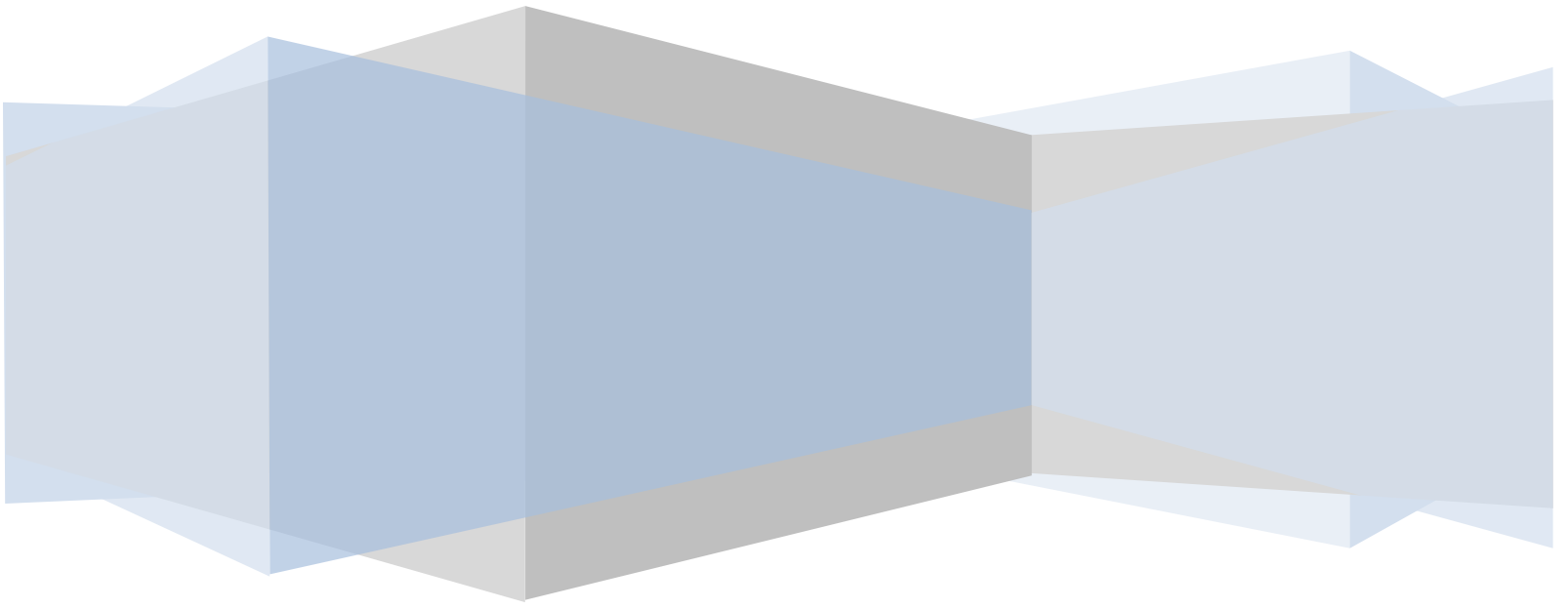
SIERRA LEONE NTD MASTER PLAN 2023-2027



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ACRONYMNS

WORDS	ACRONYMNS	WORDS	ACRONMYS
ALB	Albendazole	SECHNs	State Enrol Community Health Nurses
ACT	Artemisinin Combination Therapy	GDP	Gross Domestic Product
APOC	African Programme for Onchocerciasis Control	GNP	Gross National Product
BU	Burulli Ulcer	GOSL	Government of Sierra Leone
CBS	Community Based Surveillance	GPELF	Global Programme for Elimination of Lymphatic Filariasis
CDD	Community Drug Distributor	GWE	Guinea Worm Eradication
CDTI	Community Directed Treatment with Ivermectin	HAT	Human African Trypanosomiasis
CHDs	Child Health Days	HMIS	Health Information Management System
CHO	Community Health Officer	HIV	Human Immunodeficiency Virus
CHW	Community Health Worker	HSSP	Health Sector Strategic Plan
CM-NTD	Case Management (NTDs)	IDSR	Integrated Diseases Surveillance and Response
CMO	Chief Medical Officer	IEC	Information Education and Communication
DALYs	Disability Adjusted Life Years	IRS	Indoor Residual Spraying
DEC	Diethyl Carbamazine Citrate,	ITNs	Insecticide Treated Nets
DFMO	DL - (Eflornithrine),alpha-difluoro-methyl-ornithine	IU f	Implementation Unit
DHMT	District Health Management Team	LF	Lymphatic Filariasis
DMO	District Medical Officer	LFE	Lymphatic Filariasis Elimination
DHS	Demographic and Health Survey	MADP	MectizanAlbendazole Donation Programme
DPHC	Director of Primary Health Care	MCH	Maternal and Child Health
DDPC	Directorate of Disease Prevention and Control	MBD	Mebendazole
DPPI	Directorate of Policy. Planning and Information	MDA	Mass Drug Administration
ESPEN	Expanded Special Project for Elimination of Neglected TropicalDiseases	MoHS	Ministry of Health and Sanitation
GAVI	Global Alliance for Vaccines and immunization	NAS	National AIDS Secretariat
FIFO	First-in- first-out	NGDO	Non-Governmental Development Organization
GDP	Gross Domestic Product	NGO	Non-Governmental Organization
GoSL	Government of Sierra Leone	NTDs	Neglected Tropical Diseases
GPELF	Global Programme for Elimination of Lymphatic Filariasis	SBE	Snake Bite Envenoming

OCP	Onchocerciasis Control Programmes	SLNNS	Sierra Leone National Nutrition Survey
PCT	Preventive Chemotherapy (NTDs)	Stats SL	Statistics Sierra Leone
PELF	Programme for Elimination of Lymphatic Filariasis	SCH	Schistosomiasis and Soil Transmitted Helminthiasis
PEST	Political, Economic, Social and Technological Analysis	STH	Soil Transmitted Helminthiasis
PHC	Primary Health Care	SWOT	Strengths, Weaknesses, Opportunities, and Threats
PHU	Peripheral Health Unit	TAS	Transmission Assessment Survey
PMTCT	Prevention of Mother to Child Transmission	TIPAC	Tool for Integrated Planning and Costing
PRSP	Poverty Reduction Strategy Paper	TOR	Terms of Reference
PNF	Partner Network Forum	TRA	Trachoma
PZQ	Praziquantel	SPTDR	Special Programme for Tropical Diseases Research
OCP	Onchocerciasis Control Programmes	TDR	United Nations Development Programme
PCT	Preventive Chemotherapy (NTDs)	UNDP	United States Agency for International Development
SAC	School Age Children	UNICEF	United Nations Children's Fund
SAEs	Severe Adverse Events	USAID	United States Agency for International Development
SBCC	Social and Behaviour Change Communication	VCCT	Voluntarily Confidential Counselling and Testing
SCH	Schistosomiasis	WFP	World Food Programme
SDGs	Sustainable Development Goals	WHA	World Health Assembly

DEFINITION OF TERMS

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 WHOM.

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 diseases 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.)

ACKNOWLEDGEMENT

The review of this Neglected Tropical Diseases Programme Master Plan is the product of a long and complex process of intensive consultations, teamwork on specific assignments, detailed studies of the last master plan and information gathering from other reference sources. I would like to thank all Directors and Programme Managers of the Ministry of Health and Sanitation for providing policy guidance and technical directions. The process involved World Health Organization, implementing partners like Helen Keller International, Sightsavers and other stakeholders.

Special thanks go to the World Health Organization Consultants Dr. Dorcas Alusala, Dr. Frederick Maloba Dr. Ngozi Njepuome and World Health Organization NTD Technical Officer, Dr. Louisa Ganda, the Helen Keller International team lead by the Head of Programs Mr. Mohamed S. Bah and Health Programme Officer of Sightsavers, Mrs.Tiangay Gondoe.

I also wish to sincerely thank the National Neglected Tropical Disease Programme staff lead by the Programme Manager, Dr. Ibrahim Kargbo-Labour and the entire staff of the Ministry of Health and Sanitation and partners who participated in the development of this Master Plan. The Government of Sierra Leone appreciates the financial and technical support given by World Health Organization and Helen Keller International for the development of this plan. Finally, the Ministry expresses its appreciation to all other individuals and institutions who continue to contribute towards the fight to eliminate NTDs in Sierra Leone.

Dr. Sartie Kenneh

Acting Chief Medical Officer

Ministry of Health and Sanitation

FOREWORD

This National Strategic Master Plan (2023-2027) for the control and elimination of Neglected Tropical Diseases (NTDs) has been developed in line with the Ministry of Health and Sanitation's vision, of transforming Sierra Leone into a nation free from all Neglected Tropical Diseases. It is a multi-sectoral plan, and a product of extensive consultations with partners and stakeholders, that will guide the implementation of interventions for NTDs in an integrated manner to maximise benefits. This Multi-Year Strategic Plan of action for the control of Neglected Tropical Diseases comes at a time when there is global goodwill for control and elimination of Neglected Tropical Diseases. As such it is my hope that all stakeholders will play their respective roles and responsibilities in supporting the implementation of this master plan.

In Sierra Leone, there are multiple Neglected Tropical Diseases out of which Guinea Worm Disease was successfully eliminated in 2009. These diseases of poverty constitute serious impediment to socioeconomic development and quality of life of the people with grave impact on individuals, families and communities. The high disease burden leads to loss of productivity, aggravation of poverty as well as high cost of long-term care due to their morbidity. Neglected Tropical Diseases cause disfigurement and disability leading to stigma and social discrimination with mental health challenges.

The Government of Sierra Leone's commitment to uplifting the socioeconomic status of all her citizens is clearly articulated in Sierra Leone's New Direction. In compliance with this national agenda, the Ministry of Health and Sanitation will spearhead the implementation of this national master plan of action for the control and/or elimination of Neglected Tropical Diseases (2023-2027) with the vision of making Sierra Leone free of Neglected Tropical Diseases. This vision will be achieved through implementation of the WHO recommended public health strategies for the prevention, control and elimination of Neglected Tropical Diseases. These interventions include: Preventive Chemotherapy, Case Management, Vector Control, Provision of Safe Water, Sanitation, Hygiene, Pharmacovigilance, One Health approaches and Surveillance. Evidence suggests that more effective control results are achieved when all the approaches are combined and delivered concurrently.

The Ministry of Health and Sanitation will mobilize Development Partners to raise the resources needed for the realisation of the goal of the country NTD Master Plan. The Ministry in collaboration with all relevant stakeholders has jointly developed this Plan to ensure effective implementation, supervision, monitoring and evaluation, surveillance and research. All stakeholders, including local communities, will be engaged in its implementation and awareness creation through concerted health promotion and education strategies.

It is my expectation that this comprehensive NTDMaster Plan will be a major step towards the goal of eliminating Neglected Tropical Diseases in Sierra Leone and I implore all stakeholders to put all effort into its implementation to enable the country to achieve its vision of a nation free of NTDs.

Dr. Austin Demby
Minister of Health and Sanitation

EXECUTIVE SUMMARY

Sierra Leone has developed a new comprehensive multi-year Master Plan (2023-2027) to guide intensified action towards elimination and control of Neglected Tropical Diseases (NTDs). The NTD Master Plan document addresses all components of the NTD Programme and is the instrument for successful planning and implementation of sustainable NTD Programmes in Sierra Leone (SL). The new NTD Master Plan presents the goal, the vision and mission of the NTD Programme and the strategies that will guide programme implementation over its 5-year life cycle. The document was developed following a robust multi-sectoral situation analysis of the on-going Programme status, the achievements, challenges and gaps.The previous SL Master Plan which expired in 2020 was implemented from 2015-2020 and with the current global emphasis on elimination of targeted NTDs, the country is opportune to revise herMaster Plan to ensure accelerated control and elimination of endemic NTDs.

Thenew Plan takes into cognisance the recommendations of current national and international guidance documents under the leadership of the World Health Organisation,including the*WHO NTD Global Roadmap (2021–2030),* the Master Plan Guidelines, WHO Afro Region (2021),the 13th General Programme of Work and the Sustainable Development Goals.Dueconsideration was given to processes for safely undertaking NTD activities in a post COVID-19new era as well as anticipatory risk identification and mitigation strategies.

The four sections of the new Master Plan are:

- **NTD Situation Analysis.** Describes the environment within which the NTD Programme will be 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.** This section provides an overview of the targets and milestones for all NTDs that are endemic in the countries.
- **Implementing the Strategy: NTD Operational Framework.** Emphasis is on the three fundamental shifts in the approach to tackling NTDs- Increased accountability for impact- a move away from siloed, disease-specific Programmes to mainstreaming into health systems; intensifying cross-cutting approaches and engendering greater ownership of Programmes by countries.
- **Budgeting for Impact: Estimates and Justifications**. The Plan was costed with a key management Tool for Integrated Planning and Costing(TIPAC) and the annual/5-year budget estimated.

This document is the national guide for NTD Programme iteration in Sierra Leone; it is in line with WHO NTD Roadmap 2021-2030. Successful implementation of this Plan will contribute to the collective effort to eradicate NTDs in the WHO region for Africa and globally.

INTRODUCTION

The World Health Organization (WHO) estimates that neglected tropical diseases (NTDs) affect over one billion people worldwide with Africa bearing the highest burden (40%). In Sierra Leone, the endemic NTDs, include Lymphatic Filariasis (LF), Onchocerciasis, Soil-Transmitted Helminthiasis (STH), Schistosomiasis (SCH), Buruli ulcer (BU), Leprosy, Human African Trypanosomiasis (HAT),Snake Bites envenoming and Rabies. The status of endemicity of other NTDs such as Chikungunya, Chromoblastomycosis and other deep mycoses, Echinococcosis, Taeniasis and Cysticercosis, and Yaws in Sierra Leone is however unknown. Trachoma mapping in 2008 showed that the prevalence was below 5% and this level of occurrenceaccording to WHO guidelines is not of public health significance. Guinea worm disease has been eliminated from Sierra Leone since 2009. The Community-Directed Treatment with Ivermectin (CDTI), an intervention approach adopted by the African Programme for Onchocerciasis Control (APOC), has also been shown to bea very effective strategy for the control of other NTDs. The National NTD Programme (NTDP) in Sierra Leone has used the CDTI Approach to conduct mass drug administration (MDAs) for all targeted Preventive Chemotherapy (PC)–NTDs, namely LF, Onchocerciasis, STH, SCH and Trachoma, since 2007. Almost all districts in Sierra Leone are endemic for at least two of the PCT- NTDs.

Sierra Leone has integrated the implementation of the NTD Programme since 2007 starting with Onchocerciasis and LF, and later bringing on board SCH and STH. Integration is particularly important at this time of dwindling resources from donor nations and agencies. Sierra Leone, a country affected by a devastating Ebola Virus Disease (EVD) epidemic between 2013 and 2016, and the COVID 19 pandemic striking in 2020,has suffered setbacks from these infectious diseases which have impacted on the national economic growth, health care delivery services, other social sectors and developmental activities. Presently, the Government of Sierra Leone (GoSL) requires the support of partners to adequately finance health care sector and programmes.

The new NTD Master Plan (2023-2027) guidesinterventions for the prevention, control and elimination of NTDs in Sierra Leone.It is well alignedwith the NTD Roadmap for Neglected Tropical Diseases 2021 – 2030, prioritizing the three new programme shifts that will escalate the attainment of the Sustainable Development Goals for neglected tropical diseases by 2030. The goal of the Sierra LeoneNTD Master Plan is to prevent, control, and eliminate Neglected Tropical Diseases from Sierra Leone by the year 2030. This new Master Plan is theinstrument that showcases the way forward to actualising the Sierra Leone goal for NTDs.

Progress in implementing planned activities as well as the programme performance and outputs will be monitored regularly and evaluated at appropriate periods by the Ministry of Health and Sanitation and other stakeholders. The strategic plan will be the framework for coordination, harmonization, and alignment of central and district authorities, as well as partners. Therefore, collaboration of all stakeholders in the development of this new master plan will, as envisaged, promote commitment and accountability of all stakeholders towards successful resource mobilization and implementation of this strategic plan. This document is divided into 4 parts, namely, i) the NTD Situation Analysis, ii) Strategic Agenda: Purpose and Goal, iii) Implementing the Strategy: NTD Operational Framework and iv) the Budget.

PART1:
NTD SITUATION ANALYSIS

Section1.1. National Priorities and the National, Regional, Global NTD Commitments

Neglected Tropical Diseases (NTDs) are infections of poverty affecting the most impoverished in society. The World Health Organization (WHO) has identified 20 NTDs that are amenable to control or elimination. More than a billion people suffer from one or more of these NTDs, and the African continent bears approximately 50% of the global burden caused by NTDs. Sierra Leone is a West African country, endemic for 11 out of the 20 NTDs namely, Lymphatic Filariasis, Onchocerciasis, Schistosomiasis, Soil transmitted helminthiasis, Buruli Ulcer, Leprosy, Rabies, Scabies,Trachoma,Taeniasisand Snake Bite envenoming. However, the following NTDs are not managed by the national NTD programme: Buruli ulcer, Leprosy, Rabies, scabies, and snake bite envenoming.There is uncertainty about the endemicity status of some NTDs such as Chikungunya, Chromoblastomycosis and other deep mycoses, Echinococcosis, Taeniasis and cysticercosis, and Yaws.

To help control and eliminate NTDs, the WHO developed many documents to guide member countries develop and implement effective NTD strategies. These documents include but are not limited to the 2012-2020 Global Road map for the elimination of NTDs, the 2013 WHO Resolution on NTDs. In 2020 the WHO developed its new 2021-2030 NTD roadmap, in line with the 13th General Programme of Work and the Sustainable Development Goals. The Roadmap provides clear milestones and disease-specific cross-cutting approaches for nations to enable them achieve SDG target 3.3.The document encourages the global community of stakeholders, donors, pharma companies, implementing partners, NGOs and academia to increase their commmittement in overcoming NTDs in the set time frame. NTDs are also related to most SDGs, especially SDG 1 on poverty, SDG 2- hunger, SDG 3 – health, SDG 4 – Education, SDG 5 – Gender equality & empowerment, SDG 6 – Water and sanitation, SDG 11 – Safe cities SDG 13 – Climate change and SDG 17 which is on partnerships. At the Regional level, there are urgent calls to accelarate action on NTDs;the 2013 African Resolution on NTDs, the Regional Strategic Plan on NTDs in the African Region 2014–2020, the Accra urgent call to action on NTDs, the Addis Ababa Commitmentand the Kigali Declaration on malaria and NTDs-June 2022. The Regional Committee in the Regional TVD Framework 2022 – 2030 emphasizes consolidation of the NTD Programmeinto one Tropical and Vector Borne Diseases (TVD) Unit, rather than a stand-alone Regional NTD Framework/Strategic Plan.

The Sierra Leone Ministry of Health and Sanitation has a legitimate concern over developing a new master plan to address NTD problems in an integrated manner. The previous master plan expired in 2020, hence the development of a new NTD Master Plan in 2022 was an opportune moment for the country to align its strategies and guidance for accelerated programme implementation.

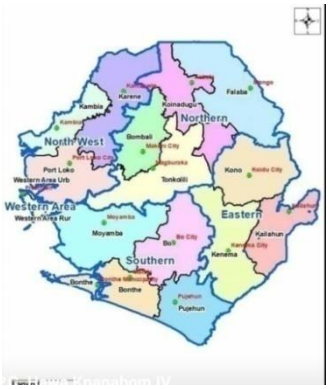


Figure 1 SL Administrative Map

Thisnew Sierra Leone NTD Master Plan (2023-2027) is a guide for the prevention, control andelimination of NTDs in the country, including effective morbidity management and disability prevention. It is very well aligned with the NTD Roadmap to achieve the Sustainable Development Goals for neglected tropical diseases by 2030. Thegoal of the Sierra Leone Master Plan is to be the instrument for government and all stakeholders and partners working on NTDs in the country to plan for the NTD programmes jointly, complementing efforts and maximizing resources in order to accelerate progress towards the prevention, control, and elimination of Neglected Tropical Diseases in line with other African countries.One of its major objectives is to improve the capacity of the national team, stakeholders and partners by developing the required skills for an integrated NTDs programme interventions delivery to prevent, control, and eliminate targeted NTDs by the year 2030.

Progress in implementing planned activities as well as the programme performance and outputs will be monitored regularly and evaluated appropriately by the Ministry of Health and Sanitation and its stakeholders. The strategic plan is the framework for coordination, harmonization, and alignment of central and district authorities, as well as partners. Therefore, consensus on its content will enhance and guarantee accountability of all stakeholders for success in resource mobilization. The purpose of this document is to present ~~a~~ clear goal of NTDP in Sierra Leone and the 5-year multi-sectoral strategic plan for the integrated prevention, control, and elimination of the Preventive Chemotherapy NTDs and the morbidity management and disability prevention of Case Management NTDs.

This Master Plan provides information on the operating context, programmatic targets,operational framework and costs. The document has four main parts, namely, PART 1which is on the NTD situation analysis; PART 2 is on Strategic Agenda- Purpose and Goals, PART 3 focused onImplementing the Strategy- NTD Operational Framework and PART 4 which is on Budgeting for Impact- Estimates and Justifications.

Section1.2. National Context Analysis

1.2.1 Country Analysis

Sierra Leone is located on the West Coast of Africa and is positioned between latitudes 7^0 and 10^0 north of the equator, and longitudes 10.5^0 and 13.5^0 west of Greenwich. The country has an area of 71,720 square kilometers and is bordered in the north and north-east by Guinea, in the south and south-east by Liberia and its western border is formed by the Atlantic Ocean.
The country has national administrative boundaries divided into 5 regions and 16 Administrative districts with190 chiefdoms and 14,000 villages and communities. The numbers continue to change due to

urbanization and mining activities causing formation of peri-urban settlements with expansion of existing ones or outright creation of new settlements by the new settlers.

The NTD programme will be implemented with the assumption that the national political, economic, social and technological (PEST) environmentswill be favourable and supportive. The PEST analysis presented in figure 2 gives a picture of Sierra Leone's Political, Economic, Social and Technological situation which could influence the implementation of the Master Plan to address the different NTDs in the country. It is assumed that with collaborative effort of all stakeholders and targeted partners' support, the NTD Master Plan activities as enunciated in this document would be achieved.

1.2.2. Health Systems Analysis

Health System Goals and Priority

The SL National Vision for Health is "All people in Sierra Leone have access to affordable quality health care services and health security without suffering undue financial hardship".

The mission is: "Building a resilient and responsive health system to provide and regulate comprehensive health care services in an equitable manner through innovative and appropriate technology and partnerships, while guaranteeing social and financial protections."

Thehealth sector goal is to "promote, restore and maintain good health for all people living in SL". Over the years the health sector has established discrete programmes such as Malaria, TB, HIV/AIDS, NTDs, Reproductive Maternal, New-born and Child Health, and NCDs. The challenge remains how to ensure that these programmes are fully integrated and how to guarantee their financial sustainability.The top 10 diseases causing most death in Sierra Leone since 2019 are attributed to nutritional deficiencies and lack of access to clean water. The diseases include Malaria, Pneumonia, Neonatal disorders, Diarrhoeal diseases, Ischaemic heart diseases, Stroke, HIV/AIDS, Congenital defects, Tuberculosis and Meningitis.

The SL Health Service ranks NTDs prevention, control and management third in the medium-term policies of the health sector.

Analysis of the Overall Health System

Figure 2: The PEST Analysis

Table 1:Six Health System Building Blocks

The Six Health System Building Blocks	
Service delivery	The health system in the country is decentralized into the national, the districts, chiefdoms (sub-districts) and communities/villages. Each level has specific roles to play. The national level sets policies, standards and guidelines; develops strategic plans and mobilizes resources; assures quality through supportive supervision. The districts translate, implement policies, strategic plans and

	provide supportive monitoring and supervision. The country has a structured Primary Health Care delivery system that has all the structures for the implementation of activities at each level. Some of the challenges facing the health delivery service include inequitable distribution of health facilities with needs of pastoral communities inadequately addressed, as well as gross shortage of health workers and also with capacity of staff in the programme.. The NTDP is faced with thesechallengesduring MDAs.
Health workforce	• The NTDs staff are deployed by MoHS across the system. • NTD activities are not routinely operational for12 months, because of staff deployment challenges at district level. Most of the NTD staff are District Coordinators who also double as Surveillance and other Officers. • The training modules are updated and available. A training database to track and allocate training according to need is not available. • Staff challenges which need attention of the human resource department base on programmatic needs.
Health information	• Health Management Information Systems and IDSR are in use for monthly HMIS and Weekly Integrated Disease Surveillance. All programmes reporting systems are almost integrated in the HIMS and notifiable diseases are reported on the IDSR system of the MOHS • The PCTNTDsdata collection is part of the HMIS, and regular reporting system is maintained whereas the CM NTDs are not yet integrated into the HMIS. • Trainings are needed for health staff to ensure completion of HMISand facilitate reporting of NTD data at districtand facility levels of the system.
Medical products	The national Central Medical Store supplies both primary and secondary health facilities with drugs and medical commodities using supply chain management system on quarterly basis. The lack of integration of various medicines logistics systems by disease programmes and partners fragment the national medicines logistics systems, resulting into poor estimation of national needs in material and financial terms. Delivery cycles and reverse logistics often exceed the scheduled delivery dates. Under the push system of supply, inappropriate medicines frequently get supplied to health facilities. The NTD programme keep and maintain the FIFO system of supply to prevent the expiring of drugs. Inadequate space for storage of NTD medicines has left NTD with no choice but to store medicines and logistics at the National NTD store and during distribution, use the Logistics Management Information Systems that is functional at district level. The programme shouldensure timely quantification of needs per district. The challenges of poor storage at PHU, spaces at community level; delivery channel for medicines and medicines misdistribution in the supply chain must be addressed.
Health financing	The MOHS is included in and benefits from the government national budget allocated through the Ministry of Finance approved budget allocation for MDAs in the country. Donor/ Partner funding is the main source of funding for some sections of Ministries especially for disease prevention and control.

	Donor funding is channelled through partners mainly for recurrent expenditure, with little attention to health infrastructural development. Budgetary allocations made to the NTD programme were not backed up with fund disbursement and releases. The NTD programme has been getting all its funding from Donors, and partners for programme implementation and surveys. There is lack of complementary domestic resources mobilization e.g. from mining companies, banking institutions and businesses for NTDprogramme support.
Leadership and governance	The MOHS is organized into two main divisions: Professional and Administrative; the Chief Medical Officer (CMO) heads the professional division. There are ten directorates in the MoHS The NTD programme is under the directorate of DPC (See annex5) which houses 6 main programmes, namely: National Malaria Control Programme (NMCP), HIV/AIDS, TB/Leprosy, NTDP, Disease Surveillance and Child Health /Expanded Programme of Immunization (CH/EPI). At the district level, there is the District Health Management Team (DHMT) headed by a District Medical Officer (DMO). The DMO controls all the Public Health staff and coordinates all public health activities within the district. He is also responsible for administration, planning, supportive supervision, training, monitoring and evaluation and research among others. The DHMT has focal persons for each disease Programme, including the NTD Control programme. The NTD programme is fully integrated into Primary Health Care (PHC) with active community participation.

Section 1.3 Gap Assessment

Sierra Leone is affected by a high prevalence of Neglected Tropical Diseases, most of which can be prevented, treated and controlled. Almost all targeted PCT NTDs have been mapped and interventions ongoing while case management NTDs are yet to be fully mapped and managed. As the world moves towards elimination of NTDs, there is need for a Master Plan that will guide this new phase of interventions.

Section1.4. Programme Context Analysis

1.4.1. Current NTD Programme Organization and Status

1.4.1.1 Lymphatic Filariasis

In 2005, mapping with immunochromatographic test (ICT) cards showed that all 14 Health Districts(HD) (now 16 due to re-districting) in Sierra Leone were endemic for LF, with prevalence of circulating filarial antigen (CFA) ranging from 3.1% in Bonthe to 52% in Bombali. Baseline LF microfilaria (mf) surveys were also conducted in 2007 and 2008, with the highest mf prevalence recorded in Bombali (6.9%) and

Koinadugu (5.7%). In 2010, the country reached 100% geographic coverage for LF MDA, with all 16 HDs receiving annual treatment.

Considerable progress has been made toward achieving LF elimination in Sierra Leone-15 out of 16 HDs (94%) have stopped LF MDA and transitioned to post-MDA surveillance after successfully conducting the transmission assessment survey (TAS1):8 HDs in 2017, 1 HD in 2018, 3 HD in 2021 and 3 HD in 2022. In 2019 TAS2 was conducted in eight of these HDs (Kambia, Port Loko, Bo, Pujehun, Kono, Tonkolili, Moyamba and Bonthe), representing four evaluation units (EUs) using the filariasis test strip (FTS) and all EUs remained well below WHO cut-off value for number of positives. Eight districts have already completed TAS3, while one district is projected to complete it in 2023, three districts in 2025, and the remaining four districts in 2027. It is important to maintain the gains already made in the programme with regards to community perception and health seeking behavior; however, the influx of migrants should be checked for sustainability. The districts currently under-going post MDA surveillance for LF are shown in the maps below.

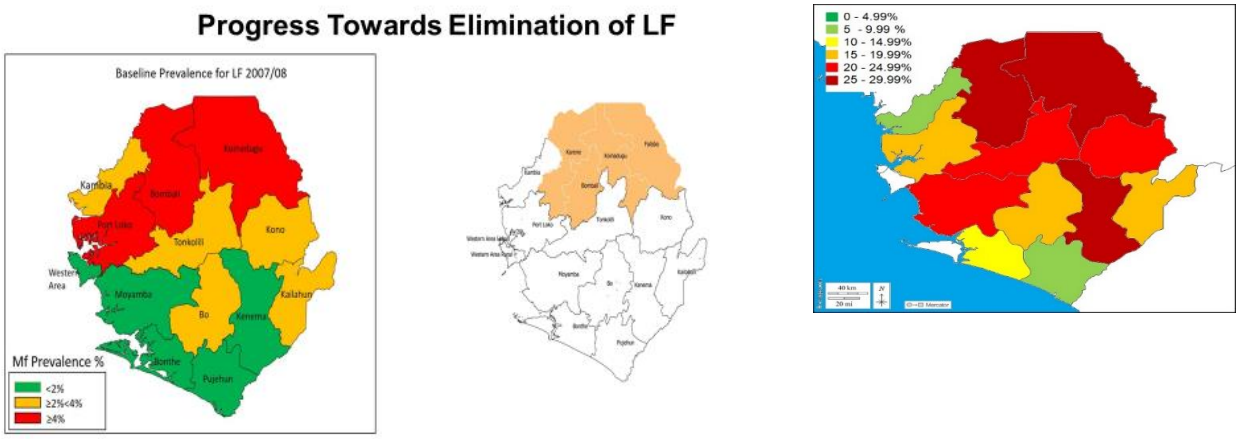


Figure 3: LF Elimination Progress from Baseline in 2007

1.4.1.2 Onchocerciasis [River Blindness]

Studies of Onchocerciasis in Sierra Leone dates back to 1926 when a team from Liverpool School of Tropical Medicine discovered that Onchocerciasis is transmitted by black flies (*Simulium spp.*). Since then, there have been many studies on the epidemiology and control of this disease. Onchocerciasismapping was conducted from 2002-2004 using skin snip methodology. Endemic districts were classified as hyper-endemic (nodule prevalence ≥30%/microfilaria prevalence ≥60%) in 14 HDs, except Western Areas and BontheIsland. Onchocerciasis is co-endemic with LF in all 14 HDs.

An impact assessment supported by the African Programme for Onchocerciasis Control (APOC) conducted in 2010 using skin snips showed significant reduction in microfilaria (mf) prevalence in the 14 districts after five MDA rounds. An impact assessment in 2017 after 10 years of MDA—using the OV16 Rapid Diagnostic Test (RDT) was conducted. This assessment was integrated with LF TAS1 and used the TAS sampling method in eight districts and stand-alone sampling in the other four districts, testing 5–9-year-old children. The main objective was to determine the impact of MDA and the need for IVM MDA in hypo-endemic areas that have benefitted from LF treatment since 2008. Of the 17,441 children tested, 347 (2.0%) were positive.

The results (range: 0.0-33.3%, median: 0.66%) indicated a decrease in prevalence but still ongoing transmission of *Onchocerca volvulus*.

In 2019, Sightsavers supported a pre-stop OV survey in all endemic districts. Forty-five sentinel sites were sampled. Three to five communities in the same ecological area, on the same river basin were grouped to form a transmission area. In each breeding site, dried blood spot (DBS) samples from 300 children between 5 and 10 years of age were collected. These samples were shipped to Cameroon in 2021 for SD OV16 ELISA analysis. The results showed that 1,771 children out of 8,522 were positive (20.8%). The districts with thehighest prevalence were Kenema (28.7%), Koinadugu (28.3%), Bombali (25.4%), Kono (24.3%), Tonkolili (24.0%) and Moyamba (21.3%).The remaining six districts showed prevalence below 20%. Figure 4 shows prevalence by district.

1.4.1.3. Schistosomiasis

In 1924, Blacklock and Thomson reported on the occurrence of *Schistosoma haematobium* and their snail intermediate hosts in specific areas of Sierra Leone (Gbakima et al 1987). They also quoted several studies including that by Gordon et al (1934) which had reported the first classical study on the transmission of Schistosomiasis in Sierra Leone. This study, for the first time, unraveled the life cycles of *S. haematobium* and *S. mansoni* in their respective intermediate hosts.

In 2008-2009, the NTDP control programme and Helen Keller International conducted mapping to determine the prevalence of Schistosomiasis and the results indicated high prevalence of Schistosomiasis in 9 HDs districts (Kono, Koinadugu, Falaba, Kenema, Kailahun, Bo, Bombali, Karene and Tonkolili), affecting 1.8 million people at risk of being infected and an overall prevalence of 45%. In 2012, an impact assessment was conducted in the 7 endemic HDs that had been receiving MDA, and the results showed that overall prevalence had been reduced to 15.1%. Following 6 years of MDA, an impact assessment was again conducted in 2016 and the overall result showed 1.6% and 16.2% prevalence for *S. haematobium* and *S. mansoni* respectively. Five districts (Moyamba, Kambia, Pujehun, Port Loko, & rural Western Area), which had low baseline prevalence but had never been treated and 2 districts (Urban Western Area &Bonthe), which had zero prevalence, were remapped in 2016.

Despite the remarkable progress made with Schistosomiasis control, not much attention has been given to the morbidity due to Female Genital Schistosomiasishence this master plan will intensify action in this regards.

Factors that limit the successful elimination of Schistosomiasis in communities include the following:

- Poor WASH facilities in at risk communities
- Inadequate distribution regimen (Programmejust targeting 5-15 years)
- Low integration with other programs e.g. WASH, EPA, Agriculture, etc.
- Low community awareness ofSchistosomiasis

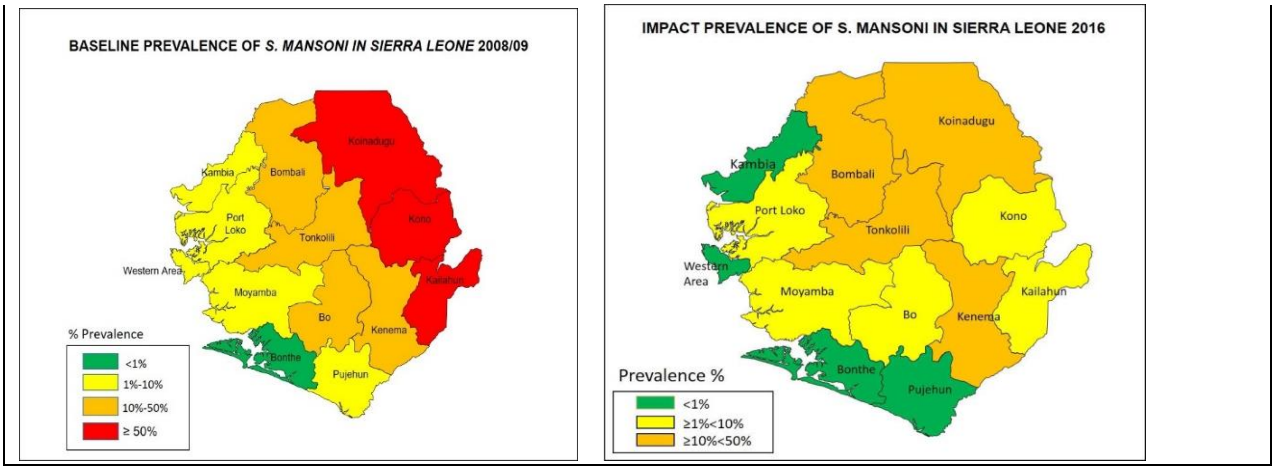


Figure 4: 2016 Prevalence of Schisto. Compared to 2008 Baseline

1.4.1.4 Soil Transmitted Helminths (STHs)

There have been few studies specifically designed to look at the situation of STH within the country. In 2008 mapping was conducted for Schistosomiasis and STH in school aged children to determine the prevalence of the different species of worms in all 14 HDs districts. All the 14 HDs had moderate prevalence (between 20% and 50%) for *Ascaris lumbricoides*, *Trichuris trichiura* and *Strongyloides stercoralis* but had high prevalence for hookworms. STH was therefore considered to be endemic in all 16 HDs, affecting the entire population of Sierra Leone, especially children. Parasitological evaluation to determine the impact of mass drug administration following several rounds of MDA was conducted in 2016 and results showed that prevalence had reduced significantly. No district had high prevalence of hookworm compared to 4 HDs districts at baseline.

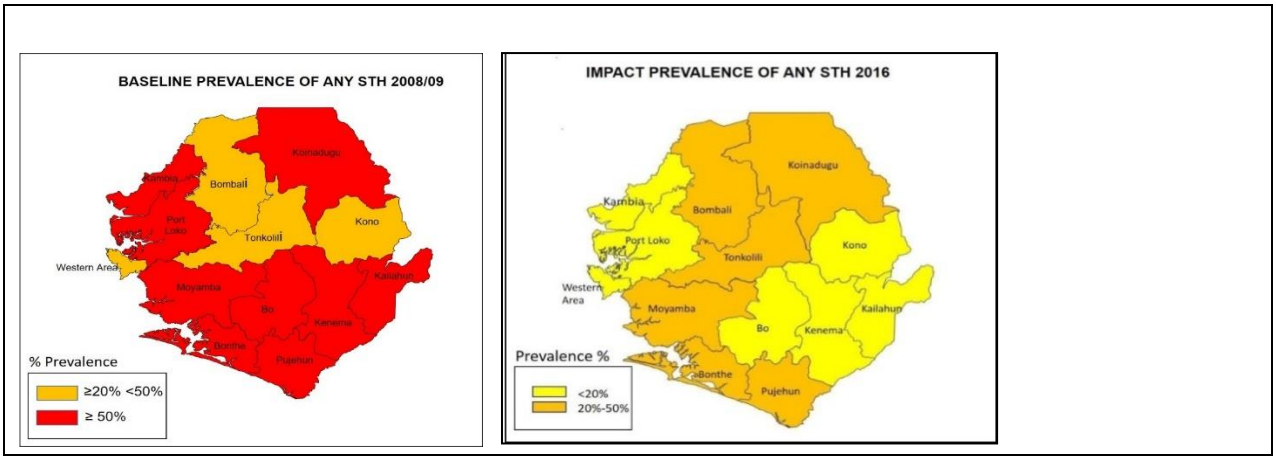


Figure 5 Prevalence of STH 2016 from Baseline in 2008

1.4.1.5 Dracunculiasis (Guinea Worm)

After 2 assessment visits conducted in 2002 and 2006, the International Certification Committee for Guinea Worm recommended certification of Sierra Leone as free from Guinea Worm Disease. In 2007, Sierra

Leone was certified as free from Guinea Worm by the WHO Director General and since then post certification surveillance has been ongoing with no confirmed case of Guinea Worm reported.

1.4.1.6 Human African Trypanosomiasis (Sleeping Sickness)

Forecariah, a district in the Republic of Guinea, is known to have a high prevalence of Human African Trypanosomiasis (HAT). SinceKambia district shares border with Forecariah and the many cross border activities going on between people of these two bordering districts in terms of trade, inter marriages and relations, it is likely possible that cross border transmission of HAT is taking place. In December 2009, the NTD Control Programme conducted joint field visits with WHO consultants and members of the Kambia District Health Management Team to investigate if cross border transmission of HAT is occurring. Various communities were visited, and questionnaires were administered to know if the communities are aware of people who had developed signs and symptoms of HAT. Key stakeholders, PHU staff, traditional birth attendants, traditional healers, chiefs and village development committee members were interviewed. There were no indications of HAT during these interviews.

In the first quarter of 2010, a situation analysis was conducted in a total of 40 communities. The selection of communities/villages was based on proximity to the Sierra Leone-Guinea border and the presence of mangroves close to the community. During the situation analysis, no positive case of HAT was discovered. This shows that there is no evidence of active transmission of the Trypanosoma pathogen from Guinea to the Kambiadistrict. However, further situation analysis should be done in other suspected districts at risk for decision-making.

1.4.1.7 Trachoma

The NTDP conducted trachoma mapping with USAID support in 2008 in the five districts (now seven) that border Guinea. In all five applicable districts, the prevalence of trachomatous inflammation-follicular (TF) in children aged 1–9 years was <5%, indicating that MDA with azithromycin was not warranted, as per WHO guidelines. The prevalence of trachomatous trichiasis (TT) in persons ≥15 years was ≥0.2% but TT outreach (surgical camps) has not been conducted to date despite these activities being included in the 2016-2020 NTD Master Plan.

In April 2021, the NTDP conducted with the support of Sightsavers repeat trachoma mapping in the same districts as were mapped in 2008. Based on the survey findings the prevalence of TF (0.0-0.8%) does not indicate a need for MDAandthis reconfirmed the previous mapping results. Furthermore, TT prevalence (0.0-0.06%) was below elimination threshold in all surveyed evaluation units.

Table 2: Baseline Survey Results for Trachoma (Ages 1-9) 2021

District	No of children enumerated	No. of children examined	No. of TF cases	No. of TI cases	No. of TF & TI	No. of + cases	Prevalence %
Bombali	1445	1443	0	0	0	0	0.0
	1562	1559	1	3	0	4	0.3
Koinadugu	1573	1565	11	3	0	14	0.9

	1508	1504	3	1	0	4	0.3
Kambia	1502	1483	11	1	0	12	0.8
	1476	1460	6	4	0	10	0.7
Port Loko	1283	1255	2	5	0	7	0.6
	1653	1630	3	1	0	4	0.2
Tonkolili	1606	1596	4	2	0	6	0.4

Table 3: Baseline survey results for Trachoma (Age 15+) 2021

District	Number of adults enumerated	Number of adults examined	Number of TT cases	Prevalence%
Bombali	1400	1305	0	0.0
	1635	1513	0	0.0
Koinadugu	1370	1269	0	0.0
	1512	1331	0	0.0
Kambia	1376	1201	1	0.1
	1566	1363	0	0.0
Port Loko	1882	1588	1	0.1
	1716	1495	2	0.1
Tonkolili	1745	1494	3	0.2

1.4.1.8 Leprosy

For the past years leprosy had been and is still coordinated by the National Leprosy and Tuberculosis Control Programme(NLTCP). For the purpose of this document leprosy being one of the NTDs diseases is included.

For the last four years leprosy service has been integrated into the peripheral health service with leprosy assistants and supervisors as the first referral line. Passive diagnosis and treatment are carried out by the general health staff, while disability prevention and management of reactions is the responsibility of NLTCP.

New leprosy cases are still found (598 in 2007). The overall registered prevalence has reached the elimination goal of less than 1/10,000 population. However, in 2007, six out of fourteen 14 HDs had prevalence above 1/10,000 of population, contributing most of the new cases. After the recovery of the programme in 2002/2003, case finding remains fairly constant around 600 cases per year.

1.4.1.9 Rabies

The Ministry of Health and Sanitation Rabies programmecomponent is yet to be established fully under the NTDP. The country plans to No continuous rabies RBs vaccination. Establishment of a Rabies Technical Working Group as provided under the National One Health Governance Manual (2018) comprising the One Health actors including the MoHS, the academia, the city council, private sector and partners such as WHO and the Police, is recommended.

Survey in Freetown on Knowledge, Attitude and Practice of dogs was conducted in constituency 109 in three wards – 384, 385, 386. Some of the major challenges identified includedweak coordination of multidisciplinary stakeholders involved in prevention and control of rabies and limitedaccess to rabies vaccine. TheMoHShas prioritized improved availability and access to rabies vaccine over the next five years and will work with WHO to achieve it. Also, bye-laws will be developed by Freetown City Council for dog care. The national goal is to eliminate rabies from Sierra Leone by 2030. A baseline survey on dog population is required for critical interventions.

1.4.1.10 Buruli Ulcer

There had been reports of Buruli ulcer in Sierra Leone but no formal assessment had been done until late 2011. The 2011 assessment confirmed that 8 (28%) out of the 28 patients with suspected Buruli ulcer were positive. The results suggest that Buruli is present in Sierra Leone.

Table 4 National Population Data, Schools and Health Facilities at District level

Province /Region	District /IUs	No. of villages	No of Oncho. communities	Total Population	Under fives	5-14 years	15 Yrs and above	No. of School Aged Children (6-12 years)	No. Primary Schools	No. Health Centers
SOUTH	BO	1367	1367	702,456	119,418	189,663	419,366	139,789	652	144
	MOYAMBA	1577	1577	420,178	71,430	113,448	250,846	83,615	448	110
	PUJEHUN	9958	9958	421,620	71,675	113,837	251,707	83,902	288	103
	BONTHE	825	825	233,565	39,706	63,063	139,438	46,479	219	96
EASTERN REGION	KENEMA	1423	1423	829,510	141,017	223,968	495,217	165,072	652	132
	KONO	1204	1204	758,363	128,922	204,758	452,743	150,914	535	143
	KAILAHUN	1232	1232	654,623	111,286	176,748	390,810	130,270	401	92
NORTHWEST	PORT LOKO	1903	1903	770,304	130,952	207,982	459,871	153,290	525	118
	KAMBIA	898	898	454,056	77,190	122,595	271,071	90,357	362	72
	KARENE	111	111	376,677	64,035	101,703	224,876	74,959	283	61
NORTH	BOMBALI	2188	2188	724,807	123,217	195,698	432,710	144,237	537	83
	TONKOLILI	1346	1346	619,618	105,335	167,297	369,912	123,304	564	118
	KOINADUGU	1260	1260	357,619	60,795	96,557	213,499	71,166	239	56
	FALABA	1020	1020	306,886	52,171	82,859	183,211	61,070	216	65
WESTERN AREA	WESTERN RURAL	150		555,594	94,451	150,010	331,690	110,563	410	63
	WESTERN URBAN	0	0	1,666,295	283,270	449,900	994,778	331,593	779	82
TOTAL				**9,852,171**	**1,674,869**	**2,660,086**	**5,881,746**	**1,960,582**	**7,110**	**1538**

Table 5: Known Disease Distribution in the Country (source NTD Programme)

			Number of Endemic Districts& Requiring Intervention

Region	No. districts	Year of data	LF	Oncho.	SCH	STH	HAT	TRA	BU	Yaws	Scabies	Rabies	G. worm
SOUHTERN REGION	4	2020	0	4	1	4	0	0	4	0	UN	UN	0
EASTERN REGION	3	2020	0	3	3	3	0	0	3	UN	UN	UN	0
NORTH WEST REGION	3	2020	1	3	1	3	0	3	0	UN	UN	UN	0
NORTH REGION	4	2020	3	4	4	4	0	4	0	UN	UN	UN	0
WESTERN AREA	2	2020	0	0	0	2	0	0	0	UN	UN	UN	0
Total	16		4	14	9	16	0	40	7	90	UN	UN	0

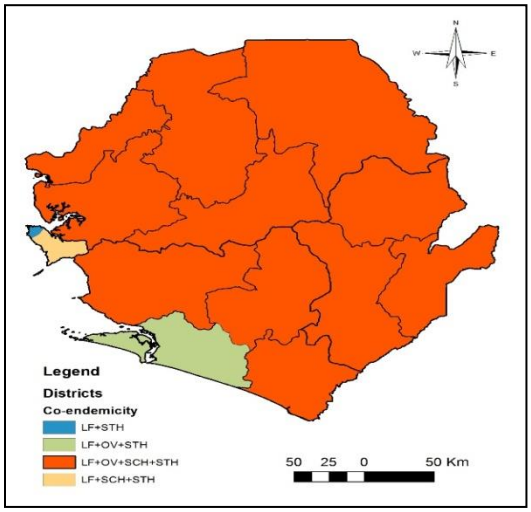


Figure 6: NTD Co-endemicity Map

1.4.2. NTD Programme Performance

The section includes information on key results, impact and trends analysis of the NTD programme, completeness of disease mapping and survey needs.

The Sierra Leone NTDs programme has completed mapping for targeted PC-NTDs. The NTDs are in two categories thus this warrants difference intervention strategy. LF, Onchocerciasis, SCH, STH and Trachoma represent the five NTDs requiring preventive chemotherapy. The control of these diseases was integrated in 2007, under the Neglected Tropical Disease Programme from the previously sole Onchocerciasis Programme.

The mapping for Onchocerciasis was conducted in 2003 and 2004 using skin snip methods. The results showed that the 14 endemic districts were all hyper-endemic with and prevalence above 55%.

In 2005, according to WHO guidelines, the programme began mass drug treatment mainly in meso- and hyper-endemic districts. At risk populations in these endemic districts are people living or working close to riverine areas where the *Simulium* flies are present.

In 2010, after five years of effective geographic and treatment coverage using the Community Directed Treatment with ivermectin (CDTi) , an impact assessment was conducted in 14 targeted districts using skin snip. The results showed that the prevalence was 20.3 % average, which indicates that Onchocerciasis was under control based on the WHO control guidelines. Onchocerciasis was characterized as one of the key underlying factors of poverty in these areas within the countries. 2013/14 WHO declared a paradigm shift from control to elimination of Onchocerciasis as a public health problem in the endemic countries. This informed the change in treatment guidelines from control (for all communities- hyper, meso and hypo endemic) to elimination. Pre-stop MDA surveys were carried out in 14 districts by the end of 2019 using Elisa Ov16 DBS samples in community first line villages in 34 of 43 designated sentinel sites, which showed their continuing high prevalence.

Mapping for LF was completed in 2005, with the disease endemic in 14 districts. After the re-districting, LF is now endemic in 16 districts. The NTD programme has conducted 5 to 9 rounds of MDA in all endemic districts, achieving 100% geographical coverage.

The mapping of SCH and STH in the nine endemic areas began in 2007, with the mining and the northern districts exhibiting high and the south predominantly low-land farming areas displaying moderate and low frequency for SCH, respectively. The major STHs in the country are *Ascaris Lumbricoides, Trichuris Trichuria, NecatorAmericanus, Acylostoma Duodenale* and *StrongyloidesStercoralis.* Due to the high rate of exposure and poor sanitation, both preconditions for STH, the prevalence remains high. The NTD programme conducted MDAs and every school aged child has received at least one round of Albendazole annually in the 16 districts where disease is targeted for control.

Geographical Coverage for all NTDs and Expansion Needs

Almost all the 16 district are co-endemic with two or more of the NTDs giving impetus for an integrated PCT conducted in all endemic districts. A 100% geographical coverage has been achieved since 2010, and the programme is currently scaling down its activities to the remaining districts requiring treatment for LF. In the case of Onchocerciasis, the pre-stop assessment conducted following the shift from control to elimination in 2019, required a more robost intervention of MDA in the high endemic areas. This is currently underway, with the decision to undertake biannual treatment in all endemic areas. For SCHand STH, the coverages are more uneven and would require significant improvementsto maintainthe control targets.

LF-relatedMorbidity Management and Disability Prevention (MMDP) interventions are yet to be implemented at full scale, even though baseline data for and support to patients were provided upon case

identification and confirmation, but lymphodema management has not yet commenced in the country. However, active and community case detection activities are required to strengthen the MMDP.

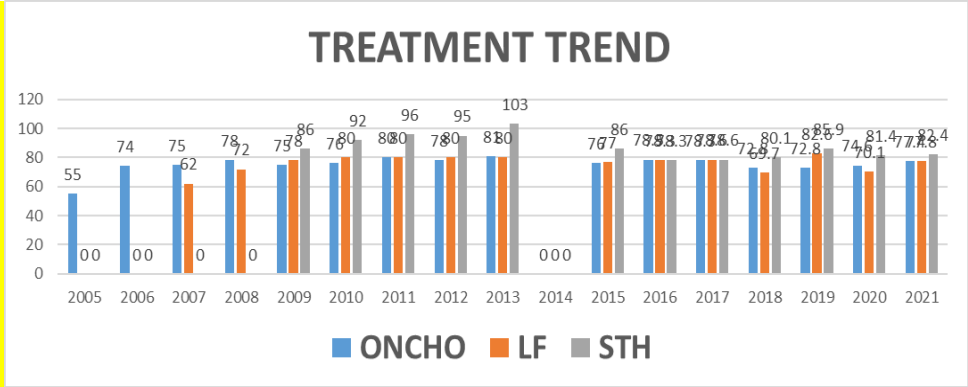
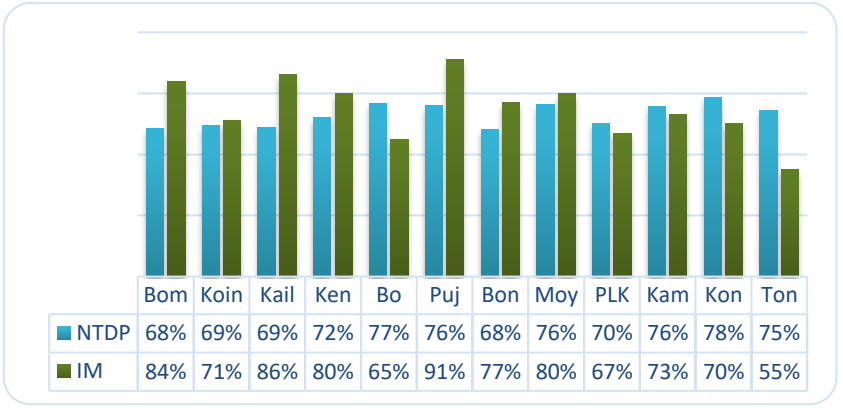


Figure 7:Treatment Trends for Oncho./LF/STH

Sentinel sites identified along rivers and Tributaries for oncho

Figure 8 Sentinel Sites for Oncho.



	Bom	Koin	Kail	Ken	Bo	Puj	Bon	Moy	PLK	Kam	Kon	Ton
NTDP	68%	69%	69%	72%	77%	76%	68%	76%	70%	76%	78%	75%
IM	84%	71%	86%	80%	65%	91%	77%	80%	67%	73%	70%	55%

Figure 9:Comparative Coverage Analysis 2018

The paradigm shift from control Onchocerciasis to elimination dictated the need for a pre-stop MDA surveys Onchocerciasis in 2019. All the 12 endemic districts were assessed covering 34 sentinel sites out of 43 delineated sentinels for OV entomology surveillance. There is a need to conduct stop MDA surveys at larger scale to confirm the interruption of onchocerciasis transmission in these 12 districts.

LF transmission has been interrupted in 15 districts out of 16 endemic districts in Sierra Leone hence MDAsstopped in those 15 health districts. For the last persistent district, the programme continues to conduct MDAs and assessments. Transmission Assessment Survey (TAS) had been conducted in order to confirm interruption of transmission in these districts. Periodic post-MDA surveillance will continue post TAS surveys to confirm there are no recrudescence of transmission.

An integrated Impact assessment for SCH and STH was conducted in 2016, following rounds of treatment, results show a change in the narrative of prevalence from high and moderate to low and few moderate distribution patterns in the endemic districts.

The first trachoma survey was conducted in 2010. The result showed that below 5% prevallence so no mass drug adminstration was needed for control because the prevalence is below the threshood that warrant MDA intervention. Recently, WHO brought Trachoma under list of diseases targetted for elimination.The NTD programme in 2020 conducted another re-assessment for the trachoma to determine if the prevalence patternhas changed and for informed decission makingand still the prevallence was below 5% which confirms that trachma is not a public health problem in Sierra Leone.There has been a considerable reduction in number of people requiring treatment for LF and trachoma. For the other PC-NTDs more efforts are required in reaching the targetted population. The tables below depict the reduction in the number of people requiring PC and the number of tablets needed.

Table 6: Reduction in the Number of Persons Requiring PC

	Population in endemic IUs	Population requiring PC by 2027
LF	1,509,923	0
Onchocerciasis	8,356,869	6,523,899
Schistosomiasis	1,267,491	1,157,290
STH – SAC	3,192,326	2,541,864
STH - Pre SAC	1,338,002	1,221,671
Trachoma	0	0

Table :7 PC Medicines Requirement

PC Drug	2023	2024	2025	2026	2027
Ivermectin (3mg tablets)	17,091,850	17,484,962	17,887,116	9,149,260	9,359,693
Praziquantel (600mg tablets)	2,893,225	2,959,769	3,027,844	3,097,484	3,168,726
Albendazole (400mg tab)/Mebendazole (500mg tab)	1,623,569	1,660,912	0	0	0
Albendazole (400mg tab)/Mebendazole (500mg tab) STH	1,273,019	1,302,298	1,332,251	1,362,893	1,394,240

The mapping status for NTDs in SL is shown in the table below.

Table 8: NTD Mapping Status

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**
Lymphatic filariasis	16	16	16	0

Onchocerciasis	16	14	14	0
Schistosomiasis	16	9	9	0
Soil Transmitted Helminthiasis	16	16	16	0
HAT	16	0	1	15
Leprosy	16	16	16	0
Trachoma	16	5	5	11
Buruli ulcer	16	7	7	0
Yaws	16	0	0	0
Scabies	16	Unknown	Mapping not done	Unknown
Rabies	16	Unknown	Mapping not done	Unknown
Snake bite envenoming	16	Unknown	Mapping not done	Unknown
Guinea worm	16	0	16	0

1.4.3. Performance of the other Programmes that are Closely Related to NTD Programme

Table 9: Vectors and Associated NTDs

Activity				
	Mosquitoes		**Other Vectors**	
			Snails	**Black fly**
	LF	**Malaria**	**Schisto**	**Oncho.**
ITN	X	X		
IRS	X	X		
Space spraying				
Larviciding	X	X	X	X
Traps				
Prevention/treatment of breeding sites	X	X	X	X

ONE-HEALTH

Sierra Leone embraced the One Health concept as the most effective strategy for early detection and control of zoonotic diseases as well as neglected tropical diseases, antimicrobial resistance, chemical hazards and emerging pandemic threats of initially unknown aetiology based on lessons learnt from the Ebola epidemic in 2014-2016. Since the launch of the network of One Health stakeholders called theNational One Health Platform in 2017 by the Vice President, significant achievements (both structural and non-structural) have been made to strengthen coordination and collaboration between government line-ministries and partners. As a core driver of the Global Health Security Agenda (GHSA), the One Health approach implemented through its coordination committees and technical working groups (TWGs) continue to enhance collaboration and communication among multiple stakeholders. Membership is drawn from the various sectors of government ministries- the Ministry of Agriculture(MoA)all directorates in the MoHS, Ministries of tourisms, Lands, Departments and Agencies, the Academia, Experts and line civil society organizations, non-governmental organizations and development partners of various sectors. To further

strengthen the operationalization of coordination committees especially at the district and community level to enhance disease early warning and mitigation all relevant local entities, civil society and faith-based organizations will be involved in delivering health interventions at the local level through a community**.** The framework is for effective control and prevention of zoonotic diseases through integration of the concept into main stream health care and prevention. The intent is to avoid duplication of activities and resource wastage in targeting the same population with a common objective of improving well-being and resilience of populations. Coordination of these strategic multi-sectoral coordination committees and TWGs under the National Platform is provided by the One Health Secretariat, headed by a National One Health Technical Coordinator.

The three goals of the National Platform are to:

- Establish institutional arrangements to enable effective coordination and collaboration between One Health sectors and partners.
- Develop technical capacity for the prevention, detection and control of threats.
- Apply safe and sound environmental principles.

To optimize health outcomes in humans, animals and the wider environment, the Government of Sierra Leone recognizes participatory governance as an essential element in the planning and decision-making process. Hence, a paradigm shift from a siloed approach to a multi-sectoral and multidisciplinary (One Health) approach in prevention from, detection of and response to health threats at the human-animal-environment interface.

In tandem with the One Health concept and the opportunity the National Platform provides, the control of NTD has the potential to integrate and optimize efforts of all relevant actors across levels including the community.

The country has identified zoonotic diseases of the greatest public health concern, which include Ebola, Yellow Fever, anthrax, brucellosis, bovine TB, highly pathogenic avian flues, rabies.Among those listed as NTDs, taeniasis and cysticercosis and echinococcosis remain of uncertain endemicity in the country. However, based on the emerging disease episodes and the current pandemic altering the disease-threat-landscape, there is need for reprioritization of diseases for Sierra Leone.

WASH

WASH implementation is one of the main means of NTD prevention and control with reference to SCH and STH. The Community lead total Sanitation Strategy striving for construction and use of toilet facilities at community level back the promotion of safe water supply services, hygiene promotion and promoting sanitation to improved health. Hand washing is promoted by the School Health Programme as efficient ways to stop the spread of diseases among school-going children, with effective media coverage to promote awareness of the importance and practice of handwashing.

The lack of water supply and poor sanitation increase the risk of communicable diseases including NTDs among others.WASH is domiciled in the Directorate of the Environmental Health and Sanitation in the Ministry of Health and Sanitation.The WASH component goals areto increase the water and sanitation facilities and escalate hygiene education among rural slums and peri-urban communities to prevent outbreaksand spreadof diseases. The NTD programmeand partners will engage relevant authorities, throughjoint advocacy, to provide safe water and other interventions for communities withhigh NTDs prevalence.The interventions include safely managed latrines in schools to reduce NTDs prevalence and

strong WASH activities by the School Health and Education Programme of the Education Ministry. The goal of the school health programme is to promote and ensure viability health and nutrition education and related support services in schools to equip children with hygiene practices for healthy living, which will lead to improvement in child survival and educational outcomes, including improved school enrolment, retention, and academic performance.

Community members should advocate for effective implementation of school health programmes, inculcate into school children health-promoting habits and values of good hygiene and sanitation practices including hand washing with soap, and promote the provision of adequate, safe and sustainable water and sanitation facilities in schools, which will reinforce the practice of learnt skills for hygiene.

WASH and NTD intervention integration are ample evidence that WASH plays an important role in the prevention, control and elimination of NTDs. However, despite the presence of several actors involved in WASH activities in the country, the WASH and NTD sectors are not well integrated and this is mainly due to the coordination structures of the different stakeholders. A coherent and shared vision between NTDs and WASH is needed to improve coordination and effectiveness.

Coordination of WASH and NTD partners:There is very close collaboration between the programme and the WASH sector of the Environmental Health and Sanitation Directorate. The WASH partners NET WORK FORUM programme, the Community Lead Total Sanitation (CLTS), were part of the group that developed the very first strategic plan and budget for community ownership of WASH and sanitation at local level.

PHARMACOVIGILANCE

Sierra Leone has a policy and guideline on Pharmacovigilance, which are fully operational with detailed standard operating procedures. The structure consists of a National Pharmacovigilance Centre hosted by the Pharmacy Board of Sierra Leone and a network of district level, hospital and public health programmes, pharmacists and other health care professionals like surveillance officers. Various adverse effects paper-based and/or electronic platforms will be deployed for all MDA activities including the Med Safety App which can be downloaded freely from Apple and Google Play Stores. Pharmacovigilance will be included in the training of personnel involved in the NTD activities at all levels.

Pharmacovigilance teams will be set up in all districts to be responsible for monitoring, quality control, drug efficacy and storage and reporting of side effects during MDA activities. A reporting system will be set up to investigate and manage any serious adverse event and causality assessment to be done by an Expert Committee on Drug Safety and Causality.

Table 10: Summary of Intervention Information on Existing NTD Programmes

NTD	Date programme started	Total districts targeted (2020)	No. districts covered (geographical coverage*) [2020]	Total population in target district (2020)	National coverage (%)	No. (%) districts with required number of effective treatment rounds	No. (%) districts that have stopped MDA	Key strategies used	Key partners
Lymphatic	2007	4	4	1,765,989	(100%)	4 (100%)	12	MDA	WHO, USAID,

filariasis									FHI360, HKI, ,GSK, Merck and CO, MDP
Onchocerciasis	2005	14	14	7,630283	(100%)	14 (100%)	0	Vector control, MDA	WHO, USAID, FHI360, HKI, ,GSK, Merck and CO, MDP
Schistosomiasis	2009	9	9	5,330,559	(100%)	9 (100%)	0	MDA	WHO, USAID, FHI360, HKI, GSK, Merck and CO, MDP
STH	2009	16	16	9,852,117	(100%)	12 (100%)	0	MDA	WHO, USAID, FHI360, HKI, GSK, Merck and CO, MDP
HAT	0	0	0	0	0	N/A	N/A	N/A	WHO
Leprosy	2008				(100%)	N/A	N/A		GOG, WHO, IALO, Leper's Aid, Anesvad, GPZL
Trachoma	2020	5	5		(100%)	(100%)		Surveillance	IRISH AID WHO, Sightsavers, USAID
Buruli ulcer	2019	5	5		Unknown	N/A	N/A	Surveillance, Wound management	WHO, GLRA
Yaws	2019	0	0	Unknown	Unknown	N/A	N/A	surveillance	WHO
Scabies	-	16	16	Unknown	Unknown	N/A	N/A	MDA	
Rabies	-	16	16	Unknown	Unknown	N/A	N/A		
Snake bite	-	16	16	Unknown	Unknown	N/A	N/A		
Guinea worm					NA	N/A	N/A	Surveillance /certified	-

Section1.5. Building on NTD Programme Strengths

1.5.1 Opportunities and Threats

Opportunities

- Technical and financial Support from WHO, financial support from USAID, Irish AID and Implementing Partners (HKI, Sightsavers)
- Continuous NTD medicines donations "as long as needed" from Pharmaceutical Companies (MDP, GKS, Merck & Co)
- The United States President's Malaria Initiative
- Donor and partners support for activity implementation

Threats

- Currency fluctuation of exchange rates
- Global health challenges – epidemics etc
- Climate change

1.5.2. Strengths and Weaknesses

Strengths

- Voluntary Services of Community Drug Distributors (CDDs)
- Partial Integration of CDDs into the CHW Program
- Effective NTD TAC providing o impartial guidance to the Programmeand recommending the way forward to control/eliminate NTDs in Sierra Leone
- MOHS dedicated staff for the programme

Weaknesses

- Subjective community perception of NTDs and health seeking behaviour
- High Prevalence of LF in 1 Hotspot District
- CDD Attrition
- Influx of cross-border Migrants
- Expired NTD Master Plan (2016-2020)
- Funding challenge for Oncho. elimination/exclusion mapping to confirm/deny transmission
- Funding challenge for MRU cross-border coordination meeting to address cross-border issues and share best practice

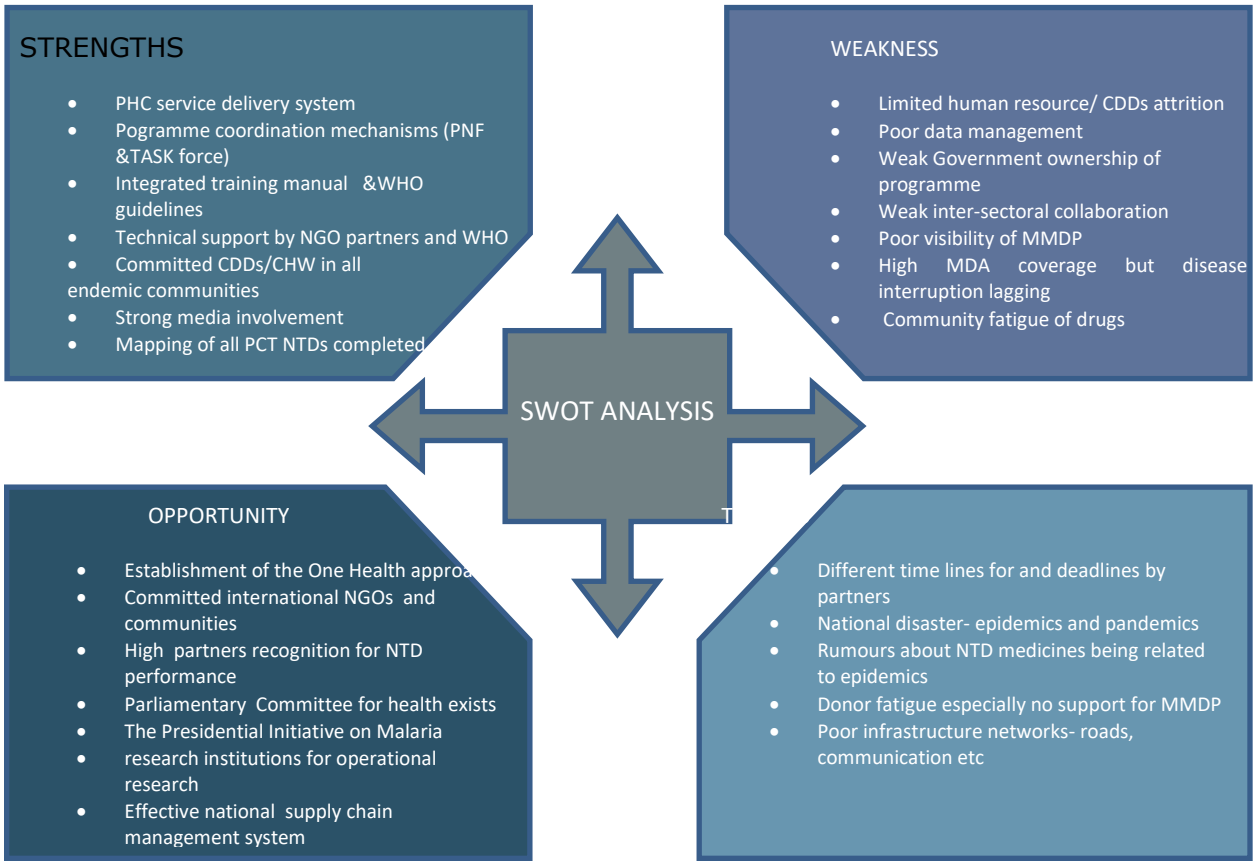


Figure 10 SWOT Analysis

1.5.3. Gaps and Priorities

Planning;The Master Plan for NTD Programme is a strategic document that will serve as a guide for NGO partners and stakeholders engaged in the implementation of NTDs control and elimination. The strong leadership of the MoHS and the global interest on NTDs will give support to NTDs in term of funds for successful programme achievement.

Implementation of Intervention: The NTD programme implementation includes awareness creationand cascaded training for health workers and CDDs. The PHC delivery system and CDI approach for MDAs in all communities, and MMDP will be using the same platform for MMDP activities. The CDI approach enhances ownership for communities. IEC materials, and integrated training manuals, factsheets and monitoring tools are developed, produced and disseminated for training and increasing awareness.

The NTD drug donors and funding NGO partners support for drugs and activities implementation is a commendable support for NTDs but there should be diversification and increase support not only for MDA but also for MMDP activities to create the structure for MMDP Implementation.

Coordination with otherProgrammesand line ministries has improved programmesituation where activities of NTDs has been properly coordinated with line ministries programmes. Also, NTDs programme has been working with TAC and other committees on NTD-related sectors to ensure and improve on coordination.

Partnerships: The NTD programme has developed strong PNF structure for a network of partners on NTD within the country. Establishing the PNF for coordination, information sharing and communication with other programmes, line ministries, the NTD programme and partners would enhance the efficient and timely operationalization of NTD programme activities in the country. The network in the Ministry of Health and Sanitation enjoys the collaboration of other line Ministries such as the Ministries of Education and Agriculture etc.

Surveillance, Monitoring and Evaluation;Some partsof NTD data forms are alreadyincorporated into the District Health Information System (DHIS).The NTD programme will therefore take urgent steps to ensure that all diseases are incorporated into the DHIS of the Ministry of Health and Sanitation as a strategic priority. The District Health Management Team (DHMT) will be trained to analyse the data for informeddecision making. This will further strengthen the system making it more functional. NTDs will also be incorporated and monitored through the existing IDSR system, of DPC as an integral part for sustainability of the NTDs in the country.

Table 11: Gaps and Priorities

GAPS
Subjective community perception of NTDs and poor health seeking behaviour of patients
High prevalence of LF in 1 hotspot district
Influx of cross-border migrants
Inadequate human resources and CDD attrition
Funding challenge for MMDP

Poor NTD data management and use
Inadequate office space
Inadequate GoSL budget allocation and late disbursement
Infrequent MRU coordination meetings to address cross-border issues
Inadequate vehicles & motorbikes
Inadequate Inter-sectoral collaboration
Low participation at the weekly multi-sectoral (One Health) Emergency Preparedness and Response (EPR) meetings and coordination committees for information-sharing, visibility and policy decision
PRIORITIES
Address community perception of NTDs and poor health seeking behaviour of patients
Focus on reducing the high prevalence of LF in 1 hotspot district
Entrench NTDs into the six health system building blocks
Organise regular MRU coordination meetings to address NTD cross-border issues
Seek options for minimizing CDD Attrition and secure health work force for NTDP
Intensify action to establish functional well funded CM NTDs andMMDP
Pursue multi-sectoral approaches including One Health concept to NTDP implementation

PART 2:STRATEGIC AGENDA: PURPOSE AND GOAL

This section gives an overview of the targets and milestones prepared in consultation with stakeholders from national and district levels including non-governmental organizations. The strategic agenda for this Plan articulates the overall programme vision, mission, goals, milestones and targets that theprogramme seeks to achieve during the life cycle of the Master Plan 2023-2027.The figure below shows the hierarchy of objectives for national NTD Programme.

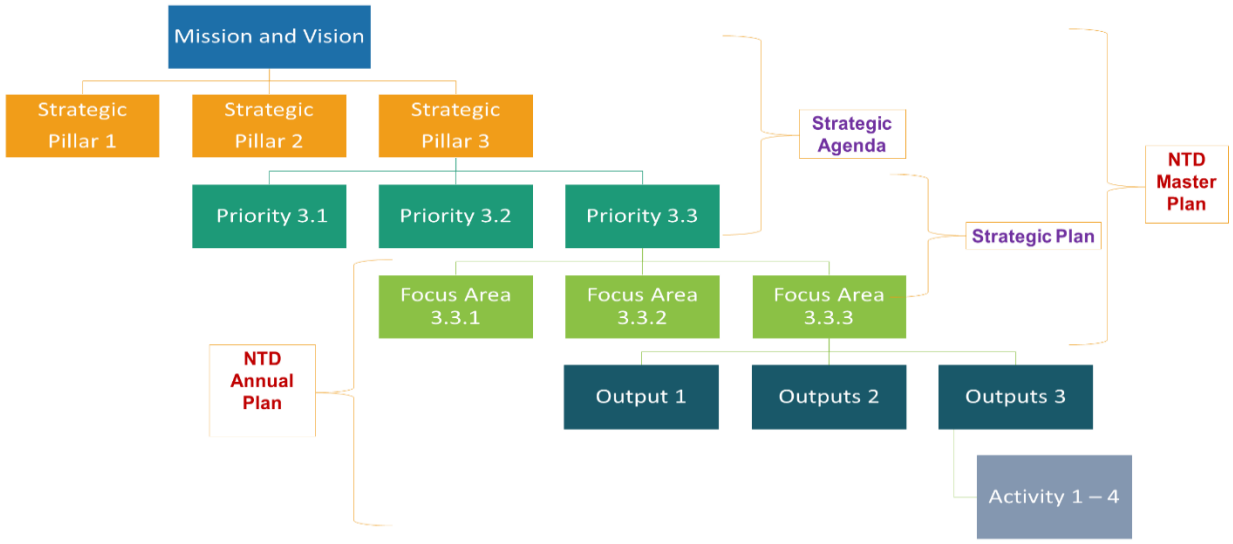


Figure 11: Hierarchy of Objectives for National NTD Programme

Section 2.1: NTD ProgrammeVision and Mission

Strategic Goal: To prevent, control, and eliminate targeted Neglected Tropical Diseases from Sierra Leone by the year 2030.

Table 12 Vision and Mission

Vision	Sierra Leone free of NTDs and the associated morbidities and disabilities
Mission	To contribute to socio-economic developmentand income creation by promoting health, vitality and ensuring access to quality health services for all people living in Sierra Leone

Section 2.2: Milestones and Targets

2.2.1. Targets

Overarching targets

Below are the overarching targets for the different groups of NTDs targeted either for elimination (interruption of transmission), elimination as a public health problem or control.

***By 2027 in the country**:*

- Transmission of LF interrupted in all districts and MDA stopped.
- Transmission of Onchocerciasis interrupted in all endemic districts and maintain cross border surveillance.
- Setting of structure and capacitate DHMTs for LF morbidity management and disability prevention and maintain cross border surveillance system.
- .
- At least 80% of all school aged children and high-risk populations in Schistosomiasis endemic districts receive treatment with Praziquantel regularly
- All school-aged children treated for STHs at least once every year and promote WASH and sanitation in schools and communities.
- Conduct active case search, and routine surveillance and obtain validation/certification for trachoma.
- BU cases are identified and graded, treated with the adequate medicine scheme
- Incidence of BU is reduced by 95% nationwide.
- Conduct routine surveillance for YAWS in all suspected districts.
- All Women of Reproductive Age receive appropriate treatment for female genital SchistosomiasisSierra Leone maintains Guinea Worm-free status.
- Complete mapping for status of suspected NTDs (Chikingunya,taeniasis,cysticercosis, echinococcosis, deep mycosis, etc.)
-

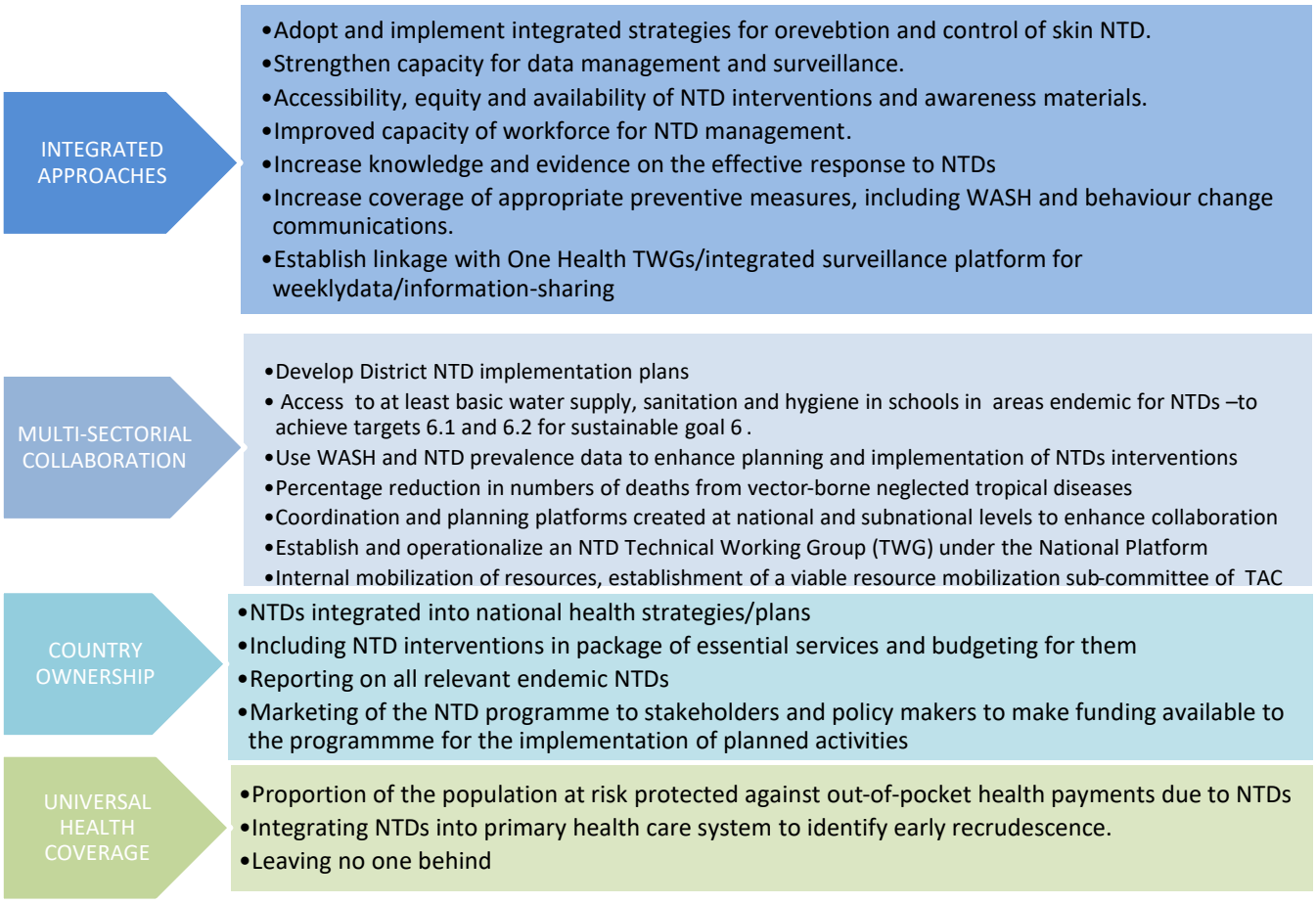


Figure 12 Cross-cutting Targets

These are the specific targets set for each of the endemic NTDs in Sierra Leone including the CM-NTDs.

Table 13:Disease-specific Targets

National target	Diseases	Objective	Year	Strategies
Targeted for Elimination (Interruption of Transmission)	Onchocerciasis	To interrupt transmission	2030	• Implement twice-yearly treatment in all endemic communities • Establish effective surveillance system in all districts • Community Vector control
	Leprosy	To reduce new Leprosy cases with Grade	2030	• Undertake case detection, treatment and management through case search

		2Disability to less than one case per 100,000, population.		• Increase awareness of health staff and community members through capacity building • Active surveillance
Targeted for elimination as a public Health problem	Lymphatic filariasis	To interrupt transmission of LF	2025	• Mass Drug Administration • Provision of MMDP • Improved cross border surveillance • Conduct an impact assessment survey
	Schistosomiasis	To treat 80% of school children and adult high-risk populations	2025	• School-aged mass drug administration and community-based among high-risk adult population • increase awareness of prevention and control of Schistosomiasis • Improve WASH practices • Improve M&E
	HAT	To diagnosis all suspected case and treat cases confirmed in population	2025	• Conduct assessment to district for HAT • Conduct surveillance for HAT • Conduct awareness for HAT training for treatment • Develop dossier for certification
	Trachoma	Case management and treat all case in identified communities		• Active case search and management • Prepare dossier for validation • Integrate NTD in the IDSR surveillance system
Targeted for control	STH	To treat all school-aged children at least once	2025	• School-based mass drug administration • Improve WASH practices

		every year		• Improve M&E • Collaborate with MOE and SHP to distribute ALB and promote WASH in Schools
	Buruli ulcer	To reduce the number of grade III BU cases to less than 5%	2025	• Case identification, detection and management • Training of health work to systems strengthening • Advocacy for BU support as NTD • Conduct research for BU and Increase surveillance • integrate BU in the IDSR system
	Snakebite	To reduce snakebite mortality by 20%	2025	• Conduct a baseline study on snake bites • Improved surveillance through the community One Health platform • Adequate provision and storage of anti-venom • Vaccinate exposed communities with anti venom • Strengthen reporting of snake bites through the One Health platform across levels
	Rabies	To reduce the number of deaths due to rabies to zero	2025	• Advocacy for the control of rabies(One Health coordination Committee) • inter-agency(One Health)collaboration for rabies elimination • Support and maintain the Rabies One Health TWG meetings • Policy environment

				for the prevention and control of human and animal rabies (support to One Health Inter-Ministerial Committees) • Availability of pre and post exposure prophylaxis • Census survey of dog population using adapted tool • Vaccination of all dogs mandatory by owners (One- health approach) • Conduct research on humane dog ownership in selected districts
Targeted for eradication	Guinea Worm	Zero cases of guinea worm disease	2025	• Continue post-certification surveillance (integrated with mainstream surveillance) • Utilize and support operations of the Community One Health platform
Targeted for control	Suspected NTDs-Chikingunya,taeniasis,cysticercosis, echinococcosis, deep mycosis, etc.	Completed mapping	2025	• Active case search • Conduct research • Manage and treat cases identified

2.2.2 Milestones

The mandate to achieve the cross-cutting and disease-specific targets as set forth in this strategic plan and given the progress so far made as explained in the sectionsa number of milestones should be undertaken. These disease specific milestones are reflected in tables 14 through 19 for the endemic NTDs.

Table 14:Mile stones for LF

Indicators	2023	2024	2025	2026	2027
Completed mapping of LF and determined LF endemic areas and the population at risk	0	0	0	0	0
Begun implement LF MDA in IUs requiring LF MDA including	4(75%)	1(95%)	1(95%)	0	0
Geographical coverage in LF of LF MDA	4(100%)	1 (100%)	0	0	0
Major urban areas with evidence of LF transmission under adequate MDA	25%	5%	0	0	0
Number of IUs conducted more than 5 rounds of with coverage more than 65%	6(35%)	1(51%)	0(100%)	0	0
Number of IUs conducted first TAS activities after at least 5 rounds of MDA.	12(35%)	3(51%)	1(100%)	0	0
Number of IUs conducted and passed at least 2 TAS activities.	12(25%)	14(40%)	2(77%)	39(100%)	0
Number of IUs started passive surveillance and vector control activities.	6(25%)	4(40%)	0(77%)	3(100%)	4(100%)
Present "the dossier "for verification of absence of LF transmission	0(0%)	0(0%)	0(0%)	100(0%)	1(100%)
Proportion and number of IUs where there is full coverage of morbidity- management services and access to basic care	0(40%)	0(51%)	30(77%)	50(100%)	100(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%)

Table 15: Milestones for Oncho.

Indicators	2023	2024	2025	2026	2027
Completed mapping of Oncho. and determined Oncho. endemic areas and the population at risk	0	0	0	0	0

Begun implement Oncho.MDA in IUs requiring Oncho. MDA	100%	100%	100%	100%	100%
Geographical coverage in Oncho. of Oncho. MDA	100%	100%	100%	100%	100%
Number of IUs conducted more than 10 rounds of with coverage more than 65%	14(100%)	14(100%)	14(100%)	14(100%)	14(100%)
Number of IUs achieved suppression of transmission after at least 10 rounds of MDA.	4(0%)	4(0%)	4(0%)	1(0%)	14(0%)
Number of IUs where treatment has been stopped	0(0%)	0(0%)	0(0%)	0(0%)	0(0%)
Number of IUs that achieved elimination of transmission	0(0%)	0(0%)	0(0%)	0(0%)	0(0%)

Table 16: Milestones for SCH.

Indicators	2023	2024	2025	2026	2027
Completed mapping of SCH and determined SCH endemic areas and the population at risk	0	0	0	0	0
Begun implement SCH MDA in IUs requiring SCH MDA	9(100%)	9(100%)	9(100%)	9(100%)	9(100%)
Geographical coverage in SCH of SCH MDA	9(100%)	9(100%)	9(100%)	9(100%)	9(100%)
Percentage of low endemic IUs that conducted more than 3 rounds of with coverage more than 75%	0%	0%	0%	0%	0%
Percentage of moderate - highly endemic IUs conducted more than 5 rounds of with coverage more than 75%	0%	0%	0%	0%	35%
Number of IUs with full coverage of WASH interventions.	0(100%)	0(100%)	14(100%)	20(100%)	39(100%)
Percentage of IUs conducted first impact assessment at least 3 rounds of MDA.	0%	0%	0%	0%	0%
Number of IUs conducted first impact assessment at least 5 rounds of MDA.	0%	0%	0%	0%	0%
Endemic IUs achieving moderate morbidity control	0(0%)	0(0%)	0(0%)	10 (25%)	15(40%)
Endemic IUs achieving advanced morbidity control	0(0%)	0(0%)	0(0%)	5 (12%)	10(25%)
Endemic IUs achieving elimination of transmission	0(0%)	0(0%)	0(0%)	5 (12%)	10(25%)

Table 17: Milestones for STH

Indicators	2023	2024	2025	2026	2027
Completed mapping of STH and determined STH endemic areas and the population at risk	0(100%)	0	0	0	0
Begun implement STH MDA in IUs requiring STH MDA	14(100%)	14(100%)	14(100%)	14(100%)	14(100%)
Geographical coverage in STH of STH MDA	100%	(100%)	(100%)	(100%)	(100%)
Percentage of moderate - highly endemic IUs conducted more than 5 rounds of with coverage more than 75%	100%	100%	100%	100%	100%
Number of IUs with full coverage of WASH interventions (target 47 IUs that are STH endemic).	6(40%)	6(40%)	6(40%)	6(40%)	6(40%)
Percentage of IUs conducted first impact assessment at least 3 rounds of MDA.	0%	0%	0%	0%	0%
Number of IUs conducted first impact assessment at least 5 rounds of MDA.	0%	0%	0%	0%	0%
Endemic IUs achieving moderate morbidity control	0(0%)	0(0%)	0(0%)	0 (21%)	0(32%)
Endemic IUs achieving advanced morbidity control	0(0%)	0(0%)	0(0%)	0(0%)	0 (10%)
Endemic IUs achieving elimination of transmission	0(0%)	0(0%)	0(0%)	0(0%)	10(21%)

Table 18: Milestones for Trachoma

Indicators	2023	2024	2025	2026	2027
Completed mapping of trachoma and determined trachoma endemic areas and the population at risk	16(100%)	0(100%)	0	0	0
Begun implement SAFE strategy in IUs requiring interventions	0%	0%	0%		
Geographical coverage in trachoma of SAFE strategy	0%	0%	0%		
Target IUs requiring 1 round of treatment with coverage more than 75%	0	0	0	0	0
Target IUs requiring 3 rounds of treatment with coverage more than 75%	0	0	0		
Target IUs requiring 5 rounds of treatment with coverage more than 75%	0	0	0		
Number of IUs conducted first impact assessment after 1,3 or 5 rounds of MDA	6	3	5	15	

Number of IUs that started passive surveillance	3	6	10	20	30
Number of IUs where there is full coverage of morbidity- management services	8	12	20	30	40

Table19: Milestones for CM-NTDs

Indicators	2023	2024	2025	2026	2027
Completed mapping for suspected NTDs (Chikingunya,taeniasis,cysticercosis, echinococcosis, deep mycosis, etc.) to know their status	**16(100%)**	**0(100%)**	**0**	**0**	**0**
Active case detection in 100% of highly endemic IUs	10%	40%	60%	70%	100%
Passive case detection in 100% of other endemic IUs	10%	20%	40%	50%	100%
Manage all patients in peripheral health facilities	0%	10%	40%	50%	100%
Refer severe and complicated cases for management at district hospitals and reference centres	5%	10%	40%	50%	100%
Achieved 100% geographical coverage of SAFE in Trachoma target districts	0%	40%	100%	100%	0%
Achieved 100% treatment coverage of identified HAT and leprosy cases	40%	60%	70%	100%	100%
Achieved 100% treatment coverage of identified cases for other CM-NTDs	10%	30%	50%	70%	100%
Started passive surveillance in at least 50% of target IUs for CM-NTDs targeted for elimination (HAT, BU, Leprosy)	20%	40%	60%	70%	90%
Started passive sentinel sites surveillance in at least 50% of target IUs for CM-NTDs targeted for elimination (HAT,BU, Leprosy)	20%	40%	60%	70%	90%
Target IUs that sustained elimination of leprosy , and Trachoma	10%	50%	60%	70%	100%
Started passive surveillance in at least 50% of target IUs for other CM-NTDs	10%	40%	60%	70%	100%

Section 2.3: Guiding Principles

Table 20: Guiding Principles

Guiding principles	
Guiding principles	• National leadership and ownership • Commitment to collaboration and information sharing • Mutual accountability of national authorities and partners • Transparency and accountability

- Adherence to code of ethics
- Community engagement, participation and ownership
- Community awareness on WASH practices
- Adherence to national policies and community bylaws
- Safety: 'Do no harm' while providing health benefits

Section 2.4: Strategic Pillars and Strategic Objectives

2.4.1. Programmes Strategic Pillars

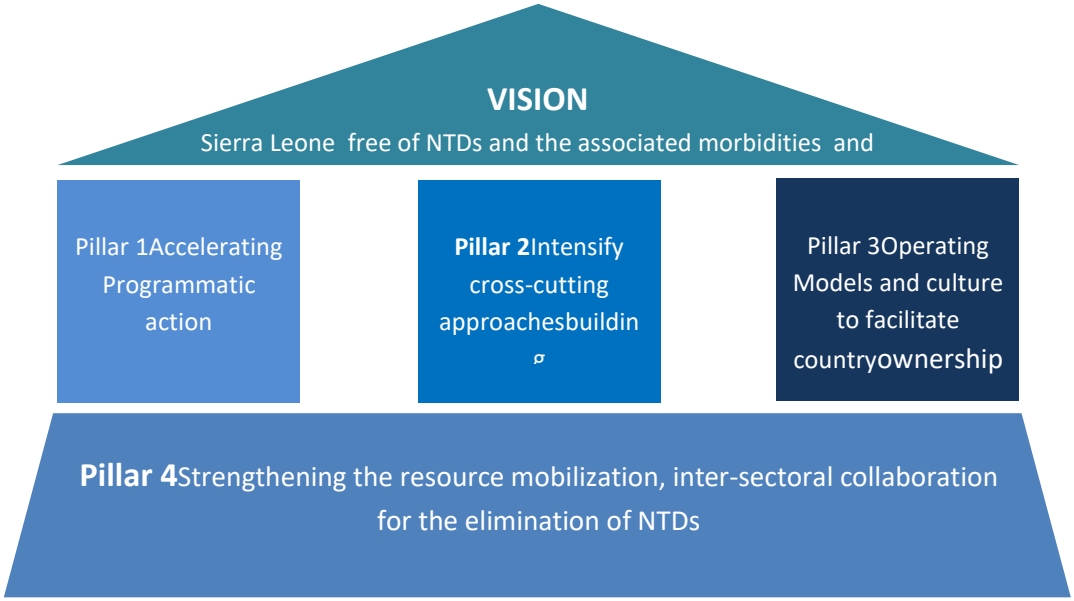


Figure 13 Strategic **Pillars**

2.4.2Strategic Priorities

Strategic priorities present the umbrella objectives for the programme with information on what activities the programme will carry out in order to accomplish its mission statement. The Strategic Priorities for each of the four pillars are well described in the table below.

Table 18 Strategic Priorities for the Elimination of Neglected Tropical Diseases**Strategic Pillars**	**Strategic Priorities**
Pillar 1. Accelerating programmatic action	1.1 Scale up progress from confirmation of a disease to mapping screening and transform NTD surveillance into a main intervention
	1.2Prioritize and strengthen monitoring and evaluation to track progress and decision

	making towards 2030 goals
	1.3Maintain the prompt and effective supply chain management of NTD drugs and other products to all endemic communities
	1.4Increases advocacy, and visibility of NTDs for the elimination interventions at all levels by government and stakeholders
	1.5Embark on operational research and intervention that is fundamental of programmatic progress
Pillar 2. Intensify cross-cutting approaches	1.1 Scale up progress from confirmation of a disease to mapping screening and transform NTD surveillance into a main intervention
	1.2Prioritize and strengthen monitoring and evaluation to track progress and decision making towards 2030 goals
	1.3Maintain the prompt and effective supply chain management of NTD drugs and other products to all endemic communities
	1.4Increases advocacy, and visibility of NTDs for the elimination interventions at all levels by government and stakeholders
	1.5Embark on operational research and intervention that is fundamental of programmatic progress
Pillar 3. Operating Models and culture to facilitate country ownership	3.1Promote and strengthen country ownership and leadership through organizational structures at national and district level with dedicated funding
	3.2Empower local council and authorities in social mobilization, risk and crisis communication, behavioural change and building local support for NTD interventions
Pillar 4. Strengthen ResourceMobilization, Coordination and Communication for the elimination of NTDs	4.1Promote community involvement and ownership of the programme for optimal use of available resources
	4.2Promote 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 figure below is a logical mapping of how the programme will work and how all the activities are inter-related.

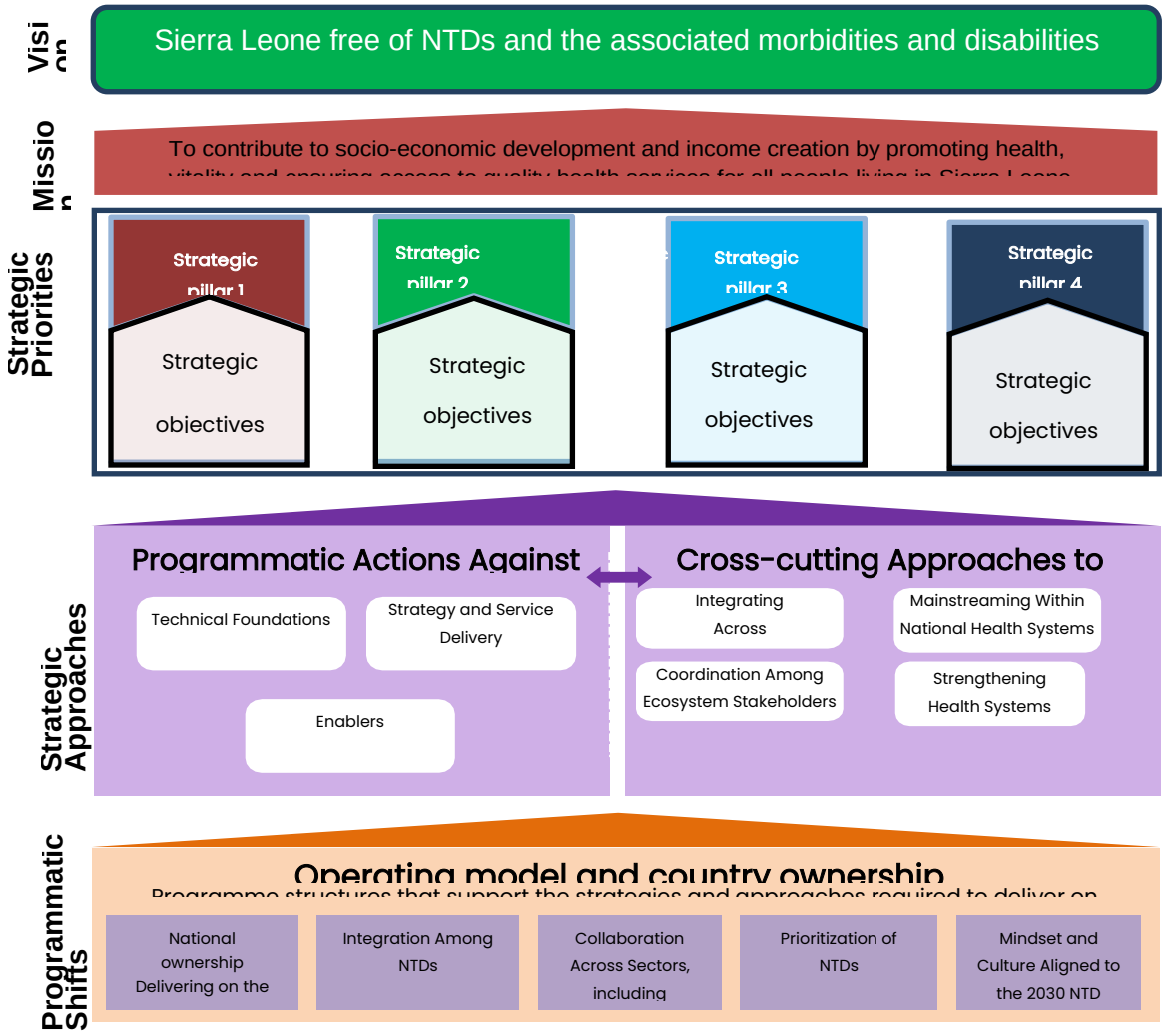


Figure 14: Programme Strategic Agenda Logic Map

PART 3: Implementing the Strategy: NTD Operational Framework

The NTD Global Roadmap 2021- 2030 emphasises three fundamental shifts in the approach to tackling NTDs. The Sierra Leone Master Plan is therefore aligned to the Global Roadmap and has marshalled out strategic priorities and accompanying activities that will enable programme implementation that encompasses these three programme directions, namely:

1- To increase accountability for impact by using impact indicators as reflected by the targets and milestones in Part II and accelerate programmatic action;
2- To mainstreaming programmes into national health systems and intensifying cross-cutting approaches centred on the needs of people and communities:
3- To change operating prototypes and values to facilitate greater ownership of the NTD programme by the country.

Section 3.1: Strategic priorities and Key Activities

Table 19: Strategic Priorities and Key Activities for Pillar 1

Strategic Pillar 1 - Accelerating programmatic action			
Strategic Priorities	**Key Activities**	**Time frame**	**Resources needed**
Strategic priority 1: Scale up progress from confirmation of a disease to mapping screening and transform NTD surveillance into a main intervention	1) Conduct joint facility assessment of 160 facilities in 16 districts (10 facilities for year one) providing NTD services.	2023-2027	Five teams of four people (Four days per district) Fuel for Five vehicles (1 vehicle per region). DSA for 20 people for 12 days Each per region, Assessment checklist. DSA for four drivers. Coordination to communicate.

	2)Conduct a five-day workshop to develop NTD systematic screening registers, guidelines, recording and reporting tool for all facilities selected to provide NTD services for the healthcare providers	Five days	WHO Technical assistance and guidelines and other partners (30 Persons) Transport refund. DSA for district NTD focal(1 per district) Tea break and Lunch Stationary. Transport refund for district focal. Internal transport for National participant. Coordination.
	3) Field Pre-Test tools in all five regions for two days	Two days	Four teams of four people (Two days per regional headquarter towns). Fuel for four vehicles. DSA for participants. DSA for drivers. Maintenance cost.
	4) Conduct a one-day meeting to validate NTDs systematic screening tools	One day	20 persons from all partners and donors 5 DMO, 1 per region 3 Traditional healers 2 NTD focal points Tea break and Lunch. Stationary. Internal transport refund. DSA for 5 DMOs and 2 focal points from district. DSA for five drivers. 5 from MDAs
	5) Develop a simplified supervision checklist on NTD systematic screen (checklist for TOT)	3 days	WHO Technical assistance and guidelines and other partners (30 Persons) 15 M&Es (5, 1 from each region, 2 from DPPI,1 dphc,1 Tb,1 Env.,1 agric.1 eye care, 1 health emergency,1 disease prevention control) and 5 from the NTD program. 5 from partners.

			5 from MDAs.
	6) Conduct master trainers training at national level	5 days	35 master trainers Hall Rental for five days. Breakfast and Lunch. Internal Transport refunds. Stationary. Coordination.
	7) Conduct Training of Trainers (TOT)for district trainers	5 days	32 persons DSA for 32 participants and 3 facilitators, 1 driver. Tea break and Lunch for 36 people. Stationary. Coordination. Fuel for national trainers. DSA for national trainers. Hall rental for 5 days. Stationary.
	8) Conduct training for peripheral health unit staff	4 days	2 per facility from 30 PHUs per year in each district (60 per district) 60 x 16 = 960 PHU staff per year. Hall rental and PA system Breakfast and lunch. Stationary. DSA to participants Transport refunds to participants. Coordination.
	9) Refreshers training at all levels (national, district and PHU staff)	2025	35 masters trainer (1 Day) 32 DHMT staff(2 Day) 960 PHU staff (2 Days) = (Totalling1, 027 participants). Hall rental Tea break and Lunch.DSA to PHU staff. Internal transport refund for Master Trainers and district trainers. Coordination at all levels.
	10) Integrated quarterly supportive supervision (national)	Once every quarter	Supervision checklist. Four

			people per team 10 days. Five vehicles for five regions. Fuel to five vehicles to cover sixteen districts. DSA to 20 supervisors. and 5 drivers. Vehicle maintenance.
	11) Programmatic monthly supportive supervision and mentoring in PHUs	monthly	Supervision checklist. Sixteen motorbikes for sixteen districts 10 days Fuel for sixteen motorbikes. DSA to 16NTD focal persons Motorbike maintenance
Strategic Priority 2: Prioritize and strengthen monitoring and evaluation to track progress and decision making towards 2030 goals	1) Conduct Electronic digital training for (national and district) on NTD data collection	3 days	6 national staff (5 NTD prog. Staff, 5 MDA M&Es) 3 per district from 16 districts 54 in total(district M&E, data operator, focal) Hall rental. Tea break and Lunch. Stationary. Coordination. DSA to national trainers. DSA to district participants. DSA to National drivers
	2) Strengthen the paper base reporting system as back up for electronic based system.		
	3) Develop a national supervision framework to guide the programmemonitoring and improve quality of supervision	1 days	20 persons: 15 M&E from MDAs, and 5 from partners. Tea break and Lunch. Stationary. Internal transport refund. Hall rental
	4) Revise and develop a structured supervision checklist to improve the performance of staff at National to District and	1 day	20 persons: 16 district M&Es and16 district NTD Focal points 5 MDAs and 5 partners.

	District to facility level		Tea break and lunch. Stationary. Hall rental
	5) Print and disseminate the newly developed checklist and reporting tools for the National and district supervisors and provide orientations	Last month in the First quarter of 2023	Print and dissemination will take place during trainings and orientations
	6) Develop a tracker for monitoring the action plans and recommendations derived from DQA	1 day	20 persons
	7) Train M&E staff on DQA process	3 Days	
	I8) institute DQA exercises	10 days	Twice per year by National team 2 teams 3 per team
	9) Strengthen the DHIS2 electronic reporting system		
	10) Revise the NTD Module in the national DHIS2, update/upload historical data into the DHIS2		
	11) Strengthen collaboration with DPPI unit to improve data management, including disaggregation of NTDs organizational units, reporting rate, data validation rules, timeliness, and completeness		
	12) Establish SOP for data management for electronic data reporting, and database administration		
	13) Pretest checklist in the five regions for two days*5 for 20 people	2 days	10 persons
	14) Conduct a one-day meeting to validate document for 1 day by 10 persons		10 persons
	15) Print checklist for dissemination		
	16) Training of M&E and programmeofficers and district supervisors in DHIS	3 days	6 nationals 3 per 16 districts 22 Laptops (6 national and 16 district focal persons) I big printer and

			photocopier Internet connectivity
	17) Training of M&E and programmeofficers and district supervisors in DHIS		
	18) Develop Bi -annual bulletins	2 times a year	Programmetimes a year
Strategic priority 3: Maintain the prompt and effective supply chain management of NTD drugs and other products to all endemic communities	1) Conduct a quantification/forecasting meeting at district level	1 day	4 participant per district x 16 districts
	2) Conduct a quantification/forecasting meeting at district level		10 participants
	3)Conduct annual quantification/forecasting at national level	2 days	The NTD Program
	4) Actively follow up on tax exemption application by the PSM team		Procurement and supply management team
	5) Procure a truck to convey commodities to the central store	1	Donor
	6) Integrate NTD commodities into the national supply system (no cost implication) consultative meetings	1	NTD with MOHS/ DDMS/LMIS and Partners (20
	7) Distribution of commodities from central store to the districts		USAID
	8) Distribution of commodities from districts stores to PHUs		USAID
	9) Distribution of commodities from PHUs to CDDs/CHWs		
	10) Distribution of commodities from CDDs/ CHWs to communities		
Strategic Priority 4: Increases advocacy, and visibility of NTDs for the elimination interventions at all levels by government and stakeholders	1) Strengthen multi-sectoral One Healthcollaboration mechanism and resource mobilisation		
	2)Develop a national multi-sectoralaccountability framework for NTDs	2 days	Develop multi-sectoral tools
	3) Establish a multi-sectorial coordination mechanism for NTDs	1 day	
	4) Advocate through the One Health Coordination meetings		NTD Program

	for all NTDs services to be included in the free health care programmebeing implemented by the ministry of health and sanitation		
	5) Develop integrated (One Health) policies, strategies, and M&E framework to track programme implementation Develop protocols and guidelines on regulatory approaches and mandatory case detection.	2 regional meetings for policy 2 days	35 participants (16 district participants 5 MDA, 5 prog. Staff, 5 partners,1 from Leprosy, PHC, 1 DPC, 1 Environmental) Stationary, Tea break and Lunch Transport refunds for District participants Internal transport for national Coordination.
	6) Validate policies, protocols and guidelines on regulatory approaches and mandatory case notification	1 day	25Participants(Stationary Tea break and launch Fuel DSA for District participants (5 DMOs, 5 NTD district focal, 5 MDAs, partners,and5programmest aff). Hall rental, Coordination.
	7) Print policies, protocols and guidelines on regulatory approaches and mandatory case notification		Hire contractor to print policy and guideline. Disseminate and roll out policy.
	8) Establish a network of NTD champion at parliamentary, council and chiefdom level through the OH Community platform	2 days(1 day at parliament, 1 day at chiefdom level	
	9) Build capacity of NTD staff in advocacy, collaboration, networking, partnerships, and communication skills		
	10) Advocate for increased NTD budget resources both at national and district level by the government, districts and the		NTD program/ MOHs

	private sector		
Strategic Priority 5: Embark on operational research and intervention that is fundamental of programmatic progress	1) Operational research (OR) and OR capacity development		Publications
	2) Members of the Research Committee for NTD should establish One Health NTD Operational Research task force within the NTD program.		NTD Program
	3) Develop clearly defined ToRs for all members.	2 days	Operational Research force
	4)Build capacity of the One Health Operational Research task force in research methodology, protocol development and bioethics	3 days	WHO and Partners
	5) Conduct Quarterly meetings ofOne Health of Research Committee	1 day per quarter	NTD, WHO and partners
	6) Develop NTD research agenda, which include Mid-term review, medium & large scale. Priority in the list of research areas are the following:	2 days	NTD Programmeand partners
	1.Zoonotic diseases/CM-NTDs		
	2. Female Genital Schistosomiasis& BU	1 day	WHO, NTD programmeand Partners

Table 20: Strategic Priorities and Key Activities for Pillar 2

Strategic Pillar 2: Intensify cross-cutting approaches			
Strategic Priority 1: Strengthen identified platforms with similar delivery strategies and interventions (MDAs, Morbidity management, IEC, WASH, One Health, Leprosyetc) for integrated approaches across NTDs	Identifying platforms with similar delivery strategies		
	Organize a meeting to map out health-related Partners in the country		
	Consultative meeting with potential Health-related partners to form a NTD coalition/One Health		
	Establish a collaborative TWG at the national level with partners implementing NTDs related activities (Directorates, Programs and partners	Twice a year	25 persons Partners Programs Directorates

	Preventive approach		
	Prepare short key IEC messages on NTDs needs and disseminate them to political leaders through the One Health Inter-Ministerial Committee	2 days	Health education, partners, NTD staff, and other MDAs
	Organize three days consultative meeting with key actors for the development of NTD IEC materials	3 days	2 days at 2 regional meetings. 1 day at national level. Logistic and personnel.
	Printing of NTD IEC Materials		Hire contractor to print
	Engagement meeting with DHMT/ one health and Local authorities for the dissemination of NTD IEC Materials	1	DHMT, partners and MDAs
	Identify potential developing partners who may support with funding the NTD activities	2023-2024	NTD Program, WHO technical team
	Conduct One Health Community mobilization meetings to create awareness and orientate them on effective collaborative NTD national service delivery.	2 regional meetings in 2 different regions	Logistic and personnel.
	Hold monthly radio/TV talk show with traditional and religiousleaders and NTDs patients on NTDs services	2 times in every quarter for 1 year	NTD, Health education, one health platform
	Establish and operationalize an One Health NTD student network at the Universities	3 times(1 per semester) in a year	NTD student Group established, NTD education
	Hold half-yearly regional One Health meetings with stakeholders, including traditional healers, religious leaders, CDDs, CHWs to sensitise NTDs interventions	Every 6 months	NTD program, one health platform. WHO
	Preventive chemotherapy		
	Distribution of commodities from central store to the districts	2023-2026	USAID/NEMS
	Distribution of commodities from districts stores to PHUs	2023-2027	USAID/DMS
	Distribution of commodities from PHUs to CDDs/CHWs	End of 2027	PHU In charges
	Distribution of commodities from CDDs/ CHWs to communities	End of 2027	CDD/CHWs incentives

	Sensitization to schools on the NTD prevention	2023-2027	School health, MBSSE and partners
	Advocacy to MBSS to include basic NTD prevention messages into school curriculum	2023-2025	School health, NTD programmeand partners
	Targeted prevention		
	Vector control response		
	Community vector control		
	Slash and clearing of vegetations along the rivers, streams to reduce the black fly population. Community sensitization on environmental health to reduce black fly breeding place.	Community	Community members, Environmental prevention agency (UPA)
	Environmental management to minimize mosquito habitats, including: -including safe storage of water, sanitation 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)	Community	NTD, MALARIA, WASH. Community stake holders. CHWs, Traditional Healers
	Engage with malaria programmeon mosquito vector control		
	insecticide-treated bed nets to all under five and pregnant women	2023 and 2026	Malaria program, National CHW Program./CDDs.
	In collaboration with the OH Secretariat and key partners organize consultative meetings with key partners on one health approaches on planning and implementation on preventing diseases that are related to NTD	1st quarter 2023	NTDs and One health Members. DPC
	Develop guidelines and protocols for the collaboration for snake and dog bite	3 days	20 persons from NTD and One health members
	Field Pre-test tools in all five regions for two days	2 days	Five team comprise of four personnel to cover five

			regions
	Develop a simplified training guide on snake bite and dog bite (checklist for TOT)	2 days	
	Print and disseminate the newly developed guidelines and reporting tools for the National and district		Hire contractor to print.
	Field Pre-test tools in all five regions for two days		
	Conduct a one-day meetings to validate NTDs systematic screen tools	1	20 persons from all partners and donors 5 DMO, 1 per region 3 Traditional healers 2 NTD focal points Tea break and Lunch. Stationary. Internal transport refund. DSA for 5 DMOs and 2 focal points from district. DSA for five drivers. 5 from MDAs
	Develop data base for dog bite and snakebites cases at programmelevel	2023	NTD Program. DPPI
Strategic priority 2: Mainstream delivery platforms within the national health system	Integrate data collection of NTD zoonotic diseases reporting at the DHMT to national level	2023	NTD Program. One health platform.
	Improved the capacity to deliver interventions on the ground, e.g. supply chain, monitoring and evaluation	2023-2024	NTD Program, National Medical Store and Partners
	Organise consultative meetings with key programs on one health approaches on improving capacity to deliver interventions on the ground, supply chain, monitoring and evaluation	Half yearly.	Partners and one health platform.

	Ensure allocations are increase for NTDs activities and ensure release for the allotted allocations	Yearly	NTD/MOHS
	Improve the quality of NTD management in the context of universal health coverage-through consultative meetings	Once every quarter	NTD Program
Strategic Priority 3: Strengthen One Health multi-sectoral coordination, collaboration, cooperation and foster partnerships in the prevention, treatment and care of patients with NTDs at all levels of health care	Conduct partner mapping with regards to disease focus and resources available. Establish gap and advocate to partners to fill up the gap.	2023	NTD program
Strategic Priority 4: Strengthen capacity to implement NTD programme and resource mobilization, including the integration of NTD plan of action into the financial plans at all spheres	Conduct partner mapping with regards to disease focus and resources available. Establish gap and advocate to partners to fill up the gap.	2023	NTD program
Strategic Priority 5: Integrate safety across NTD planning, implementation, and monitoring	Prepare risk mitigation plan, SOPs and guidelines for monitoring and supervision of the safety of NTDs service delivery.	2023	NTD program. WHO technical team. One health platform

Table 21: Strategic Priorities and Key Activities for Pillar 3

Strategic Pillar 3. Operating Models and culture to facilitate country ownership			
Strategic Priorities	**Key Activities**	**Time frame**	**Resources needed**
Strategic Priority 1*:* Promote and strengthen country ownership and leadership through organizational structures at national and district level with dedicated funding	Increase membership to include One-health, Leprosy to strengthen the NTD TWG with inclusion of other relevant stakeholders at national level. Ensure quarterly meetings Ensure financial support	2023-2027	Personnel (30 people for national level,4 meetings per year &venue location)
	Establish NTD TWGat the district Level	2023	Personnel (20 members)

	Organize quarterly meetings of the committee	2023 – 2027	20 meetings (4meetings /year) Funds (DSA, Fuel refunds, transport allowances, stationeries) Venue Personnel
	Organize bi-annual Steering Committee meetings	2023-2027	10 meetings (2 meetings /year) Funds (DSA, Fuel refunds, transport allowances and stationeries) Venue Personnel
	Conduct annual stakeholders' meeting on NTDs	2023 – 2027	1 meeting/year (5 meetings) Funds (DSA, Fuel refunds, transport allowances and stationeries) Venue Logistics/ Materials Personnel
	Commemorate World Rabies Day to raise public awareness on rabies infection	2023-2027	Personnel Funds
	Vaccinate all dogs to prevent rabies at national and district level	2023-2027	Personnel Logistics/Materials Funds
	Facilitate the distribution of rabies vaccine from national to district level and PHUs	2023-2027	Personnel Logistics/Material Funds

	Allocate and disburse fund forNTDs activities in the MoHS annual plan and budget	2023 - 2027	Personnel
	Produce/Print and disseminate 200 NTD annual plans to all relevant stakeholders	2023 – 2027	Funds Logistics/ Materials Personnel
	Train MoHS staff and other relevant ministries on public health entomology and community vector control interventions	2023 - 2027	
	Support the 16 districts to develop annual NTD plans (this must include but not limited to district specific disease endemic surveys)	2023 – 2027	Funds Logistics/ Materials Personnel (local/international consultants)
	strengthen the Technical Advisory Committee (TAC) for Onchocerciasis and other NTDs	2023-2027	National and International consultants, Laptops, Internet Modems, funds and stationeries
	Conduct TAC meeting twice a year	2023 – 2027	Funds, meeting venue, vehicle, fuel
	Support TAC to provide appropriate recommendations or next steps in response to an unexpected survey results	2023 – 2027	Funds, meeting venue, vehicle, fuel
	Conduct annual planning and review meetings at national and district levels	2023 – 2027	Funds Logistics/ Materials Personnel
	Appoint 1 national and 16	2023 –	Logistics/ Materials

	district NTD ambassadors (Celebrities)	2027	Personnel
	Advocacy meetings held with local councils to enact byelaws in local authorities to enforce meat inspections and vaccination of dogs and cats	2023 – 2027	Funds Logistics/ Materials Personnel
	Commemorate the Global NTD Day(31st January) and incorporate NTD commemoration day into annual stakeholders (ministerial) calendars (National & district level)	2023 – 2027	IEC/Promotional Materials Refreshments Logistics NTD ambassador Financial resources
	Establish coordination mechanism on One Health approach for all NTDs	2023 – 2027	Logistics/ Materials Personnel(meetings, funds)
	Engage various donors and partners to mobilize funding for NTDs activities	2023 – 2027	Funds Logistics/ Materials Personnel
	Conduct post treatment surveillance for NTDs in relation to fly catching at identified sentinel breeding sites. Determine quantities of flies, number of sites, number of years, and actions taken in the event of any positive test during PTS.	2023 – 2027	Funds, vehicles, fuel, TA
	Conduct neglected tropical disease specific surveillance	2023 - 2027	
	Integrate NTD disease surveillance into the overall MoHS disease surveillance system	2023 - 2027	

Strategic Priority 2: Empower local council and authorities in social mobilization, risk and crisis communication, behavioural change and building local support for NTD interventions	Develop an SBC framework and plan for NTDs including risk and crisis communication	2023 – 2027	Funds Logistics/ Materials Personnel
	Review existing IEC materials on NTDs	2023, 2027	Funds Logistics/ Materials Personnel
	Conduct formative research on NTDs	2023 – 2027	TA, funds, vehicle, fuel
	Develop and produce IEC materials including translation in major local languages (print, electronic and social media) for NTDs	2023 – 20247	Funds Logistics/ Materials Personnel
	Conduct five (5) national ToT on social mobilization, risk and crisis communication for NTDs	2023 – 2027	Funds Logistics/ Materials Personnel
	Conduct yearly sub-national training on social mobilization, risk and crisis communication for NTDs for the sixteen (16) districts	2023 – 2027	Funds Logistics/ Materials Personnel
	Develop an SBC framework and plan for NTDs including risk and crisis communication	2023 – 2027	Funds Logistics/ Materials Personnel
	Review existing IEC materials on NTDs	2023, 2027	Funds Logistics/ Materials Personnel
	Conduct formative research on NTDs	2023 – 2027	TA, funds, vehicle, fuel
	Develop and produce IEC materials including translation in major local languages (print,	2023 – 20247	Funds, Logistics/ Materials Personnel

	electronic and social media) for NTDs		
	Conduct five (5) national ToT on social mobilization, risk and crisis communication for NTDs	2023 – 2027	Funds Logistics/ Materials Personnel
	Conduct yearly sub-national training on social mobilization, risk and crisis communication for NTDs for the sixteen (16) districts	2023 – 2027	Funds Logistics/ Materials Personnel

Table 22 Strategic Priorities and Key Activities for Pillar 4

Strategic Pillar 4. Strengthen Resource Mobilization, Coordination and Communication for the elimination of NTDs			
Strategic Priorities	**Key Activities**	**Time frame**	**Resources needed**
Strategic Priority 1 Promote community involvement and ownership of the programmefor optimal use of available resources	High level Advocacy to key ministry officials and partnerse.g.Ministry of Local Government,Ministry of Environment (EPA), Ministry of Agriculture meetings at district levels	2023 – 2026	Funds Logistics/ Materials Personnel
	Establish NTD Support Groups in communities including traditional healers as integral members	2023 – 2027	Funds Logistics/ Materials Personnel
Strategic Priority 2: Promote improved communication and awareness at the community level for a successful elimination of the endemic NTDs	Conduct KAP (Knowledge, Attitude and Practice) study of community awareness on NTDs and WASH	2023, 2025, 2027	Funds Logistics/ Materials Personnel
	Identify and map existing platforms to promote awareness on WASH related NTDs at the community level	2023 – 2024	Funds Logistics/ Materials Personnel
	Work with communities to construct and use WASH facilities in NTD endemic communities using the CLTS chiefdom-wide approach	2023 – 2027	Community people, locally available materials, funds, vehicles

	Promote WASH practices during MDA campaigns, including NTD-specific messages in WASH activities in households or schools	2023 – 2027	Personnel (venue, DSA), Fuel refund, Transport Allowance & Stationeries)
	Conduct quarterly joint NTD and WASH monitoring and supportive supervision	2023 – 2027	20 monitoring visits (4 yearly)
	Conduct school-led total sanitation in NTD endemic districts	2023-2026	School authorities, Personnel (venue, DSA), Fuel refund, Transport Allowance & Stationeries)
	Collaborate with national malaria control programmeand president malaria initiative (PMI) for the mass distribution of bed nets in LF endemic communities	2023-2026	Personnel
	Include NMCP in NTD master plan dissemination workshop	2023-2024	Personnel Logistics Funds
	Conduct community vector control activities in areas where NTDs (Onchocerciasis, LF, Schistosomiasis etc.) are endemic	2023 - 2027	Personnel (venue, DSA), Fuel refund, Transport Allowance & Stationeries)
	Investigate community vector dynamics and insecticide use to assess the impact of vector control interventions	2023 - 2027	Personnel (venue, DSA), Fuel refund, Transport Allowance & Stationeries)
	Engage communities and residents to improve vector control and build resilience against the spread of NTD diseases	2023-2025	Personnel (venue,DSA),Fuelrefund,Transport Allowance & Stationeries)
	Work with NMCP and PMI to plan entomological surveillance of NTDs	2023-2025	Personnel (venue,DSA),Fuel refund,Transport Allowance & Stationeries)
	Conduct post treatment surveillance of NTD diseases in communities including		Personnel (venue,DSA),Fuel refund,Transport

	breeding site assessments		Allowance & Stationeries)
	Conduct advocacy and sensitization visits to key religious associations, professional bodies, school health programmeauthorities, Farmers Associations	2023 – 2027	Funds (20*16districts) Logistics/ Materials Personnel
	Incorporate relevant NTD messages into existing channels for improved community engagement and sensitization (Religious leaders, Teachers, and PTAs, CHWs, schools and farmers information day)	2023 – 2027	Funds Logistics/ Materials Personnel (20 per district)
	Conduct periodic Focus Group Discussions	2023 – 2027	Funds Logistics/ Materials Personnel (20 *5*16 districts)
	Conduct Inter-personal communication (IPC) and women group sessions on NTDs	2023 – 2027	Funds (20*5*16 district) Logistics/ Materials Personnel
	Conduct awareness campaigns through print and electronic media including use of social media	2023 – 2027	Funds Logistics/ Materials Personnel
	Conduct other awareness campaigns using traditional channels e.g. dance/theatre groups, town announcers, etc	2023 – 2027	Funds Logistics/ Materials Personnel (20 personnel per district)

Section 3.2: Toward Programme Sustainability: Intensifying Coordination and Partnership

Given the ambition of the NTD programme, many stakeholders—both internal and external —will be required to align their actions and play a role if these goals are to be achieved. Advocacy is a powerful tool that can be used to bring stakeholders together to execute the Master Plan and enable the achievement of NTD programme goals by 2027. Accordingly, advocacy activities will be undertaken at all levels to increase awareness of NTDs and win support for the programme among significant government decision makers, public opinion leaders, impacted communities, and funding partners. An Advocacy and Communications Strategy document has been developed and details the NTD programme's advocacy and communications objectives, action plans, monitoring and evaluation framework, and cost estimates for advocacy activities.

The strategy lays out action plans and associated guidance designed to target key partners and advocates of the NTD programme and finally entrench the programme's goals into broader government and non-governmental objectives and decision-making. By identifying key decision makers and leveraging influential partners, advocacy serves a greater purpose than basic influence; when done effectively, advocacy can help the NTD programme to advance through the "sustainability continuum", moving the programme toward greater integration across levels, government and other sectors and ultimately, toward greater assurance of funding and financial sustainability.

The NTD Sustainability Partner Network Forum(PNF)below is a means to measure the progress of the NTD programme in terms of long-term sustainability as the programme pursues to achieve its goals of NTD control, elimination and post-elimination care and surveillance. The PNF ranges from stand-alone NTD activities to full integration with the broader health system.

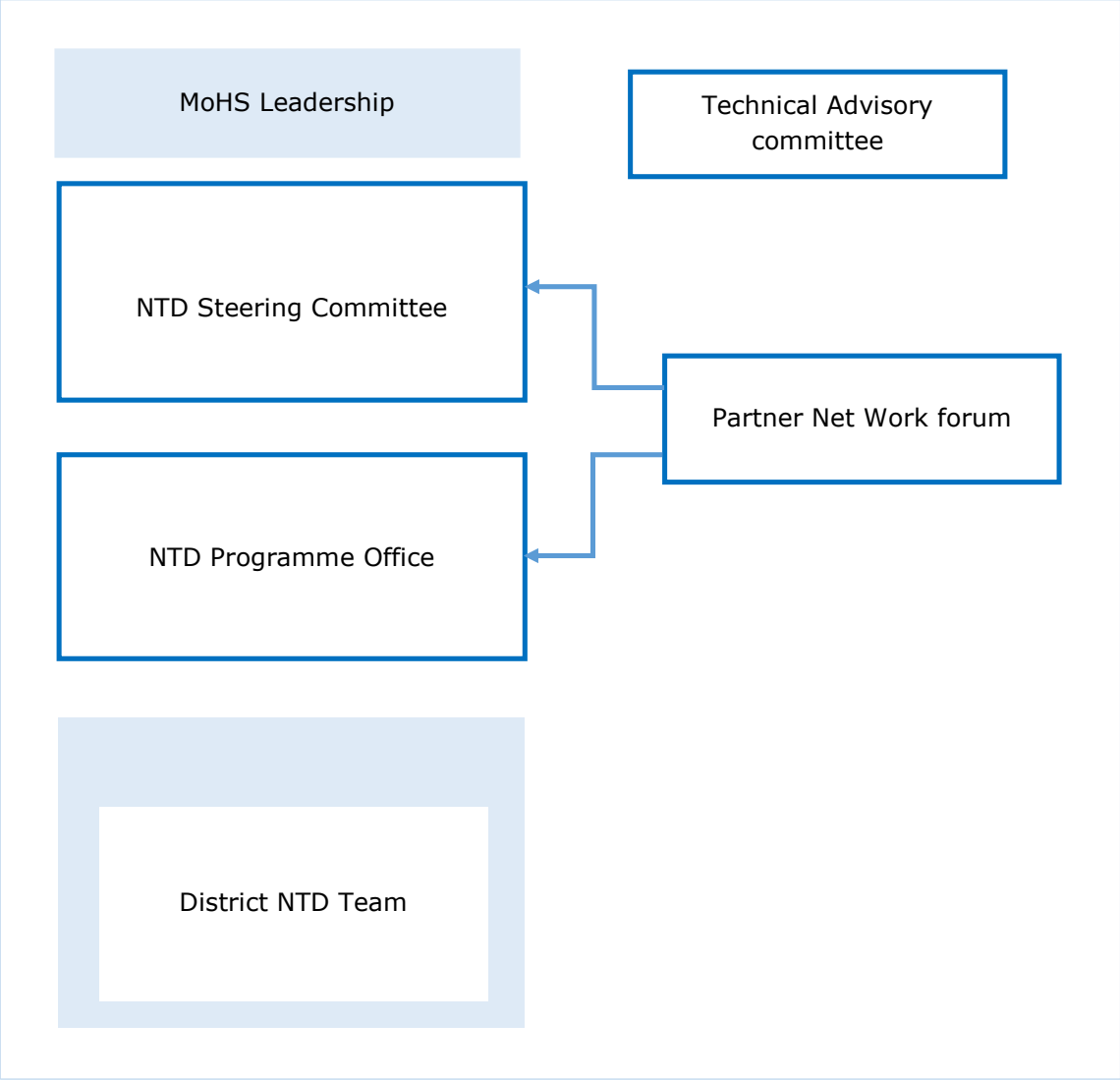


Figure 15:Programme Coordination Mechanism

The PNF comprises of two subcommittees that will be responsible for targeted areas of intervention and oversight of the NTD sustainability strategy in Sierra Leone.

It has district-level representation at the DHMT Partners Meeting, coordinated by the District Medical Officer, and the Local Council Partners Meeting, coordinated by the Local Council Chairperson.

Entity	Membership	Terms of Reference
NTD Partners network Forum (NTDPNF):		

Meeting frequency: Quarterly Chair:CMO Host:NTD Program	MOHS DEHS NMCP WHO UNICEF PMI-Vectorlink HKI WVI Sightsavers WASH Net Water Aid Oxfam	• Coordinate the approaches to mainstream NTDs into the national health and key sector policy and strategy documents. • Provide technical oversight to ensure quality planning, coordination and implementation of NTD activities in Sierra Leone.
National NTD Secretariat		
Meeting frequency: monthly Chair:PM Host:NTD	NTD program	Provide technical guidance for the day-to-day planning, implementation, and integration of NTDs into WASH, Education, and other relevant sectors' strategies, policies, and priorities.
National NTD Technical Advisory Group		
Meeting frequency: bi-annually/quarterly Chair: PM Host:: NTD Program	WHO UNICEF EPA NMCP	Provide technical advice geared towards control and elimination of NTDs in Sierra Leone
District NTD Secretariat		
Meeting frequency::Monthly Chair: :DHMT Host: District Officer		Liaison for the National NTD Secretariat Interfaces with the frontline health workers, CDDs and the communities to ensure proper implementation of integrated NTDs services

Figure 16:Programme Coordination mechanism-membership and Terms of reference

The partnership is a collection of key institutions/organizations mapped for collaboration with the NTD Program. It is worth noting that entomological surveillance is a grey area that requires advocacy for resource mobilization. Partnership with PMI is crucial in this regard.

Table 23: Partnership Matrix

Region	NTDs (List)	Veterinary (List)	WASH (List)	IVM (List)	One-Health (List)	Education (List)	Malaria (List)
Western Area		MAFF	Ministry-Water Resources	NMCP		MBSSE	NMCP
	HKI		District councils	PMI Vector Link		Njala university	PMI
	Sightsavers		Civil society	China CDC			China CDC
	Helen Keller International		Traditional Healers				NGOs
	World Vision International		Ministry of Health and Sanitation				
	Water Aid						
	WASH Net						
	Oxfam						

Section 3.3: Assumptions, Risks and Mitigations

The risk mitigation matrix is a monitoring tool used for tracking the status of planned activities and resources for implementation. It enables the programmeto re-design implementation of interventions based on funding landscape. The assumptions are that resources will be available on time for planning, coordination and implementation of programmeinterventions. Below is a risk matrix illustrating the guide for tracking the status of identified risks:

Table 24: Risk criteria and Assessment

Potential Risk	Before risk mitigation		Risk Mitigation Step	After risk mitigation			
	Likelihood of occurrence	Impact	Risk 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							

Funding	3	5	15	Control	3	3	9
Integration	4	3	12	Avoid	3	2	6
Sustainability	3	4	12	Share	3	3	9
Effectiveness of interventions	2	3	6	Monitor	2	2	4
Data management and tools	3	3	9	Control	2	2	4
Human resource	3	4	12	Control	3	2	6

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 proactively identify risks and causes of failure and proffering risk mitigation strategies can and do kill projects. If no mitigation strategy can help, then *change* your strategy and project approach

Table 25: Steps to Mitigate Risk

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 this section, the strategic priorities and their performance indicators, targets and dates are provided for each of the four pillars.

Table 26: Performance Indicators for Pillar 1

Performance Indicators for Pillar 1:			
Strategic Priority	Performance Indicators	Target	Date
Strategic priority 1: Scale up progress from confirmation of a disease to mapping, screening and transform NTD surveillance into a main intervention	No of facilities mapped for transformation into a main intervention Centre for NTD's services	160 facilities 160	2023 2025
	No of tools s developed/Adapted for systematic screening (LF, Oncho., SCH, STH, Leprosy)	10 Paper base	Annually
	No of guidelines, algorithms and SOPs developed/Adapted for NTDs systematic screening (LF, Oncho., SCH, STH, Leprosy)	5 Paper base	Annually
	Assorted diagnostic kits and supplies procured for morbidity management (LF, Oncho., SCH, STH and Leprosy)		Annually
	No of training guide developed for NTD systematic screening training (LF, Oncho., SCH, STH, Leprosy) (checklist for TOT)	4	Annually
	No of checklist developed for NTD monitoring and evaluation (LF, Oncho., SCH, STH, Leprosy)	1	Annually
	No. of tools printed for data collection for NTDs (LF, Oncho., SCH, STH, Leprosy)	All the tools developed should be printed when quantified	Annually
	No. of tools disseminated for data collection for NTDs (LF, Oncho., SCH, STH, Leprosy) to the districts		Annually
	No. of facilities mapped for transformation into a main	160 160	2023 2025

	intervention centre for NTD's services	160	2027
	No. of master's trainers trained for NTDs	35	2023, 2025
	No. of peripheral staff trained for NTDs integrated screening	320	2023, 2025
	No. of refreshers training done for NTDs	2	2025, 2027
	No. of passive case identification, referral and management through training conducted	TBD	
	No. integrated supportive supervision done for NTDs	20	2023- 2027
	No. of supervision framework developed	1	Annually
	No. of M&E staff trained on DQA process	4	Annually
	No. of DQA conducted for NTDs	10	2023-2027
	No. of collaborative meetings held with DPPI on validation rules	5	2023=2027
	No. of NTD staff trained by DPPI on DHIS2	3	2023,2025, 2027
	No of times the NTDs module is revised at the DHIS2	2	2023-2026
	No. of bulletins developed by the NTD	10	2023-2027
	No. of Review meeting conducted	10	2023-2027
	No. of Mid-Term review Meeting conducted	1	2025
	No. of End-Term review meeting conducted	1	2027
Strategic priority 3: Maintain the prompt and effective supply chain management of NTD drugs and other products to all endemic communities	No. of quantification/forecasting meeting conducted at national level	5	Annually
	No. of prompt supplies of drugs to endemic communities conducted	5	Annually
	No. of commodities distributed from central store to the districts	5	Annually

	No. of commodities distributed from districts stores to PHUs	5	Quarterly
	No. of commodities distributed from PHUs to CDDs/CHWs	5	Quarterly
	No. of commodities distributed from CDDs/ CHWs to communities	5	Quarterly
Strategic priority 4: Increases advocacy, and visibility of NTDs for the elimination interventions at all levels as government and stakeholders	No. of multi-sectoral framework develop for NTDs	1	2024
	No. of established multi- sectoral coordination mechanism for NTDs	1	2024
	No. of established network of NTD champions at parliamentary, council and chiefdom level	3	2025
	No. of staff capacitated on advocacy, collaboration, networking, partnerships, and communication skills	2	2024
	No. of multi-sectoral framework develop for NTDs	1	2024
	No. of established multi-sectorial coordination mechanism for NTDs	1	2024
	No. of established network of NTD champions at parliamentary, council and chiefdom level	3	2025
	No. of staff capacitated on advocacy, collaboration, networking, partnerships, and communication skills	2	2024
Strategic priority 5: Embark on operational research and intervention that is fundamental of programmatic progress	No. of members nominated for the Research Committee for NTD	10	2024-2027
	No. of staff trained on operational research	10	2024-2027
	No. of research protocols developed	4	2024-2027
	No. of meetings conducted on Research Committee	8	2024-2027
	No. of manuscripts published	4	2024-2027

Table 27: Performance Indicators for Pillar 2

Performance Indicators for Pillar 2:Intensify cross-cutting approaches			
StrategicPriority	**Performance Indicators**	**Target**	Date

Strategic priority 1: Strengthen identified platforms with similar delivery strategies and interventions (MDAs, Morbidity management, IEC, WASH, One Health etc) for integrated approaches across NTDs	No of meetings held to map out health-related partners in the country	1	**2023**
	No. of consultative meeting with potential Health-related partners to form a NTD coalition	5	**2023-2027**
	No. of collaborative TWG held at the national level with partners implementing NTDs related activities	10	**2023-2027**
	No. of integrated activities conducted with partners (WASH, One Health, Leprosy, DPPI)	10	**2023-2027**
	No. of case management done at integrated level		**2023-2027**
	No. of consultative meetings held with key programmefor the development of NTD/Leprosy IEC materials	5	**2023-2027**
	No. of NTD IEC Materials printed		
	No. of engagement meeting held with DHMT/ one health and Local authorities for the dissemination of NTD/Leprosy IEC Materials	5	**2023-2027**
	No. of advocacy meeting held with potential developing partners who may support with funding the NTD and Leprosy activities	5	**2023-2027**
	No. of community mobilization meetings conducted to create awareness and orientation on effective collaborative between	10	**2023-2027**

	NTD/Leprosyand Traditional healers service delivery.		
	No. of radio/TV talk show with traditional faith healers and NTDs patients on NTD/Leprosy services	60	**2023-2027**
	No. of half-yearly regional meetings held with stakeholders (Traditional healers, religious leaders, CDDs, CHWs on NTDs sensitisation interventions)	10	**2023-2027**
Strategic priority 2: Mainstream delivery platforms within the national health system	No. of consultative meeting with key partners on one health approaches on planning and implementation of preventing diseases that are related to NTD	10	**2023-2027**
	No. of guidelines and protocols developed for the collaboration for snake bite and dog bite	1	**2023**
Strategic priority 3: Strengthen multi-sectoral coordination, collaboration, cooperation and foster partnerships in the prevention, treatment and care of patients with NTDs at all levels of health care	No. of mapping conduced with partners with regards to disease focus and resources available	5	2023-2027
	No. of gaps identified among partners		2023-2027
Strategic priority 4: Strengthen capacity to implement NTD programme and resource mobilization, including the integration of NTD plan of action into the financial plans at all spheres	No. of mapping conduced with partners with regards to disease focus and resources available	5	2023-2027
	No. of gaps identified among partners	TBD	2023-2027

Table 28: Performance Indicators for Pillar 3

Performance Indicators for Pillar 3:			
Strategic Priority	**Performance Indicators**	**Target**	**Date**
Strategic priority 1: Promote and strengthen country ownership and	No of NTD TWG conducted with inclusion of other relevant stakeholders	20, (four per year)	2023-2027

leadership through organizational structures at national and local government with dedicated funding	NTD Steering Committee reactivated	(30 members)	2023
	NTD Steering Committee strengthened	(1 committee)	2023
	TWG established	1	2023
	No of platforms mapped to promote community involvement and ownership at various levels	70, two per district	2023 – 2027
	Framework developed a for community involvement and ownership for NTDs	1	2023 – 2024
	No of community advocacy interactions conducted with community leaders to promote awareness and support	105, three per district	2023 – 2027
	No of NTD Support Groups established	35, one per district	2023 – 2027
	No of advocacy and sensitization visits conducted to Ministry of ----- and traditional rulers' meetings at regional levels	28, two per region	2023 – 2027
	Strategic Priority 2: Promote improved communication and awareness at the community level for a successful elimination of the endemic NTDs.	5, one per year	2023 – 2027
	No of districts supported to develop annual NTD annual plans	70, five per region(one per year)	2023 – 2027
	No of annual planning and review meetings conducted at national levels	75, five national and five per region(one per year)	2023 – 2027
	No of annual planning and review meetings conducted at district levels	16 meetings (1/district)	2023-2027
	No of national and district NTD ambassadors appointed	15, one at national and 14 at the region	2023 – 2024
	No of advocacy meetings held with local councils to enact by-laws in local authorities to enforce meat inspections and vaccination of dogs and cats conducted	35, one per district	2023 – 2024
	No of advocacy visits to Ministry of agriculture to enact by-laws to enforce meat inspections and vaccination of dogs and pigs conducted	5	2023 – 2027
	No of advocacy meetings with	5	

	Government to increase funding for district and sub-nations health centres for management of CM-NTDs		
	No of advocacy visits to MOHS to increase number of health staff for management of cases	2	2023 – 2024
	No of global NTD Day commemorateand incorporate NTD commemoration day into annual stakeholders (ministerial) calendars	70, one per NTD and once per year	2023 – 2027
	Coordination mechanism established on One Health approach for all NTDs	50, one at National, 14 at regions and 35 at the districts	2023 – 2024
	No of donors and partners mobilized and engaged to funding for NTDs activities, donation of vaccines, ant venoms, drugs, case management	14, at least one per region	2023 – 2027
Strategic priority 2: Empower local government and authorities in social mobilization, risk and crisis communication, behavioural change and building local support for NTD interventions	SBC framework and plan developed for NTDs including risk and crisis communication	1	2023 – 2024
	No of existing IEC materials on NTDs reviewed	(10)	2023, 2026
	IEC materials developed and produced including translation in major local languages (print, electronic and social media) for NTDs	28, two per NTD	2023 – 2027
	No of national ToTs trained on social mobilization, risk and crisis communication for NTDs	40, three per ministry	2023 – 2027
	No of sub-national trainings conducted on social mobilization, risk and crisis communication for NTDs	35 one per district	2023 – 2027

Table 29: Performance Indicators for Pillar 4

Performance Indicators for Pillar 4:Strengthen Resource Mobilization, Coordination and Communication for the elimination of NTDs			
Strategic Priority	**Performance Indicators**	**Target**	**Date**
Strategic priority 1: Promote community involvement and ownership of the programmefor optimal use of available	No of platforms mapped to promote community involvement and ownership at various levels	70, two per district	2023 – 2027

resources	Framework developed a for community involvement and ownership for NTDs	1	2023 – 2024
	No of community advocacy interactions conducted with community leaders to promote awareness and support	105, three per district	2023 – 2027
	No of NTD Support Groups established	35, one per district	2023 – 2027
	No of advocacy and sensitization visits conducted to Ministry of ----- and traditional rulers' meetings at regional levels	28, two per region	2023 – 2027
Strategic priority 2: Promote improved communication and awareness at the community level for a successful elimination of the endemic NTDs.	KAP (Knowledge, Attitude and Practice) study of community awareness on NTDs conducted	3, baseline, midline and end line	2023, 2025, 2027
	No of existing platforms mapped to promote awareness of NTDs at the community level	140, 4 per region	2023 – 2024
	No of advocacy and sensitization visits conducted to key religious associations, professional bodies, school health programmeauthorities, Farmers Associations	42, 3 per region	2023 – 2027
	Relevant NTD messages incorporated into existing channels for improved community engagement and sensitization (Religious leaders, Teachers and PTAs, CHWs, schools and farmers information day)	14, one message per endemic NTD	2023 – 2027
	Periodic FGDs conducted	14, one per region	2023 – 2027
	Town hall meetings conducted on NTDs	140, 4 campaign per year per district	2023 – 2027
	No of Inter-personal communication (IPC) and women group sessions on NTDs conducted	140, 4 campaign per year per district	2023 – 2027
	No of awareness campaigns through print and electronic media including use of social media conducted		2023 – 2027
	No of awareness campaigns using traditional channels e.g. dance/theatre groups, town announcers, etc conducted	140, 4 campaign per year per district	2023 – 2027

PART 4 BUDGETING FOR IMPACT: ESTIMATES AND JUSTIFICATIONS

The national NTD programmehaving developed the 5-year strategic plan has also provided a comprehensive budgetary estimate from which the annual budgets will be pulled out. This budget estimate was developed with a key management tool named Tool for Integrated Planning and Costing (TIPAC). This multiyearcomprehensive,concise, cost-effective and accurateNTD master planbudget (2023-2027), developed jointly by all the NTD stakeholders will cost about 1,512,177,897 Leonesover the five year period.

Table 30: Budgeting Activities /Five -Year Cost Projections

		2023	2024	2025	2026	2027	TOTAL
	1.1	3,589,950	1,086,300	1,086,300	427,300	427,300	**6,617,150**
	1.2	2,888,100	84,000	3,600	374,800	3,600	**3,354,100**
	1.3	154,927,130	7,005,029	7,139,660	7,277,253	7,417,873	**183,766,945**
	1.4	315,100	0	25,200	0	25,200	**365,500**
	1.5	253,050	1,883,010	25,200	25,200	25,200	**2,211,660**
Pillar 1	**Sub total**	**161,973,330**	**10,058,339**	**8,279,960**	**8,104,553**	**7,899,173**	**196,315,355**
	2.1	13,724,350	14,339,149	11,983,920	11,988,316	11,782,180	**59,047,050**
	2.2	687,400	637,300	100,000	0	100,000	**1,624,500**
	2.3	217,600	0	0	0	0	**217,600**
	2.4	178,700	0	0	14,800	163,900	**357,400**
	2.5	66,500	0	0	0	0	**66,500**
Pillar 2	**Sub total**	**14,874,550**	**14,976,449**	**12,083,920**	**12,003,116**	**12,046,080**	**61,313,050**
	3.1	152,119,020	152,058,320	152,058,320	151,062,500	151,062,500	**758,360,660**
	3.2	3,657,050	3,657,050	3,657,050	3,657,050	3,657,050	**18,285,250**
Pillar 3	**Sub total**	**155,776,070**	**155,715,370**	**155,715,370**	**154,719,550**	**154,719,550**	**776,645,910**
	4.1	2,867,130	1,540,730	1,773,050	1,189,550	1,773,050	**9,143,510**
Pillar 4	4.2	94,544,050	93,764,931	94,147,520	93,050,085	93,253,485	**468,760,072**
	Sub total	**97,411,180**	**95,305,661**	**95,920,570**	**94,239,635**	**95,026,535**	**477,903,582**
	Grand Total	**430,035,130**	**276,055,819**	**271,999,820**	**269,066,855**	**269,691,338**	**1,512,177,897**

ANNEXES

Annex 1: Steps in Designing/Reviewing the National NTD Master Plan

Prepare and organize	Draft targets and strategies	Consult and enlist partners	Refine plans and actions needed
Review the current NTD plans and status of disease programmers	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.	Convene or integrate stakeholders into a committee for all NTDs in Sierra Leone and include representatives from relevant sectors like WASH, to review current and proposed strategies	Refine Sierra Leone NTD plans from feedback
Understand national health priorities like NTD burden, progress towards current NTD goals and potential future gaps	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.	Initiate broader consultations with local, regional and global stakeholders, including WHO, individuals and communities affected by NTDs in Sierra Leone.	Define the required domestic and external resources and activities, and highlight gaps or barriers; initiate action to close gaps
Map relevant stakeholders (within and beyond health) and existing initiatives related to NTDs	Ensure strategies are aligned with broader national health strategies	Use a map of stakeholders and feedback to identify their roles and resources	Integrate into national health strategies, and secure the necessary political commitment to implement Sierra Leone NTD plans
Set up or use an existing task force to coordinate NTD strategic planning, including representatives from local levels and other sectors			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

The overarching and cross-cutting targets, derived from the NTD Global Roadmap 2023–2030 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 2027 and milestones for 2025 and 2027 should be set for each of the endemic diseases for one of the following: elimination (interruption of transmission), elimination (as a public health problem) or control.

Targets

Overarching targets

The below shows the overarching targets for the country with a 2030 timeline.

Indicator	**2023 (Baseline)**	**2027 (Midterm)**	**2030**
Percentage reduction in people requiring interventions against neglected tropical diseases	0%	50%	90%
Number of counties having eliminatedat least one neglected tropical disease as a public health problem (Trachoma, LF, Schistosomiasis, STH, Sleeping Sickness etc.)	0	20	50
Number of neglected tropical diseases eradicated or eliminated (countrywide) as a public health problem Yaws, Leprosy, Taeniasis & cysticercosis, echinococcosis, Chikungunya, deep micosis, etc.).	1	2	4

Cross-cutting Targets

below shows the cross-cutting targets for the country with a 2030 timeline.

Domain	**Indicator**	2023 (Baseline)	2027 (Midterm)	**2030**
Integrated Approaches	Integrated treatment coverage index for preventive chemotherapy NTDs (Total Number of people treated for each PC-NTD divide by Total number of Population requiring PCT for ALL PC NTDs).	50%	50%	100%
	Percentage of counties that adopt and implement MMDP and other associated morbidities (i.e. OAE, TT	0%	50%	90%

	surgeries, Leprosy, Buruli ulcer, etc.) for target NTDs.			
Multi-sectoral Collaboration	Proportion of population in endemic counties with access to safe water for SCH, STH and Trachoma control	20%	50%	70%
	Proportion and number of endemic counties with adequate sanitation manipulation for SCH, STH and Trachoma control	10%	20%	40%
	Proportion and number of endemic counties with adequate environmental manipulation for SCH , STH and Trachoma control	10%	15%	40%
Universal Health Coverage	Proportion of counties where 50% of all health facilities have and use guidelines for management of NTD-related disabilities	5%	20%	50%
Country Ownership	Proportion of counties reporting on all relevant endemic neglected tropical diseases and associated co-morbidities	5%	20%	50%
	Proportion of counties collecting and reporting data on neglected tropical diseases disaggregated by gender	30%	40%	90%
	Number of Districts with fully functional NTD Task Forces (based on clear ToRs)	10	50	80
	Number of districts mobilizing logistic and financial resources for NTDs	0	22	45
	Proportion of government direct funding towards NTD implementation	2%	20%	40%

Disease-Specific Targets

Disease	**Indicator**	**2023 (Baseline)**	**2027 (Midterm)**	**2030**
Targeted for Eradication				
Dracunculiasis	Number of endemic counties MAINTAINING zero confirmed cases status	100%	100%	

Yaws	Percentage of endemic counties where transmission has been interrupted	0%	30%	100 %
Targeted for Elimination (Interruption of Transmission)				
Human African trypanosomiasis (*gambiense*)	Percentage of endemic counties where transmission has been interrupted	0%	30%	90%
Leprosy	Percentage of counties with zero new autochthonous leprosy cases	0%	30%	90%
Onchocerciasis	Percentage of counties that have suppressed transmission	0%	40%	50%
Targeted for Elimination as a Public Health Problem				
Human African trypanosomiasis (*rhodesiense*)	Percentage of endemic counties reporting <1 case/10 000 people/year	0%	10%	30%
Leishmaniasis (visceral)	Number of endemic counties reporting<1% case fatality rate due to primary visceral leishmaniasis	0%	25%	90%
Lymphatic filariasis	Number of counties having stopped mass drug administration, and have passed TAS1	0	0	50
Rabies	Number of counties having achieved zero human deaths from rabies	0	2	5
Schistosomiasis	Number of endemic counties with no site recording heavy intensity schistosomiasis infections	2	0	26

Soil-transmitted helminthiases	Number of endemic counties with no site recording soil-transmitted helminth infections of moderate and heavy intensity due to *Ascarislumbricoides, Trichuristrichuria, Necatoramericanus and Ancylostomaduodenale*)	1	0	0
Trachoma	Number of endemic counties maintaining (i) a prevalence of trachomatous trichiasis of <0.2% in ≥15-year-olds; and (ii) a prevalence of trachomatous inflammation—follicular in children aged 1–9 years of <5%	TT: 3 counties TF: 3 counties	TT:6 counties TF: 6 counties	TT: 10 counties TF: 10 counties
Targeted for Control				
Buruli Ulcer	Proportion of cases in category III (late stage) at diagnosis	10	30	50
Leishmaniasis (cutaneous)	Number of endemic counties in which: 85% of all cases are detected and reported and 95% of reported cases are treated	0	40	90
Scabies	Number of districts having scabies management programmes	0	0	4
Snakebite envenoming	Number of districts with incidence of snakebite achieving reduction of mortality by 30% OR Number of counties having Snakebite envenoming management programmes	0 0	0 3	2 10

Annex3: Mainstreaming NTD into National Health Systems

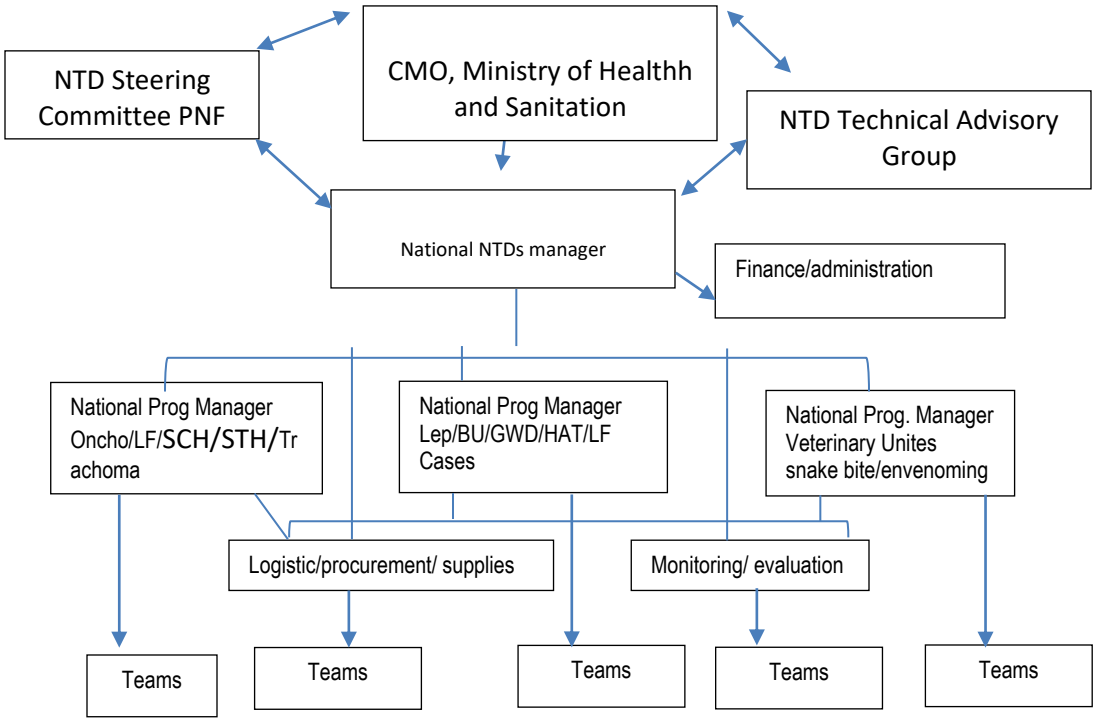
Mainstreaming of NTDs into National Health Systems involves Planning and Delivery of interventions against NTDs through the national health system infrastructure to build capacity and contribute to sustainable, efficient disease prevention and control.

Prevention	Case Finding and Diagnosis	Treatment	Care and Rehabilitation
Prevention Chemotherapy	Active case-finding	Preventive chemotherapy	Support networks
Targeted prevention	Safety	Antihelminthic treatment	Self care
Vector control	Point-of-contact diagnosis	Management of complications and surgery	Counseling and psychological support
One Health		Wound care	Physical therapy
Health care worker training and supportive supervision		Individual/intensified case/morbidity management	Provision of assistive Devices

Annex 4: Coordination with health and other Ministries and Authorities

Programme	Role in NTD
Mental Health	Routine assessment of patients suffering from NTDs especially marginalization of lymphoedema patients for their mental health status
Disability and Inclusion	Training for self-management of disability and self-care (MMDP)
Women's and Child Health	The NTDP Control programme has collaborated and continues to collaborate with the NSAHP on mass drug administration MDA for the control of Schistosomiasis and STH in school aged children.
Pharmacovigilance	NTD drugs arriving in the country are tested for quality and efficacy by the Pharmaco-vigilance department of the Sierra Leone Pharmacy Board (SLPB) before they are taken to the communities for distributions. All Severe Adverse Events (SAEs) are reported by the PHU staff to the District Health Management Teams (DHMTs) and onwards to the NTDCP, using a reporting system established by WHO and Pharmaceutical companies. The Pharmaco-vigilance department is part of the NTD monitoring and supervision team during MDA.
Eye Health	Promotion of eye care through face-washing, protecting eyes and eye examinations
Nutrition	Collaboration with school feeding program
Other Disease Programmes	joint delivery of preventive chemotherapy to pre-school-age children through immunization vector control against Anopheles mosquitoes through collaboration with malaria control programme

Annex 5: Organizational Chart of 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. 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.

Pharmacovigilance teams will be set up in all districts. These teams will be responsible for monitoring, quality control, drug efficacy, and storage and report side effects during MDA activities. A reporting system for any serious adverse event will be set up to investigate and manage and causality assessment to be done by an Expert Committee on Drug Safety and Causality.In regards toSieara Leon, the drugs will be stored at the central stored and are distributed to the districts only during MDAs

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.

Among the activities in this master plan will be traing of the CDDs in administration and managing of adverse events.

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.

Sierra Leone has a policy and guideline on Pharmacovigilance, which are fully operational with elaborated standard operating procedures. The structure consists of a National Pharmacovigilance Centre hosted by the Pharmacy Board of Sierra Leone and a network of district level, hospital and public health programme pharmacists and other health care professionals like surveillance officers. Various adverse effects paper-based and/or electronic platforms will be deployed for all MDA activities including the Med Safety App which can be downloaded freely from Apple Store and Google Play Store. The Pharmacovigilance will be included in the training of personnel involved in the NTD activities at all levels. The community will also be trained on reporting of adverse events

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) discusses 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.

The current master plan for Siera Leon has tried to integrate safety in the mentioned sections of the master plan.

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: LIST OF STAKEHOLDERS

Updated List of NTD Stakeholders 21 Oct 2022

No	Organization	Role(s)
1	Government of Sierra Leone (GoSL)	Support Advocacy, Social Mobilization & Increase NNTDP Budget Allocation
2	MoHS/NTD Program	Coordinate NTD Interventions
3	Directorate of Policy, Planning & Information	Mainstream NTD Data into the Health Management Information System (HMIS)
4	National Disease Surveillance Program	Integrate NTD Surveillance for Sustainability
5	Public Health Facilities	Perform Morbidity Management & Disability Prevention (MMDP)
6	Directorate of Food and Nutrition	Conduct School deworming
7	CHW Program/MoHS	Integrate CDDs into the CHW Program to mitigate CDD Attrition
8	World Health Organization (WHO)	Provide Technical Support
9	USAID's Act to End NTDs|West Program	Provide Funds
10	Irish Aid Project	Provide Funds
11	Mectizan Donation Program (MDP)	Donate Mectizan Tabs
12	GlaxoSmithKline (GSK) Pharmaceutical Company	Donate Drugs
13	Merck & Co. Pharmaceutical Company	Donate Drugs
14	Helen Keller International (HKI)	Support Implementation of NTD Activities
15	Sightsavers	Provide Funds & Support Implementation of NTD Activities
16	END Fund	Support Morbidity Management & Disability Prevention (MMDP)
17	NTD Technical Advisory Committee (NTD TAC)	Provide impartial guidance to the Program and make recommendation to MoHS for necessary action
18	Njala University School of Community Health Sciences	Provide Scientific Guidance & Advice on preparation of Manuscripts for Publication
19	Ministry of Education	Provide School Feeding & Deworming
20	Ministry of Water Resources	Address Drinking Water issues
21	Veterinary Division of the Ministry of Agriculture	Provide Rabies vaccine for Dogs and raise Public Awareness of the disease
22	WASH-NET	Address WASH issues in Schools and Vulnerable Communities
23	FOCUS 1000	Sensitize Hard-to-Reach Communities about NTDs
24	Traditional Healers Association	Sensitize Traditional Healers & Participate in MDAs -NTDs

NTD PROGRAM MANAGER
21 OCT 2022
MINISTRY OF HEALTH AND SANITATION

ANNEX 8: List of Contributors

Participant List - SL NTD Master Plan 2023-2027 Development, Wusum Hotel, Makeni, 14-18 Nov 2022			
No.	**Name**	**Designation**	**Organization/Institution**
1	Dr. Francis Smart	Director	Directorate of Policy, Planning & Information
2	Mariatu H. Kamara	M&E Officer	Directorate of Policy, Planning & Information
3	Albert Joe Vandy	Regional Coordinator	Directorate of Primary Health Care
4	Sr. Josephine A. Koroma	National Leprosy Focal Person	National Leprosy & TB Control Program
5	Mumin Kallon	Deputy Manager	WASH Program
6	Mrs. Karen Vandy	National School Health Focal Person	National School & Adolescent Health Program
7	Richard J. Musa	Regional Coordinator	Community Health Workers Program
8	Frederick Yamba	Integrated Vector Management Lead	National Malaria Control Program
9	Alimamy Mansaray	Finance Officer	National Eye Care Program
10	Dr. Ibrahim Kargbo-Labour	Manager	National Neglected Tropical Diseases Program
11	Dr. Yakuba Bah	NTD Adviser	National Neglected Tropical Diseases Program
12	Pharm. Joseph Amara	Pharmacist	National Neglected Tropical Diseases Program
13	Abdul Conteh	M&E Officer	National Neglected Tropical Diseases Program
14	Kadijatu Bah	Finance Officer	National Neglected Tropical Diseases Program
15	Sr. Josephine J. Saidu	National Supervisor	National Neglected Tropical Diseases Program
16	Sr. Samah Conteh	National Supervisor	National Neglected Tropical Diseases Program
17	Assana Kamara	NLTCP Focal Person	Bombali District Health Management Team
18	Abu Bakarr Kuyateh	NTD Focal Person	Bombali District Health Management Team
19	Samuel Parsons	NTD Focal Person	Moyamba District Health Management Team
20	Samuel Jaia	NTD Focal Person	Kailahun District Health Management Team
21	Mohamed Kamara	NTD Focal Person	Kenema District Health Management Team
22	Sahr Amara Moiba	NTD Focal Person	Kono District Health Management Team
23	Abdul Bangura	Country Director	Traditional Healers Union
24	Joseph Bunting-Graden	National Technical Coordinator	One Health
24	Dr. Louisa Ganda	NTD Focal Person	World Health Organization (WHO)
25	Mohamed S. Bah	NTD Programme Director	Helen Keller International
26	Victoria Redwood-sawyerr	NTD Programme Coordinator	Helen Keller International
27	Alusine Kamara	NTD Program Officer	Helen Keller International
28	Jusu Squire	NTD Focal Person	Sightsavers
29	Dr. Ngozi Njepuome	Consultant	WHO
30	Dr. Dorcas Alusala	Consultant	WHO
31	Dr. Fredrick Maloba	Consultant	WHO