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

Day 5

Brazzaville, 21-25 July 2025

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

Attendance: 25 July 2025

21-25 July 2025

Brazzaville, Congo Republic

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Wrap Up Day 4

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- Data use must be embedded throughout the programme cycle, from routine reporting to strategic planning—countries are increasingly applying structured data-to-action cycles to refine intervention plans.
- Country case studies highlighted the value of subnational data: Tanzania and Zanzibar used granular prevalence data to guide differentiated MDA strategies, validate progress, and plan surveillance.
- Integration of MDA with other campaigns improves efficiency and coverage: Madagascar's experience integrating LF MDA with polio vaccination reduced costs by 75% and reached national coverage targets.
- SPPA methodology enhances targeting precision: Tanzania demonstrated how sub-district assessments inform tailored treatment frequencies and uncover hidden transmission pockets.

- ESPEN GenAI Assistant demonstrated high potential as a real-time, multilingual tool to support programme managers in navigating ESPEN systems, understanding indicators, and addressing reporting needs—especially in low-resource settings.
- Strategic scenario planning empowers programmes to weigh trade-offs: Tools like the IU Planner help compare intervention options based on cost, coverage, and feasibility, fostering transparent, evidence-based decisions.
- Countries learned how to use ESPEN Portal dashboards and tools to develop national disease profiles and monitor IU-level trends. They appreciated the availability of GenAI and co-endemicity maps, while recommending clearer visualizations, easier data downloads, and better WASH data integration—among other positive suggestions to improve the user experience.

Introduction to Forecasting: Why It Matters for NTD Programme Planning and the JRSM

Mr Gurmeet Philora

Senior Technical Advisor

JSI

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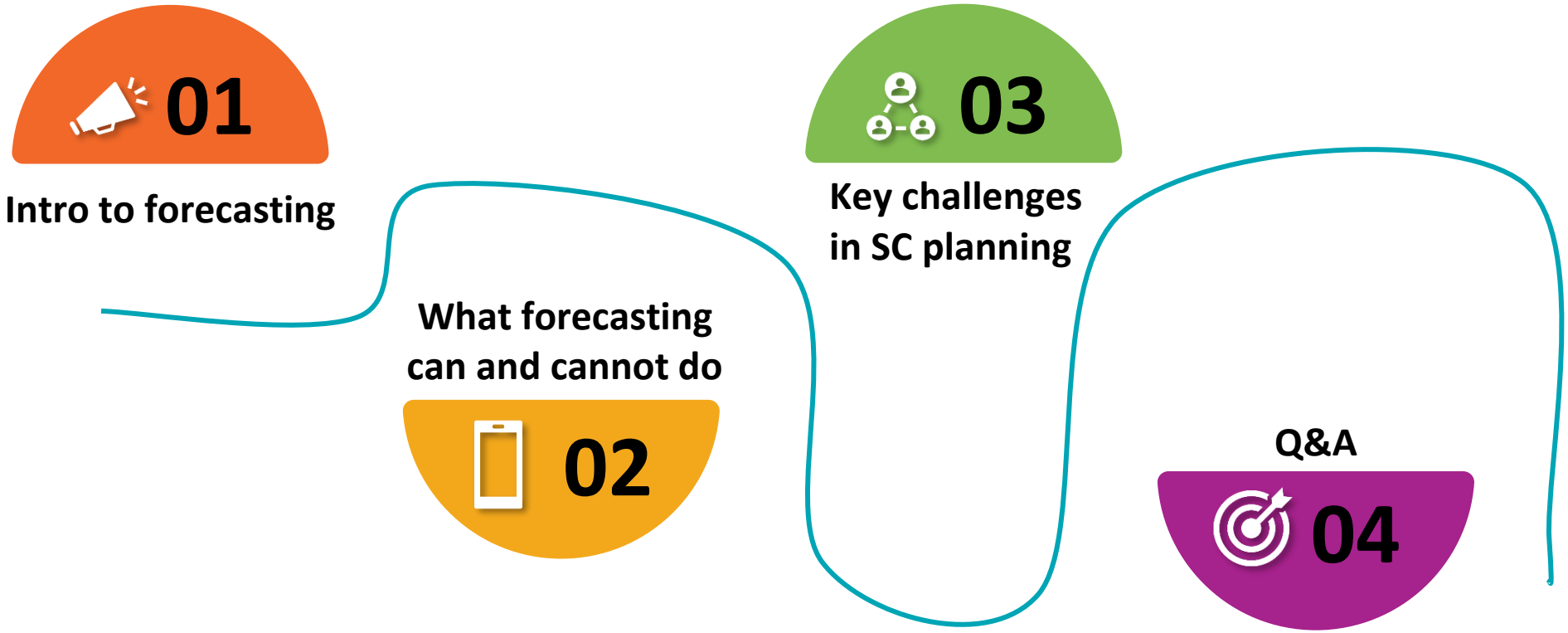
Presentation Outline



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Forecasting and Supply Planning

Forecasting - **estimating the quantities of products** that will be dispensed / administered to patients or community members, or used by a health program over a specific period of time in the future.

Supply Planning - determining **what quantities** of products need to arrive **by when** to support programmatic plans, taking into account current stock on hand, quantities already on order, supplier lead times and costs.

Forecasting + Supply Planning = Quantification

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Different forecasts for different users

	Manufacturers	Donors	Procurers	Governments	Global Health community
Short term forecasts (0-18 month)	*Inform production (shifts, final product customization, ordering of inputs)*	*Funding needs and disbursement*	*Tendering, budgeting, freight/distribution planning, coordination*	*Disbursement of funds, campaign and distribution planning*	*Planning, informing activities and related work*
Medium term forecasts (1-5 year)	*Inform management decisions - production planning (staffing, inputs, API, capacity optimization), supplier relations/negotiations, budgeting*	*Investment decisions*	*Contract negotiations, resource planning, budgeting*	*Planning for program needs (and related costs, resource needs), budgeting, resource mobilization*	*Research, advocacy, planning, etc.*
Longer-term forecasts (5-20 year)	*Strategic forecasts to inform resource planning: - capital expenditures - facility/capacity investments - regulatory efforts - R&D investments*	*Planning, budgeting, advocacy*	*Planning, budgeting*	*Planning, budgeting*	*Research, advocacy, planning, etc.*

What is the purpose of forecasts for NTD supplies? Do we need short term, medium term or long term forecasts?

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Short Term Forecasts

Example: JRSM = Short term forecast

- Purpose is for requesting required quantity donation products for the following year

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Medium Term Forecasts

Medium term forecasts at country level can:

- Empower NTD Programs with information to plan and advocate.
  - Some NTD donation programs target specific population subgroups (e.g. SAC, WRA, etc.), yet the need extends beyond these subgroups; forecasting the full need allows programs to advocate and plan
  - If donor support and funding for NTD commodities decreases, there may be a transition to government-led procurement
- Forecast potential changes in commodity needs due to changes in epidemiology and treatment guidelines for PC which could result in large and rapid shifts in future demand.
- Shorten time to prepare JRSMs, as some data for future years is organized and updated in the forecast
- Be shared with global level (pharma partners) to support production planning and enable pharmaceutical companies to better respond to country requests.

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Robust and reliable data is key

Accurate forecasting requires accurate data

- Demographic
- Endemicity
- Inventory
- Funding

The flow of this quality data from IU level to central levels is crucial to ensure forecasts are created using the most up to date and relevant information.

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Purpose of the Supply Plan

The purpose of a supply plan is to:

- translate forecasted consumption into total product requirements that considers stock on hand, lead times, and buffer stocks
- determine when it is best to receive the shipments/orders
- enable ongoing pipeline monitoring to ensure there are adequate inventory levels for program activities (such as MDA)
- identify potential gaps and mobilize additional resources for procurement of products
- prevent overstocking or stockouts

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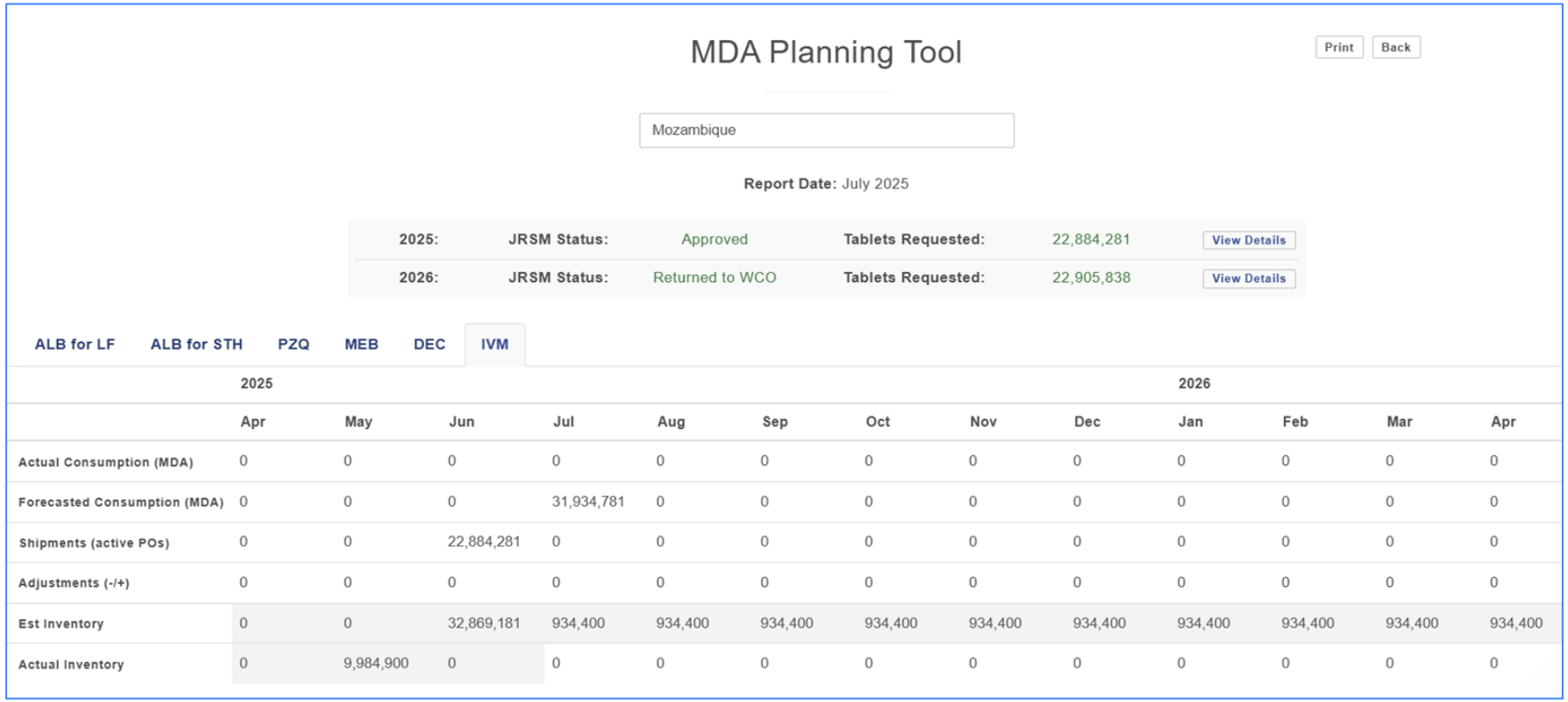
MDA Supply Planning Tool

- Supply planning tool in NTDeliver
- Enables a rolling 18-month supply plan to track pipeline, consumption and inventory
- Currently being piloted in 8 SCTSM countries



MDA Planning Tool

Print Back

Mozambique

Report Date: July 2025

2025:	**JRSM Status:**	Approved	**Tablets Requested:**	22,884,281	View Details
2026:	**JRSM Status:**	Returned to WCO	**Tablets Requested:**	22,905,838	View Details

ALB for LF | ALB for STH | PZQ | MEB | DEC | IVM

	2025									2026			
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Actual Consumption (MDA)	0	0	0	0	0	0	0	0	0	0	0	0	0
Forecasted Consumption (MDA)	0	0	0	31,934,781	0	0	0	0	0	0	0	0	0
Shipments (active POs)	0	0	22,884,281	0	0	0	0	0	0	0	0	0	0
Adjustments (-/+)	0	0	0	0	0	0	0	0	0	0	0	0	0
Est Inventory	0	0	32,869,181	934,400	934,400	934,400	934,400	934,400	934,400	934,400	934,400	934,400	934,400
Actual Inventory	0	9,984,900	0	0	0	0	0	0	0	0	0	0	0

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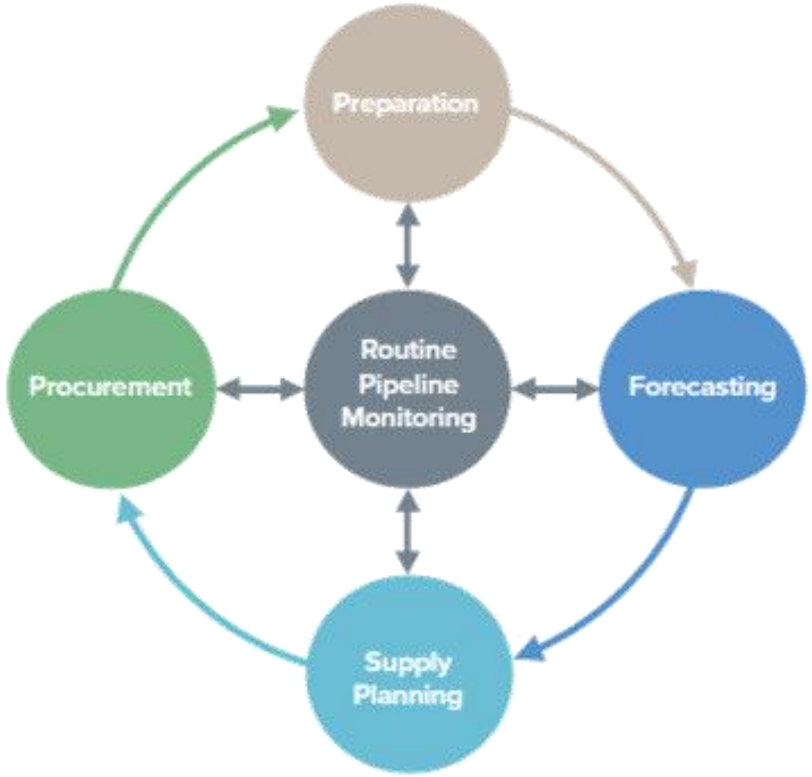
Routine Monitoring of Forecast and Supply Plan

Quantification is not a one-time annual exercise but an iterative process which includes reviews and updates year-round.

- Update with **actual consumption data** and monitor the impact on **inventory levels**
- Update **inventory** based on physical count and ensure there is adequate stock for MDA needs
- Adjust **program activities** such as MDA dates as needed if stock is not available
- Identify gaps in products and **mobilize additional resources** for procurement if needed
- Adjust **procurement quantities and shipment delivery schedules** as needed to avoid significant overstocks and potential expiries
- Compare forecast to actual consumption to **measure forecast accuracy**



Forecasting Scope

What it **CAN** do:

- Estimate treatment needs based on target populations, disease prevalence, and schedules
- Support budgeting, procurement planning, and partner coordination

What it **CANNOT** do:

- Not a guarantee of delivery
- Not a replacement for robust supply planning and inventory management
- Not a one-time task – must be regularly updated

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How forecasting and supply planning address SC planning challenges

1. Inventory reconciliation - leftover medicine not aligning with past treatment figures reported in JRF
2. Funding availability confirmation from MOH and partners
3. Population data that is inaccurate/not up-to-date
4. Survey data is not applied/endemicity not updated.

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How forecasting and supply planning address SC planning challenges

Inventory Reconciliation Issues

Problem: Leftover stock often does not match theoretical balance based on treatment data in the JRF, especially due to underreporting of inventory.

How a 3-Year Forecast / Supply Plan Helps:

- Provides a baseline to compare expected vs. actual consumption
- Encourages routine inventory checks between MDA cycles and compares estimated inventory with actual inventory
- Improves alignment across JRF and JRSM over time

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How forecasting and supply planning address SC planning challenges

Funding Availability Confirmation

Problem: JRSM submissions delayed due to uncertainty about MOH and partner funding commitments.

How a 3-Year Forecast / Supply Plan Helps:

- Gives stakeholders a longer window to secure funding
- Supports inclusion in MOH budget cycles and partner planning
- Encourages early dialogue and resolution of financing gaps

How forecasting and supply planning address SC planning challenges

Outdated or Incomplete Population Data

Problem: Inaccurate target population data affects quantification

How a 3-Year Forecast / Supply Plan Helps:

- Promotes periodic validation of demographic assumptions
- Encourages use of updated census or national projections
- Helps track population changes in dynamic or urban areas

How forecasting and supply planning address SC planning challenges

Survey Data and Endemicity Not Applied

Problem: New survey data not reflected in forecasts, particularly for STH and SCH; community-level planning tools underused.

How a 3-Year Forecast / Supply Plan Helps:

- Creates regular opportunities to integrate survey findings
- Prompts country programs to plan or mobilize resources for future surveys Improves linkage between epidemiological data and medicine need
- Promotes use of tools like the SCH workbook for precise planning

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Country Case Presentations: Learning from Past Forecasts to Strengthen 2027 JRSM Submissions

Kenya NTD Team

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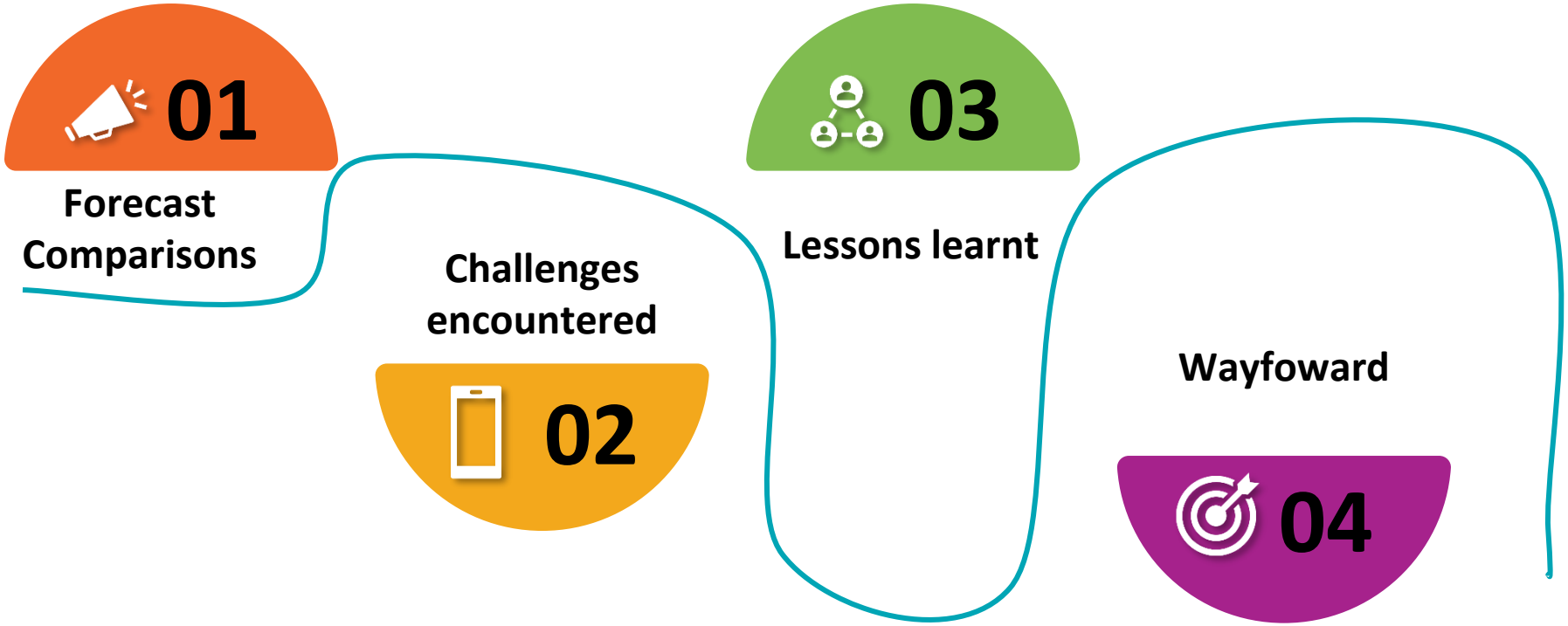
Presentation Outline



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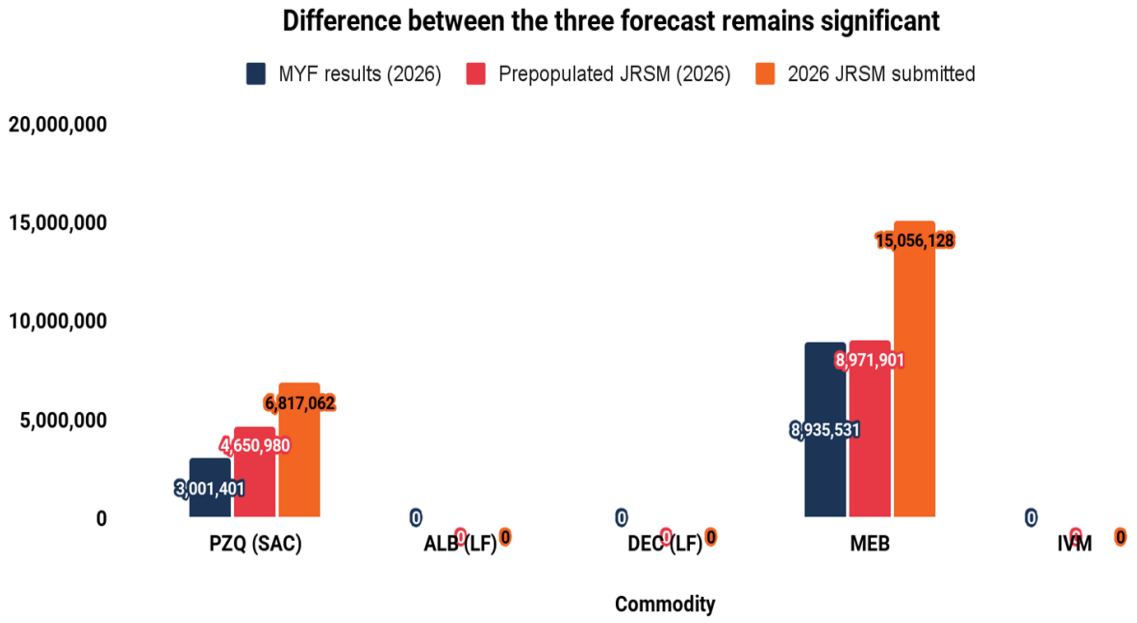
Comparison of PC medicine *(SCH,STH,LF,Oncho only)* quantities obtained using three methods of Forecasting



Commodity	MYF results (2026)	Prepopulated JRSM (2026)	2026 JRSM submitted
PZQ (SAC)	3,001,401	4,650,980	6,817,062
ALB (LF)	0	0	0
DEC (LF)	0	0	0
MEB	8,935,531	8,971,901	15,056,128
IVM	0	0	0

- Results of the MYF and prepopulated forecasts have a slight difference compared to those of the 2026 JRSM for PZQ and MEB. This is because the JRSM 2026 forecasts used recently harmonised data for community based and school based epidemiological survey.
- Quantities for DEC and ALB not requested as there is available stock

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Required quantities of PC medicines estimated using JRSM 2026 (Pre-populated vs Submitted) showed a significant difference

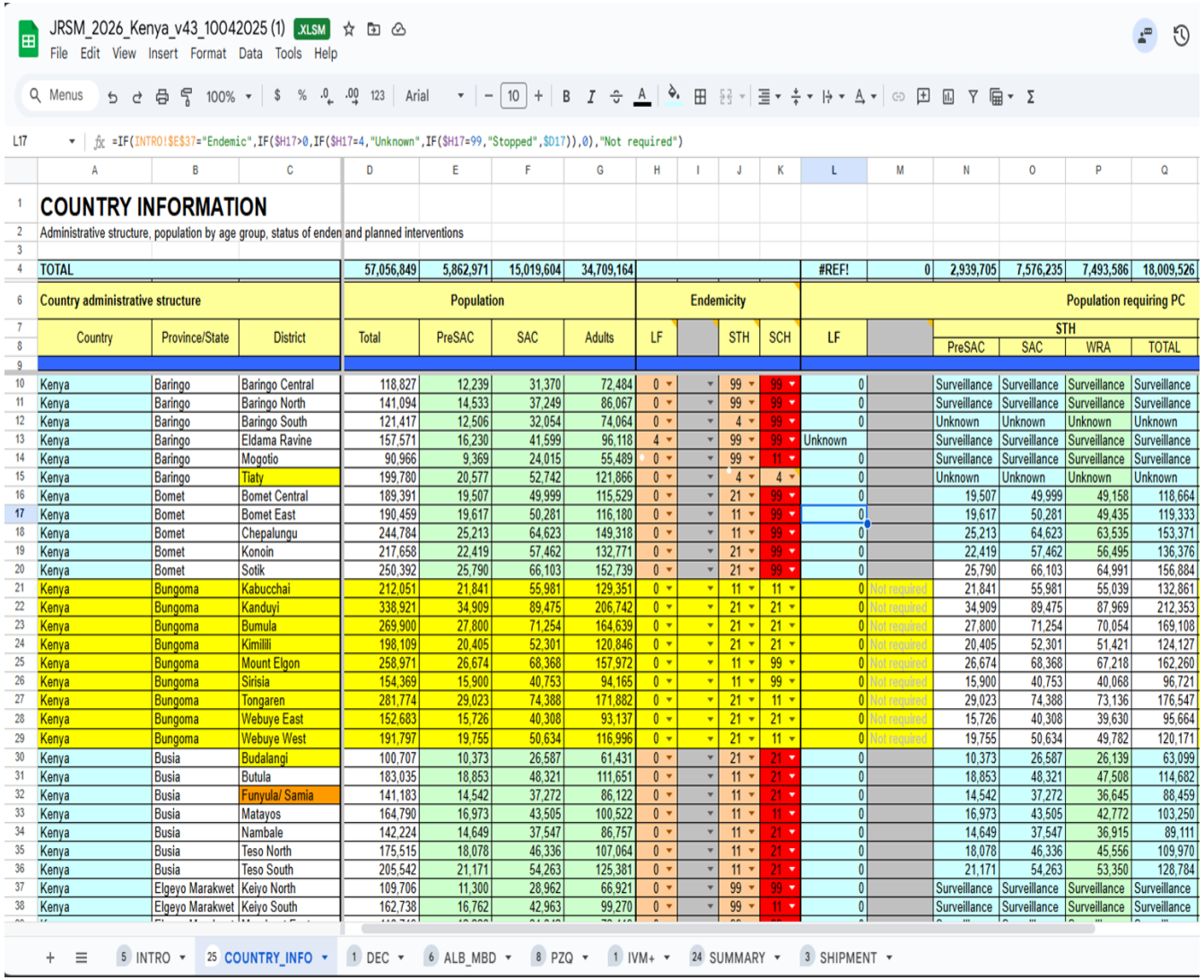
- **JRSM quantifies based on:**
  - IU Endemicity
  - IU Target population requiring PC
  - IU MDA plans/schedule

- **Prepopulated JRSM** attempts to auto-calculate based on previous data. Whereas submitted **JRSM reflects updated microplanning**.

- Specifically for SCH (PZQ) and STH (ALB), **IU endemicity** took into account the harmonized prevalence and treatment decision across both school-based and community-based MDA, **leading to higher quantities**

Gaps:

- JRSM lacks sub -district IU level,
- ESPEN Admin names require matching with MOH admin boundaries
- JRSM not validated and owned at sub-national levels



JRSM_2026_Kenya_v43_10042025 (1) .XLSM

File Edit View Insert Format Data Tools Help

L17 =IF(INTRO!E37="Endemic",IF($H17>0,IF($H17=4,"Unknown",IF($H17=99,"Stopped",$D17)),0),"Not required")

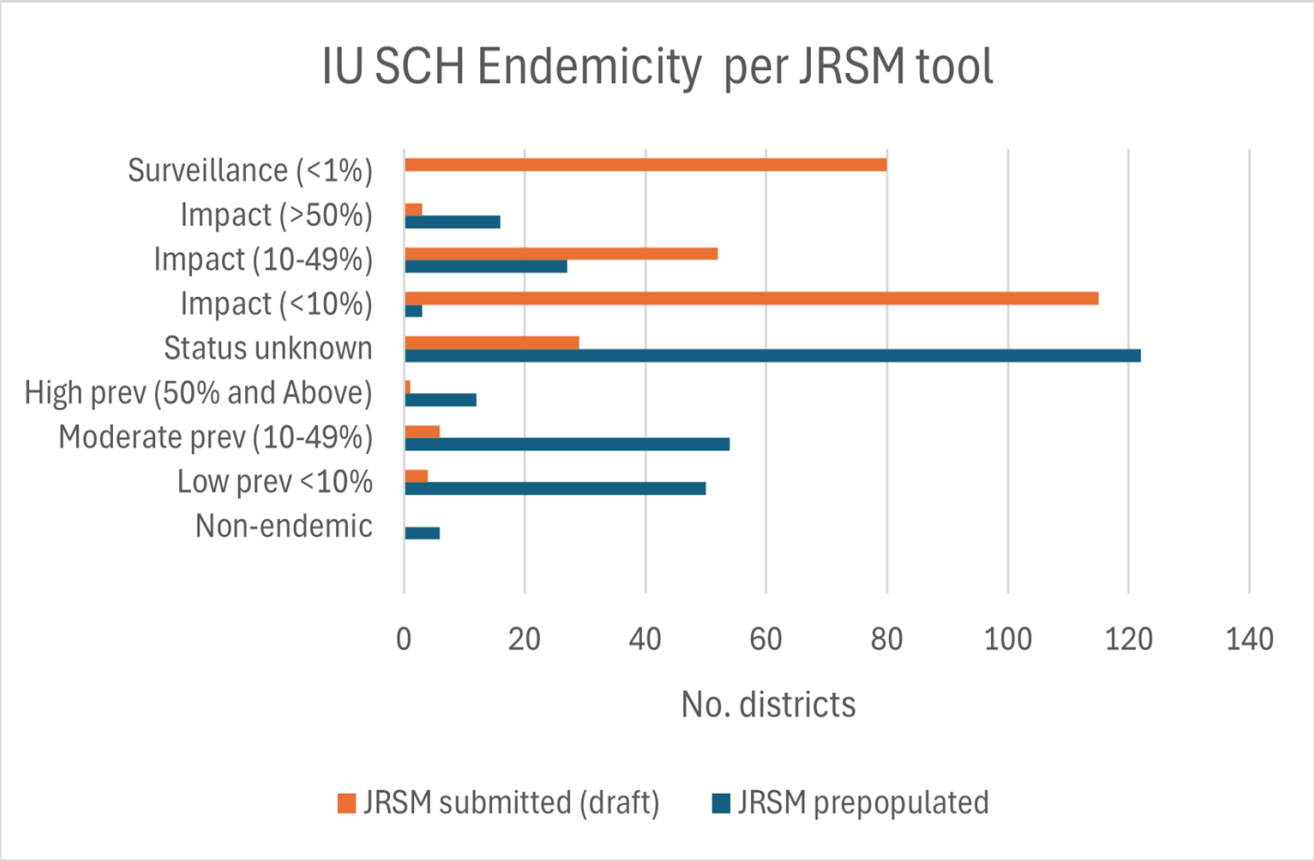
COUNTRY INFORMATION

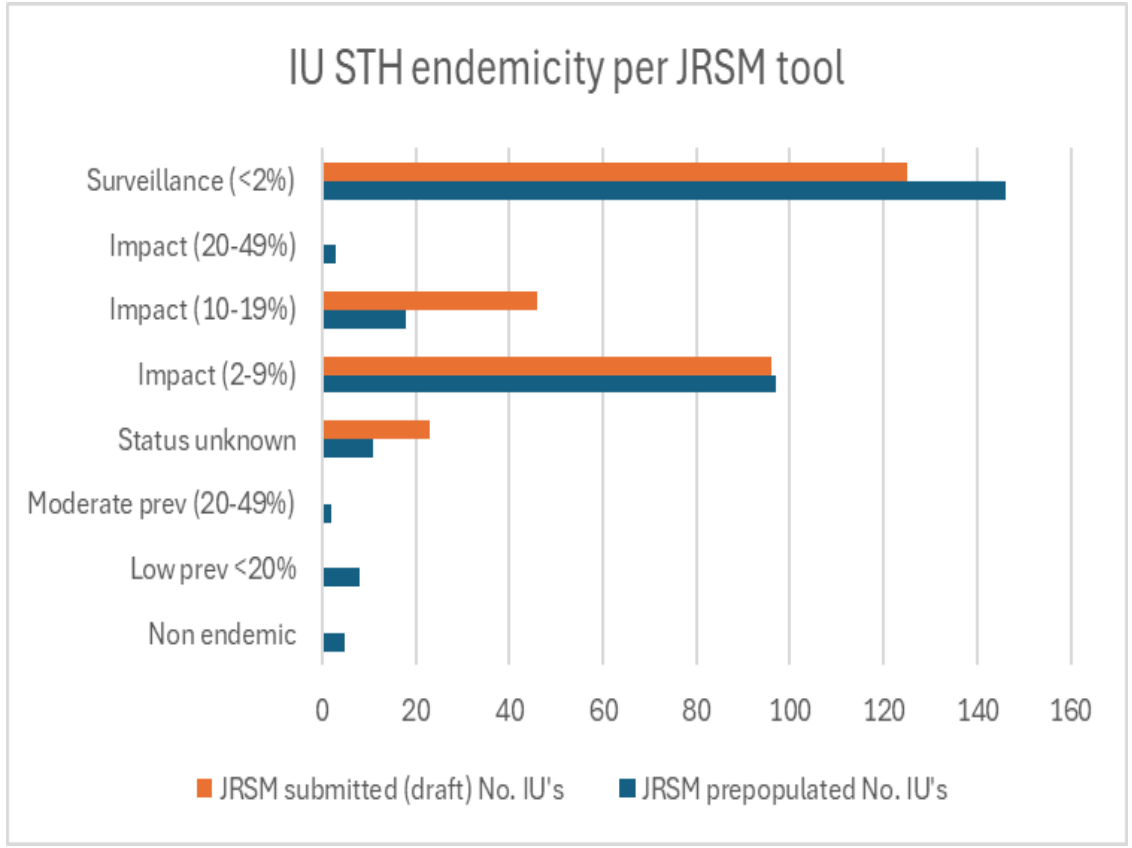
Administrative structure, population by age group, status of enden and planned interventions

TOTAL			57,056,849	5,862,971	15,019,604	34,709,164					#REF!	0	2,939,705	7,576,235	7,493,586	18,009,526
Country administrative structure			Population				Endemicity				Population requiring PC					
													STH			
Country	Province/State	District	Total	PreSAC	SAC	Adults	LF		STH	SCH	LF		PreSAC	SAC	WRA	TOTAL
Kenya	Baringo	Baringo Central	118,827	12,239	31,370	72,484	0		99	99	0		Surveillance	Surveillance	Surveillance	Surveillance
Kenya	Baringo	Baringo North	141,094	14,533	37,249	86,067	0		99	99	0		Surveillance	Surveillance	Surveillance	Surveillance
Kenya	Baringo	Baringo South	121,417	12,506	32,054	74,064	0		4	99	0		Unknown	Unknown	Unknown	Unknown
Kenya	Baringo	Eldama Ravine	157,571	16,230	41,599	96,118	4		99	99	Unknown		Surveillance	Surveillance	Surveillance	Surveillance
Kenya	Baringo	Mogotio	90,966	9,369	24,015	55,489	0		99	11	0		Surveillance	Surveillance	Surveillance	Surveillance
Kenya	Baringo	Tiaty	199,780	20,577	52,742	121,866	0		4	4	0		Unknown	Unknown	Unknown	Unknown
Kenya	Bomet	Bomet Central	189,391	19,507	49,999	115,529	0		21	99	0		19,507	49,999	49,158	118,664
Kenya	Bomet	Bomet East	190,459	19,617	50,281	116,180	0		11	99	0		19,617	50,281	49,435	119,333
Kenya	Bomet	Chepalungu	244,784	25,213	64,623	149,318	0		11	99	0		25,213	64,623	63,535	153,371
Kenya	Bomet	Konoin	217,658	22,419	57,462	132,771	0		21	99	0		22,419	57,462	56,495	136,376
Kenya	Bomet	Sotik	250,392	25,790	66,103	152,739	0		21	99	0		25,790	66,103	64,991	156,884
Kenya	Bungoma	Kabucchai	212,051	21,841	55,981	129,351	0		11	11	0	Not required	21,841	55,981	55,039	132,861
Kenya	Bungoma	Kanduyi	338,921	34,909	89,475	206,742	0		21	21	0	Not required	34,909	89,475	87,969	212,353
Kenya	Bungoma	Bumula	269,900	27,800	71,254	164,639	0		21	21	0	Not required	27,800	71,254	70,054	169,108
Kenya	Bungoma	Kimilili	198,109	20,405	52,301	120,846	0		21	21	0	Not required	20,405	52,301	51,421	124,127
Kenya	Bungoma	Mount Elgon	258,971	26,674	68,368	157,972	0		11	99	0	Not required	26,674	68,368	67,218	162,260
Kenya	Bungoma	Sirisia	154,369	15,900	40,753	94,165	0		11	99	0	Not required	15,900	40,753	40,068	96,721
Kenya	Bungoma	Tongaren	281,774	29,023	74,388	171,882	0		21	11	0	Not required	29,023	74,388	73,136	176,547
Kenya	Bungoma	Webuye East	152,683	15,726	40,308	93,137	0		21	21	0	Not required	15,726	40,308	39,630	95,664
Kenya	Bungoma	Webuye West	191,797	19,755	50,634	116,996	0		21	11	0	Not required	19,755	50,634	49,782	120,171
Kenya	Busia	Budalangi	100,707	10,373	26,587	61,431	0		21	21	0		10,373	26,587	26,139	63,099
Kenya	Busia	Butula	183,035	18,853	48,321	111,651	0		11	21	0		18,853	48,321	47,508	114,682
Kenya	Busia	Funyula/ Samia	141,183	14,542	37,272	86,122	0		11	21	0		14,542	37,272	36,645	88,459
Kenya	Busia	Matayos	164,790	16,973	43,505	100,522	0		11	11	0		16,973	43,505	42,772	103,250
Kenya	Busia	Nambale	142,224	14,649	37,547	86,757	0		11	21	0		14,649	37,547	36,915	89,111
Kenya	Busia	Teso North	175,515	18,078	46,336	107,064	0		11	21	0		18,078	46,336	45,556	109,970
Kenya	Busia	Teso South	205,542	21,171	54,263	125,381	0		11	21	0		21,171	54,263	53,350	128,784
Kenya	Elgeyo Marakwet	Keiyo North	109,706	11,300	28,962	66,921	0		99	99	0		Surveillance	Surveillance	Surveillance	Surveillance
Kenya	Elgeyo Marakwet	Keiyo South	162,738	16,762	42,963	99,270	0		99	11	0		Surveillance	Surveillance	Surveillance	Surveillance

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

IU level endemicity for both SCH and STH varied across the JRSM tools due to recent prevalence data harmonization across the school and community level programs





Data harmonization across STH & SCH deworming programs is focused on streamlining deworming interventions in Kenya from drug requests, planning, implementation and impact assessments

The MultiYear Forecasting (MYF) generated the least quantities across the PC medicines

- MYF tool used the pre populated data from ESPEN.
- It provides estimates based on **broad national-level assumptions** using
  - historical MDA data,
  - planned surveys
  - Future funding status
- It gives a detailed inventory status per PC- medicines
- **Gap:**
- Sometimes it is cumbersome going IU by IU for several years.

Country: **Kenya**

NTD Product		2025	2026	2027
Albendazole (ALB)	Forecast for LF	325,830	0	0
	Forecast for STH	0	1,855,800	3,499,956
	Combined Forecast	325,830	1,855,800	3,499,956
	Available inventory	0	0	0
	Quantity needed	**325,830**	**0**	**0**
Diethylcarbamazine (DEC)	Forecast	814,575	0	0
	Available inventory	0	0	0
	Quantity needed	**814,575**	**0**	**0**
Ivermectin (IVM)	Forecast	815,097	0	0
	Available inventory	0	0	0
	Quantity needed	**815,097**	**0**	**0**
Mebendazole (MBD)	Forecast	8,889,514	8,935,531	9,981,131
	Available inventory	0	0	0
	Quantity needed	**8,889,514**	**8,935,531**	**9,981,131**
Praziquantel (PZQ)	Forecast	50,328,017	24,970,714	61,400,083
	Available inventory	0	0	0
	Quantity needed	**50,328,017**	**24,970,714**	**61,400,083**

Screenshot of Kenya MYF output

Using the Three Forecasting Tools to Strengthen Data Triangulation and Improve Accuracy from Strategy to Implementation

- The **Multi-Year Forecast (MYF)** is a **strategic, long-term planning tool** using generic parameters and projections.
- The **Prepopulated JRSM** serves as a draft, **auto-generated** from historical data and previous submitted JAP forms
- The **submitted 2026 JRSM** reflects the **most accurate and validated data**, incorporating:
    - County-specific planning.
    - Data harmonization of school and community-based deworming programs
    - Updated epidemiological context.
    - Actual funding commitments.

Conclusion:

- Discrepancies observed are a normal consequence of progressively improving forecast data from strategic (MYF) to the data used in requisition of medication (JRSM) .
- Kenya's submitted JRSM figures are more accurate because they incorporate **real-world implementation dynamics, micro planning efforts, and changes in programmatic strategy**, making them a more reliable basis for commodity requests.

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Challenges Encountered

1. **Data Quality of indicators on JAP documents**
   - Mismatch of some IU names and admin boundaries due to redistricting

2. **Lack of a designated quantification team**
   - The SCTSM project supported JRSM 2026 preparation by rallying all the relevant stakeholders but may pose a challenge for sustainability as the quantification team hasn't been clearly outlined in the country.

3. **Over-reliance on donor funding**
   - Only quantities in IUs with confirmed funding are supplied, resulting to lack of treatment in regions that require it but lack funding

4. **Poor current supply outlook**
   - The SCTSM project through the MDA planning tool will support program to have a supply plan

5. **Incomplete inventory data and consumption data**
   - Despite treatment data on NTD DHIS2 (IDB) it is still difficult to reconcile Tablet accountability data and treatment coverages.
   - JRSM structure doesn't factor consumption data but demographic data

JRSM completion workshop: Naivasha

Lessons Learnt

- **Relevant stakeholder awareness and participation in the JAP process is critical for quality JRSMs**
- **Timely preparation and submission** of the JRSM enables timely approval and minimal disruptions of planned activities within the set timelines.
- **Having a multidisciplinary quantification team**, will help improve the quality and credibility of forecasts.
- **Incomplete inventory and consumption data** limits the ability to generate more accurate estimates (on Stock balances) and undermines **evidence-based decision-making** for resupply
- **Having clear assumptions** helps make sense of the forecasts and factors in not only WHO guidelines but country context

Way Forward

To ensure supply chain needs are fully captured and addressed:

- **Promote inclusive forecasting and supply planning** by engaging all key stakeholders to ensure diverse expertise and ownership of the process.
- **Monitor** both **forward and reverse cascades** to ensure they occur **consistently** after each MDA from the national to sub-national levels and vice versa. This will enable the country to maintain a **visible and accurate inventory data**, critical for accurate preparation of the JRSM and the multi-year forecast
- **Leverage the NTD platforms (IDB/DHIS2, eCHIS, KHIS)** to enhance visibility and use of PC data on coverage, consumption, and stock data for more accurate forecasting and timely supply decisions.
- **Invest in capacity building** for national on quantification
- **Institutionalize monitoring of JAP submission timelines**, with clear accountability structures to ensure Kenya meets WHO deadlines and avoids disruptions in MDA implementation.
- **Document and disseminate step-by-step guidance on the micro planning process for preventive chemotherapy (PC) NTDs**, highlighting where and how counties should be involved early to ensure validated assumptions and smooth implementation.
- **Advocate for domestic resource mobilization** to meet the gaps in donation program

Thank you for your attention

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Présentations de pays : Tirer les leçons des prévisions passées pour renforcer les soumissions JRSM de 2027

Approvisionnement Madagascar

Parfait RAKOTONINDRAINY

Responsible de Suivi-évaluation MTN MoH

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Approvisionnement Madagascar

Presenté par : **Parfait RAKOTONINDRAINY**
Responsible de Suivi-évaluation MTN MoH
Point focal JAP

21-25 Juillet 2025
Brazzaville

Colisage des intrants pour MDA - Entrepôt de l'OMS Madagascar

Plan de Présentation

01 Comparaison des prévisions

02 Défis rencontrés

03 Leçons apprises

04 Perspectives

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1. Contexte

MADAGASCAR :

- ✓ Île avec une superficie de **587,041 km²**
- ✓ Population: **30 626 890 million**
- ✓ 23 regions
- ✓ 114 DS
- ✓ 1 693 Communes
- ✓ 19 340 Fokontany (villages)
- ✓ 2850 Centre de santé de base

- ✓ Les MTN restent un enjeu majeur de santé publique à Madagascar
- ✓ **Co-endémicité (MTN CTP) :**
  - Filariose Lymphatique (FL)
  - Bilharziose (SCH)
  - Géohelminthiase (STH)
  - Teaniose/NCC
- ✓ Médicaments utilisés :

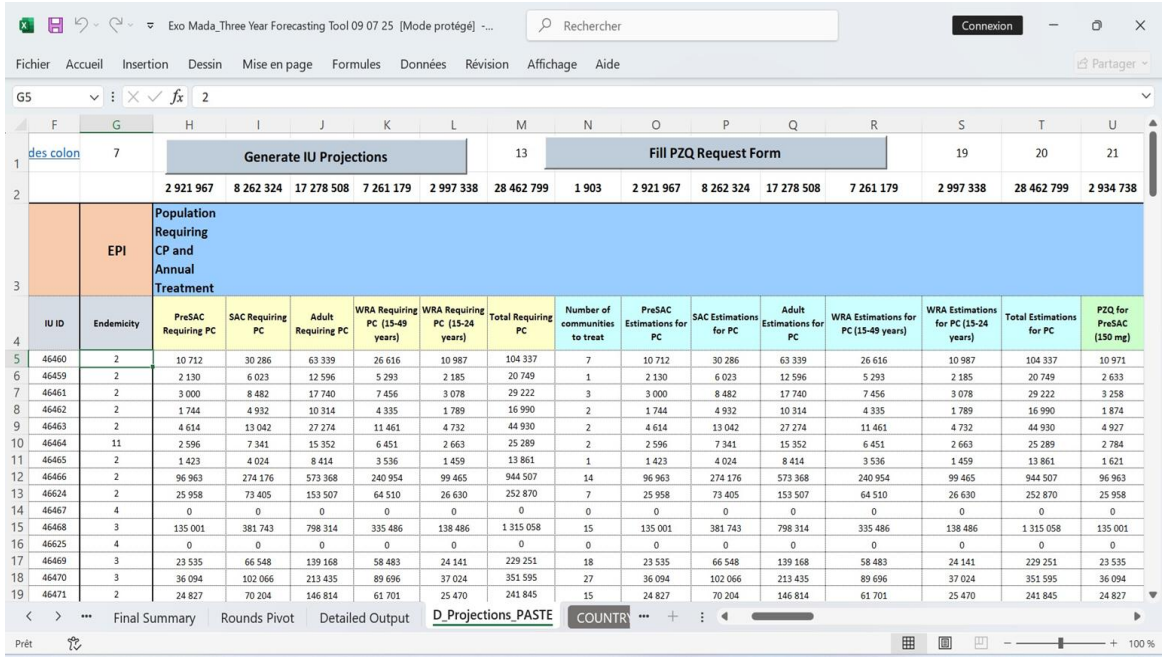
  FL (IDA&DA) : Albendazole, Ivermectine, Diethylcarbamazine

  SCH : Praziquantel

  STH : Mébendazole /Albendazole
- ✓ Existence de reliquats de médicaments non-utilisés pendant les campagnes MDA

1- Comparaison des Prévisions pour 2026

Outils de prévision pour les 3 années (2025-2027)



Médicaments	Prévision sur plusieurs années 2026	Commande 2026 (JRSM 2026)	Ecart
PZQ (SAC)	14 398 834	14 388 018	+ 10 806
ALB(LF)	915 273	916 899	- 1 626
MEB	14 296 523	11 386 696	+ 2 909 827
IVM	2 242 240	2 246 401	-4 161
DEC	2 288 184	2 292 248	-4 064

➡ Il y une difference entre la prévision et la commande en JRSM pour l'année 2026 : retard de remontée des données de stock physique post campagne

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Défis Rencontrés

- Difficulté de collecte de données logistique post campagne
- Fiabilité des données de stock réel au niveau opérationnel
- SCH/STH : non disponibilité du formulaire JRSM adapté aux données infra district
  - Difficulté de calcul et rapportage de données

- Défaillance en planification
- Non disponibilité des résultats des enquetes epidemiologiques à temps (SCH/STH)
- Non disponibilité des fonds à temps pour la mise en oeuvre des activités (MDA, enquete épidemiologique,

Leçons apprises

- Ajustement de la quantification des besoins en medicaments et intrants

exp : - pour MDA FL, cibles < 2 ans = 11,34%

 a ne pas considerer,

- Analyse des historiques de données de service (triangulation avec les données logistiques)

- Harmonisation de données démographiques
- Logistique inverse
- Tracabilité de medicaments a travers l'utilisation des OG logistique
- Retro information après triangulation de données (masque de saisie/ fiche de suvi de medicaments) pour assurer la qualité de données
- Planification integrée
- Envoi de JRSM à temps pour validation et soumission
- Nomination d'un point focal MTN région et district)

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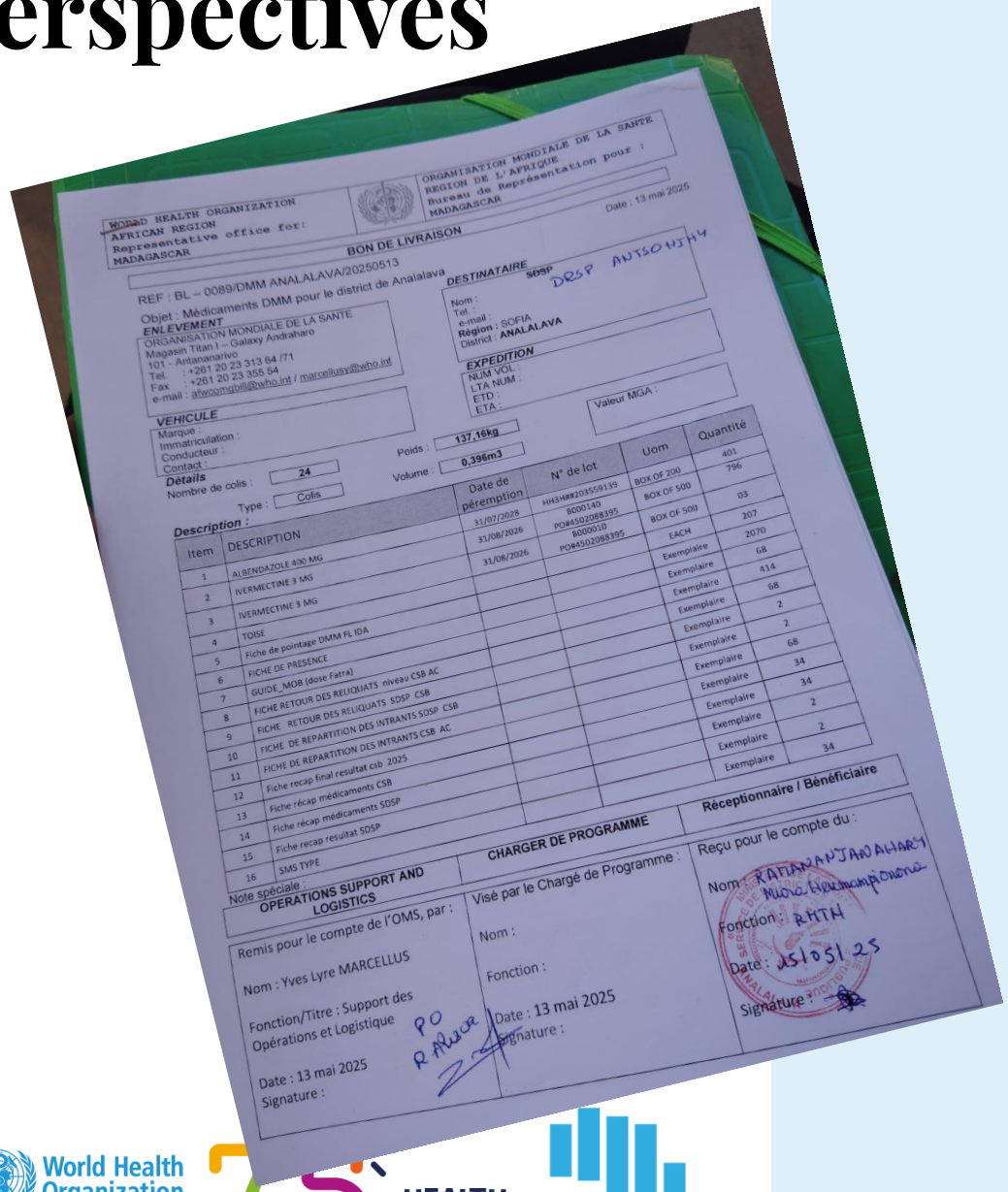
Perspectives



WORLD HEALTH ORGANIZATION
AFRICAN REGION
Representative office for:
MADAGASCAR

ORGANISATION MONDIALE DE LA SANTE
REGION DE L'AFRIQUE
Bureau de Représentation pour :
MADAGASCAR

Date : 13 mai 2025

BON DE LIVRAISON

REF : BL – 0089/DMM ANALALAVA/20250513

Objet : Médicaments DMM pour le district de Analalava

ENLEVEMENT
ORGANISATION MONDIALE DE LA SANTE
Magasin Titan I – Galaxy Andraharo
101 - Antananarivo
Tel. : +261 20 23 313 64 /71
Fax : +261 20 23 355 54
e-mail : afwcompbil@who.int / marcellusy@who.int

DESTINATAIRE SDSP DRSP ANTSOUHY
Nom :
Tel. :
e-mail :
Région : SOFIA
District : ANALALAVA

EXPEDITION
NUM VOL :
LTA NUM :
ETD :
ETA :

VEHICULE
Marque :
Immatriculation :
Conducteur :
Contact :

Valeur MGA :

Détails
Nombre de colis : 24
Type : Colis
Poids : 137,16kg
Volume : 0,396m3

Description :

Item	DESCRIPTION	Date de péremption	N° de lot	Uom	Quantité
1	ALBENDAZOLE 400 MG	31/07/2028	HH3H##20555139	BOX OF 200	401
2	IVERMECTINE 3 MG	31/08/2026	B000140 PO#4502088395	BOX OF 500	796
3	IVERMECTINE 3 MG	31/08/2026	B000010 PO#4502088395	BOX OF 500	03
4	TOISE			EACH	207
5	Fiche de pointage DMM FL IDA			Exemplaire	2070
6	FICHE DE PRESENCE			Exemplaire	68
7	GUIDE_MOB (dose Fatra)			Exemplaire	414
8	FICHE RETOUR DES RELIQUATS niveau CSB AC			Exemplaire	68
9	FICHE RETOUR DES RELIQUATS SDSP CSB			Exemplaire	2
10	FICHE DE REPARTITION DES INTRANTS SDSP CSB			Exemplaire	2
11	FICHE DE REPARTITION DES INTRANTS CSB AC			Exemplaire	68
12	Fiche recap final resultat csb 2025			Exemplaire	34
13	Fiche récap médicaments CSB			Exemplaire	34
14	Fiche récap médicaments SDSP			Exemplaire	2
15	Fiche recap resultat SDSP			Exemplaire	2
16	SMS TYPE			Exemplaire	34

Note spéciale :

OPERATIONS SUPPORT AND LOGISTICS
Remis pour le compte de l'OMS, par :
Nom : Yves Lyre MARCELLUS
Fonction/Titre : Support des Opérations et Logistique
Date : 13 mai 2025
Signature :

CHARGER DE PROGRAMME
Visé par le Chargé de Programme :
Nom :
Fonction :
Date : 13 mai 2025
Signature :

Réceptionnaire / Bénéficiaire
Reçu pour le compte du :
Nom : RAFIANANTSOA ANJARA
Fonction : RHTN
Date : 05/05/25
Signature :

- Validation des SOP sur la gestion des chaînes d'approvisionnement des medicaments/intrants MTN
- Mise en place d'outil de formation dans le plateforme *eLearning* pour la gestion des medicaments
- Revue de données périodique entre toutes les parties prenantes et les Equipes concernées (Programmes, Logistique, Data, Partenaires)
- Formation en DHIS2 MTN du niveau district

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Merci !

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Q&A on Country Presentations

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Forecasting Tools, Methodology, and Assumptions: Building Reliable Multi-Year Estimates

Mr Gurmeet Philora

Senior Technical Advisor

JSI

World Health Organization African Region

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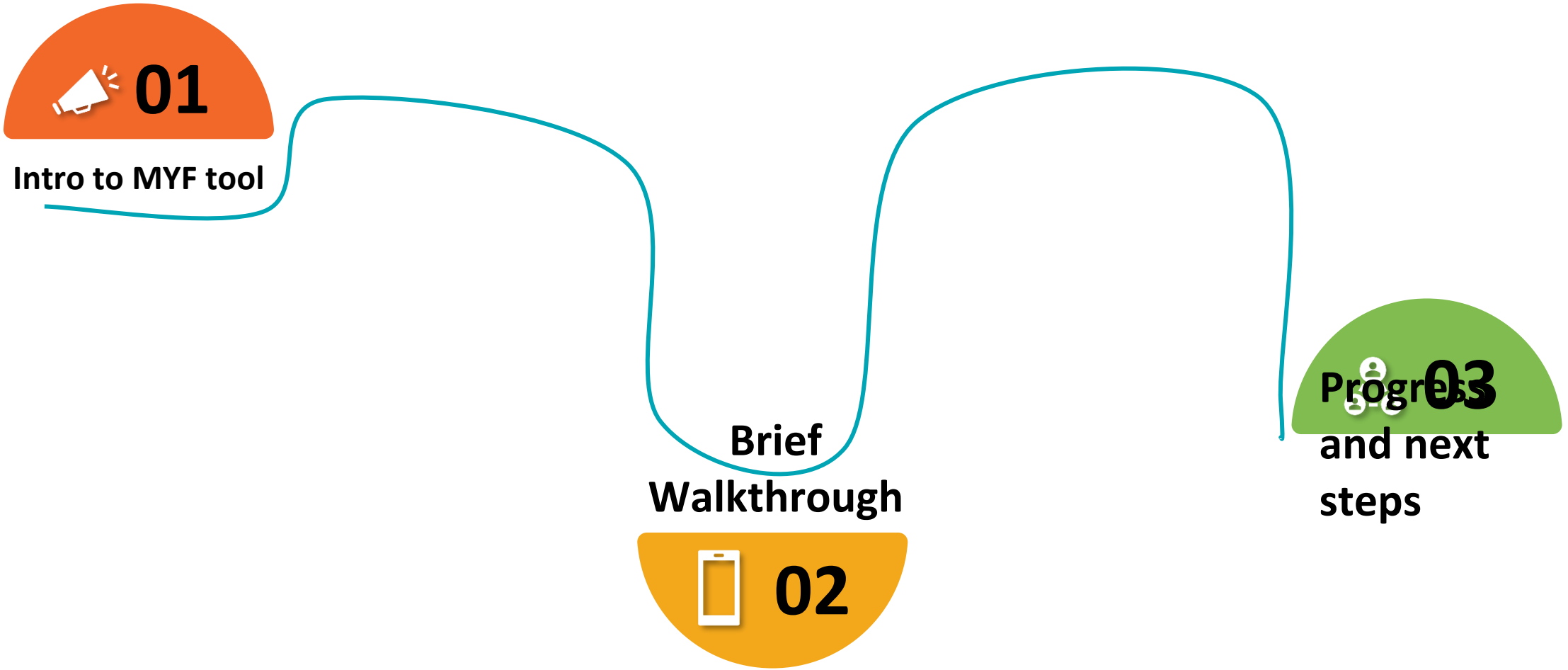
Presentation Outline



Purpose of the MYF Tool

- Alert stakeholders early to large changes in demand
- Provide data to inform production planning and understand demand timing
- Help countries with detailed future planning, incorporating existing data sources (JRSM, ESPEN Data Portal, NTDeliver, and SCH Workbook)
- Strengthen capacity for planning and forecasting
- Identify gaps in funding to enable early action

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Format of the MYF Tool

IU Information				MDA History	2026 (Set in JRSM)				2027		
Country	Province/State	District	IU_Id	Effective MDA	Endemici	Populatic	Surveys Planned	Rounds Planne	Expected Endemicity	Surveys Planned	MDAs Planned
Nigeria	Abia	Aba North		5	99	0	0	0	99	0	No MDA
Nigeria	Abia	Aba South		4	99	0	0	0	99	0	No MDA
Nigeria	Abia	Arochukwu		7	99	0	0	0	99	0	No MDA
Nigeria	Abia	Bende		7	1	0	0	0	1	1	Round 1 Only

- Excel tool that mirrors the JRSM methodology for inputs
- Based on next year approved JRSM plus three forecasted years
- Incorporates SCH Workbook if used by country
- Uses the same assumptions as ESPEN Projections

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Coffee Break

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Practical Session: Applying Forecasting Assumptions Using Dummy Data

Sylivia Swai

Supply Chain Advisor

inSupply Health

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General instructions

The workbook is prepared for the country Botanica. The workbook has been prepopulated with the most recent country outputs table from the JRSM and schistosomiasis community workbook for the country.
Hint: *Use the filters for ease of selection*
Save, use F9 or calculate (under formulas) now to allow the tool calculate.

Instructions

Read through the steps below and then using the inputs make changes to the assumptions in the forecasting tool based on the country situation.

Step 1: Record the Requirements before making changes to the workbook

1. Open the “Final Summary” page of the workbook.
2. Ensure that the two filters at the top of the table say
    - Funding at least - Likely
    - Include adults for PZQ? - yes
3. Record the required demand (forecast planned MDA) and the requested demand (New Shipment Qty Needed) for ivermectin, albendazole, DEC, mebendazole and praziquantel in the table below;

Botanica requirements

		2027	2028	2029
IVM	Forecast planned MDA			
	New shipments needed			
ALB	Forecast planned MDA			
	New shipments needed			
DEC	Forecast planned MDA			
	New shipments needed			
MEB	Forecast planned MDA			
	New shipments needed			
PZQ	Forecast planned MDA			
	New shipments needed			

Question 1 for group: Why is the forecasted quantity different from the shipment quantity?

Botanica requirement responses

Question 1 for group: Why is the forecasted quantity different from the shipment quantity?

Lymphatic Filariasis

Step 2: Update the LF tab of the forecast with the following information.

1. Open the LF tab and using the information here update the template with these inputs (tip use the filters at the top to find the endemic districts or district names).

- In 2026 in Botanica there are 13 IUs where LF is endemic and requires MDA. For MDA they use a combination of ivermectin, albendazole and DEC.
- In 2027 the country does not have the necessary funding to conduct impact surveys for LF.
- They do have a partner who is able to provide funding for MDA implementation in most IUs for the next three years except Ivy, Aster, Gardenia and Yarrow who are not likely to have funding for implementation in 2028 and 2029.

Lymphatic Filariasis cont'd

		2027	2028	2029
IVM	Forecast planned MDA			
	New shipments needed			
ALB	Forecast planned MDA			
	New shipments needed			
DEC	Forecast planned MDA			
	New shipments needed			

Question 2 for group:
What is the difference between the previous requirements in step 1 and the current requirements in step 2?

Lymphatic Filariasis Responses

Question 2 for group:
What is the difference between the previous requirements in step 1 and the current requirements in step 2?

Onchocerciasis

Step 3: Update the Oncho tab of the forecast with the following information.

1. Open the Oncho tab and using the information here update the template with these inputs :

- Samsung IP that supports MDAs for Oncho has a work plan ending in 2028. As a result, they will not be able to support MDAs in 2029 and Botanica does not have any local funds to do the MDAs.
- The country is not confident that the IUs with surveys planned in 2027 will not result in a change in the endemicity and therefore insists that they must assume that MDAs will continue in 2028.

Onchocerciasis cont'd

1. Open the "Final Summary" tab and record the new requirements for Oncho medicines after the changes have been made:

		2027	2028	2029
IVM	Forecast planned MDA			
	New shipments needed			

Question 3 for group:
What is the difference between the requirements calculated for Oncho and the current requirements?

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Onchocerciasis Requirement Responses

Question 3 for group:

What is the difference between the requirements calculated for Oncho and the current requirements?

Schistosomiasis

Step 3: Update the SCH tab of the forecast with the following information.

1. Open the SCH tab and using the information here update the template with these inputs

Botanica only has funding for conducting school based MDA for schistosomiasis ,therefore MDAs from 2027 will only focus on SAC. Furthermore, there will be no surveys in 2028.

1. Open the “Final Summary” tab and record the new requirements for SCH medicines after the changes have been made:

		2027	2028	2029
PZQ	Forecast planned MDA			
	New shipments needed			

Question 4 for group:
What is the difference between the previous requirements and the current requirements?

Schistosomiasis Requirement Responses

Question 4 for group:
What is the difference between the previous requirements and the current requirements?

Soil Transmitted Helminths

Step 3: Update the STH tab of the forecast with the following information.

1. Open the STH tab and using the information here update the template with these inputs

- Botanica uses only mebendazole for STH (hint go to constants tab). The country is also not likely to have funding for MDAs in 2028 and 2029.

1. Open the “Final Summary” tab and record the new requirements for STH medicines after the changes have been made:

		2027	2028	2029
MEB	Forecast planned MDA			
	New shipments needed			

Question 5 for group:
What is the difference between the previous requirements and the current requirements?

Soil Transmitted Helminths Responses

Question 5 for group:

What is the difference between the previous requirements and the current requirements?

Funding Likelihood

		2027	2028	2029
IVM	Forecast planned MDA			
	New shipments needed			
ALB	Forecast planned MDA			
	New shipments needed			
DEC	Forecast planned MDA			
	New shipments needed			
MEB	Forecast planned MDA			
	New shipments needed			
PZQ	Forecast planned MDA			
	New shipments needed			

Step 4: Adjust the forecast based on filters

1. In the Final Summary Tab change the filter “Funding at least” to “Not Likely”
2. Record the new requirements in this table

Question 5 for group:
What is the difference between these unfunded requirements and the funded requirements?

Funding Likelihood Responses

Question 5 for group:
What is the difference between these unfunded requirements and the funded requirements?

Questions

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Thank you for your attention

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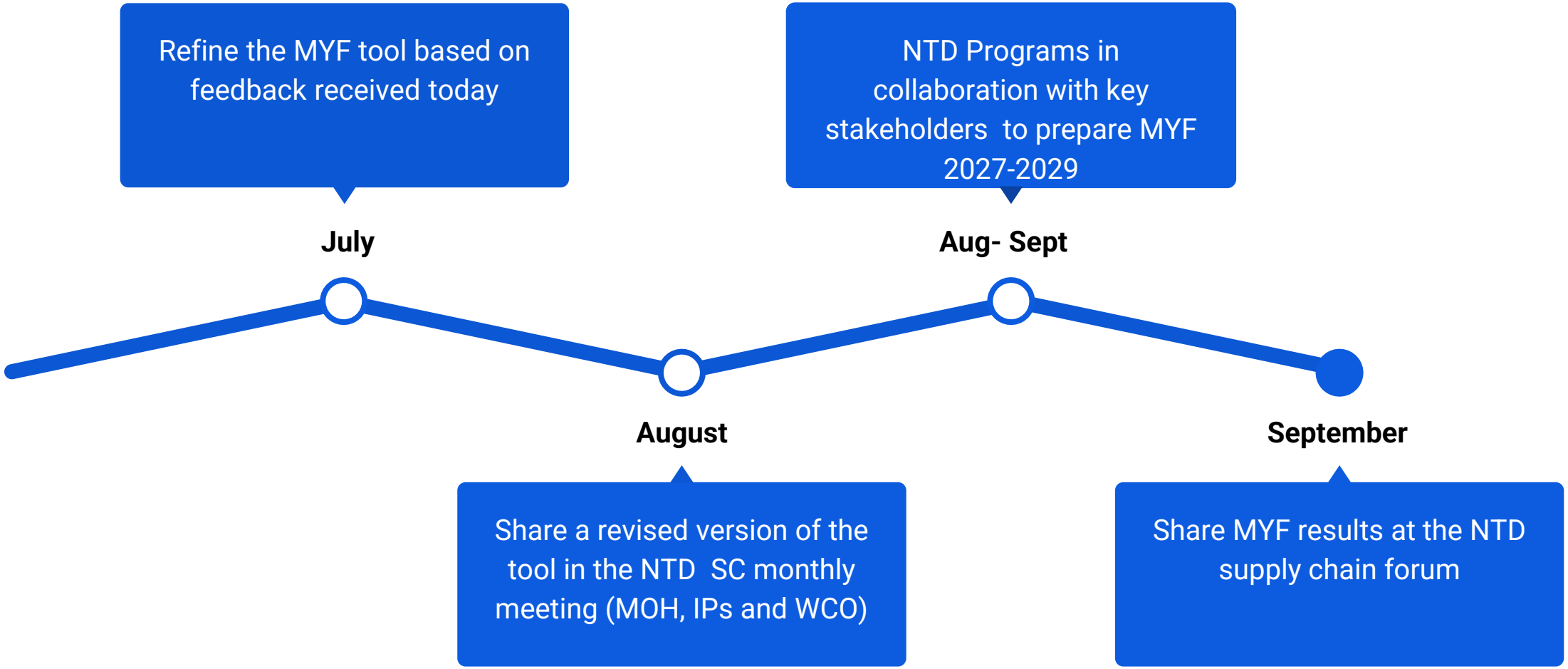
Next Steps-Multiyear Forecasting

July 2025

SCTSM* project supported countries



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*DRC, Ethiopia, Kenya, Madagascar, Mozambique, Nigeria, Tanzania and Uganda

Other countries

August	Aug-Sept	September
ESPEN to generate multiyear forecasts based on pre-populated sheets for countries that have not submitted their forecasts yet or would like support from ESPEN.	NTD country teams and stakeholders to review and finalise pre-populated forecasts	Select countries to present their MYF results at the NTD SC forum

The aim is to make the MYF tool part of the JAP package

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Lunch Break

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WALK THE TALK -30 MIN

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Medicines Transfer SOP

Is this an option to avoid expiries when MDA can't be done?

Penny Smith

TNR Strategies, LLC

July 25, 2025

Session outline

1. Stewardship is everybody's responsibility
2. Effective drug management
3. Decision Tree
   - Transfer process
4. Is this feasible?

Stewardship of NTD donations

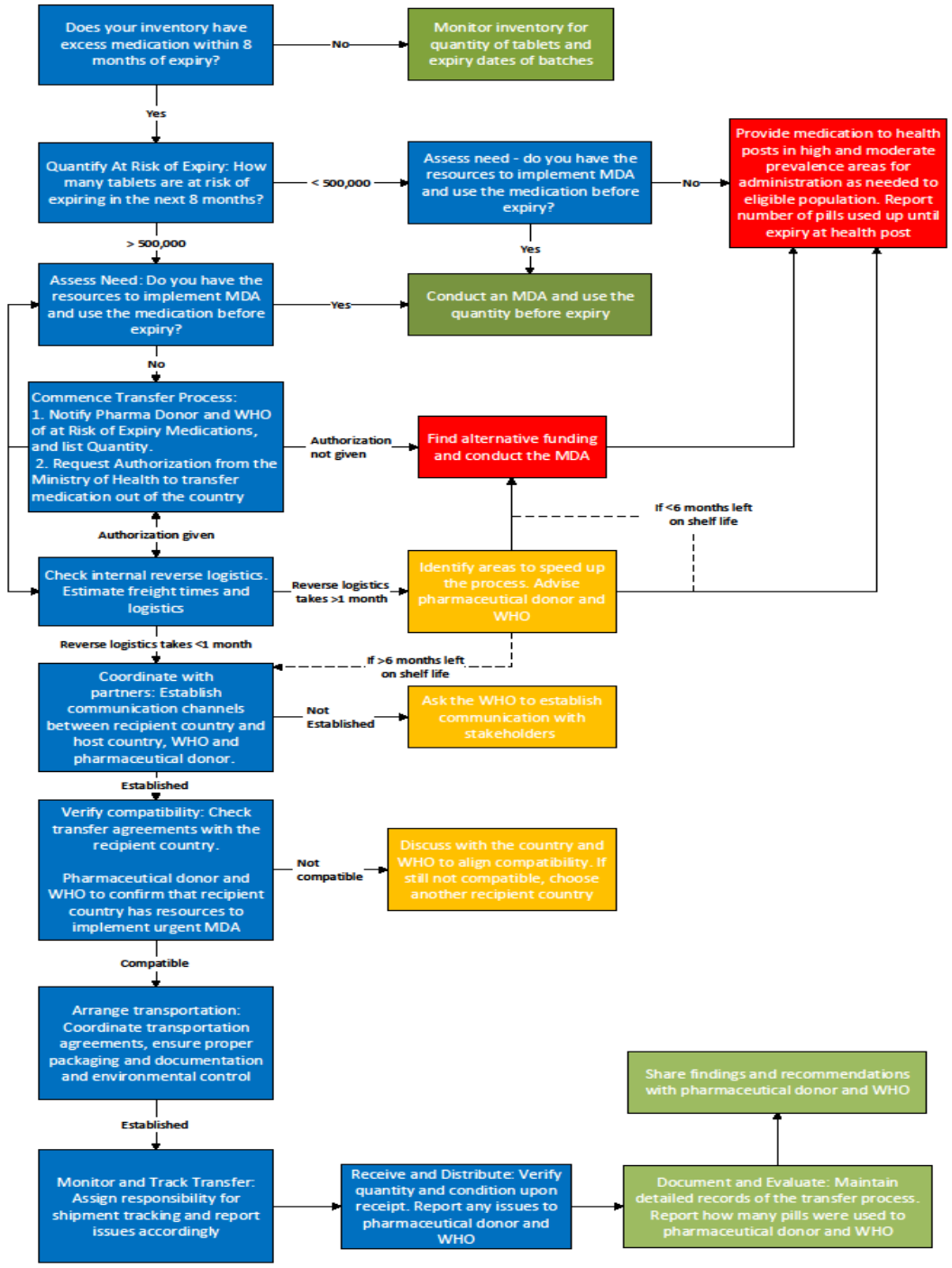
In 2024 donations for African countries alone: **$190.4 million**

- 30M DEC shipped for LF
- 60M ALB shipped for STH
- 105M ALB shipped for LF
- 199M PZQ shipped for SCH
- 128M MEB shipped for STH

Donated to countries with expectation that it will be necessary and used appropriately. Donor generosity should not be taken for granted.

Effective drug/diagnostic management

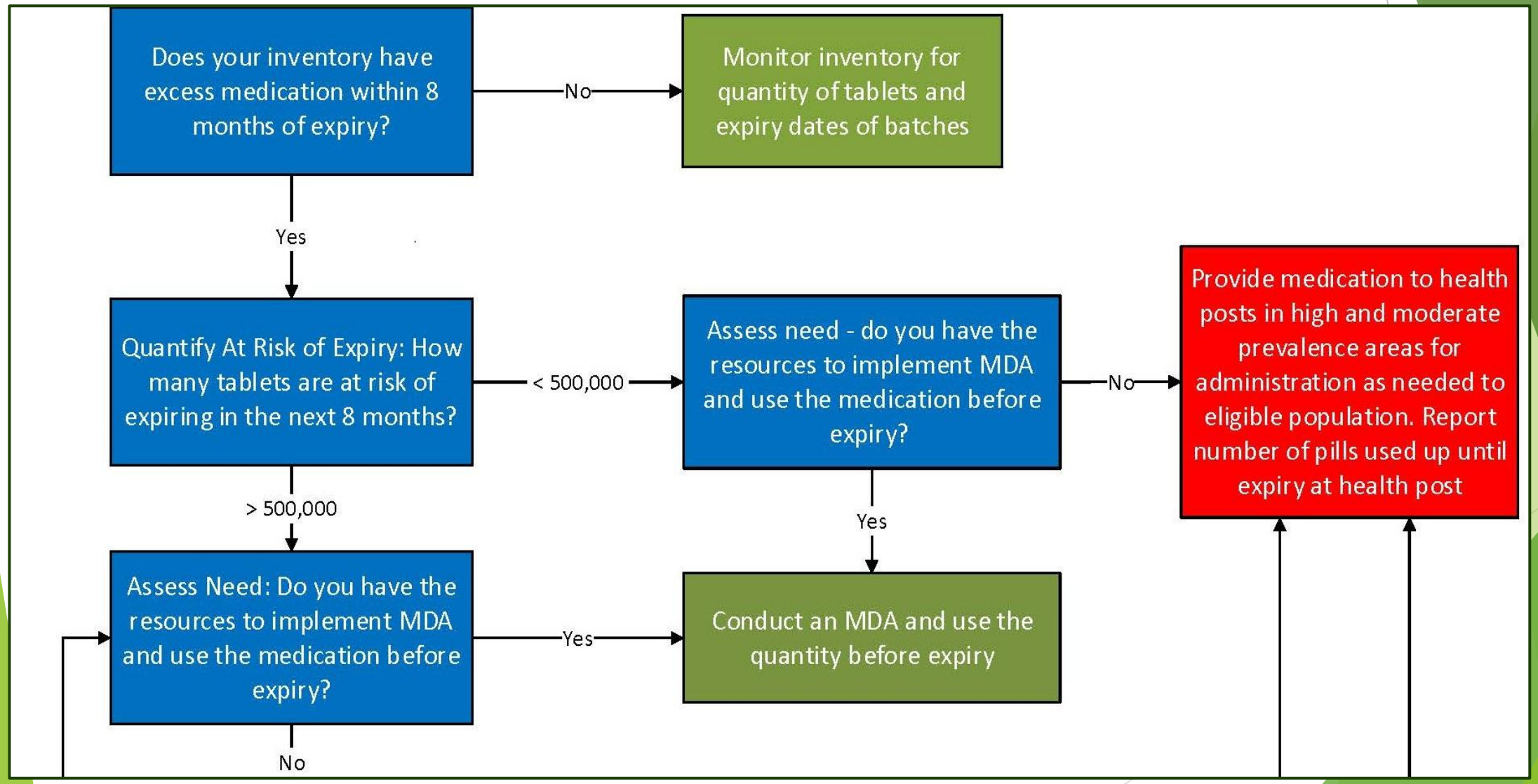
1. **JAP process**—ordering only what is needed and can be distributed with available funds
   - ~300M tablets not approved (2024) for AFRO by WHO due to a lack of epidemiological need and/or funding to distribute, avoiding oversupply
2. **FEFO always**
   - 2-5 year shelf life—plenty of time to plan and avoid sending out newer stock
   - First Expiry-First Out (FEFO) vs. First In-First Out (FIFO).
3. What do you have and where is it?—No 'out of sight, out of mind'
   - 160 million tablets reconciled, enabling delivery of 131 million additional treatments
   - Sudan recovered 9.6M ALB, enough for 2 years of MDA without ordering more
   - Every country needs a system to find leftover drugs
4. **Utilization in country as feasible**
   - Emergency MDA
   - Incorporation into other platforms (Child Health Day, feeding programs, campaigns)
   - Contribution to health facilities if cannot transfer
5. **Medicines Transfer to another country as a last resort**



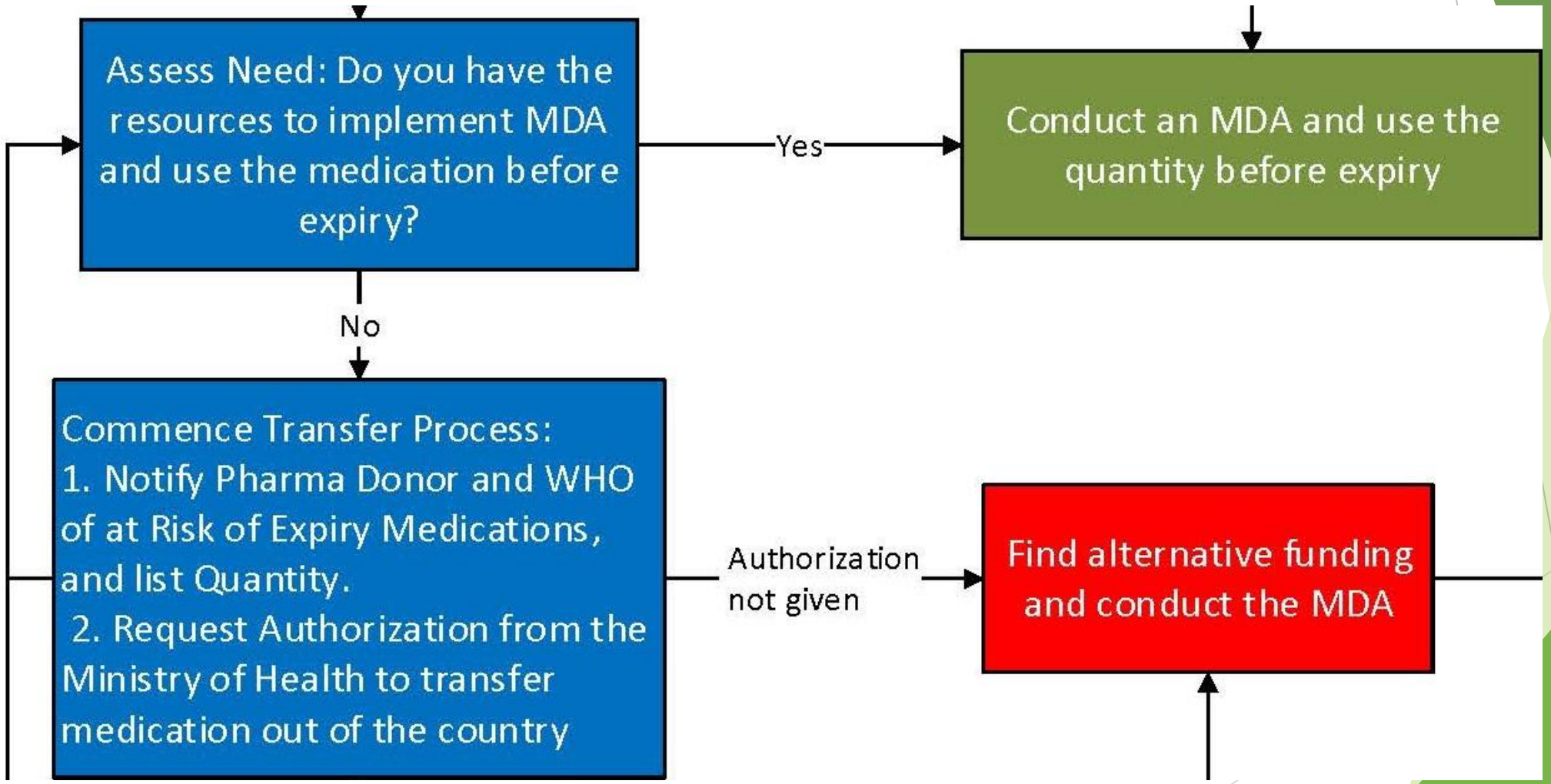
Proposed approach for transfer to avoid drug expiries, developed by Merck Germany, WHO, implementers.

But we need country inputs! Is this feasible? Why/why not?

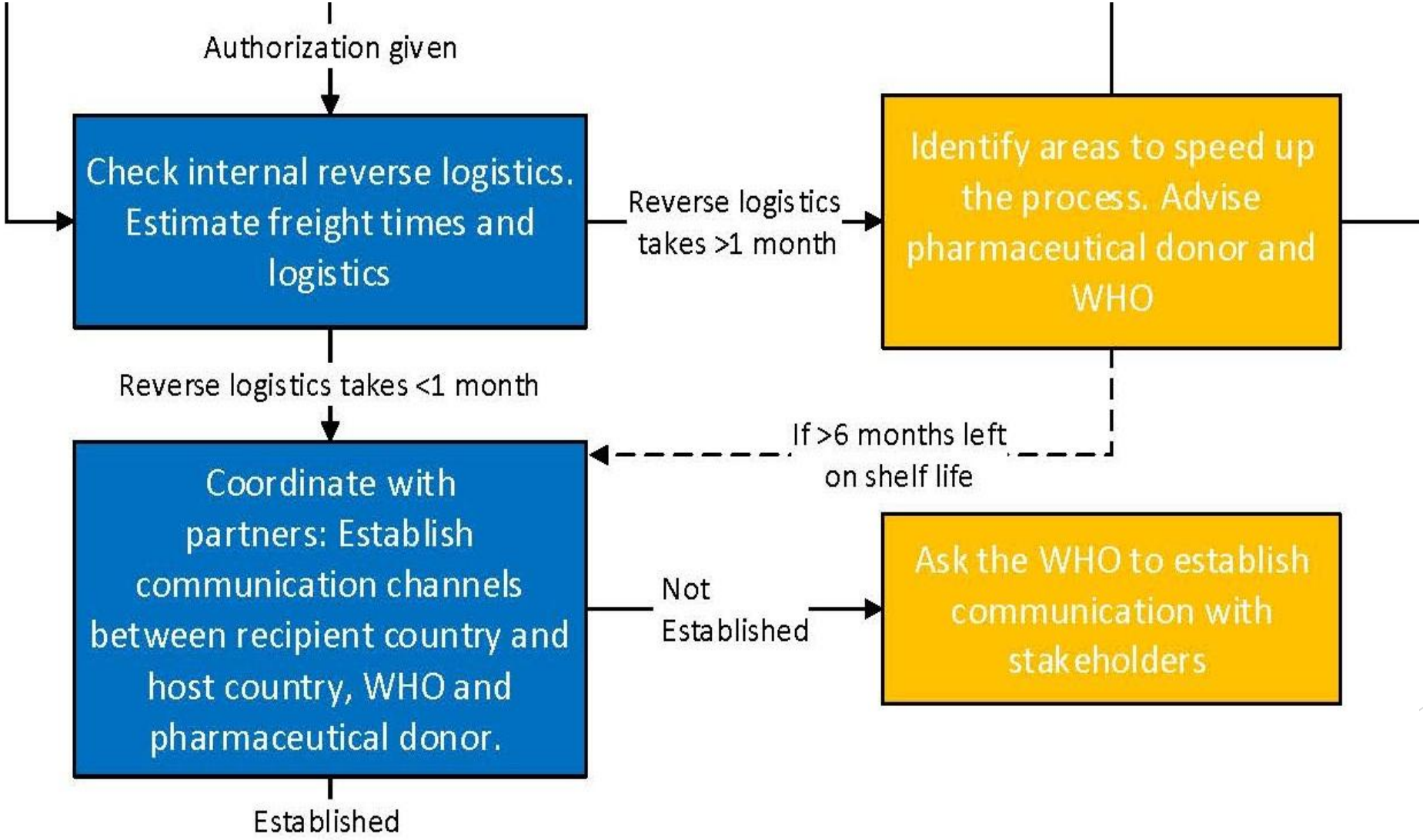
Decision Tree, part 1



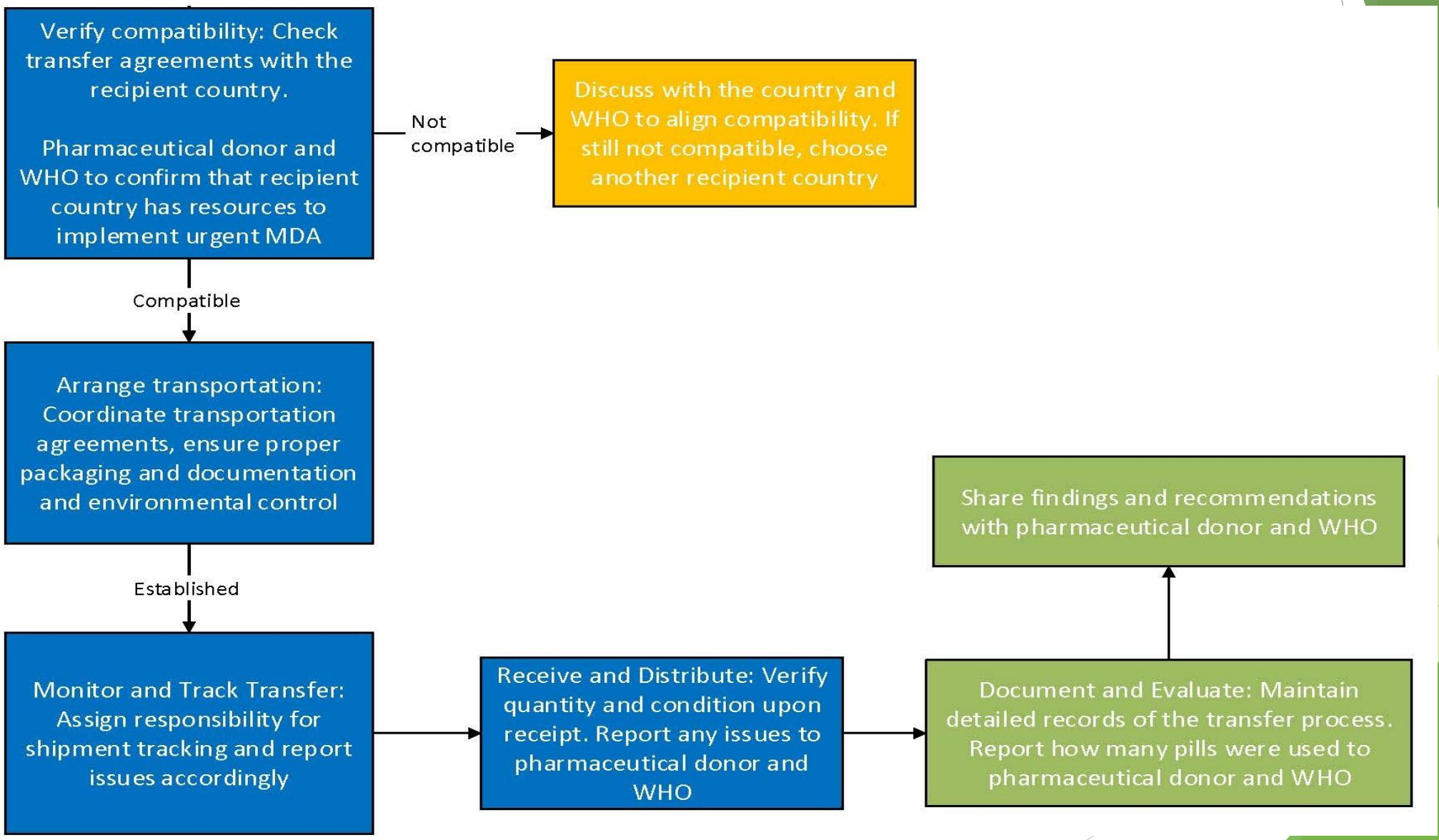
Decision Tree, part 2

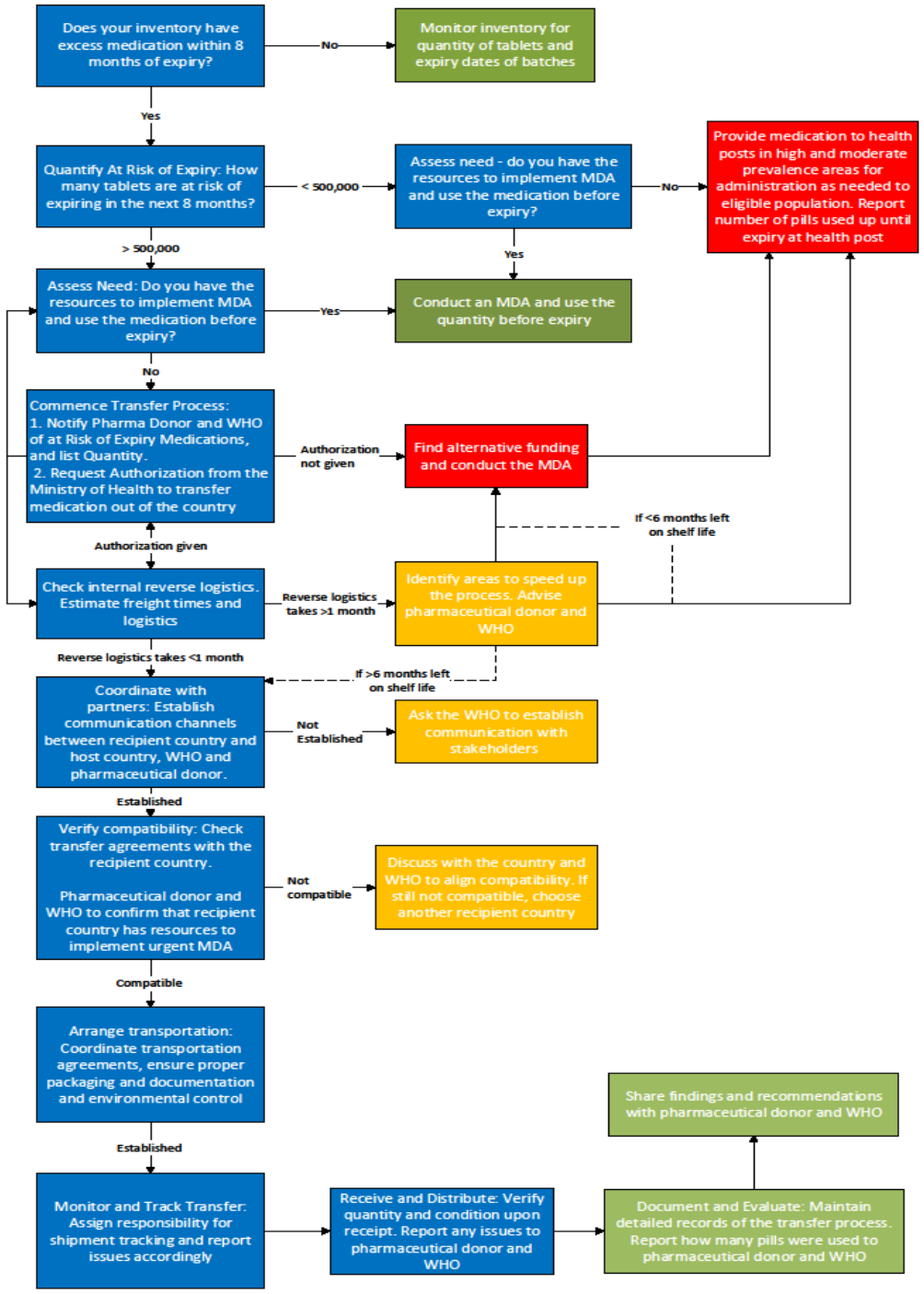


Decision Tree, part 3



Decision Tree, part 4




Does your inventory have excess medication within 8 months of expiry?
No
Monitor inventory for quantity of tablets and expiry dates of batches
Yes
Quantify At Risk of Expiry: How many tablets are at risk of expiring in the next 8 months?
< 500,000
Assess need - do you have the resources to implement MDA and use the medication before expiry?
No
Provide medication to health posts in high and moderate prevalence areas for administration as needed to eligible population. Report number of pills used up until expiry at health post
Yes
> 500,000
Assess Need: Do you have the resources to implement MDA and use the medication before expiry?
Yes
Conduct an MDA and use the quantity before expiry
No
Commence Transfer Process:
1. Notify Pharma Donor and WHO of at Risk of Expiry Medications, and list Quantity.
2. Request Authorization from the Ministry of Health to transfer medication out of the country
Authorization not given
Find alternative funding and conduct the MDA
If <6 months left on shelf life
Authorization given
Check internal reverse logistics. Estimate freight times and logistics
Reverse logistics takes >1 month
Identify areas to speed up the process. Advise pharmaceutical donor and WHO
Reverse logistics takes <1 month
If >6 months left on shelf life
Coordinate with partners: Establish communication channels between recipient country and host country, WHO and pharmaceutical donor.
Not Established
Ask the WHO to establish communication with stakeholders
Established
Verify compatibility: Check transfer agreements with the recipient country.
Pharmaceutical donor and WHO to confirm that recipient country has resources to implement urgent MDA
Not compatible
Discuss with the country and WHO to align compatibility. If still not compatible, choose another recipient country
Compatible
Arrange transportation: Coordinate transportation agreements, ensure proper packaging and documentation and environmental control
Established
Monitor and Track Transfer: Assign responsibility for shipment tracking and report issues accordingly
Receive and Distribute: Verify quantity and condition upon receipt. Report any issues to pharmaceutical donor and WHO
Document and Evaluate: Maintain detailed records of the transfer process. Report how many pills were used to pharmaceutical donor and WHO
Share findings and recommendations with pharmaceutical donor and WHO

RECAP: Effective drug/diagnostic management

1. **JAP process**
   - ordering only what is needed and can be distributed with available funds
2. **FEFO always**
   - 2-5 year shelf life—plenty of time to plan and avoid sending out newer stock
3. What do you have and where is it?—No 'out of sight, out of mind'
   - Every country needs a system to find leftover drugs
4. **Utilization in country as feasible**
   - Emergency MDA
   - Incorporation into other platforms
   - Contribution to health facilities if cannot transfer
5. **Medicines Transfer to another country as a LAST RESORT**

The quickest way to losing donation access is poor stewardship. We can and must ALL do better!

Wrap Up Data Workshop – Reflections and way forward

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CLOSING REMARKS

Dr Elizabeth Juma

ESPEN Team Lead

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Coffee Break

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THANK YOU

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