

ESPEN workshop on data systems, tools and processes for PC-NTD programmes

8 – 12 December 2025

Brazzaville, Congo
Republic



Attendance: 11 December 2025



Day 4 - Strengthening MDA campaigns through microplanning and digitization

Brazzaville, 11 December 2025



Wrap Up Day 3

By: GHANA TEAM

Wrap Up Day 3

The Day Started @ 9:10am with rapporteurs reports for day 2 by Senegal Team, there was no inputs and the report was adopted by the House

The day's activities focus on Strengthen forecasting & Supply chain Planning for PC-NTDs
There was a presentation by Namuchile Kaonga from ESPEN and Sara Andersson (JSI) with:

Objectives

- Common bottlenecks in quantification, data flows, inventory tracking, and reporting
- Gaps in coordination between NTD programs and national supply chain systems
- The impact of delays, stock-outs, and inaccurate forecasting on MDA implementation
- Emerging solutions and areas where improved data use could make forecasting more accurate and responsive

Some Common Bottlenecks that delayed Annual Requesting (JRSM) includes:

- Poor quality JAPs, resulting in delayed approval of JRSMs and delayed deliveries of medicines to countries
- Uncertainty/inaccuracy of demand due to population movement and funding insecurity
- Incomplete and inaccurate reporting of nationwide inventory levels
- Funding confirmation
- Delayed clearance of NTD commodities due to bureaucratic processes (sometimes missing or incorrect paperwork)

- For medicines to be available for MDA, the JRSM needs to be approved 8 months before the MDA. The delays in joint review and green light approvals extends shipment arrival times, pushing back implementation dates.
- **Approval of joint review submissions now takes around four months on average**, up from the recommended two weeks, delaying shipment timelines significantly
- **Namuchile** emphasized that inaccurate data and slow country responses cause longer reviews, impacting the timely clearance of medicines.
- The green light approval process is also taking between **two weeks and three months**, adding extra delay before shipments can be dispatched.

As a result, many countries receive shipments **after their planned Mass Drug Administration (MDA) dates**, affecting program effectiveness.

Wrap Up Day 3

- **In 2025, only 26% of countries received shipments eight months or earlier before MDA dates, while 11% received shipments after their planned MDA**

The shipment arrival date is directly tied to the joint review approval date, making early and accurate submission essential.

Countries must coordinate submission efforts collectively between programs and partners to improve accuracy and speed.

Using previously approved joint review submissions as templates reduces errors and shortens approval times.

In her **recommendation** she emphasizes on:

- Accurate and comprehensive data submission is essential to speed approvals and ensure appropriate medicine allocations.
- **Countries are encouraged to submit JRSM forms with complete, updated data including demographic and subdivision details** to avoid delays
- Changes in implementation units must be linked to parent units with clear ethnicity and demographic data to guide medicine distribution.
 - Early submission of Epidemiological Data Reports (**EPRF**) alongside joint review forms helps reviewers estimate medicine needs better.
 - Inventory data should include both **central and subnational levels**, highlighting usable and available medicines to inform future planning.
- **Inventory reporting as of December 31st is critical and often overlooked, impacting approval speed and supply planning**

Sara Andersson (JSI) followed with presentation on :

Country Supply Chains: Quality data is key to effective, proactive supply chains

- Supply chain systems includes many different logistics activities and all those activities require accurate, complete data to inform decisions
- Long-term forecasting and better supply chain data monitoring are needed to prevent stock-outs and expiries.
- Countries rarely need to integrate NTD forecasting with national health programs, reducing transparency on medicine inflows.

Factors affecting Poor forecasting include :

- Limited Multi-Year Forecasting conducted in countries, No visibility of demand beyond one year, reducing the ability to plan and identifying any gaps
- Poor data for forecasting, Forecasts need complete and accurate data to support forecasting needs
- No supply planning or routine pipeline monitoring, Countries not maintaining supply plans for the country or monitoring pipelines to prevent shortages or expiries
- Not integrated with national quantification processes

Recommendation forecasting include :

- Implement multi-year forecasting for longer term visibility of demand and better planning to ensure availability
- Integrate or mainstream with national forecasting and supply planning activities to align with country processes and give visibility to the medicines being donated
- Routinely update supply plans and conduct routine pipeline monitoring, to identify potential stock shortages and prevent expiries

The was country presentation on Strengthening supply chain resilience for integrated MDA Campaigns from

- Madagascar
- South Sudan

Coffee break followed @ 10:55am

- **Presentation on the New guidance document on last mile logistics** by Afework Takle, Technical lead Vector Disease control, Elimination and Eradication unit at WHO HQ

In summary

- Familiarize themselves with the August 2025 guidance document on last-mile logistics
- Adopt standardized data elements and reporting templates as outlined in the guidance
- Integrate the guidance's tools and standardized data flow processes into existing national logistics and HMIS systems to improve inventory management and reporting efficiency
- Implement monitoring tools for batch tracking and expiry status at community and health facility levels
- Collaborate with implementing partners to ensure all stakeholders understand and utilize the guidance for improving last-mile delivery and reporting

- There was a case study presentation from Uganda on **Planning and Monitoring the PC-NTD supply chain : Key Data Element, indicators and Decision making** by Lucy Kerubu Mogesi

There was a Practical exercise on the Last Mile Logistics Information System for medicines and health products

The group tasks was to:

- ✓ Identify which data elements are currently collected in your country and the corresponding indicators that can be calculated.
- ✓ Identify which data elements are not collected in your country and the corresponding indicators that cannot be calculated.

Lunch Break was @1:00pm

- The house reconvene at 2:00pm with presentation from
 - Kenya
 - Ghana
 - Mozambique

On Experience leveraging Digital system and Dashboard for supply chain monitoring system

Followed by Presentation on Progress made with forecasting and projection by Dr. Jorge Cano (ESPEN) and Sara Andersson (JSI)

Action items by Dr. Jorge Cano (ESPEN)

- Review and address inconsistencies in data reporting on survey implementation as compared to projections
- Support countries to submit updated mapping surveys especially for Onchocerciasis endemic areas to clarify transmission and update projections
- Facilitate discussions with partners and countries to advocate for implementation of necessary impact assessment surveys and avoid unnecessary MDA continuation
- Use projections to plan resource allocation and technical assistance focusing on countries lacking behind in stopping MDA and transitioning to surveillance
- Establish systematic post-MDA surveillance protocols (active or passive) implemented biannually at implementation unit level
- Clarify and standardize definitions and guidelines for pre-stop and full stop surveys especially for Onchocerciasis
- Investigate reasons for prolonged MDA rounds beyond recommended thresholds and encourage partners to prioritize impact assessments

Sarah explained the challenges in supply chain forecasting, especially as countries move towards disease elimination and demand for medicines changes significantly

Accurate forecasting is difficult due to new treatment guidelines, the introduction of new treatments (e.g., paediatric praziquantel), changing funding landscapes, and increased government ownership in procurement

Multi-year forecast: Looks 2-3 years ahead, less accurate but strategic, essential for producers' planning and for countries to prepare procurement and resource mobilization

Multi-year forecasting benefits pharmaceutical partners (production planning, cost reduction, reduced wastage) and helps national programs with better planning, coordination, and readiness.

Sarah emphasized the importance of supply chain forecasting and countries expressed the need for technical assistance for forecasting.

- Prior discussion included the complexities of cross-border program implementation and its impact on forecasting, noting that not many countries currently incorporate cross-border factors into their forecasts, except for some exceptions (like Uganda).
- It was highlighted that multi-year forecasting and regular updates are crucial to address changing demand, evolving treatment guidelines, funding shifts, and improved program planning.
- The importance of both operational (annual) and strategic (multi-year) forecasting was emphasized for better preparedness and supply chain efficiency.
- Ongoing efforts were described to provide tools, technical support, and capacity building to help countries improve their forecasting quality and realism.

The development and ongoing refinement of the forecasting tool, which has been piloted and improved based on country feedback and partnership reviews were discussed. **Lessons learned include the need for:**

- **Ongoing technical support for countries.**
- **Building capacity to critically analyze forecasts.**
- **Regular (ideally six-monthly) updates to forecasts to adapt to changing assumptions and realities.**
- **The tool will be made available through WHO, with ongoing integration and support planned.**

The presentation concluded with an invitation for questions and a note that a demonstration of the tool would follow.

During the demonstration of the forecasting tool, the presenter discussed the following key points:

Explained that the projections tab is pre-populated from Shiso. work and usually requires no further action unless countries have updated national data using a different system.

Highlighted that specific variables, or "constants," are contextualized per country (e.g., product as a percentage of total population, adjusted by UN funding or previous forecasts).

Noted that countries can override previous figures with updated data, especially regarding estimated population and country-specific forecasts.

Mentioned upcoming focus on forecast adjustments and assumptions for 2027–2029, making changes only beyond February 2026 data, and considering each country's plans.

Day 4 Preview on Strengthening MDA campaigns through microplanning and digitization by Kendra

African Region

Preview Day 4



Strengthening MDA Campaigns Through Microplanning & Digitization


PLENARY


- Challenges with MDA reporting, campaign effectiveness, data use
- DGIT integrated digital health platform
- Coalition for Campaign Effectiveness
- Health Campaign Effectiveness Coalition & Health Campaign Intelligence Hub
- Health Campaign Effectiveness Coalition & Health Campaign Intelligence Hub
- Integrated Campaigns: Leveraging GAVI funded campaigns for PC delivery

Making MDA
Digitization Work:
Country
Experiences

TOOL SHOWCASE!

  Geospatial
Microplanning
Tool

 IMPLEMENTATION
UNIT PLANNER

 ESPEN
GenAI
Assistant

The day ended at with
Coffer Break @ 4:35pm



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World Health
Organization

African Region



EXPANDED SPECIAL PROJECT
FOR ELIMINATION OF
NEGLECTED TROPICAL DISEASES

Overview of Challenges in MDA Reporting, Campaign Effectiveness, and Data Use

Alex Pavluck, MBAn, MPH

Director, AI & Health Information
Systems – NTDs (Sightsavers)

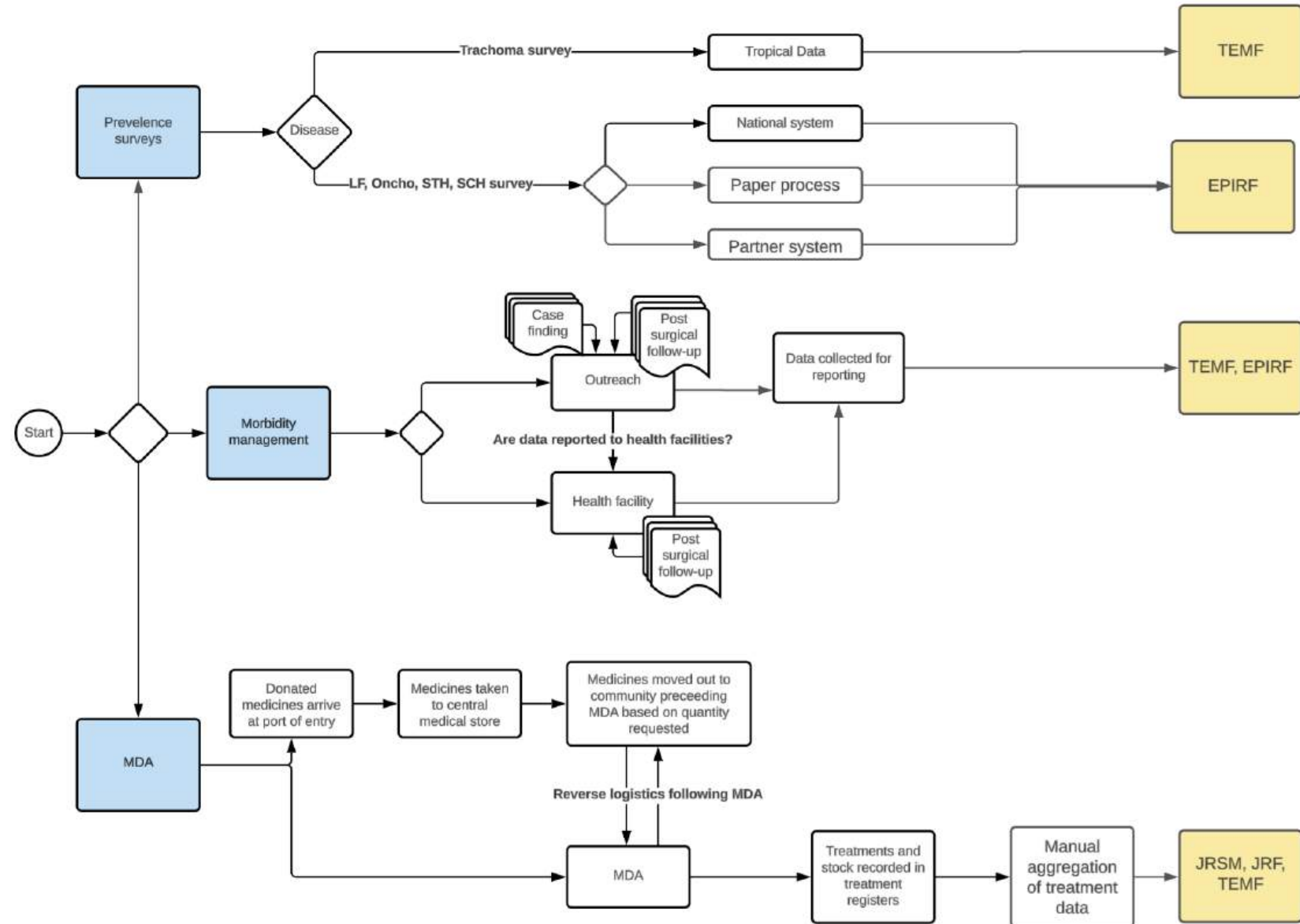
Overview of Challenges in MDA Reporting, Campaign Effectiveness, and Data Use

- Current state data flow for disease vertical MDA data
- Technology and funding landscape is pushing programmes to become more efficient – integration/coordination
- Challenges and opportunities for data use

Generalized data flow for vertical programmes

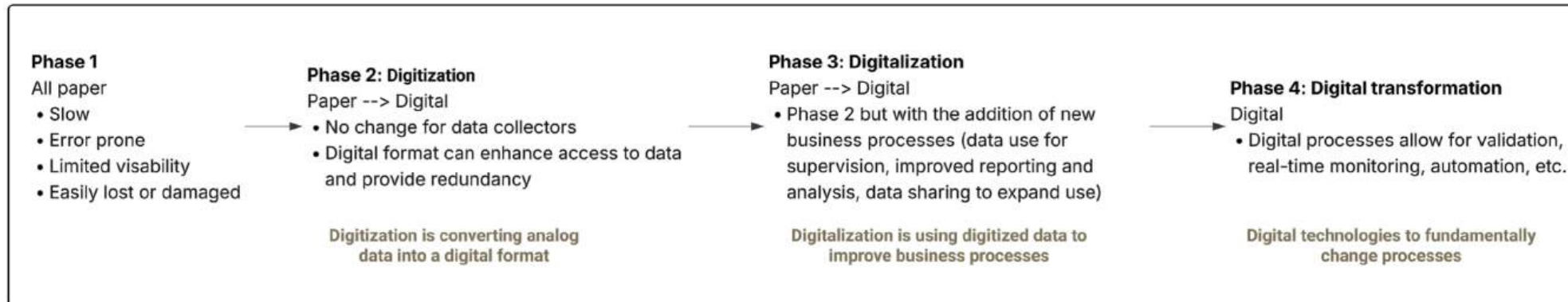
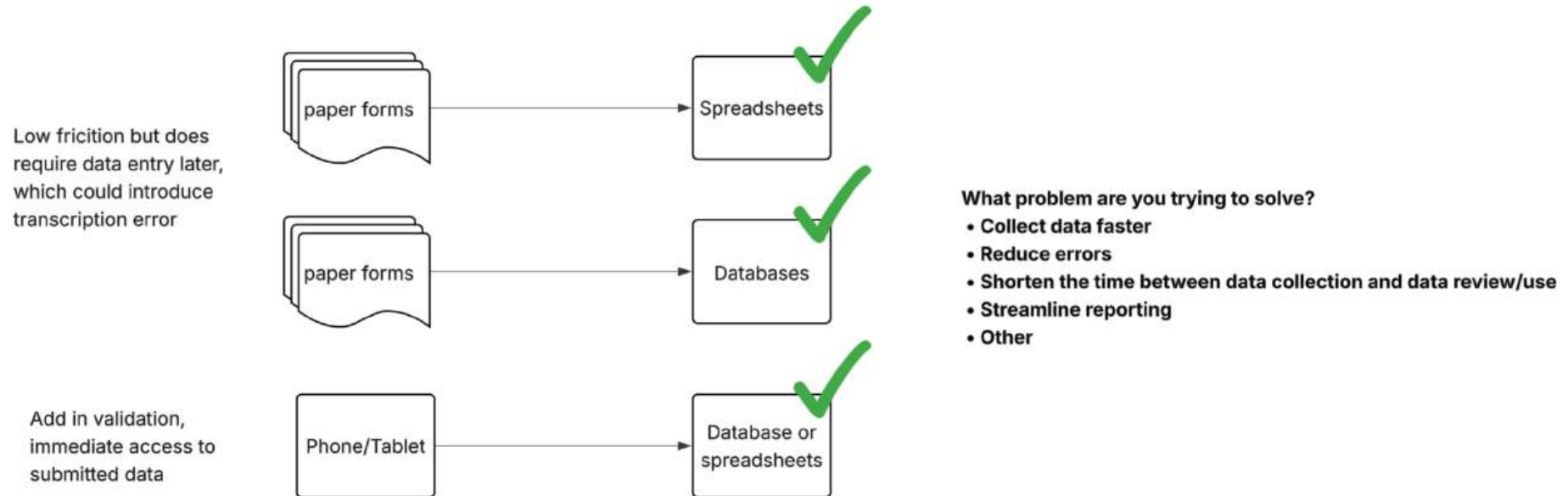
Data flow can be broken into 3 bins: Surveys, Morbidity, and MDA

- Surveys – electronic and typically use central systems
- Morbidity – outreach and facility based have different flows
- MDA/Stock – typically community registers → summary forms to report both treatments and stock

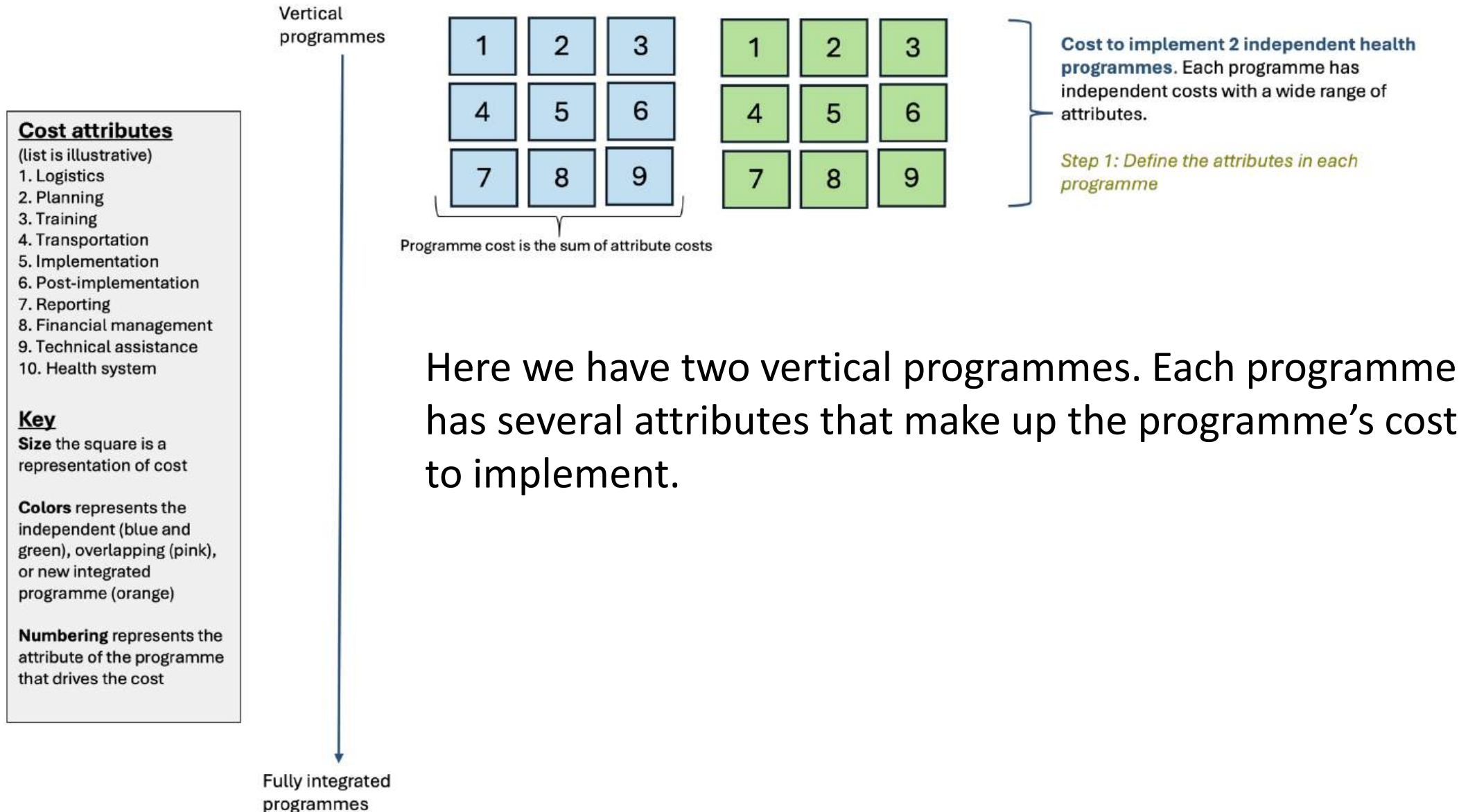


Spectrum of digitization

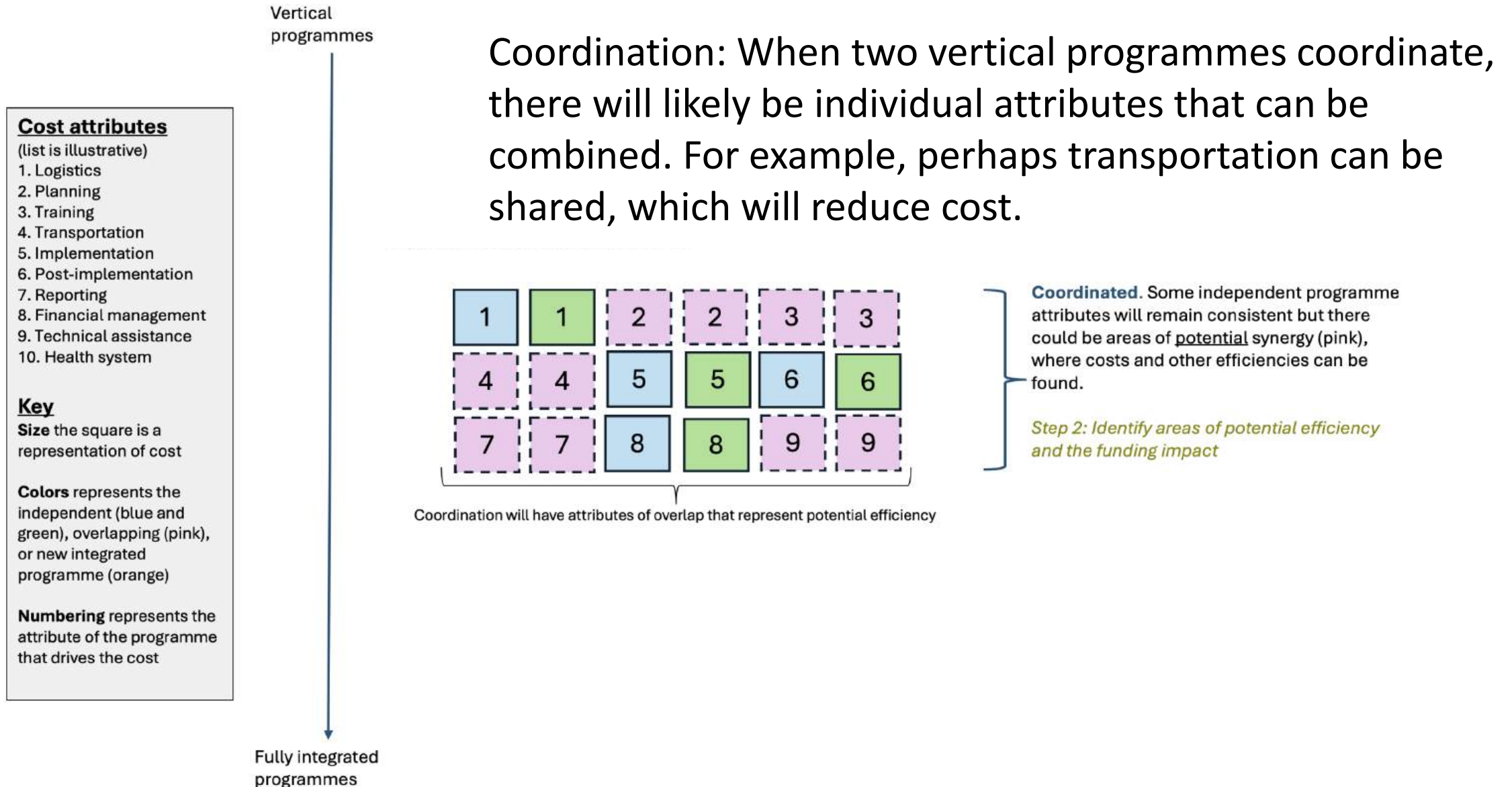
Digitization can take on many forms



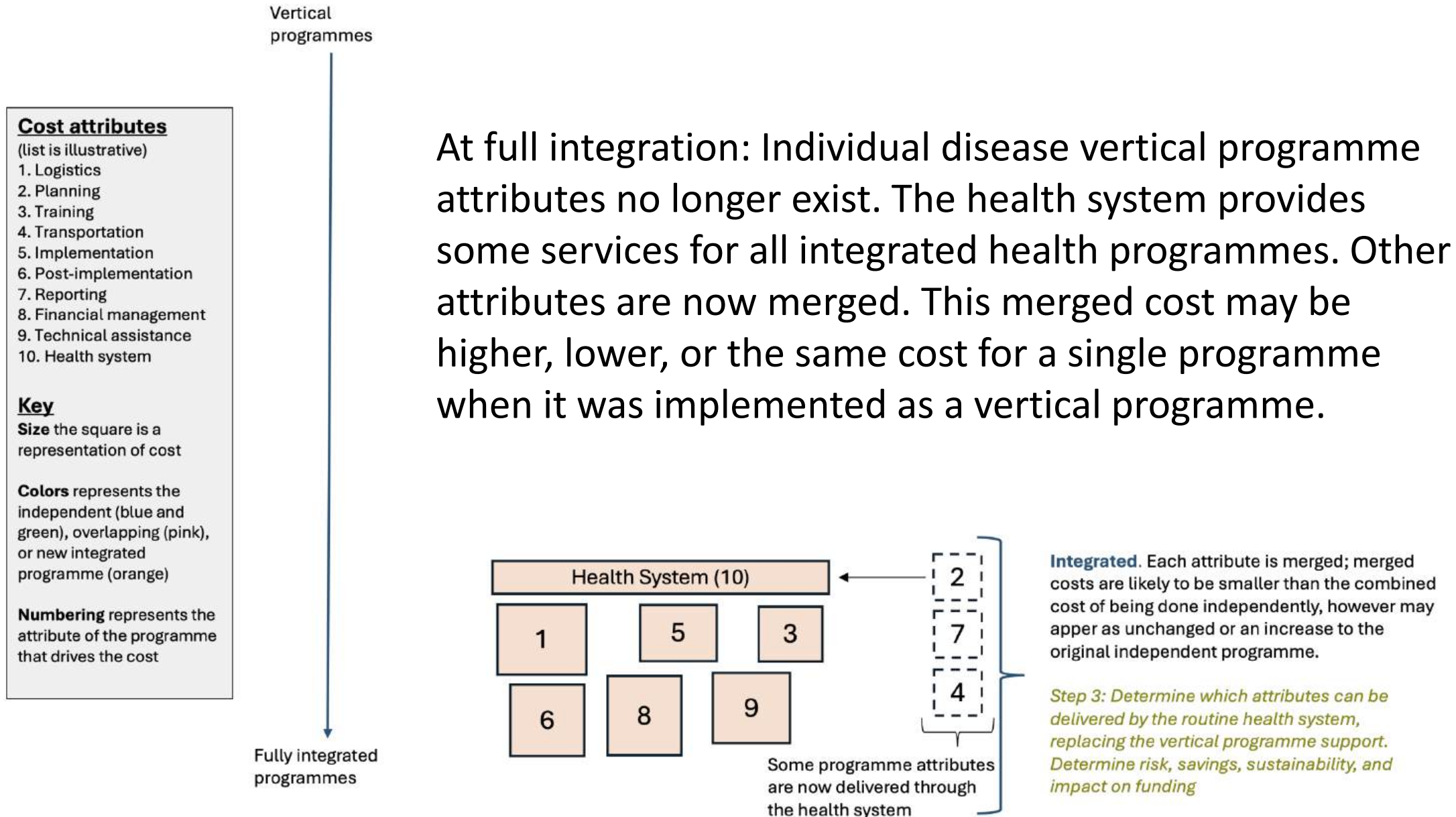
Vertical vs coordination vs integration



Vertical vs coordination vs integration



Vertical vs coordination vs integration



Health Campaign Effectiveness Coalition

<https://campaigneffectiveness.org/cas-tools/#intro>

Overview of support needed

To ensure CAS uptake, teams at all levels must be inspired, engaged and have access to the right level of resources

CAS customization & planning in Ethiopia will mandate four kinds of support*:

	 Political Commitment	 Subnational Involvement	 Flexible Funding	 Increased Bandwidth/ TA Support
	 Government	Government/Partners	Donors	Government/Partners
General need	A strong and continuous commitment and monitoring of CAS progress at the highest-level of government is key for CAS uptake and ultimate success. Reinforcement of the alignment between the CAS and the “one plan”, “one budget”, “one report” approach to key national departments will be critical	Regional, woreda and community level stakeholders will need to be consulted and involved to ensure the CAS is customized to their constraints and implementation is compatible with local contexts. Key partners will also need to be included in all customization and planning activities	Embedding flexibility in upcoming funding for disease-specific programs in anticipation of CAS implementation and integration efforts is needed from international donors and campaign implementers	To modify existing working processes in an overburdened and hierarchical ecosystem, additional human resources dedicated to change management will be needed in MoH and partner orgs
Examples	<ul style="list-style-type: none">• Dr. Dereje to participate in key meetings• Include CAS consideration in strategic plan refreshes	<ul style="list-style-type: none">• Include regional representatives in the National Steering Committee• Create regional steering committees	<ul style="list-style-type: none">• Global Fund country rep to liaise with MoH to build flexibility in the upcoming country proposal (<i>within 6 months</i>)	<ul style="list-style-type: none">• Free up time for TA for CAS in embedded teams in MoH (e.g., CDC, UNICEF)• Increase CAS advocacy efforts

* Additional context and recommendations based on the SWOT analysis are provided on slide 19

Data use: Tools and approaches



POST MDA REVIEW



DATA TO ACTION FRAMEWORK TO
ASSIST WITH DATA USE



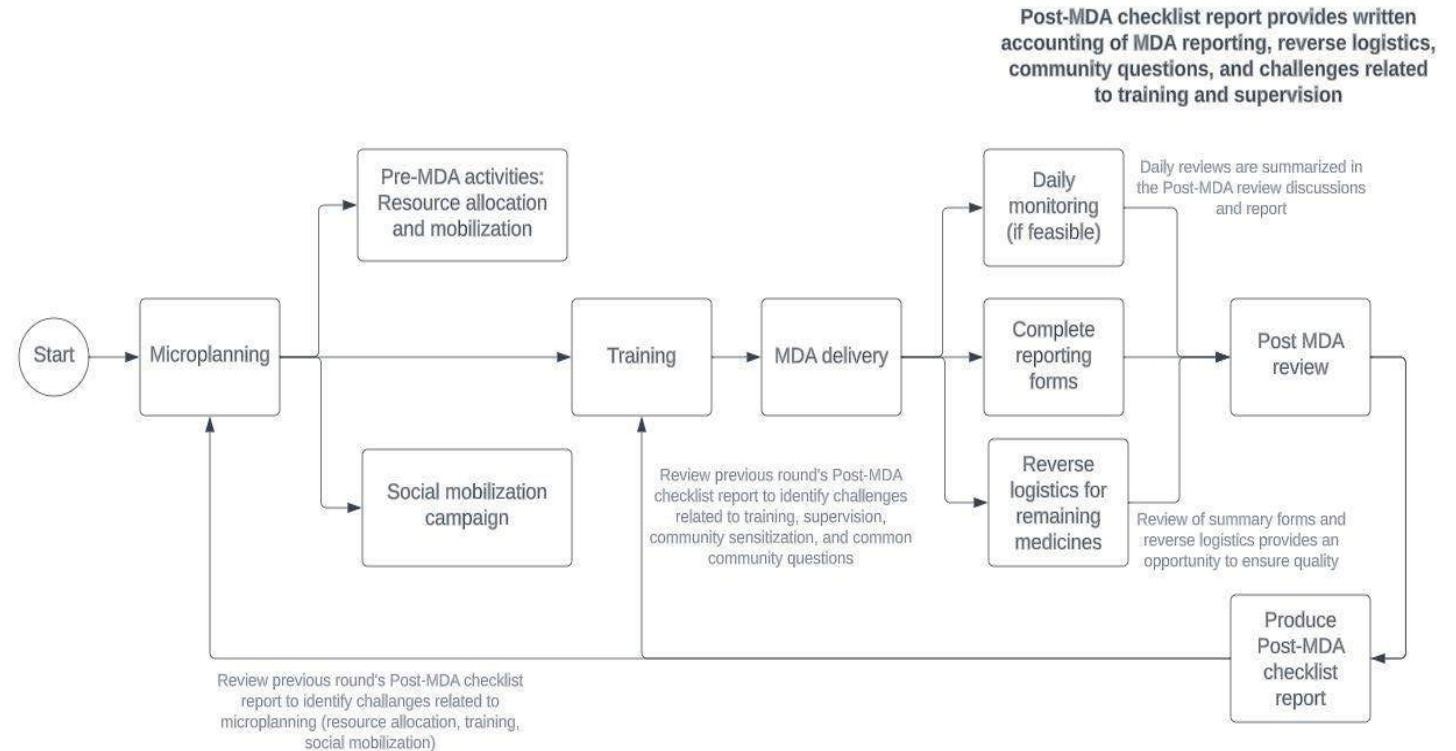
USE OF AI TO ASSIST WITH DATA
ANALYSIS, DATA VISUALIZATIONS,
DATA INTERPRETATION, REPORT
GENERATION

Data use: Post MDA review

Post MDA review often occurs but is rarely structured in a way that provides feedback into microplanning, training, and future implementation.

How to:

1. Create a checklist for post-MDA review
2. Post-MDA review needs to have an OUTPUT of the checklist and a narrative report that addresses: coverage, community questions, implementation challenges, etc.
3. These outputs need to be incorporated into future microplanning, training, and implementation.
4. Repeat the process following each MDA



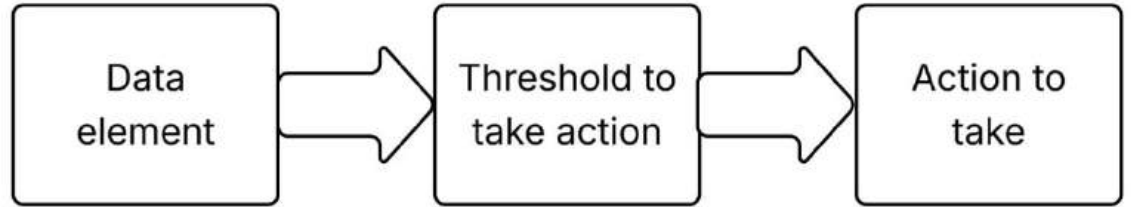
Question: Does this happen already?

Data use: Data to action framework

A data to action framework links the data element to how it is used.




Why this is useful

1. Helps to link data collection to use
2. Established thresholds simplifies the process for making decisions (if $> X$ do Y)



Question: Does this happen already?

Data use: AI tools

Julius   

apavluck@gmail.com

New

Chats 11

Search chats

Average Coverage for Endo...

Attendance Category Overvi...

Chronic Absenteeism Report

Data Export and Loading Inst...

Excel Data Analysis Request

Endemic IU MDA Rounds An...

Student Demographics Sum...

Notebooks 1

Files

Data Connectors

Dashboards

Tiles

Custom Agents

Try

Create a team

Connect your data

Notebook Templates

Community Slack

Maps & Data / Country Maps and Data / Cameroon

Cameroon

Overview LF **ONC** LOA SCH STH TH WASH

Onchocerciasis

Progress dashboard Forecast dashboard Maps **Data**







IU Level Data



From 2014 To 2024

Download CSV

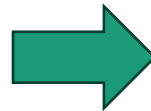
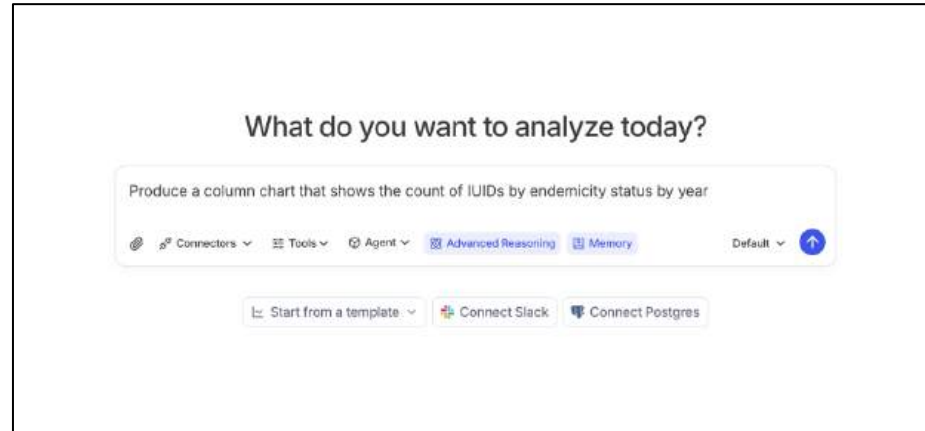
What do you want to analyze today?

Summarize the key insights from this PDF report...

     Default 

Start from a template  Connect Slack  Connect Postgres

Data use: AI tools



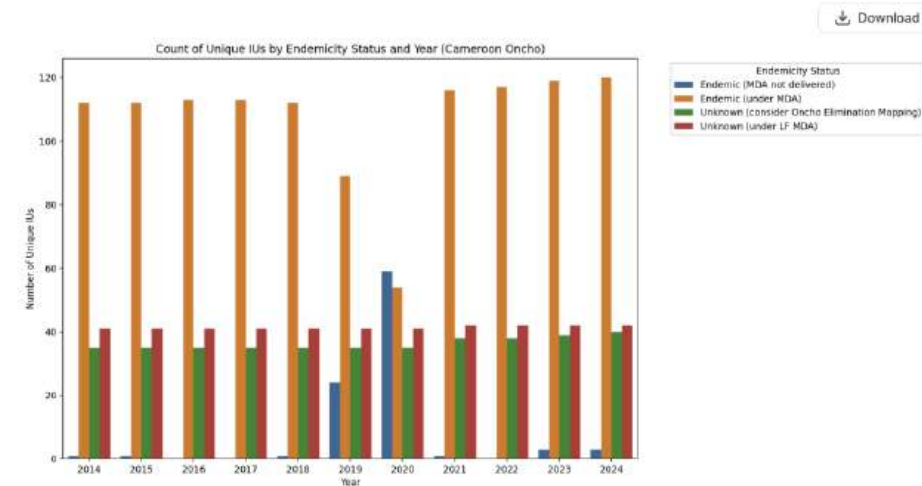
Column chart: Count of IUs by endemicity status and year

I've loaded your Cameroon Oncho IU file, counted unique `iuId` values by `year` and `endemicity`, and plotted them as a grouped column (bar) chart.

Here's the underlying aggregated table (first few rows), showing how many unique IUs fall into each endemicity category per year:

	year	endemicity	iu_count
1	2014	Endemic (MDA not delivered)	1
2	2014	Endemic (under MDA)	112
3	2014	Unknown (consider Oncho Elimination Mapping)	35
4	2014	Unknown (under LF MDA)	41
5	2015	Endemic (MDA not delivered)	1

And here is the column chart of IU counts by endemicity status by year:



Each cluster of bars is a year; colors represent different endemicity statuses, and the bar height is the **number of unique IUs** with that status in that year.

The figure is also saved as:

`cm_oncho_iu_count_by_endemicity_year.png`

You can download it at:

https://julius.ai/files?filename=cm_oncho_iu_count_by_endemicity_year.png

If you want this broken out by a subset of years, or filtered to only "Endemic (under MDA)" vs others, I can generate additional focused charts.

Questions?

If you need help when implementing these approaches, reach out!

apavluck@sightsavers.org

Alex Pavluck, MBAn, MPH
Sightsavers



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World Health
Organization

African Region



EXPANDED SPECIAL PROJECT
FOR ELIMINATION OF
NEGLECTED TROPICAL DISEASES

Health Campaign Effectiveness Coalition & the Health Campaigns Intelligence Hub

Dr. Teshome Gebre

Africa Director, TFGH



The Health Campaign Effectiveness (HCE) Coalition



Founded in 2020, the HCE Coalition's Program Office is run by the Task Force for Global Health (TFGH)



The Coalition Leadership Team comprises global campaign funders, multi- and bi-lateral institutions, and country representatives



Coalition members work around the world and across multiple disease domains (e.g., NTD, polio, VPDs, malaria, nutrition)

Vision

Country-led health systems use a strategic balance of targeted health campaigns in concert with regular health services to achieve and sustain health-related development goals for all people

HEALTH CAMPAIGN
EFFECTIVENESS COALITION
Strengthen Systems. **Maximize** Impact.



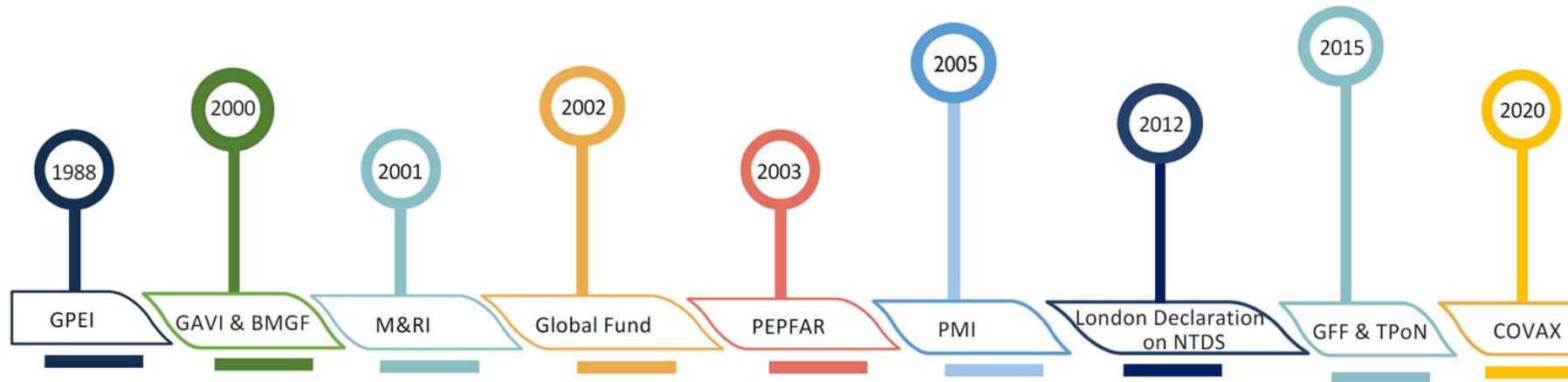
HCE Coalition Purpose

To *foster collaboration between health campaign partners* at the global, regional, and country levels; *facilitate learning and knowledge exchange*; and *advance systems and policy change*. We will:

1. **Support the implementation of the Collaborative Action Strategy** for Campaign Effectiveness (CAS) by:
 - Providing programmatic support to countries to implement the CAS
 - Fostering communication and collaboration across countries (amongst relevant partners, within the healthcare system, and across different health campaign domains and the broader campaign ecosystem)
 - Documenting learnings and facilitating knowledge transfer between countries and the broader campaign ecosystem
2. **Advocate for financial and policy alignment as well as collaboration** between global, regional, and national campaign stakeholders and partners

Fragmented campaigns - An opportunity for change

- 1 Over the last 25 years, there has been a growth of disease-specific financing, which has driven a **proliferation of health campaigns** targeting diseases, with **little coordination** between programs.



- 2 Global health **campaigns play a strategic role within the context of a broader health system (e.g., PHC)**, and one does not always need to be at the cost of the other.
- 3 The long-term aim is to **reduce reliance on campaigns by strengthening health systems**, but **campaigns will continue in the near-term** to respond to outbreaks, and support disease elimination.

The Collaborative Action Strategy for Health Campaign Effectiveness (CAS)



- A **5-year strategy** that aims to catalyze global, regional, and country-level partners to take action to enhance campaign effectiveness
- Developed in 2023 through a **co-creation process** with diverse partners and perspectives
- Grounded in **credible evidence and best practices**
- A **unified and timely strategy** that aligns and complements existing program-specific guidance and strategies

Maximizing Health Campaign Efficiency and Impact



12 recommendations
related to campaign
planning and
implementation, MERLA,
and campaign financing



Is **adaptable** and
designed to be country
led through
customization and
integration with existing
policies; should not
operate as a separate or
siload initiative



Implementation of the
CAS should provide
clarity and actionable
guidance on ways to
work together to
improve effectiveness
and efficiency of
campaigns

What is Included in the CAS?

The core of the CAS is **12 concrete recommendations** related to **campaign planning and implementation, MERLA, and financing**, which outline:



Benefits to Countries



Tasks, Actions, & Activities



Targeted Stakeholders



Timeline & Milestones

The CAS also includes considerations for CAS management and monitoring, scaling, plus suggestions for measures of success and resourcing needs

12 Recommendations to Enhance Health Campaign Effectiveness



Planning & Implementation

Rec #1a

Establish or leverage an existing multi-sectoral, cross-campaign **National Coordination Body**

Rec #1b

Identify campaigns and domains for collaboration and integration

Rec #1c

Develop a **multi-year, cross-campaign work plan and schedule** for campaigns

Rec #1d

Harmonize tools and operations (e.g., logistics, supply chain, microplanning) across campaigns

Rec #1e

Develop a coordinated and effective approach to enable active **community engagement** at all levels and phases



M&E/MERLA¹

Rec #2a

Within countries, develop a coordinated and collaborative **cross-campaign MERLA strategy**

Rec #2b

Aligned with the coordinated country MERLA strategy, **improve the ability of campaign implementers and partners to identify, measure, utilize, and share data** on campaign effectiveness

Rec #2c

At the global level, **develop a Learning Platform and a MERLA framework to measure campaign effectiveness** as a practical guidance to countries and global stakeholders



Campaign Financing

Rec #3a

Create a comprehensive **view of campaign financing** at the country level

Rec #3b

Take incremental steps toward **harmonizing and aligning campaign financing**

Rec #3c

Harmonize and align incentive payment modalities and rates across campaigns

Rec #3d

Advance government role in campaign financing

Anticipated Outcomes For The CAS

1



Reduced fragmentation, and increased coordination and/or integration between campaign stakeholders & public health programs

2



More **effective campaigns** and **efficient resource** use to address country health gaps and priorities, and optimally serve target populations and communities

3



Streamlined approaches to **measurement, monitoring, evaluation, and learning** that foster sharing of information on the effectiveness and benefits of interventions, coordination, and integration

4



Timely, harmonized funding processes and streams to decrease the burden on countries and implement more effective campaigns

5



Progress toward transitioning health campaign interventions to the **primary health care (PHC) system** in the long-term

6



High-quality, equitable, accessible and people-centered health services via genuine community engagement throughout campaign phases, to meet multiple health needs

HCE Coalition CAS Timeline 2023-2028



Phase 1 Proof of Concept

Phase 2 Scale Up [estimated]

2023

2024

2025

2026

2027-28

- 1. CAS development & endorsement by LT
- 2. Partner + country socialization

- 1. CAS launch & Focus Countries opt-in
- 2. CAS country ownership: customization and planning (e.g., implementation plan)
- 3. CAS MERLA plan developed—TOC defines expected outcomes

- 1. CAS implementation in Focus Countries—early demonstration of value add of collaboration
- 2. Policy change initiated re campaign financing
- 3. Learning, knowledge sharing of best practices
- 4. Alignment of partners to facilitate change

- 1. CAS implementation demonstrates change in Focus Countries
- 2. Analysis of learnings and evaluation of mid-term outcomes
- 3. Policy change implemented: donors and gov
- 4. Model/pathway for scale-up and sustainable change & implementation beyond Ethiopia / Nigeria

Mid-term CAS Outcomes

Long-term CAS Outcomes

Collaborative Action Strategy: Theory of Change



Global & Regional Level Change



Country Level Policy and System Reform



Cross-cutting Learning and Adaptation

Mid-term Outcomes (by 2026)

- Innovative ways of working among funders and partners
- Endorsed campaign financing changes

- Coordinated and efficient campaign planning & implementation
- Country ownership & accountability
- Harmonized tools and approaches
- Equitable compensation of HWs

- Adaptation driven by a shared learning agenda and data

Long-term Outcomes (by 2028)

- Enhanced global cooperation and institutionalized roles
- Strengthened policy frameworks

- Recommendations integrated into country policies and frameworks
- Minimal disruption to healthcare facilities during campaigns
- CAS adopted by additional countries

- Evidence-based practices diffused, adopted
- Changes to practices and policies institutionalized

Impact by 2030

Disease elimination or reduction attributable to improved campaign coverage, effectiveness, and equity

Health Campaign Intelligence Hub Walkthrough

Campaign Hub Overview

The Campaign Hub, established in 2018, is a **cross-program campaign calendar database** designed to enable collaboration and coordination **across four areas: VPDs, Malaria, PC-NTDs, and Nutrition**

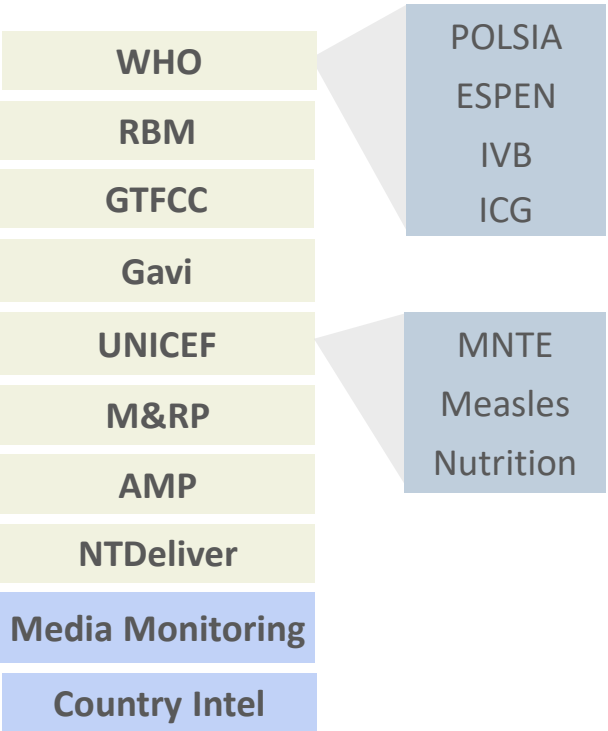
Goals & Insights

This aims to provide a variety of insights that support program decision-making

- Providing **timely views** into what campaigns are planned
- Informing **improved coordination** and **integration** of campaigns
- Enabling partners at all levels to **collaborate more efficiently** and effectively

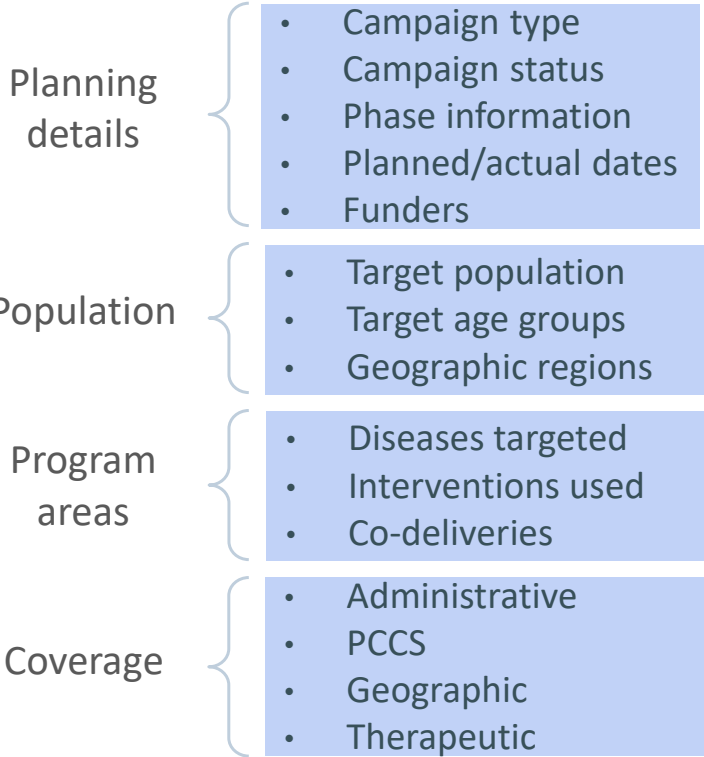
Data Partners & Sources

We compile regular campaign data updates from key campaign partners for each disease area



Information Captured

We capture a variety of standard information across all programs



Campaign Hub Overview: Data Sources

	AMP	ESPEN	Gavi	GTFCC	ICG	MR&P	Media	NTDeliver	Partner Intel	POLSIA	RBM	UNICEF	WHO IVB	NTD Calls	JRSM
Cholera												*			
Ebola															
HPV															
JE															
LF															
Malaria	ITN														
MCV										*					
MenA															
Nutrition						*				*		*	*		
Oncho															
Polio			IPV												
Rotavirus															
Schisto															
STH													*		
Td															
Trachoma															
Typhoid															
Yaws															
Yellow Fever												*			

* Data sources that only represent co-delivered campaigns

Planned addition/updates

Current Source

Ad Hoc

Weekly

Monthly

Quarterly

Annually

Paused

Using the Campaign Hub and its data

Ecosystem and program support

Data and dashboards

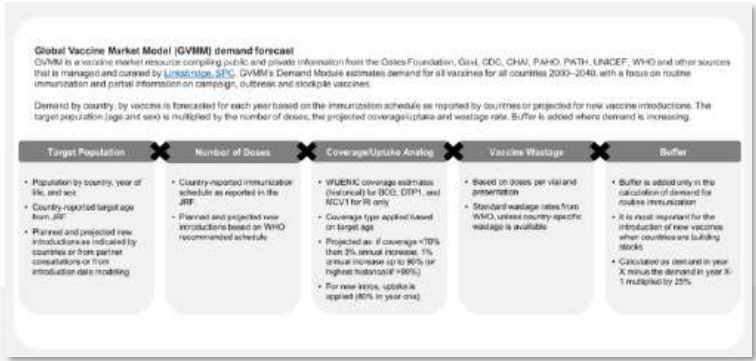
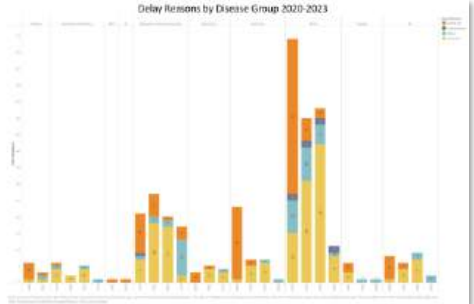
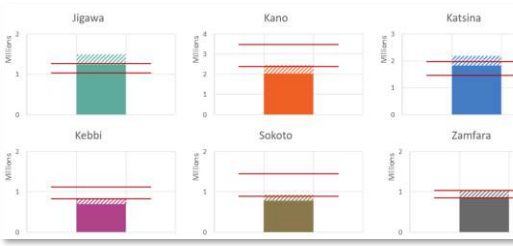
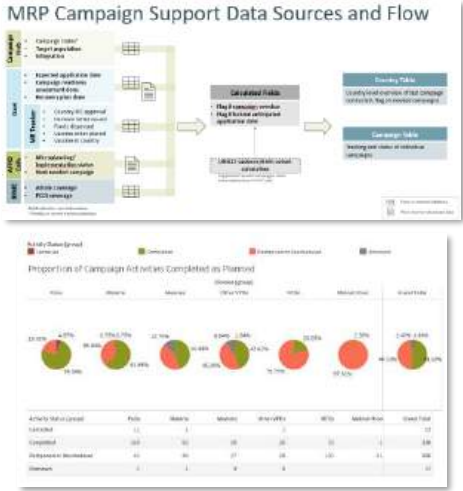
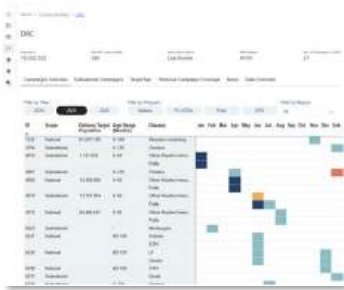
- Gavi IRC app and internal database restructure
- M&RP PSU campaigns tracker
- Malaria database and analytics support
- Integration source for GPEI
- Successful transfer of data models, front-end views, SOPs, and data definitions to partners

Financial and planning practices

- Polio campaign costing efficiencies
- Target population estimator for Nigeria campaigns
- Analyses on campaign and routine coverage
- VIMC and measles program impact analyses
- Global Vaccine Market Model (GVMM) demand forecasting for vaccine markets
- Ad-hoc support to HCE Coalition, WHO IVB, etc.

Communications

- CE News
- Regular publications to align the community



Using the Campaign Hub and its data



Hi I am ESPEN AI Assistant capable of providing accurate NTD-related insights, retrieves reports, explains data visualizations, trend analysis based on the available data for NTDs such as lymphatic filariasis, onchocerciasis, schistosomiasis, soil-transmitted helminths and trachoma. I can answer FAQs, based on the available information and offer structured results with authoritative citations. I also support multiple languages: English, French, and Portuguese.

You can ask me questions such as:

1. How many people were treated for schistosomiasis in Nigeria in 2022?
2. Can you explain the main strategies for trachoma elimination?
3. Where can I find the latest ESPEN data on soil-transmitted helminths?

Please note: This assistant is currently in a test phase. We'd love your feedback to help us improve. After your interaction, you can click on "End Experiment" and complete the short form on the next page to share your thoughts.

Type your message...

Home

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Linksbridge Database

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API

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activity_id	country	scope	activity_type	delivery_method	intervention	code/delivery	phased	total_phases	total_sub_activities	start_year	start_month
1108	Benin	National	Child health/MH event	VIA	Yes	Yes	2	2	2	2021	Apr
608	Tajikistan	Unknown	Campaign	VIA	No	Yes	2	2	2	2020	Jun
707	India	Subnational	MDA	2*ALBM4i	No	Yes	2	2	2	2020	Jun
1443	Nigeria	Subnational	Preventive	YF	Yes	NO	1	1	1	2021	Nov
34	Ethiopia	National	follow-up	Measles	Yes	No	1	1	1	2020	Jun
974	Burundi	Unknown	Child health/MH event	VIA	No	Yes	2	2	2	2019	Jun
539	Azerbaijan	Subnational	MDA	2*ALBM4i	No	NO	1	1	1	2021	Apr
243	DRC	Subnational	Outbreak response	mOPV2	No	NO	1	1	1	2020	Dec
605	Comoros	Subnational	MDA	MEB	No	No	1	1	1	2019	Jan

Partnerships

Collaborative Action Strategy:
Campaign mapping pilot in Ethiopia and Nigeria
HCE Coalition, FMoH Ethiopia, FMoH & NPHCDA Nigeria

NTD AI Chatbot
Expanded Special Project for Elimination of NTD (ESPEN), WHO AFRO

WIISEmart data repository
IVB, WHO HQ

Using the Campaign Hub and its data

Ecosystem and program support

Data and dashboards

- Gavi IRC app and internal database restructure
- M&RP PSU campaigns tracker
- Malaria database and analytics support
- Integration source for GPEI
- Successful transfer of data models, front-end views, SOPs, and data definitions to partners

Financial and planning practices

- Polio campaign costing efficiencies
- Target population estimator for Nigeria campaigns
- Analyses on campaign and routine coverage
- VIMC and measles program impact analyses
- Global Vaccine Market Model (GVMM) demand forecasting for vaccine markets
- Ad-hoc support to HCE Coalition, WHO IVB, etc.

Communications

- CE News
- Regular publications to align the community

In-depth analyses

Missed integration opportunities

IA 2030 DSI Working Group

- Developed optimization algorithm to identify missed integration opps in 7 countries from 2019-2023
- Considered target population, geography, planned start date, precedence, and other program factors
- 85 missed opps identified. Top combinations:
 - Measles + Oral Polio vaccines
 - Oral Polio + Td vaccines
 - Malaria SMC + VitA supplementation
 - Albendazole [for STH] + Oral Polio vaccine

Identifying PZQ codelivery opportunities in four countries

NTD Program

- 14 codelivery opps identified. Most common:
 - Polio (8/14)
 - Malaria SMC (2/14)

Partnerships

Collaborative Action Strategy: Campaign mapping pilot in Ethiopia and Nigeria

HCE Coalition, FMoH Ethiopia, FMoH & NPHCDA Nigeria

NTD AI Chatbot

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IVB, WHO HQ

Engage with the Campaign Hub

Global

HCE Coalition website
<http://campaigneffectiveness.org/campaign-data/>

Subscribe to the Campaign Hub

- Linksbridge Workspace hosts additional campaign data and dashboards
- Free through 2025, with organizational subscriptions beginning in 2026

➤ <http://workspace.linksbridge.com>

Regional/Country

Campaign planning

- Review this resources part of your national planning processes

Set up your own Campaign Hub!

- We can work with you to set up a regional- or country-level database and dashboard with existing Campaign Hub data
- Include additional data relevant to your programs

Programs

Ad-hoc analyses

APIs

Contribute data

Contact us for more information:

Jaqui.Goldsberry@sassenach.co
KJ.Zunigha@linksbridge.com

Use Case For Countries - Ethiopia

Country Use Cases: Nigeria & Ethiopia Campaign Mapping

Country Request

Country HCE Collaborative Action Strategy teams requested support to **map campaigns** occurring in the next three years to **inform program implementation**. Teams expressed the need to:

- 1. Harmonize campaign planning **data management** across programs
- 2. List **stakeholders** involved in campaign planning, funding, and delivery
- 3. Highlight potential opportunities for **collaboration and integration**
- 4. Identify opportunities for improved **effectiveness** of campaigns

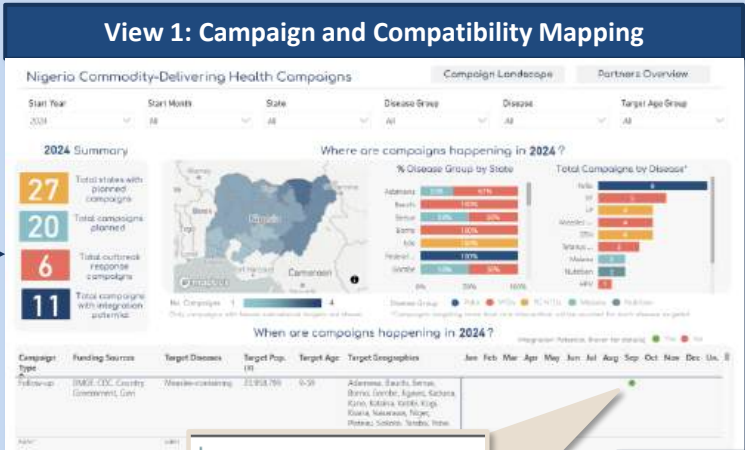
Linksbridge Solution

Linksbridge piloted the Nigeria and Ethiopia Campaign Mapping and Integration Tool (adapted from the global Campaign Hub database) to support country efforts to increase campaign efficiencies, promote integration and collaboration, and optimize resources for campaign implementation.

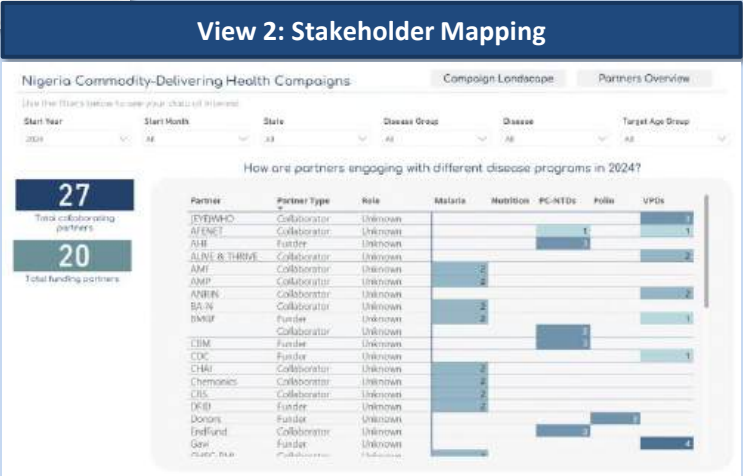
Country

Currently, the tool can answer the following key questions:

- 1. **What** campaigns are happening, **where**, and **who** are they targeting?
- 2. **Who** is **funding** the campaigns?
- 3. **Which** campaigns have **integration potential**?



This tool is used to **map all campaigns** happening in the country and identify **potential opportunities for integration** between campaigns.



Overview: CAS Implementation in Ethiopia

Ethiopia, a CAS focus country, is positioned as a pioneer in a new approach toward campaign effectiveness.

Background

The **Health Campaign Effectiveness (HCE) Coalition** was created in 2020 to improve coordination between growing global health campaign programs. In 2023, it led the co-development of the **Collaborative Action Strategy (CAS) for Campaign Effectiveness** with 50 global, regional and country-level partners.

Some CAS objectives in Ethiopia



Reduce Fragmentation and Enhance Coordination through stronger ownership and collaboration among campaign partners



Streamline Monitoring, Evaluation, and Learning to enhance information sharing & improve reach



Create Efficient, and Integrated Campaigns including co-delivery of services where appropriate



Harmonize Funding Processes from campaign donors & gov't to support integrated & cost sharing approaches

Opt-in

In 2024, Ethiopia opted into the CAS process, because it provides solutions to its challenges and aligns with its priorities.

Customize

*A cross-program TWG customized the global CAS into a **Ethiopian version (E-CAS)** with **11 country-specific recommendations** across Planning & Implementation, MERLA, and Financing.*

Plan

*A **detailed implementation plan** was drafted with roles, timelines and costs. Campaign integration opportunities were mapped using a specific matrix.*

Implement

*In 2025, E-CAS is being formalized and Ethiopia tested its **implementation nationwide** with an integrated measles, RI, nutrition and other MCH campaigns.*

Successes, Limitations & Key Lessons

E-CAS aims to drive a more efficient use of resources and a stronger PHC system through sustained government commitment and partner alignment to effective collaboration

+ Successes



Full Government Ownership

Aligned with its priorities, the CAS was customized and is implemented by the Ethiopian government which prioritized and invested resources into planning and implementation activities.



Broad Stakeholder Engagement

Major campaign donors, implementers, and TA providers within the 3 domains are participating in CAS planning, early implementation, and have pledged support for implementation.



Early Implementation

After implementation planning, recommendations have quickly started to be put into action: a campaign mapping and an integration matrix were developed. The approach was launched nationwide.

- Limitations



High Initial Effort

Bringing together many different campaign programs with potentially conflicting priorities is initially difficult, with no easily available dedicated resources (e.g. HR and funding).



Potential Increase in Complexity

Coordinating and integrating campaign domains that were initially implemented separately can lead to more complex authority lines.



Change Management Challenges

New ways of working lead to an adjustment time during which teams adopt new tools, workflows, communication protocols.

★ Key Lessons



Enabling Coordination

Clear focal points have been key to successful coordination and implementation.



Leadership Sustains Commitment

State Minister chairing National Steering Committee has been crucial for sustaining political will.



Evidence Guides Design

Initial readiness, finance, and MERLA assessments provided the evidence needed to tailor CAS and shape country-owned recommendations.



Collaboration Needs Facilitation

Genuine cross-program collaboration requires deliberate facilitation to drive shared decision-making.



CAS Aligns Action

The CAS framework gives stakeholders a clear structure to co- create unified, country-owned strategies and policies.

2026 (2018 EFY) Campaigns

Planned Campaigns 2026 (2018 EFY)

1

Immunization	NTD (12 rounds)	Malaria (5 rounds)	Nutrition, Outbreak Response, & NCB
<ul style="list-style-type: none"> Cholera Yellow Fever Zero Dose HPV 	<ul style="list-style-type: none"> Trachoma (<i>MDA; Azithromycin</i>) Schistosomiasis & soil transmitted helminthiasis (<i>MDA; Praziquantel and Mebendazole</i>) Onchocerciasis & lymphatic filariasis (<i>MDA; Ivermectin Treatment</i>) 	<ul style="list-style-type: none"> Dual AI ITNs IRS campaign 	<ul style="list-style-type: none"> Adolescent Nutrition: TBD Outbreak Response (e.g., Polio, Measles): TBD NCB: TBD

2

Suggested Integrated or Co-Delivered Campaigns

1. Immunization + Nutrition + Zero Dose + NCD
2. Trachoma MDA + Malaria ITN + NCD
3. Oncho & LF + Malaria ITN
4. Shisto & STH + HPV + Adolescent Nutrition + NCD
5. IRS Campaign + Zero Dose + Nutrition Screening
6. Outbreak response (nOPV or Measles or Cholera) + Zero Dose

1. No NCB and nutrition campaigns planned currently

Country Use Case - Nigeria: Implications for PC-NTDs



N-CAS

Nigeria's Collaborative Action Strategy for Health Campaign Effectiveness

- A 5-year strategy that aims to catalyze partners to **institutionalize campaign coordination & integration** to **enhance campaign effectiveness and build a more effective and coordinated health system**
- The N-CAS was **developed through a co-creation process across departments** (e.g. malaria, NTDs, non-polio SIAs) and key partner stakeholders (e.g., WHO, The Carter Center, Gates Foundation)
- The potential for catalytic effect is due to its **embodiment of a sector wide strategy and approach** – leveraging existing systems through both vertical and horizontal lens.
- The CAS should **lead to better acceptability, cost savings, overall improved program efficiencies¹**

The anticipated outcomes for the N-CAS are far reaching



1

Reduced fragmentation, and increased coordination and/or integration between campaign stakeholders and public health programs



2

More effective campaigns and efficient resource use to address country health gaps and priorities and to optimally serve target populations and communities



3

Streamlined approaches to measurement, M&E, and learning fostering information sharing on effectiveness & benefits of interventions, coordination & integration



4

Timely, harmonized funding processes and streams to decrease the burden on countries and implement more effective campaigns



5









Progress toward transitioning health campaign interventions to the Primary health care (PHC) system in the long term



6

High quality, equitable, accessible, and people-centered health services via genuine community engagement throughout campaign phases to meet multiple health needs

Different campaign components were piloted across Kano, Oyo and Yobe, with varying degrees of integration

		Key:		
		Full integration	Partial integration	Not integrated
Campaign Component		Kano	Oyo	Yobe
	Microplanning	<ul style="list-style-type: none"> Partial (microplanning occurred late and was only partially integrated at a time with each times initial microplanning had already occurred. Malaria teams' inability to full integrate was due to its microplanning being finalized much earlier in the year) 		
	Training	<ul style="list-style-type: none"> Partial (NTD was included in the training manual, but it was limited; retraining for NTD team separately occurred and overall training had challenges) 		
	Stakeholder Coordination	<ul style="list-style-type: none"> Partial (planning meetings included teams across domains but with inconsistent attendance) 		
	ACSM	<ul style="list-style-type: none"> Partial (materials included messaging across domains but with challenges and missed opportunities) 		
	Logistics & Supplies	<ul style="list-style-type: none"> Not integrated (though visibility of MR / Polio campaign helped obtain NTD commodities that otherwise would likely have not arrived) 		
	Financing & Budgeting	<ul style="list-style-type: none"> Not integrated 		
	Data, Monitoring & Evaluation	<ul style="list-style-type: none"> Partial (ODK was integrated though could have included more NTD and malaria related elements; evening review meetings at state and national level included teams across domains but with challenges; data tools – tally sheet, register and denominators were not integrated) 		
	Team Composition & Implementation	<ul style="list-style-type: none"> Partial (Polio & NTD house-to-house team were integrated but working together took retraining; NTD, polio teams, and MR team members did refer but in a limited capacity; sharing workload was limited) 		

N-CAS had demonstrated numerous achievements across campaign components



First-time collaborative cross-program planning

- ✓ Joint planning across FMOH and NPHCDA bringing together NTD, malaria, and immunization focal points enabled the alignment on joint implementation and coordination



Cross-program best practice sharing

- ✓ Domain-specific norms were beneficial to Evening review norm was a benefit to NTD teams (supported daily supervision)



Stronger stakeholder and community engagement

- ✓ Consistently engaging and coordinating with cross-program stakeholders and community & religious leaders helped amplify campaign visibility and reach hesitant or unreachable households



Efficient drugs and vaccines' tracking

- ✓ Drug tracking was strong and NTD teams likely benefited from N-CAS and immunization team visibility



Real-time data monitoring and verification

- ✓ Data reporting and verification done in real time using WhatsApp, Google Sheets, and cross-checks, enhanced data accuracy and rapid decision-making



Tailored implementation approach

- ✓ Adaptive implementation in security challenged areas through decentralized planning, cluster meetings, and flexible scheduling sustained progress despite insecurity



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World Health
Organization

African Region



EXPANDED SPECIAL PROJECT
FOR ELIMINATION OF
NEGLECTED TROPICAL DISEASES

Integrated Campaigns: Leveraging GAVI funded campaigns for PC-NTD co- delivery

Cristina Lussiana

Health Specialist, Digital Health and
Information Systems, UNICEF HQ

Outline

- Challenges faced by NTD programmes
- Opportunity: Integrated Digitization of Campaigns
- Overview of UNICEF-Gates NTD Project Integrated NTD-PHC Delivery:
 - Theory of Change
 - Integrated NTD-PHC Delivery
 - Integrated Campaign Registry
 - Scope of work, Outputs, Metrics of success,
- Guidance on Integrated Digitization
- Main takeaways

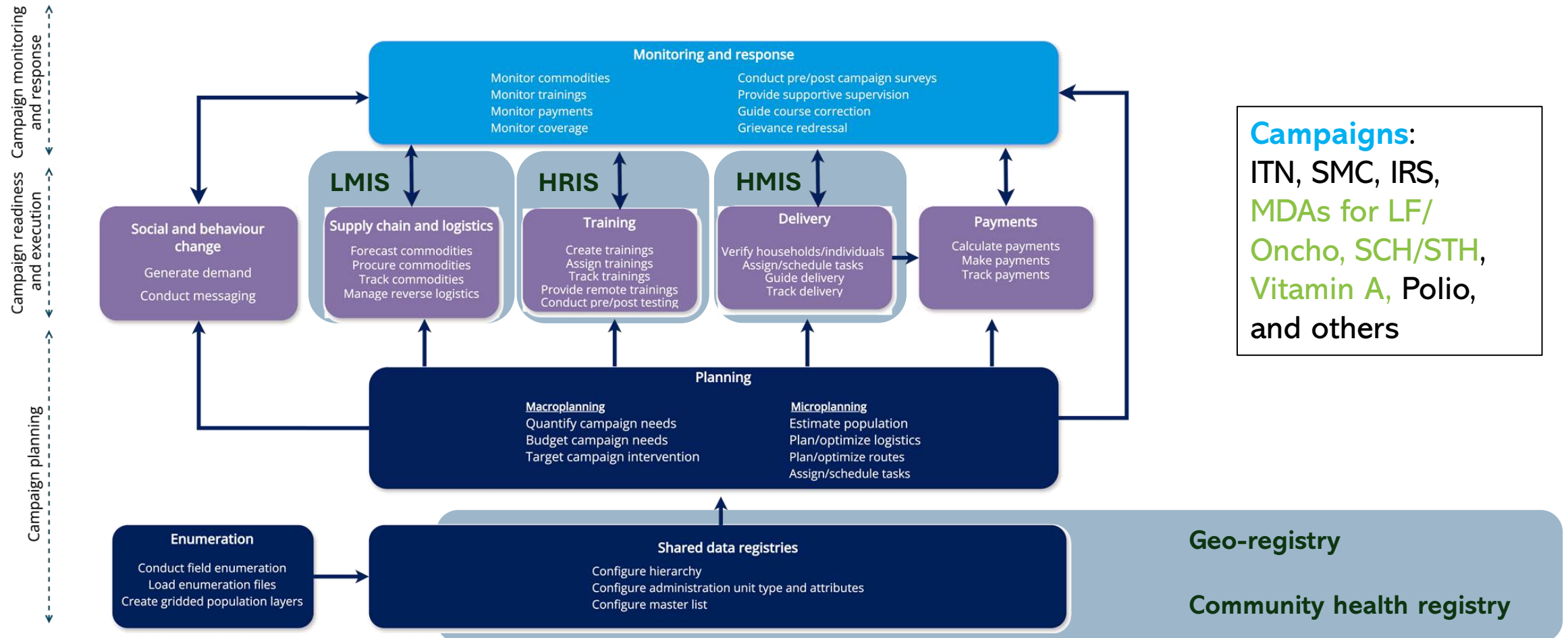
Challenges faced by NTD programmes

- **Declining, often earmarked funding, resulting in unequal coverage and progress across NTDs and geographic areas.**
- **Data challenges:** collection, collation and sharing; poor quality and limited linkages/interoperability with HMIS.
- Increasingly **complex operating contexts.**
- Continued **verticalization** of NTD programming.
- **Multiple public health campaigns, with**
 - inadequate cross-campaign coordination and integration
 - missed opportunities for co-delivery of interventions and
 - campaign fatigue



Opportunity: Integrated Digitization of Campaigns

Integrated digitization of health campaigns refers to the **integration and sharing of digital solutions across multiple health campaigns and alignment with routine health systems.**



Benefits of Integrated Digitization

Efficiency

- **Improved visibility:** digital tools improve tracking of interventions, clearly showing what's been achieved and where efforts are still needed
- **Cost-effective integration:** by integrating systems, we eliminate redundancies in resources, data, and infrastructure, driving greater operational efficiency

Reduced fragmentation

- **Streamlined operations:** integrated technology streamlines data sharing across campaigns, aligning workforces and improving communication

Improved coverage

- **Data-driven delivery:** integrating campaign tools with routine health systems strengthens the use of existing population and health data, enabling more efficient targeting and increasing the number of people who receive the intervention, ensuring broader coverage across campaigns

Sustainability

- **Government collaboration:** digital tools developed with government input are embedded in MoH infrastructure, ensuring they are prioritized for long-term budgeting and resource mobilization
- **Scalable and adaptable:** integrated systems are designed for easy scalability across regions and health programs, making them sustainable over time

Reach and equity

- **Broader reach:** integrated campaigns ensure that underserved populations benefit from multiple, coordinated interventions, improving equitable access to health services

Overview of UNICEF-Gates NTD Project Integrated NTD-PHC Delivery

Programme goal: To contribute to the reduction of morbidity, disability, and mortality due to endemic NTDs using an integrated and cost-effective approach centred at the community level.

Objective 1. Leverage catalytic investment to raise additional funding for NTD prevention and control

- Outcome 1.1. Catalytic financing mechanisms secured at least a 20% increase

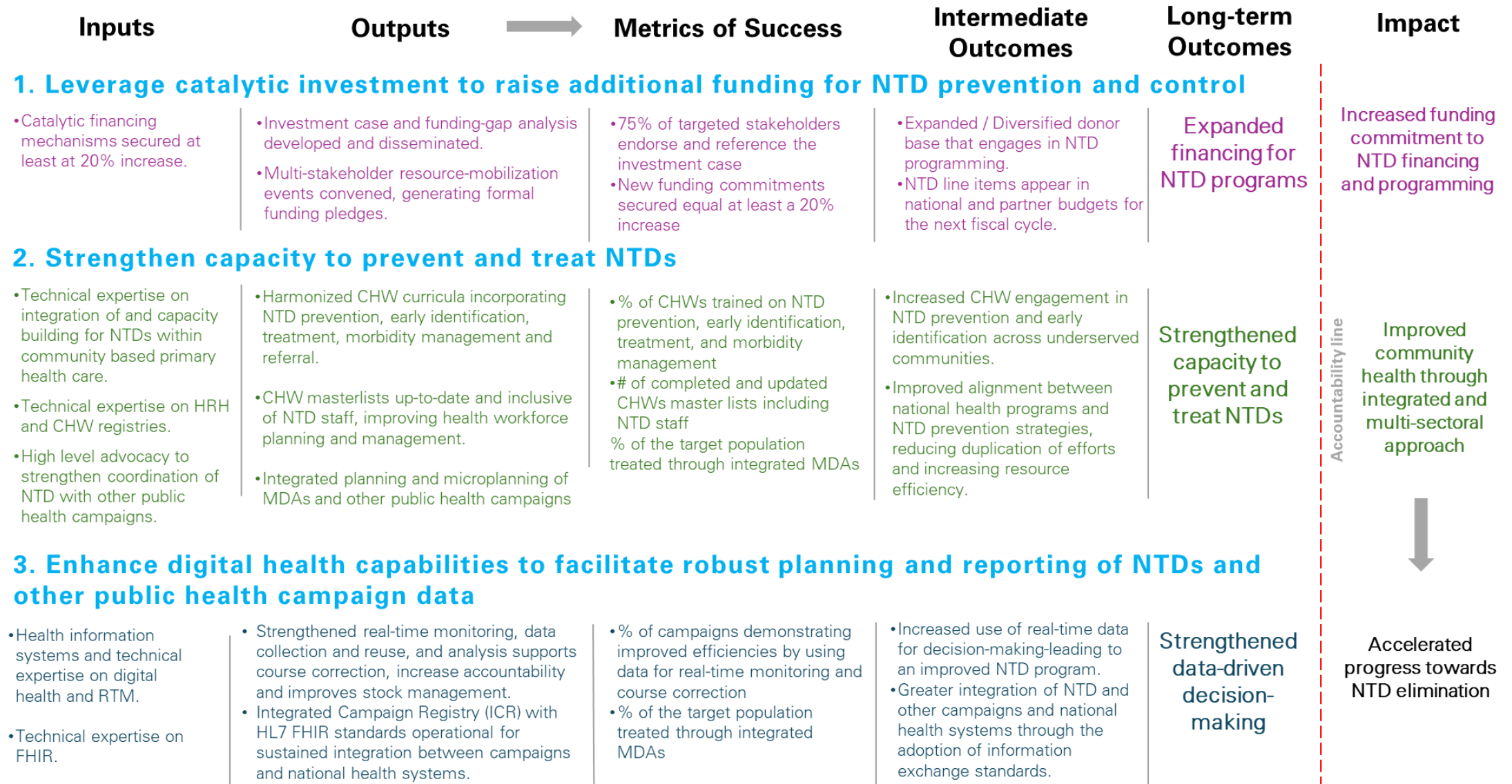
Objective 2: Strengthen capacity to prevent and treat NTDs at the community Level

- Outcome 2.1. Integrated delivery of NTD prevention and control through CB-PHC in target areas
- Outcome 2.2. Enhanced multisectoral coordination and collaboration for NTD prevention and control in target areas

Objective 3: Enhance digital health capabilities to facilitate robust planning and reporting of NTDs and other public health campaign data

- Outcome 3.1. Greater integration of NTD and other campaigns and national health systems through the adoption of information exchange standards
- Outcome 3.2. Increased use of real-time data for decision-making, leading to an improved NTD program

Program Theory of Change



Integrated NTD-PHC Delivery

Objective 3: Data and Digital Technologies - Harmonizing Capabilities for Robust Planning and Reporting

Integrated Campaign Registry (ICR) for sustained integration between campaigns and national health systems.

- Develop an (HL7 FHIR) Implementation Guide (IG) to standardize the storage of data across health campaigns, e.g., including locations visited, people targeted, and services delivered. This will be the foundation for an integrated microplanning implementation guide.
- Develop and deploy the ICR to facilitate interoperability/exchange of campaign data between digital platforms used by different MoH programs for public health campaigns.
- Conduct training for MoH and partners on health information exchange and integration with routine health systems.
- Provide support to MoH and partners on the use of the ICR to exchange data between two campaigns in each of the countries selected.



Integrated NTD-PHC Delivery

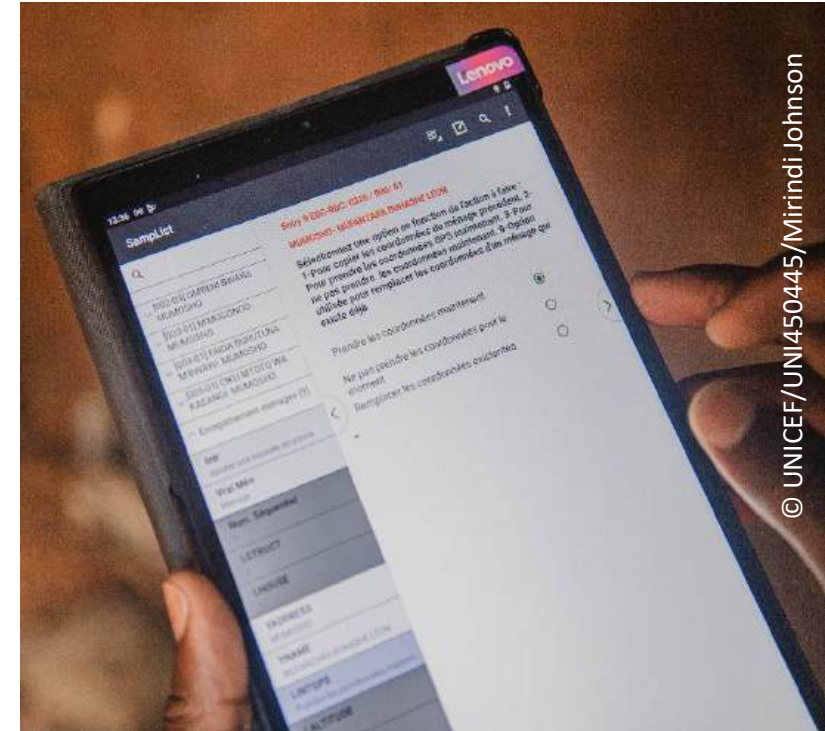
Objective 3: Data and Digital Technologies - Harmonizing Capabilities for Robust Planning and Reporting

Strengthened linkages between community-level NTD data and national health information systems to improve detection, service delivery, and follow-up.

- Develop data workflows to enable bidirectional data flow between community-based reporting tools and HMIS.
- Support the customization of DHIS-2 and other platforms to incorporate NTD indicators and ensure alignment with routine reporting.

Strengthened real-time data collection, monitoring and analysis during public health campaigns for timely course correction and robust planning.

- Conduct periodic real-time monitoring to drive evidence-informed action by governments and partners.
- Develop digital dashboards for real-time visualization of campaign performance.
- Integrate geospatial mapping and risk-based targeting to improve the efficiency of campaign delivery.
- Document lessons learned and best practices on the use of digital tools for integrated campaign planning and management for strengthening CB-PHC.



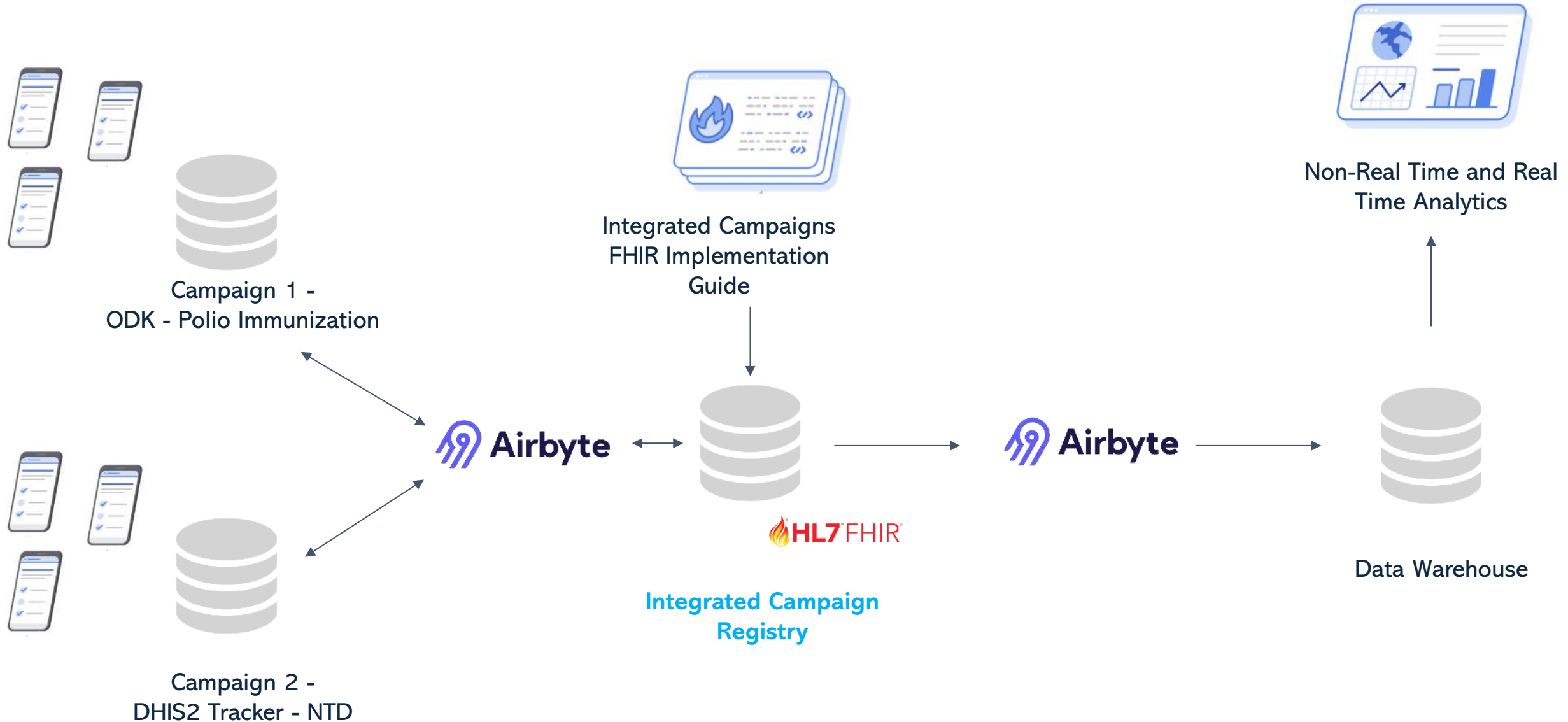
Integrated Campaign Registry

Building blocks (Outputs of a Campaign)

- **Locations:**
 - Admin areas
 - Settlements
 - Service points (i.e., schools, health posts, etc.)
 - Household locations
- **Services delivered:**
 - Vaccinations
 - Mosquito nets
 - MDA
 - Vitamin A, etc.
 - Provider
- **Households and clients**
 - Household
 - Demographics (Age, Gender)
 - Name
 - U5, Pregnant, Vaccination Status



Integrated Campaign Registry



Scope of work and outputs

Tier	Country	Interventions	Main Outputs
Tier 1	Côte d'Ivoire Sierra Leone	<ul style="list-style-type: none"> Integrated CHW curriculum updated to include NTD services, Community-level NTD data fully interoperable with national HMIS via a production-ready Integrated Campaign Registry (ICR), Real-time dashboards used for joint, multi-campaign delivery (NTD + RI/Polio/Malaria). 	<ul style="list-style-type: none"> National rollout of updated CHW package, ICR live and exchanging data across at least two campaign programs, Integrated campaign delivered and documented for global learning.
Tier 2	Uganda Madagascar Niger	<ul style="list-style-type: none"> Priority districts receive updated CHW materials and initial NTD job-aids, "ICR-lite" or similar data-exchange module linked to DHIS2 Pilot digital micro-planning and real-time monitoring in high-burden areas. 	<ul style="list-style-type: none"> Updated CHW/NTD package deployed in priority districts, Functional data-exchange prototype feeding national HMIS, Evidence package for expansion to full integration.
Tier 3	Mali Tanzania Ethiopia Senegal	<ul style="list-style-type: none"> Gap analysis of CHW curriculum, NTD delivery, and digital capacity, Roadmap and advocacy for integrating NTDs into CB-PHC service delivery, Small-scale pilot of low-bandwidth digital data collection. 	<ul style="list-style-type: none"> Endorsed roadmap for curriculum and digital transition Costed plan and partner buy-in for future Tier 2 support Lessons from initial digital pilot documented.

What does success look like?

Obj	Outputs	Metrics of success/measurement indicators	Outcomes
1	<ul style="list-style-type: none"> Investment case and funding gap analysis developed and disseminated. Multi stakeholder resource mobilization events convened, generating formal funding pledges. 	<ul style="list-style-type: none"> 75% of targeted stakeholders endorse and reference the investment case. New funding commitments secured equal at least a 20% increase. 	<ul style="list-style-type: none"> Expanded financing for NTD programs
2	<ul style="list-style-type: none"> Harmonized CHW curricula incorporating NTD prevention, early identification, treatment, morbidity management and referral. CHW masterlists up-to-date and inclusive of NTD staff, improving health workforce planning and management. Integrated planning and microplanning of MDAs and other public health campaigns. 	<ul style="list-style-type: none"> % of CHWs trained on NTD prevention, early identification, treatment, and morbidity management. # of completed and updated CHWs master lists including NTD staff. % of the target population treated through integrated MDAs. 	<ul style="list-style-type: none"> Strengthened capacity to prevent and treat NTDs
3	<ul style="list-style-type: none"> Strengthened real-time monitoring, data collection and reuse, and analysis supports course correction, increase accountability and improves stock management. Integrated Campaign Registry (ICR) with HL7 FHIR standards operational for sustained integration between campaigns and national health systems. 	<ul style="list-style-type: none"> % of campaigns demonstrating improved efficiencies by using integrated data for better improved planning and real-time reporting for improved monitoring and course correction. % of the target population treated through integrated MDAs. Proportion of target districts achieving program coverage of 75% or more in SAC/pre-SAC/high-risk adults. 	<ul style="list-style-type: none"> Strengthened data-driven decision-making

Guidance on Integrated Digitization

The **Integrated Digitization of Health Campaigns Toolkit** provides end-to-end guidance to support countries on how to plan and implement integrated digitization across campaigns and routine health systems.

The toolkit consolidates lessons, tools, and planning frameworks for country implementation. It builds on global best practices and serves as a campaign-specific extension of the WHO Digital Implementation Investment Guide (DIIG).



Source: Integrated Digitization of Health Campaign Toolkit
<https://iris.who.int/handle/10665/380775>

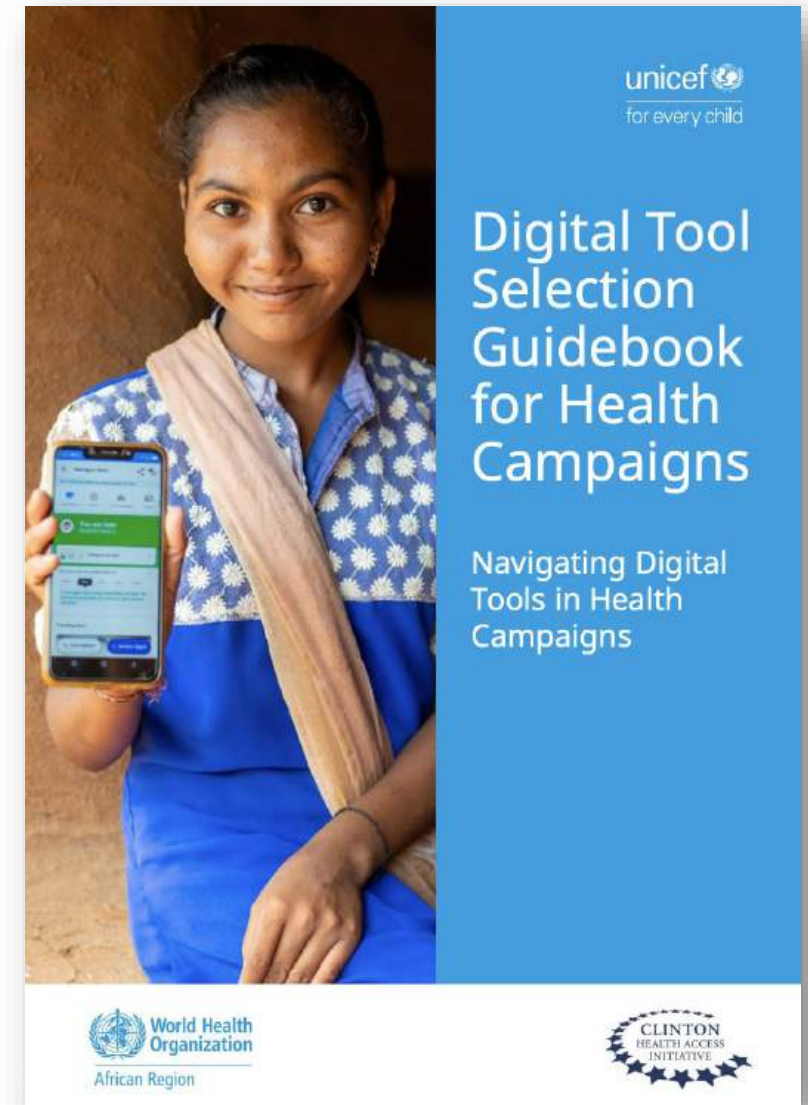
Guidance on Integrated Digitization

The **Digital Tool Selection Guidebook for Health Campaigns** guidebook supports public health managers and implementing partners in identifying and selecting digital tools to improve the planning, delivery, and monitoring of health campaigns.

It provides practical guidance on how digital solutions can enhance campaign effectiveness and align with broader health system strengthening goals.

The guidebook is organized into three key sections to guide tool comparison and decision-making:

- Campaign phases,
- Campaign tools selection matrix,
- Tool functionality across phases.



Source: Digital Tool Selection Guidebook for Health Campaigns

<https://www.unicef.org/digitalimpact/reports/digital-tool-selection-guidebook-health-campaign>

Guidance on Integrated Digitization

Using Real-Time Monitoring to Strengthen Health Campaigns is a self-paced course to build the knowledge and skills to implement and scale RTM for health campaigns.

The course includes six interactive sessions that walk you through what it takes to implement RTM:

- Why Real-Time Monitoring?
- What does it take: Shared vision, and decision-making processes
- What does it take: Digitalization
- What does it take: Enabling environment
- What does it take: Considerations for planning and budgeting
- What does it take: Monitoring and evaluation.



The screenshot shows the AGORA platform interface. At the top left is a 'Menu' icon. The AGORA logo is in the top center. Below the logo is a blue button labeled 'Short E-Course' with a download icon and 'UNICEF activity' text. To the right of the button is a large image of a woman in a pink headscarf holding a tablet. The main heading is 'Using Real-Time Monitoring to Strengthen Health Campaigns'. Below the heading is a description: 'A self-paced course to build the knowledge and skills to implement and scale Real-Time Monitoring for health campaigns.' At the bottom left, there is a paragraph of text about the course's purpose and a 'Start learning' button. At the bottom right, there is a green box with the text 'Click below to enrol' and 'This activity or course is open to self-enrolment.' Below this is a green button labeled 'Start learning'.

Menu

AGORA

Short E-Course
UNICEF activity

Using Real-Time Monitoring to Strengthen Health Campaigns

A self-paced course to build the knowledge and skills to implement and scale Real-Time Monitoring for health campaigns.

Cover image: © UNICEF/UN

Health campaigns face increasing pressure to reach target populations quickly and effectively but, without timely data, gaps go unnoticed. This self-paced course is designed to strengthen your ability to plan, implement, and sustain Real-Time Monitoring (RTM) approaches for health campaigns. Through real-world scenarios, practical activities, and lessons learned from countries, you'll explore how RTM helps track campaign performance, identify gaps in coverage, and take timely action.

The course covers essential RTM concepts and tools, guiding you to integrate real-time data collection, analysis, and use into campaign operations. By leveraging digital technologies and strengthening decision-making processes, participants will learn how to maximize health impact, improve service delivery, and contribute to more resilient and data-driven health systems.

Click below to enrol

This activity or course is open to self-enrolment.

Start learning

Source: Using Real-time monitoring to strengthen health campaigns
<https://agora.unicef.org/course/info.php?id=58785>

Main Takeaways

Reduce the need for complex interoperability

- ✓ Integrate routine and campaign systems for seamless data flow and better decision-making

Build workforce expertise

- ✓ Equip health workers with skills for data management and subnational data use
- ✓ Build technical team capacity on RTM, readiness assessment, dashboard design, and timely customizations

Foster innovation in routine systems

- ✓ Expand RTM use cases with adaptable modules to meet campaign-specific needs without overhauling systems

Drive sustainable collaborations

- ✓ Foster multi-sectoral partnerships to align digital health investments with long-term health system goals

Tap into existing investments

- ✓ Builds on years of investment in digital health infrastructure, tools, and training

Invest in cross-cutting DH infrastructure

- ✓ Enabling infrastructure like devices, servers, connectivity are critical.
- ✓ Investments in digital health architecture such as CHW and HF registries, interoperability frameworks, and others, fuel RTM and cross-program investments



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DIGIT – eGov (Integrated Digital Health Platform)

Ranjani Rajagopalan
Associate Director,
eGov Foundation



eGOV

Integrated Digital Health Platform

Ranjani Rajagopalan
Associate Director,
eGov Foundation



World Health
Organization

African Region



EXPANDED SPECIAL PROJECT
FOR ELIMINATION OF
NEGLECTED TROPICAL DISEASES

Agenda

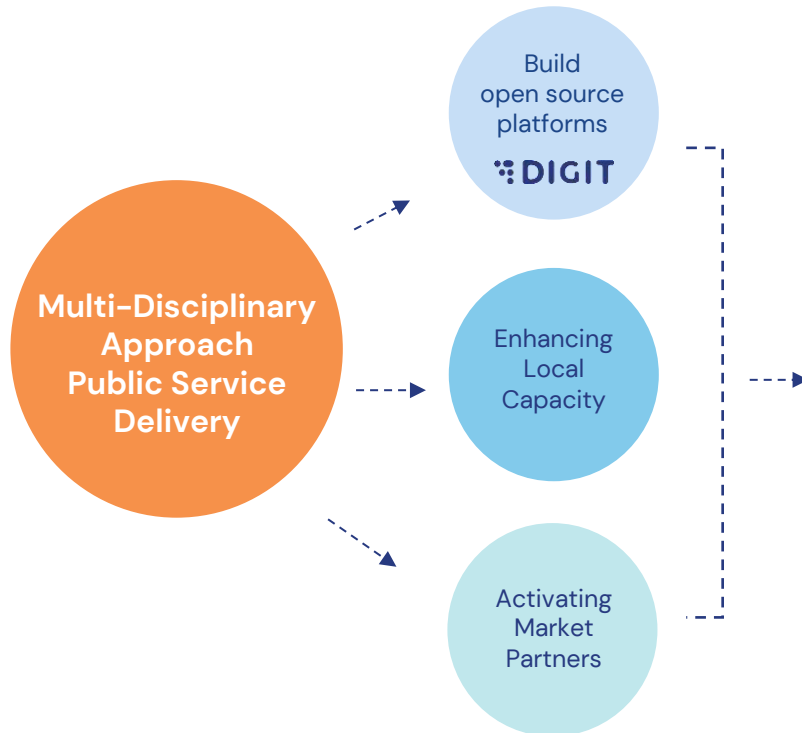
- Overview of eGovernments Foundation
- eGov's health work
- HCM – Overview and journey to a DPI for public health
- Our journey in Africa
- Partnership with WHO AFRO

eGov Foundation: Catalysing transformation of public service delivery

Catalyse transformation of public service delivery

Working with countries & local partners to drive digital transformations at speed and scale.

What we do



Sectors



Local Governance,
Public Health, Water & Sanitation,
Public Finance, Agriculture,
Justice, Education & more

Impact on Ground

1.4B+

Public Services
Delivered

2.5B+

Citizens
Served

\$3B+

Revenue
Mobilised

50+

Use Cases built
on DIGIT

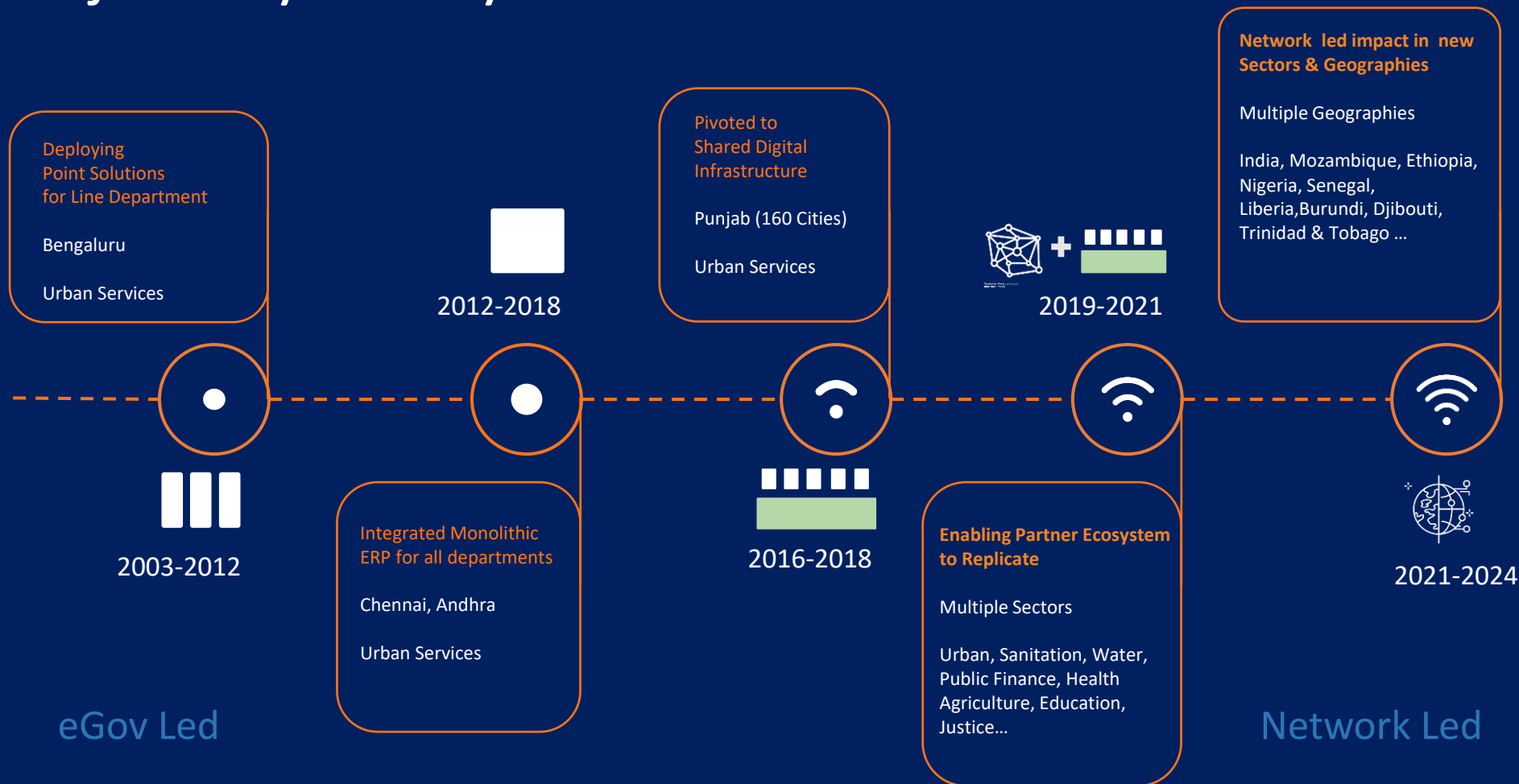
200+

Partners

9

Countries

eGov's journey of 23 years



eGov Foundation: Work in health space

ASSETS

CAPABILITIES

Health Campaigns	Smart Payments to Health Workers	Health Finance Resource Tracking	Waste Management	Critical Care & Patient Management	Decentralised Solar Energy
DIGIT HCM	DIGIT Smart Payments	Strategy Consulting + iFIX	DIGIT Sanitation	10BedICU Care Platform	SELCO – E4H Platform
End-to-end campaign management product. Integrated campaign capability - Bednet, SMC, IRS, LF, Shisto, Polio.	Smart payments to frontline workers based on attendance and proof of work. Payments are made directly in their bank accounts or mobile wallets. Used in the state of Odisha in India (Urban employment).	Development of a strategic roadmap for digital transformation for health finance resource tracking in Ethiopia using a DPI-aligned approach. Recommendation adopted by MOH. Implementation underway.	A waste management platform that can be extended and leveraged to manage different types of waste streams - faecal sludge management, solid waste management, medical waste management.	Provides critical care infrastructure to govt. hospitals. ICU beds, monitoring systems, ventilators, EMR system, tele-ICU system. 250 10BedICU's in India.	Decentralised Solar Energy to Primary Healthcare Centres and Health Facilities along with a digital platform that enables operations and maintenance, asset management, vendor management, remote monitoring and incident management.
Strategy Consulting & Advisory Services	Digital Products & Platform	Technology Support	Training and Local Capacity Building	Catalysing Market Development	

HCM Overview & Journey to DPI for public health

Health campaigns in LMICs face multiple challenges

National Agencies

No visibility of progress and problems

Poor data to plan and make decisions in run time



Health Supervisors

Inadequate information and limited resources

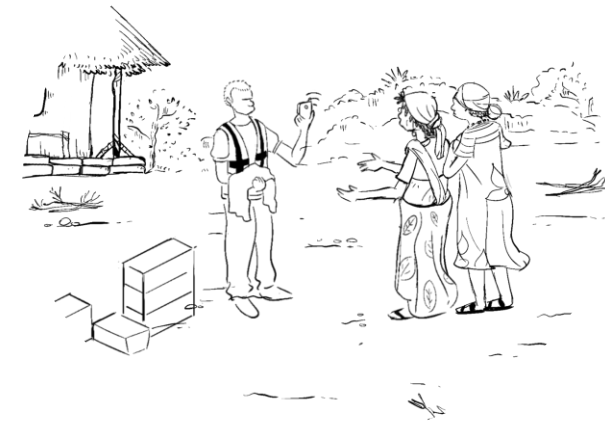
Constantly firefighting



Frontline Workers

Limited training, run-time issues

Repetitive tasks, delayed payments



Low campaign effectiveness

Logistical complexities

Limited visibility

Siloed approach

Limited ownership

Countries are rapidly
digitising campaigns to
address these challenges

But

Current digital efforts are
sub-optimal & have
low impact on effectiveness

Duplicative approach

Data locked in silos

No interoperability between systems

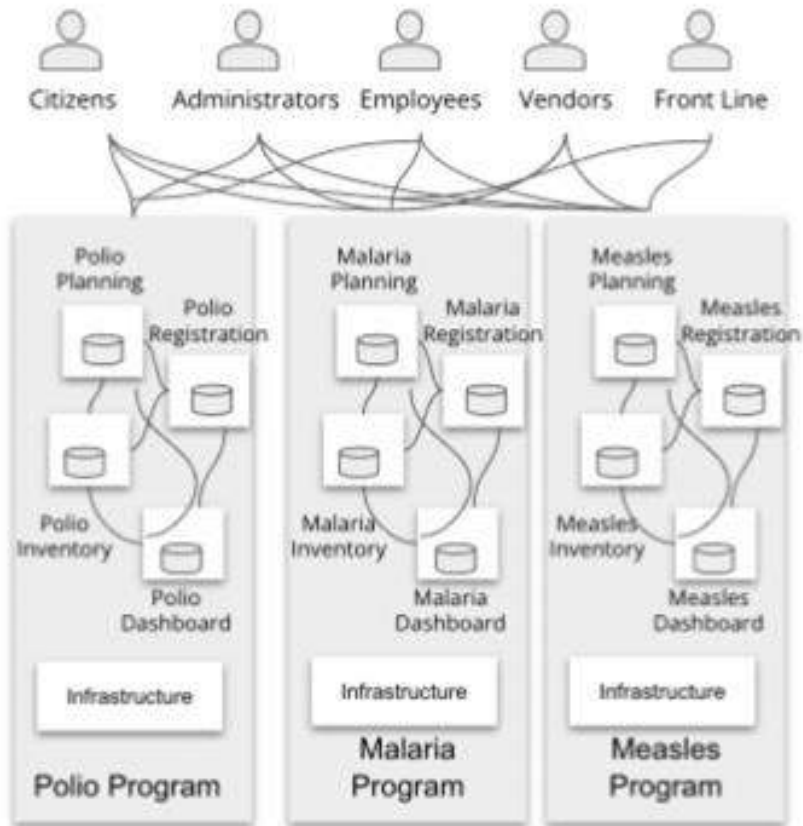
Difficult to scale & sustain

No ownership of digital assets and data

To address these challenges
a new approach **is needed**

From a siloed approach to DPI approach

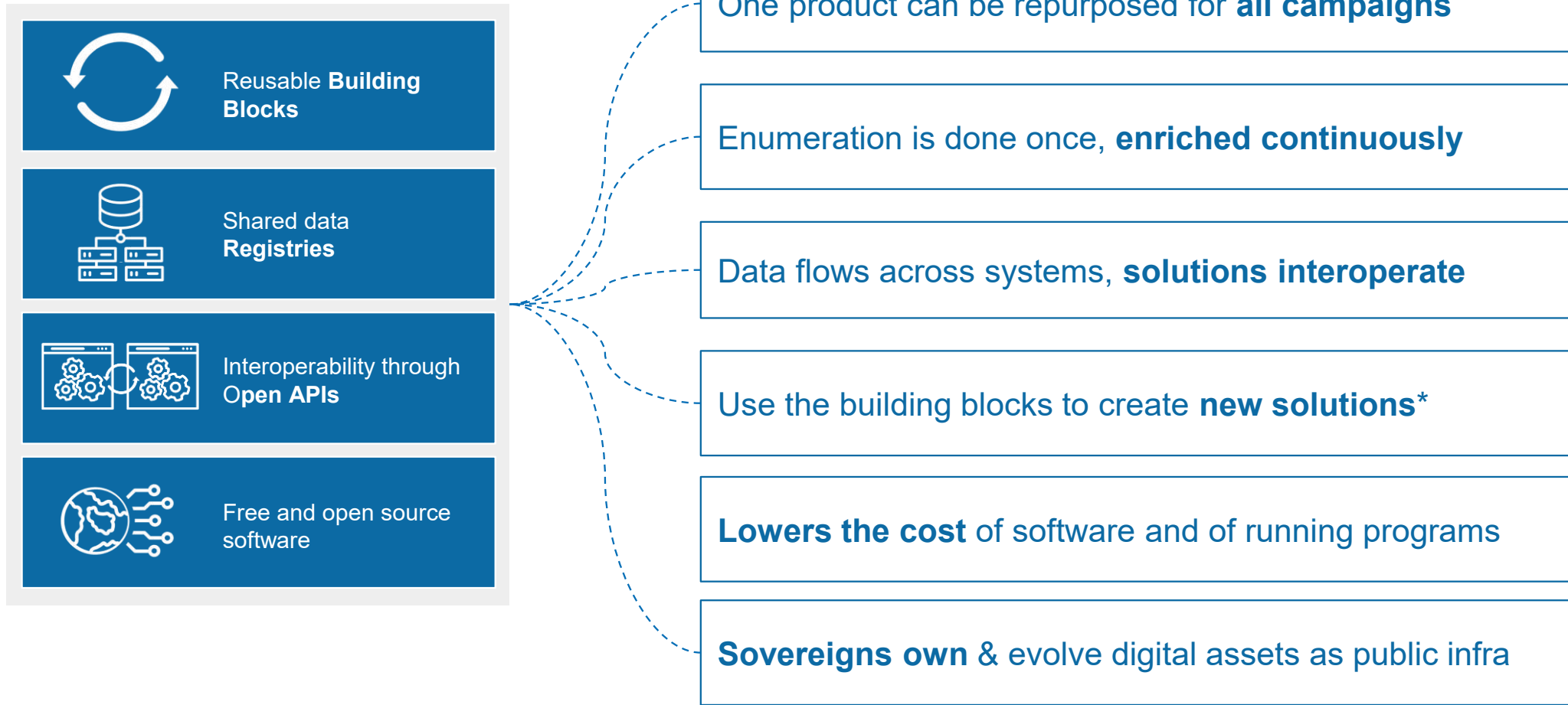
Traditional Approach

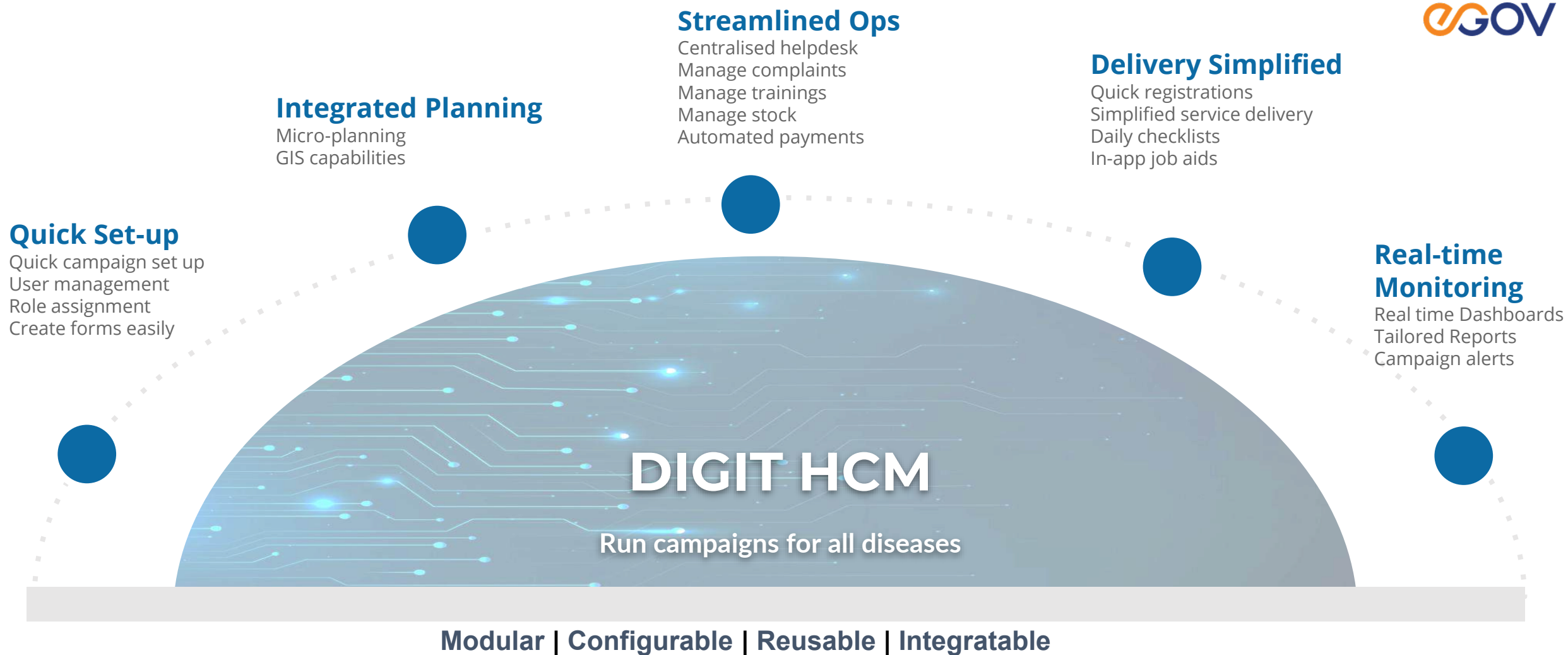


Platform Approach



Key principles of DPI approach





USPs of DIGIT HCM

Shared Registries

Foundational registries that store verified data — including a Beneficiary Registry with household and individual health records, and a Health Workforce Registry with verified details of community and facility-based health workers.

Scale

DIGIT HCM has already demonstrated its ability to support large-scale public health operations.

Example: Nigeria, Mozambique

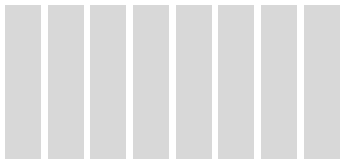
Interoperability

Seamless integration with national digital health systems — MOSIP for digital ID verification, DHIS2 for routine health data reporting, eLMIS for end-to-end supply chain visibility, and FHIR-based interoperability for linking with EMRs and other health information systems.

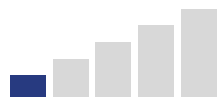
- It works **offline**, allowing health workers to continue their activities even in areas with no connectivity
- The app supports **local languages**, making it accessible and easy to use for frontline workers across diverse regions.
- With **peer-to-peer data transfer**, field teams can securely exchange information between devices
- All data capture is **geo-enabled**
- And at the management level, **dashboards and custom reports** turn field data into actionable insight

Countries can drive a self sustained digital transformation in public health using DPI approach

Current – Siloed systems



Diverse health systems independent DB and infrastructure



Limited country ownership; implementation partner/ funder driven digitalization

Phase 1 – Integrated Systems



Integrated systems with shared registries/ infrastructure
Other systems work independently



Increased country ownership, reduced costs and higher accountability in running integrated systems

Phase 2 – Public Health Platform



DPI for health with shared registries and shared services which enable improved data analysis

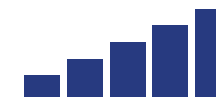


Country owned platform with application development distributed across enabled partners

Phase 3 – Public health platform with thriving ecosystem



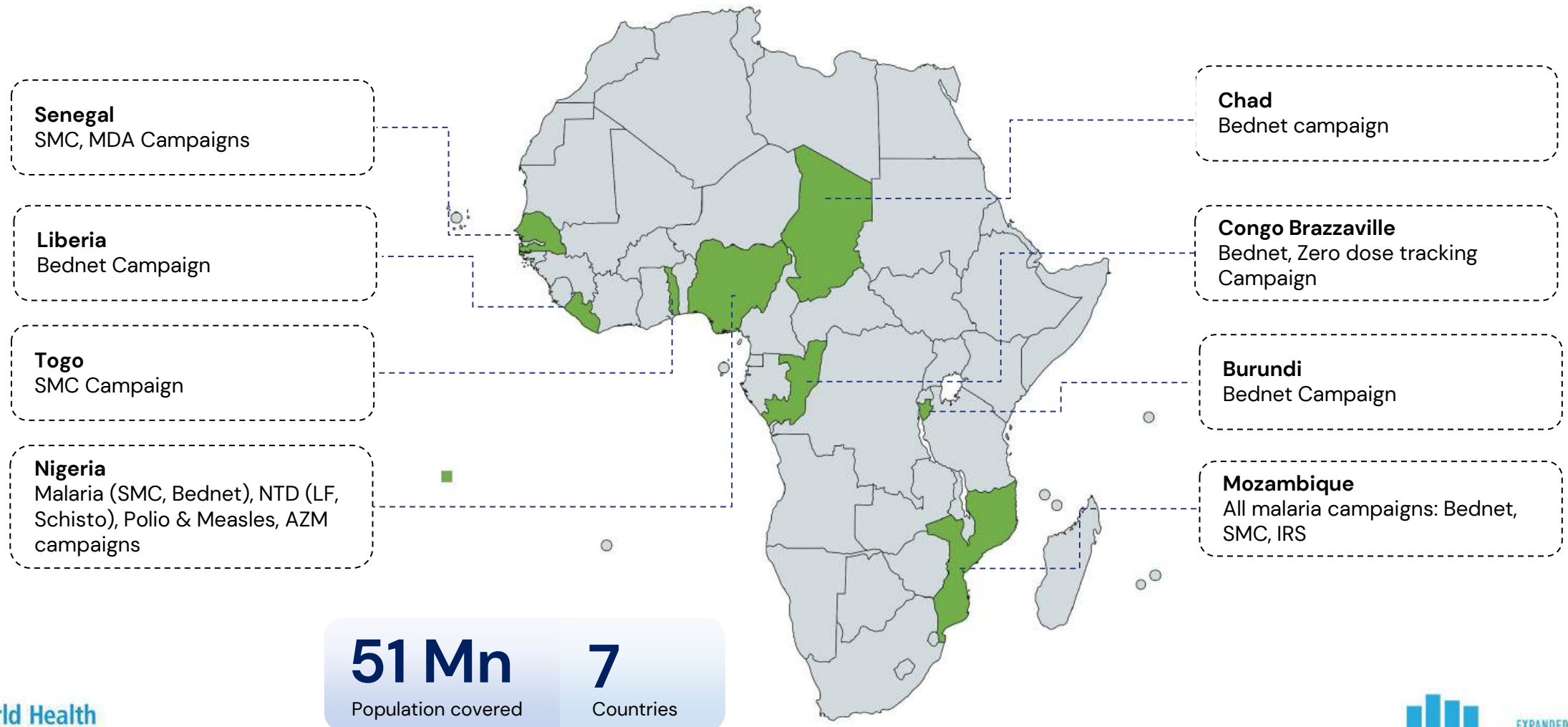
Market actors innovate and build new solutions that cater to newer challenges



Thriving ecosystem with the ability to innovate on the platform

Journey in Africa

eGov's journey in Africa began with health campaigns digitalization in August 2023..



Partners in building DIGIT HCM

Knowledge Partners



Funders



Key highlights from implementations across countries

Improved Team Performance

Targeted coaching based on real time performance monitoring

Compliance to SOPs defined in the country for delivery tracking based on compliance metrics

Better campaign coverage

Customized communication strategy based on refusal rates monitored on the dashboard

Extension of campaign delivery at identified locations

Efficient resource utilization

Reduced wastage of resources by tracking resource usage per household and training front line workers accordingly

Better outbreak preparedness

With application already available and campaign staff trained, readiness for emergency campaigns was faster

Cost efficiencies

90% reduction in infrastructure cost per user and 40% reduction in training cost per front line worker when using HCM in a single instance across multiple campaigns

Partnership with WHO AFRO

AFRO countries have been improving health outcomes through advanced digital transformation initiatives

Developing integrated service delivery platforms that bridge disease-specific silos and enable seamless coordination across health programs.

Strengthening the use of “data for action” to drive more effective and responsive vaccination service delivery.

Supporting initiatives that promote country ownership through interoperable and scalable digital public infrastructure

Enabling precision public health through timely, high-quality data and analytics that inform targeted planning and decision-making.

A new partnership – DIGIT Health Campaign Data Digitization (DIGIT HCM) – has been established to accelerate the adoption of digital health solutions across the WHO African Region.



Partnering Organizations



African Region

Disease Prevention and Control
Cluster and Polio Eradication
Program



Gates Foundation



The Offering

Over three years, the initiative, will support the use of the DIGIT Health Campaign Platform in ten countries, providing a unified interface for monitoring campaign activities and enabling timely, data-driven

decisions. The project aims to accelerate the digital transformation of health campaigns across Africa by strengthening collaboration among clusters, promoting greater program integration, and reducing the reliance on fragmented tools. It supports country-led adoption of interoperable digital solutions that enhance efficiency and impact, while ensuring that national data sovereignty is fully protected throughout the process.



African Region





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Organization

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EXPANDED SPECIAL PROJECT
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NEGLECTED TROPICAL DISEASES

Coffee Break



World Health
Organization
African Region

75
HEALTH
FOR ALL





ESPEN workshop on data systems, tools and processes for PC- NTD programmes

Dickson Kioko
KENYA NATIONAL PUBLIC
HEALTH INSTITUTE



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Ministry of Health



DIGITIZATION OF MASS DRUG ADMINISTRATION CAMPAIGNS TO ENHANCE EFFICIENCY AND INCREASE COVERAGE

Presented by: Dickson Kioko.

Neglected Tropical Diseases MDA campaigns are important instruments for delivering healthcare interventions in Kenya aimed at eliminating at least 4PC-NTDs by 2030

Before digitization

Inefficiencies in campaign planning due to the absence of verifiable and accurate population data to quantify resources and identify the target population. Similarly, the Manual registration of Household Members and tallying processes was a time-consuming and cumbersome activity.

With digitization

The eCHIS Household-level registry of households provides accurate population statistics that effectively serve as a reliable population data source.

SCHISTOSOMIASIS & SOIL TRANSMITTED HELMINTHS MASS DRUG ADMINISTRATION REGISTER

SECTION 1: Enter geographic and CHP information below

CHP Name: _____ Village Name: _____ CU Name: _____
Household No.: _____ Date of first HBT visit: _____ Household Head Phone No.: _____

SECTION 2: Fill in below information for each person treated at household and date (month and year) of treatment

Name of Household Member (Last should include all household members)	Sex (M if male, F if female)	Age (in years: e.g. 3/7)	Year: 2024 Month: _____		Date of Treatment	If not treated, Why (Enter code form below)	Comments	Year: 20 _____ Month: _____		Date of Treatment	If not treated, Why (Enter code form below)	Comments	Year: 20 _____ Month: _____		Date of Treatment	If not treated, Why (Enter code form below)	Comments
			MBZ/ALB	PZQ				MBZ/ALB	PZQ				MBZ/ALB	PZQ			
1																	
2																	
3																	
4																	
5																	
6																	
7																	
8																	
9																	
10																	
11																	
12																	
13																	
14																	
15																	
TOTAL																	

Code for Treatment: 1=PREGNANT 2=SICK 3=NOT PRESENT AT HOUSEHOLD 4=UNDERAGE

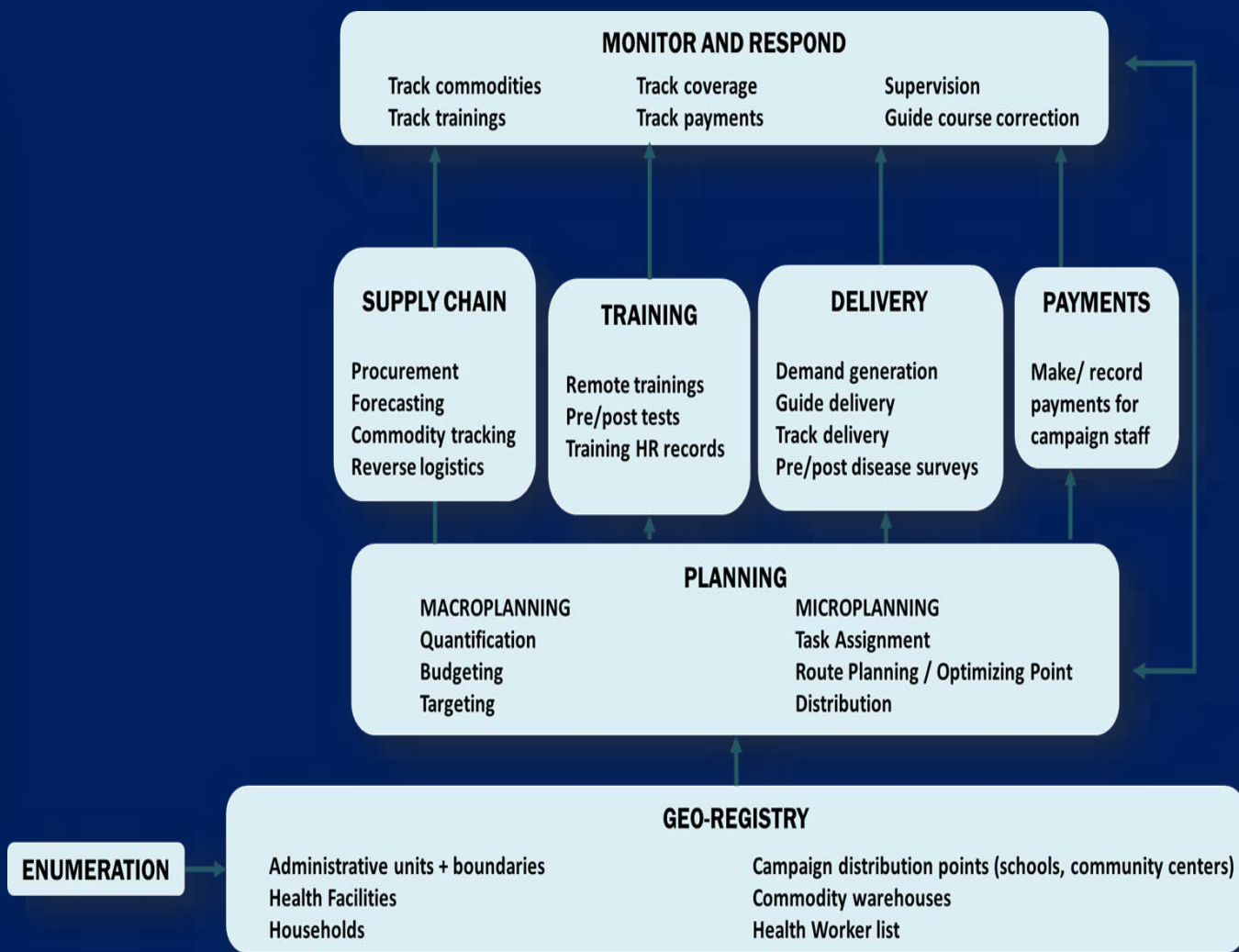
SECTION 3: Indicate the number of Persons Living with Disabilities in the Household

- Over 90% of households have been enumerated within the implementation units, i.e. in Chekalini & Bunyala Central Wards, forming a comprehensive registry.
- Due to the registry's ability to be updated frequently during routine activities, it serves as the most accurate single source of accurate and reliable denominator for planning and executing public health campaigns.
- Geo-tagging functionalities on the campaign module make it easy to track CHP movement and offer near-real-time satellite supervision.
- The ease-of-use and navigation through eCHIS registry makes it easy to offer treatment to an expansive target population within a short period of time.

Digitization Innovation was designed to address the existing challenges that MDA activities faced

MDA campaigns planning and implementation experience operational challenges that impact performance/coverage:

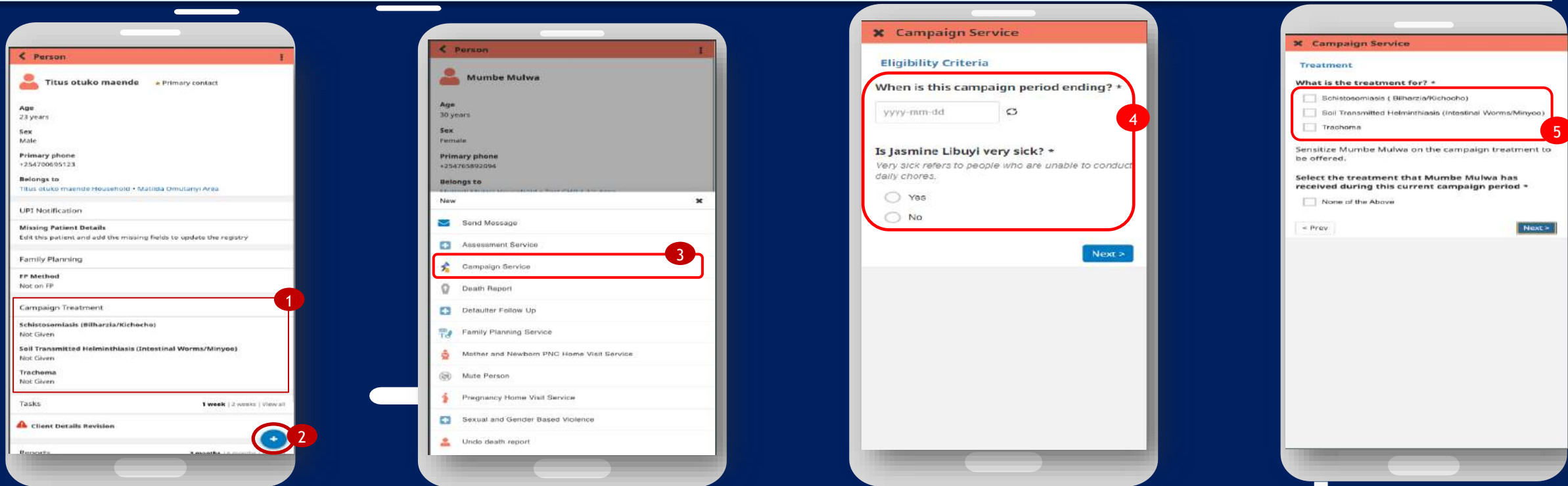
- Inaccurate population data estimates.
- Lack of real time campaign monitoring of treatment and stock data.
- Siloed/vertical implementation and monitoring outside the routine health system.



eCHIS | Solution /Innovation of Choice that was Implemented

A Campaign MDA module was developed into e-CHIS, a household based service delivery tool with the aim of enhancing efficiency and increasing coverage
This was achieved through:

- Digitisation of campaigns workflows using e-CHIS.
- Capacity building of MOH (CHPs, CHAs) to deliver the MDA service
- Monitoring and Supervision to improve coverage and track drug dispensation and utilization on eCHIS and Apache Superset



Campaign Module Service Delivery Use Cases

Campaign Service Module

This principal module allows the community health promoters to administer medication during the Mass Drug Administration as well as capture all other associated campaign medication service delivery issues through the individualized sub-modules

© [training resources accessed here](#)

(A) Medication Decline

This workflow allows CHPs to report individuals who decline campaign medication due to different reasons within the campaign service module. A task is generated to the supervisor for follow up

(B) Adverse Events

The workflow on the CHP interface makes it possible for a prompt reporting of Household members who experienced adverse side events (both mild & severe) after receiving medication

(C) Adverse Events Follow-up

This task component necessitates CHP to make follow-ups with individuals who reported mild adverse events within 24 hours of drug administration

(D) Medication Decline Follow-up

This task on the supervisor interface makes it possible for a prompt follow-up with Household members reported to have declined medication

(E) Adverse Events Follow-up

This task allows the supervisors to make prompt follow-ups with individuals who were reported to have severe adverse events warranting referral to a facility



Service rendered by CHP



Service rendered by CHA/Supervisor

Outcome: Treatment Coverage

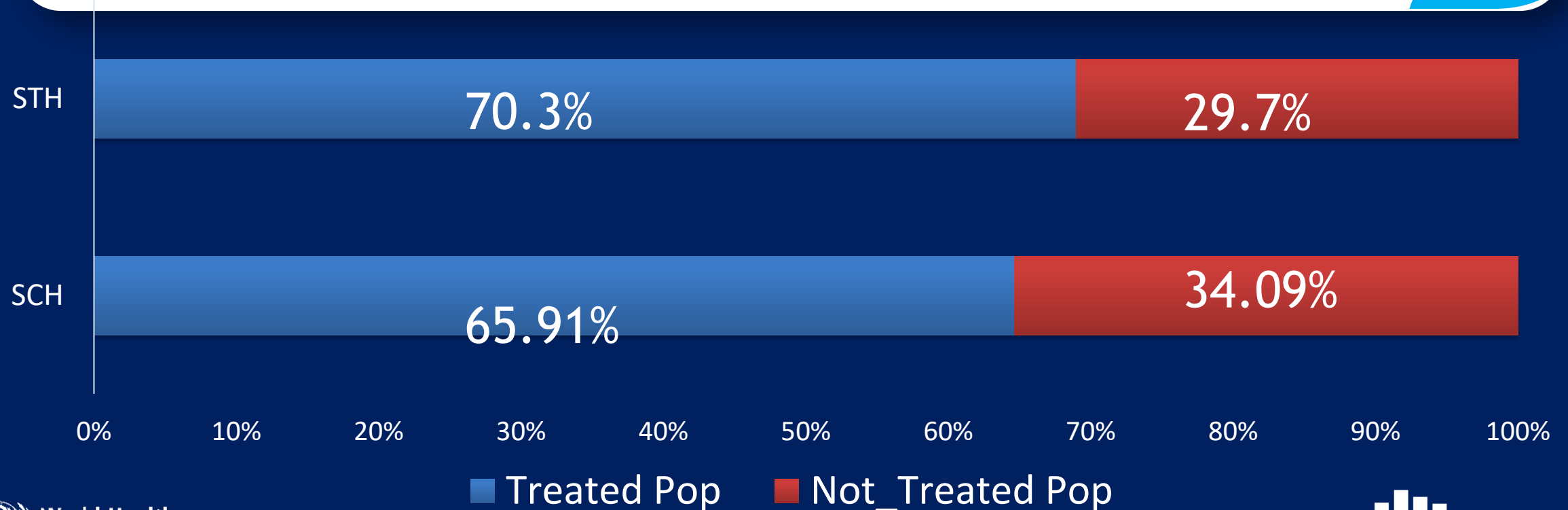
Overall Treatment Coverage:

•Schistosomiasis (SCH):

- Targeted: 35,256 individuals
- Treated: 23,228 individuals
- Coverage: 65.9%

Soil-Transmitted Helminths (STH):

- Targeted: 58,862 individuals
- Treated: 41,367 individuals
- Coverage: 70.3%



Outcome: Treatment Coverage

Ward-Specific Coverage:

1. Bunyala Central (SCH):

- 1.Targeted: 35,256 individuals
- 2.Treated: 22,228 individuals
- 3.Coverage: 65.91%

2. Bunyala Central (STH):

- 1.Targeted: 38,586 individuals
- 2.Treated: 26,094 individuals
- 3.Coverage: 67.6%

**Low Coverage Factors: Less Tech-savvy
CHPs and age demographic differences, CHP
device synching challenges**

3. Chekalini (STH):

- 1.Targeted: 20,276 individuals
- 2.Treated: 15,273 individuals
- 3.Coverage: 75.3%

Key Insights:

- Both campaigns demonstrated significant reach, but continued efforts are needed to increase coverage, particularly in areas with lower CHP engagement or logistical challenges.
- The digitization of the public health campaign via eCHIS enabled more precise tracking, highlighting areas where targeted interventions were needed.

System Phased Approach and Lessons Learnt

Phase 1: 2022- Mar 2025

Campaign Module Development & Capacity Building

Phase 2 : Q2 - Q4 2025

Iterative refinements, integration, and feature additions

1. Campaign Service Delivery Module for PC-NTDs
2. Commodity Management for PC-NTDs
3. Full-scale Household Enumeration
4. CHP Supervision module
5. M&E Dashboard
6. Development of Training Curriculum
7. Worker Registry

1. Scale up
 - a) SCH/STH (from 2 wards to 45 wards spanning 24 sub-counties across 8 counties)
 - b) Trachoma (4 wards across 4 high endemic counties)
2. Integrations with routine and repository systems
3. Feature additions
 - a) Macro/Microplanning
 - b) Digital payments
4. Capacity building through Incorporation of Training curriculum onto MOH Virtual academy/e-learning

Lessons Learnt

Following successful MDA digitization experience requisite steps include:

- End-User Capacity Building: Training of last mile system users (CHPs and CHAs) and sub—national and National personels on data use and visualization.
- Planning phase: System readiness checklist assessing device functionality and e-CHIS campaign availability.
- Implementation phase: Established feedback channels to identify and resolve system challenges
- Post implementation: Data review with CHPs and CHAs on implementation experience is necessary



Ministry of Health





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Breakout Groups – Mapping and Analysing Digitization and create country presentation

Break-out by country

Group Work Exercise 1: : Mapping Digitization

	Community	Health Facility	District	National	ESPEN/WHO/ITI
Case management	Capture Processing	Capture Processing	Capture Processing Official Reporting	Capture Processing Official Reporting	Processing GNARF
	Paper Digital Database	Paper Digital Database	Paper Digital Database	Paper Digital Database	Paper Digital Database
	MoH Partner	MoH Partner	MoH Partner	MoH Partner	MoH Partner
MDA	Capture Processing	Capture Processing	Capture Processing Official Reporting	Capture Processing Official Reporting	Processing IRF/ITD
	Paper Digital Database	Paper Digital Database	Paper Digital Database	Paper Digital Database	Paper Digital Database
	MoH Partner	MoH Partner	MoH Partner	MoH Partner	MoH Partner
Surveillance / survey	Capture Processing	Capture Processing	Capture Processing Official Reporting	Capture Processing Official Reporting	Processing OFF/ITD
	Paper Digital Database	Paper Digital Database	Paper Digital Database	Paper Digital Database	Paper Digital Database
	MoH Partner	MoH Partner	MoH Partner	MoH Partner	MoH Partner
Commodity	Capture Processing	Capture Processing	Capture Processing Official Reporting	Capture Processing Official Reporting	Processing IRF/ITD
	Paper Digital Database	Paper Digital Database	Paper Digital Database	Paper Digital Database	Paper Digital Database
	MoH Partner	MoH Partner	MoH Partner	MoH Partner	MoH Partner

	Community	Health Facility	District	National	ESPEN / WHO / ITI
Case management	Capture Processing Paper Digital Database MoH Partner	Capture Processing Paper Digital Database MoH Partner	Capture Processing Official Reporting Paper Digital Database MoH Partner	Capture Processing Official Reporting Paper Digital Database MoH Partner	Processing GNARF Paper Digital Database MoH Partner
MDA	Capture Processing Paper Digital Database MoH Partner	Capture Processing Paper Digital Database MoH Partner	Capture Processing Official Reporting Paper Digital Database MoH Partner	Capture Processing Official Reporting Paper Digital Database MoH Partner	Processing IRF/ITD Paper Digital Database MoH Partner

Group Work: Mapping Digitization

1. In a cell where you identified “digital” tool, put the name of a tool on a post-it and stick in the cell.
2. If there is more than one, use more than one post-it.
3. Identify the cells where there is either **more than one** or **no** digital tool.
4. For each, explain why

	Community	Health Facility
MDA	None	OpenMRS WhatsApp Excel

MDA Community

- Low literacy
- Limited internet and electricity

MDA Health Facility

- Used in different areas

Group Work: Mapping Digitization

Your presentation should cover:

- Where there are gaps and where there are duplicate systems and why, by programmatic activity and administrative level.

Everyone will be given 5 minutes to present followed by group discussion.

1- Tanzania	7 - Ghana
2 - South Sudan	8 - Ethiopia
3 - Senegal	9 - Côte d'Ivoire
4 - Nigeria	10 - Burkina Faso
5 - Madagascar	11 - Angola
6 - Kenya	

Lunch Break



Breakout Groups – Mapping and Analysing Digitization and create country presentation

Breakout Groups – Presentations

Showcase – Digital Tools for Strengthening MDA Planning, Implementation, and Data Use

CHIP v2.0 Platform

ESPEN Geospatial Microplanner

ESPEN IU Planner

ESPEN GenAI chatbot



Country Health Information Platform (CHIP)

Alex Pavluck, MBAn, MPH
Sightsavers



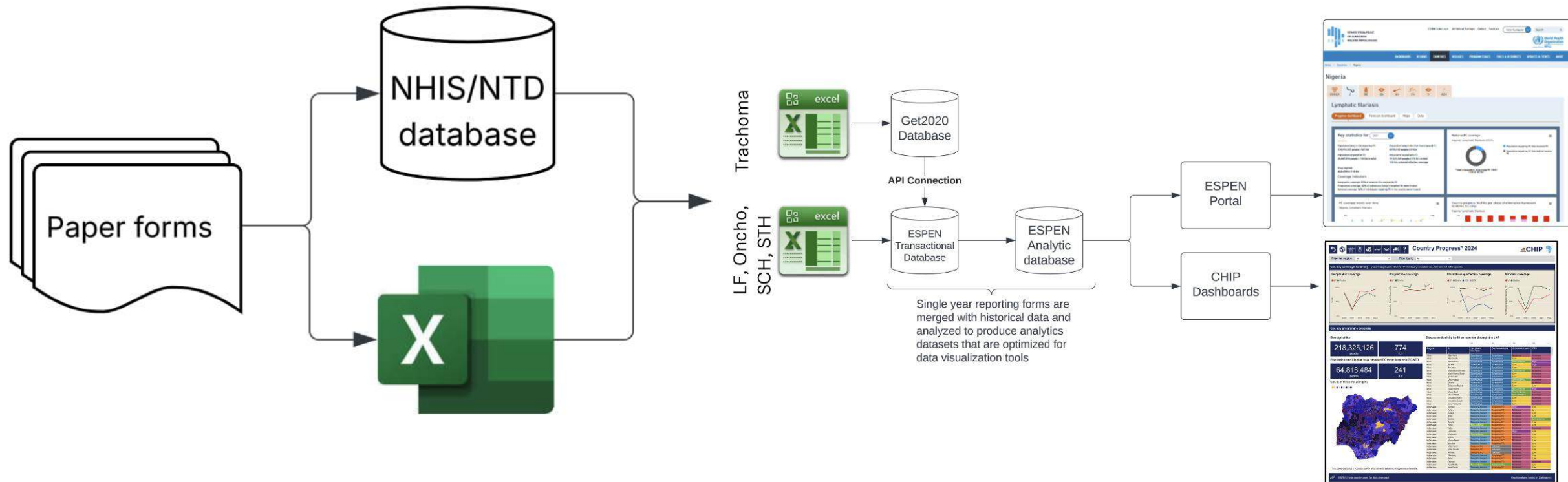
Country Health Information Platform

The Country Health Information Platform (CHIP) addresses a critical challenge facing national NTD programmes: the absence of a centralized database to track programmatic activities across multiple reporting periods at the district level.

Without longitudinal data visibility, programme managers struggle to develop effective strategic plans, identify trends, and make evidence-based decisions for disease control and elimination efforts.

CHIP democratizes access to this essential information by requiring no specialized technical experience to set up or manage, thereby empowering programme staff at national, regional, and district levels to use their own data for programmatic decision-making and to identify reporting errors through increased data review.

CHIP vs NHIS



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NEGLECTED TROPICAL DISEASES

JAP Upload Tool

ESPEN Collect

English

 World Health Organization
African Region

Maps & data

Updates & Events

Opportunities & initiatives

Tools & resources

About

/ Tools & Resources / Advanced Analytical Tools / Country Health Information Platform (CHIP)

Country Health Information Platform (CHIP)

CHIP: A multi-year interactive dashboard for national neglected tropical disease (NTD) programme monitoring and evaluation (M&E). It provides a comprehensive overview of NTD endemicity status, WASH (Water, Sanitation, and Hygiene) access, and the burden of NTDs across the African Region.

WASH:

Access to improved water

Access to improved sanitation

NTD:

Schistosomiasis

STH

Following dashboard combines primary data reported by the NTD programme on NTD disease endemicity status, with WASH data from the WASH Information System (WIS) and NTD burden data from the NTD Burden of Disease (NTD-BOD) database.

Access to improved water and Schistosomiasis 2021



Summary of recommendations

WASH

Low (<median)

High (>median)

BI Count

Country Health Information Platform (CHIP)

Tools & resources

Data reporting tools

Data collection tools

Advanced analytical tools

Documents search

Advanced analytical tools

Country Health Information Platform (CHIP)

ESPEN Geospatial Microplanner

Schistosomiasis Mapper Tool

Implementation Unit Planner

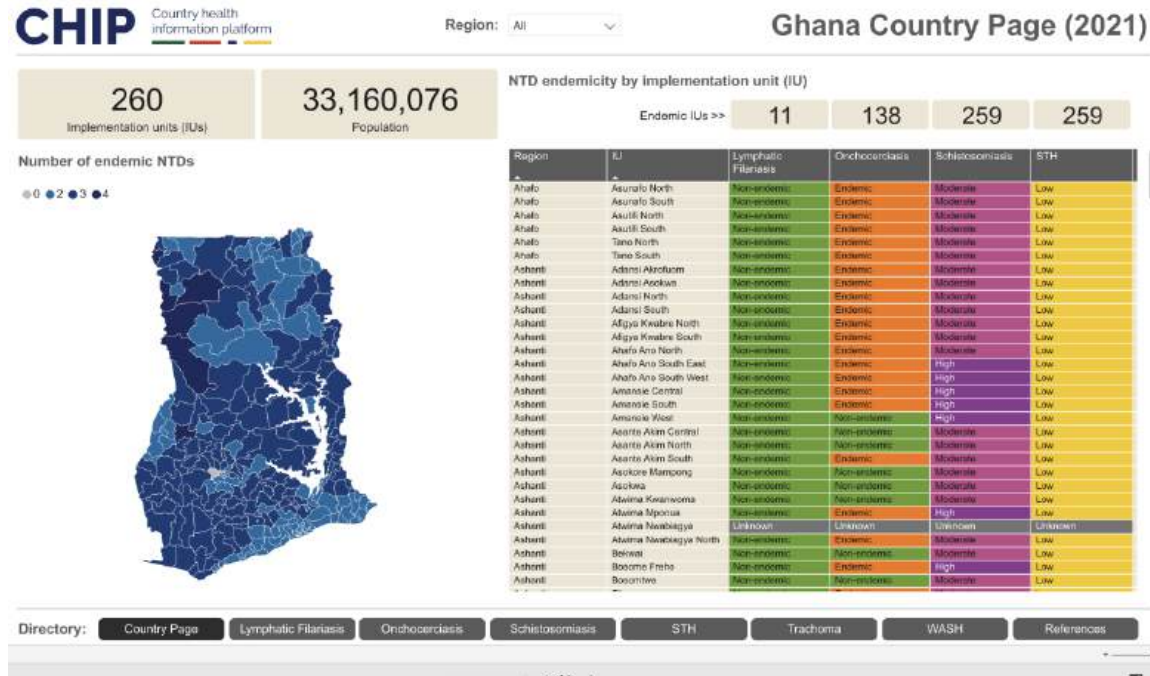
ESPEN GenAI Assistant



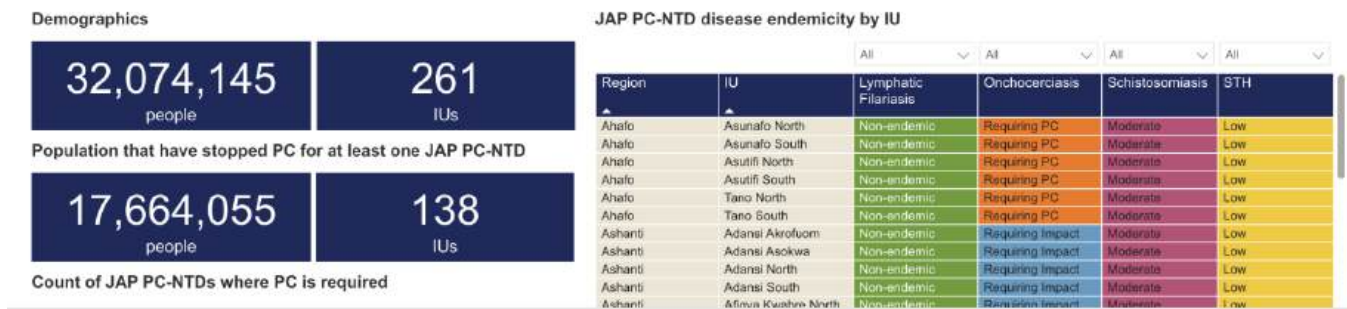
CHIP

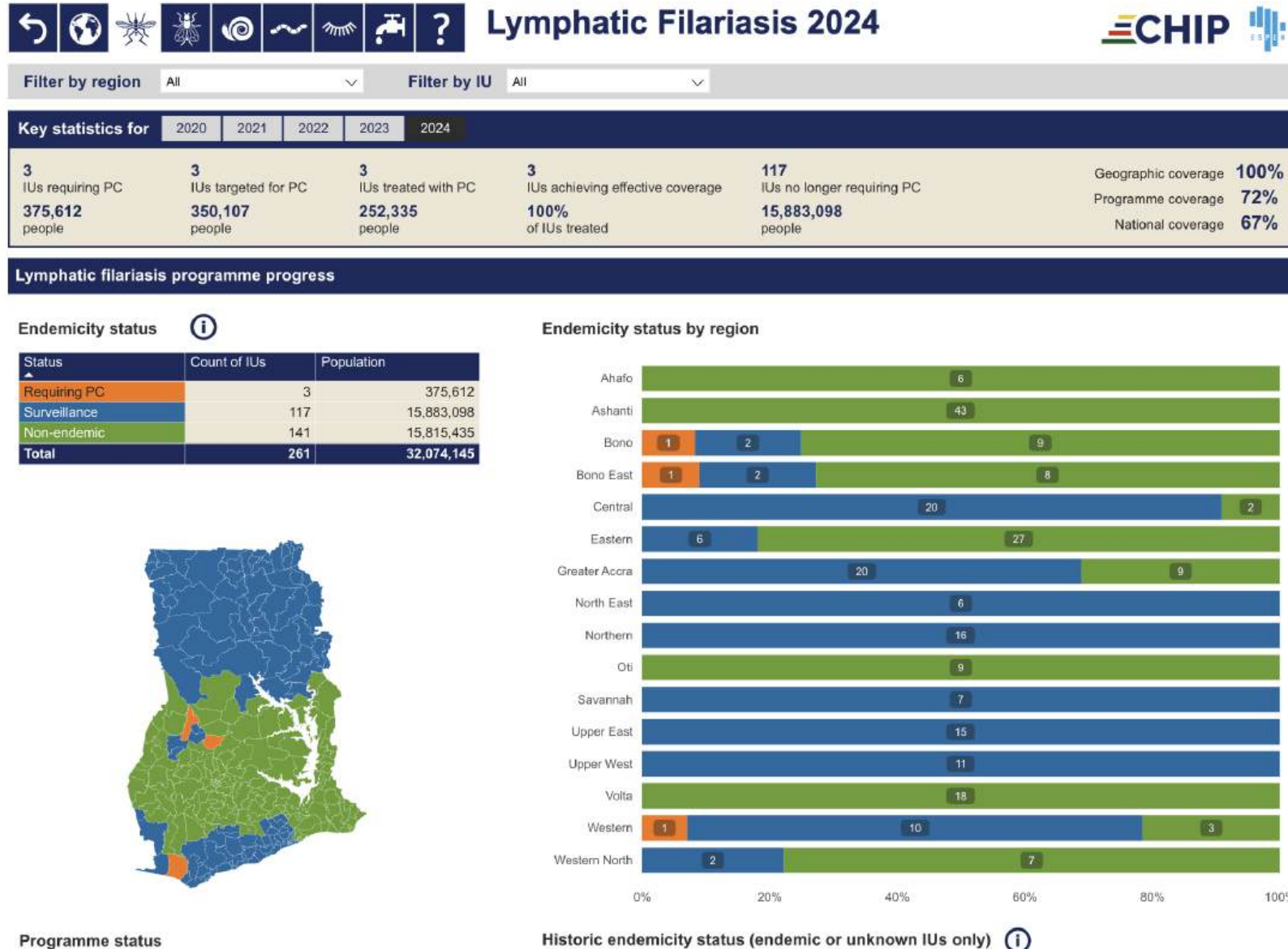
CHIP is a Microsoft Power BI dashboard that aggregates all national data reported on annual reporting forms into a single, interactive dashboard.





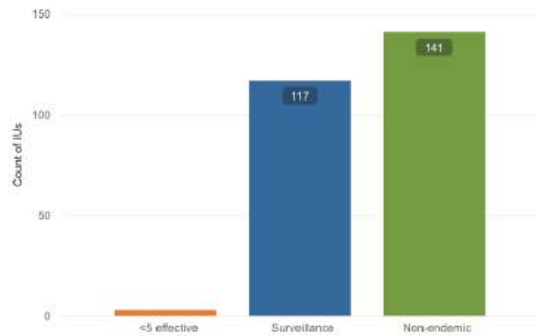
CHIP v1



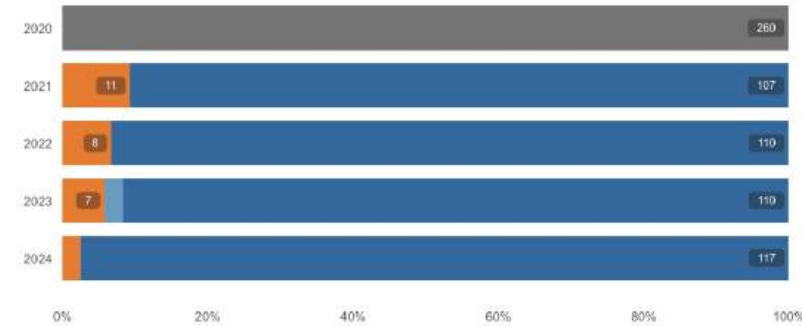


Scroll down for
more details

Programme status



Historic endemicity status (endemic or unknown IUs only) ⓘ



Scroll up for
more details

Historic treatment coverage (epidemiologic) ⓘ

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

Treatment coverage watchlist

All

					0	4	2	3	1
					0	7	6	4	2
					0	0	0	0	0
Region	IUs	Endemicity	PC rounds	Effective PC rounds ≥2014	2020	2021	2022	2023	2024
Bono East	Sene East	Non-endemic		0	0				
Bono East	Sene West	Non-endemic		0	0				
Bono East	Techiman	Surveillance	<div></div>	12	2				
Bono East	Techiman North	Surveillance	<div></div>	12	3				
Central	Abura/Asebu/Kwamankese	Surveillance	<div></div>	11	0				
Central	Agona East	Surveillance	<div></div>	9	0				
Central	Agona West	Surveillance	<div></div>	9	0				
Central	Ajumako/Enyan/Essiam	Surveillance	<div></div>	11	1				
Central	Asikuma/Odoben/Brakwa	Surveillance	<div></div>	10	0				
Central	Assin Central	Surveillance	<div></div>	10	1				
Central	Assin North	Surveillance	<div></div>	10	1				
Central	Assin South	Surveillance	<div></div>	10	0				
Central	Awutu Senya East	Surveillance	<div></div>	10	0				
Central	Awutu Senya West	Surveillance	<div></div>	10	0				
Central	Cape Coast	Surveillance	<div></div>	10	0				
Central	Effutu	Surveillance	<div></div>	10	0				
Central	Ekumfi	Surveillance	<div></div>	11	1				
Central	Gomoa Central	Surveillance	<div></div>	12	1				
Central	Gomoa East	Surveillance	<div></div>	12	1				
Central	Gomoa West	Surveillance	<div></div>	12	1				

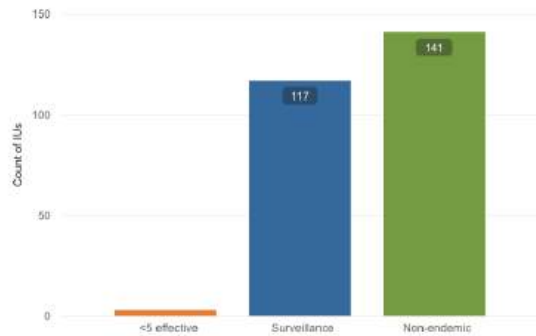
Historic survey results

Survey decision

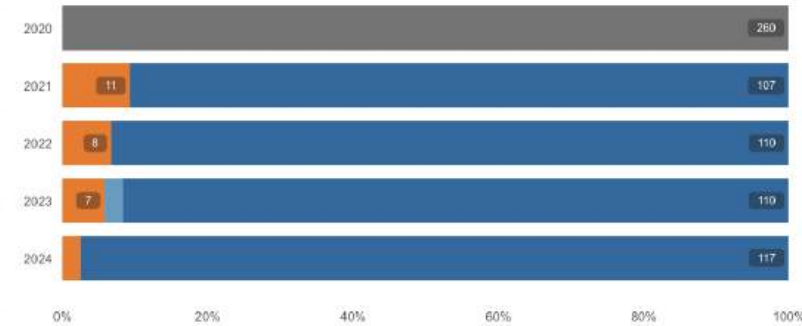
All

Region	IUs	Year	Survey	Diagnostic	Tool	Average prevalence	Decision
Ahafo	Asunafo South	2001	Mapping	Serological	ICT (Ag)	4.0%	-
Ashanti	Adansi South	2001	Mapping	Serological	ICT (Ag)	0.0%	-
Ashanti	Ahafo Ano North	2001	Mapping	Serological	ICT (Ag)	1.0%	-
Ashanti	Amanse Central	2000	Mapping	Serological	ICT (Ag)	4.0%	-
Ashanti	Asante Akim Central	2001	Mapping	Serological	ICT (Ag)	2.0%	-
Ashanti	Asante Akim South	2001	Mapping	Serological	ICT (Ag)	1.0%	-
Ashanti	Atwima Mponua	2001	Mapping	Serological	ICT (Ag)	6.0%	-
Ashanti	Bekwai	2003	Sentinel site	Parasitological	Blood smear	0.0%	-

Programme status



Historic endemicity status (endemic or unknown IUs only) ⓘ



Scroll up for
more details

Historic treatment coverage (epidemiologic) ⓘ

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

Treatment coverage watchlist

All

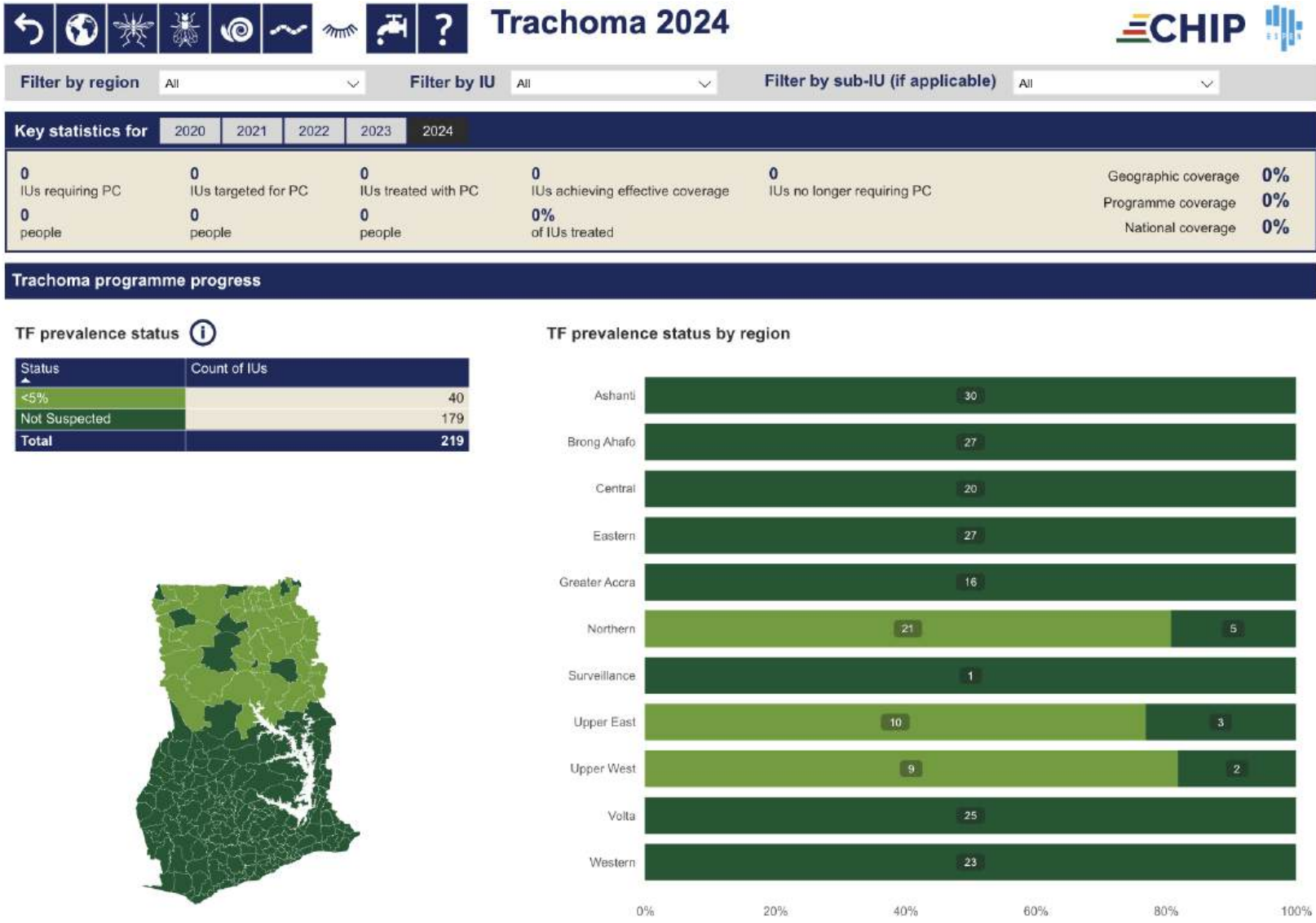
							0	4	2	3	1
							0	7	6	4	2
							0	0	0	0	0
Region	IUs	Endemicity	PC rounds	Effective PC rounds ≥2014		2020	2021	2022	2023	2024	
Bono East	Sene East	Non-endemic	0	0							
Bono East	Sene West	Non-endemic	0	0							
Bono East	Techiman	Surveillance	12	2							
Bono East	Techiman North	Surveillance	12	3							
Central	Abura/Asebu/Kwamankese	Surveillance	11	0							
Central	Agona East	Surveillance	9	0							
Central	Agona West	Surveillance	9	0							
Central	Ajumako/Enyan/Essiam	Surveillance	11	1							
Central	Asikuma/Odoben/Brakwa	Surveillance	10	0							
Central	Assin Central	Surveillance	10	1							
Central	Assin North	Surveillance	10	1							
Central	Assin South	Surveillance	10	0							
Central	Awutu Senya East	Surveillance	10	0							
Central	Awutu Senya West	Surveillance	10	0							
Central	Cape Coast	Surveillance	10	0							
Central	Effutu	Surveillance	10	0							
Central	Ekumfi	Surveillance	11	1							
Central	Gomoa Central	Surveillance	12	1							
Central	Gomoa East	Surveillance	12	1							
Central	Gomoa West	Surveillance	12	1							

Historic survey results

Survey decision

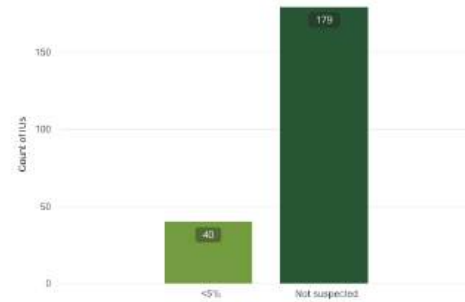
All

Region	IUs	Year	Survey	Diagnostic	Tool	Average prevalence	Decision
Ahafo	Asunafo South	2001	Mapping	Serological	ICT (Ag)	4.0%	-
Ashanti	Adansi South	2001	Mapping	Serological	ICT (Ag)	0.0%	-
Ashanti	Ahafo Ano North	2001	Mapping	Serological	ICT (Ag)	1.0%	-
Ashanti	Amanse Central	2000	Mapping	Serological	ICT (Ag)	4.0%	-
Ashanti	Asante Akim Central	2001	Mapping	Serological	ICT (Ag)	2.0%	-
Ashanti	Asante Akim South	2001	Mapping	Serological	ICT (Ag)	1.0%	-
Ashanti	Atwima Mponua	2001	Mapping	Serological	ICT (Ag)	6.0%	-
Ashanti	Bekwai	2003	Sentinel site	Parasitological	Blood smear	0.0%	-



Scroll up for
more details

TF programme status



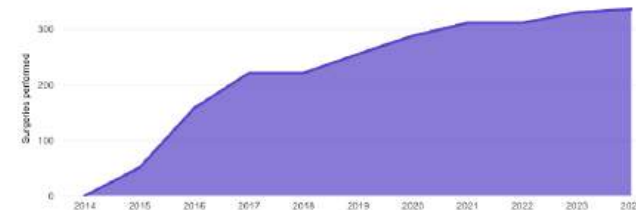
TT prevalence status

Status	Count of IUs
<0.2%	21
Not Suspected	198
Total	219



Historic TF prevalence status (endemic, suspected endemic or unknown IUs only) ⓘ

Cumulative TT surgeries performed by year (≥2014)



TT surgeries performed by year (≥2014) by sex



Historic treatment coverage (epidemiologic) ⓘ
<80% : 80-100% : >100% IU population receiving treatment

Treatment coverage watchlist ⓘ

0	0	0	0	0
0	0	0	0	0
0	0	0	0	0

Region	District	IUs	Baseline Year	Baseline TF	TF Prevalence	PC rounds	TT Prevalence	Surgeries ≥2014	2020	2021	2022	2023	2024
Ashanti	Adansi North	Adansi North			Not Suspected	0	Not Suspected	0					
Ashanti	Adansi South	Adansi South			Not Suspected	0	Not Suspected	0					
Ashanti	Akyea Kwabre	Akyea Kwabre			Not Suspected	0	Not Suspected	0					
Ashanti	Ahafo Ano North	Ahafo Ano North			Not Suspected	0	Not Suspected	0					
Ashanti	Ahafo Ano South	Ahafo Ano South			Not Suspected	0	Not Suspected	0					
Ashanti	Amanase Central	Amanase Central			Not Suspected	0	Not Suspected	0					
Ashanti	Amanase West	Amanase West			Not Suspected	0	Not Suspected	0					
Ashanti	Asante Akin South	Asante Akin South			Not Suspected	0	Not Suspected	0					
Ashanti	Asante Akin Central	Asante Akin Central			Not Suspected	0	Not Suspected	0					
Ashanti	Asante Akin North	Asante Akin North			Not Suspected	0	Not Suspected	0					
Ashanti	Asokore-Mampong	Asokore-Mampong			Not Suspected	0	Not Suspected	0					

Water and Sanitation 2024

Filter by region All Filter by IU All

Water and Sanitation configuration

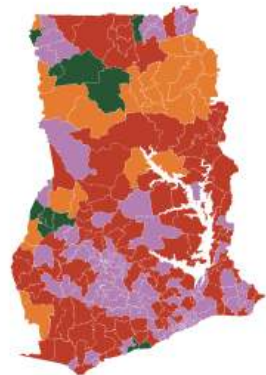
WASH >> Water Sanitation
NTD >> Schistosomiasis STH

This page combines primary data reported by the NTD programme on NTD disease endemicity status, with modelled data for access to improved water and improved sanitation produced by IHME.

Access to improved water national median **0.84**
Access to improved sanitation national median **0.49**

Water and Sanitation status

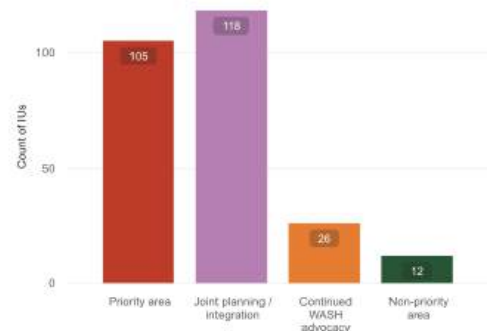
Water and Schistosomiasis



Schistosomiasis

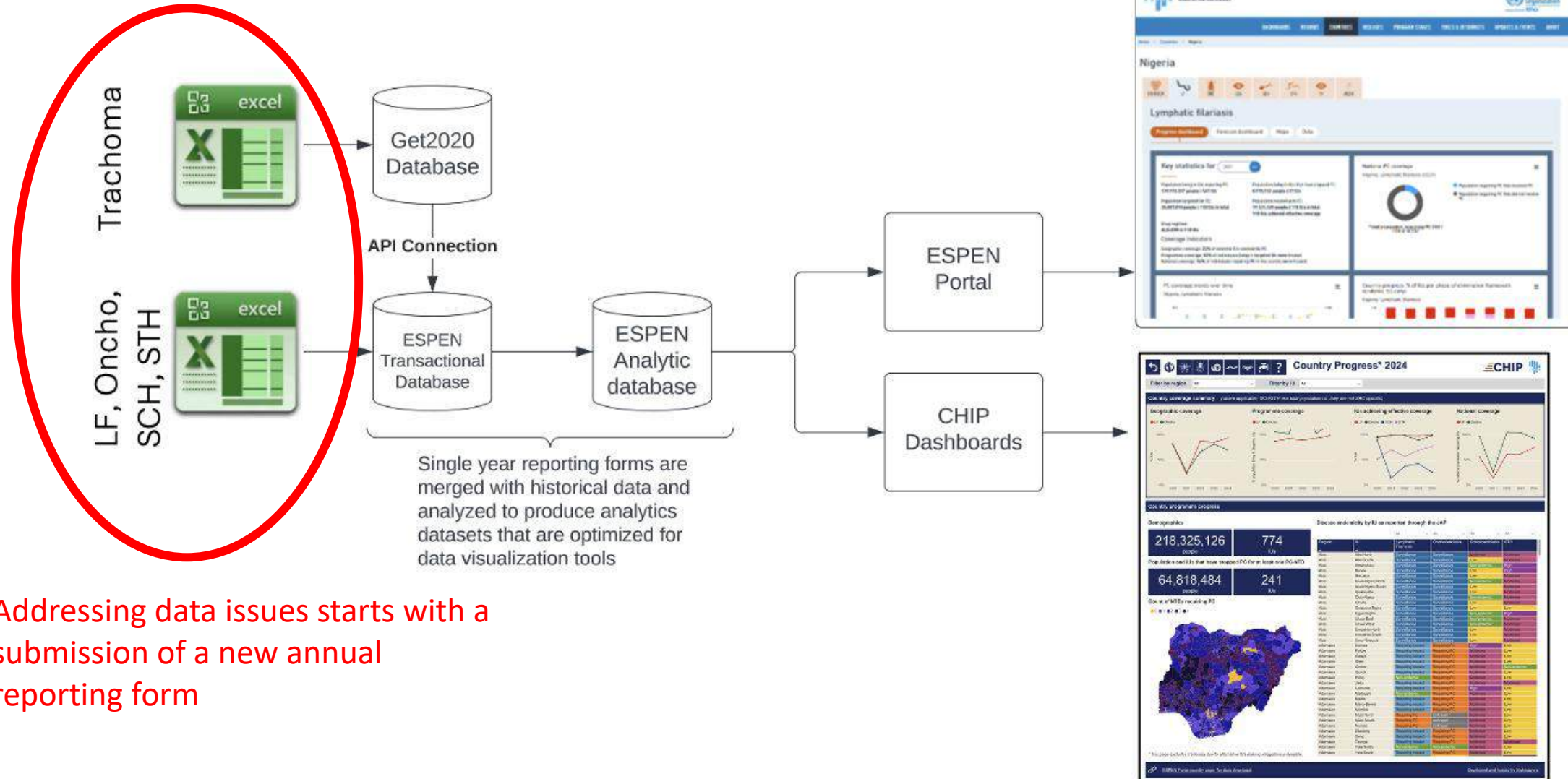
WASH coverage	High	Moderate	Low	Surveillance	Non-endemic	Unknown	IU Count
Low (<median)	35	70	26	0	0	0	131
High (≥median)	20	98	12	0	0	0	130
IU Count	55	168	38	0	0	0	261

Summary of recommendations



Region	IUs	WASH area	NTD area	Endemicity	Recommendation
Ahafo	Asunafo North	Water	Schistosomiasis	Moderate	Joint planning / integration
Ahafo	Asunafo South	Water	Schistosomiasis	Moderate	Priority area
Ahafo	Asutifi North	Water	Schistosomiasis	Moderate	Priority area
Ahafo	Asutifi South	Water	Schistosomiasis	Moderate	Priority area
Ahafo	Tano North	Water	Schistosomiasis	Moderate	Joint planning / integration
Ahafo	Tano South	Water	Schistosomiasis	Moderate	Priority area
Ashanti	Adansi Akrofuom	Water	Schistosomiasis	Moderate	Joint planning / integration
Ashanti	Adansi Asokwa	Water	Schistosomiasis	Moderate	Joint planning / integration
Ashanti	Adansi North	Water	Schistosomiasis	Moderate	Joint planning / integration
Ashanti	Adansi South	Water	Schistosomiasis	Moderate	Joint planning / integration
Ashanti	Afigya Kwabre North	Water	Schistosomiasis	Moderate	Priority area
Ashanti	Afigya Kwabre South	Water	Schistosomiasis	Moderate	Joint planning / integration
Ashanti	Ahafo Ano North	Water	Schistosomiasis	Moderate	Joint planning / integration
Ashanti	Ahafo Ano South East	Water	Schistosomiasis	High	Joint planning / integration
Ashanti	Ahafo Ano South West	Water	Schistosomiasis	High	Joint planning / integration
Ashanti	Amansie Central	Water	Schistosomiasis	High	Joint planning / integration
Ashanti	Amansie South	Water	Schistosomiasis	High	Priority area
Ashanti	Amansie West	Water	Schistosomiasis	High	Priority area
Ashanti	Asante Akim Central	Water	Schistosomiasis	Moderate	Joint planning / integration
Ashanti	Asante Akim North	Water	Schistosomiasis	Moderate	Priority area
Ashanti	Asante Akim South	Water	Schistosomiasis	Moderate	Priority area
Ashanti	Asokore Mampong	Water	Schistosomiasis	Moderate	Priority area
Ashanti	Asokwa	Water	Schistosomiasis	Moderate	Joint planning / integration
Ashanti	Atwima Kwanwoma	Water	Schistosomiasis	Moderate	Joint planning / integration
Ashanti	Atwima Mponua	Water	Schistosomiasis	High	Priority area
Ashanti	Atwima Nwabiagya	Water	Schistosomiasis	Moderate	Joint planning / integration
Ashanti	Atwima Nwabiagya North	Water	Schistosomiasis	Moderate	Joint planning / integration
Ashanti	Bekwai	Water	Schistosomiasis	Moderate	Joint planning / integration
Ashanti	Bosome Freho	Water	Schistosomiasis	High	Joint planning / integration
Ashanti	Bosomefwe	Water	Schistosomiasis	Moderate	Joint planning / integration
Ashanti	Ejisu	Water	Schistosomiasis	Moderate	Joint planning / integration
Ashanti	Ejura Sekyedumase	Water	Schistosomiasis	High	Priority area
Ashanti	Juaben	Water	Schistosomiasis	Moderate	Joint planning / integration
Ashanti	Kumasi Metropolitan Area	Water	Schistosomiasis	Moderate	Joint planning / integration
Ashanti	Kumawu	Water	Schistosomiasis	High	Priority area
Ashanti	Kwabre East	Water	Schistosomiasis	Moderate	Joint planning / integration
Ashanti	Kwadaso	Water	Schistosomiasis	Moderate	Joint planning / integration
Ashanti	Mampong	Water	Schistosomiasis	Moderate	Joint planning / integration

Wait! My data is wrong...



Addressing data issues starts with a submission of a new annual reporting form

Questions?

If you need help when implementing these approaches, reach out!

apavluck@sightsavers.org

Alex Pavluck, MBAn, MPH
Sightsavers



ESPEN Geospatial Microplanner

Coite Manuel
CEO (Crosscut)



World Health
Organization

African Region



EXPANDED SPECIAL PROJECT
FOR ELIMINATION OF
NEGLECTED TROPICAL DISEASES

ESPEN Geospatial Microplanner in 2025

- **What is it:** ESPEN Geospatial Microplanner is an easy-to-use software that aims to improve campaign reach through the use of MDA operational maps.
- **Our work:** Over the course of 2025, our team has supported multiple NTD programs in Africa to use ESPEN Geospatial Microplanner.
- **Technology Focus:** We have spent most of 2025 adapting Crosscut mapping technology to fit NTD program requirements and to increase likelihood of sustainable use into the future.
- **Technical Assistance:** Our team also provides remote technical assistance and training, and we travel to country when needed to support geospatial microplanning efforts.
- **Implementing Partners:** Crosscut works through local implementing partners such as Sightsavers and The Carter Center when on-the-ground support is needed.

We are supporting several programs this year in geospatial microplanning



Senegal

Geographic Scope: Entire country

Disease: SCH/STH

Target Population: ~4M

Target Population: School-Aged
Children

**Implementing
Partner:** CHAI (limited)



Guinea-Bissau

Geographic Scope: 2 regions

Disease: Oncho

Target Population: ~0.6M

Target Population: All Eligible
Population

**Implementing
Partner:** Sightsavers



Liberia

Geographic Scope: 3 counties

Disease: Oncho & LF

**Target Population
Est:** ~0.8M

Target Population: All Eligible
Population

**Implementing
Partner:** Sightsavers



Nigeria

Geographic Scope: 4 states

Disease: Oncho

Target Population: ~16M

Target Population: All Eligible
Population

**Implementing
Partner:** The Carter
Center



Nigeria

Geographic Scope: 3 LGAs

Disease: SCH/STH

Target Population: ~0.2M

Target Population: School-Aged
Children

**Implementing
Partner:** Sightsavers

Planned for 2026



Nigeria



Niger



Madagascar

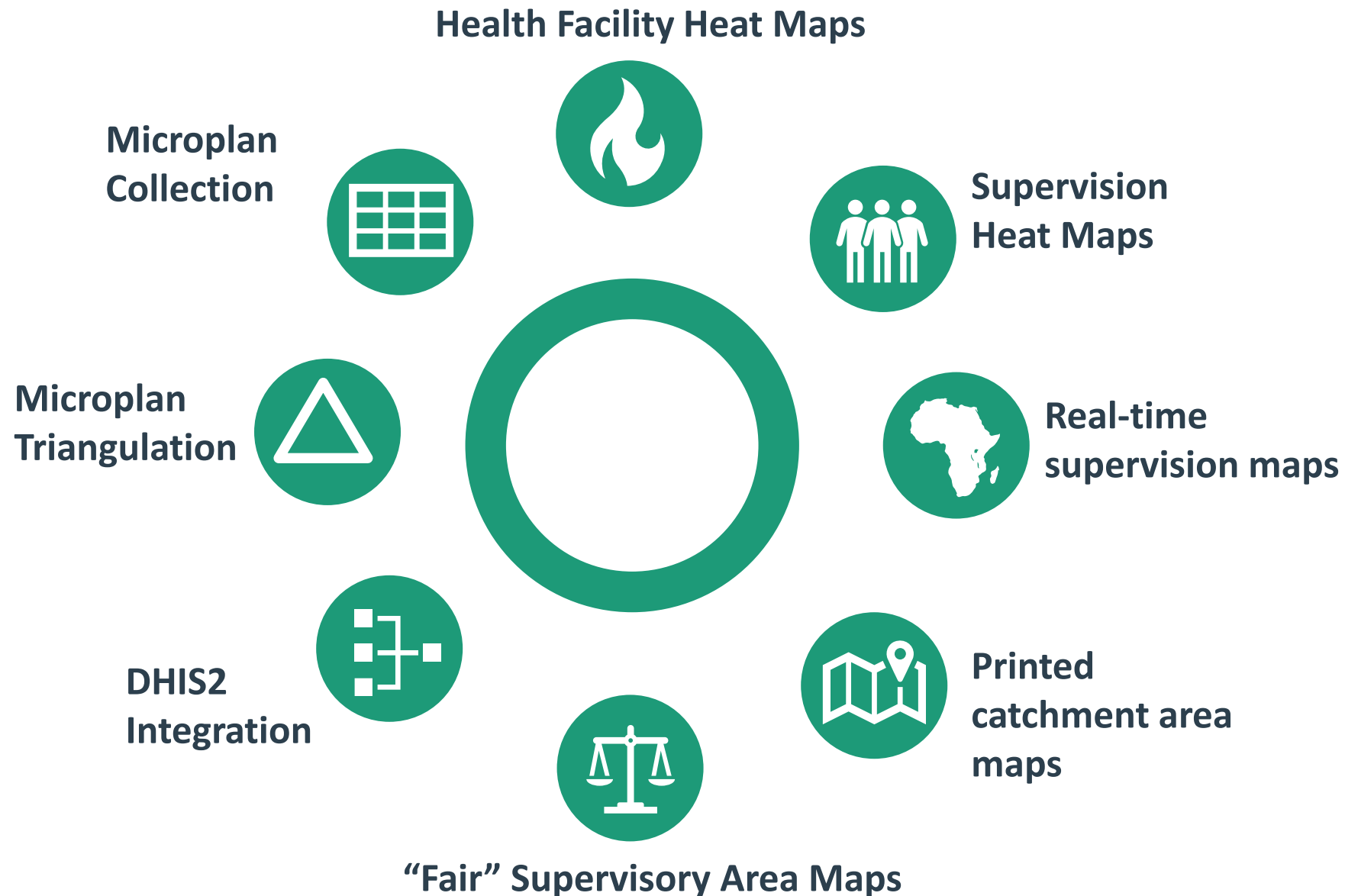


Burundi



Interested? Contact us!

Our 2025 geospatial microplanning interventions

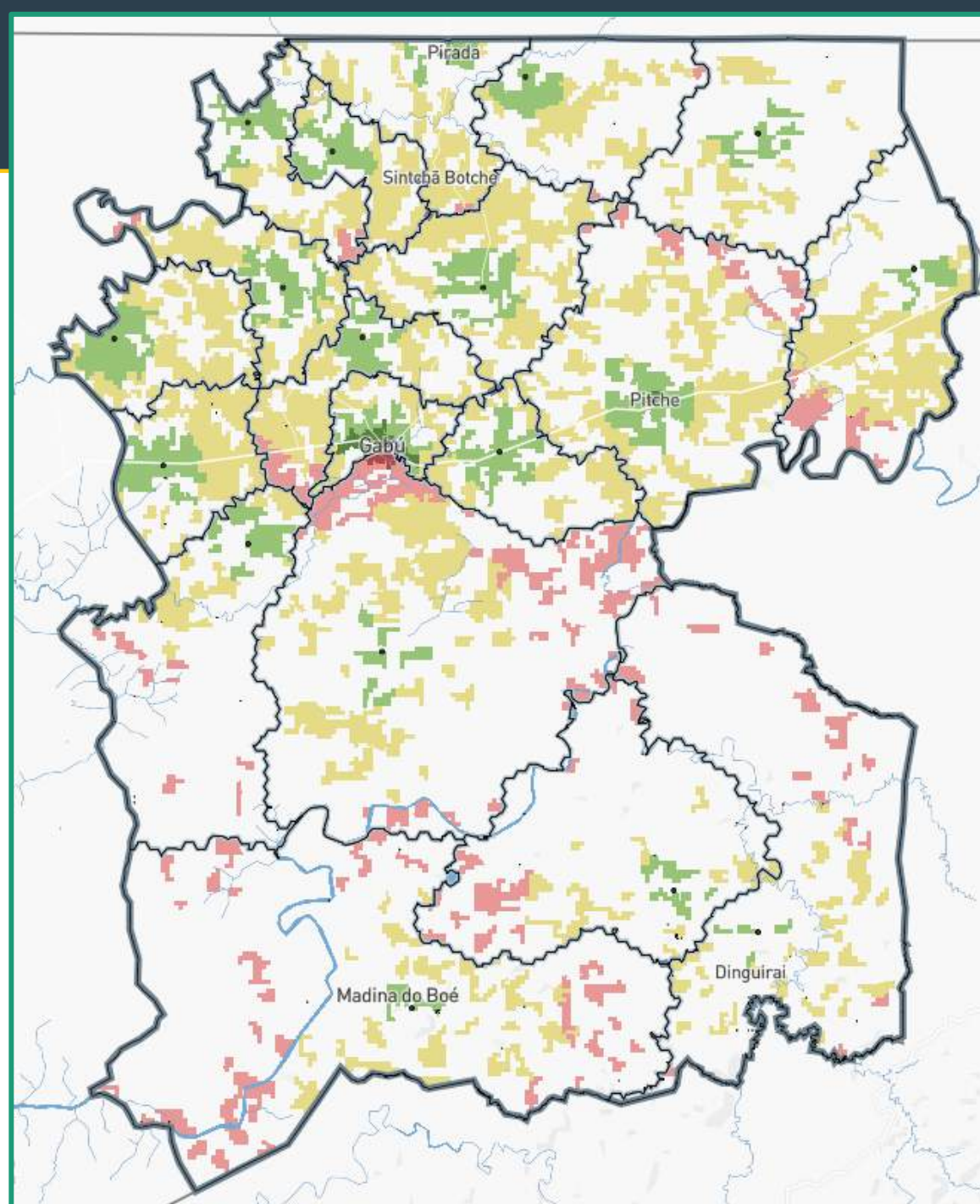


Health facility heat maps

Intervention: Using health facility accessibility heat maps to target hard-to-reach communities

Purpose: MDA leaders can better identify and plan for communities that risk being missed during MDA

Impact Logic: Hard-to-reach sites are more likely to be covered if they are planned for in advance



What does it mean?

Communities in red are far from health facilities.



Guinea-Bissau

The NTD program targeted communities in red for supervision during the MDA.

Supervision heat maps

Intervention: Using health facility accessibility heat maps to target hard-to-reach communities

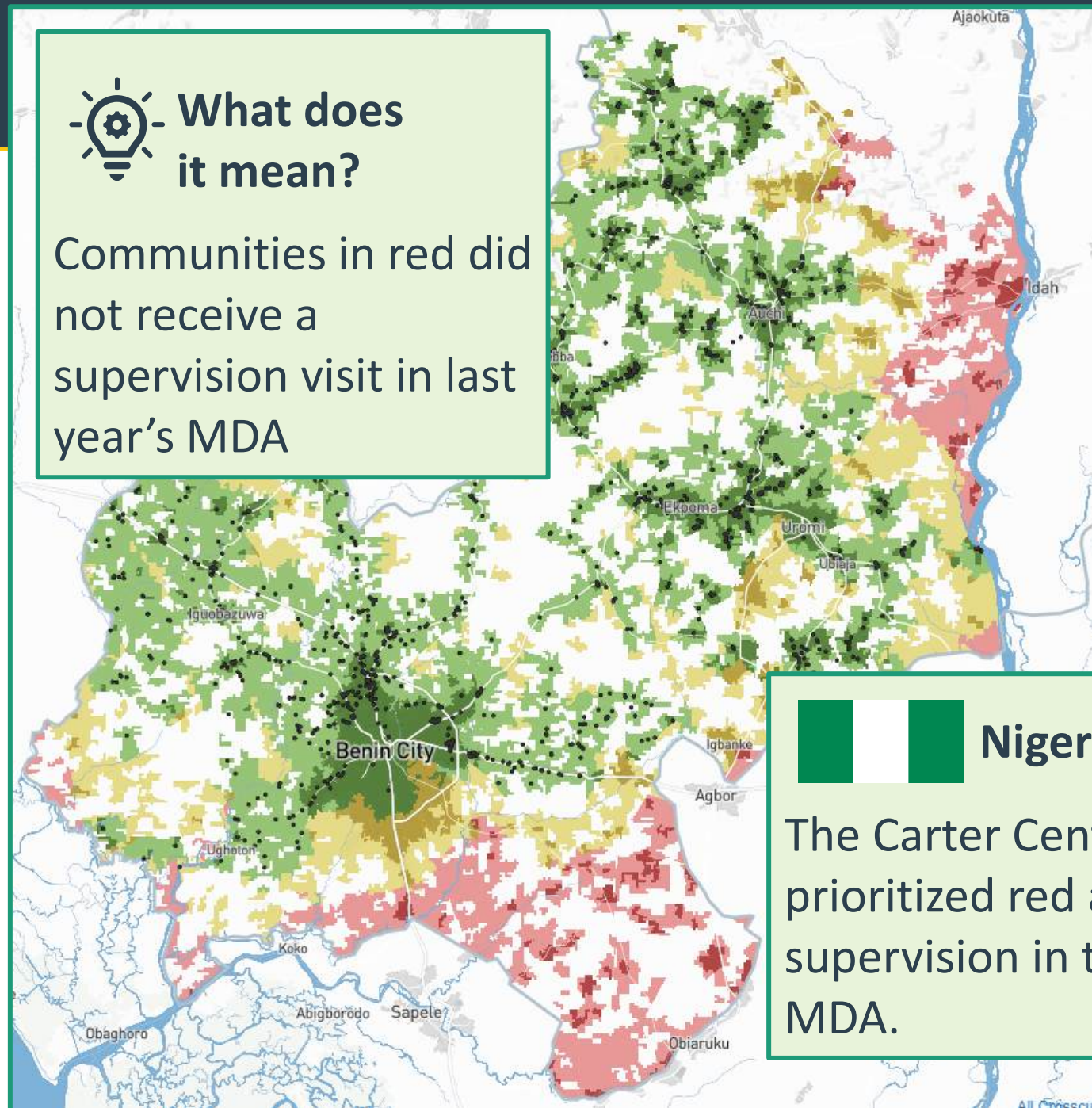
Purpose: Identifying communities not supervised last MDA to target supervision this MDA

Impact Logic: Increased supervision coverage leads to increased MDA coverage



What does it mean?

Communities in red did not receive a supervision visit in last year's MDA



Nigeria

The Carter Center team prioritized red areas for supervision in this year's MDA.

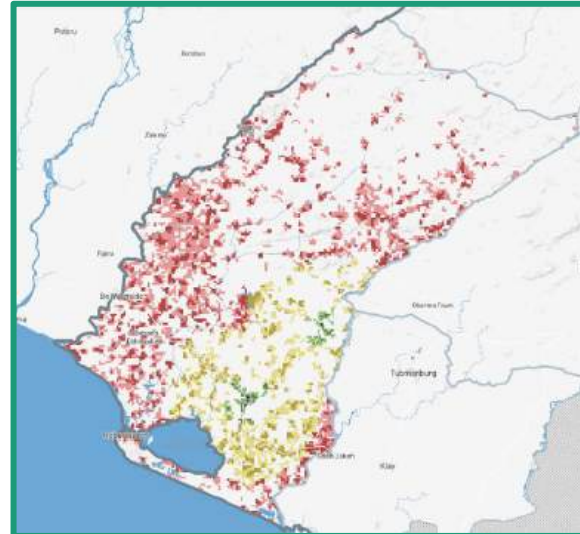
Real-time supervision maps

Intervention: Adjusting Supervision Visits in Real-Time during Campaign

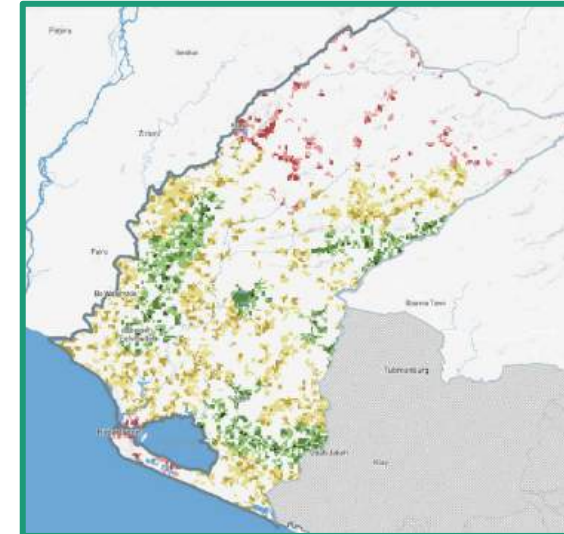
Purpose: MDA leaders can better direct supervisors in real-time to communities not yet supervised

Impact Logic: Increased supervision coverage leads to increased MDA coverage

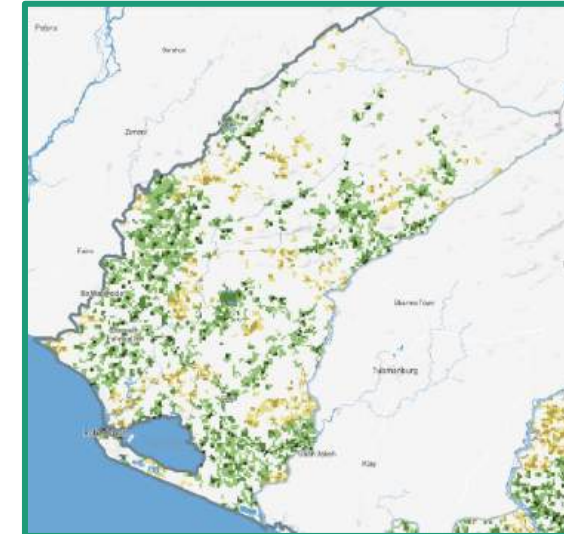
Day 1 of MDA



Day 4 of MDA



Day 14 of MDA



What does it mean?

Communities in red are far from supervision visits



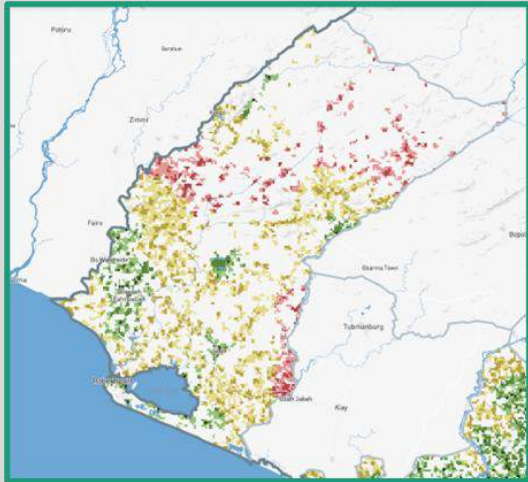
Liberia

The NTD program used the map to direct supervisors to ensure no communities were missed.

Real-time supervision maps: Grand Cape Mount County, Liberia

2024 → 31%

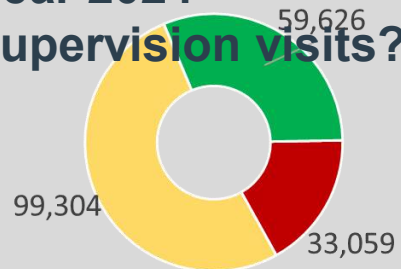
Day 14 of Oncho/LF MDA



**What does
it mean?**

Last year, **31%** of
the population
lived within a one
hour walk of a
supervision visit.

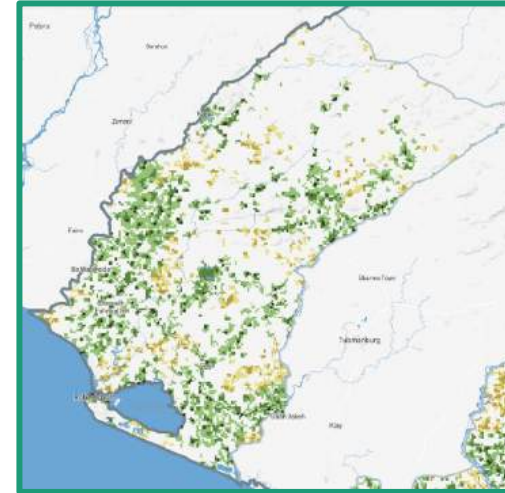
**How many people live
near 2024
supervision visits?**



- > 4 hours walking
- 1-4 hours walking
- < 1 hour walking

2025 → 82%

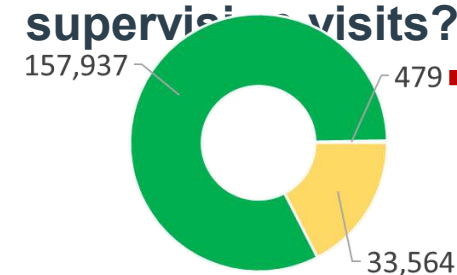
Day 14 of Oncho/LF MDA



**What does
it mean?**

This year with
ESPEN Geospatial
Microplanner,
that number was
82%.

**How many people live
near 2025
supervision visits?**



- > 4 hours walking
- 1-4 hours walking
- < 1 hour walking

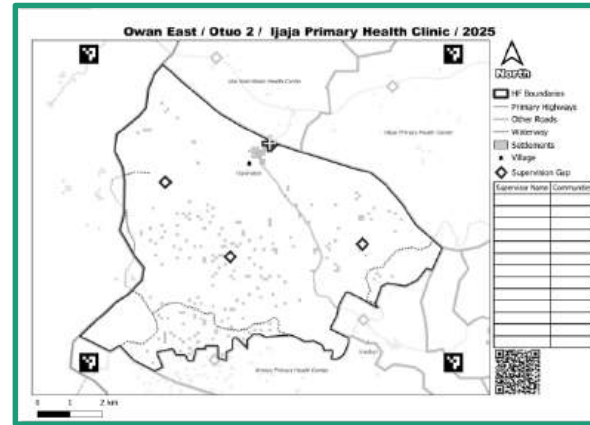
Printed catchment area maps

Intervention: Using black-and-white single page maps to clarify areas of responsibility and mark communities visited

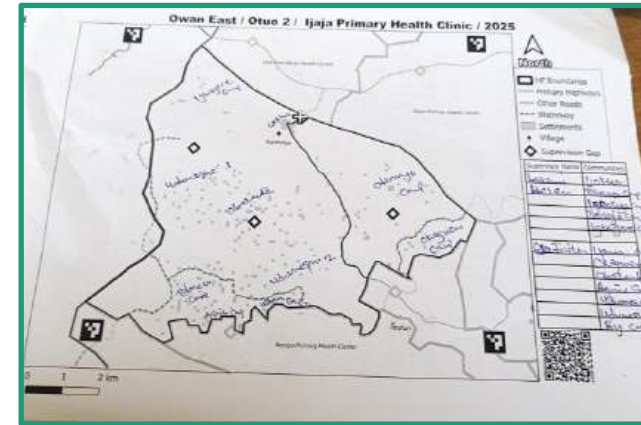
Purpose: Even without an electronic device, community workers can clarify their area of responsibility and self-report communities visited

Impact Logic: Establishing last mile visibility increases % of settlements visited in MDA

Supervisors and CDDs mark up maps



Send back via QR code after MDA



Community coverage extracted from map mark-up

Under development for 2026



Nigeria



Guinea-Bissau

Supervisors and CDD's used paper maps in efforts to plan MDA outreach in all communities in the target area.



What does it mean?

We are exploring auto-extraction of pen markup to calculate communities visited

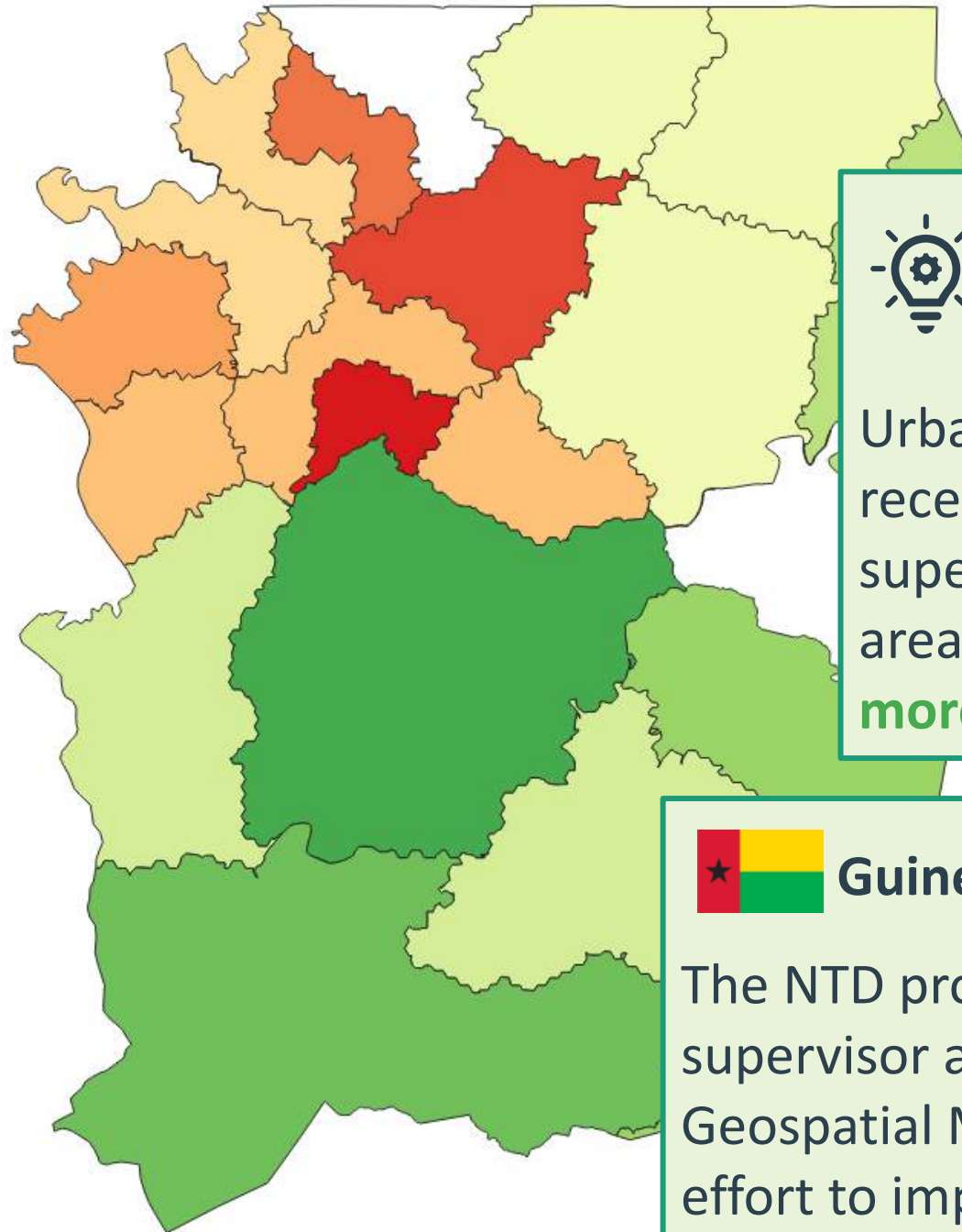
“Fair” supervisory area maps

Intervention:

Establishing supervisor boundaries that take into account how difficult an area is to cover

Purpose: Increase % of communities receiving supervision

Impact Logic: Increased supervision coverage leads to increased MDA coverage



What does it mean?

Urban health areas in **red** received **fewer** supervisors. Rural health areas in **green** received **more** supervisors.



Guinea-Bissau

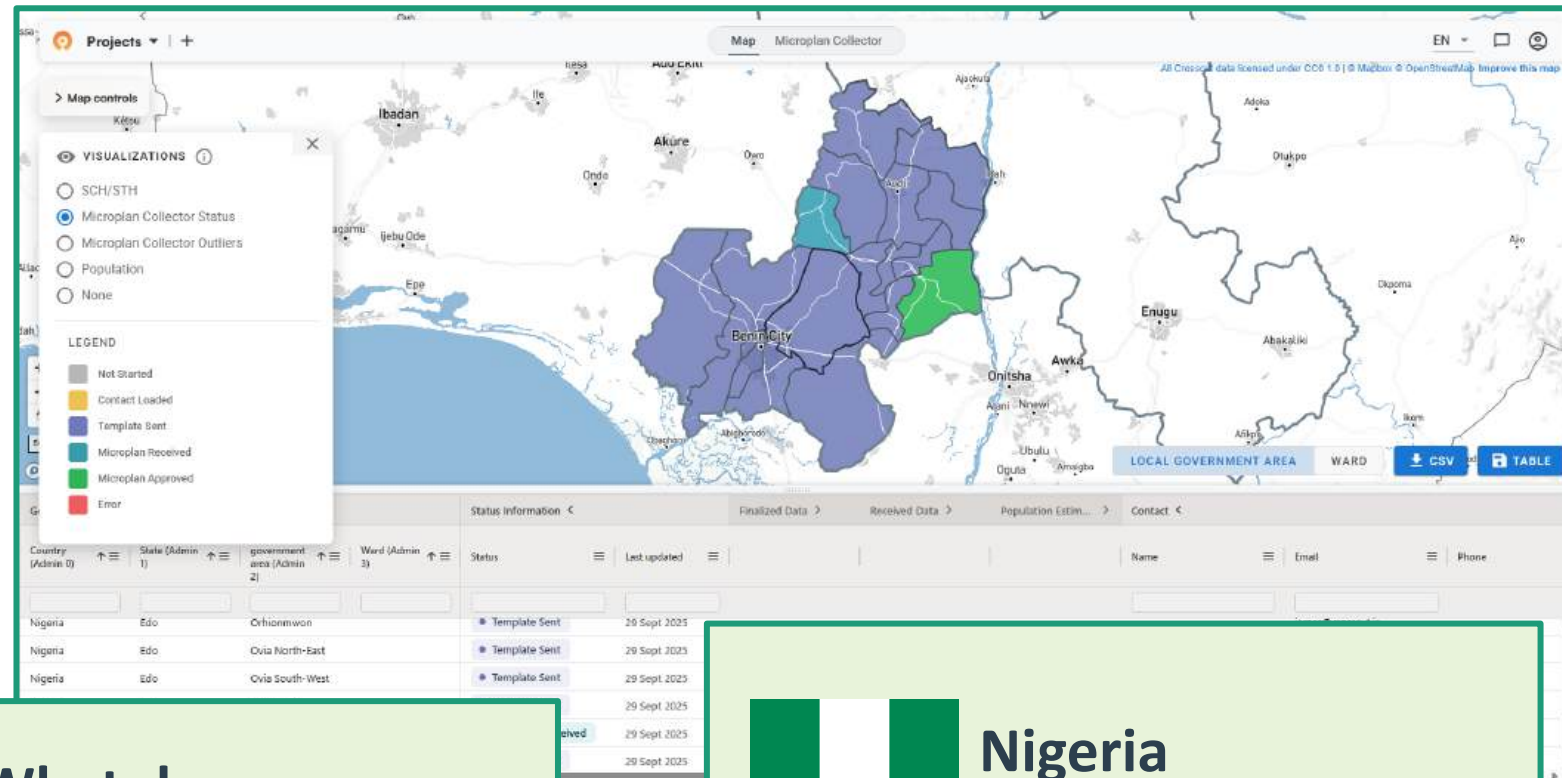
The NTD program adjusted supervisor allocation using ESPEN Geospatial Microplanner in an effort to improve supervision.

Microplan collection

Intervention: Helping disseminate, collect, and aggregate Excel-based microplans

Purpose: Makes microplanning easier and moves NTD program towards full microplan digitization

Impact Logic: Enables more regular microplanning which improves target population estimate



What does it mean?

Dashboard shows microplan collection status for each LGA.



Nigeria

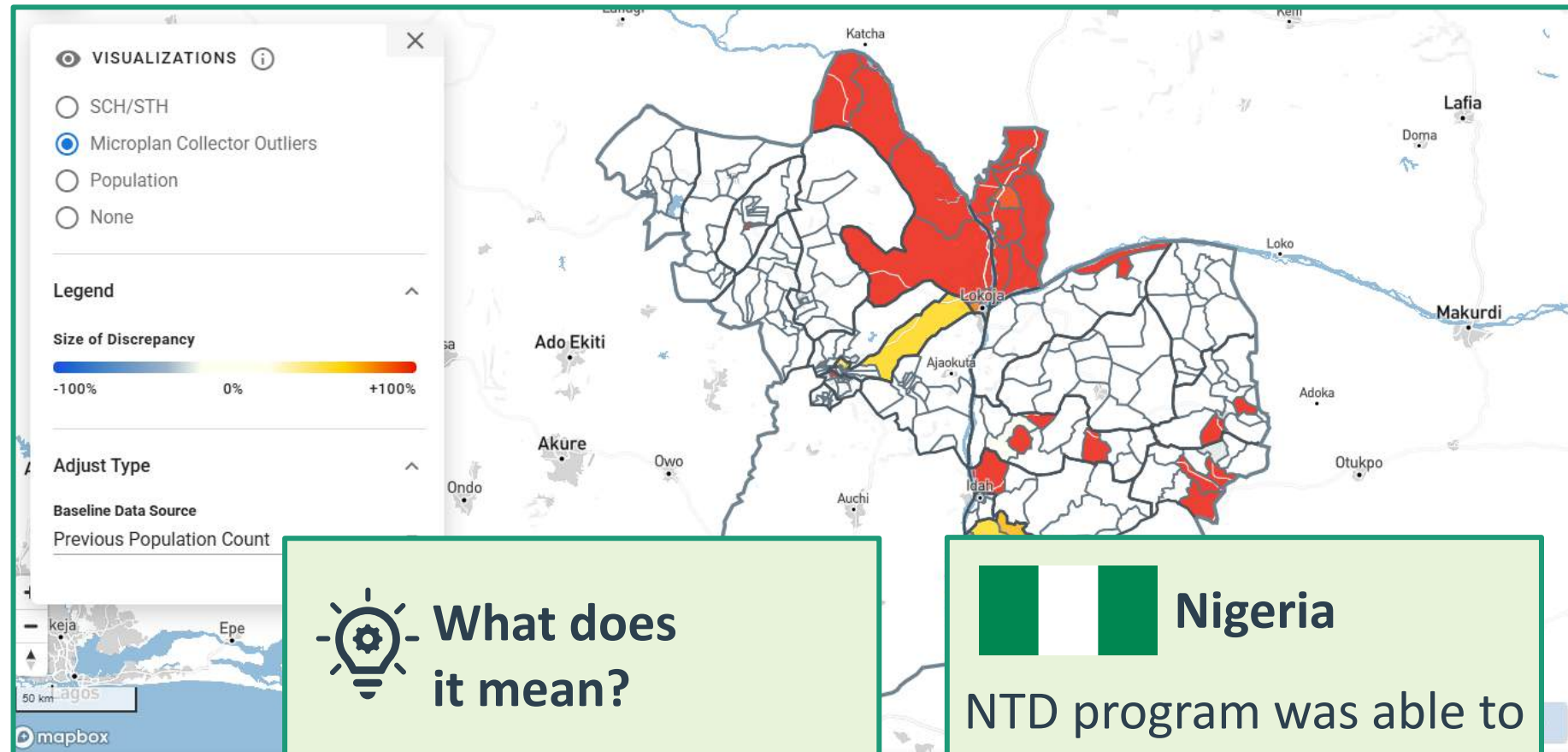
For the first time in years, NTD program collected target population estimates from LGAs across 3 states.

Microplan triangulation

Intervention: Enables cross-referencing microplan with WorldPop, Grid3, and last year

Purpose: Makes analyzing microplan outliers more visual and easier to identify

Impact Logic: Easier cross-referencing of microplan improves target population estimate



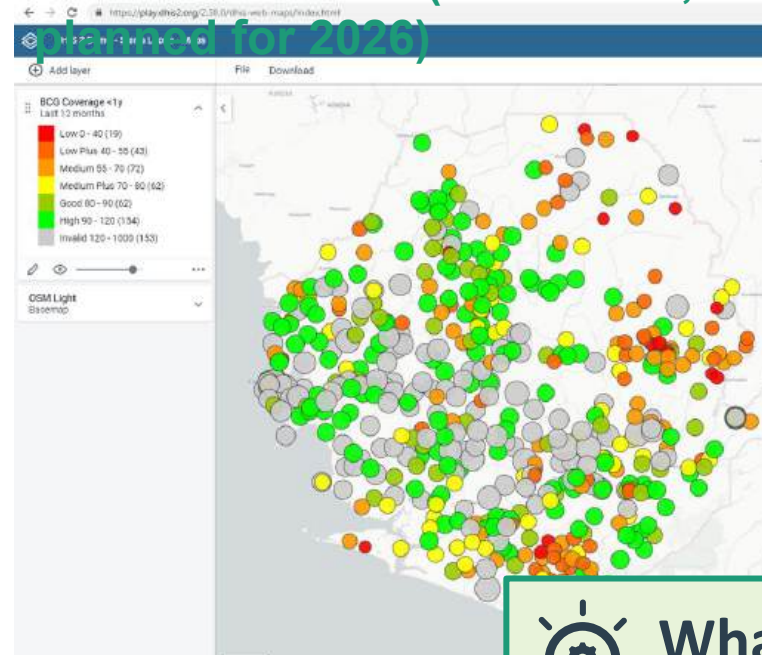
DHIS2 integration

Intervention: Push catchment areas and microplan population into system of record

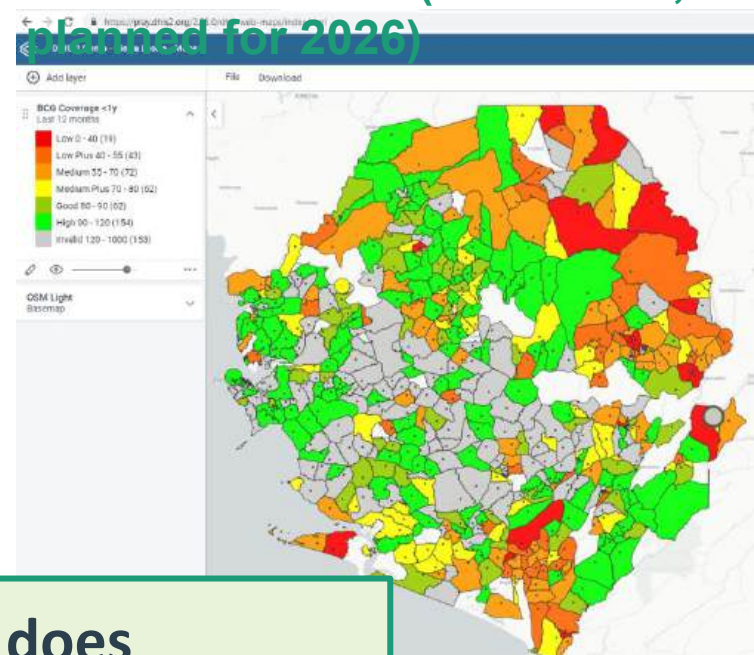
Purpose: Ensure alignment with country systems and improve data quality

Impact Logic:
Improved data quality and integration improves efficiency and effectiveness

DHIS2 dashboards without catchment areas (illustrative, planned for 2026)



DHIS2 dashboards with catchment areas (illustrative, planned for 2026)



What does it mean?

ESPEN Geospatial Microplanner integrated with DHIS2 to improve data visibility and use.

What's planned for 2026

- 1.ADAPT** - Adapt geospatial microplanning approach based on evaluation currently being conducted
- 2.SUSTAIN** - Support establishment and convening of microplan working groups
- 3.EXPAND** - Expand support to more countries
- 4.INTEGRATE** - Promote integrated microplanning across health programs
- 5.INNOVATE** - Pilot *paper-to-digital* approach

Interested in discussing your country in 2026?

Coite Manuel

coite@crosscut.io





THANK YOU
MERCI
BEAUCOUP
OBRIGADO



World Health
Organization

African Region



EXPANDED SPECIAL PROJECT
FOR ELIMINATION OF
NEGLECTED TROPICAL DISEASES

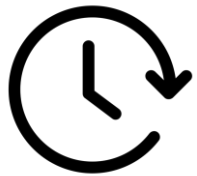


ESPEN GenAI Assistant: Accelerating NTD Programme Impact Through Intelligent Data Access

Namrata Tomar
Research and Operations Manager
Dimagi

NTD Programme Managers Face a Critical Information Bottleneck

When was the last time you needed some data for e.g. What is the history of MDA implementation for Schistosomiasis in Angola since 2013, including the number of implementation units each year -- and spent 15 minutes clicking through PDFs or spreadsheets?

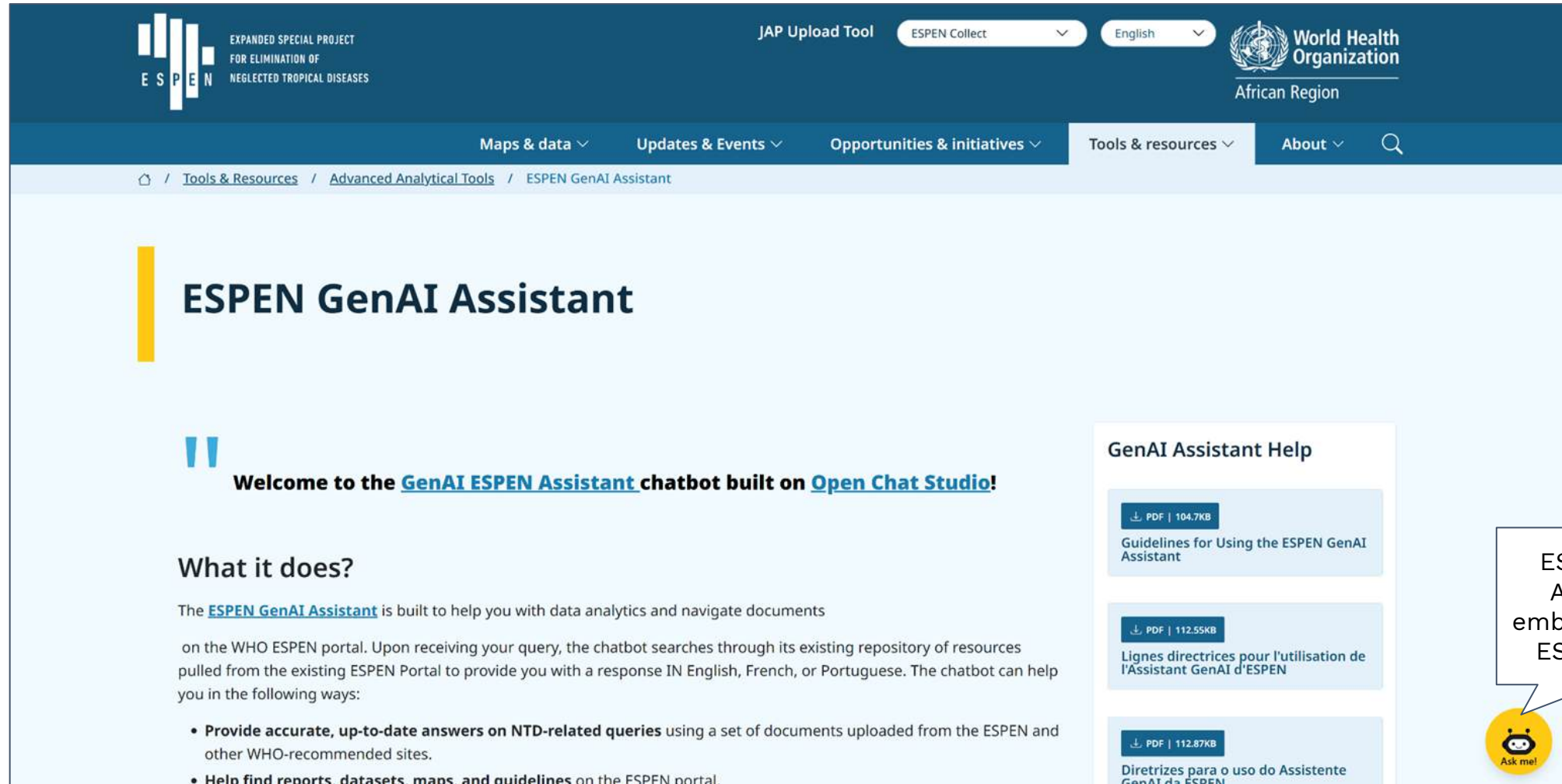


Finding the necessary information on the ESPEN Portal can be time-consuming and painful



This 'data friction' slows down critical analysis, reporting, and decision-making for national NTD programmes.

Access on Portal



The screenshot shows the ESPEN GenAI Assistant portal page. The header includes the ESPEN logo, 'JAP Upload Tool', 'ESPEN Collect' dropdown, 'English' dropdown, and the WHO African Region logo. The main navigation bar has links for 'Maps & data', 'Updates & Events', 'Opportunities & initiatives', 'Tools & resources', and 'About'. The breadcrumb trail reads: 'Tools & Resources / Advanced Analytical Tools / ESPEN GenAI Assistant'. The main heading is 'ESPEN GenAI Assistant'. Below it, a welcome message states: 'Welcome to the [GenAI ESPEN Assistant](#) chatbot built on [Open Chat Studio](#)!'. A section titled 'What it does?' explains that the assistant is built to help with data analytics and navigating documents on the WHO ESPEN portal. It lists three ways it can help: providing accurate answers on NTD-related queries, helping find reports, datasets, maps, and guidelines, and providing accurate, up-to-date answers on NTD-related queries. On the right, a 'GenAI Assistant Help' section lists three PDF guides: 'Guidelines for Using the ESPEN GenAI Assistant' (104.7KB), 'Lignes directrices pour l'utilisation de l'Assistant GenAI d'ESPEN' (112.55KB), and 'Diretrizes para o uso do Assistente GenAI da ESPEN' (112.87KB). A yellow 'Ask me!' button with a robot icon is at the bottom right.

ESPEN GenAI Assistant

Welcome to the [GenAI ESPEN Assistant](#) chatbot built on [Open Chat Studio](#)!

What it does?

The [ESPEN GenAI Assistant](#) is built to help you with data analytics and navigate documents on the WHO ESPEN portal. Upon receiving your query, the chatbot searches through its existing repository of resources pulled from the existing ESPEN Portal to provide you with a response IN English, French, or Portuguese. The chatbot can help you in the following ways:

- Provide accurate, up-to-date answers on NTD-related queries using a set of documents uploaded from the ESPEN and other WHO-recommended sites.
- Help find reports, datasets, maps, and guidelines on the ESPEN portal.

GenAI Assistant Help

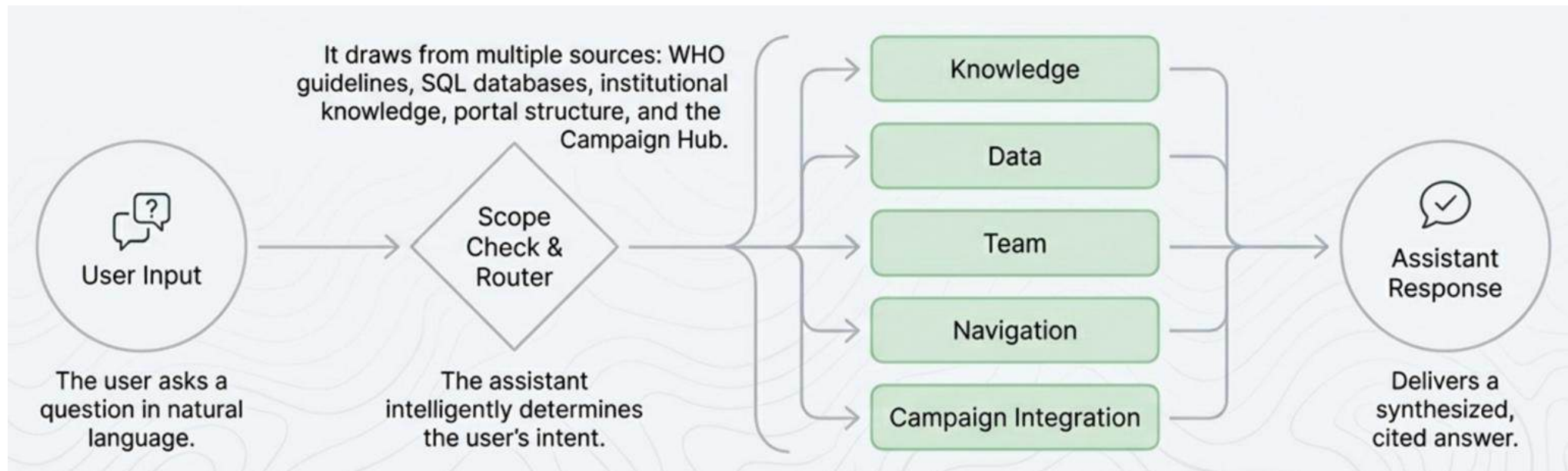
- PDF | 104.7KB
Guidelines for Using the ESPEN GenAI Assistant
- PDF | 112.55KB
Lignes directrices pour l'utilisation de l'Assistant GenAI d'ESPEN
- PDF | 112.87KB
Diretrizes para o uso do Assistente GenAI da ESPEN

Ask me!

ESPEN GenAI Assistant is embedded on the ESPEN Portal!

The ESPEN GenAI Assistant, an Expert Partner for Every Programme Manager

Mission: An AI-powered tool designed to provide NTD programme staff with instant, accurate, and actionable insights from ESPEN's vast repository of data and knowledge.



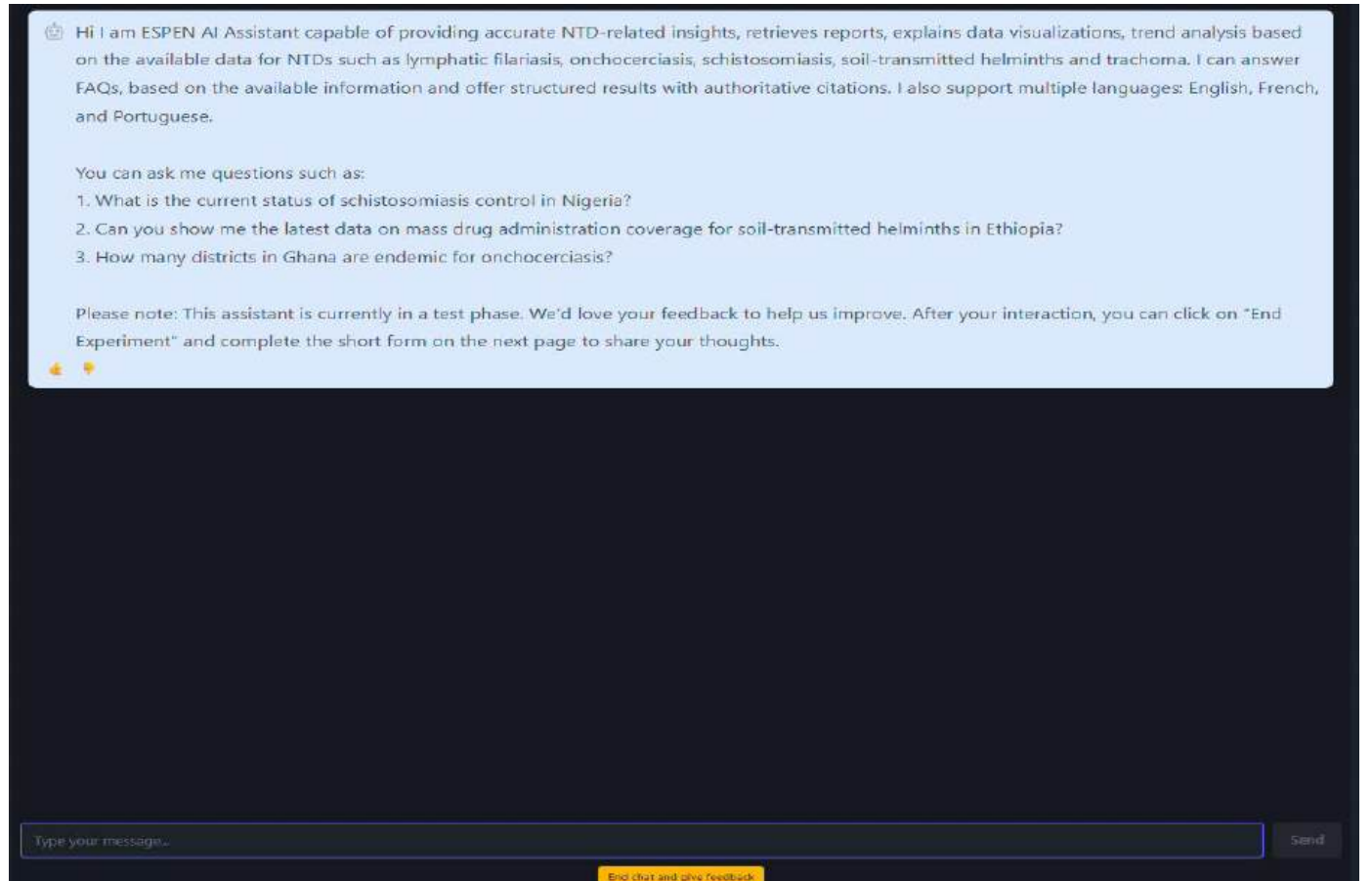
A Multi-Faceted Tool Designed to Answer Complex Programmatic Questions



Data Retrieval:

Instantly query specific data points.

Example: *What is the trend in epidemiological coverage for Onchocerciasis in Burkina Faso over the past five years?*



Hi I am ESPEN AI Assistant capable of providing accurate NTD-related insights, retrieves reports, explains data visualizations, trend analysis based on the available data for NTDs such as lymphatic filariasis, onchocerciasis, schistosomiasis, soil-transmitted helminths and trachoma. I can answer FAQs, based on the available information and offer structured results with authoritative citations. I also support multiple languages: English, French, and Portuguese.

You can ask me questions such as:

1. What is the current status of schistosomiasis control in Nigeria?
2. Can you show me the latest data on mass drug administration coverage for soil-transmitted helminths in Ethiopia?
3. How many districts in Ghana are endemic for onchocerciasis?

Please note: This assistant is currently in a test phase. We'd love your feedback to help us improve. After your interaction, you can click on "End Experiment" and complete the short form on the next page to share your thoughts.

Type your message...

Send

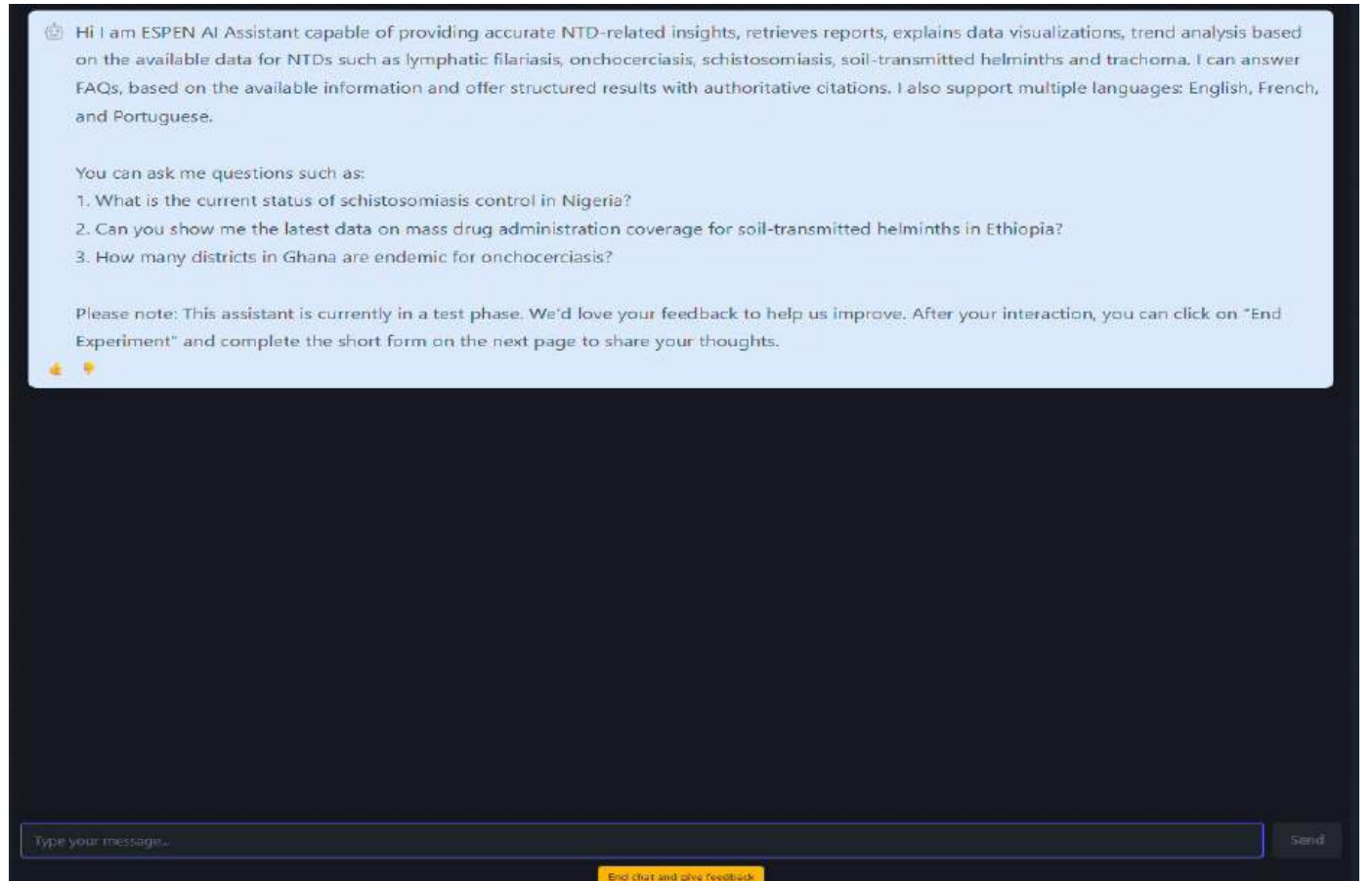
End chat and give feedback

A Multi-Faceted Tool Designed to Answer Complex Programmatic Questions



Trend Analysis:
Generate trend visualizations over time.

Example: *What is the trend in epidemiological coverage for Onchocerciasis in Burkina Faso over the past five years?*



Hi I am ESPEN AI Assistant capable of providing accurate NTD-related insights, retrieves reports, explains data visualizations, trend analysis based on the available data for NTDs such as lymphatic filariasis, onchocerciasis, schistosomiasis, soil-transmitted helminths and trachoma. I can answer FAQs, based on the available information and offer structured results with authoritative citations. I also support multiple languages: English, French, and Portuguese.

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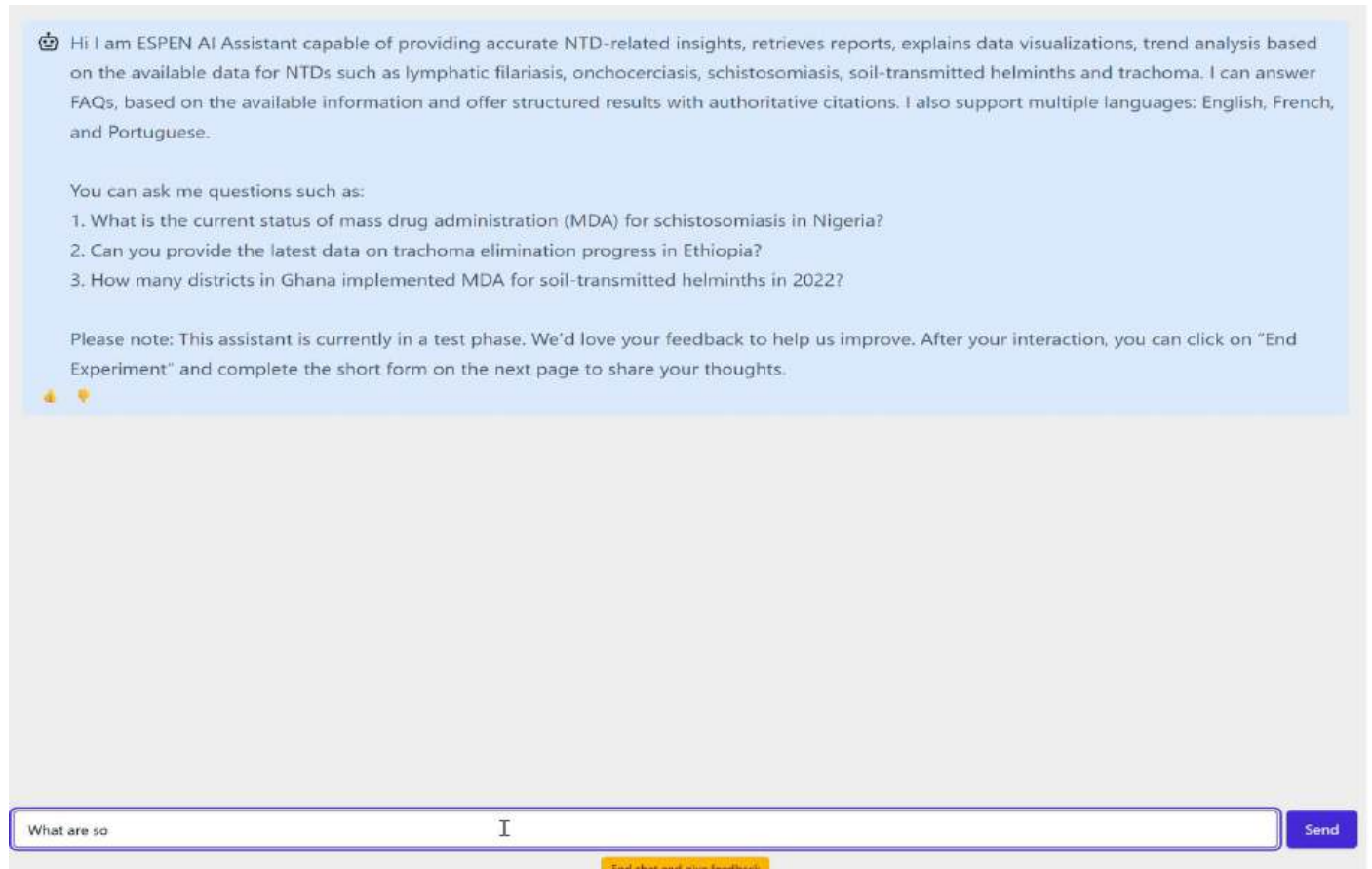
End chat and give feedback

A Multi-Faceted Tool Designed to Answer Complex Programmatic Questions



Integrated Campaign Planning: Provide information for integrating campaigns by leveraging the Campaign Hub.

Example: *What are some of the upcoming campaigns in Niger and their population targets?*



Hi I am ESPEN AI Assistant capable of providing accurate NTD-related insights, retrieves reports, explains data visualizations, trend analysis based on the available data for NTDs such as lymphatic filariasis, onchocerciasis, schistosomiasis, soil-transmitted helminths and trachoma. I can answer FAQs, based on the available information and offer structured results with authoritative citations. I also support multiple languages: English, French, and Portuguese.

You can ask me questions such as:

1. What is the current status of mass drug administration (MDA) for schistosomiasis in Nigeria?
2. Can you provide the latest data on trachoma elimination progress in Ethiopia?
3. How many districts in Ghana implemented MDA for soil-transmitted helminths in 2022?

Please note: This assistant is currently in a test phase. We'd love your feedback to help us improve. After your interaction, you can click on "End Experiment" and complete the short form on the next page to share your thoughts.

What are so

Send

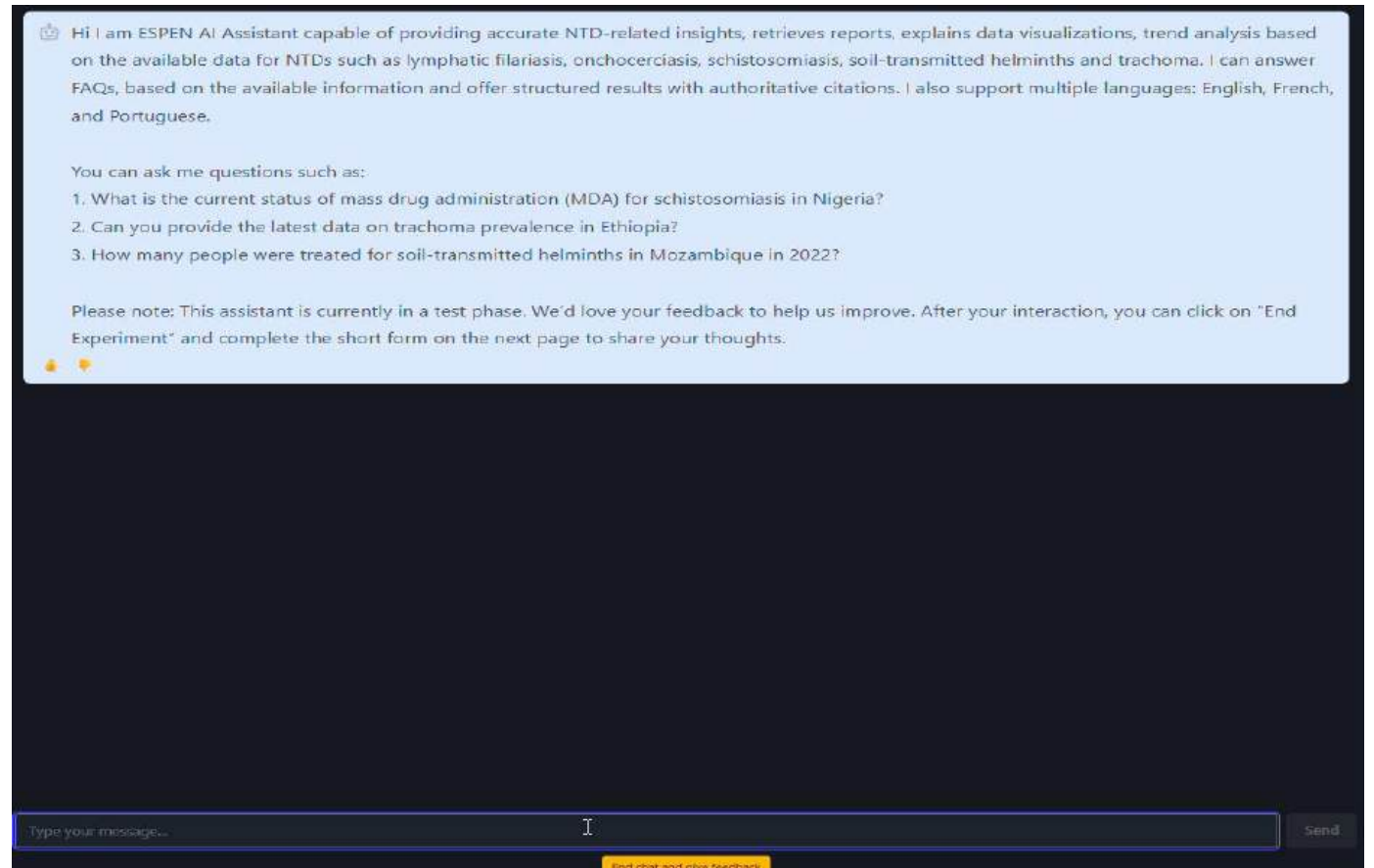
End chat and give feedback

A Multi-Faceted Tool Designed to Answer Complex Programmatic Questions



Document & Knowledge Synthesis: Summarize information and explain complex topics from multiple official sources, such as WHO road maps and guidelines.

Example: *What are the Standard operating procedures for preventing and responding to failed TAS?*



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You can ask me questions such as:

1. What is the current status of mass drug administration (MDA) for schistosomiasis in Nigeria?
2. Can you provide the latest data on trachoma prevalence in Ethiopia?
3. How many people were treated for soil-transmitted helminths in Mozambique in 2022?

Please note: This assistant is currently in a test phase. We'd love your feedback to help us improve. After your interaction, you can click on "End Experiment" and complete the short form on the next page to share your thoughts.

Type your message... Send

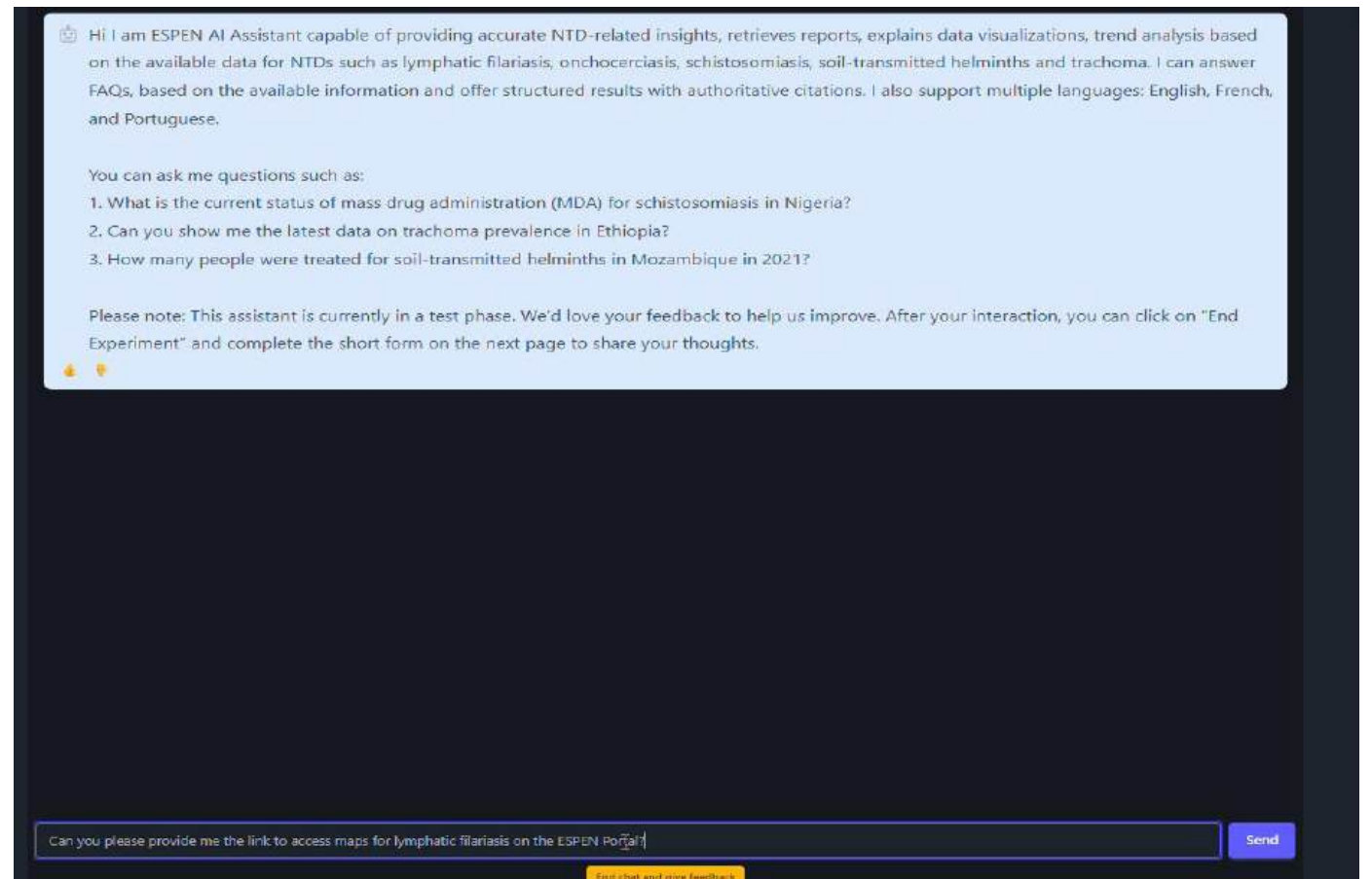
[End chat and give feedback](#)

A Multi-Faceted Tool Designed to Answer Complex Programmatic Questions

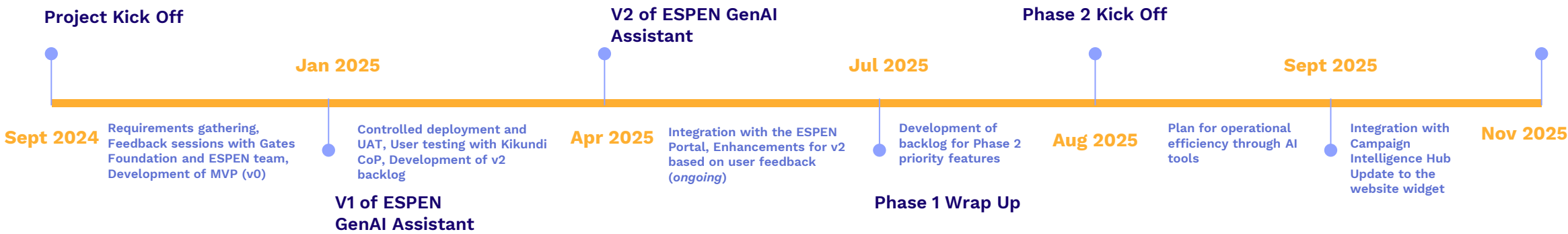


Portal Navigation & Resource Finding: Help users find the exact location of reports, maps, and tools on the ESPEN Portal.

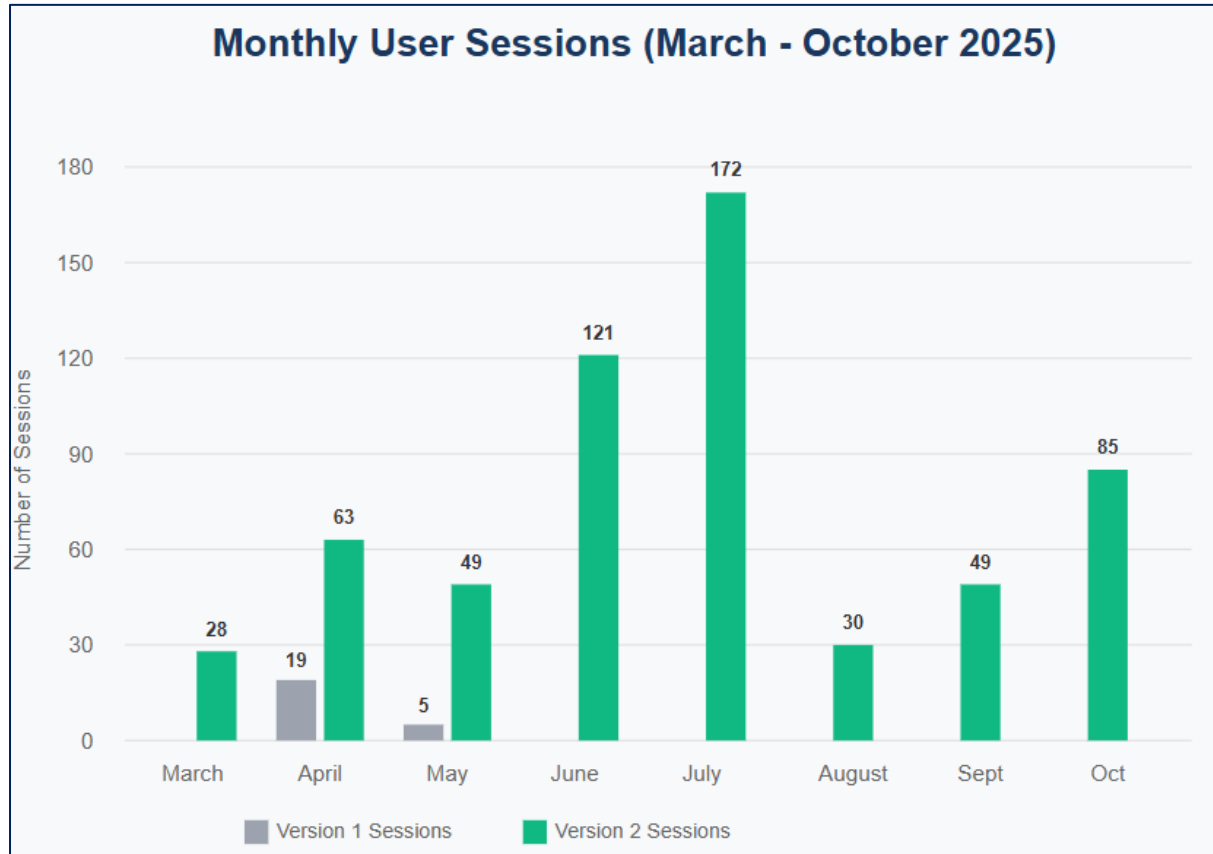
Example: Can you please provide me the link to access maps for lymphatic filariasis on the ESPEN Portal?



From Concept to Proven Impact in Less Than a Year: Our Journey



User Adoption and Strategic Dissemination



Showcased to Global Health Leaders

- InCORNTD Conference (Kigali, Jan 2025)
- Gates/RTI AI for NTDS (Virtual, Jan 2025)
- Global Meeting on Skin NTDs (Virtual, March 2025)
- Global AI Summit for Africa (Kigali, April 2025)
- NTD PMM (Lome, July 2025)

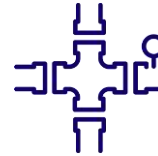
Strategic Roadmap

Phase II will expand the assistant's capabilities, increase its integration into core NTD workflows, and establish a clear path toward long-term sustainability and local ownership. Our work is organized around three strategic pillars.



Improving User Engagement & Accessibility

- WhatsApp adaptation of the ESPEN GenAI Assistant
- GenAI Assistant web v3 with ability to handle combination queries
- Deployment of a v2 ESPEN website chat widget
- Improved access to maps on the ESPEN Portal



Increasing Operational Efficiency

- Development of v1 JAP (Joint Application Package) Process Assistant
- AI support bot on WhatsApp for campaign workers
- Development of v1 AI Supported ESPEN Collect Protocol Reviewer
- scoping exercise for multimodal capabilities exploration



Ensuring Long-Term Sustainability & Local Ownership

- User centred design principles
- Advisory body to oversee development
- Handover to an African-based technology partner

We'd Love to Hear Your Thoughts!



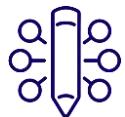
Start Using the Assistant

Access the tool now through the ESPEN portal or OCS website to enhance your daily work.



Provide Feedback

Help us improve by sharing your thoughts with us or the ESPEN team on features you'd like to see.



Shape the WhatsApp Version

Fill out a short survey to help us design a user-centred WhatsApp version of the tool.





THANK YOU
MERCI
BEAUCOUP
OBRIGADO

Coffee Break + Poster Session



Preview Day 5: Operationalize the M&E Regional Coordination Mechanism

Jorge Cano

Surveillance Officer (ESPEN)



- Establish the structure, roles, and governance of the **regional M&E Technical Committee** to support long-term coordination and collaboration.
- **Launch thematic working groups** (e.g., Data Quality, HMIS Integration, Forecasting) and define their mandates, deliverables, and coordination modalities.
- **Facilitate consensus on priority activities, milestones, and collaboration mechanisms** across countries and partners.
- Conclude the workshop with a clear roadmap for follow-up, technical engagement, and sustained regional coordination



THANK YOU