicines (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.**

Country data

COUNTRY	**Motanga**
Year for request of the medicine	**2025**
Is country endemic for **lymphatic filariasis (LF)**?	Endemic
Is country endemic for **onchocerciasis (ONCHO)**?	Endemic
Is country endemic for **soil-transmitted helminthiases (STH)**?	Endemic
Is country endemic for **schistosomiasis (SCH)**?	Endemic
How many administrative units in the country?	**20**

If demographical data at the second administrative level are not available by age group, please enter the proportion (%) of population by age group in the country. If data are available, please leave these cells blank.

1-4 years age	**Preschool-age children** (PreSAC)	10.65%
5-14 years age	**School-age children** (SAC)	24.71%
15 years +	**Adults**	61.23%
15-49 years	**Women of reproductive age** (WRA)	24.77%

Restore full version | Clear form | Generate new form

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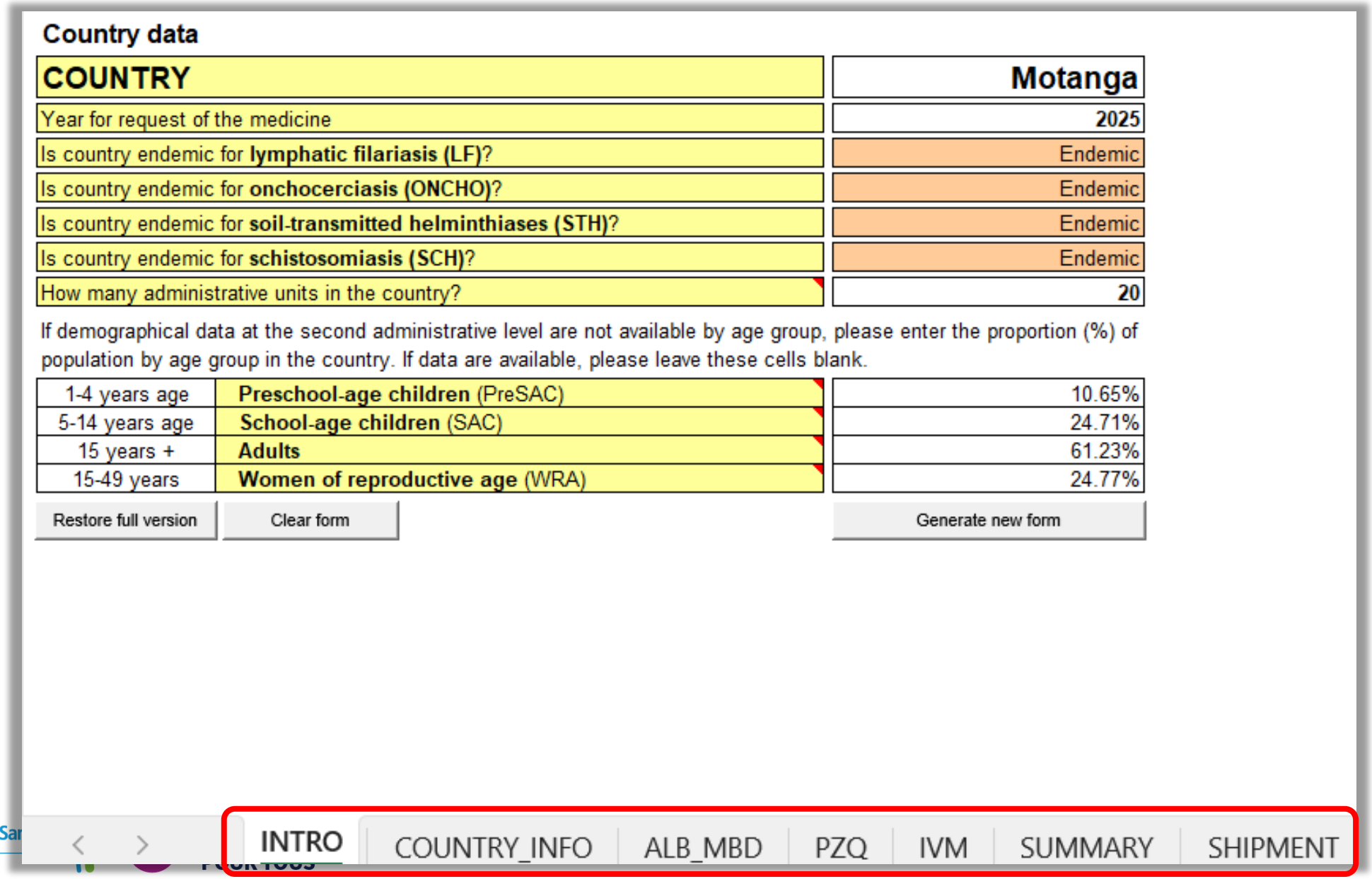
INTRO worksheet



Country data

COUNTRY	Motanga
Year for request of the medicine	2025
Is country endemic for **lymphatic filariasis (LF)**?	Endemic
Is country endemic for **onchocerciasis (ONCHO)**?	Endemic
Is country endemic for **soil-transmitted helminthiases (STH)**?	Endemic
Is country endemic for **schistosomiasis (SCH)**?	Endemic
How many administrative units in the country?	20

If demographical data at the second administrative level are not available by age group, please enter the proportion (%) of population by age group in the country. If data are available, please leave these cells blank.

1-4 years age	**Preschool-age children** (PreSAC)	10.65%
5-14 years age	**School-age children** (SAC)	24.71%
15 years +	**Adults**	61.23%
15-49 years	**Women of reproductive age** (WRA)	24.77%

Restore full version | Clear form | Generate new form

INTRO | COUNTRY_INFO | ALB_MBD | PZQ | IVM | SUMMARY | SHIPMENT

COUNTRY_INFO worksheet

COUNTRY INFORMATION

Administrative structure, population by age group, status of endemicity and planned interventions

Estimate population for SCH by age group | Validate | Undo

TOTAL			7,661,890	816,218	1,893,514	4,691,650						3,659,346	4,183,241	255,173	591,964	593,389	1,440,526	436,029	1,348,699	3,341,739	5,126,467								
Country administrative structure			**Population**				**Endemicity**					**Population requiring PC**												**Number of treatment rounds planned for the year**				**Epidemiological surveys planned for the year**			
														STH				**SCH**											
Country	Province/State	District	Total	PreSAC	SAC	Adults	LF	Oncho	STH	SCH	Loa	LF	ONCHO	PreSAC	SAC	WRA	TOTAL	PreSAC	SAC	Adults	TOTAL	LF	Oncho	STH	SCH	LF	Oncho	STH	SCH
Motanga	SYBIL	Barking	275,548	29,354	68,097	168,728	0	4	1	0		0	Unknown	0	0	0	0	0	0	0	0	0	0	0	0				
Motanga	SYBIL	Vonvlees	583,321	62,141	144,159	357,188	99	4	1	1		Stopped	Unknown	0	0	0	0	0	0	0	0	0	0	0	0				
Motanga	SYBIL	Ashpoint	125,376	13,356	30,985	76,772	0	4	1	1		0	Unknown	0	0	0	0	0	0	0	0	0	0	0	0				
Motanga	SYBIL	Purstmarch	251,070	26,746	62,048	153,739	1	1	1	3		251,070	251,070	0	0	0	0	20,060	62,048	153,739	235,847	1	1	0	1				
Motanga	SYBIL	Westhall	168,443	17,944	41,628	103,144	1	1	1	2		168,443	168,443	0	0	0	0	13,458	41,628	103,144	158,230	1	1	0	1				
Motanga	SYBIL	Anngeal	176,077	18,757	43,515	107,818	0	0	1	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0				
Motanga	SYBIL	Keyside	81,006	8,630	20,019	49,603	0	0	1	1		0	0	0	0	0	0	0	0	0	0	0	0	0	0				
Motanga	SYBIL	Nox	185,800	19,793	45,918	113,772	0	0	1	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0				
Motanga	SYBIL	Southwark	863,672	92,007	213,443	528,857	0	0	1	2		0	0	0	0	0	0	69,005	213,443	528,857	811,305	0	0	0	1				
Motanga	SYBIL	Quintus	846,160	90,141	209,115	518,134	0	0	1	2		0	0	0	0	0	0	67,606	209,115	518,134	794,855	0	0	0	1				
Motanga	ZOMEA	Tuskenvale	234,921	25,026	58,057	143,851	1	1	1	2		234,921	234,921	0	0	0	0	18,770	58,057	143,851	220,678	1	1	0	1				
Motanga	ZOMEA	Malunbag	254,721	27,135	62,950	155,975	99	1	1	3		Stopped	254,721	0	0	0	0	20,351	62,950	155,975	239,276	0	1	0	1				
Motanga	ZOMEA	Princeton	363,342	38,707	89,794	222,487	1	1	3	3		363,342	363,342	38,707	89,794	90,010	218,511	29,030	89,794	222,487	341,311	1	1	1	1				
Motanga	ZOMEA	Huwen	367,380	39,137	90,792	224,960	1	1	3	3		367,380	367,380	39,137	90,792	91,011	220,940	29,353	90,792	224,960	345,105	1	1	1	1				
Motanga	ZOMEA	Camden	611,600	65,154	151,147	374,505	1	1	2	2		611,600	611,600	65,154	151,147	151,511	367,812	48,866	151,147	374,505	574,518	1	1	1	1				
Motanga	ZOMEA	Aralas	269,174	28,675	66,522	164,825	99	1	2	3		Stopped	269,174	28,675	66,522	66,682	161,879	21,506	66,522	164,825	252,853	0	1	1	1	TAS			
Motanga	ZOMEA	Grafburg	348,111	37,084	86,030	213,161	19	1	2	3		348,111	348,111	37,084	86,030	86,237	209,351	27,813	86,030	213,161	327,004	0	1	1	1	TAS			
Motanga	ZOMEA	Luthyia	435,712	46,416	107,679	266,802	19	1	2	1		435,712	435,712	46,416	107,679	107,938	262,033	0	0	0	0	0	1	1	0	TAS			
Motanga	ZOMEA	Findre	878,767	93,615	217,173	538,101	19	1	1	3		878,767	878,767	0	0	0	0	70,211	217,173	538,101	825,485	0	1	0	1				
Motanga	ZOMEA	Roscoff	341,689	36,400	84,443	209,228	0	4	1	1		0	Unknown	0	0	0	0	0	0	0	0	0	0	0	0				

Survey plan

IUs with Demography

Endemicity status

Population requiring PC (should be adjusted to the transmission zone)

Treatment plan

Schisto endemicity status and Population requiring PC could ideally come from updated SCW

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ALB_MBD worksheet

Select the medicine (ALB or MBD) for each age group

Number of medicine tablets required are computed

Albendazole (ALB) and Mebendazole (MBD)

Administrative structure, eligible population by age group, treatment plan and information about tab

Select medicine for treatment of STH for each age group: MBD | ALB | ALB

TOTAL					1,716,152	0		255,173	260,231	260,857	776,261	1,716,152	0	1,716,152	521,088	0	521,088	255,173	0	255,173
Country administrative structure			Treatment plan		People targeted by PELF with ALB	Loa endemic areas		Target population for STH				Albendazole (ALB)						Mebendazole (MBD)		
Country	Province/State	District	LF	STH		Population	Rounds planned	PreSAC Rounds	PreSAC People	SAC People	WRA Rounds	WRA People	Total	Total required	Remaining in stock (LF)	Tablets to be procured (LF)	Total required	Remaining in stock (STH)	Tablets to be procured (STH)	Total required	Remaining in stock	Tablets to be procured
Motanga	SYBIL	Barking	0	0	0				0	0		0	0	0		0	0		0	0		0
Motanga	SYBIL	Vonvlees	0	0	0				0	0		0	0	0		0	0		0	0		0
Motanga	SYBIL	Ashpoint	0	0	0				0	0		0	0	0		0	0		0	0		0
Motanga	SYBIL	Purstmarch	1	0	215,787				0	0		0	0	215,787		215,787	0		0	0		0
Motanga	SYBIL	Westhall	1	0	144,772				0	0		0	0	144,772		144,772	0		0	0		0
Motanga	SYBIL	Anngeal	0	0	0				0	0		0	0	0		0	0		0	0		0
Motanga	SYBIL	Keyside	0	0	0				0	0		0	0	0		0	0		0	0		0
Motanga	SYBIL	Nox	0	0	0				0	0		0	0	0		0	0		0	0		0
Motanga	SYBIL	Southwark	0	0	0				0	0		0	0	0		0	0		0	0		0
Motanga	SYBIL	Quintus	0	0	0				0	0		0	0	0		0	0		0	0		0
Motanga	ZOMEA	Tuskenvale	1	0	201,908				0	0		0	0	201,908		201,908	0		0	0		0
Motanga	ZOMEA	Malunbag	0	0	0				0	0		0	0	0		0	0		0	0		0
Motanga	ZOMEA	Princeton	1	1	312,281				38,707	0		0	38,707	312,281		312,281	0		0	38,707		38,707
Motanga	ZOMEA	Huwen	1	1	315,752				39,137	0		0	39,137	315,752		315,752	0		0	39,137		39,137
Motanga	ZOMEA	Camden	1	1	525,652				65,154	0		0	65,154	525,652		525,652	0		0	65,154		65,154
Motanga	ZOMEA	Aralas	0	1	0				28,675	66,522		66,682	161,879	0		0	133,204		133,204	28,675		28,675
Motanga	ZOMEA	Grafburg	0	1	0				37,084	86,030		86,237	209,351	0		0	172,267		172,267	37,084		37,084
Motanga	ZOMEA	Luthyia	0	1	0				46,416	107,679		107,938	262,033	0		0	215,617		215,617	46,416		46,416
Motanga	ZOMEA	Findre	0	0	0				0	0		0	0	0		0	0		0	0		0
Motanga	ZOMEA	Roscoff	0	0	0				0	0		0	0	0		0	0		0	0		0

Number of medicine tablets remaining in stock to be provided

PZQ worksheet

Number of medicine tablets required are computed

Praziquantel (PZQ)

Administrative structure, eligible population by age group, treatment plan and information about tablets

HOT SPOTS | Undo

TOTAL				436,029	1,348,699	3,341,739	5,126,467		0			0	2,697,398	10,025,217	12,722,615	0	12,722,615
Country administrative structure			Treatment plan SCH	Target population for SCH				Hot spots		Previous year MDA		Praziquantel (PZQ)					
Country	Province/State	District		PreSAC	SAC	Adults	Total	Planned	Population	Rounds	Age groups	PreSAC	SAC	Adults	Total required	Remaining in stock	Tablets to be procured
Motanga	SYBIL	Barking	0	0	0	0	0						0	0	0		0
Motanga	SYBIL	Vonvlees	0	0	0	0	0						0	0	0		0
Motanga	SYBIL	Ashpoint	0	0	0	0	0						0	0	0		0
Motanga	SYBIL	Purstmarch	1	20,060	62,048	153,739	235,847						124,096	461,217	585,313		585,313
Motanga	SYBIL	Westhall	1	13,458	41,628	103,144	158,230						83,256	309,432	392,688		392,688
Motanga	SYBIL	Anngeal	0	0	0	0	0						0	0	0		0
Motanga	SYBIL	Keyside	0	0	0	0	0						0	0	0		0
Motanga	SYBIL	Nox	0	0	0	0	0						0	0	0		0
Motanga	SYBIL	Southwark	1	69,005	213,443	528,857	811,305						426,886	1,586,571	2,013,457		2,013,457
Motanga	SYBIL	Quintus	1	67,606	209,115	518,134	794,855						418,230	1,554,402	1,972,632		1,972,632
Motanga	ZOMEA	Tuskenvale	1	18,770	58,057	143,851	220,678						116,114	431,553	547,667		547,667
Motanga	ZOMEA	Malunbag	1	20,351	62,950	155,975	239,276						125,900	467,925	593,825		593,825
Motanga	ZOMEA	Princeton	1	29,030	89,794	222,487	341,311						179,588	667,461	847,049		847,049
Motanga	ZOMEA	Huwen	1	29,353	90,792	224,960	345,105						181,584	674,880	856,464		856,464
Motanga	ZOMEA	Camden	1	48,866	151,147	374,505	574,518						302,294	1,123,515	1,425,809		1,425,809
Motanga	ZOMEA	Aralas	1	21,506	66,522	164,825	252,853						133,044	494,475	627,519		627,519
Motanga	ZOMEA	Grafburg	1	27,813	86,030	213,161	327,004						172,060	639,483	811,543		811,543
Motanga	ZOMEA	Luthyia	0	0	0	0	0						0	0	0		0
Motanga	ZOMEA	Findre	1	70,211	217,173	538,101	825,485						434,346	1,614,303	2,048,649		2,048,649
Motanga	ZOMEA	Roscoff	0	0	0	0	0						0	0	0		0

In case impact assessment results revealed hotspots, enter the number of rounds as well as the target population in the hotspots

Number of medicine tablets remaining in stock to be provided

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IVM worksheet

Number of medicine tablets remaining in stock to be provided

Ivermectin (IVM)

Administrative structure, eligible population by age group, treatment plan and information about tablets

TOTAL			3,595,370			1,716,152	3,595,370	0	5,261,810	4,805,226	10,067,036	0	10,067,036
Country administrative structure			Population requiring treatment with IVM	Treatment plan		Target population		Ivermectin (IVM)					
Country	Province/St	District		LF	Oncho	LF	Oncho	LF only	Oncho only	LF+Oncho	Total required	Remaining in stock	Tablets to be procured
Motanga	SYBIL	Barking	0	0	0	0	0	0	0	0	0		0
Motanga	SYBIL	Vonvlees	0	0	0	0	0	0	0	0	0		0
Motanga	SYBIL	Ashpoint	0	0	0	0	0	0	0	0	0		0
Motanga	SYBIL	Purstmarch	215,787	1	1	215,787	215,787	0	0	604,204	604,204		604,204
Motanga	SYBIL	Westhall	144,772	1	1	144,772	144,772	0	0	405,362	405,362		405,362
Motanga	SYBIL	Anngeal	0	0	0	0	0	0	0	0	0		0
Motanga	SYBIL	Keyside	0	0	0	0	0	0	0	0	0		0
Motanga	SYBIL	Nox	0	0	0	0	0	0	0	0	0		0
Motanga	SYBIL	Southwark	0	0	0	0	0	0	0	0	0		0
Motanga	SYBIL	Quintus	0	0	0	0	0	0	0	0	0		0
Motanga	ZOMEA	Tuskenvale	201,908	1	1	201,908	201,908	0	0	565,342	565,342		565,342
Motanga	ZOMEA	Malunbag	218,925	0	1	0	218,925	0	612,990	0	612,990		612,990
Motanga	ZOMEA	Princeton	312,281	1	1	312,281	312,281	0	0	874,387	874,387		874,387
Motanga	ZOMEA	Huwen	315,752	1	1	315,752	315,752	0	0	884,106	884,106		884,106
Motanga	ZOMEA	Camden	525,652	1	1	525,652	525,652	0	0	1,471,826	1,471,826		1,471,826
Motanga	ZOMEA	Aralas	231,347	0	1	0	231,347	0	647,772	0	647,772		647,772
Motanga	ZOMEA	Grafburg	299,191	0	1	0	299,191	0	837,735	0	837,735		837,735
Motanga	ZOMEA	Luthyia	374,481	0	1	0	374,481	0	1,048,547	0	1,048,547		1,048,547
Motanga	ZOMEA	Findre	755,274	0	1	0	755,274	0	2,114,767	0	2,114,767		2,114,767
Motanga	ZOMEA	Roscoff	0	0	0	0	0	0	0	0	0		0

SUMMARY worksheet

Country	Motanga	Year	2025

Information on PC medicines requested to WHO

PC medicine	Target group	Number of tablets				Specify source
		Required	In stock	In pipeline	Requested	
Diethylcarbamazine citrate	ALL					
Ivermectin	ALL	10,067,036			10,067,036	
Albendazole for LF	ALL	1,716,152			1,716,152	
Albendazole for STH	PreSAC					
	SAC	260,231			260,231	
	WRA	260,857			260,857	
Mebendazole	PreSAC	255,173			255,173	
	SAC					
	WRA					
Praziquantel	PreSAC					
	SAC	2,697,398			2,697,398	
	Adults	10,025,217			10,025,217	

Number of people to be treated with donated medicine (see User Guide for details)

Disease		Round 1	Round 2	Round 3
Lymphatic filariasis	These figures are estimated only for targeted age groups to be treated with donated medicines in areas where treatment for a specific disease is planned	1,716,152		
Onchocerciasis		3,595,370		
Schistosomiasis		4,690,438		
Soil-transmitted helminthiases		1,440,526		

Click here | Generate Request | Click here

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SUMMARY worksheet

Information on planned PC interventions

PC medicine	Planned date of the **1st round of PC**		Planned date of the **2nd round of PC**		Date by which the medicine **should arrive** to the national warehouse	
Diethylcarbamazine citrate						
Ivermectin	September	2025			July	2025
Albendazole for LF	September	2025			July	2025
Albendazole for STH			December	2025	October	2025
Mebendazole			December	2025	October	2025
Praziquantel			December	2025	October	2025

Checklist

What should be submitted?

The supply of the requested medicines should be based on up-to-date epidemiological data, specific usage plans, and capacity for implementation. The following checklist ensures that all necessary forms and information are provided to WHO (in electronic format)

- ☐ Joint request for selected PC medicines
- ☐ Joint reporting form
- ☐ PC epidemiological data reporting form

Availability of funding for implementation in the year for which the medicines are requested

Diseases targeted for implementation	Total treatments	Funding secured for	Source	Amount
Lymphatic filariasis	1,716,152			
Onchocerciasis	3,595,370			
Schistosomiasis	4,690,438			
Soil-transmitted helminthiases	1,440,526			

SUMMARY worksheet

Read statement — **I have read and accept WHO Data Sharing Policy** ☑

Read before submission — **I confirm that all information provided in this form is complete and correct** ☑

Name and signature of NTD coordinator or Ministry of Health representative _____

Date: _____

Save Request in EXCEL | Save Request in PDF | Print Request

Please complete information on shipment and consignee in the worksheet **SHIPMENT.** Any additional details related to this Request should be provided in the "Additional information" box in the worksheet **SHIPMENT.**

Please send the national request (signed and in electronic format) to the concerned WR with copy to:

WHO headquarters	**PC_JointForms@who.int**
WHO Regional Office	Regional Advisor for NTD
Mectizan donation program	Dr Yao Sodahlon, email: **ysodahlon@taskforce.org**

Please note that your request will be reviewed by an independent panel before approval. The information in this form, joint reporting form and PC epidemiological data reporting form are essential for WHO to ensure efficient usage of medicines. As part of its ongoing monitoring and evaluation activities, and to meet its contractual obligations to donors and other partners, WHO and its appointed agents reserve the right to periodically inspect stocks of the medicines at country level.

SHIPMENT worksheet

Country	Motanga	Year	2025

Information on shipment and consignee

	Consignee	Delivery point / Final recipient if different from the consignee
Name		
Department/Unit		
Organization		
Phone		
Fax		
E-mail		
Mailing address		

	Consignee	Delivery point / Final recipient if different from the consignee
Name		
Department/Unit		
Organization		
Phone		
Fax		
E-mail		
Mailing address		

Completing JRF

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).**

VERY IMPORTANT

1. In JRF, treatment figures are not entered as number of persons treated per single disease. It is rather, the number of persons receiving each type of treatment regimen (drug package)
2. The form will automatically allocate the number of persons treated to the different diseases
3. Treatment regimens (PC strategy)

Treatment regimen (PC strategy)	Drug combination	Disease reached
MDA1	**IVM+ALB**	**LF, ONC, STH**
MDA2	**DEC+ALB**	**LF, STH**
MDA3	**IVM alone**	**ONC**
MDA4	**ALB x 2**	**LF, STH**
MDA5	**IVM+DEC+ALB**	**LF, STH**
T1	**PZQ+ALB/MBD**	**SCH, STH**
T2	**PZQ alone**	**SCH**
T3	**ALB/MBD alone**	**STH**

Completing JRF

Steps for filling JRF

Same as 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)

   COUNTRY_INFO worksheet
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, MDA4, 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)

   MDA1, MDA2, MDA3, MDA5, T1, T2, T3, IVM+ worksheets
9. Generate the report and provide additional information

   SUMMARY worksheet

INTRO worksheet

World Health Organization

Joint request for selected PC medicines v.4.0

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 medicines (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.**

Country data

COUNTRY		**Motanga**
Year of reporting data		**2023**
Is country endemic for **lymphatic filariasis (LF)**?		Endemic
Is country endemic for **onchocerciasis (ONCHO)**?		Endemic
Is country endemic for **soil-transmitted helminthiases (STH)**?		Endemic
Is country endemic for **schistosomiasis (SCH)**?		Endemic
How many administrative units in the country?		**20**

If demographical data at the second administrative level are not available by age group, please enter the proportion (%) of population by age group in the country. If data are available, please leave these cells blank.

1-4 years age	**Preschool-age children** (PreSAC)	10.65%
5-14 years age	**School-age children** (SAC)	24.71%
15 years +	**Adults**	61.23%
15-49 years	**Women of reproductive age** (WRA)	24.77%

Restore full version | Clear forms | Generate new forms

INTRO

Only one tab

Organisation mondiale de la Santé
Région africaine

INTRO worksheet

Country data

COUNTRY	Motanga
Year of reporting data	2023
Is country endemic for **lymphatic filariasis (LF)**?	Endemic
Is country endemic for **onchocerciasis (ONCHO)**?	Endemic
Is country endemic for **soil-transmitted helminthiases (STH)**?	Endemic
Is country endemic for **schistosomiasis (SCH)**?	Endemic
How many administrative units in the country?	20

If demographical data at the second administrative level are not available by age group, please enter the proportion (%) of population by age group in the country. If data are available, please leave these cells blank.

1-4 years age	**Preschool-age children** (PreSAC)	10.65%
5-14 years age	**School-age children** (SAC)	24.71%
15 years +	**Adults**	61.23%
15-49 years	**Women of reproductive age** (WRA)	24.77%

Restore full version | Clear forms | Generate new forms

COUNTRY_INFO worksheet

COUNTRY INFORMATION

Administrative structure, population by age group, endemicity status, planned interventions and interventions implemented

Estimate population for SCH by age group | Validation | Undo | 3

TOTAL		7,661,890	816,218	1,893,514	4,691,650						3,659,346	4,183,241	255,173	591,964	593,389	1,440,526	436,029	1,348,699	3,341,739	5,126,467							
Country administrative str		Population				Endemicity					Population requiring PC										Number of treatment rounds implemented in				PC implemented		
Province/Stat	District	Total	PreSAC	SAC	Adults	LF	Oncho	STH	SCH	Loa	LF	ONCHO	STH				SCH				LF	Oncho	STH	SCH	ROUND 1	ROUND 2	ROUND 3
													PreSAC	SAC	WRA	TOTAL	PreSAC	SAC	Adults	TOTAL							
SYBIL	Westhall	168,443	17,944	41,628	103,144	1	1	1	2		168,443	168,443	0	0	0	0	13,458	41,628	103,144	158,230	0	0	0	0	MDA1 (IVM+ALB)	T1 (PZQ+ALB/MBD)	
SYBIL	Anngeal	176,077	18,757	43,515	107,818	0	0	1	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0			
SYBIL	Keyside	81,006	8,630	20,019	49,603	0	0	1	1		0	0	0	0	0	0	0	0	0	0	0	0	0	0			
SYBIL	Nox	185,800	19,793	45,918	113,772	0	0	1	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0			
SYBIL	Southwark	863,672	92,007	213,443	528,857	0	0	1	2		0	0	0	0	0	0	69,005	213,443	528,857	811,305	0	0	0	0			
SYBIL	Quintus	846,160	90,141	209,115	518,134	0	0	1	2		0	0	0	0	0	0	67,606	209,115	518,134	794,855	0	0	0	0			
ZOMEA	Tuskenvale	234,921	25,026	58,057	143,851	1	1	1	2		234,921	234,921	0	0	0	0	18,770	58,057	143,851	220,678	0	0	0	0	MDA1 (IVM+ALB)		
ZOMEA	Malunbag	254,721	27,135	62,950	155,975	99	1	1	3		Stopped	254,721	0	0	0	0	20,351	62,950	155,975	239,276	0	0	0	0	MDA3 (IVM)	T2 (PZQ)	
ZOMEA	Princeton	363,342	38,707	89,794	222,487	1	1	3	3		363,342	363,342	38,707	89,794	90,010	218,511	29,030	89,794	222,487	341,311	0	0	0	0	MDA1 (IVM+ALB)	T1 (PZQ+ALB/MBD)	
ZOMEA	Huwen	367,380	39,137	90,792	224,960	1	1	3	3		367,380	367,380	39,137	90,792	91,011	220,940	29,353	90,792	224,960	345,105	0	0	0	0	MDA1 (IVM+ALB)	T1 (PZQ+ALB/MBD)	
ZOMEA	Camden	611,600	65,154	151,147	374,505	1	1	2	2		611,600	611,600	65,154	151,147	151,511	367,812	48,866	151,147	374,505	574,518	0	0	0	0	MDA1 (IVM+ALB)	T1 (PZQ+ALB/MBD)	
ZOMEA	Aralas	269,174	28,675	66,522	164,825	99	1	2	3		Stopped	269,174	28,675	66,522	66,682	161,879	21,506	66,522	164,825	252,853	0	0	0	0	MDA3 (IVM)	T1 (PZQ+ALB/MBD)	
ZOMEA	Grafburg	348,111	37,084	86,030	213,161	19	1	2	3		348,111	348,111	37,084	86,030	86,237	209,351	27,813	86,030	213,161	327,004	0	0	0	0	MDA1 (IVM+ALB)	T1 (PZQ+ALB/MBD)	
ZOMEA	Luthyia	435,712	46,416	107,679	266,802	19	1	2	1		435,712	435,712	46,416	107,679	107,938	262,033	0	0	0	0	0	0	0	0	MDA3 (IVM)	T3 (ALB/MBD)	
ZOMEA	Findre	878,767	93,615	217,173	538,101	19	1	1	3		878,767	878,767	0	0	0	0	70,211	217,173	538,101	825,485	0	0	0	0	MDA1 (IVM+ALB)	T2 (PZQ)	
ZOMEA	Roscoff	341,689	36,400	84,443	209,228	0	4	1	1		0	Unknown	0	0	0	0	0	0	0	0	0	0	0	0			

IUs with Demography

Endemicity status

Population requiring PC (should be adjusted to the transmission zone)

Number of rounds implemented

PC strategy

Mandatory data to be available

1. Date MDA was conducted (month and year)
2. Medicine used (T1, T3)
3. Target population (by age group, if available). Can be estimated automatically
4. Number of people treated (by age group, if available)
5. Programmatic coverage is then computed
    - Check for outliers in programmatic coverage

MDA1 worksheet

To estimate the target population

When only total treated is available, Estimate by age-group

Validation

MDA 1 - Ivermectin (IVM) and Albendazole (ALB)

Administrative structure, population requiring PC by age group, population treated by age group and coverage

Run MDA1 macro | Estimate by age group | Data validation | Undo

TOTAL						796,669	1,973,948	2,770,617		817,078	1,487,770	2,304,848		102.56	75.37	83.19
Country administrative structure			PC implemented	Date	Population targeted for MDA 1				Population treated				Programme coverage (%)			
Country	Province/State	District			PreSAC	SAC	Adults	Total	PreSAC	SAC	Adults	Total	PreSAC	SAC	Adults	Total
Motanga	SYBIL	Barking														
Motanga	SYBIL	Vonvlees														
Motanga	SYBIL	Ashpoint														
Motanga	SYBIL	Purstmarch	MDA1 (IVM+ALB)	Sept-2023		62,048	153,739	215,787		58,354	115,921	174,275		94.05	75.40	80.76
Motanga	SYBIL	Westhall	MDA1 (IVM+ALB)	Sept-2023		41,628	103,144	144,772		44,965	78,500	123,465		108.02	76.11	85.28
Motanga	SYBIL	Anngeal														
Motanga	SYBIL	Keyside														
Motanga	SYBIL	Nox														
Motanga	SYBIL	Southwark														
Motanga	SYBIL	Quintus														
Motanga	ZOMEA	Tuskenvale	MDA1 (IVM+ALB)	Déc-2023		58,057	143,851	201,908		69,170	118,389	187,559		119.14	82.30	92.89
Motanga	ZOMEA	Malunbag														
Motanga	ZOMEA	Princeton	MDA1 (IVM+ALB)	Déc-2023		89,794	222,487	312,281		83,663	146,949	230,612		93.17	66.05	73.85
Motanga	ZOMEA	Huwen	MDA1 (IVM+ALB)	Déc-2023		90,792	224,960	315,752		84,321	146,837	231,158		92.87	65.27	73.21
Motanga	ZOMEA	Camden	MDA1 (IVM+ALB)	Sept-2023		151,147	374,505	525,652		113,201	306,292	419,493		74.89	81.79	79.80
Motanga	ZOMEA	Aralas														
Motanga	ZOMEA	Grafburg	MDA1 (IVM+ALB)	Sept-2023		86,030	213,161	299,191		88,771	149,148	237,919		103.19	69.97	79.52
Motanga	ZOMEA	Luthyia														
Motanga	ZOMEA	Findre	MDA1 (IVM+ALB)	Sept-2023		217,173	538,101	755,274		274,633	425,734	700,367		126.46	79.12	92.73
Motanga	ZOMEA	Roscoff														

Target population

Number of people planned to be treated in the year

Persons treated

Programme coverage

% of the target population treated

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Région africaine

75 LA SANTÉ POUR TOUS

T1 worksheet

T 1 - Praziquantel (PZQ) and Albendazole (ALB) or Mebendazole (MBD)

Administrative structure, population requiring PC by age group, population treated by age group and coverage

Data validation | Undo

TOTAL		Run T1 macro			170,026	525,913	1,303,082	1,999,021		488,772		488,772	-	92.94	-	24.45
Country administrative st		PC implemented	Medicine	Date	Population targeted for T1				Population treated				Programme coverage (%)			
(Province/S	District				PreSAC	SAC	Adults	Total	PreSAC	SAC	Adults	Total	PreSAC	SAC	Adults	Total
SYBIL	Barking															
SYBIL	Vonvlees															
SYBIL	Ashpoint															
SYBIL	Purstmarch															
SYBIL	Westhall	T1 (PZQ+ALB/MBD)	PZQ+ALB	Sept-2023	13,458	41,628	103,144	158,230		44,965		44,965	-	108.02	-	28.42
SYBIL	Anngeal															
SYBIL	Keyside															
SYBIL	Nox															
SYBIL	Southwark															
SYBIL	Quintus															
ZOMEA	Tuskenvale															
ZOMEA	Malunbag															
ZOMEA	Princeton	T1 (PZQ+ALB/MBD)	PZQ+ALB	Déc-2023	29,030	89,794	222,487	341,311		83,663		83,663	-	93.17	-	24.51
ZOMEA	Huwen	T1 (PZQ+ALB/MBD)	PZQ+ALB	Déc-2023	29,353	90,792	224,960	345,105		84,321		84,321	-	92.87	-	24.43
ZOMEA	Camden	T1 (PZQ+ALB/MBD)	PZQ+ALB	Sept-2023	48,866	151,147	374,505	574,518		113,201		113,201	-	74.89	-	19.70
ZOMEA	Aralas	T1 (PZQ+ALB/MBD)	PZQ+ALB	Sept-2023	21,506	66,522	164,825	252,853		73,851		73,851	-	111.02	-	29.21
ZOMEA	Grafburg	T1 (PZQ+ALB/MBD)	PZQ+ALB	Sept-2023	27,813	86,030	213,161	327,004		88,771		88,771	-	103.19	-	27.15
ZOMEA	Luthyia															
ZOMEA	Findre															
ZOMEA	Roscoff															

T3R1 worksheet

T 3 - Albendazole (ALB) or Mebendazole (MBD

Administrative structure, population requiring PC by age group, population treated by ag

Select medicine used for treatment of STH for each age group: MBD | ALB

Estimate by age group — Select the category of Adults

Data validation | Undo

TOTAL			Run T3 macro		46,416	107,679	107,938	262,033		22,402		22,402	-	20.80	-	8.55
Country administrative structure			PC implemented	Date	Population targeted for T3				Population treated				Programme coverage (%)			
Country	Province/S	District			PreSAC	SAC	Adults	Total	PreSAC	SAC	Adults	Total	PreSAC	SAC	Adults	Total
Motanga	SYBIL	Barking														
Motanga	SYBIL	Vonvlees														
Motanga	SYBIL	Ashpoint														
Motanga	SYBIL	Purstmarch														
Motanga	SYBIL	Westhall														
Motanga	SYBIL	Anngeal														
Motanga	SYBIL	Keyside														
Motanga	SYBIL	Nox														
Motanga	SYBIL	Southwark														
Motanga	SYBIL	Quintus														
Motanga	ZOMEA	Tuskenvale														
Motanga	ZOMEA	Malunbag														
Motanga	ZOMEA	Princeton														
Motanga	ZOMEA	Huwen														
Motanga	ZOMEA	Camden														
Motanga	ZOMEA	Aralas														
Motanga	ZOMEA	Grafburg														
Motanga	ZOMEA	Luthyia	T3 (ALB/MBD)		46,416	107,679	107,938	262,033		22,402		22,402	-	20.80	-	8.55
Motanga	ZOMEA	Findre														
Motanga	ZOMEA	Roscoff														

SUMMARY worksheet

World Health Organization

The current version should be used in countries **endemic** for **Loiasis**

PC Joint Reporting Form v.4.2 (Loa)

Country	Motanga	Year	2023

National authorities are requested to complete the **Joint Reporting Form (JRF)** 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.

Click here | Generate Report | Click here

Number of people received treatment (at least once) for the diseases (all areas) and geographical coverage (%)

	PreSAC	SAC	Adults	Total	Geographical
Lymphatic filariasis		817,078	1,487,770	**2,304,848**	100.00
Onchocerciasis	Not eligible	979,077	1,764,835	**2,743,912**	100.00
Soil-transmitted helminthiases		913,331	1,487,770	**2,401,101**	100.00
Schistosomiasis		887,443		**887,443**	75.00

Number of people in need (in areas requiring PC) received treatment for the diseases and national coverage (%)

	PreSAC	SAC	Adults	Total	National
Lymphatic filariasis				**1,366,562**	37.34
Onchocerciasis	Not eligible	979,077	1,764,835	**2,743,912**	65.59
Soil-transmitted helminthiases		456,139	418,769	**874,908**	60.74
Schistosomiasis		813,842		**813,842**	15.88

Number of people treated by PC intervention and programme coverage (%)

	PreSAC	SAC	Adults	Total	Programme
MDA 1 (IVM+ALB)	Not eligible	817,078	1,487,770	**2,304,848**	83.19
MDA 3 (IVM)	Not eligible	161,999	277,065	**439,064**	53.24
MDA 4 (ALB/2*ALB)					
T 1 (PZQ+ALB/MBD)	Not targeted	488,772	Not targeted	**488,772**	24.45
T 2 (PZQ)		398,671		**398,671**	30.65
T 3 (ALB/MBD) - round 1		22,402		**22,402**	8.55
T 3 (ALB/MBD) - round 2					
T 3 (ALB/MBD) - round 3					

Inventory of PC medicines in the country

	IVM	DEC	ALB (LF)	ALB (STH)	MBD	PZQ
Available						
Distributed						
Wasted						
Received						
Remaining						

Please indicate the medicine has been used to treat PreSAC for STH and delivery channels

PC medicine		Delivery channels		Source	

Additional information

Read Statement — **I have read and accept WHO Data Sharing Policy** ☑

Read before submission — **I confirm that all information provided in this form is complete and correct** ☑

Name and signature of NTD coordinator or Ministry of Health representative: _____

Date: _____

Please send the national report (signed and in electronic format) to the concerned WR with copy to:

WHO headquarters — PC_JointForms@who.int

WHO Regional Office — Regional Advisor for NTD

Save Report in EXCEL | Save Report in PDF | Generate Country Profile | Print Report

Country profile

World Health Organization

PC Joint Reporting Form v.4.2 - Country Profile

Country	Motanga	Year	2023

!!! WARNING !!!

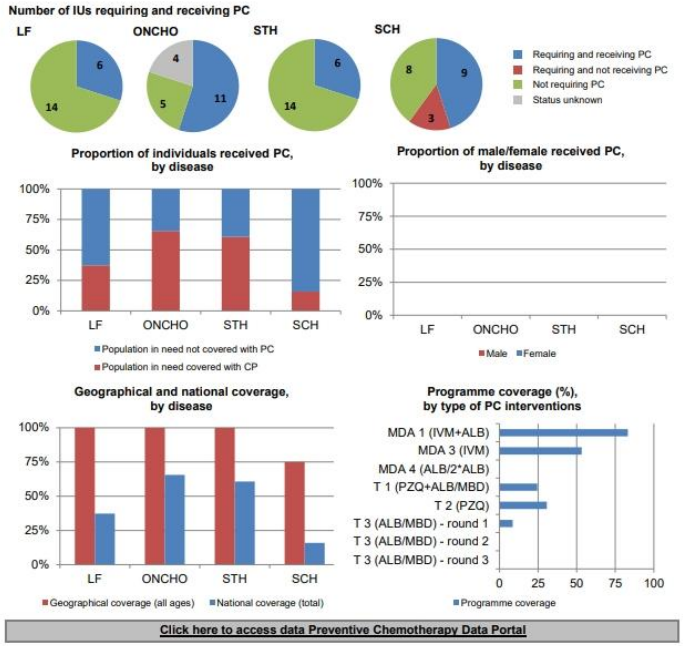
Before analysing data in the country profile please be ensure that your report in the SUMMARY tab is updated

Total population		100%	7,661,890
Population — other age groups		3.40%	260,508
Population — Pre-SAC	1-4 years age	10.65%	816,218
Population — SAC	5-14 years age	24.71%	1,893,514
Population — Adults	15 years +	61.23%	4,691,650

Total number of people requiring PC for at least one disease (LF, ONCHO, STH, SCH)	5,789,402
Proportion of number of people requiring PC for at least one disease out of total population	75.56%
Number of IUs requiring PC for at least one disease (LF, ONCHO, STH, SCH)	13
Number of IUs received PC for at least one disease (LF, ONCHO, STH, SCH)	11
Proportion of IUs requiring PC for at least one disease and received it	84.62%
Total number of people received PC for at least one disease (LF, ONCHO, STH, SCH)	2,743,912
Total number of people in need who received PC for at least one disease (LF, ONCHO, STH, SCH)	2,659,136
Coverage of PC for at least one disease (LF, ONCHO, STH, SCH)	45.93%
Number of IUs received treatment for all diseases requiring PC in those IUs	7
Population requiring PC in IUs which received treatment for all diseases in need of PC	2,285,730
Population in need received PC in IUs which were treated for all diseases in need of PC	1,544,897

		LF	ONCHO	STH	SCH
Diseases requiring PC in the country		Yes	Yes	Yes	Yes
Number of implementation units (IUs) in the country		20	20	20	20
Number of IUs with endemicity status known		20	16	20	20
Number of IUs with endemicity status unknown		0	4	0	0
Number of non-endemic IUs		8	5	0	3
Number of IUs requiring PC (total)		6	11	6	12
	baseline prevalence			6	12
	impact prevalence			0	0
	- low			0	0
Population requiring PC in the country (total)		3,659,346	4,183,241	1,440,526	5,126,467
	<1 year old	124,419	142,232		
	Pre-SAC	389,829	445,639	255,173	436,029
	SAC	904,348	1,033,821	591,964	1,348,699
	Adults	2,240,750	2,561,548	593,389	3,341,739
Population requiring PC in low impact prevalence areas				0	0
Number of IUs where PC was implemented (total)		8	11	10	9
Number of IUs in need where PC was implemented (total)		6	11	6	9
	Pre-SAC			0	0
	SAC			6	9
	Adults			4	0
Number of individuals treated (total)		2,304,848	2,743,912	2,401,101	887,443
	Pre-SAC	0	Not eligible	0	0
	SAC	817,078	979,077	913,331	887,443
	Adults	1,487,770	1,764,835	1,487,770	0
Number of individuals in need treated (total)		1,366,562	2,743,912	874,908	813,842
	Pre-SAC	0	Not eligible	0	0
	SAC	0	979,077	456,139	813,842
	Adults	0	1,764,835	418,769	0
Geographical coverage (all ages)		100.00%	100.00%	100.00%	75.00%
	Pre-SAC			0.00%	0.00%
	SAC			100.00%	75.00%
	Adults			66.67%	0.00%
National coverage (total)		37.34%	65.59%	60.74%	15.88%
	Pre-SAC			0.00%	0.00%
	SAC			77.06%	60.34%
	Adults			70.57%	0.00%

		LF	ONCHO	STH	SCH
Number of IUs achieved effective coverage (all ages)		4	8	3	0
	Pre-SAC			0	0
	SAC			4	8
	Adults			4	0
Number of individuals in need treated in IUs achieved effective coverage (total)		904,792	2,222,434	521,272	0
	Pre-SAC			0	0
	SAC			320,536	700,641
	Adults			418,769	0
Proportion of IUs requiring PC and achieved effective coverage (total)		66.67%	72.73%	50.00%	0.00%
	Pre-SAC			0.00%	0.00%
	SAC			66.67%	88.89%
	Adults			100.00%	0.00%
Number of implementation units where PC was stopped (i.e. under surveillance)		3	0	0	0
Number of individuals living in IUs no longer requiring PC (stopped, surveillance)		1,107,216	0	0	0
Number of individuals requiring PC living in IUs targeted with PC		1,996,756	4,183,241	1,440,526	3,299,629
Number of individuals requiring PC living in IUs not targeted with PC		1,662,590	0	0	1,826,838



Click here to access data Preventive Chemotherapy Data Portal

Organisation mondiale de la Santé
Région africaine

75 LA SANTÉ POUR TOUS

Country Breakout Exercise: Completing the JRF Using a Sample Treatment Dataset

Mr Honorat GM Zouré

ESPEN Database Administrator

Ms Namuchile Kaonga

ESPEN Supply Chain Management Officer

World Health Organization African Region

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Session on filling JRF

1. Motanga is a country where LF, ONC, STH and SCH are endemic. The country is also known to be *Loa loa* endemic.
2. In 2025, the country implemented the following PC strategies in different IUs: MDA1, MDA3, T1, T2, T3
3. The Excel file shared include the following information for each IU:
   - Proportion of age-groups population
   - Endemicity status for LF, ONC, STH, SCH and *Loa loa*
   - Total population
   - Population requiring PC for Oncho (column CQ) and SCH (columns CL to CO)
   - Number of people treated by age-group
     - for MDA3, only the total number of people treated is available.
4. Using information in this Excel file, Populate JRF2025.
5. The latest JAP templates are available here: https://www.who.int/teams/control-of-neglected-tropical-diseases/interventions/strategies/preventive-chemotherapy/joint-application-package/
6. By submitting the report today, is it considered a timely or delayed submission.

Exercice de remplissage du JRF

1. Le Motanga est un pays où LF, ONC, STH et SCH sont endémiques. Le pays est également connu pour être endémique de *Loa loa*.
   En 2025, le pays a mis en œuvre les stratégies PC suivantes dans différentes UI : MDA1, MDA3, T1, T2, T3
   Le fichier Excel partagé inclut les informations suivantes pour chaque UI :
   - Proportion de la population par tranche d'âge
   - Statut d'endémicité pour LF, ONC, STH, SCH et Loa loa
   - Population totale
   - Population nécessitant des PC pour Oncho (colonne CQ) et SCH (colonnes CL à CO)
   - Nombre de personnes traitées par tranche d'âge
     . pour MDA3, seul le nombre total de personnes traitées est disponible
2. À l'aide des informations de ce fichier Excel, Renseignez le JRF2025.
   La dernière version des canevas JAP sont disponibles ci: https://www.who.int/teams/control-of-neglected-tropical-diseases/interventions/strategies/preventive-chemotherapy/joint-application-package/
3. Si vous soumettiez le rapport aujourd'hui, est-ce qu'il est considéré comme une soumission en temps opportun ou retardée ?

Lunch Break

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Practical Session: Medicine Reconciliation for NTD Programs

Ms Namuchile Kaonga

ESPEN Supply Chain Management Officer

Ms Diane Ehoumi

ESPEN-JSI Supply Chain Management Consultant

World Health Organization African Region

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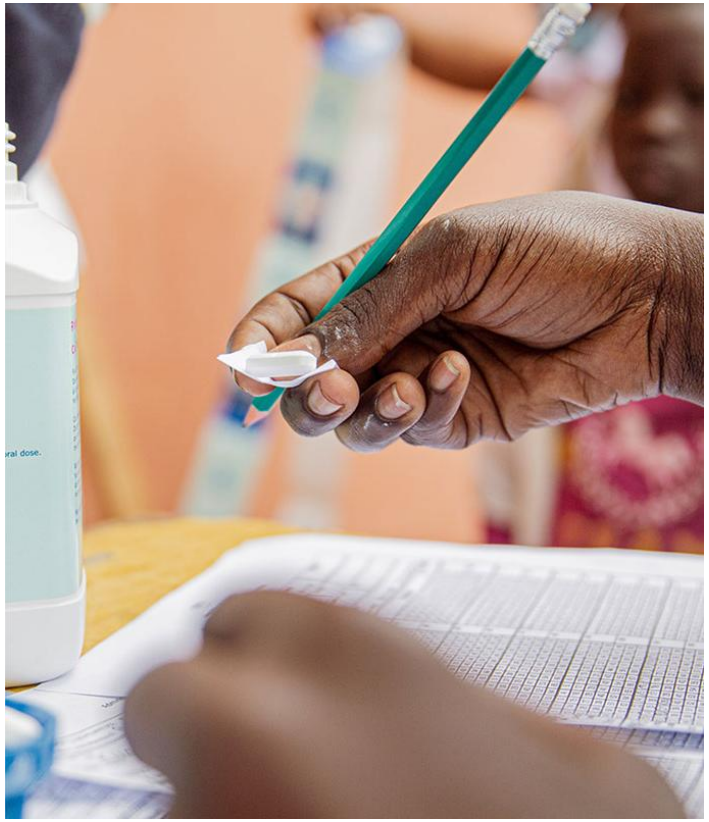
INTRODUCTION



- Inventory reconciliation ensures medicines are tracked, accounted for, and used efficiently.
- In 2024, follow-up revealed discrepancies of up to **59.8 million tablets**, highlighting major reporting gaps.
- Strengthening reconciliation is key to improving visibility.

- La réconciliation des stocks permet de s'assurer que les médicaments sont suivis, comptabilisés et utilisés efficacement.
- En 2024, les vérifications ont révélé des écarts allant jusqu'à **59,8 millions** de **comprimés**, mettant en évidence d'importantes lacunes dans les rapports.
- Le renforcement de la réconciliation est essentiel pour améliorer la visibilité du stock.

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Confidence Check: Where Does Your Country Stand?/ Test de confiance : Où se situe votre pays ?

If your inventory were reviewed today, would your reported stock align with your consumption (treatment) records?

- 🔴 Red – Not confident
- 🟡 Yellow – Somewhat confident
- 🟢 Green – Fully confident

- **WHY?**

- **Si votre inventaire était examiné aujourd'hui, votre stock rapporté correspondrait-il aux données de consommation (traitements) ?**
- 🔴 Rouge – Pas du tout confiant
- 🟡 Jaune – Moyennement confiant
- 🟢 Vert – Totalement confiant

- **POURQUOI?**
- \

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Why Inventory Reconciliation Fails/Pourquoi la réconciliation des stocks échoue-t-elle ?

- 📉 No connection between reported stock and actual consumption
- ⏱️ Delayed or missing inventory reports
- 📊 Incomplete or missing data from subnational levels
- 💊 Open bottles and leftover quantities not recorded
- 🔗 No link between treatment data and remaining balance of medicines

🎯 **Result**

- ❌ Poor planning – ❗ Expiry risks – ⚠️ Stockouts or overstocking

- 📉 Absence de lien entre les stocks rapportés et la consommation réelle
- ⏱️ Rapports d'inventaire retardés ou manquants
- 📊 Données incomplètes ou manquantes au niveau régional
- 💊 Flacons ouverts et quantités restantes non enregistrés
- 🔗 Aucun lien entre les données de traitement et le solde restant des médicaments

🎯 **Conséquence**

- ❌ Mauvaise planification – ❗ Risque d'expirations – ⚠️ Ruptures ou excès de stock

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What Poor Reconciliation Costs Us/ Ce qu'une mauvaise réconciliation nous coûte

COMMON ERRORS/ ERREURS COMMUNES

Case study 1: English version

ÉTUDE DE CAS 1 : VERSION ANGLAISE

CASE STUDY 1:MONITORING OF INVENTORY AND CONSUMPTION

COUNTRIES	Year	# ALB/LF Tabs donated via WHO	# Tablets distributed as per official Reports	# Tablets expired / lost	# Tablets utilized, but not reported in JAP	Theoretical BALANCE of tablet donated via WHO by selected year	PO number	Expiry Date earliest	Expiry Date latest	COUNTRY reported on available BALANCE (JRSM)	BALANCE wasted or expired (JRF) (JRSM)	COUNTRY reported on remaining BALANCE (JRF)
WAKANDA	2016					0						
WAKANDA	2017	3,087,000	364,529			2,722,471	20175XXX	11/1/2021		2,400,000		
WAKANDA	2018	0	1,035,785			1,686,686						
WAKANDA	2019	4,392,000	1,418,015			4,660,671	202134XXX	11/30/2023				
WAKANDA	2020	6,795,000	0			11,455,671						
WAKANDA	2021	7,026,000	4,838,002			13,643,669	2026070XXX	6/30/2025				635,000
WAKANDA	2022		6,845,517			**6,798,152**						5,113,500
WAKANDA	2023		4,980,281			**1,817,871**						
WAKANDA	2024	6,684,000	?????			**8,501,871**	203117XXX 203442XXX	7/31/2027				??????
WAKANDA	2025	8,385,000				11,390,903	203559XXX					

Obtained from the JRF

Obtenu du JRF

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JRF 2024

PC Joint Reporting Form v.4.2 (Loa)

Country	Wakanda	Year	2024

National authorities are requested to complete the **Joint Reporting Form (JRF)** 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.

Click here | Generate Report | Click here

Number of people received treatment (at least once) for the diseases (all areas) and geographical coverage (%)

	PreSAC	SAC	Adults	Total	Geographical
Lymphatic filariasis		2,151,473	3,344,495	**5,495,968**	70.59
Onchocerciasis	Not eligible	2,453,433	3,777,207	**6,230,640**	77.55
Soil-transmitted helminthiases		2,151,473	3,344,495	**5,495,968**	100.00
Schistosomiasis					

Number of people in need (in areas requiring PC) received treatment for the diseases and national coverage (%)

	PreSAC	SAC	Adults	Total	National
Lymphatic filariasis				**5,343,596**	54.76
Onchocerciasis	Not eligible			**5,381,115**	55.08
Soil-transmitted helminthiases		488,368	492,909	**981,277**	78.63
Schistosomiasis					-

Number of people treated by PC intervention and programme coverage (%)

	PreSAC	SAC	Adults	Total	Programme
MDA 1 (IVM+ALB)	Not eligible	2,151,473	3,344,495	**5,495,968**	90.69
MDA 3 (IVM)	Not eligible	377,097	578,074	**955,171**	84.10
MDA 4 (ALB/2*ALB)					
T 1 (PZQ+ALB/MBD)	Not targeted		Not targeted		
T 2 (PZQ)					
T 3 (ALB/MBD) - round 1					
T 3 (ALB/MBD) - round 2					
T 3 (ALB/MBD) - round 3					

Inventory of PC medicines in the country

	IVM	DEC	ALB (LF)	ALB (STH)	MBD	PZQ
Available	32,177,281		8,245,780			1,195,000
Distributed	22,177,633		5,343,596			
Wasted	37,648		118,958			178,000
Received						
Remaining	9,962,000		2,783,226			1,017,000

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CASE STUDY 1:MONITORING OF INVENTORY AND CONSUMPTION

COUNTRIES	Year	# ALB/LF Tabs donated via WHO	# Tablets distributed as per official Reports	# Tablets expired / lost	# Tablets utilized, but not reported in JAP	Theoretical BALANCE of tablet donated via WHO by selected year	PO number	Expiry Date earliest	Expiry Date latest	COUNTRY reported on available BALANCE (JRSM)	BALANCE wasted or expired (JRF) (JRSM)	COUNTRY reported on remaining BALANCE (JRF)
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WAKANDA	2025	8,385,000				11,390,903	203559XXX					

Obtained from the JRF

Obtenu du JRF

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Quiz: Analyzing Reconciliation Data/ Analyse des Données de Réconciliation

- **Which two districts would you follow up and why?/Quels sont les deux districts que vous suivriez, et pourquoi ?**

District	ALB Stock Before MDA / Stock d'ALB avant l'AMM	Tablets Distributed During MDA / Comprimés distribués pendant l'AMM	Tablet Balance After MDA / Solde de comprimés après l'AMM	No. Reported Treated (People) / Nombre de personnes traitées	Wastage / Gaspillage
A	12,000	9,500	2,500	9,200	300
B	15,000	14,000	1,500	13,000	-
C	10,000	9,200	800	9,000	200
D	8,000	6,000	2,000	8,500	-

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3 Key Actions to Take Forward/ 3 Actions clés à mettre en œuvre

- 📌 Reconcile BEFORE forecasting
- 📌 Apply FEFO to reduce expiry
- 📌 Validate from the lowest level upward

- 📌 Réconcilier AVANT de faire des prévisions
- 📌 Appliquer le FEFO pour réduire les péremptions
- 📌 Valider à partir du niveau le plus bas

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KEY POINTS/ POINTS CLÉS

- When applying for medicines using the JRSM, please remember that the "in stock" value should represent the estimated stock as of December 31st.
- Monitor unaccounted medicines during each MDA,
- A recommendation is to draft a similar table for each country, as it will be easier to identify and track unaccounted medicines at the regional/provincial/state level.

- Lors de la demande de médicaments en utilisant le JRSM, veuillez vous rappeler que la valeur "en stock" doit représenter le stock estimé au 31 décembre.
- Surveillez les médicaments non comptabilisés lors de chaque MDA,
- Il est recommandé de rédiger un tableau similaire pour chaque pays, car il sera plus facile d'identifier et de suivre les médicaments non comptabilisés au niveau régional/provincial/étatique.

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THANK YOU

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Plenary Discussion: Feasibility of JAP Digitization

Penny Smith, Consultant
TNR Strategies, LLC

World Health Organization
African Region

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Digitizing and automating the JAP to get to faster approvals?

Is this a feasible option to improve the JAP process?

Penny Smith, Consultant

TNR Strategies, LLC

July 22, 2025

Session structure

1. Intro/purpose of session
2. Defining Digitize vs. Automate
3. Discussion!
    a. What's being digitized and/or automated now?
    b. Areas working well
    c. Pain points
    d. Utility of automating more of the JAP process
4. Need to haves vs. Nice to haves
5. What would be needed to get there

Digitize vs. Automate

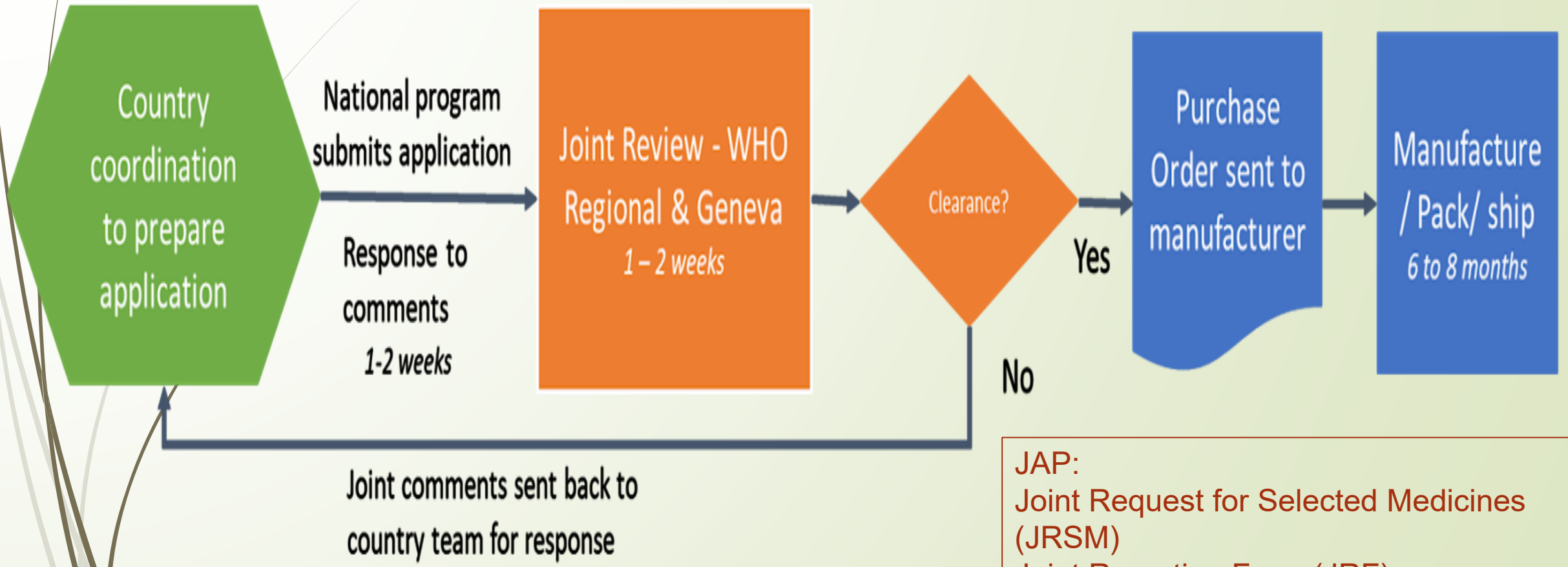
Digitize: to convert (data) to digital form for use in a computer.

- Moving from paper-based to electronic
- Asking computer to help with manual analysis
- Human review/validation
- Manual sharing/linking

Automate: Operate or control a process by highly automatic means, as by electronic devices, reducing human intervention to a minimum.

- Moving from manual review and analysis to automatic
- Program to quickly identify patterns/red flags and compare year to year
- More rapid availability of analyzed data
- Automatic sharing/linking, if interoperable

Current JAP submission process and timing (OPTIMAL)



JAP:
Joint Request for Selected Medicines (JRSM)
Joint Reporting Form (JRF)
PC Epidemiological Data Reporting Form (EPIRF)

What is needed for a more useful and faster JAP?

Need to have?

- Continues to be prepopulated?
- Autoflag missing or inconsistent data?
- No longer can submit with any missing data?
- Compares previous years' data and shows a trend report?
- Flags areas in need of surveys?
- Builds in IU planner—directly sends to partners to confirm funding
- Other needs to have?

Nice to have?

- Auto Data validation with a summary report to reduce the back office work by ESPEN?
- Cross-check anticipated leftover stock with actual?
- Prompt to confirm oldest stock used first-linked to with expiry alarm?
- Flag excess stock to prompt for use or transfer?
- Once approved could auto populate HMIS, LMIS?
- Increase automation of ESPEN Collect? Shorten the 6 week review window to populate EPIRF faster?
- Other features nice to have?

What's needed to get there?
(with existing staff and funds)

- Country and WHO buy-in
- Willingness to change/adapt to a new tool
- Interoperability with existing tools (IU Planner, ESPEN Collect, CIND, others)
- Ensuring dedicated HR and regular use on country side
- Ensuring dedicated tool maintenance on country side
- Determination of how low level the country can go (sub-district level)?
- Determine who has access
- Other needs?

So is this a good idea?

Why or why not?

Coffee Break

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Preview Day 3 - Preparations for Day 3

Ms Katie Shanahan

Data Scientist - JSI

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THANK YOU

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