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

Day 3

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: 23 July 2025

21-25 July 2025

Brazzaville, Congo Republic

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Wrap Up Day 2

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JAP – Strengthening Submission Processes and Addressing Key Challenges

- Countries shared experiences addressing delays in JAP submission due to outdated population data, redistricting, and inconsistent reporting across sectors.
- ESPEN showcased tools such as pre-filled forms, demographic projections, and the JAP Upload Tool to support accuracy and reduce workload.
- The importance of early stakeholder coordination, internal validation meetings, and timely survey data submission was emphasized by Guinea and Sierra Leone.
- Q&A sessions highlighted feasibility of rolling submissions, use of AI to detect data inconsistencies, and integration of community-level census data with national estimates.
- WHO and ESPEN encouraged countries to form JAP Working Groups (national programmes, implementing partners, WHO CO) to align data, inventory, and funding prior to submission, improving review timelines and reducing errors.

Medicine Inventory and Reconciliation – Visibility, Accountability, and Approval

- A practical case study illustrated how cumulative reporting gaps can leave millions of tablets unaccounted for, delaying JRSM approval and shipment.
- Participants learned to calculate theoretical stock balance and identify mismatches between distributed tablets, reported treatments, and inventory records.
- Key lessons included the need to reconcile inventory before forecasting, monitor expiry dates, and apply First-Expiry-First-Out (FEFO) principles.
- Countries were urged to report all medicines, including from open bottles and non-WHO sources, and validate inventory from health facility level upward.
- Reconciliation is now a precondition for medicine shipment approval, reinforcing its centrality to effective supply chain and program management.

Enhancing the JAP Process through Digitization and Automation

- A plenary session explored the feasibility of digitizing and automating JAP components to reduce delays and improve data integrity.
- Countries expressed support for tools that auto-populate fields, flag inconsistencies, track trends, and link to ESPEN Collect, IU Planner, and DHIS2.
- Key features prioritized by participants included built-in data validation, expiry alerts, reminders for overdue surveys, and integration with funding confirmation workflows.
- Concerns raised included the need for adequate training, infrastructure, and flexibility in the system to avoid excluding low-connectivity areas.
- Ghana and Tanzania volunteered to pilot a digitized JAP tool, with several countries recommending leveraging and expanding existing platforms.

The Importance of Data-Driven Decision-Making in NTD Programmes: Highlighting real-life examples

Dr Jorge Cano

ESPEN Surveillance Officer

World Health Organization
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Overview

- Why data matters for PC-NTDs
- From Data to Action
- What decisions rely on data?
- Case Studies

Why Data Matters for NTD Programmes

🔍 Challenges (*some*) in NTD Programme Implementation

- **Limited resources**: Funding gaps and shifting donor priorities
- **Large and dispersed target populations**
- **Evolving epidemiological landscapes**: transmission patterns shift
- **Fragmented data systems**: Vertical programs often use parallel systems
- **Need for targeted interventions:** as reaching the endgame risk for persistent hotspots of transmission

🎯 The Role of Data in Addressing these challenges

- **Precision:** Identify exact areas and populations that still require treatment or intensified surveillance.
- **Equity:** Ensure interventions reach the most vulnerable, marginalized, or high-burden areas.
- **Efficiency:** Use available funding, medicines, and personnel where they will have the greatest impact.
- **Accountability:** Track progress, justify investment, and communicate success to partners and communities.

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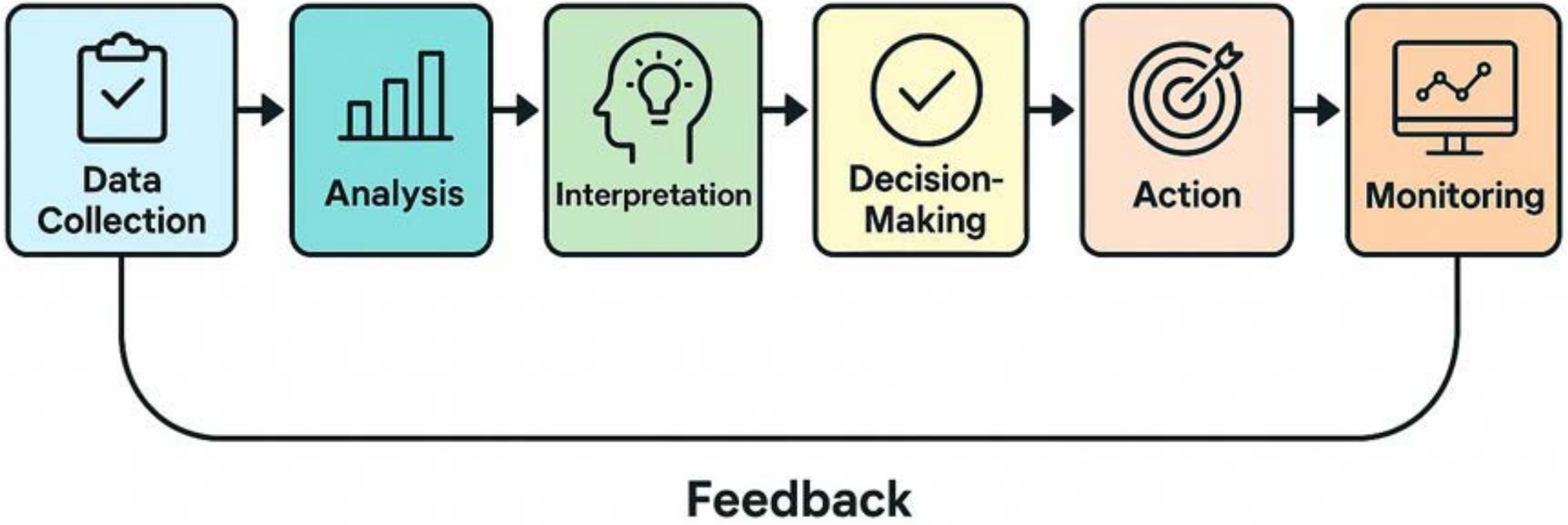
From Data to Action



What Decisions Rely on Data?

📍 **Planning MDA Campaigns:**	• Identify where, when, and for whom mass drug administration should occur based on population at risk and treatment history.
🗺️ **Prioritizing Interventions Geographically:**	• Focus limited resources on high-burden or persistent-transmission areas using IU-level endemicity maps and coverage data.
📊 **Adjusting to Epidemiological Trends:**	• Respond to new survey results, shifting disease prevalence, or coverage gaps by refining treatment strategies or intensifying monitoring.
🩺 **Morbidity Management and Disability Prevention (MMDP):**	• Use data to identify where morbidity services (e.g., for LF or trachoma) are needed and ensure service integration with routine systems.
📉 **Evaluating Impact and Stopping Treatment:**	• Determine if disease transmission thresholds have been met to stop MDA (based on TAS, pre-stop surveys, and longitudinal trends).
💰 **Securing and Allocating Funding:**	• Use performance data to advocate for continued support and guide equitable distribution of funds, medicines, and technical resources.

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Case Study 1 – Planning Based on Coverage Gaps

NTD Index

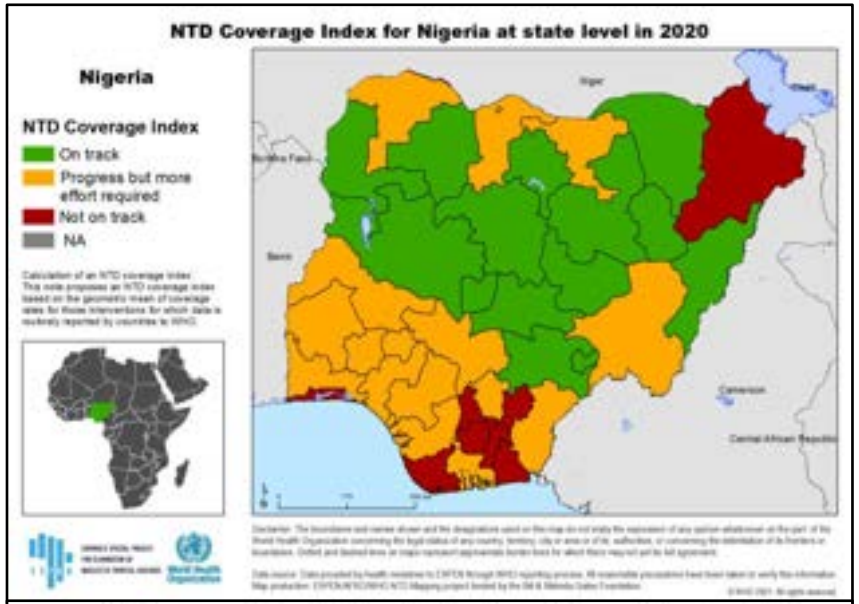
Data source: PC Data Portal, Department of Control of Neglected Tropical Diseases, accessed 29 December 2021

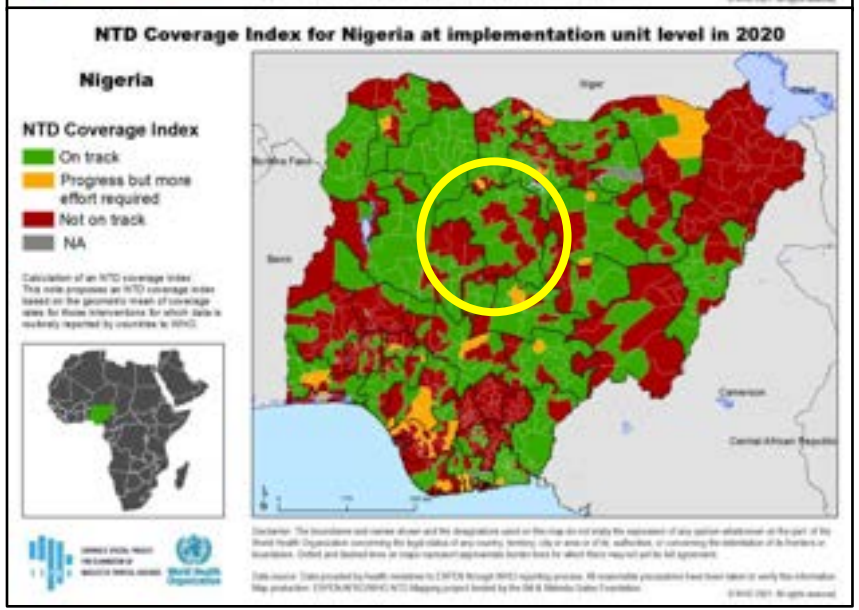
World Health Organization

	Population (in 1000) requiring treatment by disease, 2020					Coverage by disease, 2020					NTD Index	
	LF	ONCHO	SCH	STH	TBA	LF	ONCHO	SCH	STH	TBA	2019	2020
Angola	3,819	5,940	3,250	3,371	No data	29	34	14	12	ND	15	19
Benin	515	5,599	1,387	2,109	0	83	82	69	58	100	20	77
Botswana			367	194	No data			0	43	ND	0	3
Burkina Faso	2,187	285	4,285	Surveillance	0	78	70	100	100	100	89	89
Burundi		2,008	1,634	2,296	0		82	100	98	100	95	95
Cabo Verde				150					55		65	55
Cameroon	50	11,340	3,330	3,834	325	0	56	99	36	0	18	4
Central African Republic	4,445	2,608	478	997	3,531	0	0	0	0	38	60	0
Chad	5,552	6,153	2,370	545	270	78	68	15	26	0	65	12
Comoros	400			255		50			33		66	33
Congo	1,062	787	225	833		33	30	33	41		12	14
Côte d'Ivoire	21,968	19,169	5,035	2,596	7,865	48	74	100	62	25	65	58
Democratic Republic of the Congo	47,298	50,806	11,512	51,592	13,265	9	0	0	4	14	74	1
Equatorial Guinea	420	99	92	245		0	0	0	0		0	0
Eritrea	71		246		126	51		8		71	57	31
Eswatini			282	17				0	0		3	0
Ethiopia	8,831	24,391	7,775	28,073	75,731	29	73	0	33	28	65	11
Gabon	350	722	180	430		0	0	0	41		0	0
Gambia			98	71	0			0	0	100	8	1
Ghana	1,350	7,622	4,369	10,904	Eliminated	0	0	0	0	100	73	0
Guinea	8,181	7,746	1,885	2,536	235	64	65	61	87	91	0	73
Guinea-Bissau	1,892	566	108	377	27	22	70	0	19	87	11	12
Kenya	4,105		1,924	5,938	3,660	0(NR)		0(NR)	0(NR)	23	39	0
Lesotho				387					0		48	0
Liberia	2,949	3,160	448	899		0	0	0	0		87	0
Madagascar	21,590		4,409	7,501		13		60	69		37	34
Malawi	Eliminated	2,491	3,795	7,835	0	100	84	78	59	100	90	78
Mali	Surveillance	6,328	3,518	Surveillance	0	100	78	97	100	100	24	95
Mauritania			391		0			72		100	75	85
Mozambique	19,099		8,284	11,092	4,718	77		81	45	0	68	13
Namibia			206	811	No data			0	0	ND	0	0
Niger	4,135		4,555	Surveillance	4,068	78		59	100	30		
Nigeria	136,370	51,731	17,664	68,247	7,904	55	75	55	64	33	76	56
Rwanda			1,665	3,912				78	94			
Sao Tome and Principe	230		24	81		72		0	60		66	8
Senegal	5,591	358	1,541	1,271	0	70	88	69	3	100	62	62
Sierra Leone	1,655	7,151	1,309	3,256		70	75	52	44		75	58
South Africa			3,808	15,682				0	0		2	0
South Sudan	8,561	8,571	1,524	678	3,301	0	0	11	31	31	19	2
Togo	Eliminated	3,820	1,740	2,523	0	100	94	100	57	100	77	88
Uganda	Surveillance	1,501	9,628	16,484	700	100	83	47	42	57	38	48
United Republic of Tanzania	8,238	6,576	6,751	19,294	1,481	0	28	47	30	0	46	3
Zambia	12,810		2,155	4,447	2,545	51		65	23	0	2	9
Zimbabwe	8,030		2,022	589	3,666	0		16	0	44	0	2
Djibouti				113					0		0	0
Egypt	Eliminated		1,484		1,945	100		99		0	53	10
Somalia			2,350	2,697	No data			100	81	ND	2	90
Sudan	10,067	161	4,517	1,218	3,499	0(VAL)	0(VAL)	0	0(NR)	21	43	0

Not on track
Progress
On track
0 Not implemented
Not requiring
0(NR) Not reported
0(VAL) Reported but data is still under validation process

76 (2019) / 56 (2020)





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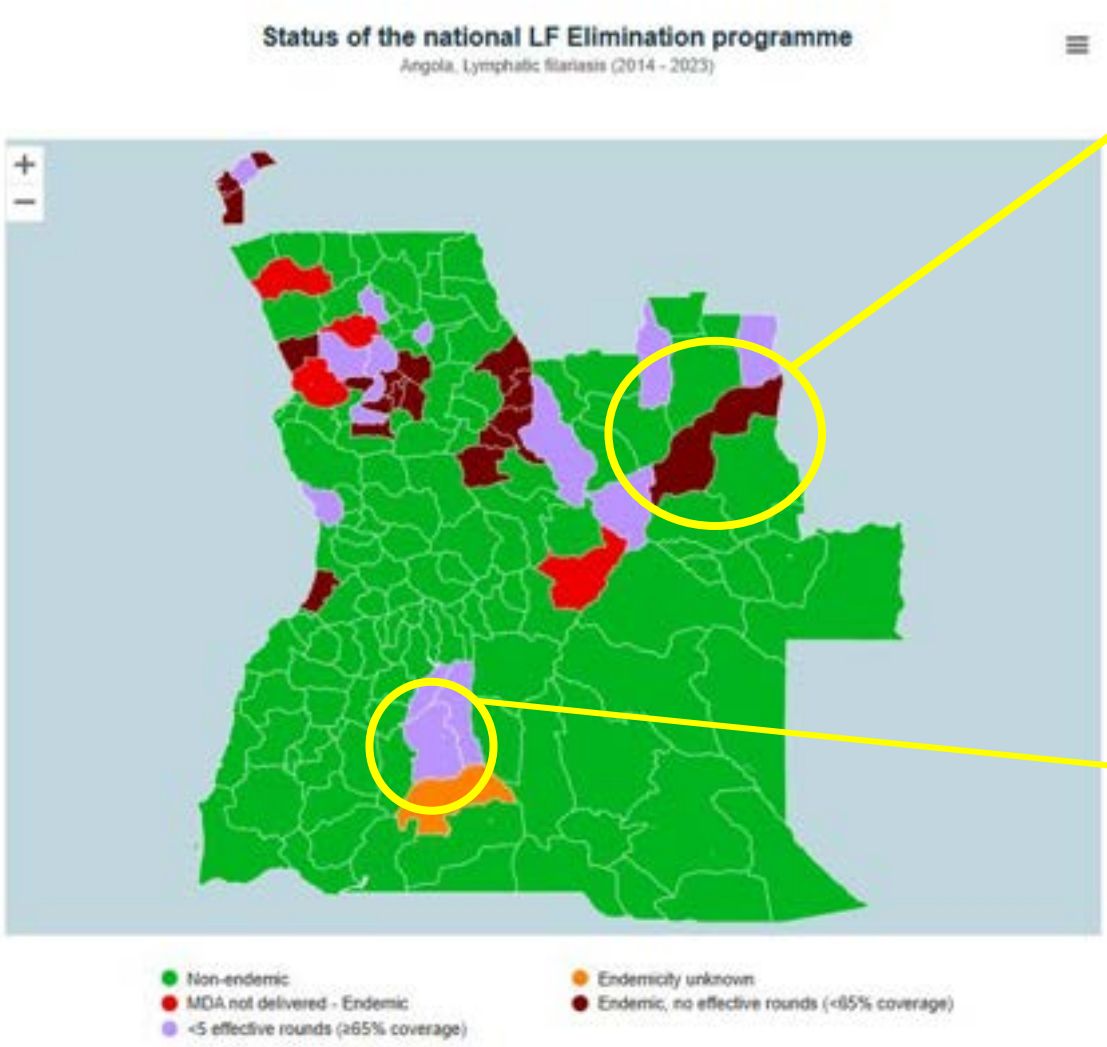
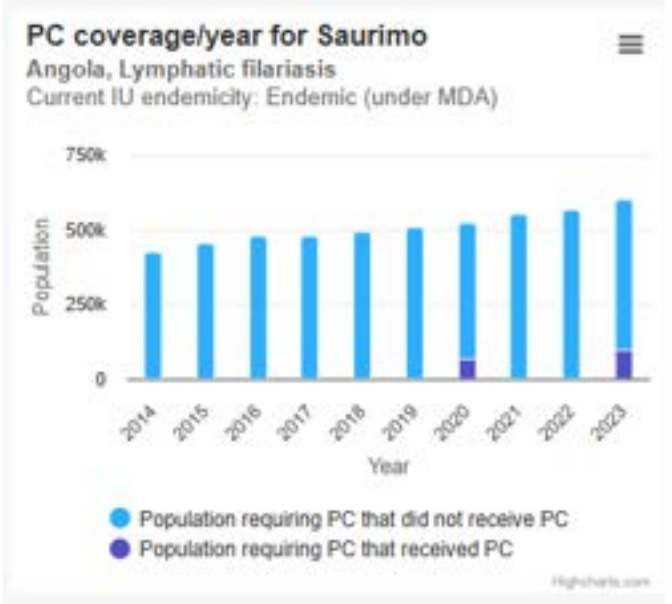
ALMA Scorecard Hub
Sharing knowledge, driving accountability

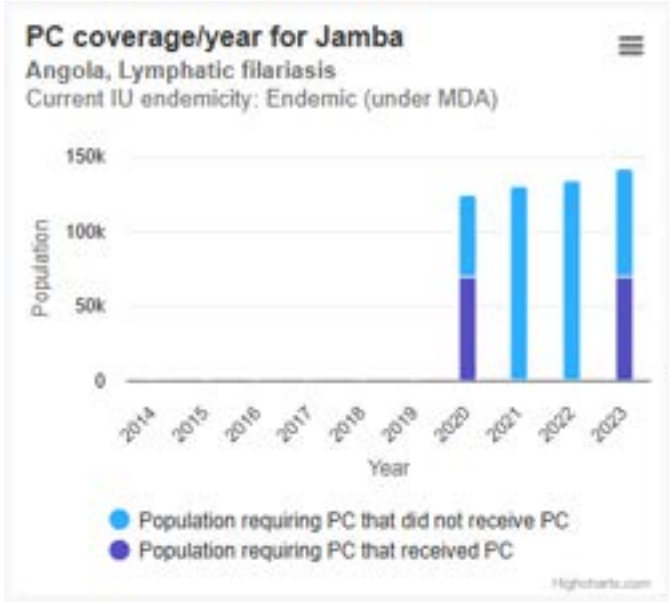
Case Study 1 – Planning Based on Coverage Gaps



Saurimo: *Endemic, no effective rounds (<65%)*

Jamba: *< 5 effective rounds (>=65%)*





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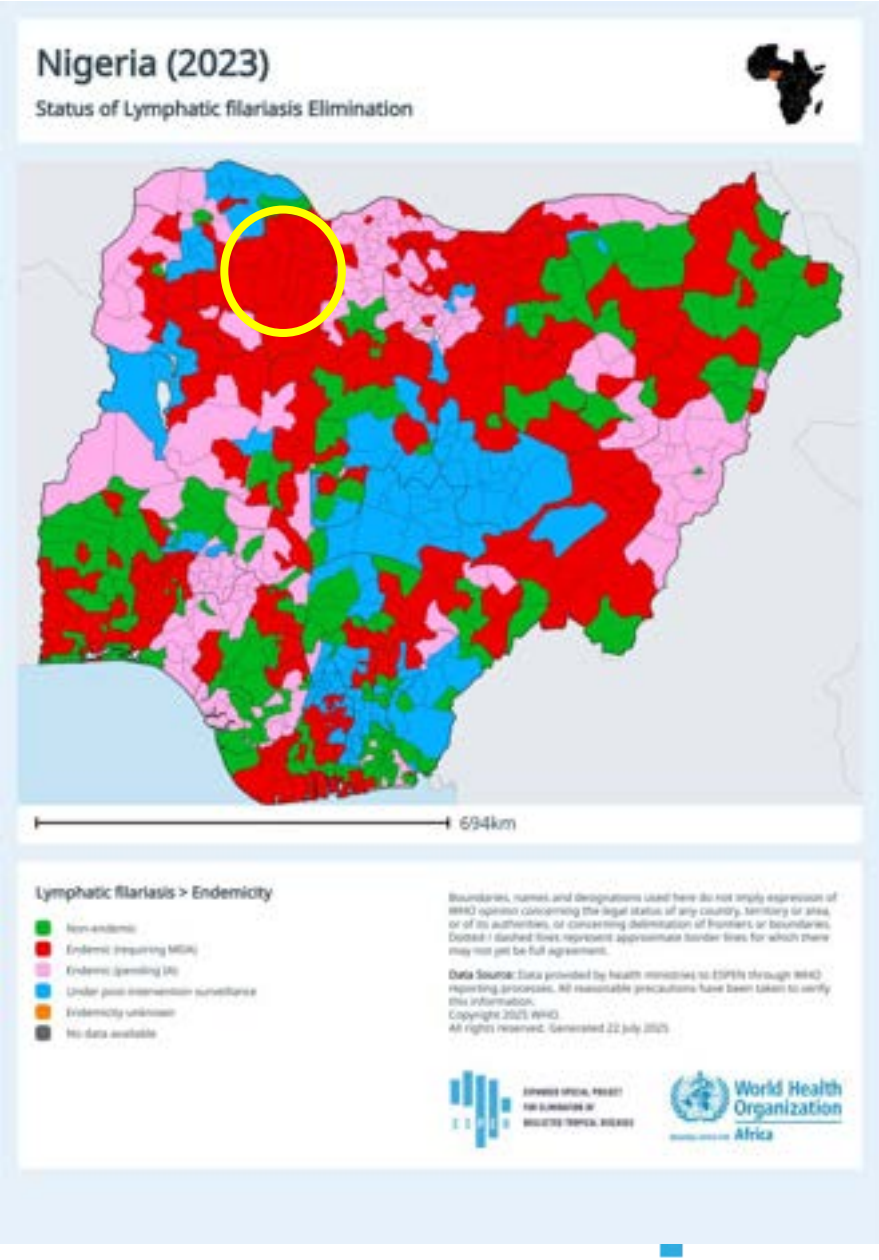
Source: https://espen.afro.who.int/

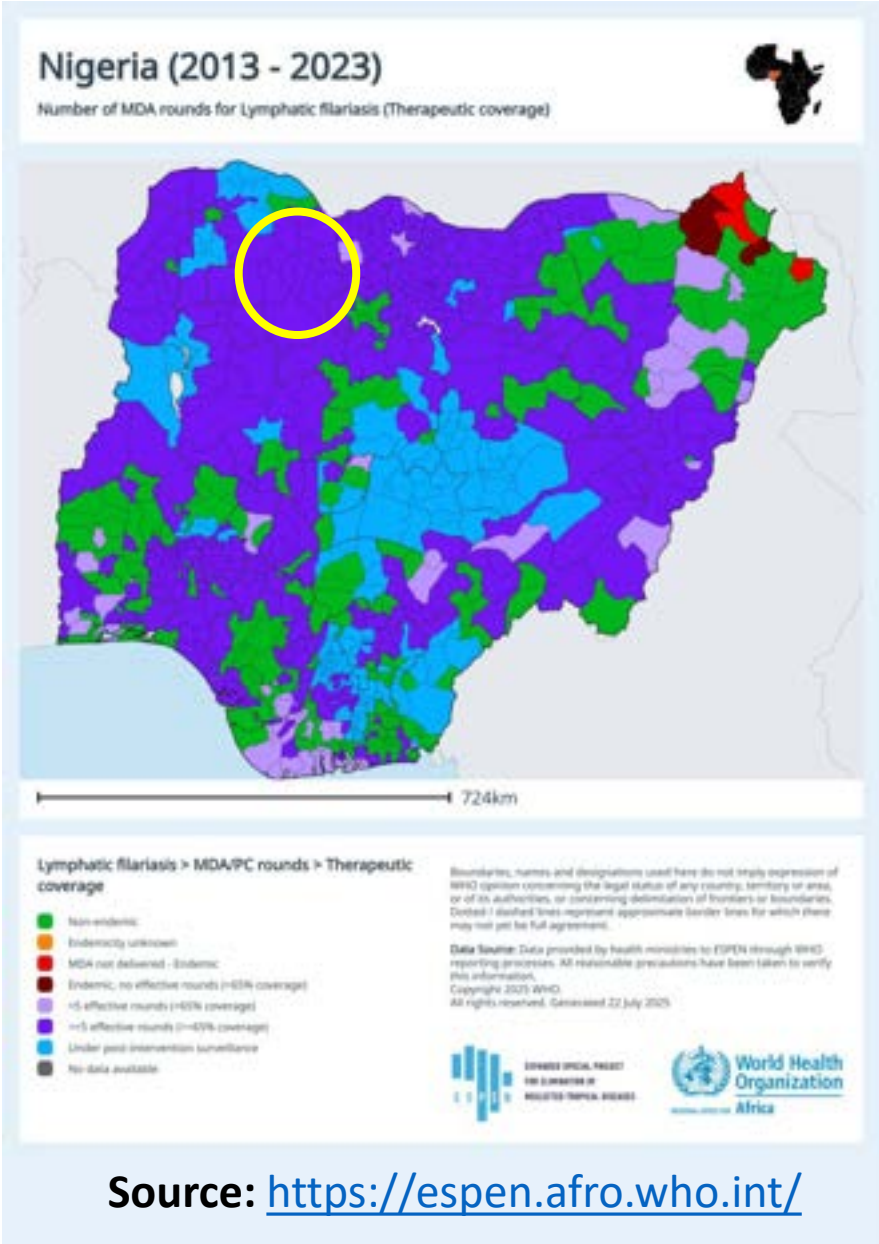
Case Study 2 – Stopping MDA Based on Impact Survey Data



LGAs with a history of more than 5 effective rounds since 2013, **yet to implement pre-TAS/EMS**

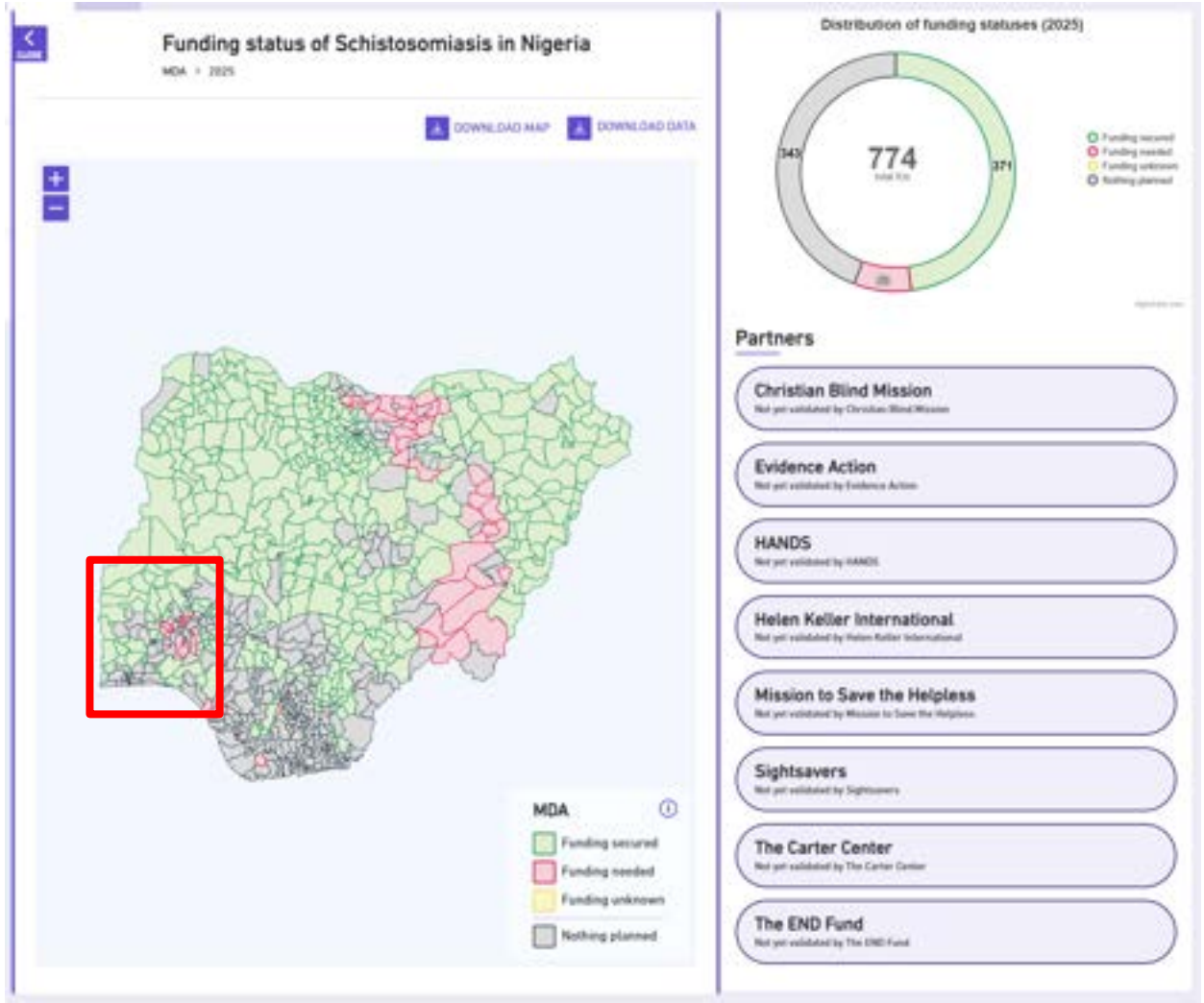
- **Failed pre-TAS in the past?**
- **Inertia?**
- **Available support?**

Exceeding required rounds may lead to can result in inefficient use of resources

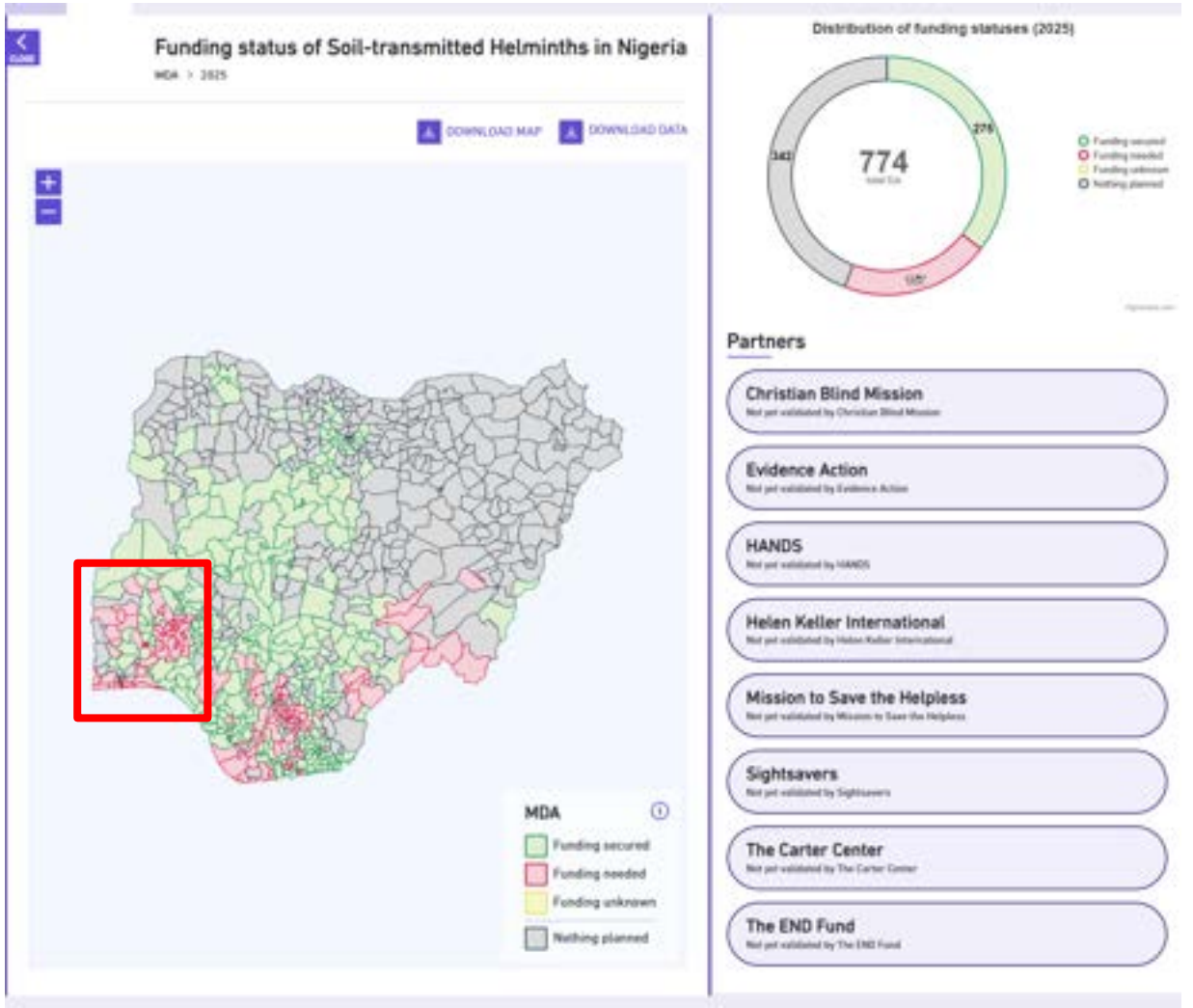


Source: https://espen.afro.who.int/

Case Study 3 – Integrating Data to Improve Efficiency



Funding gap: 60 LGAs



Funding gap: 157 LGAs

https://espen.iuplanner.app/

Recap – Why This Matters

- Data is not just for reporting—it directly informs planning, prioritization, and policy decisions in NTD programs.
- A strong feedback loop from data collection to action ensures that programmes remain adaptive and effective.
- Real-life case studies showed how data was used to:
  - ✓ Identify low-coverage areas (e.g., Saurimo) requiring intensified MDA support.
  - ✓ Flag districts with multiple effective rounds yet lacking pre-TAS assessments, prompting reallocation of resources.
  - ✓ Potential for integrating MDA campaigns (e.g., through the IU Planner) to visualize funding gaps and coordinate partner support more efficiently.
- Using reliable data leads to **better targeting, faster progress, and greater programmatic impact**.
- **Countries should make data part of everyday decisions and see it as a tool to improve results—not just something for reporting.**

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Why Do We Collect and Use Data?: Linking data collection to programmatic goals and outcomes

Dr Julia Dunn

Director, Analytics and Surveillance, CHAI

World Health Organization African Region

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What do we mean by ‘data use’?

Which houses were reached during the MDA campaign yesterday and where do my teams need to go tomorrow?

Why doesn’t this NTD data match up with that NTD data? Are we achieving our targets or not?

Will we reach our elimination goal with our current strategy? What else could we be doing?

Why are NTDs endemic and why do they persist in this area?

I wish I had a beautiful dashboard of NTD treatment coverage that I could use to advocate for more funding…

How should we target the upcoming MDA campaign for maximum impact with the limited resources we have?

Incorporating data and evidence into understanding and decision-making

“Because that’s how it’s always been done”

“We’ll find out when it’s completed”

“Because that’s what people expect”

“Because it’s easiest like this”

“Because we are targeting the highest prevalence areas”

“Because this is the most impactful and cost-efficient strategy”

“Because the vector is present here”

“Because this area regularly experiences stock-outs”

“Because coverage is too low”

“Because data quality is poor and needs improving”

“Because this intervention did not have the impact we expected”

Use of information and evidence can inform multiple use cases that can drive elimination of PC-NTDS

Inform **NTD program strategy** (e.g. use of mathematical models to assess the impact of suggested interventions)

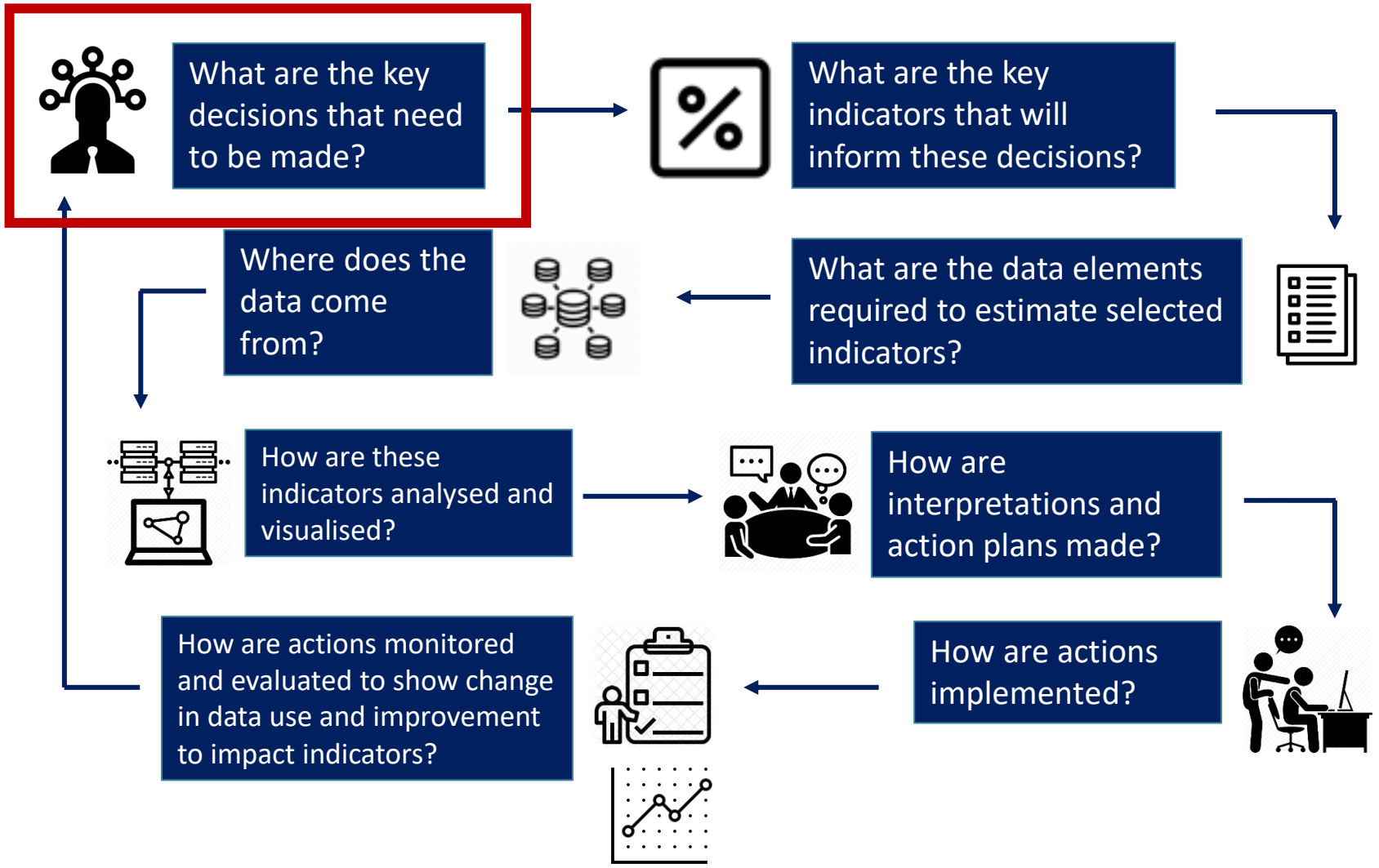
Improve **quantification of MDA commodity** or **coverage estimates** by refining community-level population estimates

Plan surveys and **MDA campaigns** using historic and current evidence to target resources to most at-risk geographies

Increase efficiency of MDA delivery by improving treatment register quality, routine monitoring of community campaign operations and coverage, providing feed-back at district level and supervision to drug distributors

Inform program advocacy and/or donor approach to **seek resources**

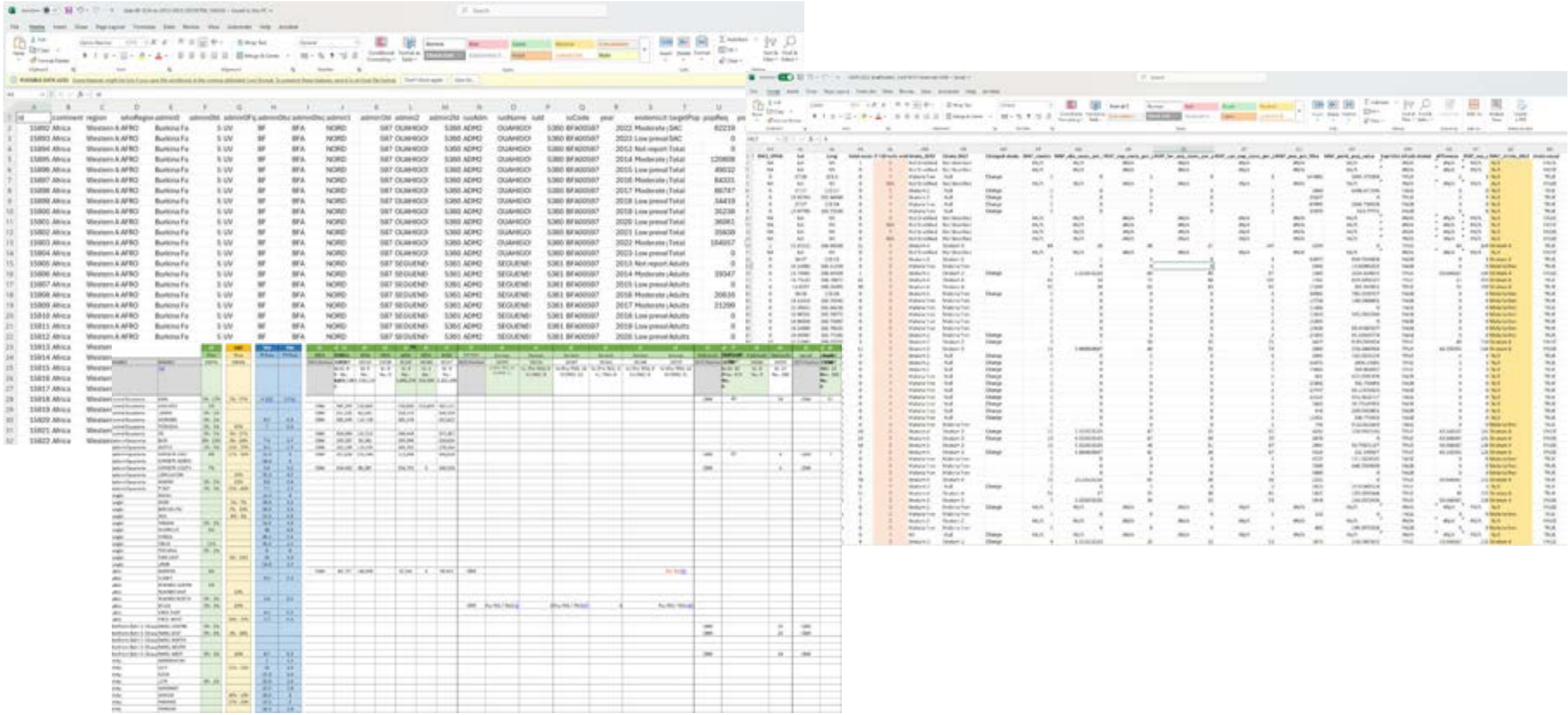
“Data use” is ensuring that decisions are made by collating, digesting and interpreting the evidence available to us to make informed choices



A “data-to-action” framework starts by asking **what key decisions and questions do program staff need to answer?**

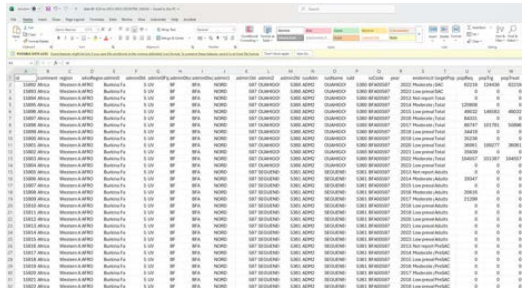
This framework is iterative:
The data collected inform the monitoring and evaluation of the actions taken, which lead to additional questions to be answered

What counts as “data” in data use?

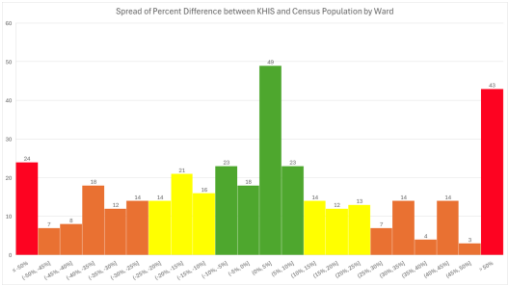


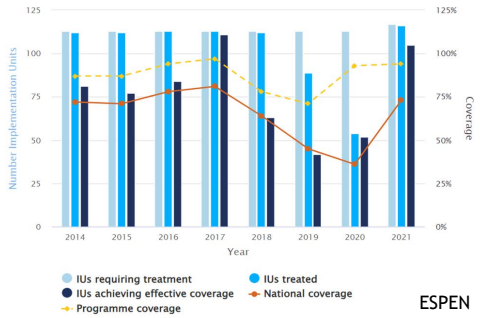
What counts as “data” in data use?

Numerical data



Visualisations and dashboards





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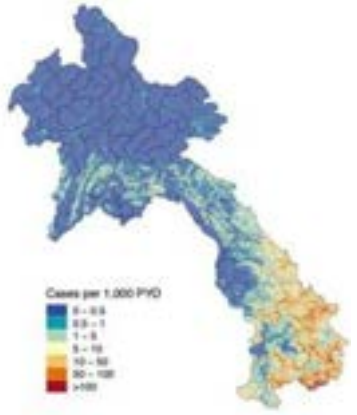
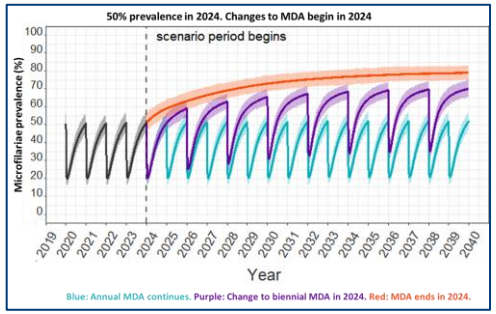
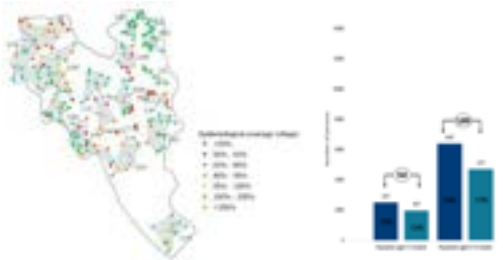
Analytical outputs

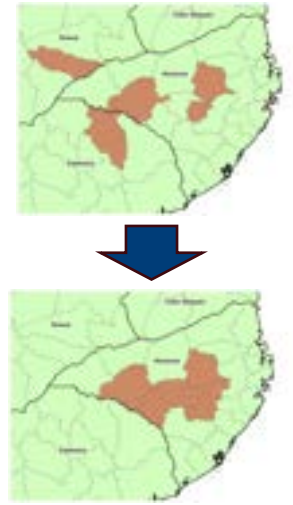


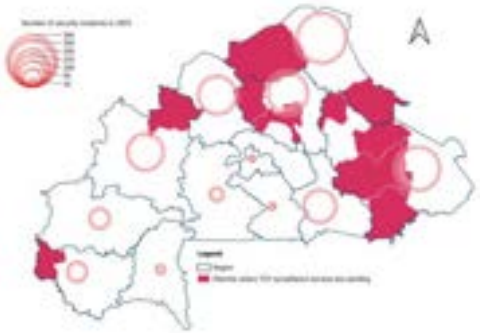


Matt Dixon, Martin Walker, Maria-Gloria Basanez, 2023, Unpublished



Context and operational considerations





Where does the data come from?

Surveillance and routine data

- Morbidity and case management
- Post-elimination surveillance

Campaigns and interventions

- Real-time campaign monitoring
- Geographical and therapeutic coverage
- Digitized data collection
- Post-MDA surveys

Surveys

- Prevalence surveys
- TAS
- Academic studies

Analytical outputs

- Geospatial modelling outputs on prevalence and vector suitability
- Mathematical modelling of intervention impact
- Risk factors

Other ministries

- Population data
- Water, sanitation and hygiene (WASH)

Qualitative data and experience

- Events affecting data quality and intervention roll-out (e.g. conflict, strikes)
- Accessibility
- Population preferences and intervention suitability

Ideally, data is **collated and integrated into one online system** that is accessible to all those who require to use data for visualization, M&E and decision-making.

This could be an integrated NTD data repository and/or the main HMIS.

What counts as “use”?

How data use occurs depends on the use-case, targeted actions and decisions arising from the data.

Data use can take place at whatever frequency, format and attendance as is necessary.

People

- Are the people responsible for follow-up and decision making involved?
- Are the people with the greatest knowledge of the data and context involved?

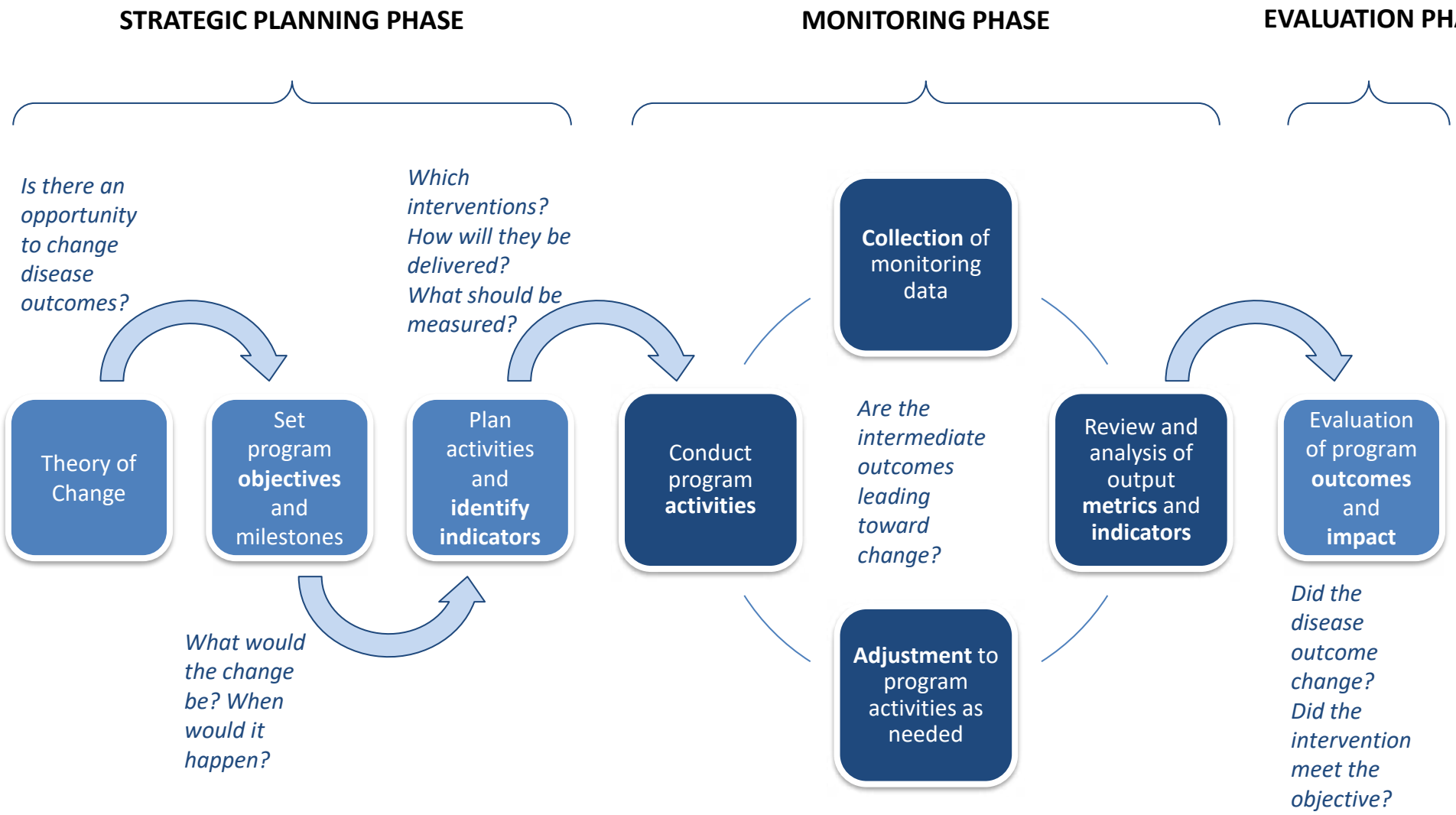
Place

- Virtual/in-person
- Regular data review meetings
- Ad-hoc data review
- Automated dashboards or reports
- Workshops
- Formal programme reviews

Time

- Daily for e.g. MDA campaign monitoring and quick decision making
- Monthly for programme monitoring
- Annual for programme evaluation and review

Data use is not a one-off activity, but an important part of the monitoring and evaluation cycle



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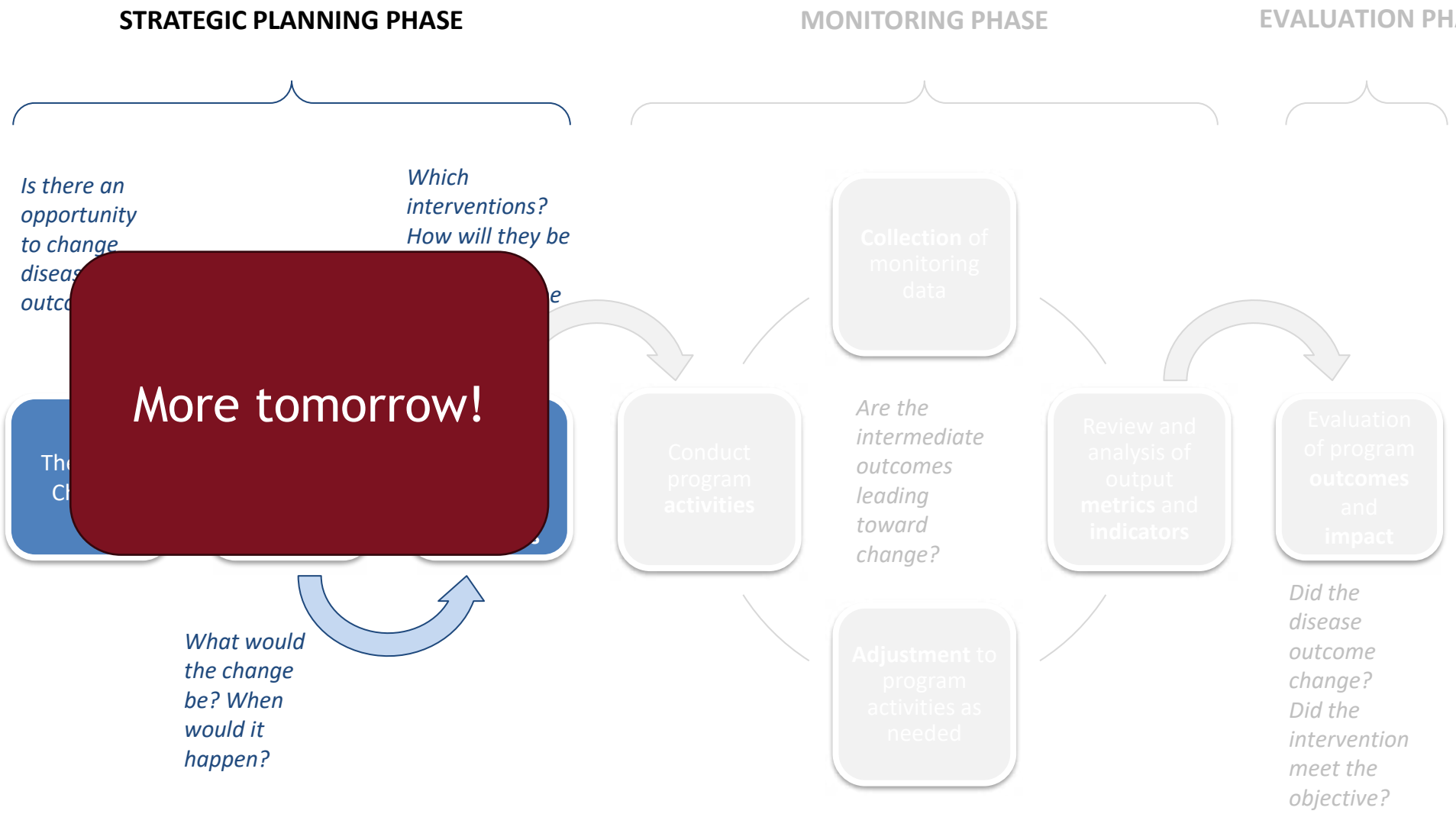

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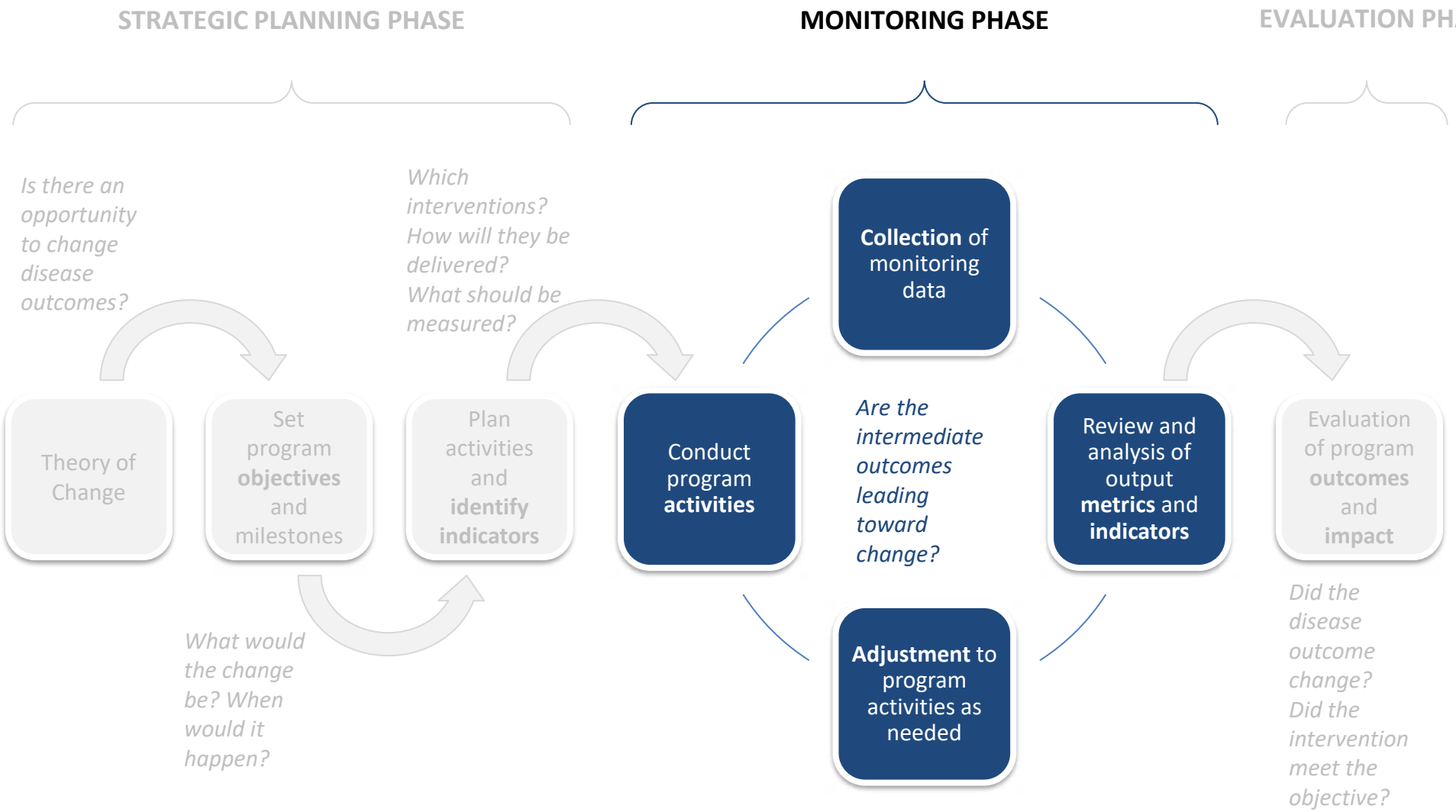
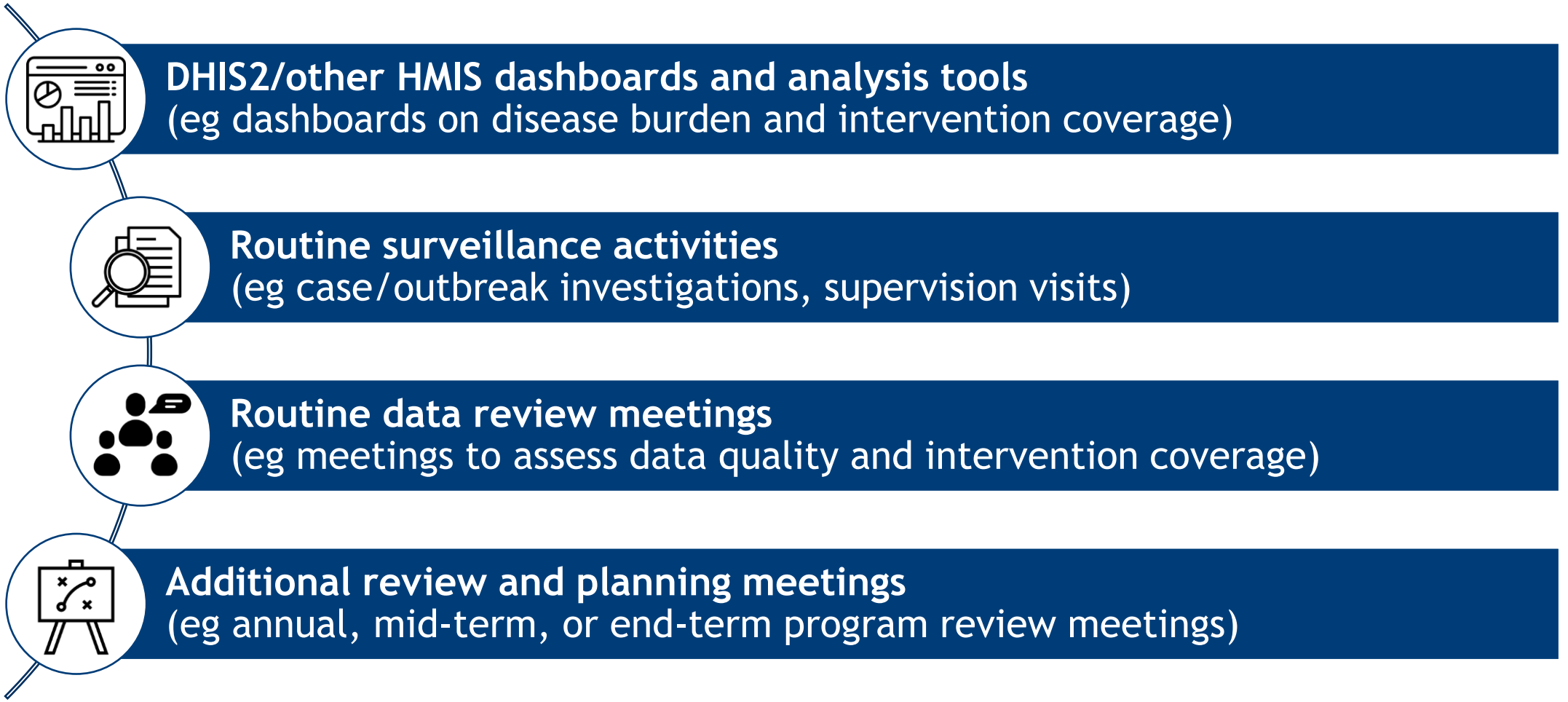


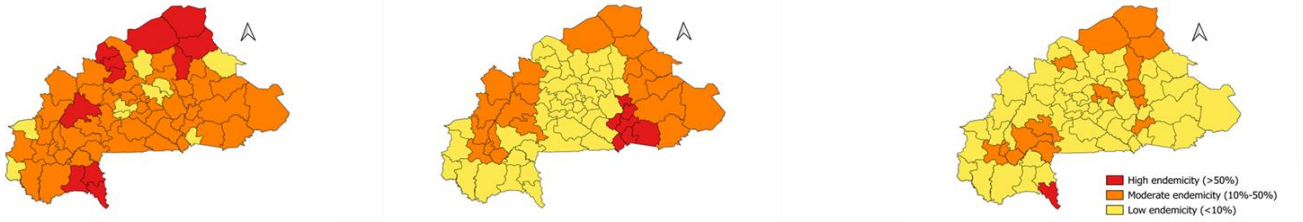
Programs can use different data review forums to routinely monitor indicators

A few (non-exhaustive) examples include:



Regularly reviewing epidemiology and intervention data informs us how the programme is performing and why disease may be persisting

Epidemiology



1990s
Start of treatment in high-risk zones

2004-2005
Baseline cartography showed all districts were endemic, with prevalence from 1.7% to 81.7%. Launch of MDA in 2004

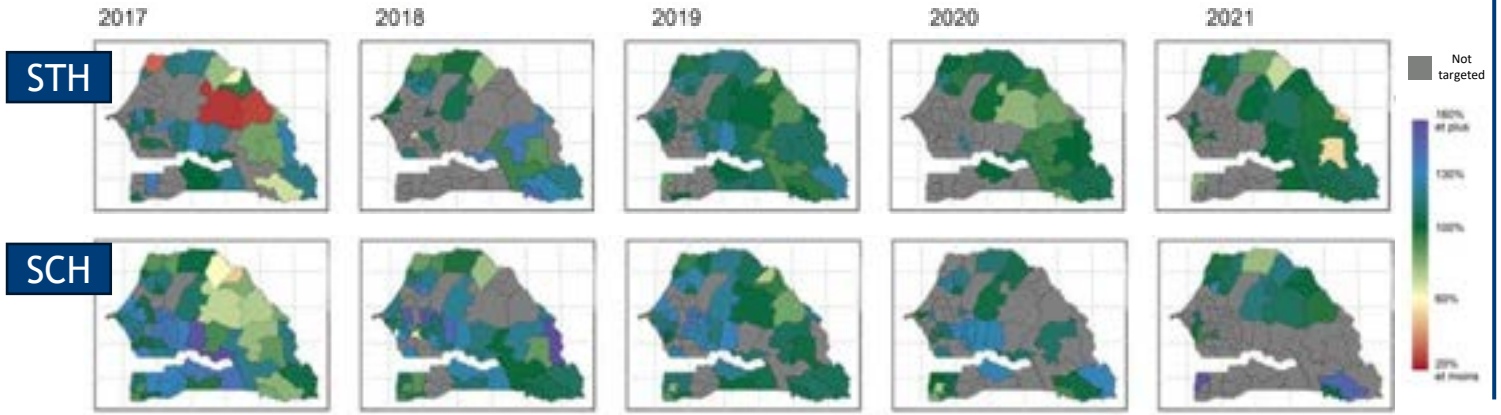
2016
7 districts with high endemicity, 22 districts with moderate endemicity, 41 districts with low endemicity

2019
59 districts show low endemicity while 11 districts show moderate endemicity

2024
Impact assessment surveys conducted to update geographic data. 13 districts surveyed with prevalence from 0 to 70.83%. 12 more districts surveyed in 2024.

Source: Burkina Faso NTD Strategic plan 2024-2028

Interventions



Source: ESPEN

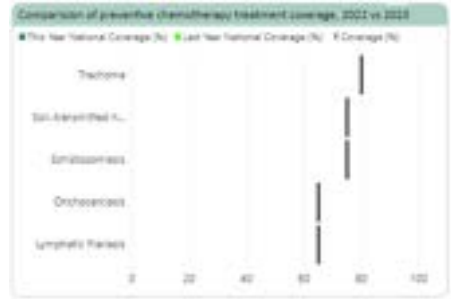
Programme M&E

M&E FRAMEWORK

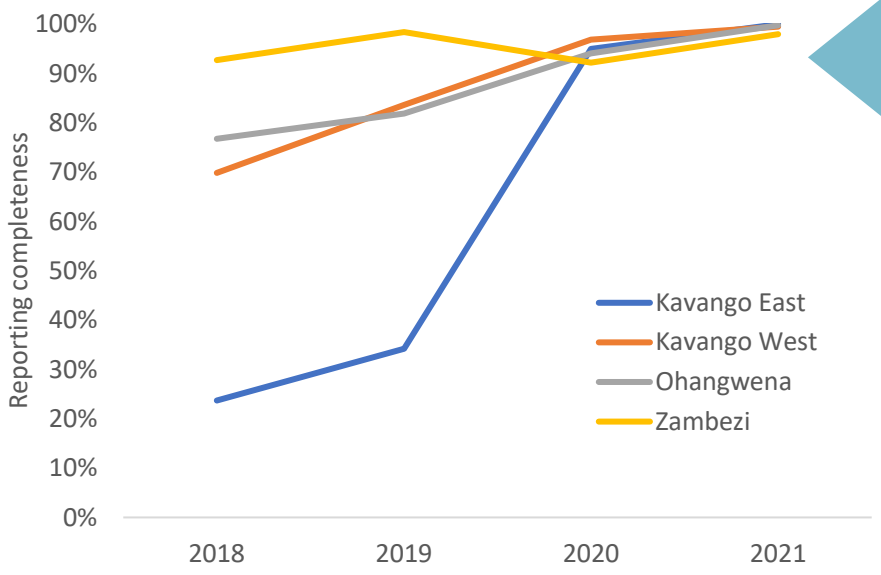
Streamlined set of well-constructed indicators designed to assess whether the strategies described in the Master Plan are advancing progress against control and elimination targets.

M&E PLAN

A concise document laying out (1) processes to collect, manage, and analyze the data necessary to calculate the indicators in the M&E framework and (2) how the NTD program will use this data to make decisions.



Improved granularity and quality of data have allowed thorough and routine use of data, including investigating drivers of transmission



Improved data quality (reporting & completeness up to >85%, concordance)

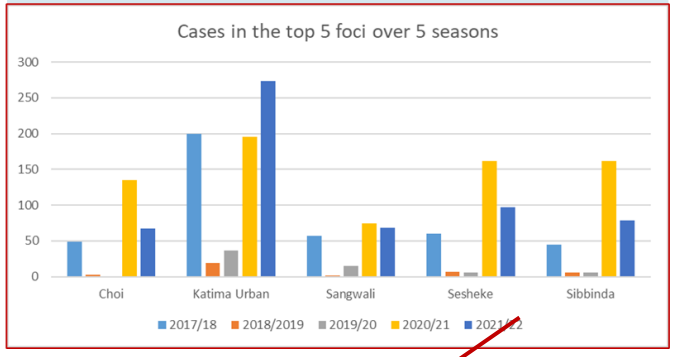
Greater trust in data

Improved use of data (identifying hot-spots, transmission patterns)

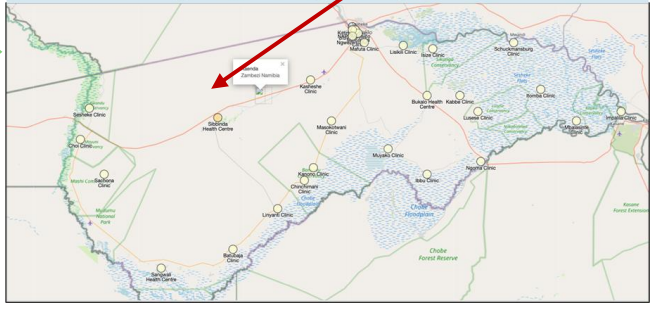
Evidence-based decisions (targeted SBCC, IRS mop-ups in classroom, refresher trainings)

Improved prevention and case management (e.g., testing rate went up 100%; 74% IRS mop-up)

Focus investigations in Zambezi started with a desk review to determine highest burden facilities

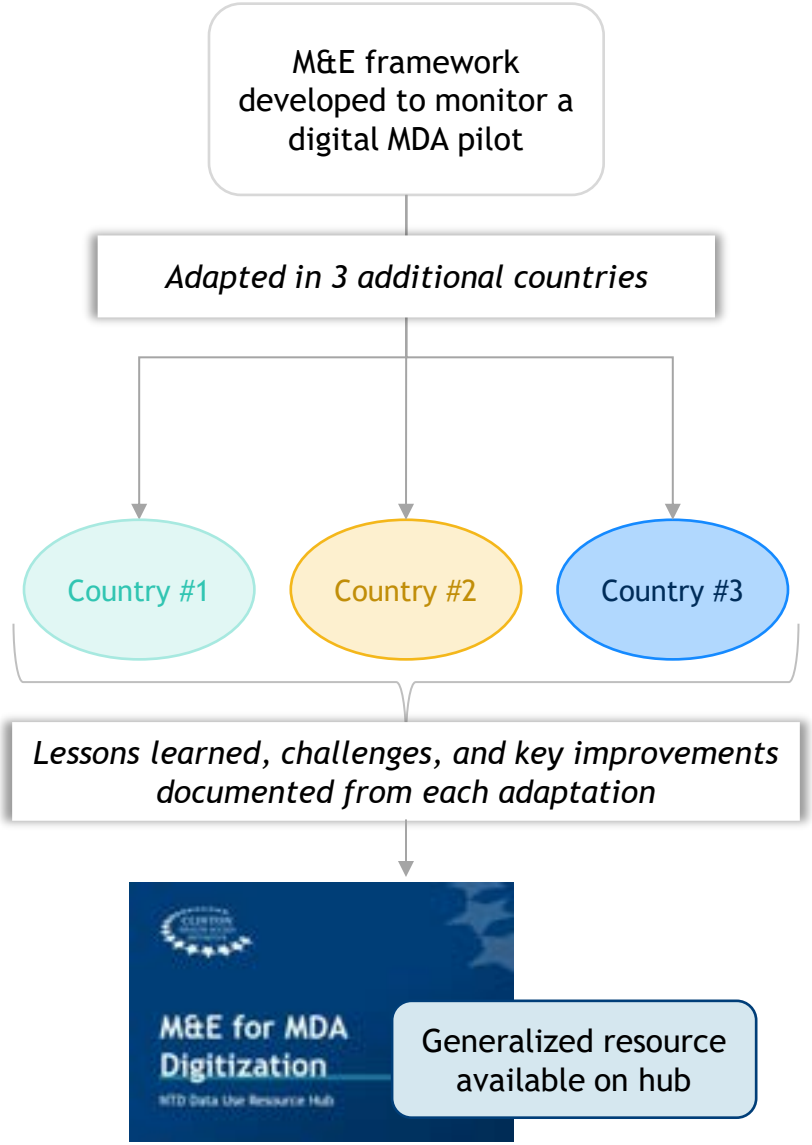


The majority of cases reported at Sibbinda facility were listed as coming from Makanga village



District	KATIMA MULILO
Village	MAKANGA
Total structures targeted (microplan)	1,269
MicroplanIncl	1
Supervisor reported targeted structures (av	1,269
Total structures visited (E4/E5 Form)	1,930
SprayStatus	1
Total structures sprayed (E4/E5 Form)	1,437
Total structures locked (E4/E5 Form)	255
Total structures refused (E4/E5 Form)	238
Microplan Coverage	113%
Operational Coverage	74%

The NTD Data Use Resource Hub: Customized solutions ▫ generalized guidance



- While solutions were developed for the specific goals and challenges of individual NTD programs supported through the CHAI grant, the work revealed **significant overlap between countries in impactful solutions**.
- Throughout implementation, **CHAI teams actively shared and adapted guidance, templates, and best practices** – showcasing the transferability of learnings and resources across countries.
- To enable broader uptake beyond grant-supported countries, these resources were **standardized and paired with concise "how-to-use" guides** to facilitate adaptation by other NTD programs.
- The tools are designed to **complement existing resources** from the WHO and key NTD partners, with a focus on bridging the gap between technical tools and day-to-day program operations.
- **Emphasis is placed on practicality and usability**: organizing planning meetings, structuring data review discussions, and improving access to and use of routine data without overburdening NTD program staff.

Available resources and intended users

- These tools are designed for NTD program teams—**particularly program managers and M&E officers**—who want to strengthen data use to inform decision-making.
- These resources are designed to help programs **address existing challenges in how they organize, review and use data** for planning and decision-making.
- Each resource includes a brief usage guide to support customization and integration into existing workflows accompanied by generalized templates for adaptation.
- In addition, **training materials and guide decks from trainings completed** in each of the focus countries will be packaged and made available in the second round of uploads.

Available resources in Hub

Creating data-driven, integrated work plans	Integrating microplanning ahead of MDA	Developing NTD data systems and repositories
Digitizing MDAs with standard XLS forms	Developing MDA digitization M&E plans	Implementing data quality support tools
Conducting effective data review meetings	Developing M&E frameworks for NTD Master Plans	Developing and conducting NTD modelling projects (TBD)

Turning Guidance into Action: The WHO's Roadmap M&E Framework outlines best practices for managing NTD data. These Hub resources are designed to help programs apply those practices in real-world settings.

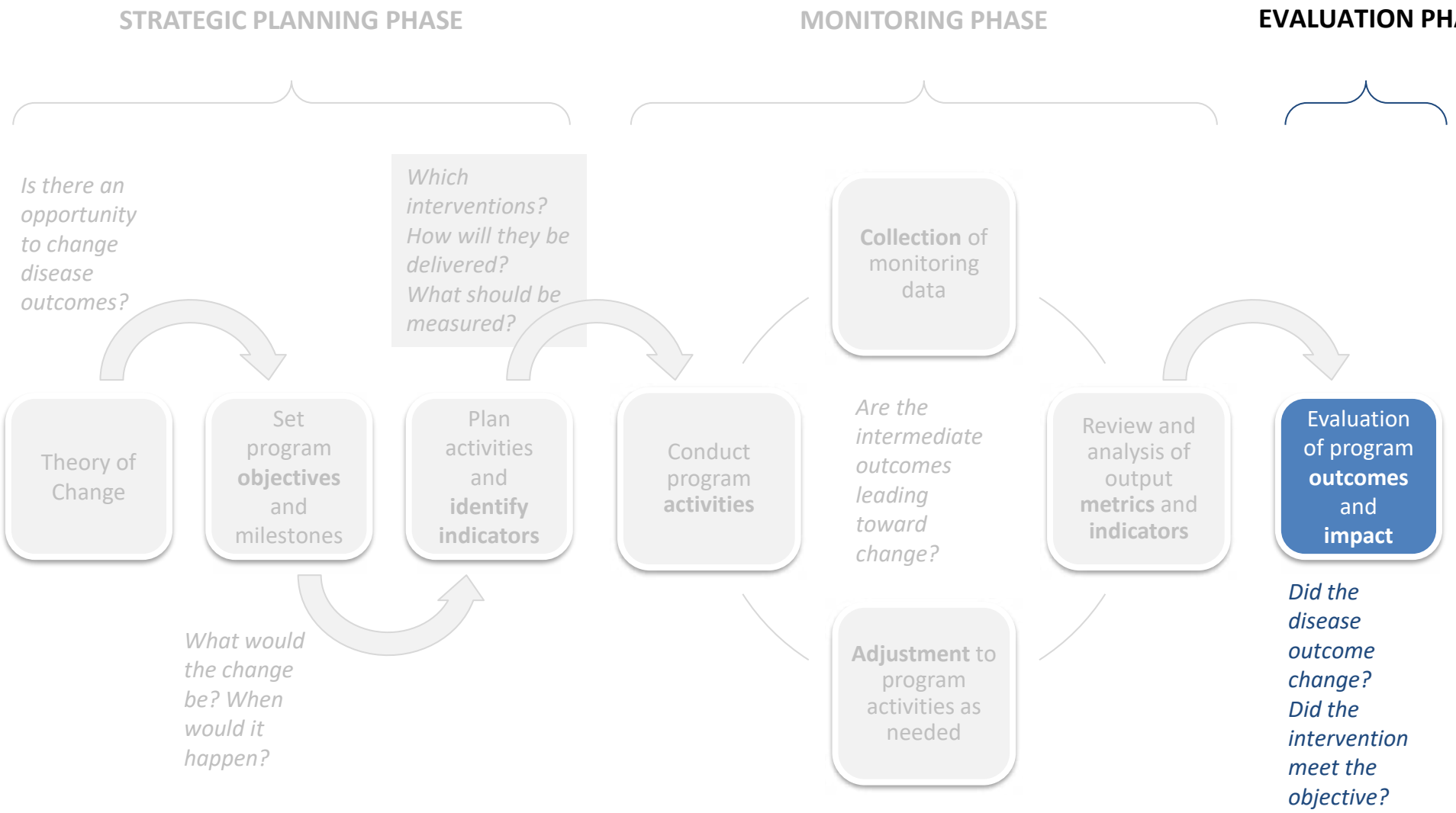
Available resources in Hub

- Creating data-driven, integrated work plans
- Integrating microplanning ahead of MDA
- Developing NTD data systems and repositories
- Digitizing MDAs with standard XLS forms
- Developing MDA digitization M&E plans
- Implementing data quality support tools
- Conducting effective data review meetings
- Developing M&E frameworks for NTD Master Plans

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

Source: Box 2, Best practices in NTD data process

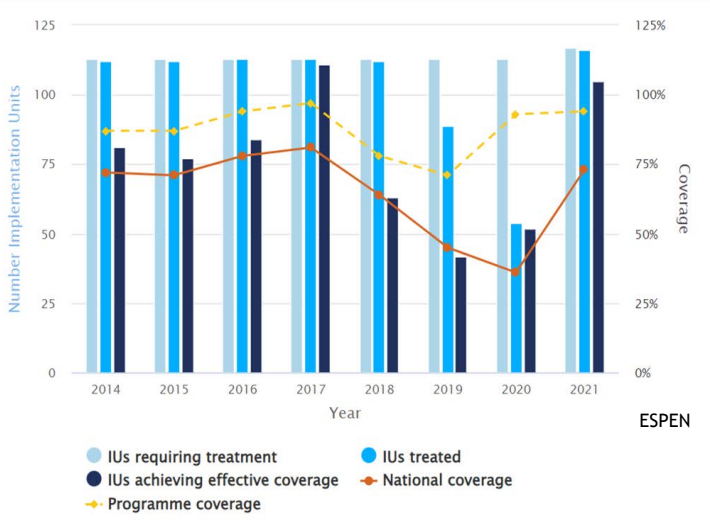
Data use is not a one-off activity, but an important part of the monitoring and evaluation cycle



Using data to evaluate programmes gives us greater insight into what works and what to improve

Quality of the programme

- Are interventions taking place at high quality down to a granular level?
- Are any areas of populations being missed?
- Are we hitting our goals?



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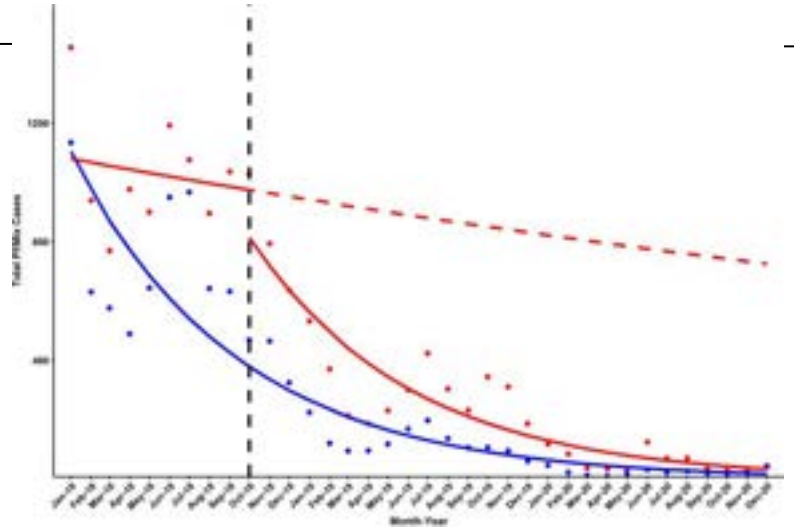
Impact of the programme

- Are we seeing a decline in incidence, prevalence, cases, deaths?
- Is this change consistent across all endemic geographies and populations?
- Is the change attributable to programme actions or other factors (e.g. climate, reporting)?

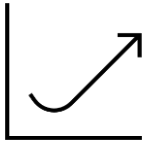


Sovannaroth, S. *et al*. Accelerating malaria elimination in Cambodia: an intensified approach for targeting at-risk populations. Malar J 21, 209 (2022)

Next steps

- What interventions should we continue to apply?
- What interventions should we stop?
- How do we improve the effectiveness of the programme?
- How do we make the programme sustainable into the future?

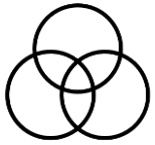
Data analysis can be used to answer difficult questions in changing environments



NTD **epidemiology is constantly changing** due to interventions, climate, human movement, etc. (e.g. impact of vector control or a severe drought)

Programs may have to rely on **data with varying quality over time and availability** (e.g. reported case data from only 8/10 districts, but improved to 10/10 the next year, many years since the last survey)

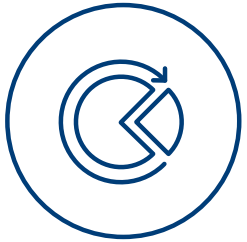
Shifting geography: heterogeneous transmission means the same interventions might not be required everywhere in the country



The best tools for some **contexts** may not be the best tools for others (due to e.g. vector behavior, drug availability, drug resistance)

Metrics like coverage might be tricky to measure due to **data limitations outside NTDs**, changes in admin units or census data

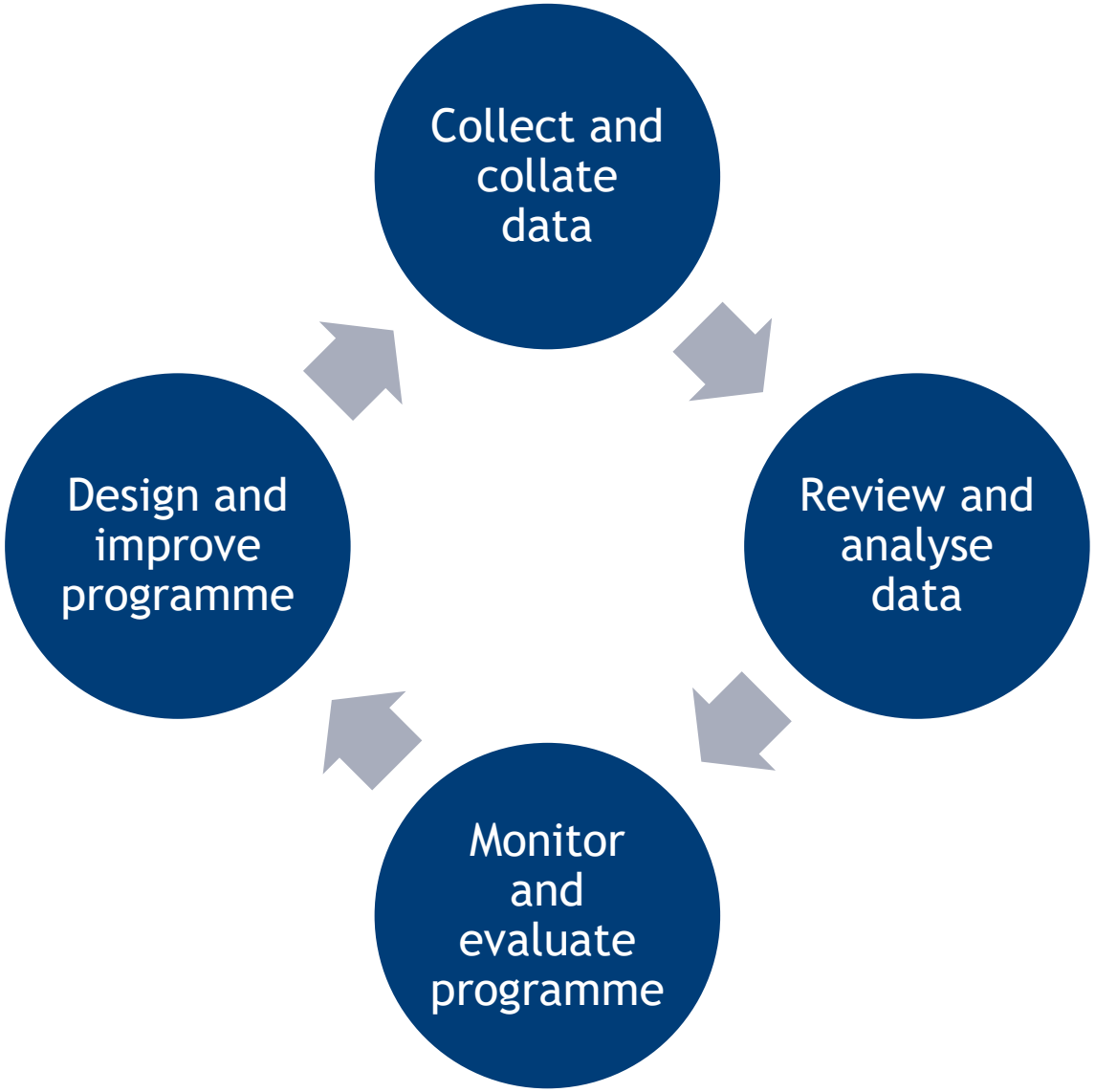
Data analysis and data review are essential tools for ensuring that decision making is informed by evidence and has the highest chance of success




Descriptive analysis	Statistical analysis and modelling	Decision-making	Monitoring and Evaluation
• Assess data availability and quality. • Graphs, tables and maps can often be sufficient to review and analyse data. • Generate hypotheses for further analysis.	• More complicated questions may require the use of statistical analysis and modelling. • External partners can provide support in close collaboration with the program.	• Ensure that data and analytics are incorporated into decision making to provide further sources of evidence and maximise impact.	• Analytics is not a one-off activity but should be incorporated into regular M&E. • Outputs can be regularly updated when more data is available and when the context changes over time.

Evidence and data-informed decision making

Using data to inform understanding and decision making helps programmes to maximise impact and achieve their goals



Core Principles of Data-Driven Decision-Making for NTD Programmes

Ms Katie Shanahan

Data Scientist, JSI

World Health Organization
African Region

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ESPEN

Agenda

- Intro to Data Driven Decision Making
- Use of past data and dashboards for descriptive and diagnostic analysis
- Role of data quality
- Wrap up and tomorrow’s topic

Why Use Data?

- Data helps improve decision-making
  - Don’t only use it for reporting

- In this session, we’ll focus on understanding past performance to improve future outcomes

- Examples:
  - Prevent stockouts
  - Identify underserved areas
  - Monitor coverage trends

What Does it Mean to be Data Driven?

Using data consistently to adjust the decisions we make

- To be data driven, we need:


A data-driven mindset


Appropriate tools


Descriptive analysis


Diagnostic analysis


Decision support analysis


Taking action in response


Making data use routine

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Data-Driven Mindset

- We use data to learn and improve!
- Build a culture that values using data—not just collecting or reporting it
  - Use data to improve, not blame
  - Talk about data regularly
  - Make data part of everyone's job
  - Make data accessible
  - Model data-driven behavior
  - Link data to purpose

Tools for Data Use

Data Sources

- ESPEN Data Portal, NTDeliver
- eHMIS, eLMIS
- Mobile or app based reporting tools
- Paper forms

Analysis Tools

- Excel
- DHIS2 analytic features
- R, Stata, or Python

Dashboards and Visualizations

- ESPEN Data Portal, NTDeliver
- DHIS2 dashboards
- Custom Power BI or Tableau dashboards
- Excel summary charts

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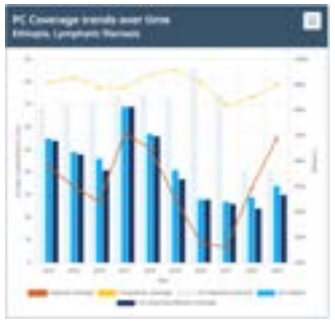
Descriptive Analysis: What happened?

$$\bar{x} = \frac{\sum_{i=1}^{n} x_i}{n}$$

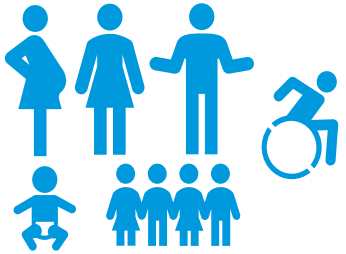
Summary Statistics

- Mean
- Median
- Mode
- Distribution



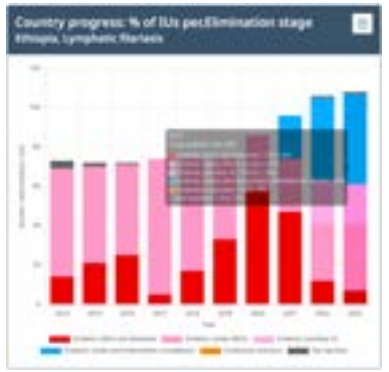
Trends Over Time

Geographic Patterns



Categorical Breakdowns

- Check for different demographics



Proportions and Frequencies

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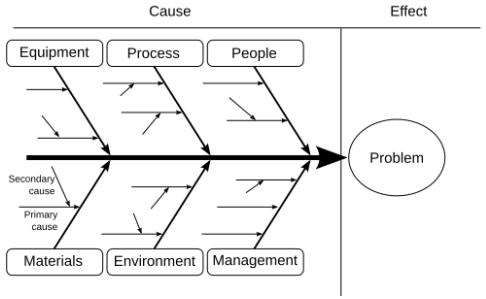
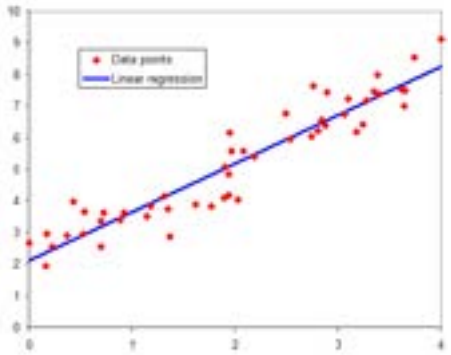
Key Questions to Ask from Past Data

- What changed this month?
- Where are we behind?
- Are we improving?
- Who is underperforming, and why?
- What's the trend over time?
- What should we expect next?
- Where are we weakest?
- What are we missing?
- What interventions worked best?

Diagnostic Analysis: Why Did It Happen?



$$t = \frac{\bar{x} - \mu}{s/\sqrt{n}}$$



Root Cause Analysis

- 5 Why's
- Fishbone Diagram

Comparisons

- Compare high and low performing groups or regions
- Don't forget to look at reasons for good performance

Statistical Analysis

- Correlation/ association tests

Qualitative Analysis

- Document review
- Interviews
- Focus groups

Causal Analysis

- Regressions
- Results of evaluations

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- Fishbone Image Source: https://commons.wikimedia.org/wiki/File:Ishikawa_Fishbone_Diagram.svg
- Regression Image Source: By Amatulic at English Wikipedia (same as Anachronist on Wikimedia) - Transferred from en.wikipedia to Commons. Transfer was stated to be made by User:anachronist., Public Domain, https://commons.wikimedia.org/w/index.php?curid=3337769

What About Data Quality?

Data Doesn’t Have to Be Perfect to Be Useful

- Most decisions don’t need perfect data—just data that's good enough to spot a pattern.
- Using data drives quality
  - If data isn’t used, it doesn’t get better.
  - But when people see their data used to make decisions, they engage.
- Examples:
  - Stockout reports missing a few entries but still show recurring delays
  - Incomplete coverage data that still points to underperforming regions
- Use what you have to take a small step forward.

When Is Data 'Good Enough' to Act?

- Incomplete coverage data? → Still act if multiple districts show low rates
- Delayed stockout reports? → Still helpful if delays are consistent
- Patchy prevalence data? → Combine with expert judgment or triangulate
- Missing quantity data? → Use qualitative signals to guide planning

Key idea: Look for patterns, not perfection.

How to Improve Data Quality

- **Good system design** – make it easy and intuitive to enter good data into electronic systems
- **Simplify forms** – remove unused or confusing fields
- **Verify and validate** – have rules for data types, automatic alerts for suspicious data in electronic systems
- **Make it visible** – share data summaries (posters, meetings)
- **Give feedback** – even simple thank-yous show it matters
- **Spot-check** – conduct small audits or sampling to correct issues
- **Pair with context** – ask if the data ‘makes sense’ to local staff

Build improvement into daily work—not just audits.

Wrap Up

Key Takeaways

- Data helps you reflect, learn, and improve
- Make sure you have: Mindset, tools, descriptive analyses, diagnostic analyses, action, and routine use of data
- Don’t stop at reporting or reviewing the dashboard—apply the trends to key decisions
- Don’t wait for perfect data quality. Make small, confident moves based on what you have

What’s one trend your program should revisit today?

Coffee Break

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Country Case Studies: Applying Data to Real-World Programme Decisions

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African Region

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MINISTRY OF HEALTH

KENYA – Using Data to inform STH and SCH interventions

Dickson Kioko

Monitoring & Evaluation Manager – NTD Program

Kenya

The Breaking Transmission Strategy (BTS) - Kenya

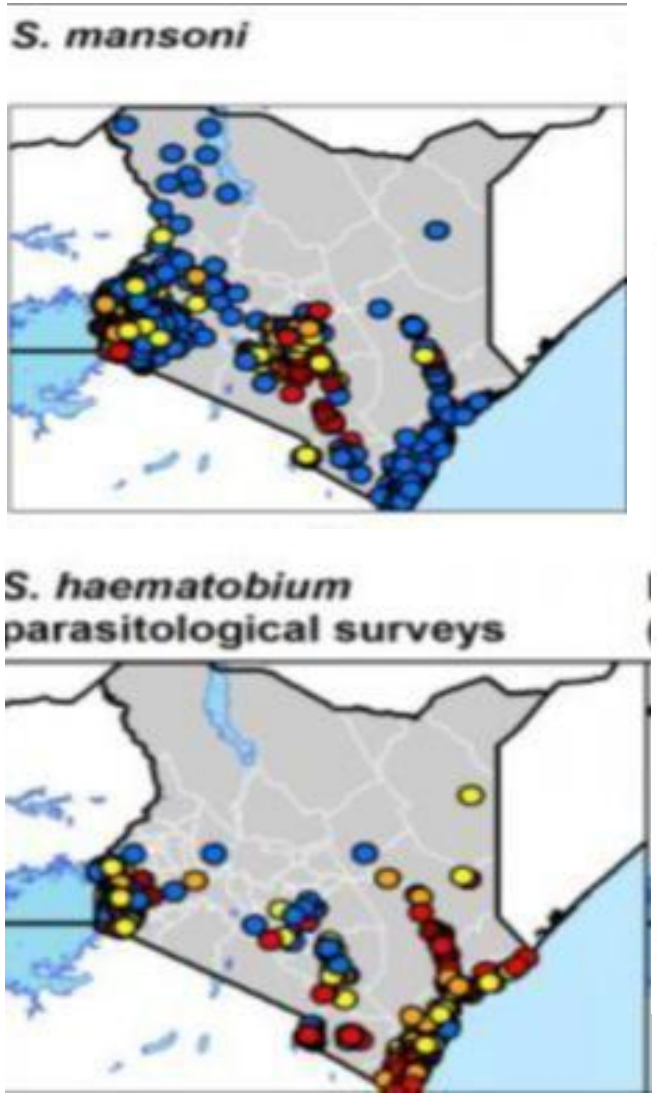
A national strategy led by the Ministry of Health to eliminate key NTDs:

Schistosomiasis
Soil-transmitted Helminthiasis (STH)
Lymphatic Filariasis
Trachoma BTS Pillars:

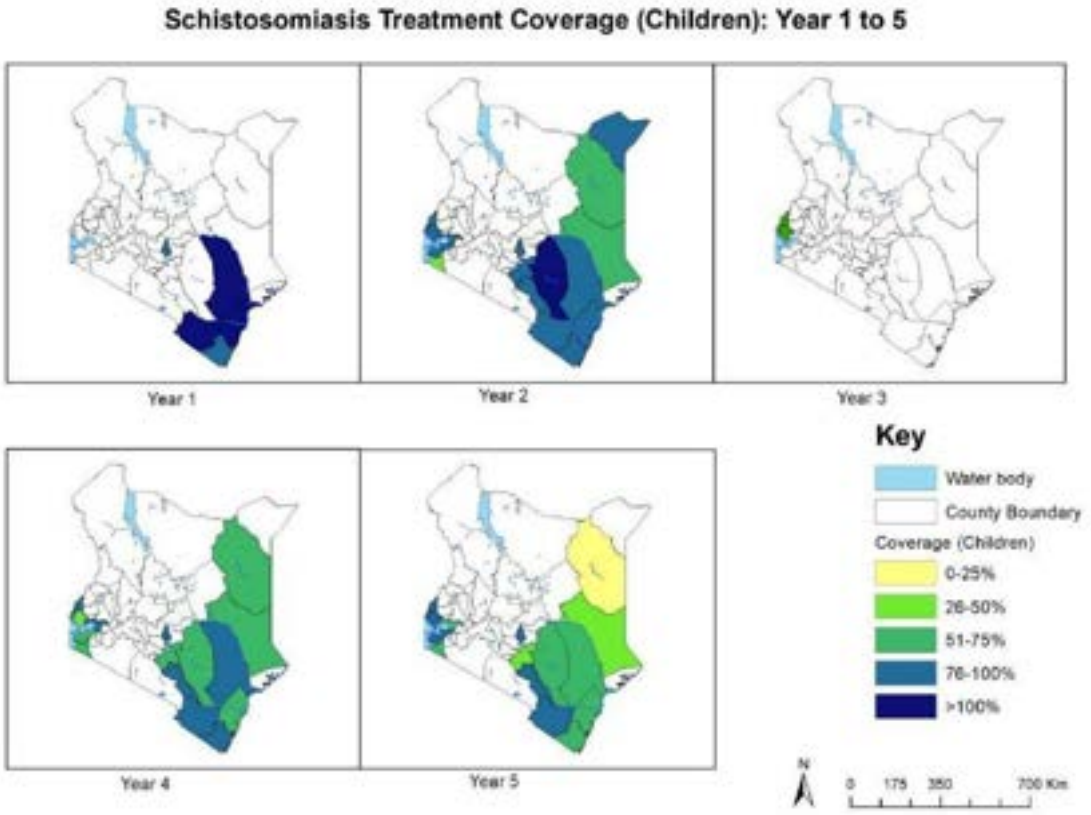
1. Increase MDA coverage in all IU's
2. Expand NTD WASH-
3. Interventions Mainstream
   BCC

Granular Mapping of Schistosomiasis in Kenya

Focus on Schistosomiasis, a highly focal NTD needing detailed data



School based deworming (2012-2017)



Why Granular Mapping?

- Schistosomiasis is **highly localized**—broad surveys may miss hotspots
- Prior district-level mapping led to over-/under-treatment
- Granular data at **ward/sub-county** level ensures accurate MDA targeting
- Reduces wastage and improves health equity

Sampling Design Overview

- **Coastal Region:** Community-based;645 villages, 129 wards
- **Western Region:** School-based;755 schools, 155 wards
- **Lake Region:** School-based; 900 schools, 180 wards
- Target group: 8–14 year-olds (gender-balanced)

Site selection

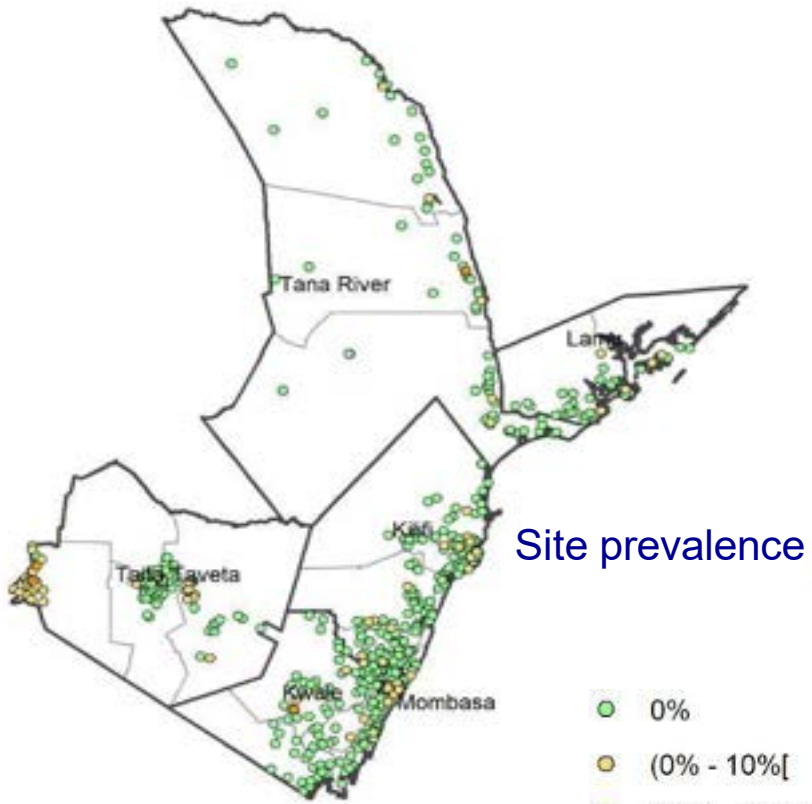
- Based on:

a) Past transmission data

b) Historical surveys Proximity to water bodies (suitability maps)

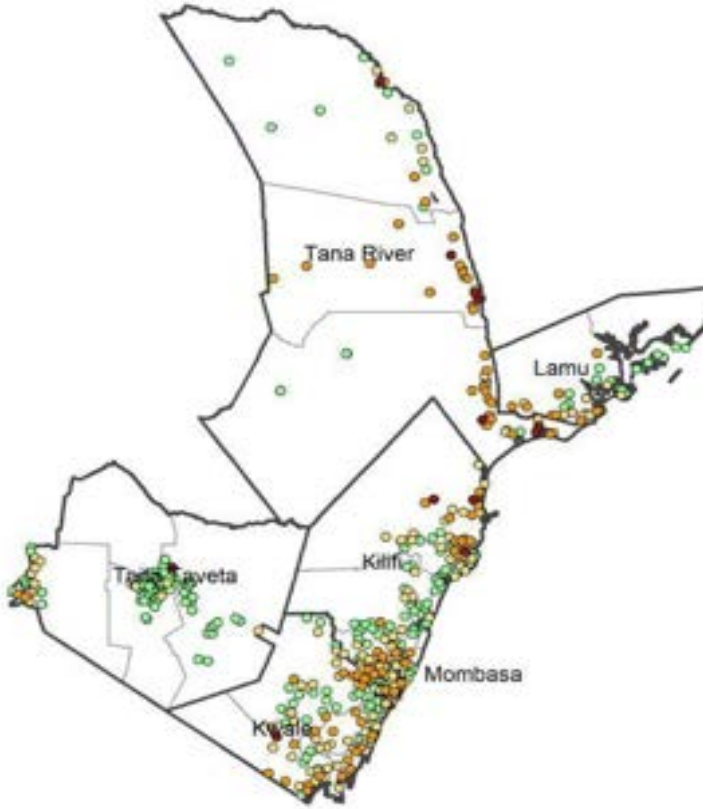
c) Purposeful sampling for better accuracy

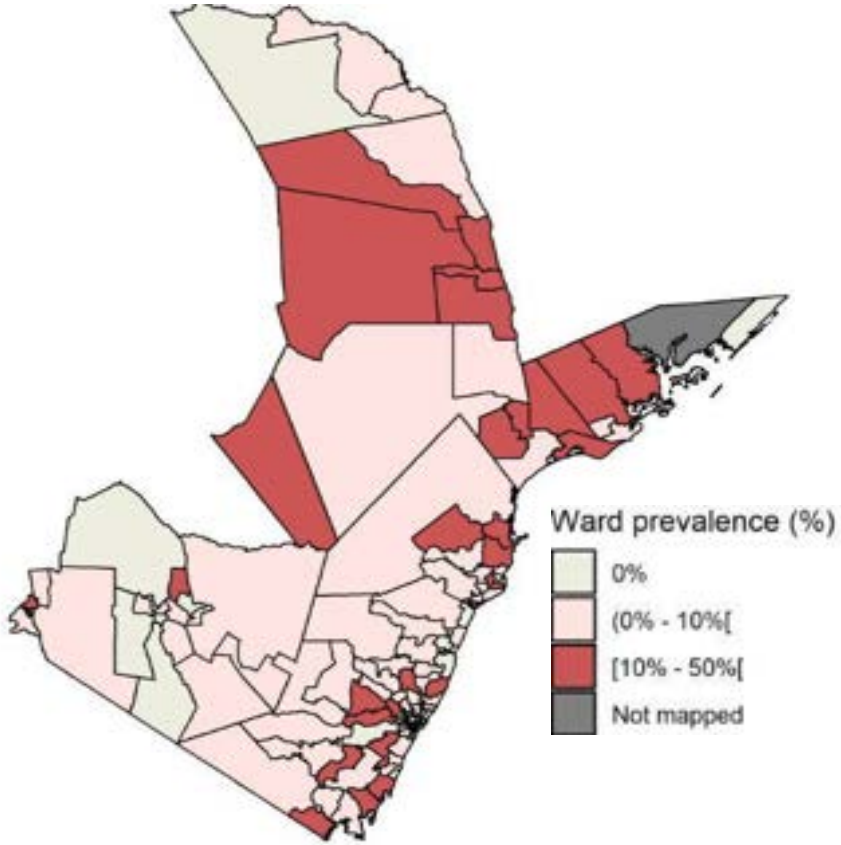
Prevalence Maps and Implications Coast Region



Site prevalence

- 0%
- (0% - 10%[
- [10% - 50%[
- >=50%

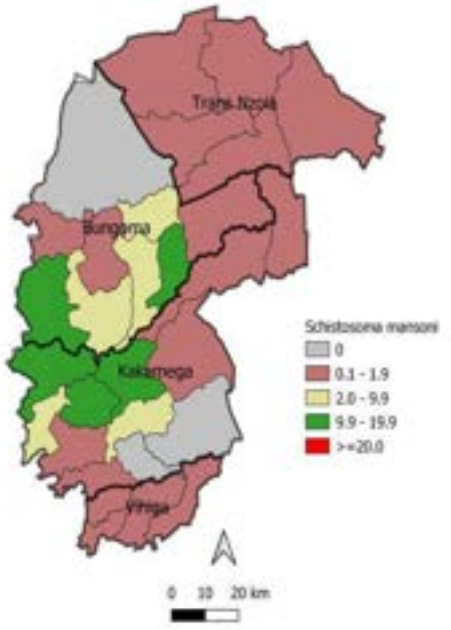




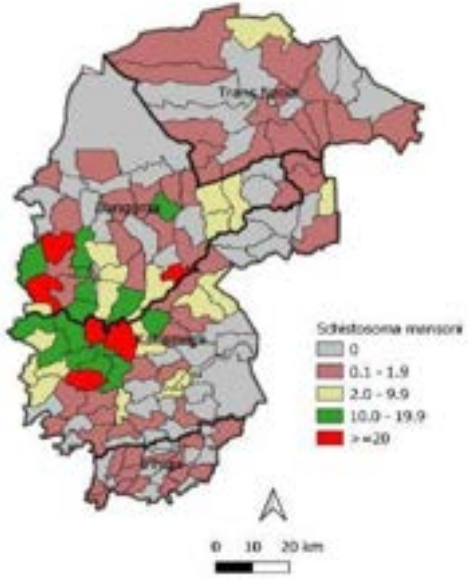
Prevalence Maps and Implications Western Region

COUNTY LEVEL

SUB-COUNTY LEVEL

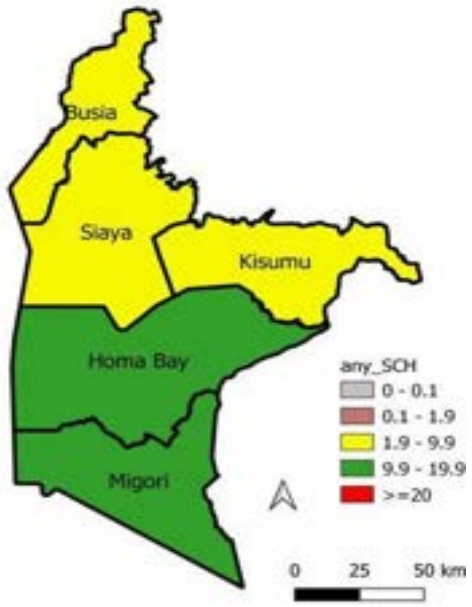


WARD LEVEL

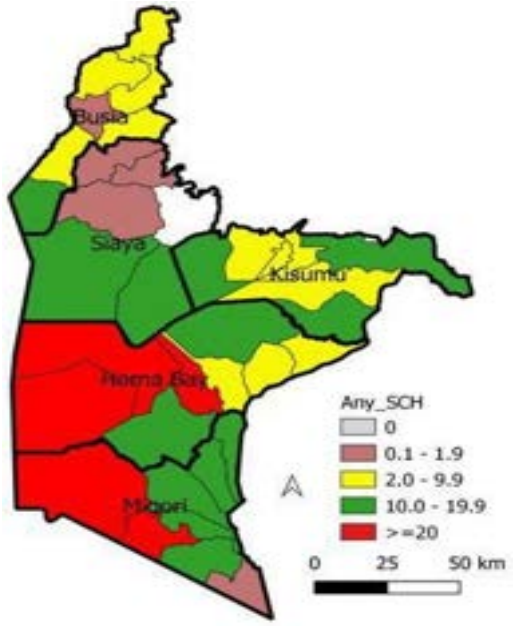


Prevalence Maps and Implications Lake Region

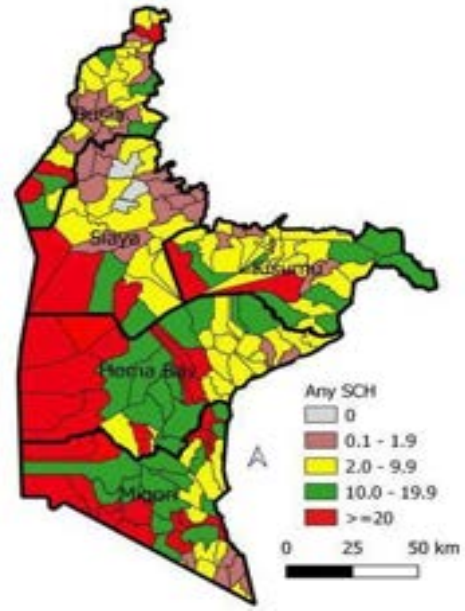
COUNTY LEVEL



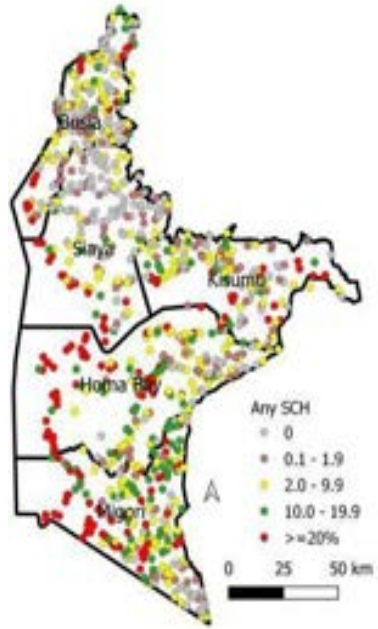
SUB-COUNTY LEVEL



WARD LEVEL



SITE LEVEL



Utilization of Data - Coastal Example

- Mapping in Oct/Nov 2020 → informed MDA planning in Mar/Apr 2021
- Expanded treatment from 13 IUs to 22 IUs
- Adjusted target population from 196K to 2.1M SAC
- Evidence-driven expansion led to better resource use and coverage

Introduction to Schistosomiasis Practical and Precision Assessments (SPPA)

Two stages:

- **Practical Assessments** – Is prevalence uniform across the district?
- **Precision Assessments** – Identify high/low

prevalence wards within mixed areas

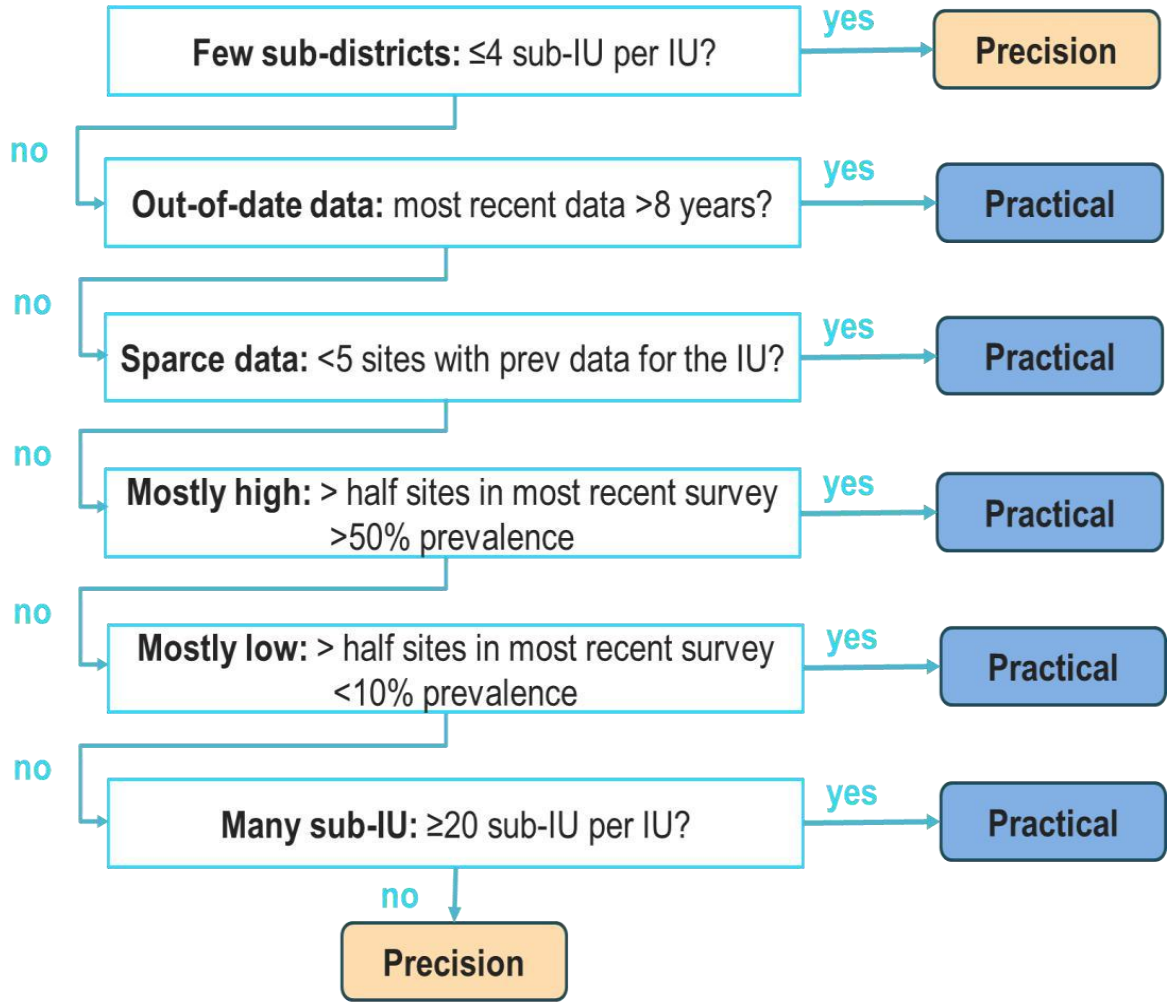
SPPA Methodology

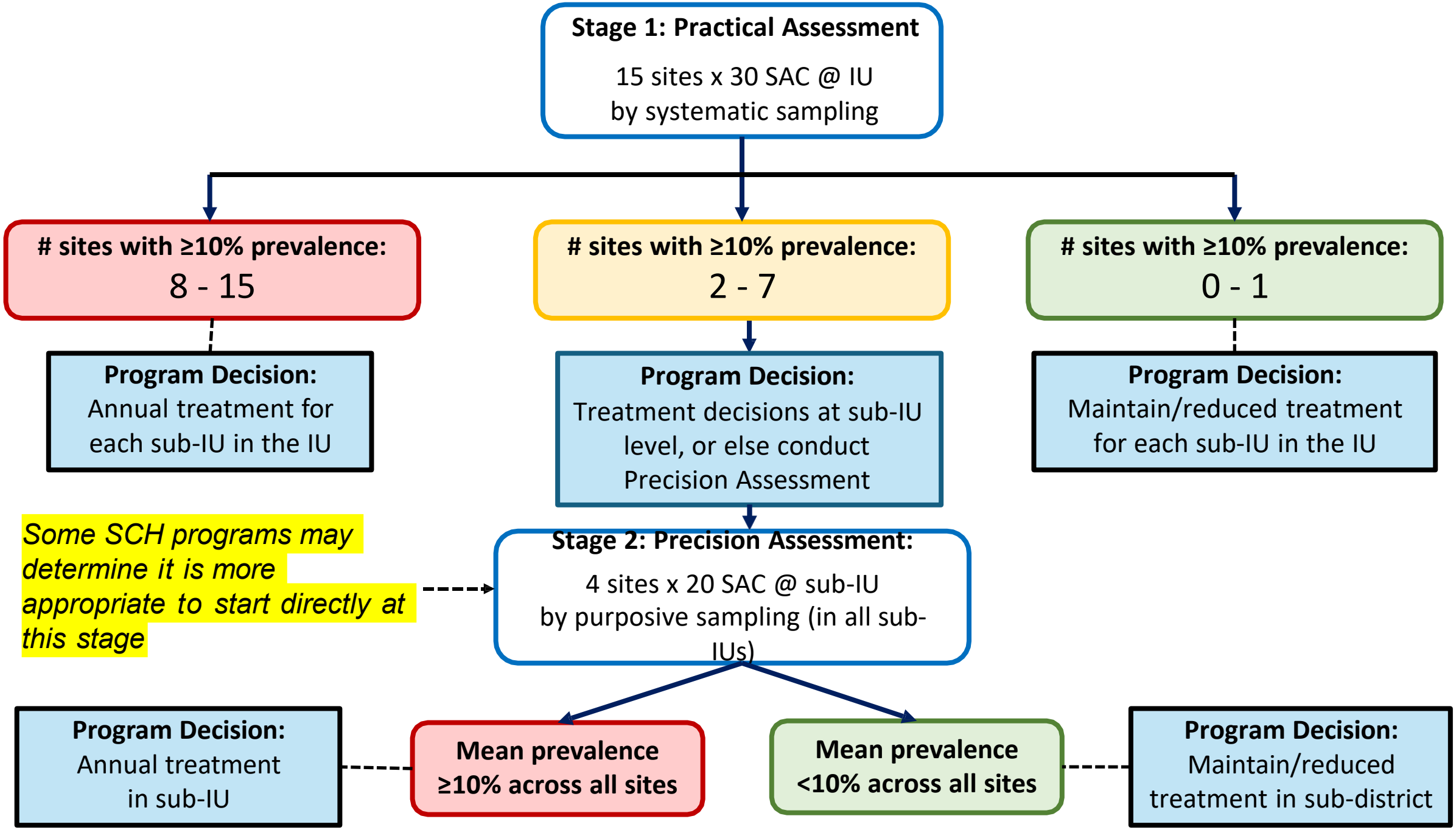
- School selection tool with stakeholder validation
- Multi-layered school and village selection:

i. Historical transmission data

ii. Proximity to water bodies

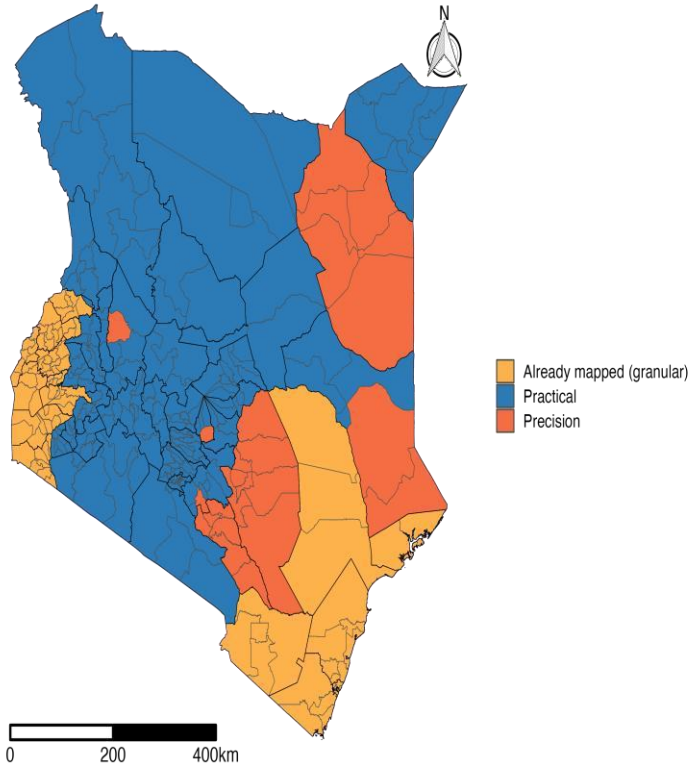
iii. Stakeholder input



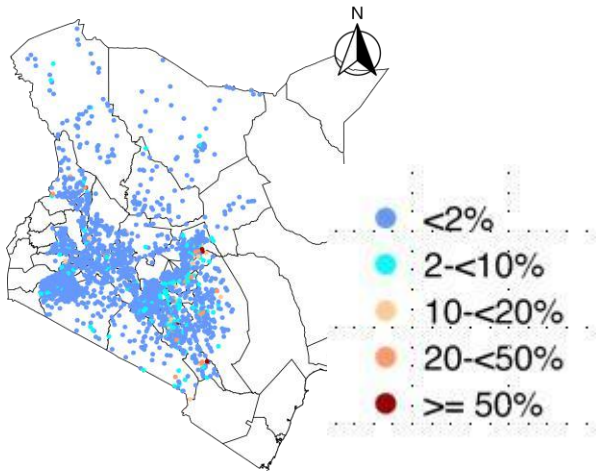

Stage 1: Practical Assessment
15 sites x 30 SAC @ IU
by systematic sampling
sites with ≥10% prevalence:
8 - 15
sites with ≥10% prevalence:
2 - 7
sites with ≥10% prevalence:
0 - 1
Program Decision:
Annual treatment for each sub-IU in the IU
Program Decision:
Treatment decisions at sub-IU level, or else conduct Precision Assessment
Program Decision:
Maintain/reduced treatment for each sub-IU in the IU
Some SCH programs may determine it is more appropriate to start directly at this stage
Stage 2: Precision Assessment:
4 sites x 20 SAC @ sub-IU
by purposive sampling (in all sub-IUs)
Program Decision:
Annual treatment in sub-IU
Mean prevalence ≥10% across all sites
Mean prevalence <10% across all sites
Program Decision:
Maintain/reduced treatment in sub-district

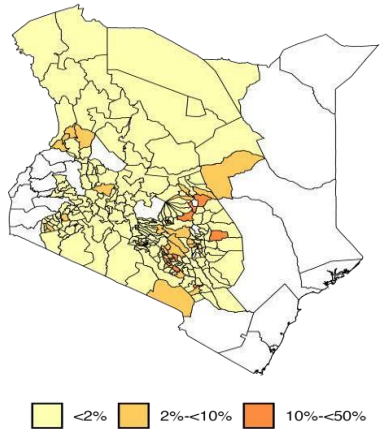
Kenya's SPPA Progress

- 32 counties targeted for SCH assessments
- Data from 29 counties (91%) analyzed so far
- Data tools used: ESPEN Collect, cleaned with ESPEN support

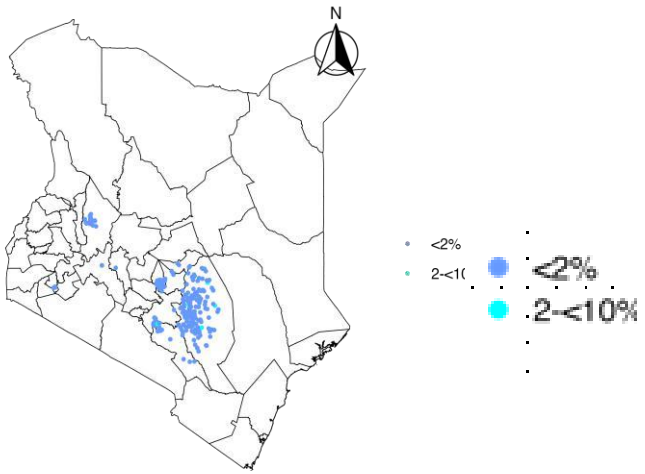


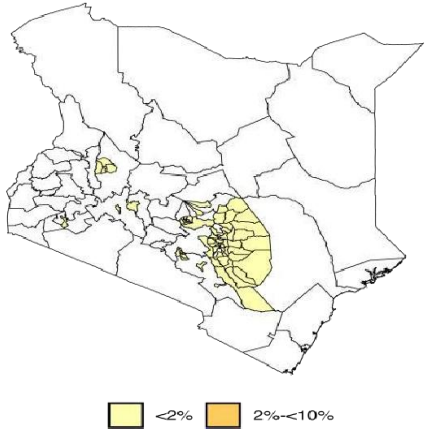
S. mansoni



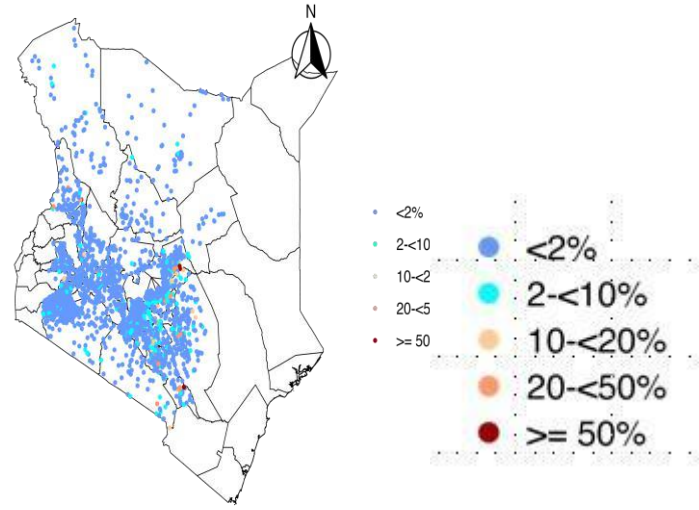


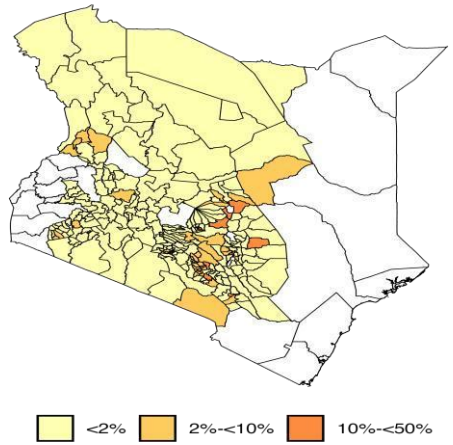
S. haematobium



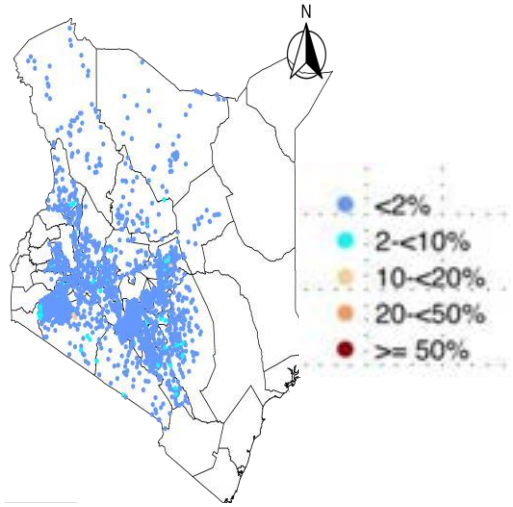


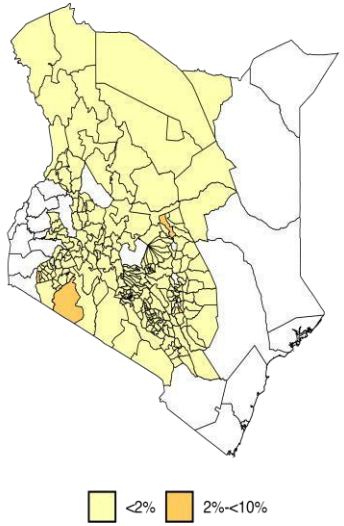
Any Schistosomiasis



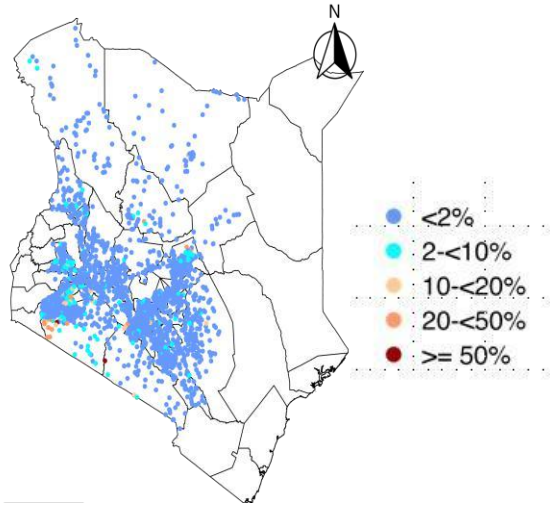


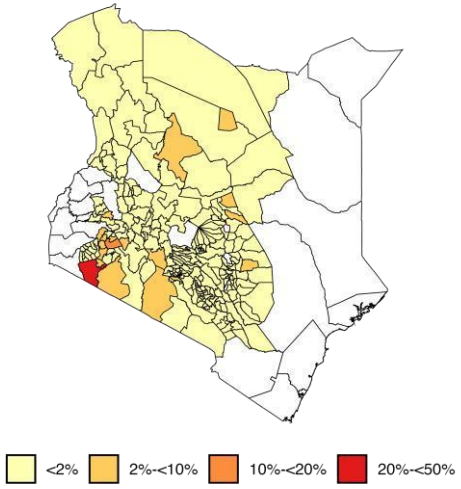
Hookworm



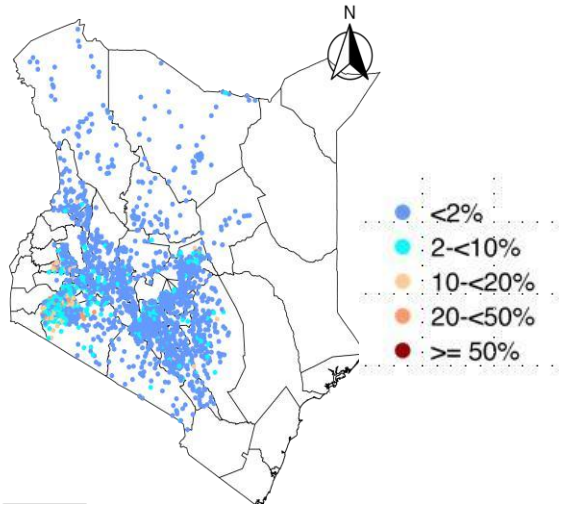


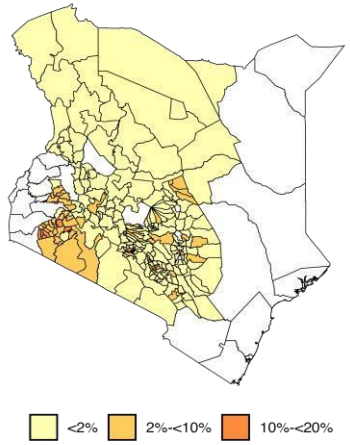
Trichuris trichiura



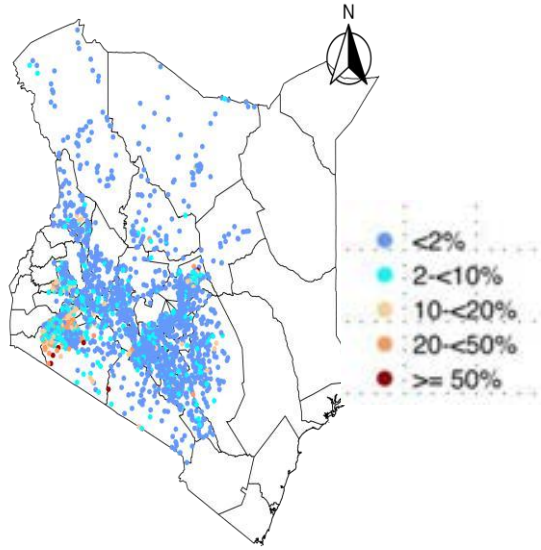


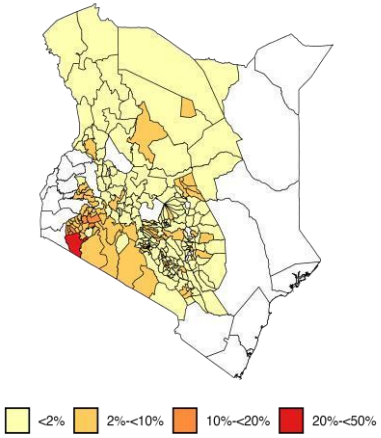
Ascaris lumbricoides





Any Soil Transmitted Helminth





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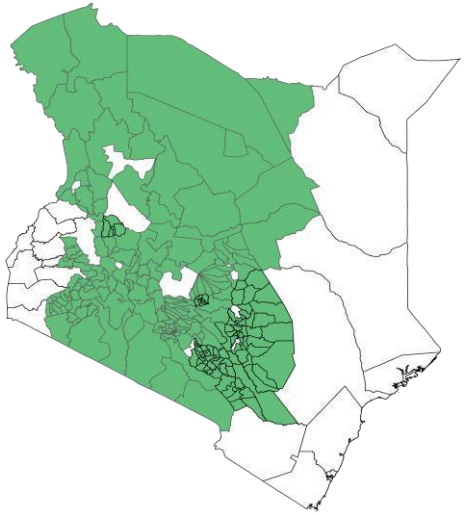
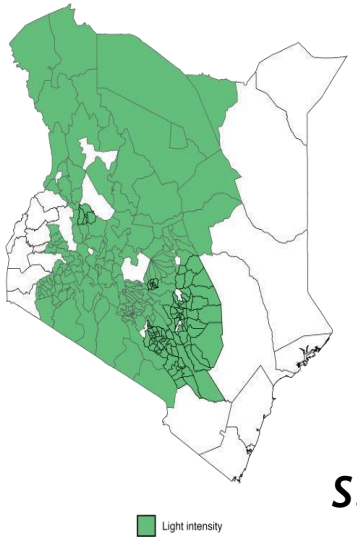
Soil Transmitted Helminths

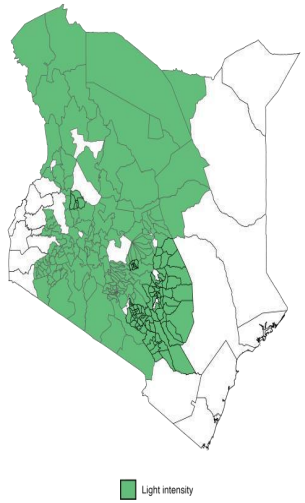
Hookworm



Trichuris trichuria

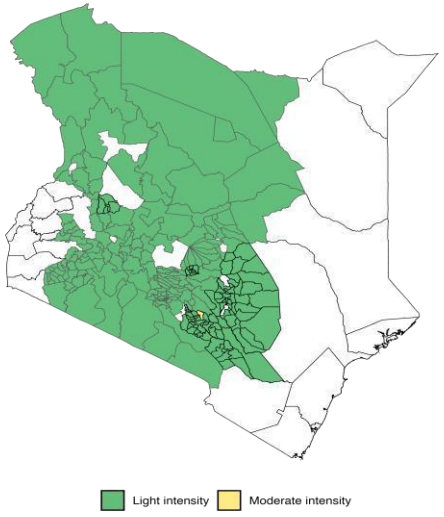


Ascaris lumbricoides



Schistosomiasis

S.mansoni



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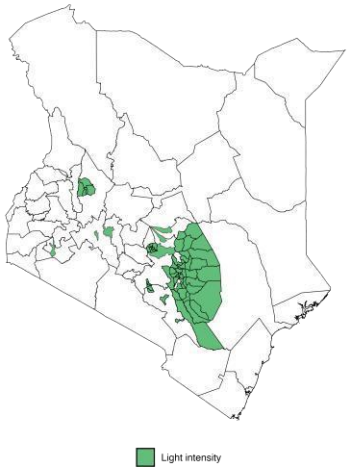

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Center for Epidemiological Modelling and Analysis
University of Nairobi

SCH Data harmonization across MOH and MOE

Using Excel template, IU/Ward prevalence by the two survey types was indicated - Granular mapping (Community/MOH) and Model Based Geo statistics (MOE)

↓

Based on SCH & STH Guidelines, prevalence was categorized and Treatment decisions for each survey type was highlighted

↓

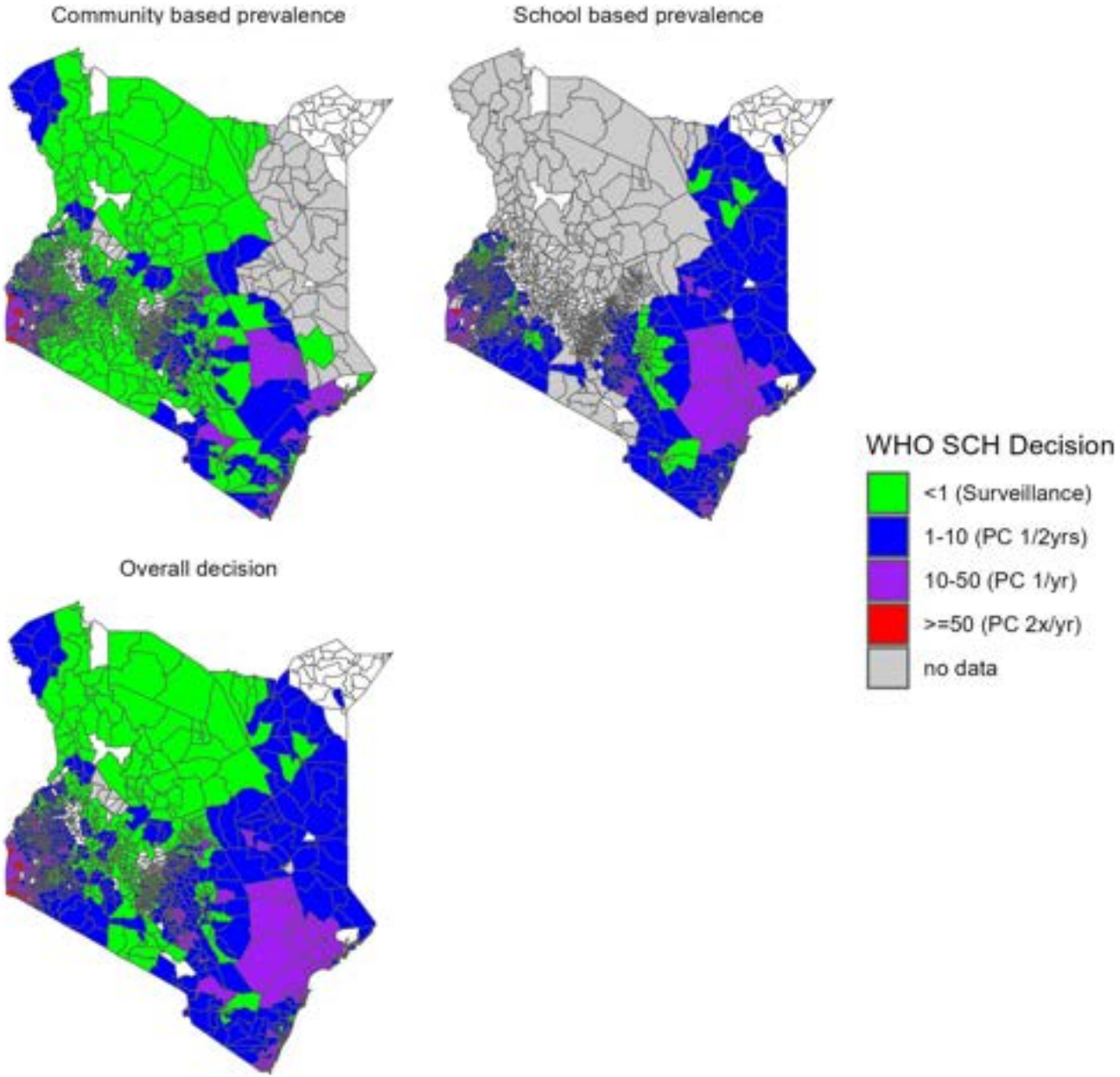
Consultatively, Overall endemicity and treatment decision per IU was based on:

- Highest prevalence
- Availability of Prevalence data

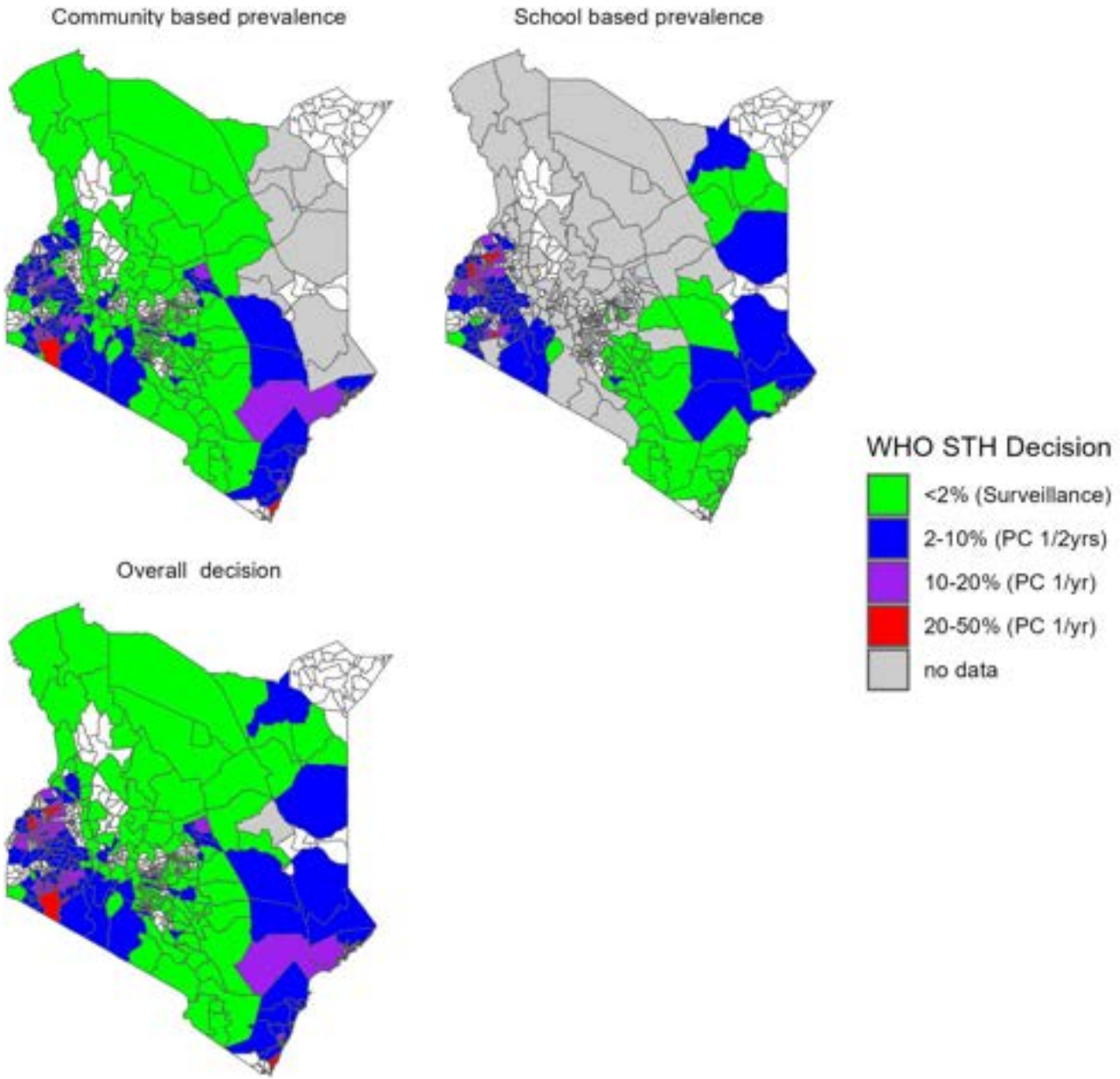
SCH&STH Harmonized dataset and map enables:

1. Harmonized quantification of drug needs – (JRSM 2026 completion)
2. Advocacy tool for Resource mobilization including domestic funding
3. Harmonized M&E for SCH elimination as a Public Health Problem

SCH Data harmonization outcome



STH Data harmonization outcome



Overall (Harmonized) IU endemicity and treatment decisions

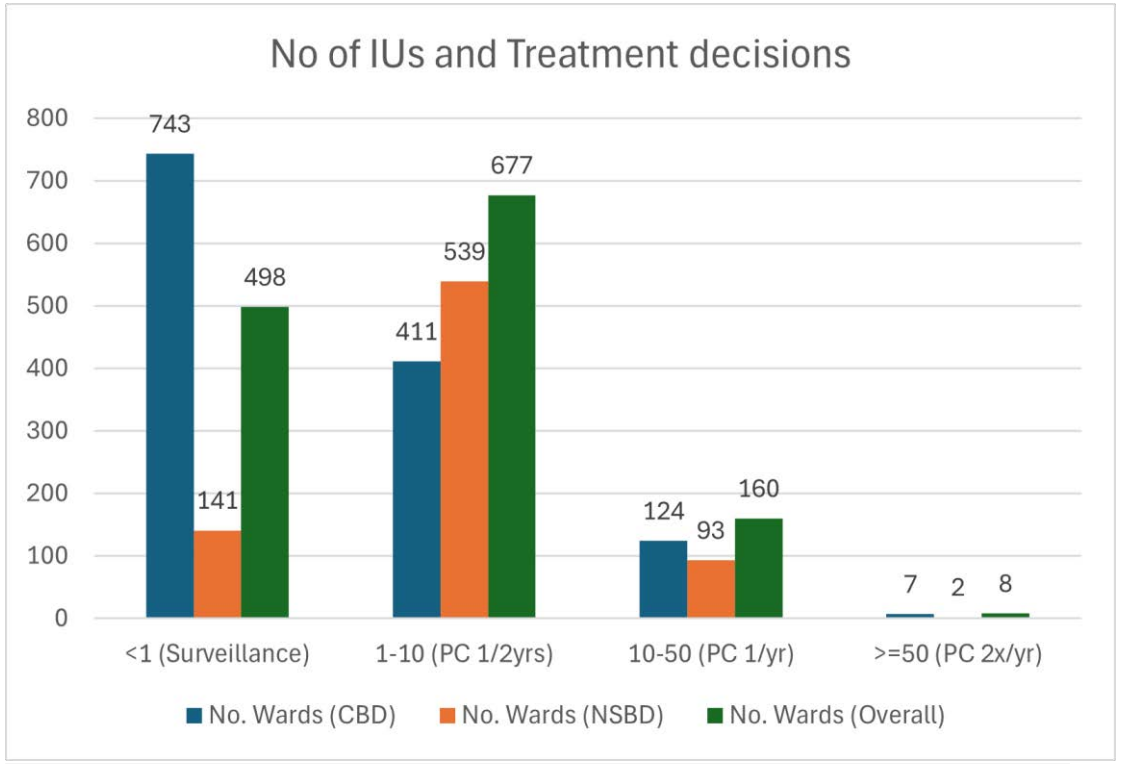


Fig 3. SCH No of wards and treatment decisions

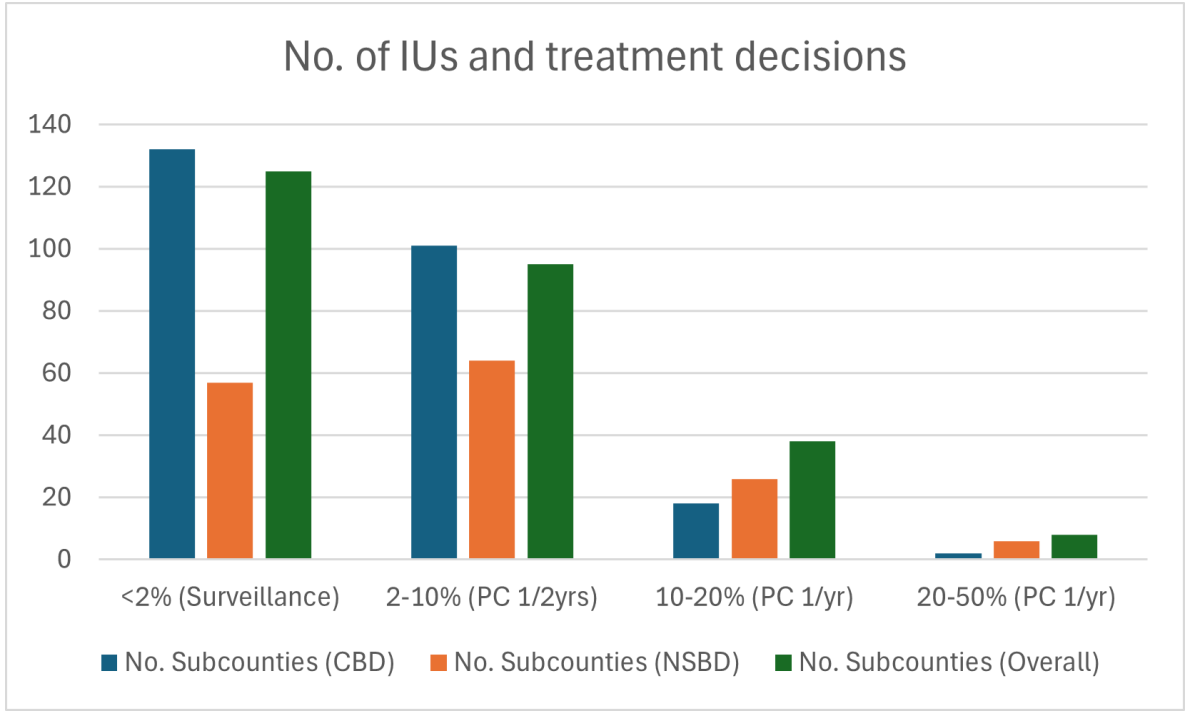


Fig 4. STH No of Subcounties and treatment decisions

SPPA Way Forward

Institutionalize SPPA results for MDA planning

Integrate mapping data into KHIS and NTD dashboards

Use granular data for resource allocation and advocacy

JAP Way forward

Submission of JRSM 2026 be based on overall decision (Green bars) from the data harmonization and recently mapped areas (Northern Kenya)

ESPEN support in updating SCH Workbook V6

ESPEN guidance in submission of EPIRF for the data harmonization?

Data collection


WEMA IV


GKB 758B

Acknowledgments

- Joseph Oloo
- Maurice Odiere
- Mutono Nyamai
- Thumbi Mwangi
- Irene Chami
- Juma Chitiavi
- Wyckiliff Omondi
- Florence Wakesho
- Rachel Pullan
- Penelope Vounatsou
- Katie Gass
- Balla Moussa Keita
- Stella Kepha
- Fiona Fleming
- Daniel Gerber
- Joseph Timothy
- Timothée Rondez
- Sascha Gummin
- Amadou Garba
- Pauline Mwinzi
- Upendo Mwingira
- Evan Secor
- Peter Diggle
- Charlie King, David Rollinson
- Nebe Obliageli
- Darin Evans
- Christy Hanson

Country Case Studies: Applying Data to Real-World Programme Decisions

IMPROVING MDA IMPLEMENTATION THROUGH DATA USE IN NIGERIA

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Country Overview

- Nigeria is a West African Country made up of 36 States and Federal Capital Territory
- It has 774 lUs
- The burden of NTDs is significant in Nigeria with an estimated 100 million people at risk for at least one of these diseases.
- Nigeria is endemic for the 5 PC NTDs namely:
  - Onchocerciasis,
  - Lymphatic Filariasis
  - Schistosomiasis
  - Soil Transmitted Helminthiasis and
  - Trachoma

Past Challenges (2–3 mins)

Population Denominator

Inaccurate community list with major gaps in terms of geographical coverage (number of households) and estimation of treatment targets for quantification and distribution of resources

Data Systems and Processes

Delays in collection of complete and high-quality treatment data for decision-making and usability owing to the paper-based and manual processes across the implementation levels

Governance & Coordination

Inadequate collaboration between the NTD program and other Health intervention programs resulting in siloed implementation of MDAs and other activities

Over reliance on partners for funding support for the implementation of NTD program activities

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Other Country Challenges (2–3 mins)

Insecurity

Inability to carry out NTDs activities e.g. MDAs, Surveys, etc. in eligible areas that are security challenged

NTDs commodities

Delay in clearance of NTDs medicines and diagnostics for assessment as a result of regulatory bottlenecks

Mitigation Measures Taken

Pre MDA

- ☐ Institutionalized MDA microplanning to improve target setting and resource allocation

During MDA

- ☐ Introduced electronic reporting tools for real-time reporting of treatment (Watch on low coverage, daily report)
- ☐ Introduced a Monitoring and Accountability dashboard for performance monitoring and proactive decision making e.g. drug usage and wastage
- ☐ Established an MDA operations center as a cross-stakeholder forum to review performance, address bottlenecks and take actions during MDA

Post MDA

- ☐ Institutionalized Data Quality Assessment (DQA) and development of Data Quality Improvement Plan (DQIP)
- Annual Monitoring and Evaluation review meeting

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Kano Case Study: Use of Data for Actions (1/2)

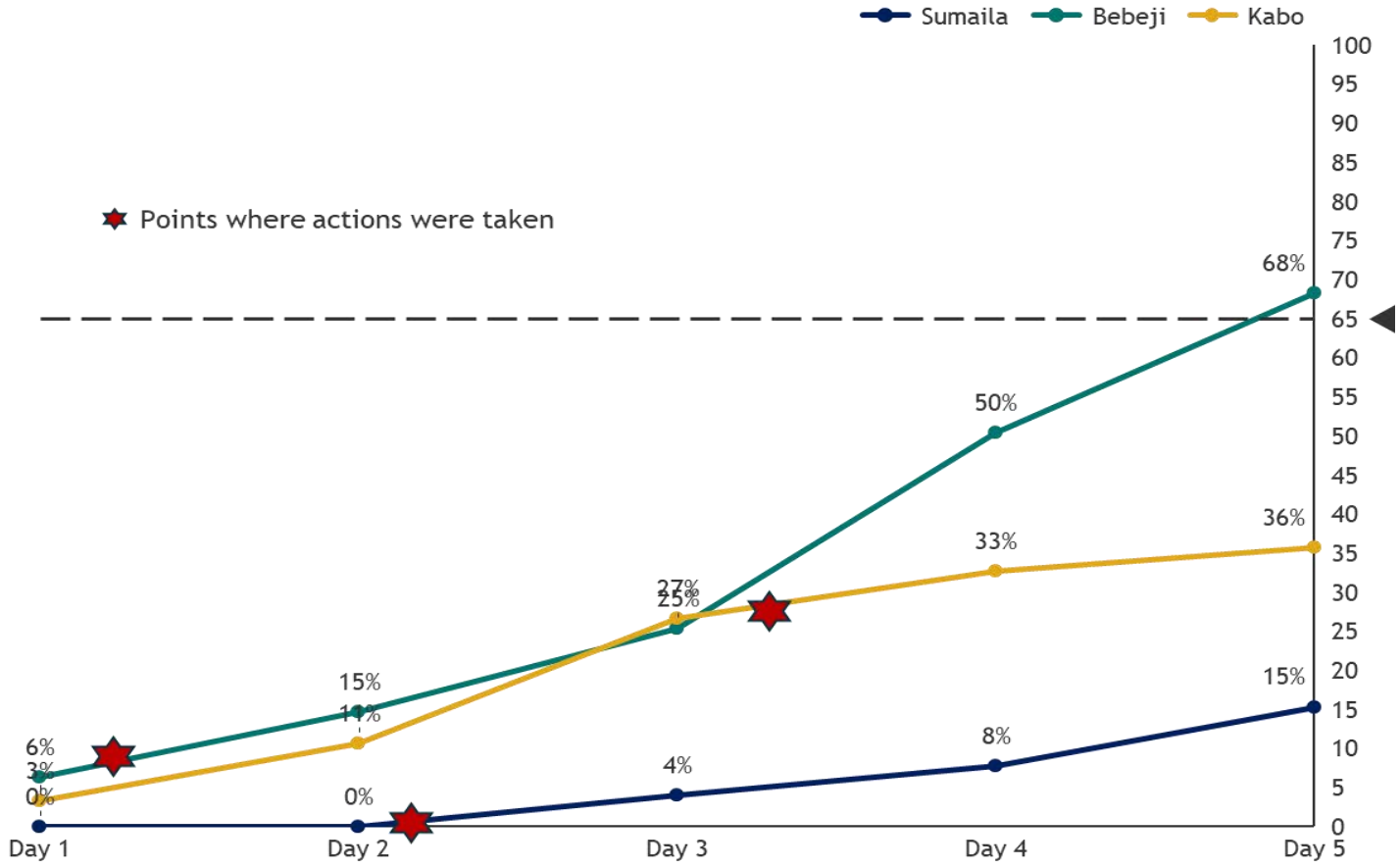
During MDAs, timely data is strategically used for proactive decision making and actions without which performance issues would not have been resolved and would have affected the overall performance of the MDA

Bebeji:
Underperformance due to an inadequate number of CDDs because of the dispersed settlements and difficult terrain, which was addressed by prioritizing low-performing communities.

Kabo:
Rejection of treatment in some communities at the start of the MDA which was resolved through targeted community engagement and advocacy

Sumaila:
Late commencement of MDA due to competing priorities which led to the formation of a special supervisory team from the command center to visit the LGA to resolve operational issues

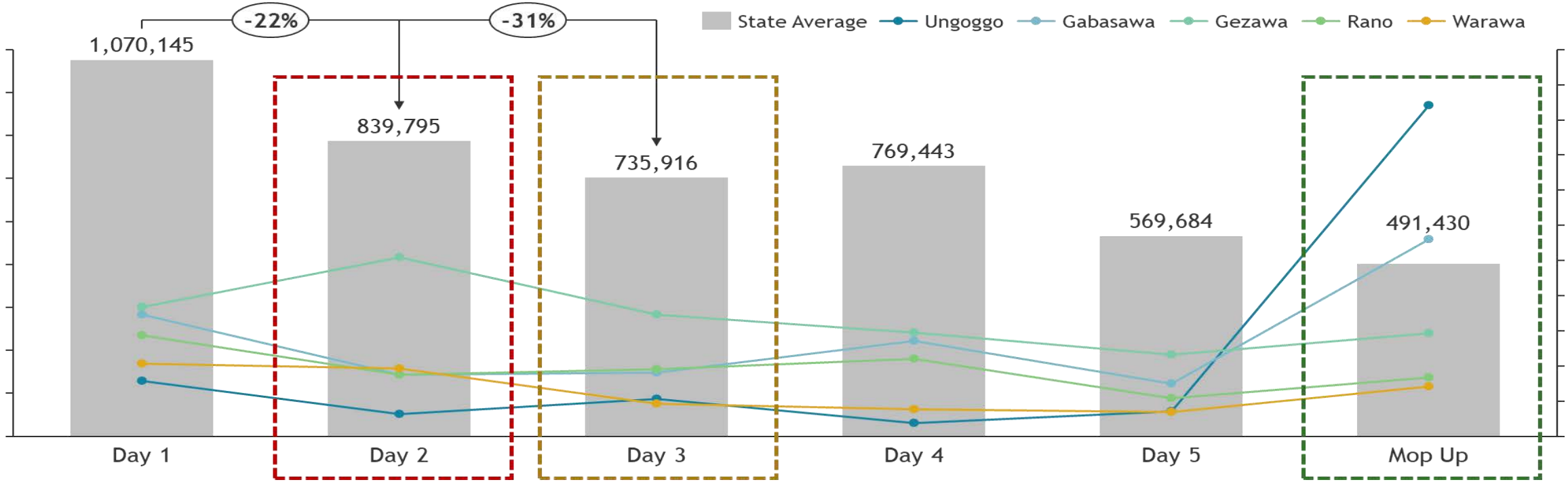
Cumulative daily coverage across selected underperforming LGAs and actions taken during command center review meetings (Day 1-5) for 2024 Oncho/LF MDA



Kano Case Study: Use of Data for Actions (2/2)

Near real-time data enabled teams to identify challenges, while data review meetings helped detect gaps like low-performing IUs, allowing timely interventions to improve MDA coverage and effectiveness

Number of People Treated (Day 1-5) leading to the decision on mopup in 2023 Oncho/LF MDA



Sharp decline in performance across mostly rural LGAs was identified at day 2, due **to shortage of CDDs** to cover difficult terrain effectively

As of day 3 of the MDA, state's cumulative coverage was still at <40% - and by projection, will not be able to reach 80% by day 5. **Data Review Meeting was convened to strategize, and decision was made by the DPH SMoH to reallocate CDDs based on need, and for all LGAs to conduct 2-days mop-up**

Mop-up conducted reaching people that **would have otherwise been missed had proactive decision not been take**

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A new approach to reporting NTDs in Nigeria

Country Health Information Platform (CHIP) aims at building data visualization tools that integrate with existing data systems to facilitate data use by Programme Managers.

It is a publicly-accessible online business intelligence dashboard built using Microsoft Power BI

All countries in the WHO AFRO region endemic for at least one of the five PC NTDs have access to a CHIP dashboard

CHIP dashboards can be accessed via the ESPEN Portal either through the individual country page or through the CHIP page under Tools & Resources > Advanced analytic tools

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Why CHIP is needed

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

Because of this, NTD programmes need to develop their own databases to store programmatic data.*This can be difficult for NTD teams, often comprised of disease subject matter experts with limited experience in implementing and maintaining data systems.*

However, each year national NTD programmes submit a wealth of programmatic data to WHO and the International Trachoma Initiative (ITI) to report on

endemicity status, treatments delivered, surveys conducted, morbidity, and medicines required and remaining for the current reporting period.

Taken in aggregate, these single year reporting forms provide a holistic view of programmatic activities which need to be implemented over multiple years to interrupt disease transmission.

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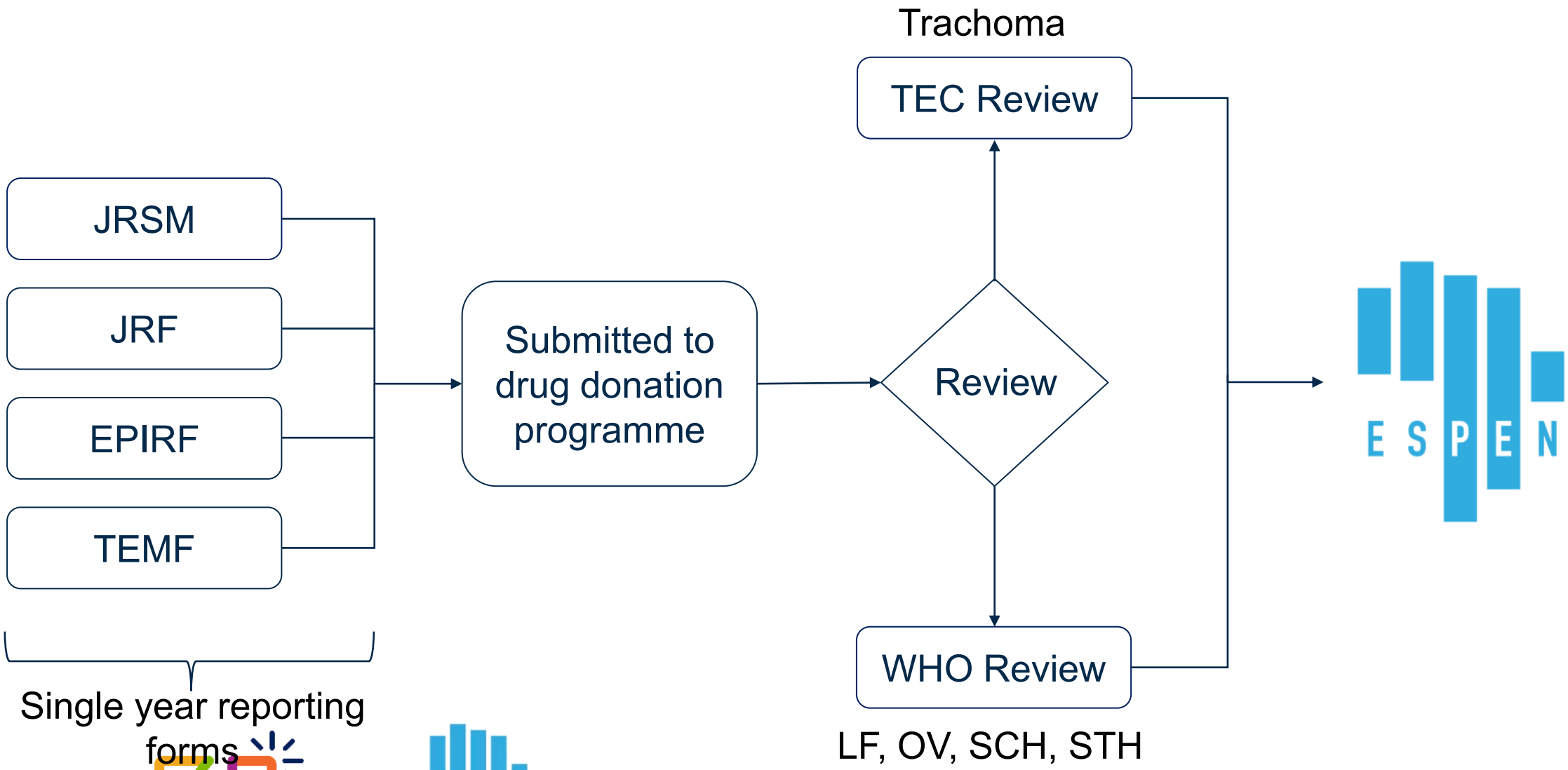
CHIP data model 1: Country > ESPEN



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https://app.powerbi.com/view?r=eyJrIjoiODcyZDIzYmUtZDBmZi00MWExLTg5ZjMtMTAyODdhZTU2YjA3IiwidCI6IjA1Y2UxY2JkLTFkOWQtNDRiYS04YzFkLTJmZjk3ZWU0YjZmZiIsImMiOjh9

MERCI

Panel Discussion and Q&A: Insights and Reflections on Data Use in Country Contexts

Moderator: Katie Shanahan

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Navigating the ESPEN Portal: Dashboards, Maps, and Analytical Resources

Dr Jorge Cano

ESPEN Surveillance Officer

World Health Organization
African Region

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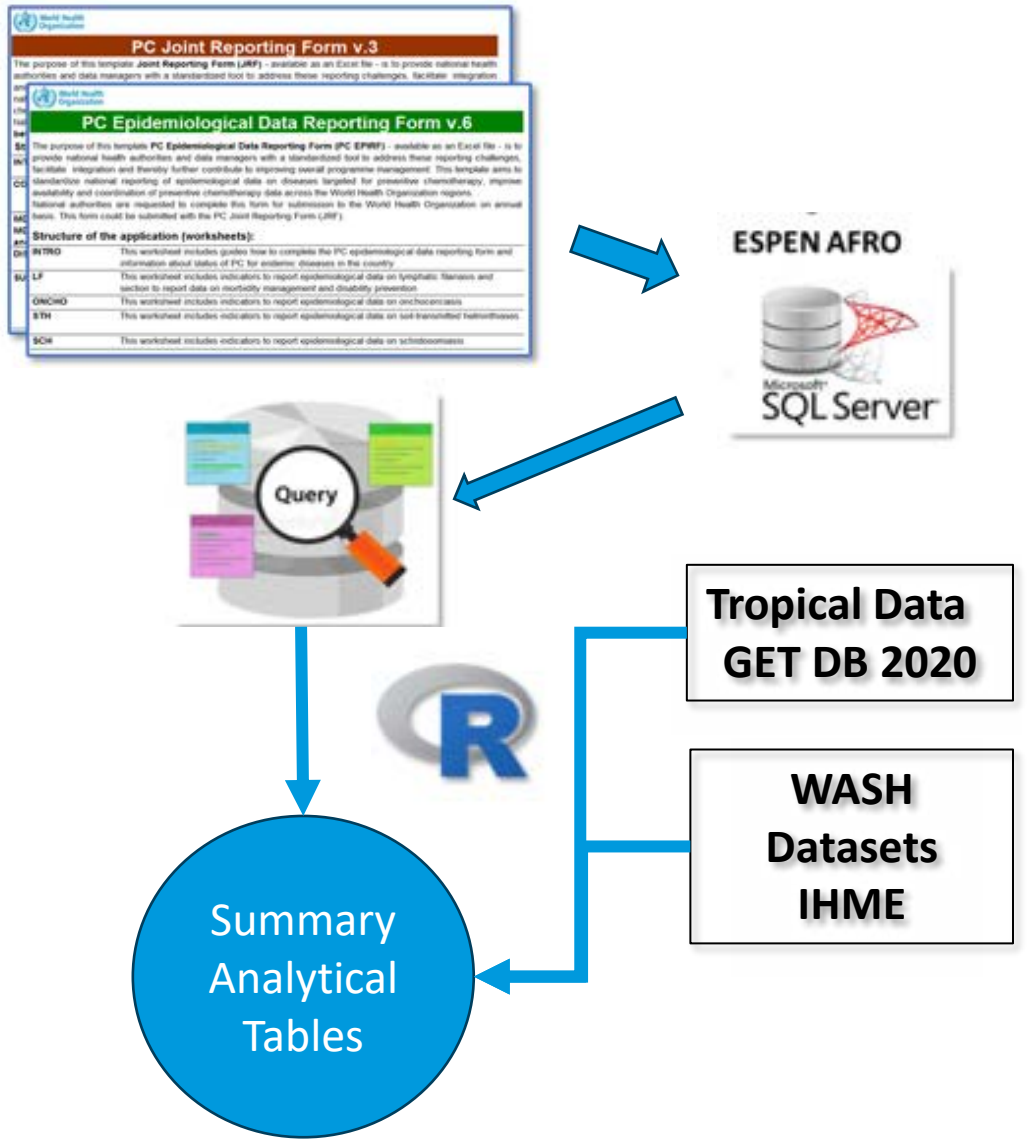
Overview

- The ESPEN Portal – History & Data Workflow
- Introduction – Why the ESPEN Portal Matters
- Overview of the ESPEN Portal Structure
- Navigating “Maps & Data”: *dashboards, maps & analytics*
- Other Portal sections: *advanced analytics, news & opportunities*
- Wrap-up & key messages

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

- NTD Data Portal launched by ESPEN in April 2017.
- **Aims to be top public NTD data hub.**
- Compiles PC-NTD data from countries using JAP & TEMF reports.
- **Helps guide NTD control and elimination strategies**.
- Not just data storage:
  - ESPEN Collect for data collection.
  - JAP Upload tool for data reporting.
  - **Tools for data visualization: graphs, dashboards, maps.**
  - Includes NTD Master Plans, Updated Cartography, Elimination estimates.
- Offers APIs for external app development.



ESPEN Data Portal – v3.0 (2024)

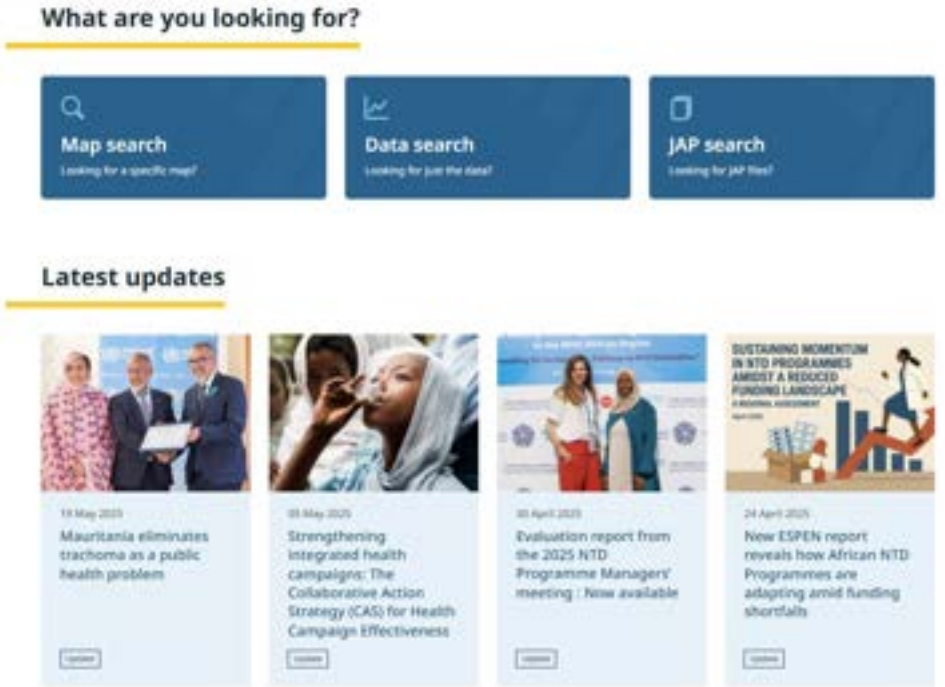
ESPEN Portal v4.0

- **Launched in May 2025**
- Automated generation of static maps
- Contents and products in multiple languages
- Upgraded architecture:
  - ✓ Faster
  - ✓ More user-friendly
  - ✓ New Features, including a Generative AI agent (*chatbot*)
  - ✓ More emphasize in contents and news

ESPEN Data Portal – v4.0 (2025)

ESPEN NTD Portal

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



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ESPEN NTD Portal: A Central Hub for Data-Driven Technical Support

Data Collection

- **ESPEN Collect Platform** – Real-time field data capture
- **ESPEN Spatial Microplanning Tool** – Supports IU-level planning
- **ESPEN Schisto Mapper** – Visualizes SCH risk and informs mapping decisions

Data Reporting

- **JAP Upload Tool** – Facilitates structured online submission of treatment data, surveys, annual working plans and medicine requests

Data Analytics

- **ESPEN Dashboards** – Monitor MDA coverage, endemicity, medicine forecasts, elimination progress

Data Intelligence

- **ESPEN GenAI Assistant** – Conversational AI support for interpreting data, retrieving documents, and generating summaries

ESPEN NTD Portal

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

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Introduction – Why the ESPEN Portal Matters

One-stop access to national and sub-national NTD data

- Brings together data from multiple sources: **JAP reporting forms**.
- Data available for **5 PC-NTDs**: LF, Oncho, SCH, STH, and Trachoma.
- **Integrated dashboards** for each disease across all endemic countries.
- Enables **disaggregation** by implementation unit (IU), year, and disease.

Supports countries and partners with decision-making tools

- Interactive **maps and charts** help visualize:
  - Coverage trends
  - Endemicity levels
- Tools like the **ESPEN IU Planner** help identify gaps and coordinate partner efforts.
- Built-in filters allow for **customized analysis** by program needs.

Publicly available platform managed by ESPEN and Ministries of Health

- Ensures **transparency and accountability** in NTD programme data.
- Data is **submitted and validated** by Ministries of Health before being published.
- Access is open to **countries, donors, researchers, and partners** alike.

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Overview of the ESPEN Portal Structure

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

Other technical resources: data collection, data reporting and advanced analytics

Contents: news, updates, newsletters, partnerships and MMM programme.

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MAPS & DATA SECTION 🌍

Navigating “Maps & Data”

🧭 **Dashboards (progress and forecast)**

- Interactive visuals that provide **summarized analytics** by disease and country.
- Include **MDA coverage**, **survey status**, **population at risk**, and **intervention timelines**.
- Useful for national- and regional-level monitoring.

🌍 **By Country / By Region**

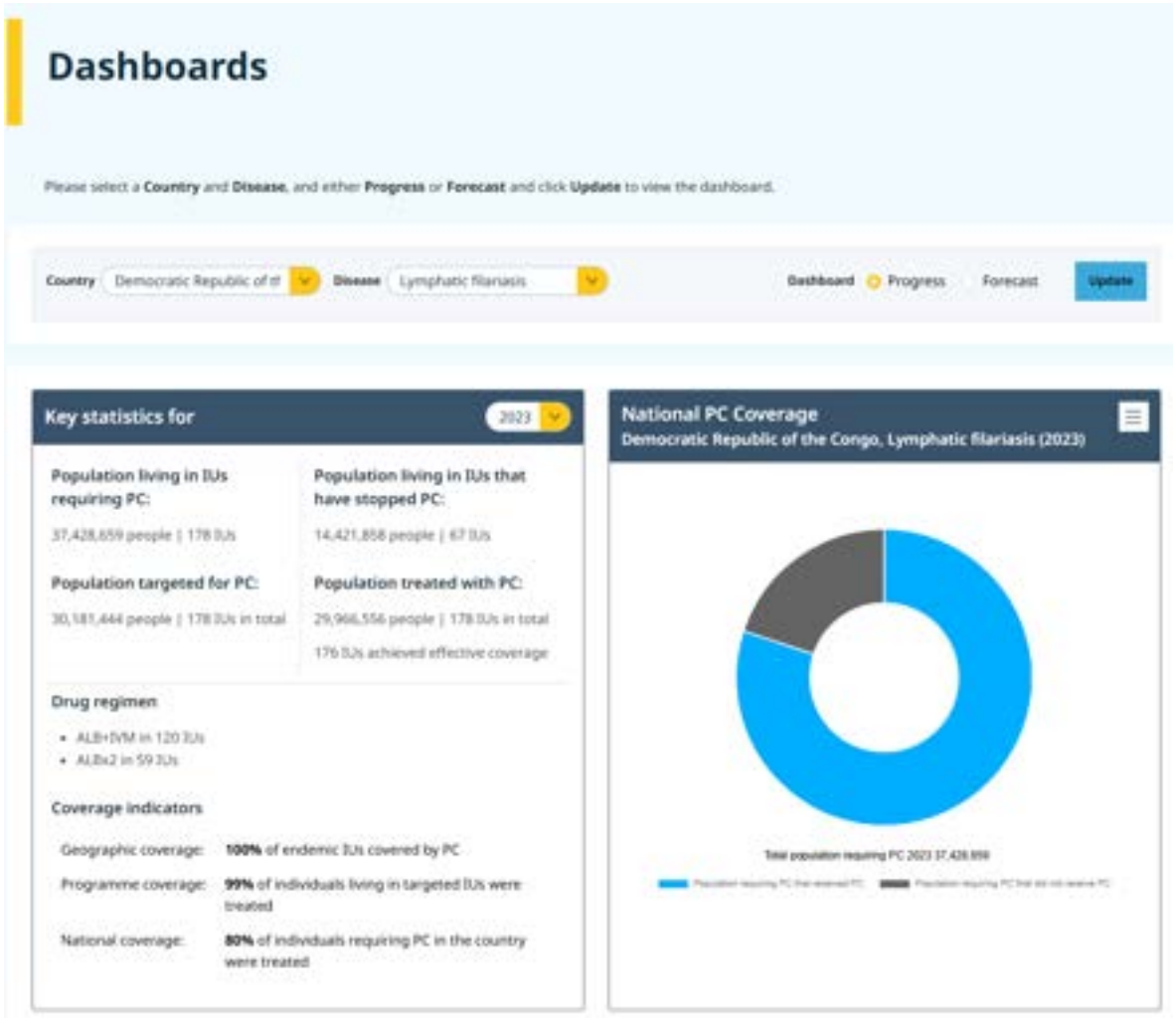
- Navigate to tailored views that compile all available data by **individual countries** or **multi-country regions (African sub-regions)**.
- Includes **key indicators**, **maps**, **dashboards** and **downloads** per NTD.

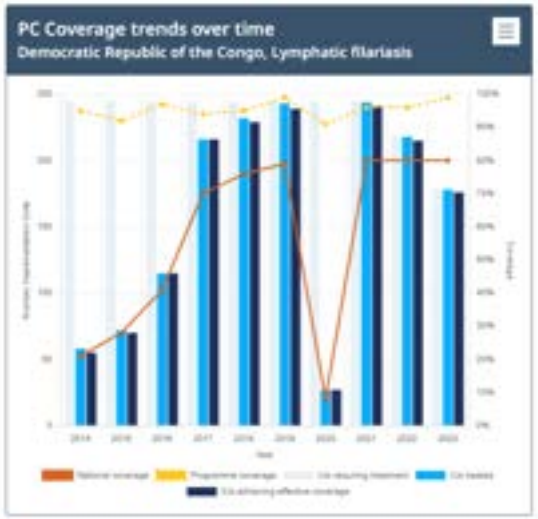
🔍 **Data Query Tools***

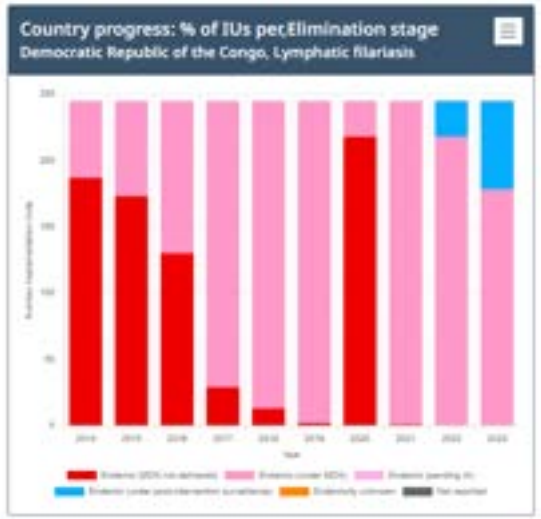
- Flexible tool that allows users to **custom-filter and download datasets** based on IU, disease, and time period.
- Supports advanced users in preparing reports or conducting deeper analysis.

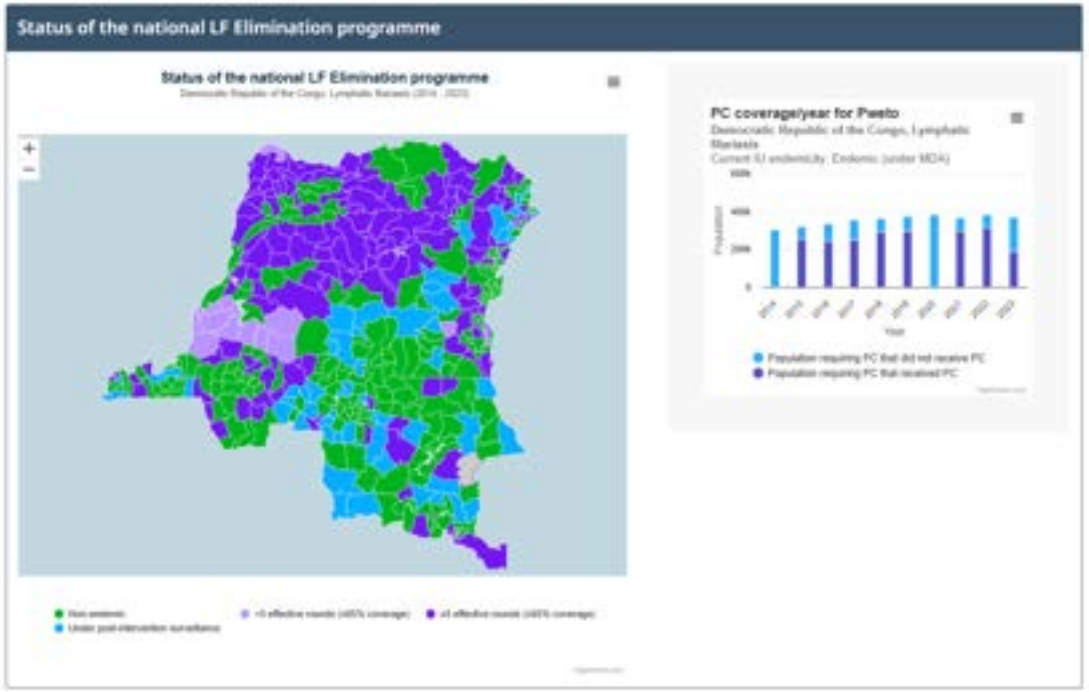
Survey site level data is not available for now

Dashboards – Progress & Forecast

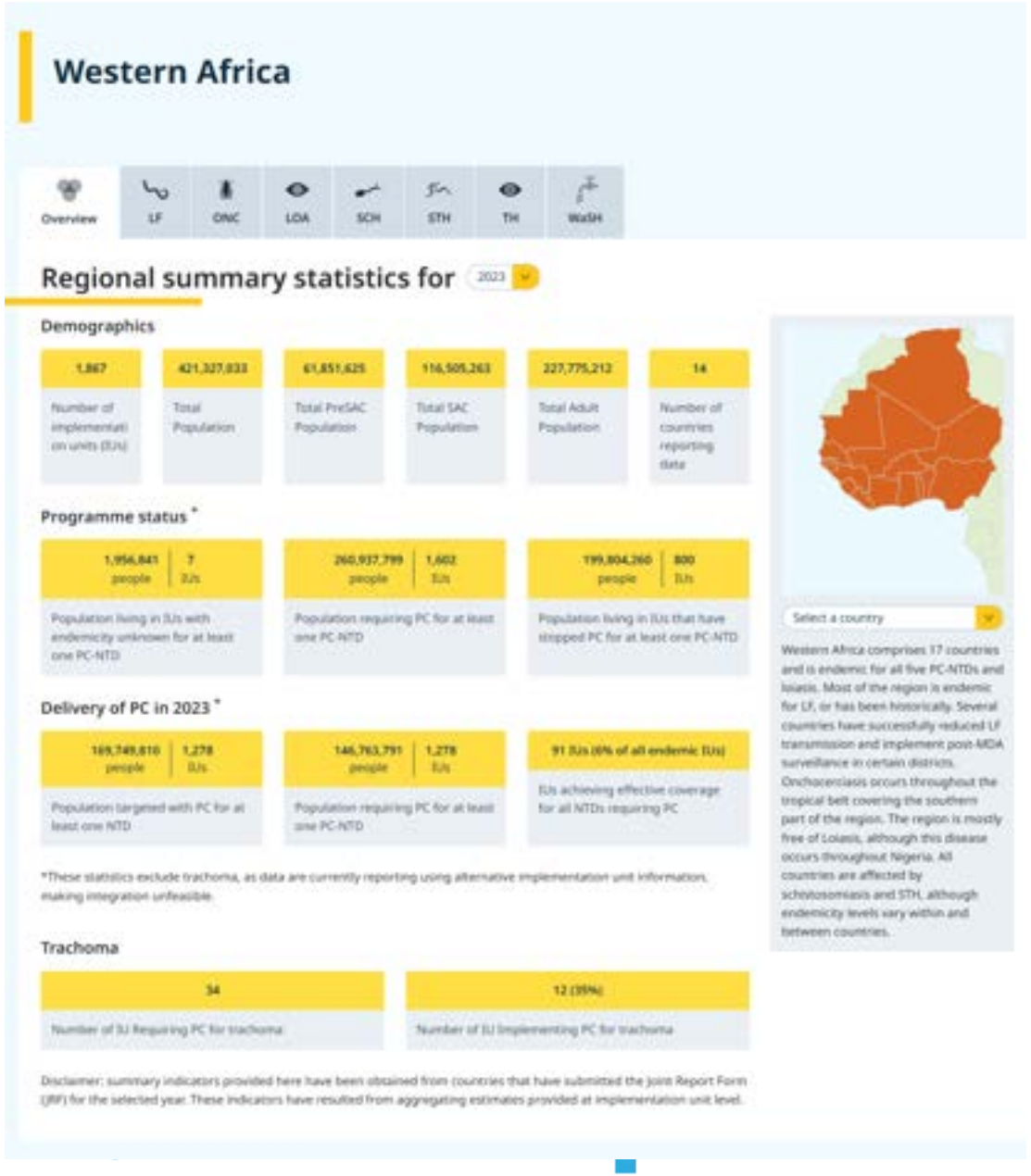


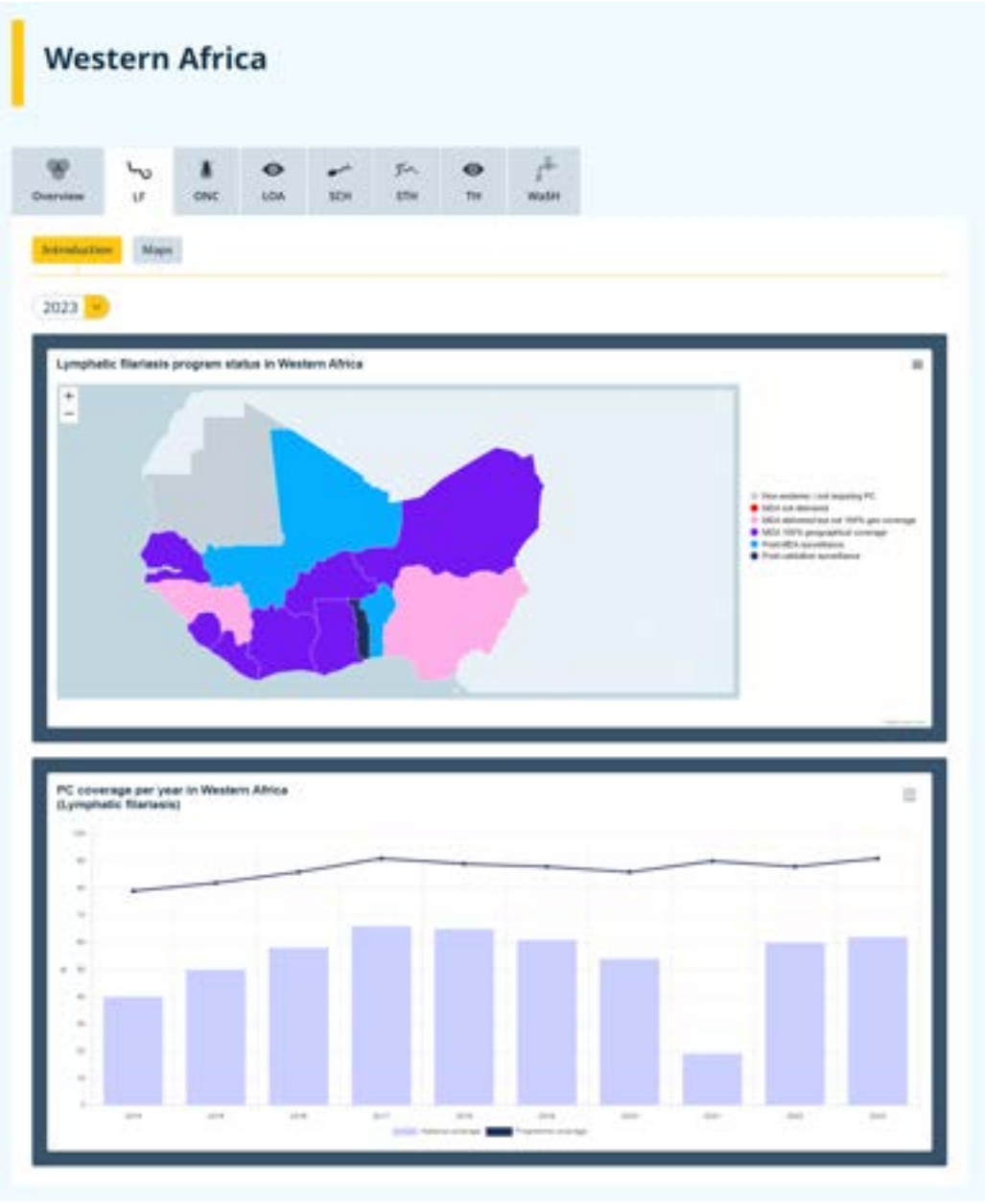




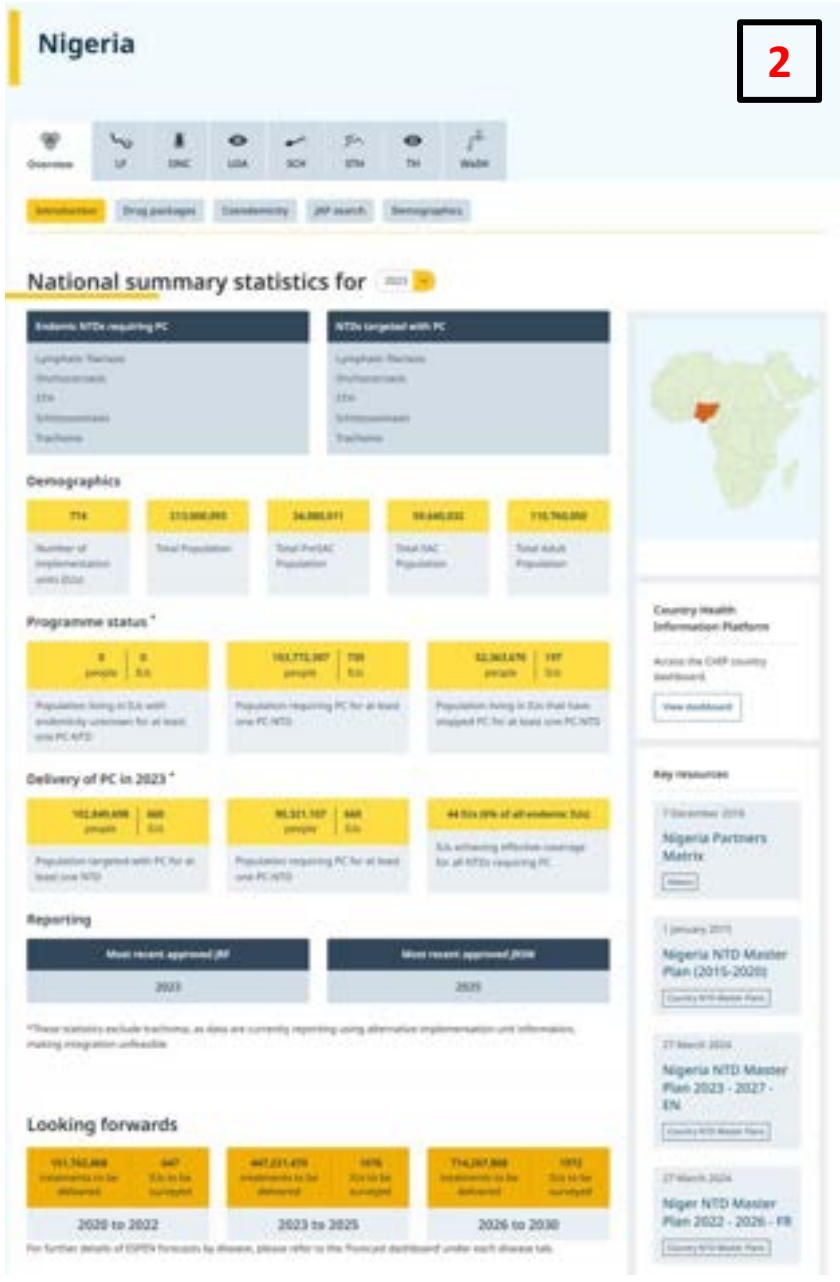


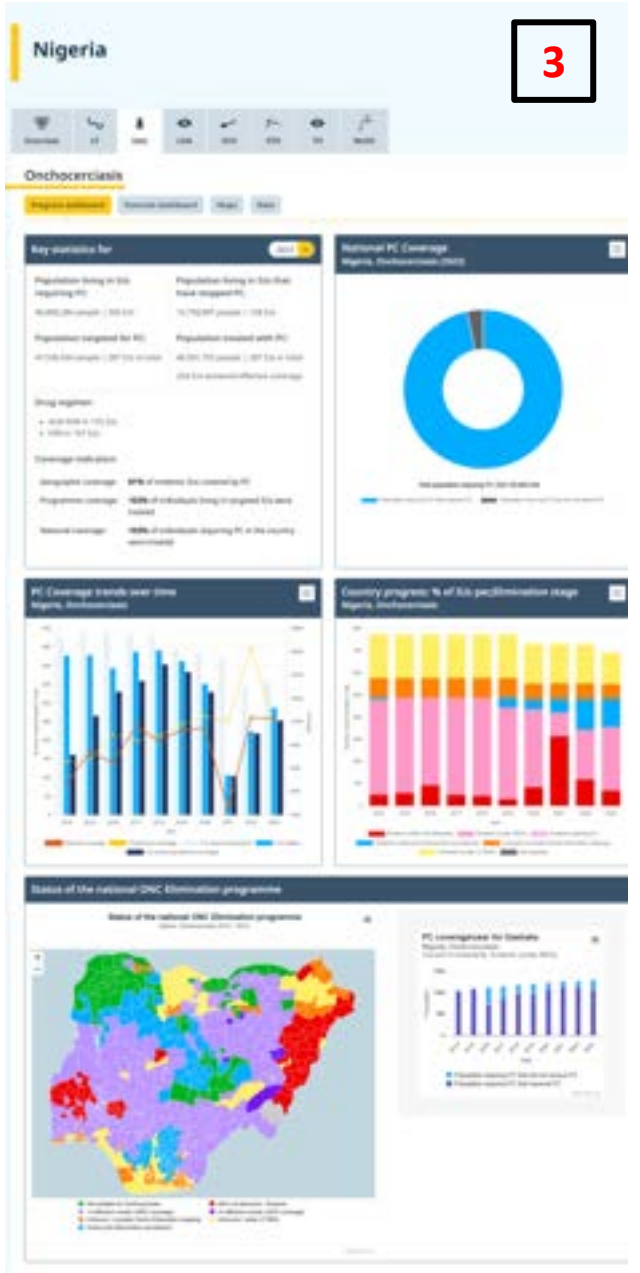
Region Analytics & Maps



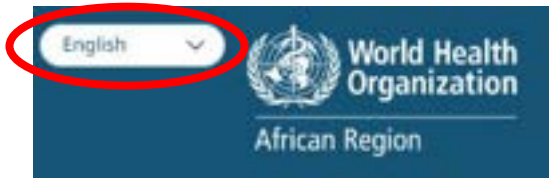


Country Analytics, Maps & Dashboards I



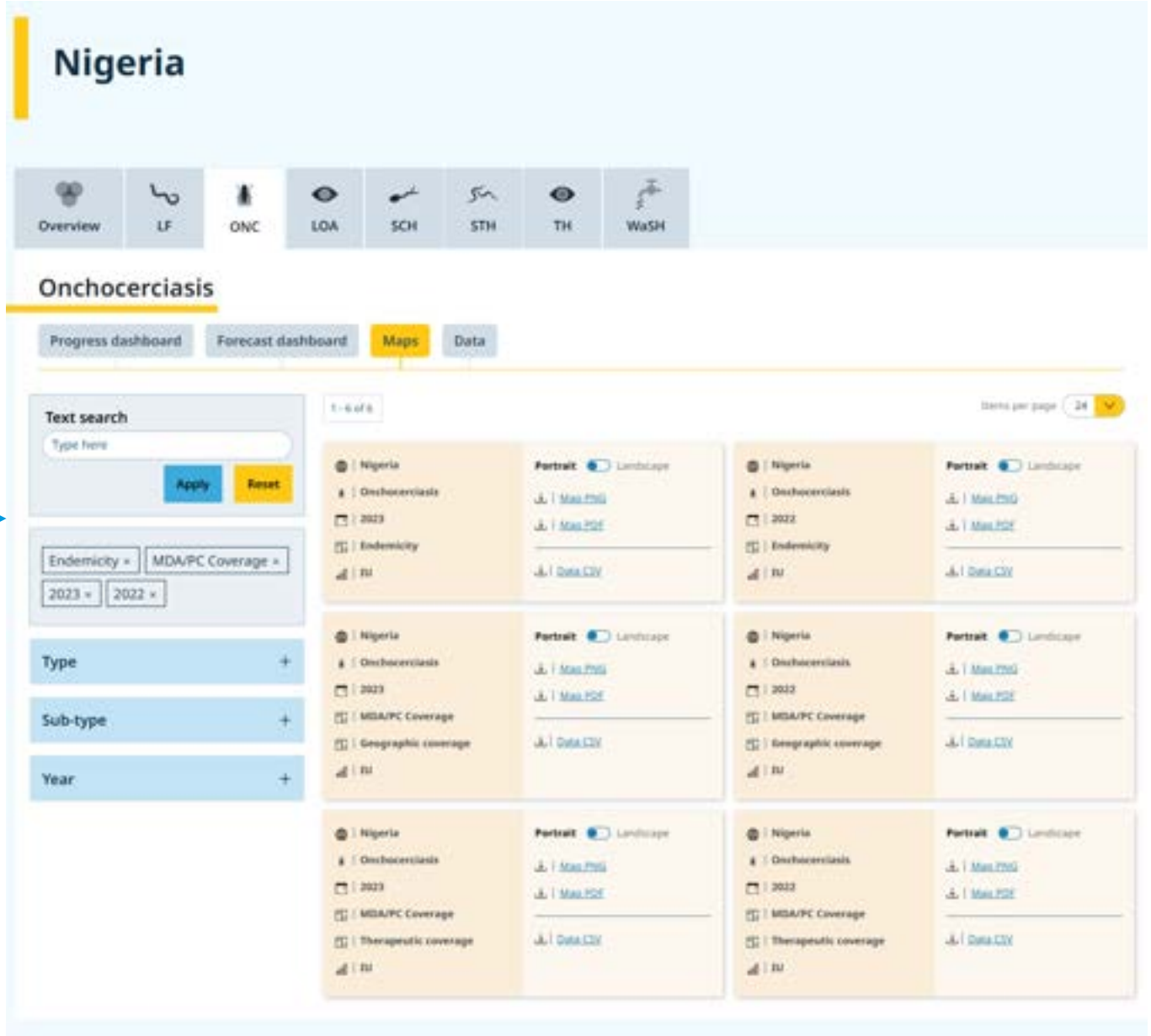


Country Analytics, Maps & Dashboards II



English
French
Portuguese

- **On-the-fly map generation**
- Map interface available in **multiple languages**
- **Filter maps by disease, intervention type, and year** across all 5 PC-NTDs
- **Downloadable map layouts** in both portrait and landscape formats
- **Access to underlying datasets** for further analysis

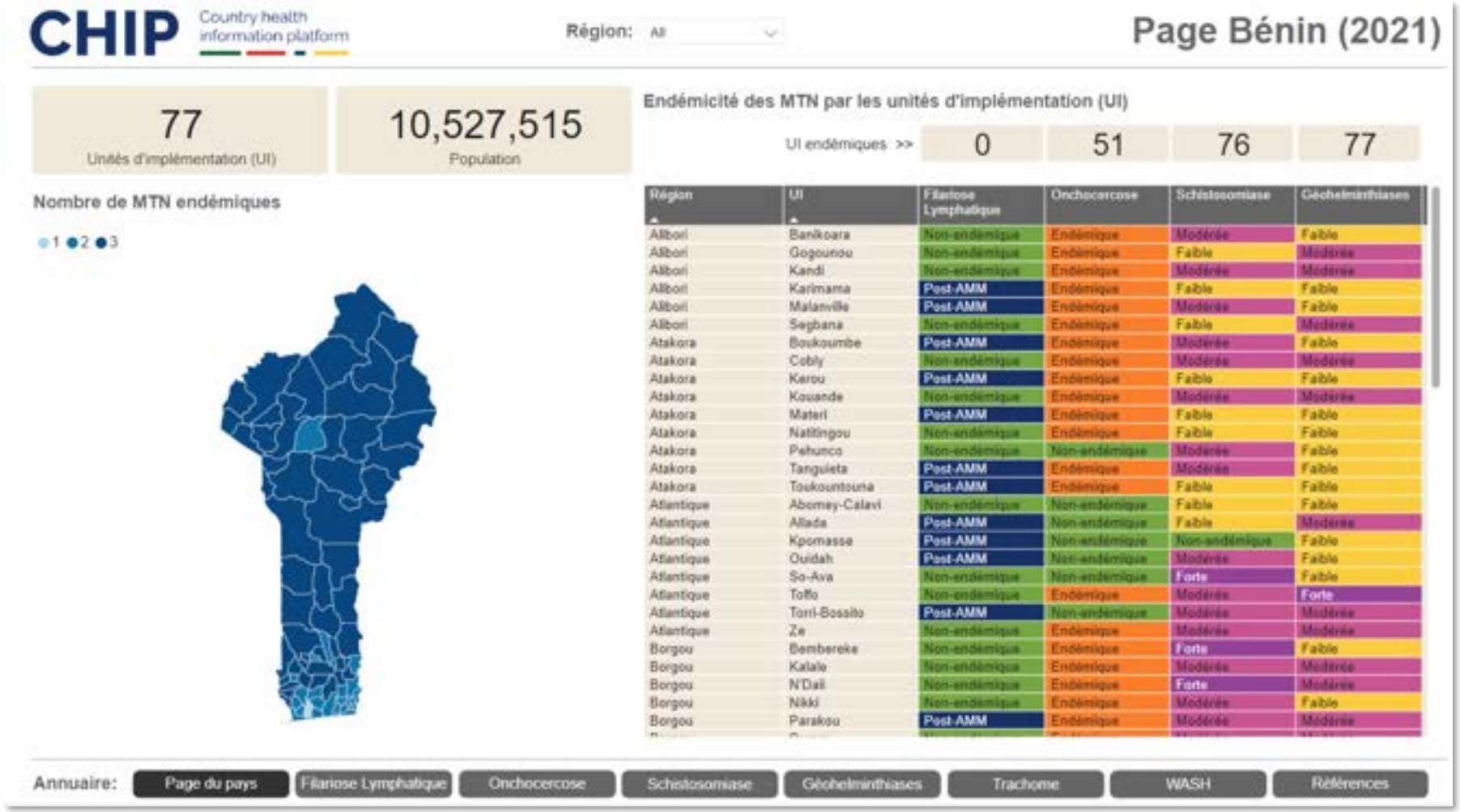


Country Health Information Platform (CHIP)

CHIP Country health information platform

CHIP is a Microsoft Power BI dashboard that aggregates all national data reported on annual reporting forms into a single, interactive dashboard.

National NTD programmes who wish to use CHIP can register using the link below. Once registered, a CHIP dashboard will be setup for their country and they will receive training on the features of the CHIP dashboard. Additionally, CHIP relies on having complete reporting of all programmatic activities on annual reporting forms. Additional support can be provided to national NTD programmes who wish to fill in existing reporting gaps.



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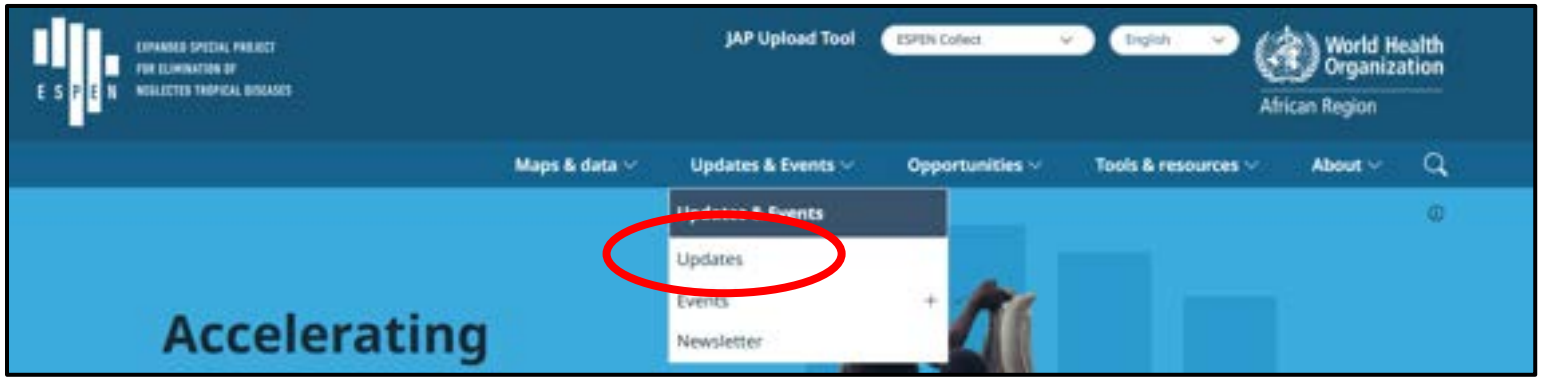
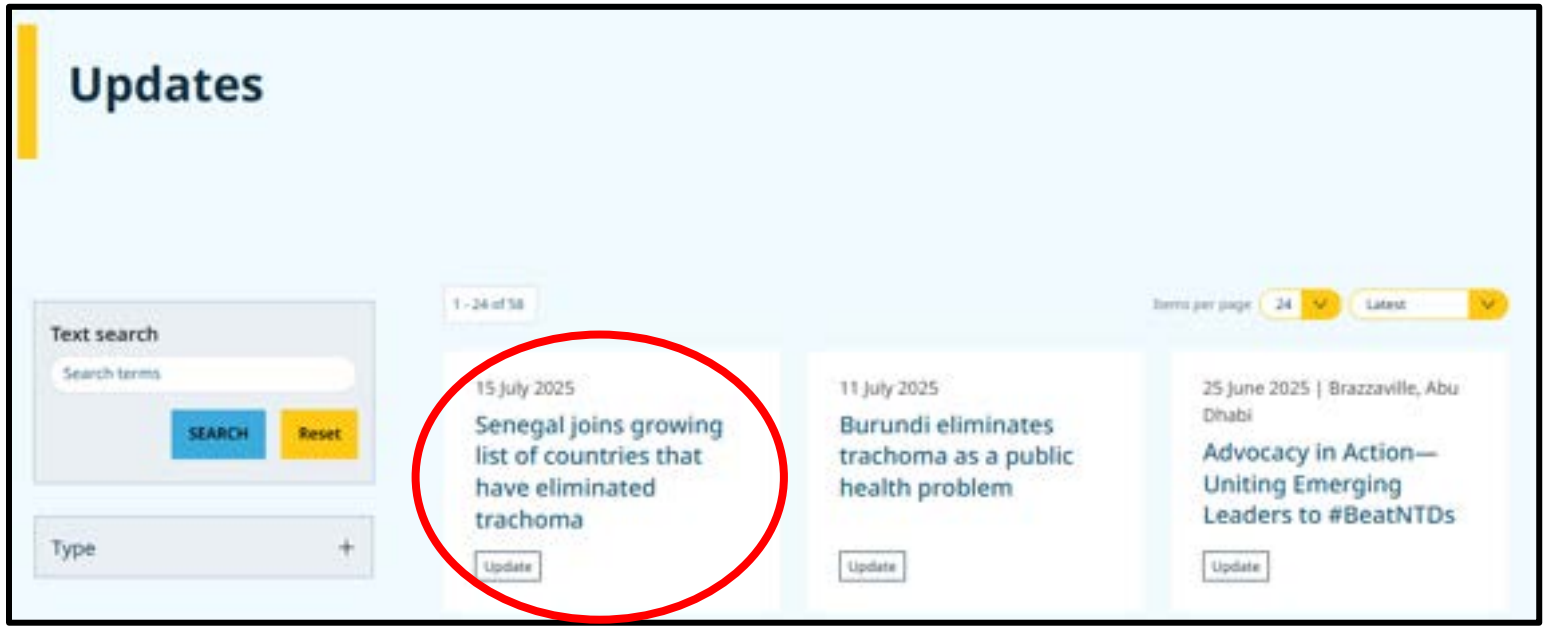
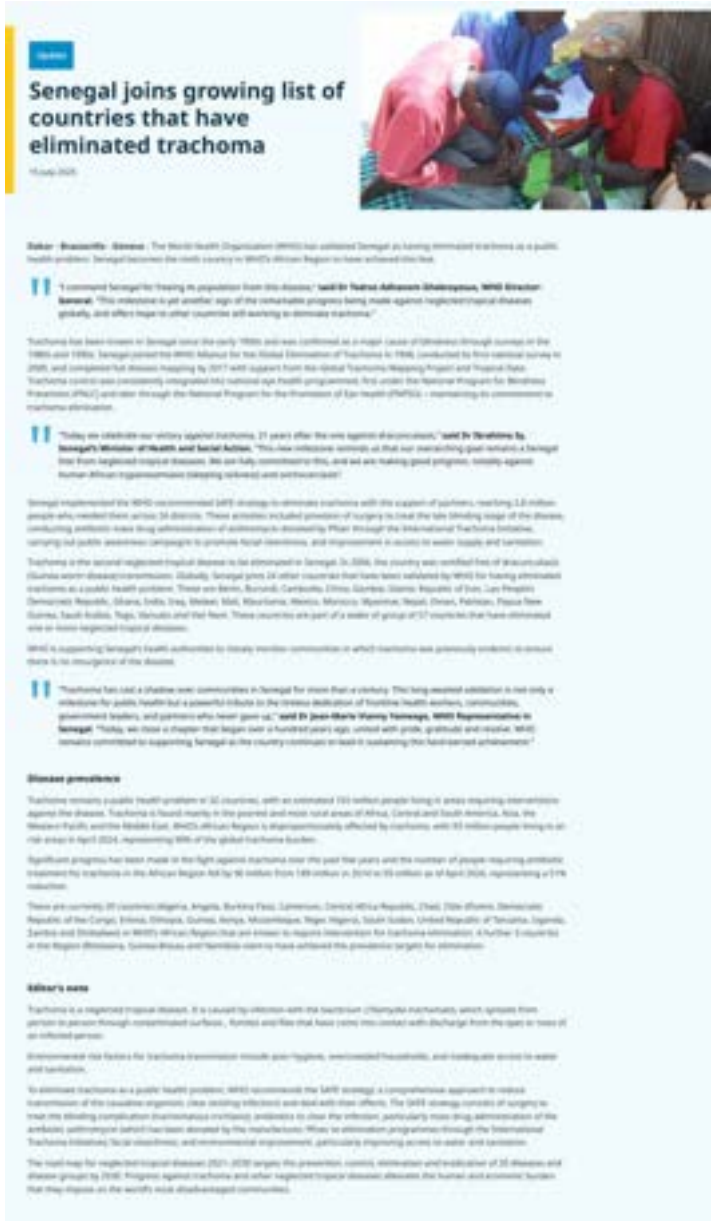
Sightsavers

OTHER PORTAL SECTIONS 📢

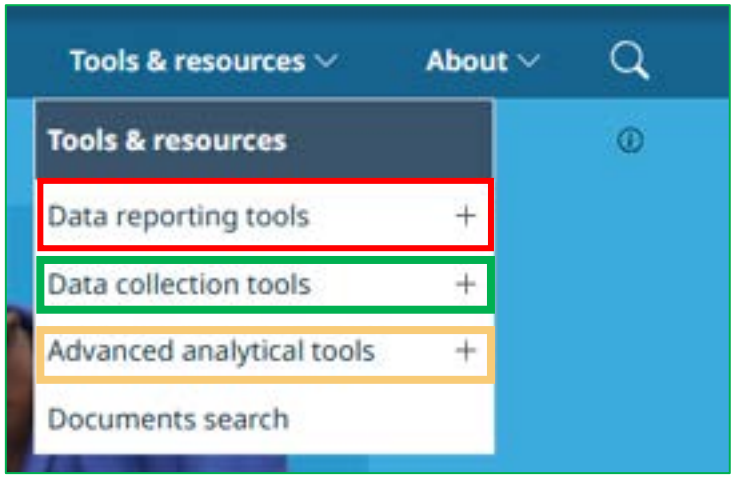
Updates & Events – Stay Informed







Tools & Resources – Technical Guidance at Your Fingertips



Joint Application Package (JAP) upload tool + JAP search

ESPEN Collect + ESPEN Collect Dashboard

ESPEN GenAI Assistant

Advanced Analytical tools:

- Country Health information Platform (CHIP)
- Schistosomiasis Mapper tool: SPPA protocol
- ESPEN Geospatial microplanner
- Implementation Unit Planner
- ESPEN GenAI Assistant

Opportunities – Engagement with the NTD Community

Annual Meetings of National NTD Programme Managers in the WHO Africa Region

Annual meetings

Introduction

The **Annual Meeting of National NTD Programme Managers** in the WHO Africa Region stands as a testament to our collective resolve in the ongoing battle against Neglected Tropical Diseases (NTDs). In the face of unprecedented global challenges, these meetings have emerged as pivotal gatherings for sharing knowledge, aligning strategies, and reinforcing our commitment to public health and the Sustainable Development Goals.

Background and significance

The need for Annual Meetings

Objectives and expected outcomes

The way forward

The meetings, therefore, are not just annual events but milestones in our collective journey towards a world free from the scourge of NTDs. They represent our unified commitment to advancing public health, strengthening health systems, and making NTDs a thing of the past.

The Mwele Malecela Mentorship Program for Women in NTDs

Purpose

The Mwele Malecela Mentorship (MMM) Program for Women in Neglected Tropical Diseases (NTDs) supports mid-career African women to become leaders and champions in NTD elimination at national and international levels. NTDs and other Tropical and Vector-Borne Diseases (TVD) Programmes are part of and contribute to the work of the Universal health coverage/Communicable and non-communicable diseases (UHC/UCN) cluster in the WHO African region.

WHO/AFRO is leading this program in collaboration with The END Fund and the American Society for Medicine, Hygiene and Tropical Medicine (ASMTH). Aligned with the Global NTD Roadmap, the MMM program will provide mentorship, training and networking opportunities over two years to cohorts of women from 2023 to 2030.

MMM Program Reports

	January	February	March	April	May	June	July	August	September	October	November	December
Cohort Selection Mentee	Stage 1 application period live			Stage 1 screening & Stage 2 Candidates Selection	Stage 2 applications		Selection Committee review process		Steering Committee approval of mentees selected	1. Selected mentees announced (ASTMH, MMN, online, etc.) 2. Mentium begins matching. Surveys shared with both mentees and mentors	1. Matching is complete 2. Match check carried out	1. Program kick off 2. Announcements that next cohort applications open in January
Cohort Selection Mentor	Mentor applications open					Selection Committee review process						
				Non-selected applicants (mentees) notified						Non-selected applicants (mentees: Stage I) notified		Unmatched mentors notified
Year 1: Cohort Management (Standard for every month is one meeting with mentor) Year 2: Cohort Management (Standard for every month is one meeting with mentee)	Cohort Launch	Cohort Midpoint Review	Webinar	Networking Opportunity	Networking Opportunity	Webinar	Networking opportunity	Leadership Programme	Webinar	Networking Opportunity	Networking Opportunity	End of programme event

CLOSING – Wrap-Up & Key Messages ✅

Wrap-up & Key Messages

- The ESPEN Portal is the central hub for PC-NTD data, supporting strategic planning and monitoring.
- Version 4.0 brings faster performance, multi-language access, and a new GenAI Assistant.
- Explore dashboards, maps, and downloadable datasets—customized by disease, region, and time.
- Use ESPEN tools for data collection (ESPEN Collect), reporting (JAP Upload), and advanced planning (e.g., IU Planner, Geospatial Microplanner).
- Engage with the Portal as a daily resource—not just for reports, but to guide action and track progress.

Your feedback is crucial—help us **improve and expand** these tools to better serve your programmes

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Thank you for your attention

Thank you to all our partners

MRM: Manta Ray Media

SC: StandardCode

GET: Global Elimination Trachoma

IHME: Institute for Health Metrics & Evaluation

Sightsavers

London School of Hygiene & Tropical Medicine

Bill & Melinda Gates foundation

…and all country programmes and in-country partners submitting data to WHO/ESPEN

Lunch Break

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Hands-On Practical Session: Developing a Brief Country Report Using ESPEN Portal Resources

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Group Discussion: Feedback on Tools Used—Strengths, Limitations, and Opportunities for using the ESPEN Portal

Moderator: Katie Shanahan

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Discussion: ESPEN Portal Tool Feedback

- Take time in your group to reflect on the experience using the Portal. The feedback will help improve ESPEN tools and tailor them to country needs.

Guiding Questions:

1. Which ESPEN tools were most helpful for finding and using NTD data?
2. Did you experience any challenges navigating the dashboards, filtering data, or downloading visuals?
3. Which features of the Portal could be improved or made more user-friendly?
4. How well do ESPEN tools align with your national data/reporting systems (e.g., DHIS2)?
5. What new features, training resources, or support would help you use ESPEN tools more effectively?

Coffee Break

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Preview Day 4 - Preparations for Day 4

Ms Katie Shanahan

Data Scientist - JSI

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THANK YOU

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