EXPANDED SPECIAL PROJECT
FOR ELIMINATION OF
NEGLECTED TROPICAL DISEASES

World Health Organization
REGIONAL OFFICE FOR Africa

COUNTRY NTD MASTER PLAN 2021 - 2025

Framework for Development

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Abbreviations and Acronyms

CM	Case management
Dra	Dracunculiasis
GDP	Gross Domestic Product
GNP	Gross National Product
GPW 13	Thirteenth General Programme of Work 2019–2023
HAT	Human African Trypanosomiasis
IRS	Indoor residual spraying
ITN	Insecticide-treated net
IVM	Integrated vector management
Leish	Leishmaniasis
LF	Lymphatic filariasis
MDA	Mass drug administration
MMDP	Morbidity management and disability prevention
NTD	Neglected tropical diseases
Oncho	Onchocerciasis
PCT	Preventive chemotherapy
PEST	Political, Economic, Social and Technological Analysis
PHC	Primary Health Care
SBCC	Social and Behaviour Change Communication
SCH	Schistosomiasis
SDGs	Sustainable Development Goals
STH	Soil-transmitted helminthiasis
SWOT	Strengths, weaknesses, opportunities, and threats
TAS	Transmission Assessment Survey
TIPAC	Tool for Integrated Planning and Costing
TOR	Terms of Reference
TRA	Trachoma
WASH	Water, sanitation and hygiene
WHO	World Health Organization
WHO/AFRO	World Health Organization Regional Office for Africa

Key Definitions

Control: Reduction of disease incidence, prevalence, morbidity and/or mortality to a locally acceptable level as a result of deliberate efforts; continued interventions are required to maintain the reduction. Control may or may not be related to global targets set by WHO.

Elimination (interruption of transmission): Reduction to zero of the incidence of infection caused by a specific pathogen in a defined geographical area, with minimal risk of reintroduction, as a result of deliberate efforts; continued action to prevent re-establishment of transmission may be required. Documentation of elimination of transmission is called verification.

Elimination as a public health problem: A term related to both infection and disease, defined by achievement of measurable targets set by WHO in relation to a specific disease. When reached, continued action is required to maintain the targets and/or to advance interruption of transmission. Documentation of elimination as a public health problem is called validation.

Eradication: Permanent reduction to zero of the worldwide incidence of infection caused by a specific pathogen, as a result of deliberate efforts, with no risk of reintroduction.

Hygiene: Conditions or practices conducive to maintaining health and preventing disability.

Integration: the process by which disease control activities are functionally merged or coordinated within multifunctional health-care delivery.

Integrated vector management: A rational decision-making process to optimize the use of resources for vector control.

Mass drug administration: Distribution of medicines to the entire population of a given administrative setting (for instance, state, region, province, district, sub district or village), irrespective of the presence of symptoms or infection; however, exclusion criteria may apply. (In this document, the terms mass drug administration and preventive chemotherapy are used interchangeably.)

Morbidity: Detectable, measurable clinical consequences of infections and disease that adversely affect the health of individuals. Evidence of morbidity may be overt (such as the presence of blood in the urine, anaemia, chronic pain or fatigue) or subtle (such as stunted growth, impeded school or work performance or increased susceptibility to other diseases).

Monitoring and evaluation: Processes for improving performance and measuring results in order to improve management of outputs, outcomes and impact.

Platform: Structure through which public health programmes or interventions are delivered.

Preventive chemotherapy: Large-scale use of medicines, either alone or in combination, in public health interventions. Mass drug administration is one form of preventive chemotherapy; other forms could be limited to specific population groups such as school-aged children and women of childbearing age. (In this document, the terms preventive chemotherapy and mass drug administration are used interchangeably.)

Purpose of Document

This document is intended to guide NTD programmes in members states in the WHO region for Africa in developing the next generation NTD Master Plans in line with WHO Roadmap 2030. *The document is open for inputs from stakeholders.*

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This guide is intended to assist countries in the African region to develop high quality strategic plans in line with the 2030 NTD Global Roadmap[1] for the elimination of NTDs. Most countries in the WHO African region have gone through two rounds of master plan development and revision using a guide that had been developed by WHO/AFRO in 2012.

Given the development of the 2030 NTD Global Roadmap for the elimination of NTDs, it is imperative that countries' NTD Master Plans align with the global document which had been produced through a process involving a diverse group of stakeholders. Consequently, this framework and guide has been designed with that focus, with similar language and structure to ease reference and alignment.

Unique to the current fourth generation Master Plan, and in line with the 2030 NTD Global Roadmap, is guidance to countries on re-designing their national NTD program and make it fit-for-purpose during the next 4-5 years to drive progress toward the 2030 goals (See 2021-2030 NTD Global Roadmap, Fig. 25. *Shifts in organizational structures in countries*). This guide builds on the foundation and progress made in the implementation of previous strategic plans and tries to address some of the inherent challenges. Consequently, the current guide seeks to encourage three fundamental shifts in the approach to tackling NTDs:

- Increase accountability for impact by using impact indicators instead of process indicators;
- Move away from siloed, disease-specific programmes by mainstreaming programmes into national health systems and intensifying cross-cutting approaches centred on the needs of people and communities; and
- Change operating models and culture to facilitate greater ownership of programmes by countries. Shift from externally driven partner and donor funding, to country ownership and financing.

[1] WHO. Ending the neglect to attain the Sustainable Development Goals: a road map for neglected tropical diseases 2021–2030. Available at https://www.who.int/neglected_diseases/Revised-Draft-NTD-Roadmap-23Apr2020.pdf. Accessed on July 21, 2020.

Executive Summary

Comprehensive multi-year plans for the control of Neglected Tropical Diseases (NTDs) are essential components for effective planning and implementation of sustainable NTD programmes in the African region. Each national NTD programme's comprehensive multiyear plan, more commonly known as the NTD Master plan, provides programme goals, objectives and a 3–5 year strategy based on extensive situation analysis, and addresses all components of the NTD programmes relevant to the country.

Most recently, countries have spent the past 3-5 years implementing the plan they created. Now, at the turn of the new decade, countries have the opportunity to again shape the objectives of their respective countries in the fight for the control and elimination of NTDs. Countries will need to take into account the *2021 – 2030 WHO NTD Global Roadmap,* just recently published, as well as considerations for safely undertaking NTD activities in a post COVID-19 era.

Building off the experience of previous iterations of country Master Plans, and taking into consideration what the shift that the new *2021 – 2030 WHO NTD Global Roadmap* represents, below are the 2021 - 2025 NTD Master Plan Template and Guidance, curated to support countries in both the planning and implementation of NTD strategies nationally.

The Master Plan is divided into four sections:

- **NTD Situation Analysis**, which describes the environment within which the NTD programme will be developed and implemented, including the national environmental and contextual factors that are critical in understanding the distribution of NTDs and their control.
- **Strategic Agenda: Purpose and Goals**, which provides an overview of the targets and milestones for all NTDs that are endemic in the countries, determined through consultation with stakeholders in the country including central and sub-national governments, scientific and research groups, nongovernmental organizations, implementing partners, donors and private sector organizations.
- **Implementing the Strategy: NTD Operational Framework,** which aims to ensure three fundamental shifts in the approach to tackling NTDs: an increased accountability for impact by using impact indicators instead of process indicators; a move away from siloed, disease-specific programmes by mainstreaming programmes into national health systems and intensifying cross-cutting approaches centred on the needs of people and communities; and a change in operating models and culture to facilitate greater ownership of programmes by countries.
- **Budgeting for Impact: Estimates and Justifications**, a key management tool in planning and implementing activities

This document is intended to guide NTD programmes in Member States in the WHO region for Africa in developing the next generation NTD Master Plans in line with WHO Roadmap 2030 and the ESPEN Strategic Framework 2025.

Introduction

The African Region bears close to 40% of the global burden of neglected tropical diseases (NTDs). All the 47 countries in the Region are endemic for at least one NTD, and 36 of them (78%) are co-endemic for at least five of these diseases. By impairing the physical and intellectual capacities of the affected persons and because they thrive in areas where access to quality healthcare, clean water and sanitation is limited, NTDs perpetuate a cycle of poverty.

Comprehensive multi-year plans for the control, and elimination (and eventual eradication of all NTDs) that are relevant in country, called *NTD Programme Master Plans*, are essential strategic documents for governments to effectively plan and implement sustainable NTD programmes in the African region. Each national NTD programme's comprehensive multi-year plan (the NTD Master plan) provides programme goals, objectives and year strategy based on extensive situation analysis, and addresses all components of the NTD programmes relevant to the country. It enhances synergies among various NTD initiatives, provides the basis for integrated or linked NTD project plans and includes costing and financing requirements for effective NTD programme performance. The country NTD Master plan will also form the basis for harmonized implementation and performance monitoring of all NTD interventions in a country.

The proposed NTD Master Plan (2021-2025) governs the prevention, control and, where feasible, elimination and eradication of neglected tropical diseases. It aligns with the NTD Roadmap '*Ending the neglect to attain the Sustainable Development Goals A road map for neglected tropical diseases 2021–2030*'[2]. The aim of the Master Plan is to be a tool for the government to plan for all NTD programmes in the country which facilitate alignment among partners and stakeholders for a joint and complementary support to countries and to accelerate progress towards the prevention, control, elimination and eradication of all relevant NTDs in Members States. It provides all partners working on NTDs in the African region with a harmonized tool that will facilitate joint support to countries.

The Master Plan outlines specific, measurable targets for 2025 for the eradication, elimination and control of all NTDs endemic in each country, as well as cross-cutting targets aligned with WHO's Thirteenth General Programme of Work 2019-2023[3], and the SDGs. It includes the strategies and approaches for achieving these targets, with cross-cutting themes for several diseases, and moves towards the prevention of infections and alleviation of the suffering of people affected by WHO's expanded portfolio of 20 diseases and disease groups, as well as how this contributes to attaining the SDGs. The number of endemic NTDs differs by country. The Master Plan is inclusive of all diseases categorised as NTDs by the WHO. Countries should address all NTDs endemic in the country.

Progress in implementing planned activities as well as the programme performance and outputs will be monitored regularly and evaluated at appropriate intervals by the government. The strategic plan will be the framework for coordination, harmonization, and alignment of both central and sub-national governments, as well as partners. Therefore, consensus on the content will enhance commitment and accountability of all stakeholders for success in resource mobilization.

The integration of NTDs into the national health system is critical, therefore the NTD Master Plan should be integrated and reflected into the national health development plans.

This document is divided into three main sections: Operating Context, Programmatic Targets and Operational Framework. Figure 2 illustrates the NTD master plan development and revision process.

[2] WHO. Ending the neglect to attain the Sustainable Development Goals: a road map for neglected tropical diseases 2021–2030. Available at https://www.who.int/neglected_diseases/Revised-Draft-NTD-Roadmap-23Apr2020.pdf. Accessed on July 21, 2020.

[3] WHO. The Thirteenth General Programme of Work, 2019–2023. Available at https://apps.who.int/iris/bitstream/handle/10665/324775/WHO-PRP-18.1-eng.pdf. Accessed on August 1, 2020.

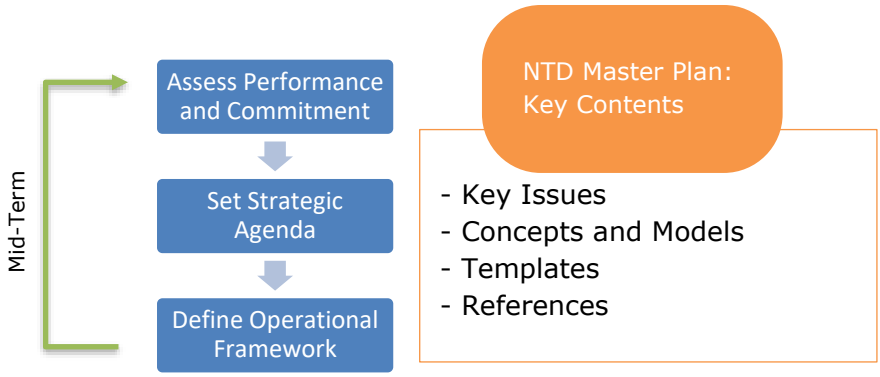


Fig 1. NTD Master Plan Key Contents

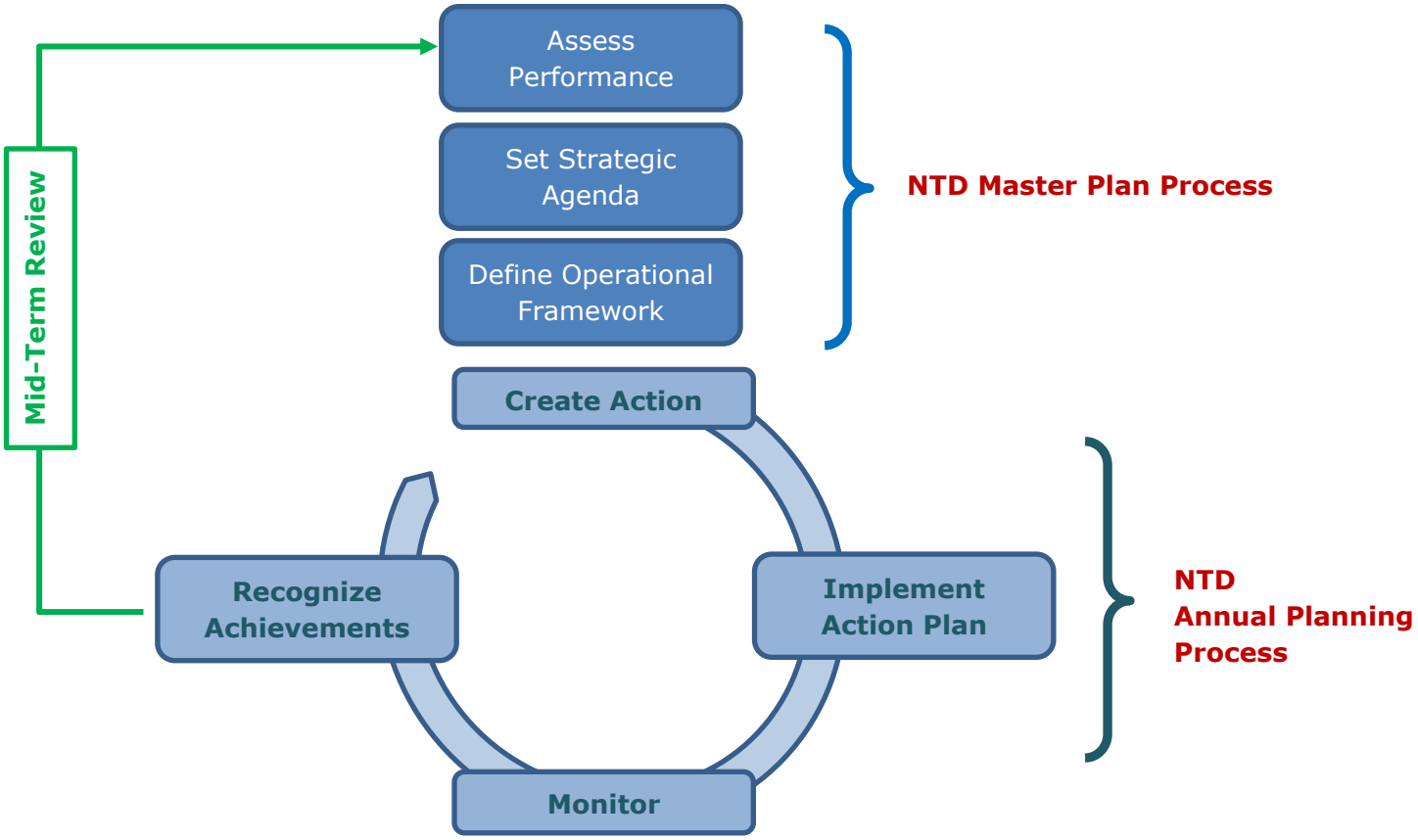


Fig 2. NTD Master Plan: Process and Management Cycles

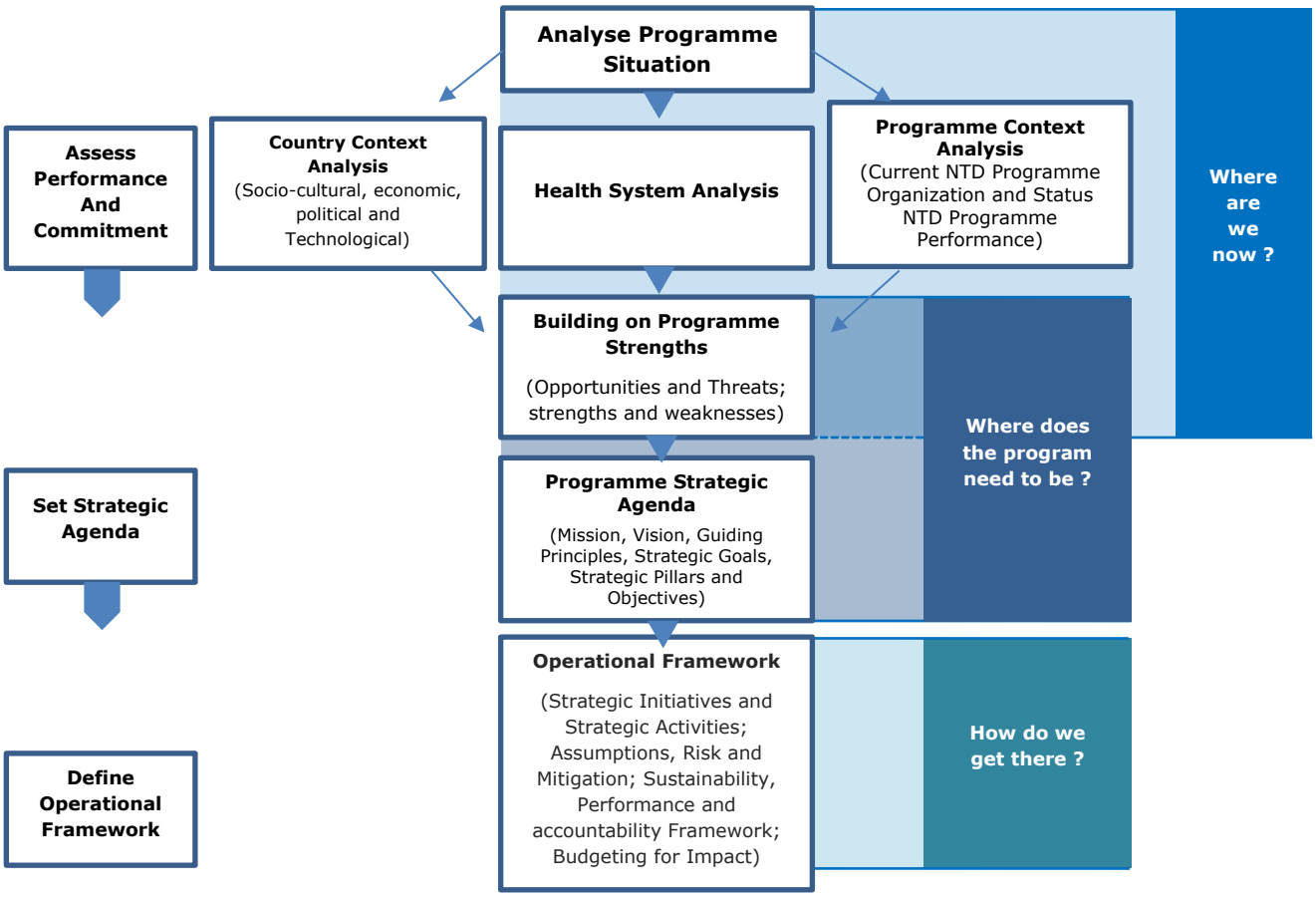


Fig 3. NTD Master Plan Process

Table 1. NTD Master Plan Tools	
Key area	**Tools**
Country Context Analysis	PEST ANALYSIS
Health System Analysis	6 Building Blocks
Programme Context Analysis	Prog. Results and Impact Trends Analysis; Gap Assessment; Structure and Functional Review
Building on Programme Strengths	SWOT Analysis
Programme Strategic Agenda	Mission Statement; Vision, Guiding Principles and Goal Statements; Targets sets; Milestones Charts; 3-level Hierarchy of Objectives; Master Plan Strategic Logic Map
Operational Framework	Operations Planning Tools; Programme Strategic Shifts; Programme Culture and Dual Operating Model; Partnerships Matrix; Coordination Mechanisms chart and TOR; Risk Likelihood and Impact Matrix; Assumption and Risk Register;; Risk Mitigation Plan; M&E Framework; Balanced Scorecard; Budgeting Tools

PART 1:
NTD SITUATION ANALYSIS

Section 1.1. Re-assess National Priorities and the national, regional and global NTD Commitments

This section of the Master Plan should describe the environment within which the NTD programme will be developed and implemented:

Information on the summary of the NTDs present in the country:

Provides context into the regional and global commitments on NTDs, including the national development goals, World Health Assembly Resolutions on NTDs, the WHO Regional Committee Resolution on NTDs in 2013; the 2012 London Declaration on NTDs and the Accra Urgent Call to Action on NTDs, Addis Ababa commitment etc, the place of NTDs in the national health plan and the commitment of health authorities to their control;

Highlights the purpose of the master plan and describes briefly the parts of The National NTD Master Plan.

Section 1.2. National Context Analysis

This section contains two parts: country and health system analysis

1.2.1 Country Analysis

This section describes the national environmental and contextual factors that are critical in understanding the distribution of NTDs and their control. The details should include factors relating to (i) Political; (ii) Economic; (iii) Social; and (iv) Technological using the PEST analysis (Figure 4). The objectives of this analysis are to set the key assumptions on the social-economic background for the next strategic period. For instance, do we envisage political stability? Do we assume the current economic growth will continue? Do we see major changes in the attitude of people towards the poor and marginalized population? etc. The analysis should be done within the context of SDGs and universal health coverage.

i. **Political:** NTDs are diseases of poverty and they can also lead to poverty. They are an important outcome indicator for many programmes beyond health, such as poverty reduction, Water, Sanitation and Hygiene and education. Political analysis should reflect how NTDs are linked with broader political decisions such as governance, policy and political priorities.

ii. **Economic:** This analysis project the fiscal space for health in general, which will define the domestic financing capacity. The cost impact linked to conjuncture (exchange rates variation is an important cost factor for medical goods and services importation.)

iii. **Social:** NTDs have significant social impact leading to stigma and discrimination and can be affected by social factors such as migration. Analysis of the social factors which determine the interventions of NTDs are critical.

iv. **Technological:** Technological advancement such as the use of mobile technology for the monitoring and evaluation of NTD programmes are important. In this analysis, what are the technological realities or anticipated development that could affect the achievement of the master plan should be analysed.

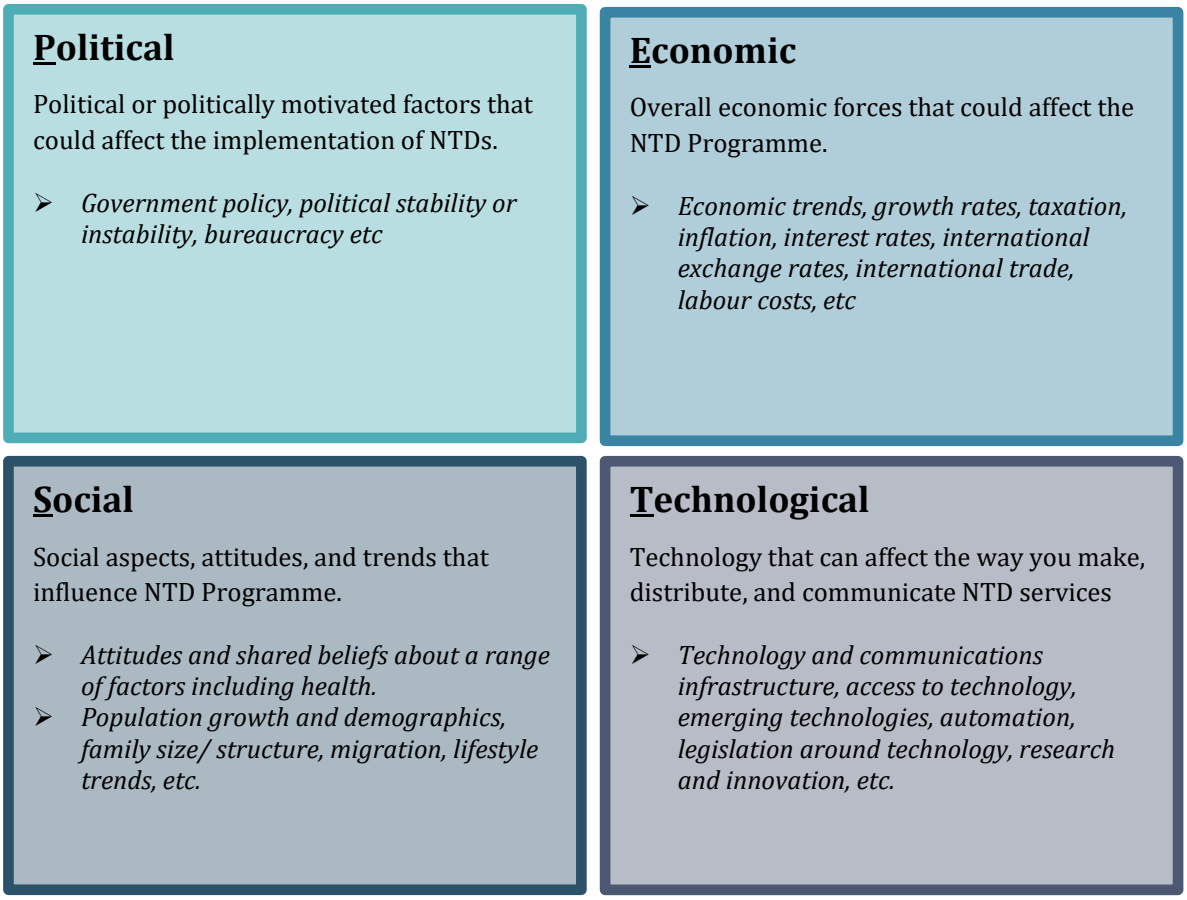


Fig 4. The PEST analysis

1.2.2. Health Systems Analysis

Health system goals and priorities

It is crucial to provide a clear analysis of the health system within which the NTD programme operates. This section should describe the health system goals and priorities for the next 3-5 years during which the NTD Master Plan will operate, including the top 10 health problems in the country in terms of morbidity and mortality, the process and criteria of priority setting, and the place of NTDs in the national and sub-national

lists of priority diseases. It should include both goals for delivering health benefits and for preventing harm, i.e., safety.

Analysis of the overall health system

The information you provide in this section is important for detailed planning of the programme in as far as sourcing of funds, coordination at various levels, custodianship of the programme, programme integration, etc. are concerned. It is important to provide a clear view of the health system performance in delivering personal and population-based services to those in need, and to analyse health system equity in terms of access, coverage, safety, quality of health services, distribution and utilization of resources, and impact on health indicators, such as reduction in the infant mortality rate and maternal mortality rate. As NTDs interventions rely particularly on communities, it is important to include community based services in this section to have a better understanding of the main challenges and strengths.

The analysis should be done based on the WHO framework for strengthening health systems with the six building blocks: service delivery; health workforce; information; medical products, vaccines and technologies; financing; and leadership and governance, as detailed below:

Table 2. Six Health System Building Blocks	
Service delivery	Analyse the general functioning of the health care delivery system and mechanisms and describe how they affect the control of NTDs. This includes the service delivery package, delivery models, management, safety and quality, demand for care and equity in access. Provide an indication of access to health care by summarizing information on numbers of health facilities per district and health service coverage in terms of distances, catchment populations, and average ratios of health practitioners/population (per 10,000 population) or whatever indicators are available in country. Please summarize the numbers of health facilities in the country in form of a pyramid from most peripheral level to reference hospitals. Indicate where private health facilities are included.
Health workforce	Describe the general situation of human resources, including their issues and challenges, the national workforce policies and investment plan, norms, standards, distribution and skill mix. Show how these elements can affect the control of NTDs. Provide information on the structure of community health workers and volunteers who deliver NTD services.
Health information	Describe the general situation of the health information system and management pathway and describe its impact on the control of NTDs. This includes health facility and population-based information and surveillance systems, tools, production, analysis and use. Describe the data flow in the country and use.
Medical products	Describe the system for safe handling of medical products including the norms, standards, policies, procurement, supplies and management systems, and drug quality assessment. Describe the constraints to the supply logistics for the control of NTDs. Also describe the existing pharmacovigilance system and list existing opportunities for information exchange and incorporating the activities and processes of the pharmacovigilance system into NTD programming.
Health financing	Describe the system in place for financing health programmes, including the national health financing policies, budget allocation for the health sector and for the various functional units of the health system, and tools and data on health expenditure. What proportion of the total government budget is allocated to NTDs? What is the government policy on donor

	support to the health sector? State funding mechanisms in place, for example, the sector wide approach, and how NTD programmes fit into it.
Leadership and governance	Describe the administrative hierarchy of the ministry of health and responsibilities at each level. Some of the questions to consider are: • Are there reforms to the health system or parts of it being carried out in your country? • Are existing conditions of health reforms and Primary Health Care (PHC) supportive of NTD control activities even if they are not a national priority? • Is there a national policy on NTD control or an institutional framework for NTD control? • Are NTDs included in the health sector strategic plan and the sub-national health work plans? • Is there a national coordinating body overseeing all control programmes or are coordinating bodies constituted for specific programmes? • Do constraints exist to the leadership and governance systems in the control of NTDs? • What government sector is responsible for pharmacovigilance and for investigation, analysis, and reporting of serious adverse events (SAEs)? What level of communication and cooperation exist between NTD control activities and this pharmacovigilance unit? Are staff within this unit aware of when and where mass drug administration is planned, and do they participate in investigation and reporting of SAEs? • What other ministries (e.g. agriculture, local government etc.) or government sectors, universities and other national research institutions are involved in health care in general and NTD control in particular? Does collaboration exist between the ministry of health and these sectors? For the ministry of education, are there health activities in the school programmes in general and specifically for the control of schistosomiasis and soil-transmitted helminthiasis? What information exists on the inclusion of NTD control in the primary school curriculum? • For the Department of veterinary services, provide details on on-going activities/programmes relating to zoonotic diseases of public health significance in the country (rabies, plague, animal trypanosomiasis, etc.)

Section 1.3. Gap Assessment

This section provides information on the current status of the NTDs in the country identifying the areas requiring concerted action as well as the assessing the disease-specific gap assessment across the various dimensions identified in the NTD Roadmap (see Figures 6 & 7, 10).

Section 1.4. Programme Context Analysis

1.4.1. Current NTD Programme Organization and Status

The information that you need to provide in this section should cover the status of NTD endemicity, control interventions, and guide the selection of areas that can immediately be targeted for NTD interventions. Information from surveys and health service data (health case records) is important knowledge on disease distribution particularly for case management of diseases.

- Country maps showing the distribution of each of the NTDs and the overlap among NTDs
- Provide a list of the NTDs endemic to the country giving levels of morbidity and mortality reported during the past 5 years, (including Loa loa where applicable).

Note: It is optional to include these tables as annexes. Current prevalence rates will be used to determine where interventions are necessary according to disease-specific thresholds.

Table 3: National population data, schools, and health facilities at district level

State	Number of Admin A 2	Number IUs	No. of villages or communities*	Total population	Under- 5 (Pre-school)	5–14 years (School age)	No. primary schools	No. of peripheral health facilities		
								Referral	IU level	Health Centres

*Where implementation and administrative units are separate (e.g. onchocerciasis interventions), target communities in a district.

Table 4: Known disease distribution in the Country

State	No. districts	Number of Endemic Districts								
		LF	Oncho	SCH	STH	HAT	Lep	Lesh	TRA	(Dra, Yaws, SBE, etc
Total										

Provide endemicity level for all NTDs endemic in the country.

Figure 5: NTD co-endemicity (a map), provided the co-endemicity map of the NTDs present in the country.

Provide in annexes an organizational chart showing the position of NTD programmes and programme coordinator and managers in the health sector (see an example in annex 3)

1.4.2. NTD Programme Performance

- In this section, information on key results, impact and trend analysis of the NTD programme should be provided. List the past and on-going NTD control programmes. This information should be organized into the following sections:

- Completeness of the mapping and survey need
- Geographical coverage for all NTDs and expansion need
- Impact assessments survey results for all NTDs (TAS, Trachoma, SCH and STH prevalence change) and need of survey
- Reduction of number of people requiring NTD intervention and evolution of the need of tablets for PC.
- Safety assessment (correctness of dosing; frequency of SAEs; incidence of young children choking on tablets; successful management of safety-related episodes that cause community concern)

- Describe past and on-going interventions to control specific NTDs. This information can be summarized in a table as shown in tables 4 and 5

Table 5: NTD mapping status				
Endemic NTD	**Total # Districts**	**No. of endemic districts**	**No. of districts mapped or known endemicity status**	**No. of districts remaining to be mapped or assessed for endemicity status**
Schistosomiasis				
Soil Transmitted Helminthiasis				
Trachoma				
HAT				
Leishmaniasis				
Leprosy				
Yaws				
Dracunculiasis				
etc				

1.4.3 Performance of the other programmes that are closely related to NTD programme

Vector control

Vector management or control activities conducted in the country should be described here:

- Which diseases (NTDs and other) are in the country targeted for vector control interventions
- How integrated are the intervention for vector control management?
- What are the key interventions and coverage of the vector control interventions?

Activity	**Table 6. Vectors and Associated NTDs**						
	Mosquitoes			Other Vectors			
				Snails	Black fly	Sand fly	Tsetse fly
	LF	Dengue	Malaria	Schisto	Oncho	Leish	HAT
ITN	X	X	X			X	-
IRS	X	X	X			X	
Space spraying					X		X
Larviciding	X	X	X		X		
Traps							X
Prevention/treatment of breeding sites	X	X	X	x	x	??	

One-Health

- Is there a One-Health approaches being implemented in the country?
- Which diseases and conditions are covered under One Health approach?
- What are the key interventions conducted and what are the opportunities for NTDs?

WASH

Refer the Water sanitation and hygiene for accelerating and sustaining progress on neglected tropical diseases. A global strategy 2015-2020[4] for detailed framework of NTD and WASH integration. Analyse the exiting situation of the WASH and NTD interventions in the country:

- Coordination of WASH activities in the country
- Key WASH related interventions in the country.
- The performance of the key WASH indicators in the country
- WASH and NTD intervention integration
- Coordination of WASH and NTD partners

PHARMACOVIGILANCE

- Role, mandate, and position within the government of the pharmacovigilance authority
- Responsibility of pharmacovigilance authority for investigating and reporting serious adverse events (SAEs)
- Awareness of agreed-upon processes and procedures for responding to SAEs
- Mutual opportunities for collaborating with Pharmacovigilance centres on planning for safe preventive chemotherapy; goal-setting; establishing processes for SAE management and investigation; risk communication, and training all stakeholders to respond to SAEs.

[4] WHO. Water sanitation and hygiene for accelerating and sustaining progress on neglected tropical diseases. A global strategy 2015-2020. Available at: https://apps.who.int/iris/bitstream/handle/10665/182735/WHO_FWC_WSH_15.12_eng.pdf?sequence=1. Accessed on August 1, 2020.

Table 7: Summary of intervention information on existing NTD programmes

NTD	Date programme started	Total districts targeted	No. districts covered (geographical coverage*)	Total population in target district	No. (%) Covered	No. (%) districts with required number of effective treatment rounds	No. (%) districts that have stopped MDA	Key strategies used	Key partners
	2001	110	50	2,800,000	1400,000 (50%)	5 (10%)		MDA, WASH, Vector control	
LF									
Oncho									
SCH									
STH									
TRA									
HAT									
Yaws									
Dracunculiasis					NA	NA	NA	Surveillance, Case management	
Leishmaniasis									
etc									

***Geographical coverage = No. of districts covered by the programme / Total no. of endemic districts in the country**

Section 1.5: Building on NTD Programme Strengths

From the analysis on data on country profile, health system, and NTD programme status, conduct a SWOT analysis of the NTD programme and summarize this information in a table such as table 4.

1.5.1. Opportunities and Threats

Opportunities and threats are external- things that are going on outside your programme or ministry of health. You can take advantage of opportunities and protect against threats, but you can't change them. Examples include prices of programme supplies, stigma and discrimination against people with NTDs, and spread of rumours of adverse events associated with preventive chemotherapy.

1.5.2. Strengths and Weaknesses

Strengths and weaknesses are internal to your programme or ministry of health—things that you have some control over and can change. Examples include who is on your team, the status of monitoring and evaluation of the NTD programme, and preparedness for managing and investigating serious adverse events (SAEs).

Indicate the weaknesses and threats you anticipate in reaching the 2030 goal, e.g '"what is preventing you from reaching elimination? What can you do about it?

Summarise this information in a table as per example below:

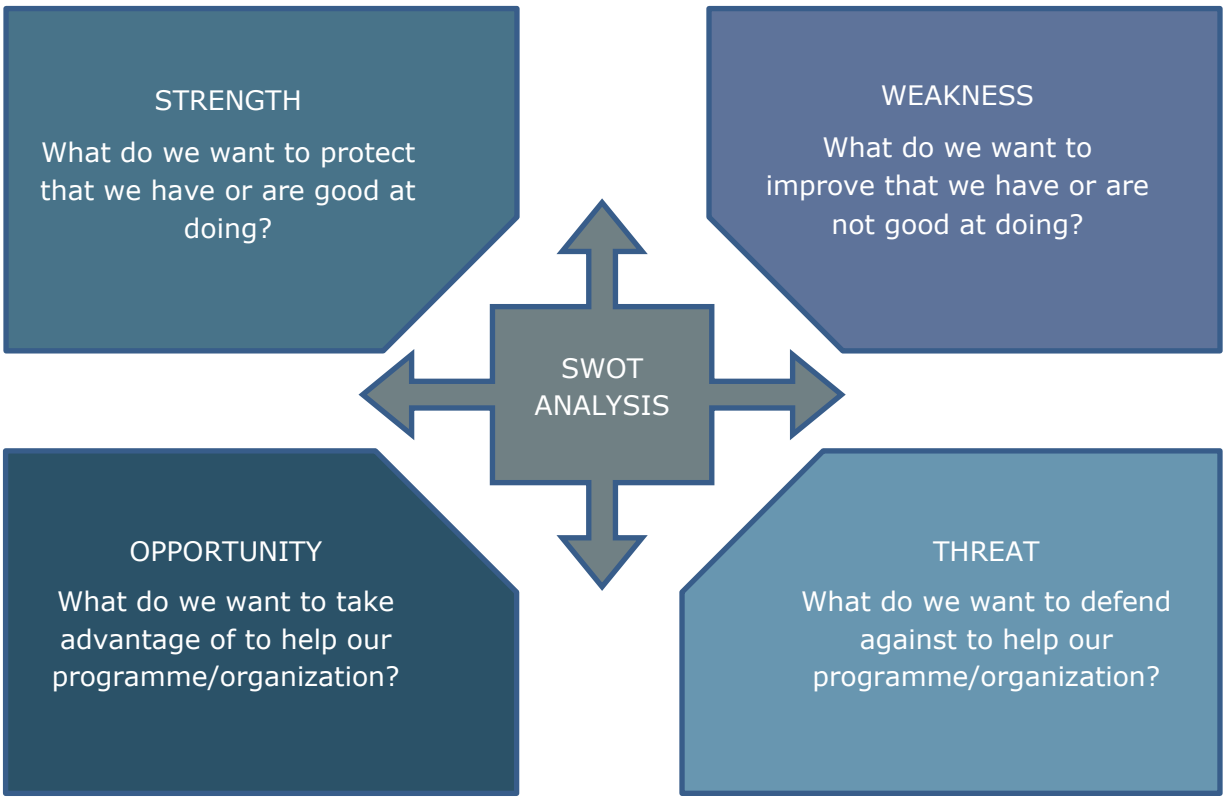


Fig 6. SWOT analysis

A SWOT analysis can be carried out during a team retreat or strategic planning session with a facilitator leading discussion and collecting views at the session based on some pre-work. A more comprehensive

analysis involves formally surveying a leadership team, staff, business partners, and/or clients and other stakeholders. The resulting SWOT feedback is then compiled, grouped by common affinities, and prioritized to identify the most important strategic issues (gaps and priorities).
The SWOT analysis should be used in determining the strategic priorities.

1.5.3. Gaps and priorities

Based on the SWOT Analysis, itemize the major gaps and priorities for the formulation of the strategic objectives, and which will enable the country achieve the 2030 goal of eliminating the targeted NTDs. Also, list the priorities in strengthening control of NTDs in the country categorized according to the heads: *Planning, Coordination and Management, Partnerships, Implementation of interventions, Surveillance, Monitoring, and Evaluation.* Please refer to the items listed in this SWOT analysis when defining activities to be implemented in the subsequent sections.

Table 8: Gaps and priorities

Gaps
Priorities

PART 2

Strategic Agenda: Purpose and Goals

This section is intended to provide an overview of the targets and milestones for all NTDs that are endemic in the countries, which would be determined through consultation with stakeholders in the country including central and sub-national governments, scientific and research groups, nongovernmental organizations, implementing partners, donors and private sector organizations. The strategic agenda of the national NTD programmes should articulate the overall programme vision, mission, and goals. It should also delineate the strategic goals, major programme focus, and strategic milestones. In addition, the strategic priorities and strategic objectives should indicate the main 'pillars of excellence' as well as the continuous improvement objectives that the programme seeks to achieve during the life cycle of the master plan.

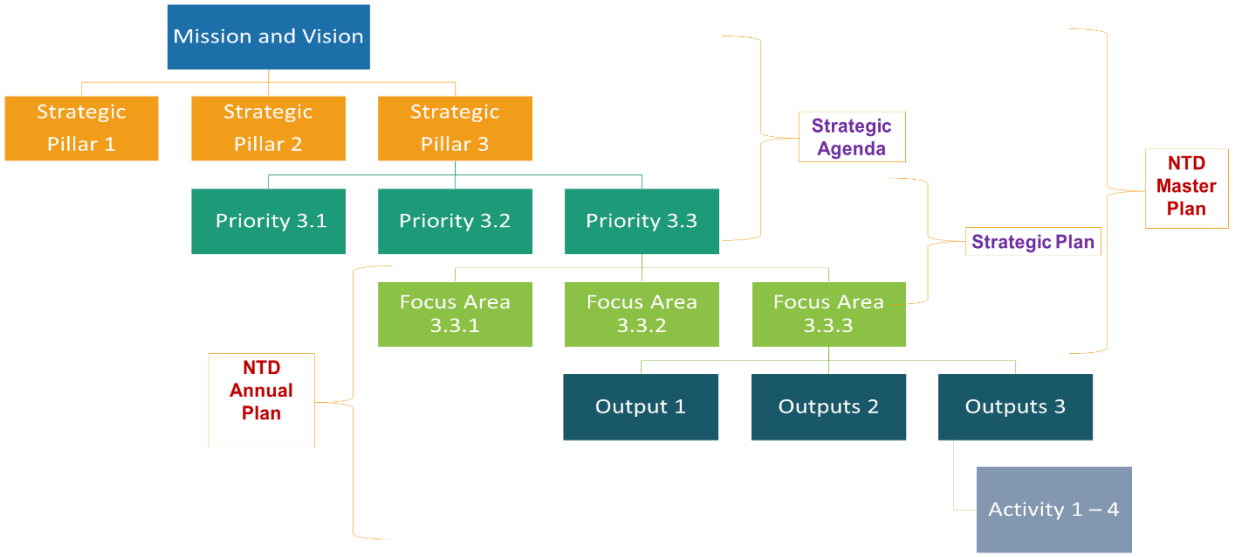


Fig 7. Hierarchy of Objectives for national NTD programmes

Section 2.1: NTD Programme Mission and Vision

The NTD Master Plan, as a multi-year strategic plan, requires a clear strategic agenda. The major elements of the strategic agenda are: Mission, Vision, Guiding principles, Programme Strategic Priorities and Pillars.

Table 9. Mission and vision	
Mission *What we exist to do*	Examples of mission statement • Accelerate the Elimination of NTDs to Protect 20 Million People in country Y. • To eliminate NTDs as a public health problem in Country X
Vison *Where we need to go*	Examples of vision statement • Country Z People Free of NTDs • A country x free of schistosomiasis

Section 2.2: Milestones and Targets

The overarching and cross-cutting targets, derived from the NTD Global Roadmap 2021–2030 which will help in integration, coordination and country ownership and equity. Targets for sectors such as WASH, safety, and vector control can be based on established targets. Disease-specific targets for 2025 and milestones for 2023 and 2025 should be set for each of the endemic diseases for one of the following: eradication, elimination (interruption of transmission), elimination (as a public health problem) or control.

2.2.1. Targets

Overarching targets

Below are examples of overarching target (see the NTD Global Roadmap 2021–2030, page 15-16[5])

Overarching targets *By 2025 in the country:* • Eradicated dracunculiasis • 50% fewer people require interventions against NTDs
The overarching and cross-cutting targets, derived from the NTD Roadmap 2021–2030 which will help in integration, coordination and country ownership and equity. Targets for sectors such as WASH and vector control can be based on established targets. Disease-specific targets for 2025 and milestones for 2023 and 2025 should be set for each

[5]WHO. Ending the neglect to attain the Sustainable Development Goals: a road map for neglected tropical diseases 2021–2030. Available at https://www.who.int/neglected_diseases/Revised-Draft-NTD-Roadmap-23Apr2020.pdf. Accessed on July 21, 2020.

of the endemic diseases for one of the following eradication, elimination (interruption of transmission), elimination as a public health problem or control.

Cross-cutting Targets

The below figure shows some examples of cross-cutting targets. (For the expanded list of indicators of cross-cutting targets see the NTD Global Roadmap 2021–2030, page 15).

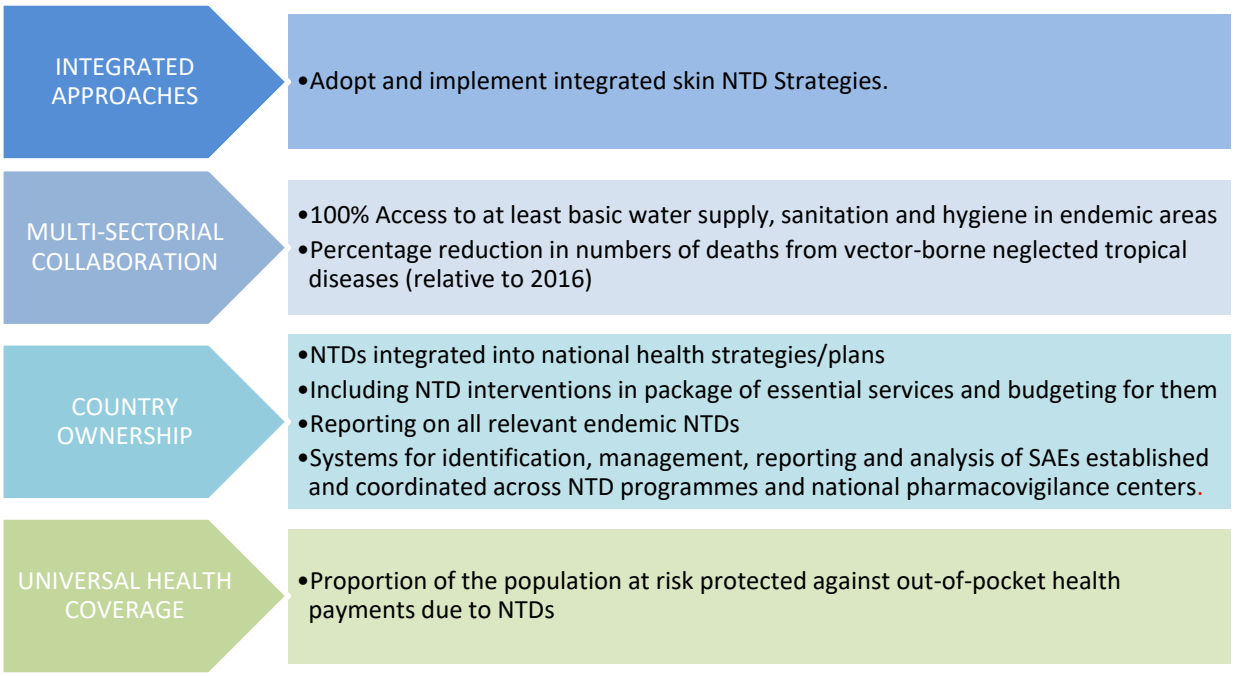


Fig 7. Examples of cross-cutting targets

Disease-Specific Targets

Example of a disease-specific target could be (Refer the NTD Global Roadmap 2021–2030, page 16)[6] : Elimination of LF as a public health problem

Table 11. Disease-Specific Targets

National target	Diseases	Objective	Year	Strategies
Targeted for Elimination (Interruption of Transmission)	Dracunculiasis	To be certified free of transmission	2023	Case containment, community based prevention.
Targeted for elimination as a public Health problem	Lymphatic filariasis	To interrupt transmission of LF	2025	Mass Drug Administration, MMDP & Vector control.
	Leprosy	To reduce new leprosy cases with G2D to less than	2025	Active surveillance contact tracing, case management, rehabilitation.

[6] WHO. Ending the neglect to attain the Sustainable Development Goals: a road map for neglected tropical diseases 2021–2030. Available at https://www.who.int/neglected_diseases/Revised-Draft-NTD-Roadmap-23Apr2020.pdf. Accessed on July 21, 2020.

		one case per million population.		
Targeted for control	Leishmaniasis (cutaneous)	85% of all cases are detected and reported and 95% of reported cases are treated	2025	Active surveillance, case management.

2.2.2. Milestones

In order to achieve the overarching, cross-cutting and disease-specific targets as set forth in this strategic plan and given the progress so far made as elucidated in the fore-going sections a number milestones should be undertaken. These disease specific milestones are reflected in table 10.

Table 12. Milestones for targeted NTDs

Indicators	2021	2022	2023	2024	2025
Completed mapping of LF and determined LF endemic areas and the population at risk	39(100%)				
Begun implement LF MDA in IUs requiring LF MDA including loiasis co-endemic areas	29(75%)				
Geographical coverage in LF of LF MDA	29(75%)	39 (100%)			
Major urban areas with evidence of LF transmission under adequate MDA	75%	100%			
Number of IUs conducted more than 5 rounds of with coverage more than 65%	14(35%)	20(51%)	39(100%)		
Number of IUs conducted first TAS activities after at least 5 rounds of MDA.	14(35%)	20(51%)	39(100%)		
Number of IUs conducted and passed at least 2 TAS activities.	10(25%)	15 (40%)	30(77%)	39(100%)	
Number of IUs started passive surveillance and vector control activities.	10(25%)	15 (40%)	30(77%)	39(100%)	
Present “the dossier “ for verification of absence of LF transmission	0(0%)	0(0%)	0(0%)	0 (0%)	1(100%)
Proportion and number of IUs where there is full coverage of morbidity- management services and access to basic care	15(40%)	20(51%)	30(77%)	39(100%)	39(100%)
Proportion and number of IUs where 75% of hydrocele cases benefitted from appropriate surgery	10(25%)	15 (40%)	24(60%)	30(77%)	39(100%)

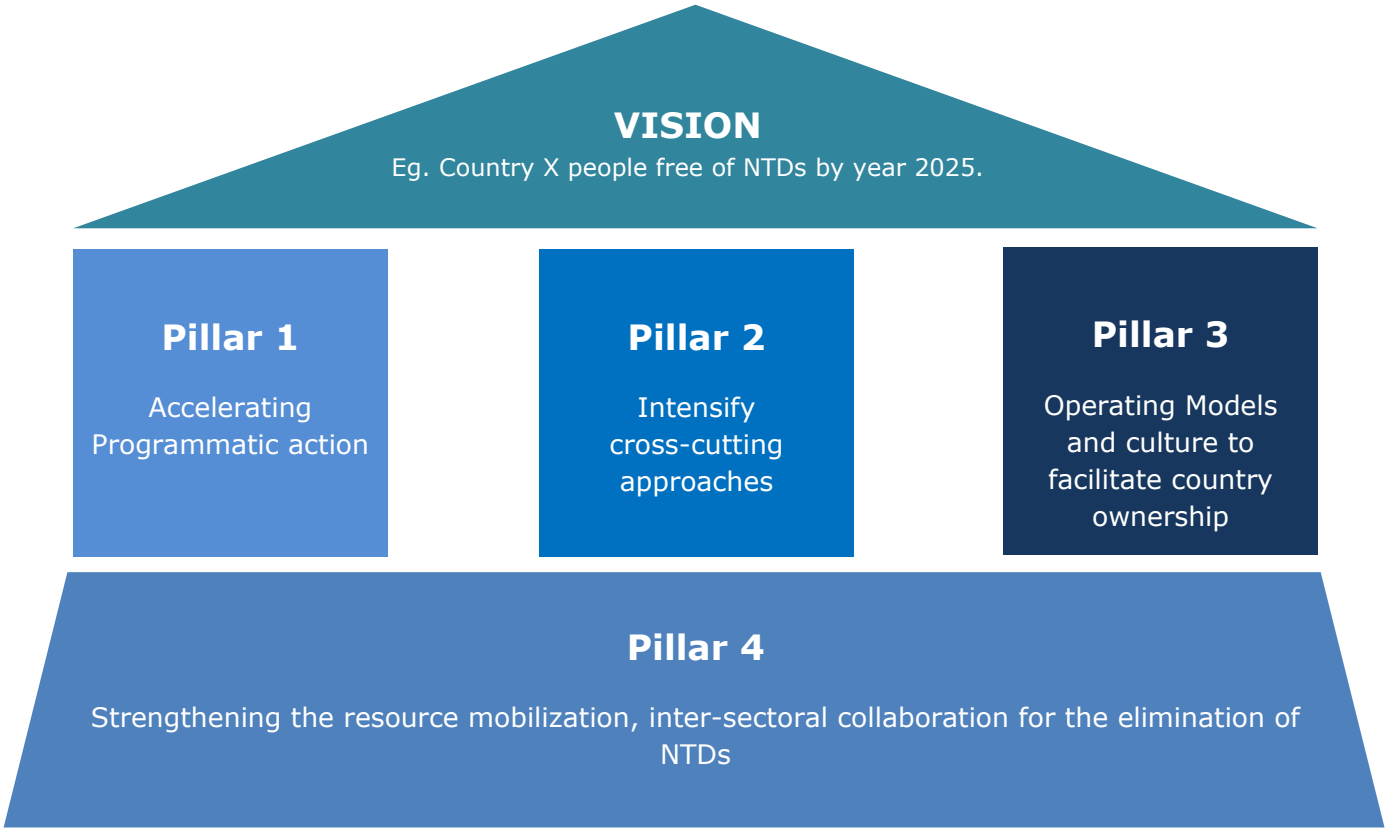
Section 2.3: Guiding Principles

Table 13. Guiding principles	
Guiding principles	• National leadership and ownership, • Commitment to collaboration and sharing, • Mutual accountability of national authorities and partners, Transparency and accountability, • Community engagement and participation • Safety: 'Do no harm' while providing health benefits
Guiding Principles are a broad philosophy that encompass your personal beliefs and values and guide the programme throughout its life in all circumstances, irrespective of changes in its goals, strategies or type of work. They create a programme culture where everyone understands what's important.	

Section 2.4: Strategic Pillars and Strategic Objectives

2.4.1. Programme Strategic Pillars

Strategic Pillars are simply the 3-5 strategic areas your programme has to win to be successful. The below figures provides an example of programme strategic pillars.



2.4.2. Strategic Priorities

Strategic priorities are the big-picture objectives for the programme: they describe what the programme will do to try to fulfil its mission. Refer the 2030 NTD Roadmap page 13 Figure 5

Table 14. Strategic Priorities for the Elimination of Neglected Tropical Diseases

Examples of Strategic Pillar	Examples of priorities
Pillar 1. Accelerating programmatic action	Scale up integrated preventive chemotherapy to achieve 100% geographic coverage and treatment access to lymphatic filariasis and Onchocerciasis.
	Prioritize and strengthen monitoring and evaluation to track progress and decision making towards the 2030 goals
	Ensure timely, safe, and effective supply chain management of quality-assured NTD Medicines and other products up to the last mile
Pillar 2. Intensify cross-cutting approaches	Strengthen identified platforms with similar delivery strategies and interventions (MDAs, skin NTDs, Morbidity management, SBCC, WASH etc) for integrated approaches across NTDs
	Mainstream delivery platforms within the national health system
	Integrate safety across NTD planning, implementation, and monitoring
Pillar 3. Operating Models and culture to facilitate country ownership	Promote and strengthen country ownership and leadership through organizational structures at national and local government with dedicated funding
	Empower local government and authorities in social mobilization, risk and crisis communication, behavioural change and building local support for NTD interventions
Pillar 4. Strengthen Resource Mobilization, Coordination and Communication for the elimination of NTDs	Promote community involvement and ownership of the program for optimal use of available resources Promote improved communication and awareness at the community level for a successful elimination of the endemic NTDs.

2.4.3 Programme Strategic Agenda Logic Map

The below figure maps out logically how the programme is working and how it is inter-related. For example of logic map see the WHO Thirteenth General Programme of Work 2019–2023 (GPW 13) Page 4[7]

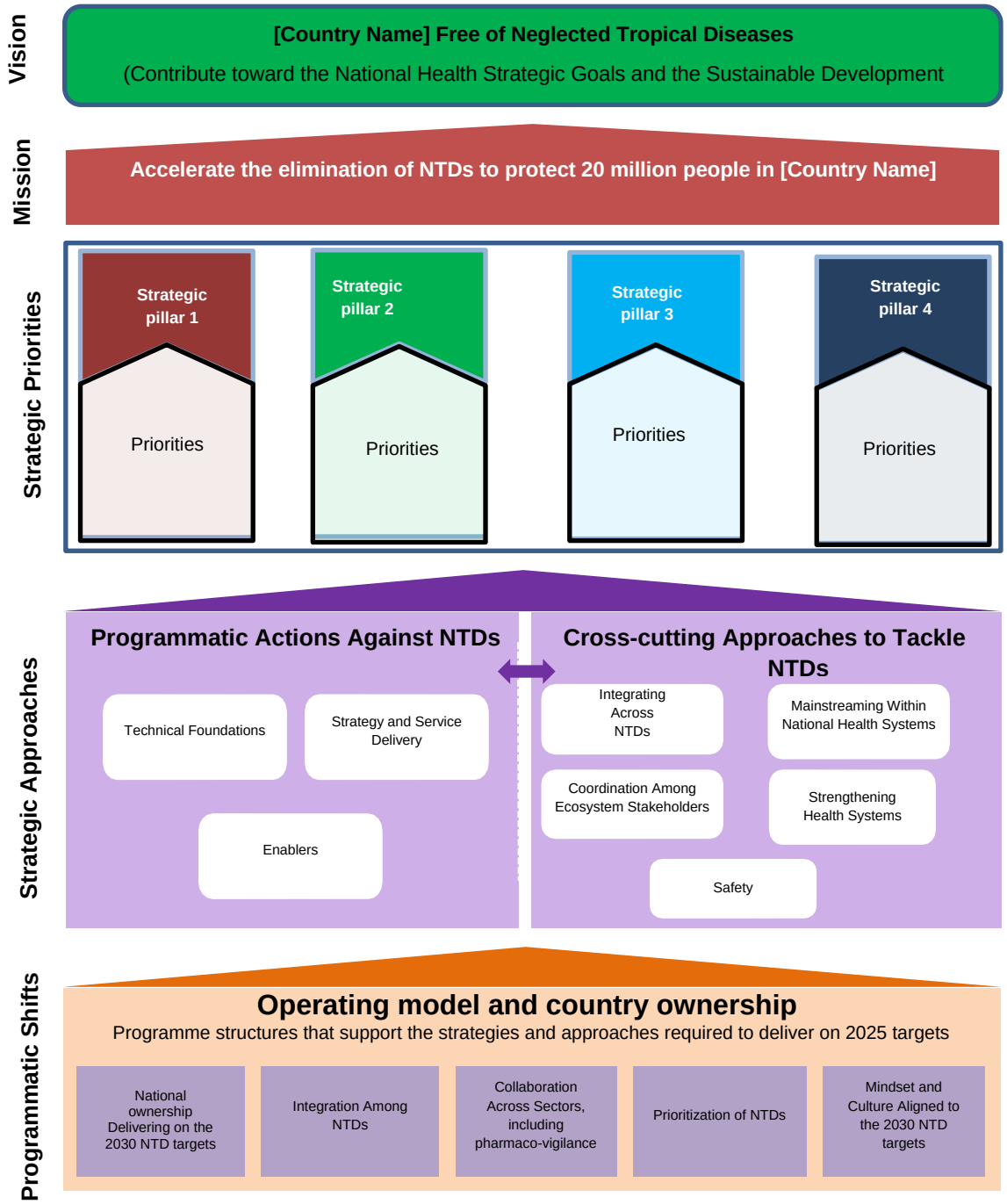


Fig 9. Programme Strategic Agenda Logic Map Template

[7] WHO. Thirteenth General Programme of Work 2019–2023. Page 4. Available https://apps.who.int/iris/bitstream/handle/10665/324775/WHO-PRP-18.1-eng.pdf

PART 3

Implementing the Strategy: NTD Operational Framework

In line with the 2021- 2030 NTD Global Roadmap, this strategic plan is geared towards ensuring three fundamental shifts in the approach to tackling NTDs: **first**, increase accountability for impact by using impact indicators instead of process indicators, as reflected by the targets and milestones in Part II and accelerate programmatic action; **secondly**, move away from siloed, disease-specific programmes by mainstreaming programmes into national health systems and intensifying cross-cutting approaches centred on the needs of people and communities: and **thirdly**, change operating models and culture to facilitate greater ownership of programmes by countries.

Section 3.1: Strategic priorities and Key Activities

Table 15: Strategic Pillar 1 - Accelerating programmatic action

Strategic Priorities	Key Activities	Time frame	Resources needed
Strategic priority 1*: Scale up integrated preventive chemotherapy to achieve 100% geographic coverage and treatment access to lymphatic filariasis and Onchocerciasis.*	Implement preventive chemotherapy for SCH and STH in all provinces	April/Oct 2021	Human Resources, Financial resources, vehicles and medication.
	Conduct mapping of trachoma in the remaining 21 IUs.	2021	Human resources & material resources; Budget
Strategic priority 2:			

Strategic priority 3:			

Section 3.2: Toward Programme Sustainability: Intensifying Coordination and Partnerships

WHO is currently developing a sustainability framework and investment case for countries documents which a company the NTD Roadmap. The document will be shared once it is available.

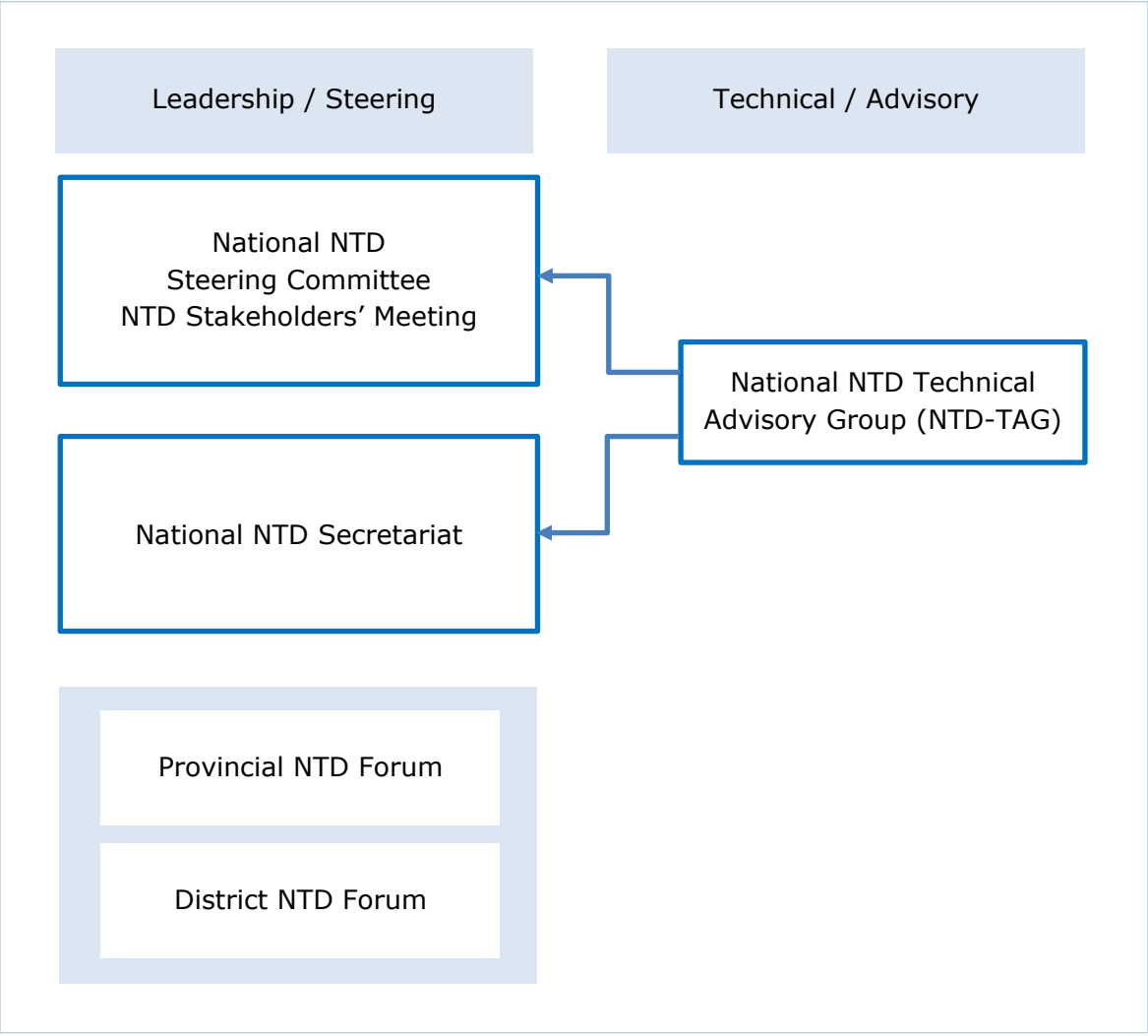


Fig 10. Programme coordination mechanism

Entity	Membership	Terms of Reference
National NTD Steering Committee		
Meeting frequency: Chair: Host:		
National NTD Secretariat		
Meeting frequency: Chair: Host:		
National NTD Technical Advisory Group		
Meeting frequency: Chair: Host:		
Provincial NTD Secretariat		
Meeting frequency: Chair: Host:		

Fig 11. Membership and Terms of Reference – Programme Coordination Mechanism

This section provides the partners in the country including the implementing partners, donors, private and public partnership, such as Ministry of Agriculture, Ministry of Education, Pharmacovigilance Center, or thematic partners such as One-Health partners or specific donors. (Refer Figure 18, 19, 22 and 23 of the NTD Roadmap)

Table 16. Partnership Matrix

State	NTDs (List)	Veterinary (List)	WASH (List)	IVM (List)	One-Health (List)	Education (List)	Malaria (List)

Section 3.3: Assumptions, Risks and Mitigations

Risk is the process of examining how likely risk will arise in the implementation of NTD programme. It also involves examining how the programme outcome and objectives might change due to the impact of the risk. The impact could be in terms of schedule, quality and cost.

Risk mitigation is the process of developing options and actions to enhance opportunities and reduce threats to the programme objectives. Risk mitigation progress monitoring includes tracking identifiable risks, identifying new risks, and evaluation risk process effectiveness throughout the programme period.

Table 17. Risk Criteria and Assessment

Potential Risk	Before risk mitigation			Risk Mitigation	After risk mitigation		
	Likelihood of occurrence	Impact	Score		Likelihood of occurrence	Impact	Score
	Certain =5 Likely =4 Possible =3 Unlikely =2 Rare =1	Severe =5 Major =4 Moderate =3 Minor =2 Insignificant =1	Likelihood x Impact		Certain =5 Likely =4 Possible =3 Unlikely =2 Rare =1	Severe =5 Major =4 Moderate =3 Minor =2 Insignificant =1	Likelihood x Impact
Risk Type							
Risk Type							

Risk Rating (Likelihood x Impact)	
19 – 25	Severe
13 – 18	Major
7 – 12	Moderate
0 – 6	Minor

MITIGATION

Managing risk means mitigating the threats or capitalizing on the opportunities that uncertainty presents to expected results. Failure to identify risks and failures to come up with risk mitigation strategies can and do kill projects. If no mitigation strategy can help, then *change* your strategy and project approach.

Table 18: Steps to mitigate risk	
Avoid	Change plans to circumvent the problem
Control	Reduce threat impact or likelihood (or both) through intermediate steps
Share	Outsource risk (or a portion of the risk) to a third party or parties that can manage the outcome.
Accept	Assume the chance of the negative impact
Monitor	Monitor and review process in which risk management is in place

Section 3.4. Performance and Accountability Framework

In the table below some examples of strategic objectives, performance indicators, targets and date are provided.

Table 19. Performance Indicators for Pillar 1:			
Strategic Priority	Performance Indicators	Target	**Date**
Strategic priority 1: Scale up integrated preventive chemotherapy to achieve 100% geographic coverage and treatment access to lymphatic filariasis and Onchocerciasis.	No of IUs with completed mapping of NTD's	58 IUs	2021
	No of workshops conducted on NTD's	3 workshops per region	Annually
	No of individuals treated for LF	All individuals in endemic IUs (20,235,689)	Annually
	No of individuals treated for oncho	All eligible individuals in endemic IUs (20,235,689)	Biannually
Strategic priority 2:			
Strategic priority 3:			

Strategic priority 4:			

PART 4

Budgeting for Impact: Estimates and Justifications

A budget is a plan for future activities and is a key management tool. It is essential for the national NTD programme to have a simple yet comprehensive budgetary plan in line with the NTD master plan. The budget of the master plan should be:

- Comprehensive;
- Concise;
- Cost-effective;
- Accurate and persuasive to stakeholders.

The information contained in this section will provide guidance on how to create a multiyear NTD programme budget that is concise, comprehensive, realistic and cost-effective using TIPAC.

Table 20. Budgeting Activities

Pillar	Major activities	Cost
Pillar 1		
Pillar 2		
Pillar 3		

Pillar 4		
Total budget		

Annexes

- Steps in designing/reviewing a national NTD Master Plan
- Proposed road map targets, milestones and indicators
- Mainstreaming NTDs into national health systems
- Coordination with health ministries and other ministries and authorities
- Organisational chart of the MoH and the NTD National Programme
- Safety

Annex 1: Steps in designing/reviewing a national NTD Master Plan

I. Prepare and organize

Review the **current NTD plans and status of disease programmes**

Understand national health priorities, e.g. NTD burden, progress towards current goals and potential future gaps

Map relevant stakeholders (within and beyond health) **and existing initiatives related to NTDs**

Set up or use an existing task force to coordinate NTD strategic planning, including e.g. representatives from local levels and other sectors

II. Draft targets and strategies

Review SDGs and the global 2030 road map as a basis for **setting targets for each relevant disease as well as cross-cutting targets**, in the context of existing goals and timelines

Develop draft strategies that account for **necessary action to achieve targets,** noting gaps, barriers and prioritized actions. May include components such as an investment case and collaboration model, and monitoring and evaluation framework.

Ensure strategies are aligned with broader national health strategies

III. Consult and enlist partners

Convene or integrate stakeholders into a committee for all NTDs and include representatives from relevant sectors (e.g. WASH) to review current and proposed strategies

Initiate broader consultations with local, regional and global stakeholders, including e.g.

WHO, individuals and communities affected by NTDs

Use a **map of stakeholders** and feedback to **identify their roles and resources**

IV. Refine plans and actions needed

Refine country NTD plans from feedback from partners

Define the required **domestic and external resources and activities,** and highlight gaps or barriers; **initiate action to close gaps**

Integrate into national health strategies, and **secure the necessary political commitment to implement NTD plans**

Align governance, collaboration and programme structures to ensure attainment of goals

Initiate continuous learning and adapt the strategy

Annex 2: Proposed road map targets, milestones and indicators

Table. Proposed road map targets, milestones and indicators[1]

Overarching global targets

Indicator	2030
Percentage reduction in people requiring interventions against neglected tropical diseases	90%
Number of countries having eliminated at least one neglected tropical disease	100
Number of neglected tropical diseases eradicated	2
Percentage reduction in disability-adjusted life years related to neglected tropical diseases	75%

Cross-cutting targets

Indicator		2030
INTEGRATED APPROACHES	Integrated treatment coverage index for preventive chemotherapy	75%
	Number of countries that adopt and implement integrated skin neglected tropical disease strategies	40%
	Percentage reduction in number of deaths from vector-borne neglected tropical diseases (relative to 2016) – to achieve WHO's global vector control response goal	75%
MULTISECTORAL COORDINATION	Access to at least basic water supply, sanitation and hygiene in areas endemic for neglected tropical diseases – to achieve targets 6.1 and 6.2 of Sustainable Development Goal 6	100%
	Share of the population at risk protected against catastrophic out-of-pocket health expenditure due to neglected tropical diseases – to achieve target 3.8 of Sustainable Development Goal 3	90%
	Share of countries with neglected tropical diseases integrated in national health strategies/plans	90%
UNIVERSAL HEALTH COVERAGE	Share of countries including neglected tropical disease interventions in their package of essential services and budgeting for them	90%
	Share of countries with guidelines for management of neglected tropical disease-related disabilities within national health systems	90%
COUNTRY OWNERSHIP	Share of countries reporting on all relevant endemic neglected tropical diseases	90%
	Share of countries collecting and reporting data on neglected tropical diseases disaggregated by gender	90%

Impact of integrated approaches on disease-specific targets

Disease	Indicator	2020	2023	2025	2030
TARGETED FOR ERADICATION					
Dracunculiasis	Number of countries certified free of transmission	**187** (96%)	**189** (97%)	**191** (98%)	**194** (100%)
Yaws	Number of countries certified free of transmission	**1** (1%)	**97** (50%)	**136** (70%)	**194** (100%)
TARGETED FOR ELIMINATION (INTERRUPTION OF TRANSMISSION)					
Human African trypanosomiasis (gambiense)	Number of countries verified for interruption of transmission	**0**	**0**	**5** (21%)	**15** (62%)
Leprosy	Number of countries with zero new autochthonous leprosy cases	**50** (26%)	**75** (39%)	**95** (49%)	**120** (62%)
Onchocerciasis	Number of countries verified for interruption of transmission	**4** (12%)	**5** (13%)	**8** (21%)	**12** (31%)
TARGETED FOR ELIMINATION AS A PUBLIC HEALTH PROBLEM					
Chagas disease	Number of countries achieving interruption of transmission through the four transmission routes (vectoral, transfusion, transplantation and congenital), with 75% antiparasitic treatment coverage of the target population	**0**	**4** (10%)	**10** (24%)	**15** (37%)
Human African trypanosomiasis (rhodesiense)	Number of countries validated for elimination as a public health problem (defined as <1 case/10 000 people/year, in each health district of the country averaged over the previous five-year period)	**0**	**2** (15%)	**4** (31%)	**8** (61%)
Leishmaniasis (visceral)	Number of countries validated for elimination as a public health problem (defined as <1% case fatality rate due to primary visceral leishmaniasis)	**0**	**32** (43%)	**56** (75%)	**64** (85%)

Note: In certain cases, reference to "countries" should be understood to signify countries, territories and areas.

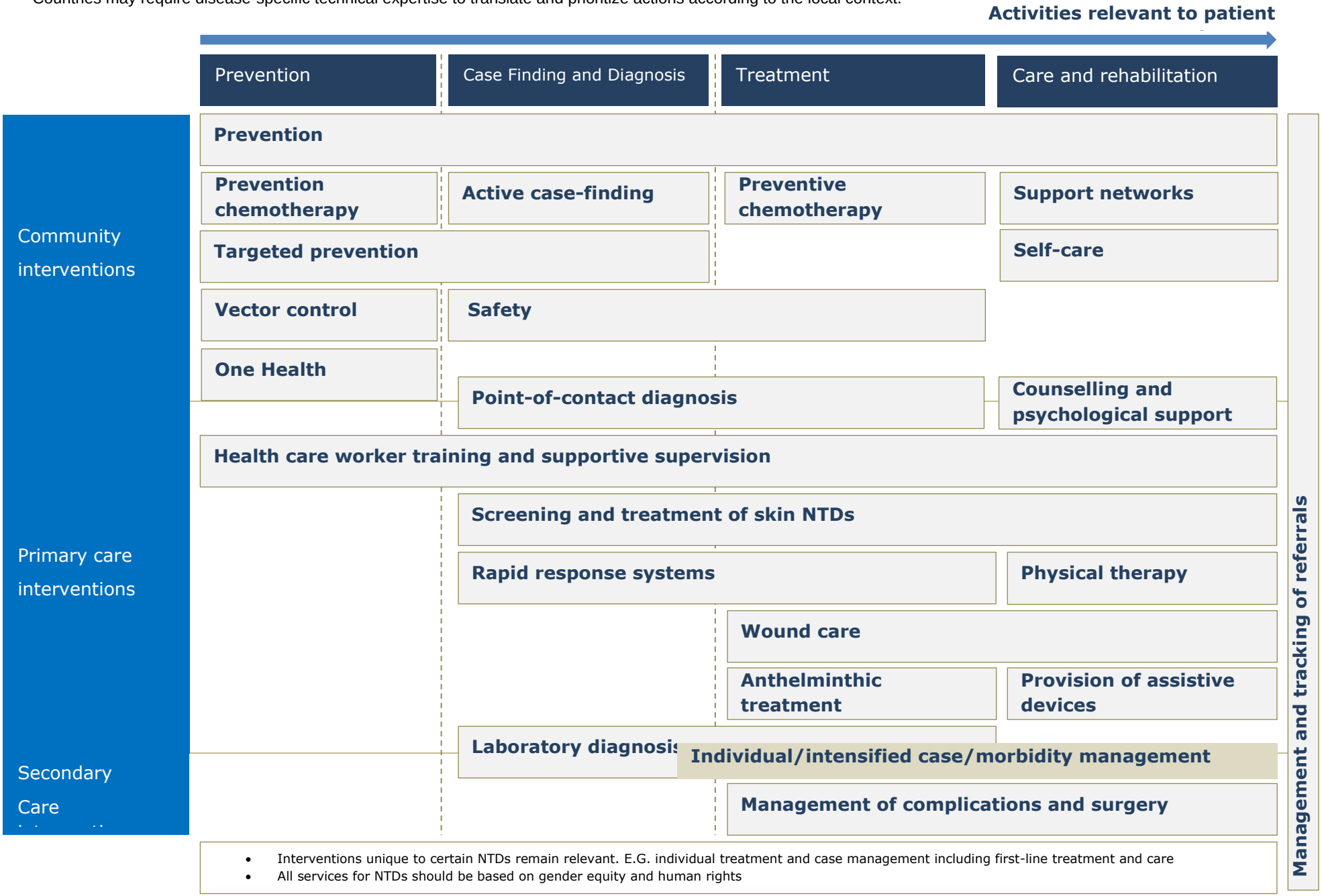
Table. Proposed road map targets, milestones and indicators[1] (cont'd)

Disease	Indicator	2020	2023	2025	2030
TARGETED FOR ELIMINATION AS A PUBLIC HEALTH PROBLEM					
Lymphatic filariasis	Number of countries validated for elimination as a public health problem (defined as infection sustained below transmission assessment survey thresholds for at least four years after stopping mass drug administration; availability of essential package of care in all areas of known patients)	**19** (26%)	**23** (32%)	**34** (47%)	**58** (81%)
Rabies	Number of countries having achieved zero human deaths from rabies	**80** (47%)	**89** (53%)	**113** (67%)	**155** (92%)
Schistosomiasis	Number of countries validated for elimination as a public health problem (currently defined as <1% proportion of heavy intensity schistosomiasis infections)	**26** (33%)	**49** (63%)	**69** (88%)	**78** (100%)
Soil-transmitted helminthiases	Number of countries validated for elimination as a public health problem (defined as <2% proportion of soil-transmitted helminth infections of moderate and heavy intensity due to *Ascaris lumbricoides*, *Trichuris trichuria*, *Necator americanus* and *Ancylostoma duodenale*)	**7** (7%)	**60** (60%)	**70** (70%)	**96** (96%)
Trachoma	Number of countries validated for elimination as a public health problem (defined as (i) a prevalence of trachomatous trichiasis "unknown to the health system" of <0.2% in ≥15-year-olds in each formerly endemic district; (ii) a prevalence of trachomatous inflammation—follicular in children aged 1–9 years of <5% in each formerly endemic district; and (iii) written evidence that the health system is able to identify and manage incident cases of trachomatous trichiasis, using defined strategies, with evidence of appropriate financial resources to implement those strategies)	**9** (14%)	**28** (44%)	**43** (68%)	**64** (100%)
TARGETED FOR CONTROL					
Buruli ulcer	Proportion of cases in category III (late stage) at diagnosis	**30%**	**<22%**	**<18%**	**<10%**
Dengue	Case fatality rate due to dengue	0.80%	**0.50%**	**0.50%**	**0%**
Echinococcosis	Number of countries with intensified control for cystic echinococcosis in hyperendemic areas	**1**	**4**	**9**	**17**
Foodborne trematodiases	Number of countries with intensified control in hyperendemic areas	N/A	**3** (3%)	**6** (7%)	**11** (12%)
Leishmaniasis (cutaneous)	Number of countries in which: 85% of all cases are detected and reported and 95% of reported cases are treated	N/A	**44** (51%)	**66** (76%)	**87** (100%)
Mycetoma, chromoblastomycosis and other deep mycoses	Number of countries in which mycetoma, chromoblastomycosis, sporotrichosis and/or paracoccidioidomycosis are included in national control programmes and surveillance systems	**1**	**4**	**8**	**15**
Scabies and other ectoparasitoses	Number of countries having incorporated scabies management in the universal health coverage package of care	**0**	**25** (13%)	**50** (26%)	**194** (100%)
Snakebite envenoming	Number of countries with incidence of snakebite achieving reduction of mortality by 50%	N/A	**39** (30%)	**61** (46%)	**132** (100%)
Taeniasis/cysticercosis	Number of countries with intensified control in hyperendemic areas	**2** (3%)	**4** (6%)	**9** (14%)	**17** (27%)

Note: In certain cases, reference to "countries" should be understood to signify countries, territories and areas.

Annex 3: Mainstreaming NTDs into national health systems

Countries may require disease-specific technical expertise to translate and prioritize actions according to the local context.



Annex 4: Coordination with health ministries and other ministries and authorities

Health ministry

Activities of health ministry departments that are relevant for NTDs

Global vector control response (may be under the ministry of environment in some countries)

Use of repellents and traps, e.g. insecticide-treated bed nets, screens, insecticides or molluscicides, fogging

Environmental management to minimize mosquito habitats, including:

- **Housing improvements** (in collaboration with ministry of infrastructure), e.g. plans to build vector-free housing, including safe storage of water, sanitation, window screens, and ensuring air flow to prevent vector entry and to help to keep houses cool
- **Container management,** e.g. covering, emptying, cleaning and disposing of containers (e.g. old tyres)
- **Draining or treating stagnant water** (in collaboration with ministry of water and WASH)

Behavioural change, e.g. wearing long clothing

Use of other innovative approaches, e.g. release of modified, transgenic or sterile vectors, spatial repellents to stop vector entry into households

Mental health

Psychological support and counselling services for NTD patients

Routine assessment of mental health for patients with specific NTDs, particularly those with chronic conditions

Disability and inclusion

Treatment of disability and morbidity management, e.g. physical therapy
Provision of support services and devices, e.g. walking devices and prosthetics
Training for self-management of disability and self-care

Women's and child health

Awareness-building about diseases for which women and children are disproportionately at risk or for which there are particular manifestations in women (e.g. female genital schistosomiasis)

Use of pre- and post-natal contacts, e.g. in maternal health clinics, to deliver interventions, e.g. deworming tablets, and supplements (e.g. iron) for pregnant women and children to prevent anaemia

Pharmaco vigilance

Official regulatory authority for drug safety and adverse event reporting.

Expertise in adverse drug reactions, their investigation, and management

Expertise in communicating information on risk and in mitigating misinformation about adverse events

Eye health

Promotion of eye care, e.g. face-washing, protecting eyes and eye examinations

Provision of treatment for eye conditions related to NTDs, including surgery when required

Nutrition

Access to better nutrition to strengthen immune systems and reduce susceptibility to infection, e.g. for visceral leishmaniasis for which malnutrition is a risk factor

Provision of food and supplements (e.g. iron and vitamin A) to combat common side-effects of NTDs, such as anaemia and nutritional impairment

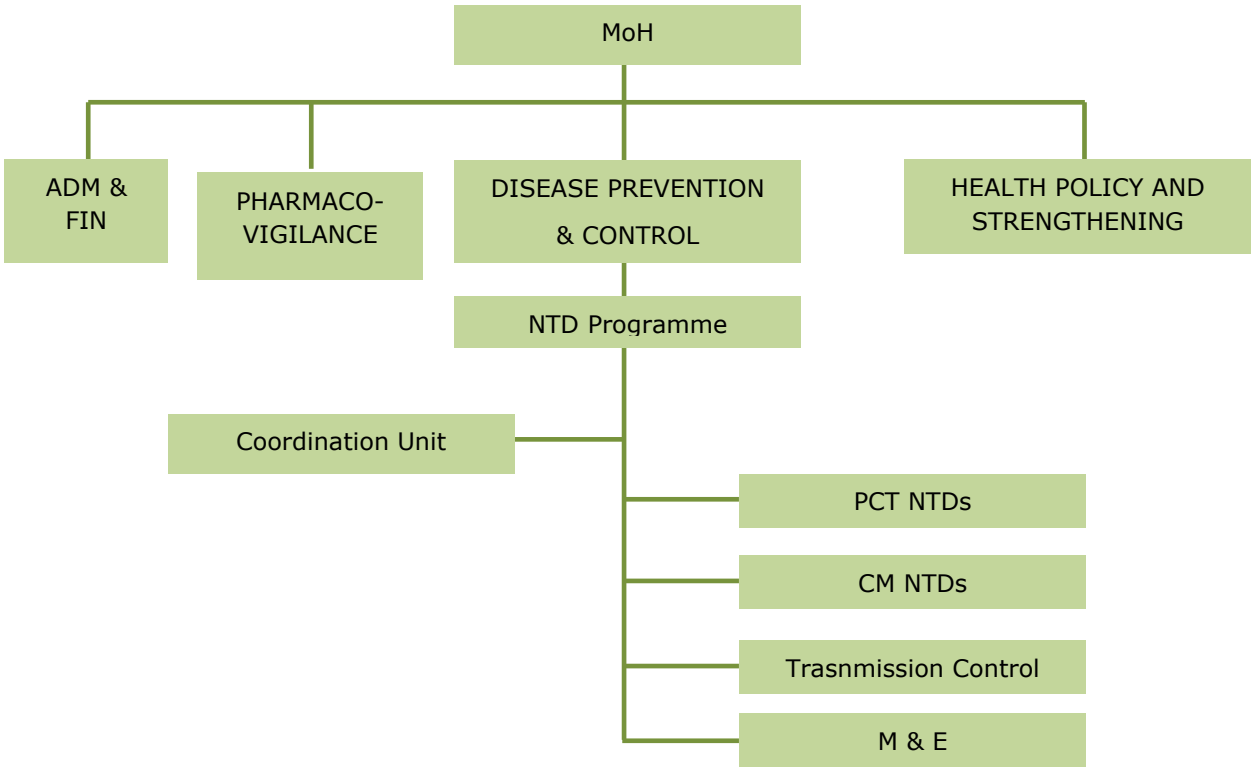
Other disease programmes

Immunization programmes: joint delivery of preventive chemotherapy to pre-school-age children
Tuberculosis: joint detection of paragonimiasis (foodborne trematodiases), leprosy and other mycobacterial diseases, e.g. Buruli ulcer

Malaria: joint diagnosis with human African trypanosomiasis, vector control against *Anopheles* mosquitoes

HIV/AIDS: education about risks, e.g. of coinfection with certain NTD

Annex 5: Organisational chart of the MoH and the NTD National Programme



Annex 6: Safety

Safety is critical for the success of programmes to control and eliminate neglected tropical diseases (NTDs). Attention to safety is also required to fulfil the core ethical obligation of public health programmes to 'do no harm' while delivering health benefits. Safety should be embedded in, and permeate, all aspects of NTD programmes, including training; supervision; drug supply and management; preventive chemotherapy; communication with communities; programme monitoring; and prompt SAE investigation and reporting.

Safety has long been a consideration for NTD programmes. For example, drugs that are donated for preventive chemotherapy are manufactured according to the highest standards of safety and quality. However, maintaining safety requires ongoing vigilance, particularly in administering preventive chemotherapy, which now reaches more than 1 billion persons each year. For example, deaths continue to be reported among children who choke on tablets during preventive chemotherapy.

Safety is not automatic. It must be considered, planned for, and integrated across all components of NTD programmes. Few NTD Master Plans currently include safety-related objectives or targets. As a result, safety has not received the attention it deserves. NTD programmes are not alone in this regard; in response to the growing problem of 'medical error,' WHO recently launched a world patient safety initiative to improve safety in all medical and public health settings (WHA72.6). Including safety as an integral part of NTD Master Plans can ensure that safety receives adequate attention in NTD programming. This annex provides guidance to NTD programme managers in addressing safety as they draft and implement national NTD Master Plans.

Organizational and systems preparedness

The WHO NTD Road Map, 2021-2030 addresses safety primarily in the context of safe drug management and response to adverse reactions. For example, Figure 6 in the NTD Road Map refers to "safe administration of treatment and diligent monitoring and response to adverse events" as a key dimension for assessing programme actions.

Safe drug administration and competent responses to adverse events require advance planning as well as organizational preparedness, both within and beyond the ministry of health. National pharmacovigilance centres represent a key, but often overlooked resource for NTD Programmes in planning for, and responding to, drug-related adverse events. Pharmacovigilance centres have regulatory authority and responsibility for investigating and reporting adverse events, and they can provide essential resources and expertise to NTD programmes when serious adverse events (SAEs) occur. Collaboration with national pharmacovigilance centres should be highlighted in NTD Master Plans. Relevant sections of the Master Plan Guidelines for such collaboration include: section 1.2.2 (health systems analysis); table 2 (health system building blocks); section 1.4.2 (performance of closely-related programmes); and Figure 9 (cross-cutting approaches to tackle NTDs). Pharmacovigilance agency representatives should be included in National NTD Technical Advisory Group (Figure 11).

A second high-priority area for preparedness is communications. Concern about adverse events is one of the main reasons for refusal to participate in preventive chemotherapy. When adverse events – or even rumours of them – occur, clear, effective communication is essential. Increasingly, this involves social media. NTD Master Plans should specify the development and periodic review of a strategic communications plan, which addresses key safety messages during community mobilization; identifies spokespersons who can be trained and 'on ready' during mass drug administration; and coordinated responses to adverse events and other situations that cause community panic or threaten the program.

Relevant sections of the Master Plan Guidelines include Table 14 (with the addition of risk and crisis communication) and Pillar 3 (country ownership).

Safe drug management and storage

Many NTD Master Plans address the need for safe management, storage, and shipment of NTD drugs, as does the 2021-2030 NTD road map. It is important that NTD Master Plans continue to highlight these factors. As preventive chemotherapy becomes increasingly integrated and drugs are co-administered, safe drug management is essential for preventing mix-ups and improper dosing.

Safety training and safe drug administration

Safe drug administration depends on the quality of the interaction between the CDD and persons participating in preventive chemotherapy. CDDs should understand that safety is as important as high drug coverage, and should be trained and skilled in ensuring correct dosing and preventing choking (such as insisting on observed treatment, crushing deworming tablets, and not forcing young children to take medicine against their will). CDDs should adhere to exclusion criteria (e.g., first trimester of pregnancy) and should know how to respond to choking events (e.g., Heimlich manoeuvre). Mass drug administration for onchocerciasis in areas endemic for loiasis presents additional challenges to prevent neurologic SAEs, and should be addressed in NTD Master Plans.

Managing adverse events

Inadequate or poorly-executed responses to SAEs pose a threat to NTD programmes. NTD Master Plans should include objectives and activities specifically directed at recognition, response, investigation, reporting – and ultimately, prevention – of SAEs. They can include process objectives for preparedness and response to adverse events, as well as targets for collaboration with national pharmacovigilance agencies, strategic communications planning, and stakeholder awareness of procedures for responding to SAEs. Zero choking deaths would be an example an outcome target.

Integrating safety into NTD Master Plans

There are many opportunities for integrating safety into NTD Master Plans, which is facilitated by the systematic approach recommended in this document for developing NTD Master Plans. A first step may be to include safety – 'do no harm' – as a guiding principle in Table 13.

In Part I of the document, NTD Situation Analysis, the SWOT analysis (section 1.5) should consider SAEs and other safety issues as potential threats to be addressed, and the health systems analysis (section 1.2.2) should include pharmacovigilance agencies.

In Part II, Strategic Agenda, safety may be considered as a programme goal, and specific targets established (such as no choking deaths). Two strategic pillars (section 2.4) are particularly relevant for safety: cross-cutting approaches and country ownership. Safety is an issue that cuts across all aspects of NTD programmes, and all diseases. GPW13 highlights "safe, effective, and affordable essential medicines and their correct administration and use" in UHC. In addition, systems for identifying, responding to, reporting, and preventing SAEs and promoting drug safety are essential for country ownership of NTD programmes. Safety strategies and targets are also appropriate for specific diseases, e.g., for onchocerciasis control in areas endemic for loiasis (Table 11).

In Part III, Implementing the Strategy, pharmacovigilance centres should be included in plans for coordination (Figure 11). Safety can feature prominently in Section 3.3, on assumptions, risks (e.g., choking; addressing rumours), and mitigation; and in Section 3.4, on performance accountability. Specific process and outcome indicators should be developed that address the safety issues of highest priority to national programmes.

Conclusion

Addressing safety in NTD Master Plans will have far-reaching consequences for improving programme quality. Additional details on NTD programme safety can be found in the WHO document, *Safety in Administering Medicines for Neglected Tropical Diseases,* which outlines approaches to establishing and nurturing collaboration with pharmacovigilance agencies, developing preparedness and excellence in communications, and creating systems to detect, respond to, and prevent SAEs.

Annex 7 Supporting data-informed decision making

Good data are essential to track progress towards the milestones and goals set by the new WHO NTD Roadmap. Quality, accessible, timely, reliable disaggregated data are needed at every NTD programme stage and are key for responsive and efficient decision-making. They support planning and management of key activities and underpin progress monitoring for strategic priorities identified in Country NTD Master Plans. Developing a culture of data-driven programming also ensures strengthened accountability, boosting confidence and programme support. To assist countries with collecting and using data, ESPEN have developed two PC-NTD data platforms: ESPEN Survey Services and the ESPEN Portal.

ESPEN Survey Services facilitates the collection of standardised disease-specific epidemiological data, improving data quality and timeliness. This is built around the ESPEN Collect mobile application platform to collect, store and visualise real-time data. ESPEN Collect currently supports disease-specific surveys that collect data to populate the Joint Application Package, as well as PC coverage surveys.

ESPEN Portal (https://espen.afro.who.int) supports Member States in using PC-NTD for action by providing easy access to quality data products and tools. Many NTD programmes face multiple challenges around data access and use, including fragmented data management systems and limited capacity to bring together and analyse data. Through the ESPEN data portal, health officials and their partners can access disaggregated, longitudinal disease-specific and integrated datasets and maps, together with action-oriented analytics and tools – all developed from data provided by health ministries to ESPEN through WHO reporting processes.

This annex highlights some of the available ESPEN data resources of most relevance for NTD programme review and policy development, and suggests how these might support compilation of strategic, evidence based NTD Master Plans, in line with the WHO 2030 Roadmap.

★ AVAILABLE THROUGH YOUR ESPEN PORTAL COUNTRY PAGE:

(i) PC-NTD Progress Dashboards and comprehensive data repository: The ESPEN data team have compiled epidemiological and programmatic data submitted by health ministries through the Joint Application Package into a master database, linking IUs through time and across diseases. You can think of this as an alternative national NTD database, describing past and on-going programme activities. These data have been used to generate County Progress Dashboards for each disease, summarising progress along the elimination framework. Also available are IU-level maps and datasets showing prevalence data (from both baseline mapping and impact assessments, at IU and site level); current endemicity and co-endemicity status; PC coverage by year; and cumulative number of PC rounds.

→ These are all vital resources for firstly completing Sections 1.3 Gap Analysis and 1.4 Programme Context Analysis of the Master Plan document, and secondly informing the identification and development of Strategic Priorities (Section 2). They also provide the contemporary baseline and gap information required to set relevant targets in the Performance and Accountability Framework (Section 3.4).

(ii) Integrated WaSH data resource: Water, sanitation and hygiene (WaSH) are critical in the prevention and care of NTDs. Through your Country page, you can access information and interactive maps on access to water and sanitation at IU-level, highlighting areas of opportunity for coordination between WaSH and NTD activities at local levels to maximise the effectiveness of NTD programmes. This is useful for better describing programme context within the Master Plan.

(iii) Forecasting dashboards: By combining information on programme context and current progress within a framework outlining required activities by programme stage, ESPEN have developed forecasts that project the expected trajectory of PC and impact assessment activities for each implementation unit through to 2030. Projections can be downloaded as a simple workbook or visualised through the ESPEN Portal country pages.

→ This key strategic tool provides valuable support for programmes to set realistic year targets for disease-specific milestones (Section 2.2.2) and identifying appropriate timeframes for conducting each key activity within the strategic priorities (Section 3.1). This resource also supports the development of a realistic multiyear programme budget, by clearly outlining expected activities by year (Part 4).

★ OTHER ESPEN RESOURCES:

(iv) ESPEN Survey Services: After programmes have used the information available from the forecasting dashboards to map out when disease specific impact assessments might be expected and where, ESPEN Survey Services can support the collection of high-quality epidemiological data. As well as assessing performance, these data can be used to adjust expectations on timeframes and indicate areas requiring investigation or increased investment.

(v) Aligned data tools: using modelling to support responsive implementation: The ESPEN forecasting tool provides a projection based on programmes where implementation has gone as planned, and prevalence followed the expected trajectory. NTD programs can however be affected by many factors that impact the likely success. Working with the NTD Modelling Consortium, ESPEN have made available computer models tailored to each country (and to each implementation unit) that can (i) support programmes in identifying in advance areas that may require intensified interventions, and (ii) investigate potential explanations for observed poor performance. These can be used to tailor intervention strategies to target potential problem areas more effectively and refine targets to account for these challenges.

Here were present a few case studies describing how this modelling tool may be used to inform action.

1. In a given setting, baseline prevalence surveys for SCH suggested very high prevalence in school-aged children for several IUs. For these IUs, will annual treatment of school-age children be enough to achieve elimination as a public health problem within 5-6 years?

For each IU, the modelling tool considers local transmission dynamics (informed by available baseline data) to project the likely impact of control activities. The better the baseline prevalence data, the more confidence we can be in these projections. Users can use the tool to study whether they might be expected to reach programme goals given standard interventions and can explore the effect of increasing the number of PC rounds per year or expanding to include other age groups. The results may suggest that in this setting, programme goals are very unlikely to be achieved in the stated timeframe unless treatment is expanded to adults.

2. As a result of COVID-19, a round of trachoma PC was missed in all endemic IUs across the country. What effect might this have had on the programme, and is that effect likely to have been the same everywhere?

Occasionally missed rounds occur for diverse reasons. As the tool considers both the local transmission dynamics and history of control for each IU, it can provide an estimate of current endemicity. Users can use the tool to compare the expected IU prevalence with and without this missed round of PC (to assess the likely impact) and then explore potential mitigation strategies - such as adding an extra round next year or increasing programme coverage. For diseases like trachoma, STH and schistosomiasis the impact of a missed round may have a longer-term impact due to fast re-infection rates. This is particularly true in areas with high prevalence.

3. An IU has failed a pre-TAS survey, despite reporting 5 years of treatment at >90% population coverage. Why might this have happened?

Robust treatment coverage surveys can provide a useful indication of whether reported treatment rates are too high. In the absence of such data however, the modelling tool can be used to explore potential explanations by comparing the modelled prevalence trajectory with that seen from the pre-TAS survey data. For example, could differing patterns of treatment among different population groups have played a role?

By comparing various treatment scenarios (for example, consistent low coverage in a large proportion of the population, such as adult males) programme managers can identify if specific actions may be required. These might include a concerted campaign to increase coverage in non-compliant groups.