REPUBLIC OF THE GAMBIA
MINISTRY OF HEALTH

NEGLECTED TROPICAL DISEASES MASTER PLAN
(2023– 2027)

MARCH 2023

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Abbreviations and Acronyms

Abbreviation	Acronym	Abbreviation	Acronym
AFRO	African Region	NA	Not Available
CHIK	Chikungunya	NHA	National Health Account
CM	Case Management	NHP	National Health Policy
CBS	Community Based Surveillance	NPS	National Pharmaceutical Services
CHN	Community Health Nurse	NBWR	North Bank West Region
CIAM	Center for Innovation Against Malaria	NTD	Neglected tropical diseases
CMS	Central Medical Stores	NDP	National Development Plan
CRR	Central River Region	NBER	North Bank East Region
DHIS2	District Health Information System2	NQC	National Quantification Committee
Dra.	Dracunculiasis	NGO	Non-Governmental Organisations
DCD	Department of Community Development	Oncho.	Onchocerciasis
DWR	Department of Water Resources	OPD	Out Patient Department
DSA	Daily Sustenance Allowance	PC	Preventive Chemotherapy
EDC	Epidemiology and Disease Control Unit	PEST	Political, Economic, Social and Technological Analysis
EML	Essential Medicine List	PPE	Personal Protective Equipment

ESPEN	Eliminate Neglected Tropical Diseases	PH	Public Health
GBoS	Gambia Bureau of Statistics	PHC	Primary Health Care
GDHS	Gambia Demographic Health Survey	PHPSCMC	Public Health Procurement Supply Chain Management Committee
GDP	Gross Domestic Product	QoC	Quality of Care
GEHSSP	Gambia Essential Health Service Strengthening Project	RBF	Result Based Financing
GNP	Gross National Product	RHDs	Regional Health Directorates
GPW 13	Thirteenth General Programme of Work 2019–2023	RMNCAH	Reproductive Maternal Neonatal Child and Adolescent Health
HAT	Human African Trypanosomiasis	SAEs	Serious Adverse Effects
HR	Human Resources	SBCC	Social and Behaviour Change Communication
HRIS	Human Resource Information System	SCH	Schistosomiasis
HRH	Human Resource for Health	SDGs	Sustainable Development Goals
IDSR	Integrated Disease Surveillance and Response	STH	Soil-Transmitted Helminthiasis
IEC	Information Education Communication	SWOT	Strengths, Weaknesses, Opportunities, and Threats
IRS	Indoor Residual Spraying	TAS	Transmission Assessment Survey
ITN	Insecticide-Treated Net	TIPAC	Tool for Integrated Planning and Costing

IVM	Integrated Vector Management	THE	Total Health Expenditure
Leish.	Leishmaniasis	TOR	Terms of Reference
LGA	Local Government Area	TRA.	Trachoma
LF	Lymphatic Filariasis	TWG	Technical Working Group
LMIS	Logistic Management Information System	UHC	Universal Health Coverage
LRR	Lower River Region	URR	Upper River Region
MCA	Medicine Control Agency	UNICEF	United Nations International Children Emergency Fund
MDA	Mass Drug Administration	VHW	Village Health Worker
M&E	Monitoring and Evaluation	VSG	Village Support Group
MMDP	Morbidity Management and Disability Prevention	WASH	Water, Sanitation and Hygiene
MoH	Ministry of Health	WHO	World Health Organization
MoBSE	Ministry of Basic and Secondary Education	WHO/AFRO	World Health Organization Regional Office for Africa
MOHERST	Ministry of Higher Education Research Science and Technology	WHR-1	Western Health Region-1
MoU	Memorandum of Understanding	WHR-2	Western Health Region-2
MO	Medical Officer		

Key Definitions

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

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

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

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

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

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

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

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

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

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

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

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

Acknowledgement

The Ministry of Health provided the framework on NTDs which many stakeholders used to produce a new five-year comprehensive strategic master plan. This plan is the National response to NTDs elimination, eradication and control, which will go into effect from 2023-2027.

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We sincerely appreciate all the line Ministries and stakeholders/ Partners who have and still are supporting the Government of The Gambian in providing good and sustainable health system and service. In particular the following institutions deserve special mention and appreciation for their contribution in the development of this NTDs Strategic Master Plan, namely, the Ministry of Health (Directorates of Planning and Information, Health Research, National Pharmaceutical Services, Public Health Services, Health Education and Promotion and the Regional Health Directorates; the following national Programmes- Eye Health, Leprosy and TB Control, Malaria Control and the National Public Health Laboratories, Primary Health Care Unit, Edward Francis Small Teaching Hospital and Bansang Hospital,) The line Ministries including Basic and Secondary Education, Agriculture, Environment. Others are the NGOs, Research Institutions (MRC and CIAM) and the UN agencies led by the World Health Organisation.

.Many individuals have also contributed immensely to the development of this NTDs Master Plan by providing time and technical expertise. I wish to acknowledge the local technical facilitators such as Serign Ceesay of MRC Gambia at LSHTM, Bakary Sanneh NPHL, Amadou Wuory Jallow Acting Program Coordinator and Staff of the Epidemiology and Disease Control (EDC) Unit and Dr. Sharmila Jah, the NTD focal person in the WHO Country Office.

Finally, I wish to extend my sincere thanks and appreciation to the WHO Country Representative in The Gambia-Dr. Desta Tiruneh for his resolve in securing technical support from WHO Country Office.

Balla Jatta

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FOREWORD

Neglected Tropical Diseases (NTDs) are a different group of diseases with distinct characteristics that thrive mainly among the poorest populations. There are 20 NTDs prioritized by WHO and are endemic in149 countriesandaffectmorethan1.4 billion people, costing developing economies billions of dollars every year. Many can be treated cost-effectively, yet they have been largely ignored on the global the policy agenda until recently. In November 2020, the 73rd World Health Assembly (WHA73/8) endorsed a new roadmap (2030 NTD Global Roadmap) for the control and elimination of NTDs by 2030. The new roadmap calls for intensified, integrated measures and planned investments to improve the health and social wellbeing of affected populations.

In response to the global NTDs call for elimination, control and eradication of NTDs by 2030, the situational analysis of NTDs was conducted in The Gambia in 2014.This desk review revealed the need to map endemic NTDs, and the development of a programme master plan (2015 to 2020) for the elimination, eradication, and control of NTDs such as Lymphatic Filariasis, Trachoma, Soil Transmitted Helminthes, Schistosomiasis, Leprosy and Rabies. The major objective of this Master Plan is geared towards improving the quality of life and economic growth of the Gambians by reducing the burden of NTDs, through a well-coordinated national NTD control and elimination programme and to prevent the occurrence of new infections of all NTDs by 2030; in addition to initiating appropriate management of all existing cases. This plan will provide a tool that clearly articulates the strategies for joint planning, budgeting and resource mobilization for NTDs through sustainable integrated interventions in line with WHO guidelines.

The NTDs master plan was conducted in a consultative and multi-sectoral approach involving all stakeholders i.e. the relevant government ministries (Health, Education, Agriculture, Economics, Planning, Finance and Environment), NGOs, research institutions (MRC and CIAM) and the UN Agencies. The entire process was transparent and open and allowed divergent views to reflect the perceptions of NTDs in The Gambia. This was of paramount importance, as the Ministry of Health provided leadership, while the necessary logistic support to guide the process was provided by WHO AFRO through ESPEN.

Dr. Ahmadou Lamin Samateh
Hon. Minister of Health
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Executive Summary

Comprehensive multi-year plans for the control of Neglected Tropical Diseases (NTDs) are essential components for effective planning and implementation of sustainable NTD programmes in the African region. The national NTD programme is a comprehensive multi-year NTD Master plan, which provides programme goals, objectives and a 5 year strategy based on extensive situation analysis that addresses all components of the NTD programme relevant to The Gambia.

This document defines where we are in NTDs control (situational analysis), where we want to go by 2027 (NTD strategic agenda) and how we plan to reach there (Operational framework). During this strategic plan 2023-2027, all NTDs historically or potentially endemic in the Gambia will be targeted for control and elimination in line with WHO 2030 Global Roadmap. NTDs targeted diseases for elimination are Leprosy, SCH, Trachoma, Lymphatic Filariasis, Onchocerciasis; NTDs targeted for control are STH, Scabies, Rhodesians-Human African Trypanosomiasis (HAT) and other ectoparasites, Rabies, snakebite envenoming (SBE) and Taeniasis. The development of this strategic plan was guided by:

1) Epidemiological trends of NTDs in the Gambia and related evidence-based control interventions at national and global levels

2) Universal health coverage (UHC) concept and program sustainability considering that external funding is on decline.

The main strategic changes and innovations in this strategic plan include decentralization of NTDs prevention, control and elimination interventions using Primary Health Care Approach and decentralization process of health care delivery services.

It considers that the population should be involved in understanding NTDs problems and be part of solving approaches. The communities and schools will be at the lower levels of implementation. Among decentralized interventions include:

1) Mass treatment (deworming) against intestinal worms and Schistosomiasis which will be done at village and school levels under coordination of Regional Health Directorates and health facilities

2) Social and Behavioral Change Communication regarding hygiene/ hand and foot washing, water treatment, sanitation (prevention of open defecation, sanitation facilities, etc.) which will be done at community and school levels.

Additional strategic changes are prioritization of preventive strategies at community and school levels and strengthening NTDs diagnosis and treatment using community invention strategies. All populations and communities at risk will be targeted for mass treatment (deworming) including adults in endemic Districts; using vector strategies, provision of improved sanitation and access to sanitation and mobilization of other public and private sector actors for their support towards NTDs elimination program through strengthened multi-sectoral collaboration framework. This Master plan reflects principal strategic directions for NTDs eliminations. Details on operationalization are presented in annual work plans. As the context and knowledge change overtime, this document shall be reviewed to accommodate the new emerging realities towards the country's direction through mid-term evaluations and robust monitoring and evaluation mechanisms.

Introduction

The term Neglected Tropical Diseases (NTDs) is an umbrella term used to describe a group of communicable diseases that affect over 1.7 billion people. NTDs cause immeasurable suffering, by debilitating, disfiguring and can be fatal, commonly affecting some of the most vulnerable people in the world – who often live in remote communities – NTDs create cycles of poverty and cost developing nations billions of dollars every year.

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

The Sub-Saharan Africa makes up 90% of the disease burden due to widespread poverty and the distinct characteristics of some NTDs to thrive in specific climates.

The World Health Organisation (WHO) classified 20 neglected tropical diseases and of which 14 are priority NTDs in The Gambia, these priority NTDs are ***Schistosomiasis, Soil-Transmitted Helminthiases, Snakebite envenoming, Rabies, Dengue and Chikungunya, Foodborne Trematodes, Leprosy, Lymphatic Filariasis, Scabies, Mycetoma, Chromoblastomycosis and other deep mycoses (Fungal Diseases), Taeniasis and Cysticercosis, Onchocerciasis, and Trachoma***.

A Mapping survey of Schistosomiasis (SCH) and Soil-Transmitted Helminthiases (STH) in The Gambia indicated that nationally the prevalence of SCH and STH was 4.3% and 2.5% respectively. A similar study conducted by Joof, E. et al. (2021) reported that the urinary Schistosomiasis had an overall prevalence of 10.2% while intestinal Schistosomiasis had a prevalence of 0.3% among the sampled school children. One of the significant risk factors to infection with *S. haematobium* as highlighted by the authors was being a male, consequently, bathing, playing and swimming in water bodies were found to pose less risk for *S. haematobium* infection, indicating that the true water contact behaviour of children was possibly under represented. The prevalence of Lymphatic Filariasis (LF) in The Gambia was among the highest in Africa. However, a significant decline was reported partly associated with the use of insecticidal nets and Mass Drug Administration. With this high prevalence, the development of a comprehensive multi-year plan with realistic strategies, will lead to the establishment of NTD Programme for robust coordination and elimination strategies.

A comprehensive multi-year plan for the control and elimination (and eventual eradication) of all NTDs that are relevant in The Gambia, called *NTD Master Plan*, is an essential strategic document for the Government and stakeholders to effectively plan and implement jointly a sustainable NTD programme in the country. The NTD programme's comprehensive multi-year plan (the NTD Master plan) provides programme goal, vision and mission with the strategic priorities and activities by year. The strategy which was developed following an extensive situational analysis, addresses all components of NTD programme relevant to the country. It enhances synergies among various NTD initiatives, provides the basis for integrated or linked NTD project plans and includes costing and financing requirements for effective NTD programme performance. The country NTD Master Plan will also form the basis for harmonized implementation and performance monitoring of all NTD interventions in the country.

The NTD Master Plan (2023-2027) will govern the prevention, control and, where feasible, elimination and eradication of neglected tropical diseases. It aligns with the WHO NTD Roadmap '*Ending the neglect to attain the Sustainable Development Goals: A road map for neglected tropical diseases 2021–2030*. The aim of the Master Plan is to be a tool for the government to plan for all NTD programmes in the country, which facilitate alignment among partners and stakeholders for a joint and complementary support to countries, and to accelerate progress towards the prevention, control,

elimination and eradication of all relevant NTDs in The Gambia. It provides all partners working on NTDs in the country with a harmonized tool that will facilitate joint support to the country.

The Master Plan outlines specific, measurable targets for the eradication, elimination and control of all NTDs endemic in the country by 2027, as well as cross-cutting targets aligned with WHO Thirteenth General Programme of Work 2019-2023[1], and the SDGs. It includes the strategies and approaches for achieving these targets, with cross-cutting themes for several diseases, and moves towards the prevention of infections and alleviation of the suffering of people affected by WHO expanded portfolio of 20 diseases and disease groups, as well as how this contributes to attaining the SDGs. The Master Plan is inclusive of all diseases, categorised by the WHO as NTDs, which are endemic or suspected to be endemic in the Gambia.

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

The integration of NTDs into the national health system is critical; therefore this NTD Master Plan is integrated and reflects into the national health strategic plans (2021-2025).

This document is divided into four main programmatic parts: Operating Context, Programmatic Targets, Operational Framework, and Estimates and Justifications.

PART1: NTD SITUATION ANALYSIS

Section 1.1.National Priorities and the National, Regional and Global NTD Commitments

The African Region bears about 40% of the global burden of neglected tropical diseases (NTDs). All the 47 countries of the Region are endemic for at least two of the NTDs while 36 of them are co-endemic for at least 5 of these diseases. In recent years, there has been increased global and Regional commitment to eliminate NTDs. This drive has gathered increased momentum with by member States in the Africa sub-Region, medicine donation programmes, NGDOs, and Development Partners under the guidance and leadership of the World Health Organization Regional Office for Africa (WHO/AFRO), through the Expanded Special Project to Eliminate Neglected Tropical Diseases (ESPEN).

In the Gambia, the NTDs that have been shown to be endemic preventive chemotherapy NTDs, namely, Schistosomiasis, Trachoma, Soil Transmitted Helminthiasis, Lymphatic Filariasis as well as case management NTDs, namely Leprosy, Human African Tripanisomiasis, Rabies, Scabies, Taeniasis and Cysticercosis, Dengue Fever, Snakebite envenoming, The endemicity of some other NTDs has not been ascertained including chromoblastomycosis and other deep mycoses, Buruli ulcer and Food Borne Trematodes.

The Kigali Declaration on NTD in 2022 Building on the progress of the London Declaration on Neglected Tropical Diseases (NTDs) and putting individuals and communities at the center of the NTD response, we, the signatories of this declaration, come together to commit to ending NTDs.

Incredible progress has been made against neglected tropical diseases (NTDs) – a group of 20 diseases that debilitate, disfigure and kill. Forty-three countries have eliminated at least one NTD, 600 million people no longer require treatment for NTDs, and cases of some of these diseases that have plagued humanity for centuries, such as sleeping sickness and Guinea worm disease, are at an all-time low. This proves ending NTDs1 is possible.

At the London Declaration on NTDs in 2012, partners including the pharmaceutical companies, donors, endemic countries and non-governmental organizations committed themselves to: sustain, expand and extend programmes that ensured the necessary supply of drugs and other interventions to help eradicate guinea worm disease and help to eliminate by 2020, Lymphatic Filariasis, Leprosy, sleeping sickness (Human African Trypanosomiasis) and Blinding Trachoma.

The 2013 World Health Assembly Resolution: WHA66.12, noted the need to expand activities to prevent and control neglected tropical diseases beyond the health sector to education and other sectors so as to provide delivery of quality-assured commodities and services; strengthening the disease surveillance system especially NTDs targeted for eradication

The 2021-2030 NTD Global Road Map provides three strategic shifts that would facilitate accelerated progress control, elimination and eradication of NTDs namely; i) accelerating programmatic action with a focus on impact rather than progress measures; ii) intensifying cross cutting approaches and iii) changing operating models and culture to facilitate country ownership for NTD control.

At the Regional level, Ministers of endemic countries at **the Addis Ababa NTD Commitment of 2014** further committed to increase domestic contribution to the implementation of NTD programs through

the expansion of government, community and private sector commitments. Additionally, they committed to a multi-sectoral implementation approach and use of programme data in a timely fashion to track progress of programme goals and to inform program planning and execution.

The Gambia government through the Ministry of Health acknowledges the burden of the NTDs in the country. NTDs indicators are included in the National Health Priority Indicators however, like many other African countries. The National Health Policy 2021 - 2030 outlines the need to strengthen capacities for NTDs and Communicable Disease Interventions.

The Gambia has not yet allocated domestic funding to the NTD programme implementation. Within the Ministry of Health, NTD has not been recognized as a full-fledged Programme but rather housed under the Epidemiology and Disease Control Unit at the Directorate of Health Services. The establishment of NTDs division would be the critical turning point for improving NTDs coordination and implementation as well as monitoring and evaluation of control and elimination activities in the Gambia. Of great assistance to the programme is the continued donation of medicines channeled through World Health Organization regional and country offices.

The Purpose of this new NTD Master Plan (2023-2027) is to provide the document that governs all activities by all NTD stakeholders in the Gambia towards prevention, control, elimination and where feasible eradication of endemic neglected tropical diseases in the country. Jointly developed by stakeholders, this Master Plan is the tool for joint planning, implementation and monitoring of progress towards acceleration of achievement of the vision of the Gambia country free of NTDs.
This document is divided into four main sections: Operating Context, Programmatic Targets and Operational Framework and the budget.

1.2. National Context Analysis

This section provides an analysis of the country's health systems. The development of this Master Plan was carried out following the Political, Economic, Social and Technological (PEST) analysis of country context on NTDs. This section looks at the PEST implications of the health system delivery on the NTDs Programme.

1.2.1 Country Analysis

The national environmental and contextual factors that are critical in understanding the distribution and control of NTDs were analysed in the context of political, economic social and technological factors.

1. Political: The Government's vision is to uphold the highest standard of governance, accountability and transparency; where social cohesion and harmony prevails among communities. Citizens enjoy standards of living and access to basic services to enable them to lead decent and dignified lives in which youths, women, and children realize their full potential and a nurturing and caring environment exists for the vulnerable. Thus, an enabling environment is establishing for our private sector to thrive; and our natural heritage nurtured and preserved for future generations. The government had eight (8) strategic priorities, one of which is investing in its people through improved education and health services, and building a caring society which could ameliorate poverty related diseases such as NTDs. The Government's NDP (2018-2021)

focused on reducing maternal and newborn mortality, reducing the burden of non-communicable and communicable diseases which includes NTDs, and ensuring that the country has an appropriate skilled health workforce in place. The NDP plan also seeks to address improved , equitable access to safe and affordable water and sanitation, good hygiene practices, and environmental protection for all. (The Gambia National Development Plan 2018-2021). NTD control strategies have been incorporated into the national and regional health plan. Community engagement and participation are critical to sustainability of the interventions. There is a focal person for NTDs lodged at the Epidemiology and Disease Control Unit In anticipation of the establishment of the NTD program unit. It is envisaged that the NTD structure such as (National Steering Committee, Regional Steering Committees and Multi-Sectoral Stakeholders) will periodically be reviewing the implementation progress of NTD program in the country. Currently, other NTD services are coordinated by different programs such as (NLTP, NEHP) in collaboration with the focal person which in future will be harnessed in the NTD program.

2. Economic: The Gambia has an open economy with limited natural resources and it is one of the least developed countries in the world with a per capita income estimated at US$318 (2004 constant prices) in 2013. It was ranked 172 out of 187 countries in the United Nations Development Program (UNDP) Human Development Index (HDI) for the year 2013. The main drivers of the Gambia's economy are the Agricultural and the Service Sectors. In 2013, agriculture contributed 23.0 per cent to Gross Domestic Product (GDP) compared to 15.0 per cent in the industrial sector and 62.0 per cent in the services sector (GBOS, 2013).
The Gross Domestic Product (GDP) at constant market prices for the year 2020 is estimated to decline by -0.2 per cent compared to the 2019 revised growth of 6.2 percent showing a 6.4 percentage point decline within this time frame. This drop is mainly attributed to the negative effects of the COVID-19 global pandemic resulting in a decline in the economic activities within the Industry and the Services sectors (National Health Accounts Annual Bulletin 2019 and provisional 2020).

3. Social: Analysis of the social factors which affect the interventions of NTDs is very important. NTDs morbidities have social implications including stigma and discrimination. These diseases can also be influenced by social factors such as migration leading to introduction of disease to communities hitherto not endemic or reintroduction into areas where the diseases had been eliminated. Migration can be internal or external from other neighbouring countries.
Among internal migrants, a total of 86,861 Gambians were found to be urban–rural migrants whilst only 18,378 were urban–rural migrants. A total of 110,705 persons were enumerated as being born outside The Gambia of which 53.4 percent were males, which is consistent with the sex selectivity of migration. As in internal migration, Kanifing Municipality and urban areas of West Coast Region attract most foreign nationals with 69.7 percent resident in these two LGAs. Most external immigrants originate from Senegal (49.2 per cent) and Guinea Conakry (20.6 per cent). These countries are within the neighbourhood and share the same socio–cultural characteristics with The Gambia. They are also endemic to many NTDs.
There are many cultural beliefs which hinder prompt assessing of care from the health care centers. Some of these include belief in supernatural causation of diseases and the ineffectiveness of orthodox medicine in managing the NTDs. In this regard therefore, the role and practice of traditional medicine needs to be regulated.

4. Technological: In general, 79.1% have access to mobile phones with access higher in the urban 81.7% than in the rural areas 76.7%. Access to mobile phones is generally higher in the age-group 35–39 (91.0%) and lower in the age-group 7-9 (50.2%). More than 54.3% of the population aged 7 years and above own mobile phones. Males 65.7% are more likely to own mobile phones than females 58.6%. According to the GBOS 2013 population census, 75.9% of those who use the internet reported that they mainly use it on a daily basis in their homes and 74.2% use it on a daily basis at official workplace. NTD data communication will be greatly enhanced and accelerated with the use of mobile phones and internet access.

Only 10.9% of the population has access to computers with males 13.2% having more access than females 8.8%. The age-group 20-24 has the highest proportion (18%) with access to computers whilst the lowest proportion (2%) was observed in the age-group 7-9.

The growing use of point of care tests will be explored to provide quick turn-around time for the care of NTDs. Furthermore, the real-time data collection for analysis to inform decisions on NTDs will be enhanced.

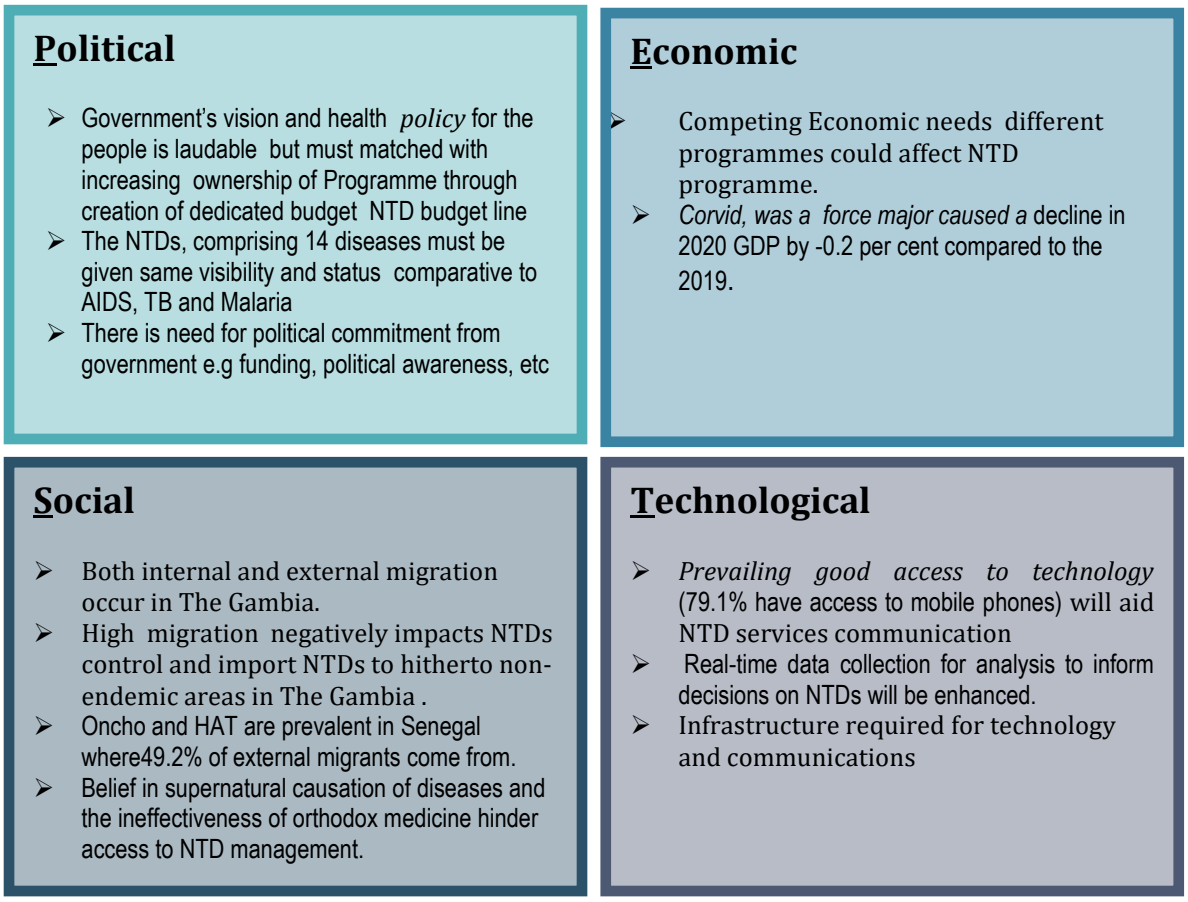


Figure 1: The PEST Analysis

1.2.2. Health Systems Analysis

Health system goals and priorities

The goal of the Gambia health system policy is to achieve Universal Health Coverage.

The Ministry of Health has the following priorities within which this NTD Master Plan will be anchored on to enhance the reduction in major causes of morbidity and mortality due to some communicable and non-communicable diseases. The priority diseases and conditions in the Gambia include Malaria, Diarrhoea, Upper Respiratory Tract Infection, Tuberculosis, Skin Diseases, Accidents, Hypertension, Diabetes, Cancers, Eye Infection, NTDs and Pregnancy related conditions. Most of these diseases and conditions can be easily prevented if appropriate environmental and lifestyle measures are taken.

HEALTH POLICY PRIORITIES

The policy priorities listed in the National Health Policy include:

- Provision of quality and equitable essential health services to all towards a Universal Health Coverage
- To maintain a resilient and Responsive Health Systems
- To sustain a decentralized Governance and Service Delivery
- Focus on both Communicable, Non- Communicable Diseases and Injuries
- Keep up an integrated Health Information System & Health Research

- Pursue Environmental Health Promotion and Social Determinants of Health
- Provide Financial Risk Protection and Equity

Analysis of the overall health system

The analysis was done based on the WHO framework for strengthening health systems with the six (6) building blocks: service delivery, health workforce, health information, medical products, vaccines and technologies, health financing and leadership and governance, as detailed below:

Table 1: Six Health Building Blocks

Six Health System Building Blocks	
Service delivery	The Gambia has a three-tier system for the delivery of public health services. Despite the high priority given to basic health care services in its national strategies, budgetary allocations are skewed towards tertiary provision and the central level. Only 20% is allocated to basic health services (Public Expenditure Review 2020). At the central level, the Ministry of Health (MoH) is responsible for setting health policies, regulations, research and mobilizing resources. The regional level comprises seven (7) Regional Health Directorates (RHDs) that are responsible for implementing the policies and programs of the MoH. These RHDs oversee the provision of health care delivery and provide stewardship for primary and secondary levels of care in the peripheral health facilities within their regions. In theory, coordination of the health sector at the regional level is governed by the regional health directorates under the authority of the Local Government Act 2002. However, full decentralization at the regional level currently hinders the regional health directorates' ability to fulfill this coordination role. Primary health care is delivered through the village health services by community health workers who provide promotion and preventive health care. PHC coverage in rural areas is low, with an average coverage of 49.8% nationally. In 2017, 35% of Community Birth Companions and 15% of Village Health Workers were not trained. Shortage of Community Health Nurses at PHC has constrained the oversight to these volunteers and subsequently access to quality PHC (Roadmap, PHC revitalization 2018-2022). Secondary care is provided through health centers (minor major and district hospitals major), which deliver up to 70 percent of the basic health care package, including emergency obstetric and neonatal care. Tertiary health care consists of the hospitals (General and Specialized), including the teaching hospital, which is the highest level of referral system. Hospitals are semi-autonomous and are not supervised by RHDs but are responsible for providing them with patient usage data. In this regard, the NTD programme will be implemented using the PHC approach.
Health workforce	Although the 5-Year trend of HRH stock shows that the overall stock of all cadres of health workers is steadily increasing, there is still a general shortage of staff at all levels of the health system. The overall ratio of skilled health workers per 1,000 people of 1.33 is less than the WHO threshold of 2.25 health workers per 1,000 people (Gambia Health

	System Assessment 2020). This is attributed to high attrition rate among trained and skilled staff leading to high dependency on expatriates, and consequently deteriorating quality of care (NHSSP 2014-2020). The HRH Assessment revealed that there is marked inadequacy of health professionals in both the Regional Health Directorates (RHDs), and in the various health facilities (major health centers, minor health centers and the lower-level health facilities) the RHDs have been mandated to provide stewardship for health service delivery. The Ministry of Health has an established Human Resources Directorate, HR guidelines and health professional training schools with availability of specialized training (ophthalmic, obstetrics and gynaecology, surgery etc.). This has provided a pool of young qualified workforce in the public sector. At the community level, community volunteers deliver NTD services including MDAs, reverse logistics, management of morbidity cases among others. This group of workers is challenged with a high level of attrition. The following are strategies to improve human resource capacity: • Establish and upgrade specialized training institutions to address critical shortages in a number of cadres/specializations • Ensure the implementation of HR guideline at regional level (posting guideline, staff appraisal system) • Ensure the availability of conducive working environment for staff across all regions • Ensure the implementation of the standardized incentive scheme and other HR retention guidelines • Ensure the development and implementation of MoU for MOH/ Public Private Partnership in HR management • Task shifting will be a priority for increasing human resources for health regarding the NTD programme
Health information	Despite the current HMIS Policy (2017-2025) and a HMIS Strategic Plan (2017-2025) in place, their implementation remains minimal even in addressing persistent HIS issues such as integration of data sources, maintenance and replacement of equipment. The current National Health Information System in The Gambia uses both paper-based registers and monthly returns at the facility level and electronic systems at the RHDs and central level. The electronic system includes: District Health Information System (DHIS2), Human Resources Information System (HRIS), the electronic Logistics Management Information System (eLMIS), and the Integrated Diseases Surveillance and Response (IDSR). Information flow for the collection of data starts with the community health nurse at the Village Health Services, who reports their data on a monthly basis to the designated health facility. The Officer in Charge (OIC) collates data from different units of the facility including the CHNs report and submits it to the RHD. The Regional Data Manager at RHD entered all the submitted data from different health facilities within the region into the DHIS2 platform. The HMIS assessment (2019) revealed that, taken collectively, the Ministry of Health has relative capacity in core health information skills,

	including epidemiology, demography, and statistics in comparison to 2006 HMIS assessment (39%). However, more experts are needed at the national level; while gaps still remain at the region, district and facility levels to carry out data collection, analysis and reporting. However, these systems are not very robust. In addition, research and monitoring & evaluation within the health sector is limited in function due to inadequate human resources, funding, fragmentation, equipment and legal / regulatory framework. Therefore, the Ministry of Health seeks to have an integrated data warehouse for the health sector where all data systems and processes are harmonized and stored. Research and M&E capacities and standards are improved and strengthened to produce evidence that will inform health policies and decision making.
Medical products	The quantification, forecasting, storage and distribution of medicines and consumables are under the Directorate of National Pharmaceutical Services. The Central Medical Stores is the logistics hub of the Ministry of Health, responsible for the storage and distribution of the nation's medicines and consumables. The National Medicine Policy has been developed and ready for validation. There are also SOPs and guidelines which guide the day-to-day functions of the unit. There is no standing Medicines and Therapeutics Committee nationally to guide the selection of medicines to be procured annually but it is currently under the purview of the Directorate of Pharmaceutical Services. Also in the purview of this directorate is the management of pharmacovigilance including SAEs which must be investigated, managed and reported timely. The National Treatment Guidelines updated in 2022 and the Essential Medicines List updated yearly aids in Medicines Selection for procurement. The National Quantification Committee (NQC) instituted in 2017 within the Ministry of Health, under the Public Health Procurement and Supply Chain Management Committee (PHPSCMC) is responsible for the quantification of health commodities prior to annual procurement. The NQC holds regular quarterly meetings to look at logistics information and conduct supply planning. Insufficient budgetary allocations have meant that only a subset of all the items in the Essential Medicine List (EML) are purchased on a regular basis. The MOH employs a Vital, Essential, and Non-essential (VEN) principle adopted from the WHO to prioritize what to procure and what not to procure. There is therefore a stock out of certain medicines before the next procurement period, as the supply pipeline is never full. Despite the insufficient budgetary allocations most of the drugs are purchased by Partners. The Logistics Management Information System (LMIS) is not optimally functioning. Central Medical Store (CMS) has limited capacity for tracking, reporting, and monitoring health commodities across the supply system hampering the adequate use of the information for decision making. The Public supply chain faces visibility challenges related to the configuration/customization and poor ICT infrastructure. There is also inadequate human resource capacity for supply management. In addition to this, poor internet connectivity still remains a challenge at central, regional and facility levels.

	The CMS and RMS have inadequate commodity distribution infrastructures leading to untimely delivery of supplies to Regional Medical Stores and Health Facilities. Last mile distribution therefore represents a critical difficulty in ensuring access to health commodities at the service delivery points across The Gambia. Health Facilities have to use their Ambulances to collect and transport supplies from Regional Medical Stores, which has proven challenging due to transport constraints to collect supplies. The CMS has storage capacity constraints; storage space is being utilized to the fullest potential. Presently, 4 out of the 7 storerooms do not allow forklift entry due to space constraints hence, and picking and dispatch of goods is very inefficient since it must be done manually. A large volume representing 24 % of the warehouse total usable storage space is occupied by stacked products located in areas not designed as usable storage space. The Medicines Control Agency (MCA) regulates the efficacy, quality and safety of medicines and related products manufactured within or imported into, and intended for use in The Gambia. There is a registration system at the MCA for evaluating the dossiers of medicines and related products and confirming the quality, safety and efficacy of products. However, this process is incomplete without the screening and analysis of the products to ascertain their quality. Post-marketing surveillance, which involves the monitoring of products in the market is conducted by the Inspectorate but which also needs to be followed up by laboratory analysis. There is a need for the establishment of a National Medicines Quality Control Laboratory. The MCA needs to build its technical capacity and does not have the resources required to either outsource QC testing which is very expensive and therefore not sustainable. The MCA has a Pharmacovigilance unit that also needs strengthening.
Health financing	The country has a Health Financing policy and strategy in place. Despite the overall positive trends in public resources allocated to the health sector, health remains considerably underfunded. The Per capita health expenditure is very low, 23.38 USD and 25.84 USD for National Health Account (NHA)16 and NHA17 respectively, missing WHO's recommendation. A cost analysis of Basic Health Care. Package found a (40%) GMD 4.5 billion gap for full implementation of the package in 2017. Considering that only 20 % of MoH funds are devoted to Primary Health Care, the gap is likely larger. However, the gap is closed by a combination of out-of-pocket (OOP) spending and under-provision of services. The high out-of-pocket expenditure (24.55% in 2017) is catastrophic according to WHO classification. This high OOP and the low per capita expenditure are not in line with the World Health Assembly resolution of 2005 and as well as the Paris Declaration that call for greater Investments in Health. In The Gambia the health sector is mostly funded from external sources, 28.83% (NHA, 2016) and 45.49% (NHA, 2017) of the total health funding came from donors. Government health expenditure as percentage of the Total Health Expenditure (THE) was 32.78% in 2015, 38.60% in 2016 and decreased to 30.65% in 2017.

	Government expenditure on health as percentage of the National Budget ranges from 7% to 11% (Budget Est.2015 -2020) missing the Abuja Target of 15%. Total Health Expenditure (THE) as a percentage of GDP is at 4.97%. The National Health Insurance Scheme is also established to improve universal health coverage.
Leadership and governance	Honourable Minister appointed by the Head of State. The Administrative Head of the ministry is the Permanent Secretary who is assisted by the Permanent Secretary 2 and two deputy Permanent Secretaries (Deputy Permanent Secretary Finance and Admin and Deputy Permanent Secretary Technical) There are eight Directorates in the Ministry of Health. The Directorate of Health Services serves as the technical Directorate that advises the Minister and Permanent Secretary on all Health Matters. All the Seven Regional Health Directorates and other Program areas like the Epidemiology and Disease Control Unit, NMCP, NECP, NACP, NLTP, RMNCARH, IMNCI and EPI reports directly to the Director of Health Services who is assisted by a Deputy Director and an Assistant Director

Section 1.3: Gap Assessment

The current status of the NTDs in the Gambia identifying the areas requiring concerted action as well as the assessing the disease-specific gap assessment across the various dimensions identified in the NTD Roadmap

Lymphatic Filariasis (LF)

According to the 2012 progress report of the global programme to eliminate Lymphatic Filariasis (LF) the Gambia is among 73 countries currently endemic for Lymphatic Filariasis. The latest information on LF which showed some level of endemicity was based on a survey conducted in 2013. The survey used ICT cards on children from 46 primary schools taken from various districts around the country. However, the data provided was inadequate for analysis on the endemicity of (LF) in The Gambia as a whole. It is in view of the above that the country requires a confirmatory TAS countrywide to confirm and determine the possibility of transmission. Furthermore, the country requires establishing and strengthening a morbidity management and disability prevention program for the backlog of existing elephantiasis cases. The current plan is to establish and strengthen one MMDP centre in each of the seven health regions in the country. Subsequent evaluation will inform decision to determine the need to either scale up or scale down the services.

Trachoma

Trachoma have been declared eliminated in the Gambia in the year 2022 following approval of the elimination dossier by WHO which have been submitted by the Gambia. Trachoma control and elimination activities is being led by the National Eye Health Program(NEHP).The NEHP has mapped

the entire country for trachoma apart from 1 district (Kanifing), an urban centre in the West Central region. The program has also fully implemented the S & A components of the SAFE (i.e. Surgery, Antibiotics, Face washing and Environmental modification) strategy for Trachoma control. However, there is the need to do more on the Face washing and the Environmental modification components of the strategy to further sustain elimination. The Gambia is currently in the post elimination phase for trachoma and is expected to improve on post elimination surveillance to timely detect any importation of new cases. However the program is struggling with funding to strengthen active and case based surveillance activities following the expiration of the funding scheme by the Sightsavers International.

Schistosomiasis

In May 2015, an Integrated NTD baseline mapping survey, for Schistosomiasis and soil-transmitted helminthiases was conducted to determine endemicity and distribution. Forty-two out of forty-four districts representing 95% of districts in The Gambia were assessed using a descriptive cross-sectional method. Stool and urine specimens were collected from school age children 7-14 years and tested using Kato-Katz, Urine filtration and Urine dipstick methods. Schistosomiasis was found to be endemic in the country (2.5%) in 22 districts. Specifically, the prevalence of Schistosomiasis due to S. haematobium was found to be 4.2%, and S. mansoni 0.1%. Prior to the availability of the above information, Information on Urinary Schistosomiasis was obtained mainly from the PhD thesis of Dr. A.D. Jack (1989), which was based on a two year longitudinal study of chemotherapy in 12 PHC villages, all of which were located in two regions which were then the known Schistosomiasis-endemic parts of The Gambia.

Since the production of the NTD mapping report which guided subsequent interventions including three rounds of integrated MDA for both NTDs were conducted. WASH and CLTS programs were concurrently taking place over the same period.

Soil Transmitted Helminthiasis (STH)

STHs were among the neglected tropical diseases assessed during the integrated baseline mapping survey in 2015. They have been referred to as the most neglected of the four PC-NTDS in The Gambia. Soil-transmitted helminthiases were found to be endemic and ubiquitous with a national prevalence of 4.3%. Among the soil-transmitted helminthiases infections, A. Lumbricoides represents 1.8%, hookworm 0.6% and T. Trichiura 0.1% nationally. The prevalence of soil-transmitted helminthiases nationally indicated The Gambia can achieve elimination quite soon. *Ascaris lumbricoides*, was found mainly in WesternRegion1 where its prevalence appeared to be 4.0%. In Lower River Region, 3.1% of the tests were positive. This relatively low level of prevalence of soil-transmitted helminthiases could be attributed to the contributions made by administration of mebendazole, being implemented for over two decades by the national immunization program (EPI), in collaboration with National Nutrition Agency's (NaNA) vitamin A. and mebendazole supplementation programs. The district of Banjul appeared to be a hotspot for helminthiases because, 55% of the children from whom specimens were collected from, tested positive. This is the highest recorded prevalence for *A. lumbricoides* in any district in the country.

Since 2016, three successive rounds of MDA using albendazole have been administered to targeted SAC of age 7-14 years. However, the Corvid-19 pandemic caused a lull in this annual intervention exercise. The MDA activities improved the national STH MDA coverage from 65% to as high as 106% in the most heavily endemic district of Banjul in 2021. It must be highlighted that some organizations

have been using the mapping report to guide them in their mass community treatment activities. Other activities on CLTS and provision of clean water supply for communities have increased significantly over the years.

Human Rabies

Rabies is a viral infection transmitted through the saliva of an infected animal. Rabies has been present in the Gambia for a long time. A Major contributing factor for rabies in the country is the increase in the stray dog population particularly in urban centres culminating in corresponding dog bites in both humans and animals. This situation is not abating but rather continues to expose lives to clinical cases of rabies.

Between 1970 and 1974, an average 72 cases of caninie rabies were reported annually in the Gambia, between 2000 and 2004, public health officials reported 123 clinically confirmed human cases. In a study conducted in 2014 (Thomas et al., 2014) of 49 cases of dog bites exposures, 6 were from rabies infected animals. Unfortunately, human rabies is rarely confirmed using laboratory diagnosis but rather on clinical diagnosis when the patient is in the advanced stage. Epidemiological studies on rabies have been constrained by the limited capacity of the Central Veterinary Laboratory for its surveillance, sampling and testing and hence continue to be of great challenge to the Veterinary services as a whole. The Central Veterinary Laboratory until now is very much dependant on the benevolence of other regional labs for the diagnosis of rabies which ultimately leaves a gap in the epidemiological data collection of rabies in the country.

Leprosy

The prevalence and incidence of leprosy in The Gambia is not well known. The indicators used to monitor the extent and the trend of the disease burden is the registered prevalence of cases currently on treatment, and the notification of new cases. In 1993, there were 162 cases on register in 1993 with a prevalence rate of 1.57/10,000 and this decreased to 56 cases on register at end of 2010 with a national prevalence rate of 0.3/10,000). The reported national prevalence rate at end of 2010 (0.3/10,000) (56cases /1.7m) while the Case detection rate was 0.2/100,000 (38/1.7m) at end of 2010. Even though these figures show that the disease is no longer a major problem in The Gambia, leprosy scourge is not over until the last case is detected treated and declared cured.

In 2010, the MB proportion was 84 % among new cases detected (these are the highly infectious type of leprosy); the proportion of children among the new cases was 15.7%. This indicated some form of continuing transmission of the infection within the communities. The great majority of new leprosy cases were found in a few districts in 2 main regions in the Western Region and the Upper river region. Even though the leprosy number of cases seen annually is very low, as the registered prevalence (1/10,000 population), this does not mean however that leprosy is eradicated. It is more likely that early leprosy cases are not detected on time due to low index of suspicion and skills among the health workers. The true incidence may be much higher than is currently reported. In other for the country to achieve elimination of leprosy, there is the need to intensify awareness in communities, among school children, conduct screening exercise in all regions of the country and improve diagnostic capacity in all major public Health Centres and hospitals, as well as maintain availability of medicines like dapsone etc, to treat cases.

Human African Trypanosomiasis

There is increasing evidence of animal Trypanosomiasis transmission among cattle in The Gambia .at about 5% (verbal communication with the veterinary office). This presupposes that there might be on-going transmission among humans. The current Master Plan will conduct case search in at- risk communities to verify its existence.

The Priority Neglected Tropical Diseases in The Gambia are:

1. Schistosomiasis
2. Soil-Transmitted Helminthiases
3. Snakebite envenoming
4. Rabies
5. Dengue and Chikungunya
6. FoodborneTrematodiases
7. Leprosy
8. Lymphatic Filariasis
9. Scabies
10. Mycetoma
11. Chromoblastomycosis and other deep Mycoses (Fungal Diseases)
12. Taeniasis and Cysticercosis
13. Buruli ulcer
14. Onchocerciasis
15. Trachoma

Section 1.4: Programme Context Analysis

1.4.1. Current NTD Programme Organization and Status

In section 1.4.1, the status of NTD endemicity are described in the disease maps below and the information on the areas that are endemic for any of the NTDs described and should be immediately be targeted for NTD interventions are shown where applicable. Also, information on disease distribution particularly for case management of diseases from surveys and health service data (health case records) are provided.

Lymphatic Filariasis

Lymphatic Filariasis is apparently no longer endemic in the Gambia having been eliminated as a public health problem. The map below suggests that the disease is no longer endemic in The Gambia and a national TAS is required to confirm this. The country in this programme cycle will establish and strengthen one MMDP interventions and create a management centre in each of the seven health regions in the country.

Figure 2: LF endemicity Map

Schistosomiasis

Schistosomiasis is well under control and actions will be intensified to eliminate this disease. There is need also to search for female genital Schistosomiasis which hitherto has remained unmentioned. There are two districts where the endemicity is still unknown.

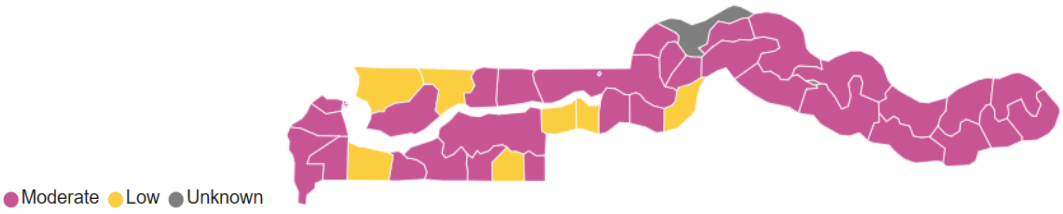


Figure 3: Schistosomiasis endemicity Map

Soil Transmitted Helminthiasis

STH is endemicity is widespread across the country but majorly of low endemicity.

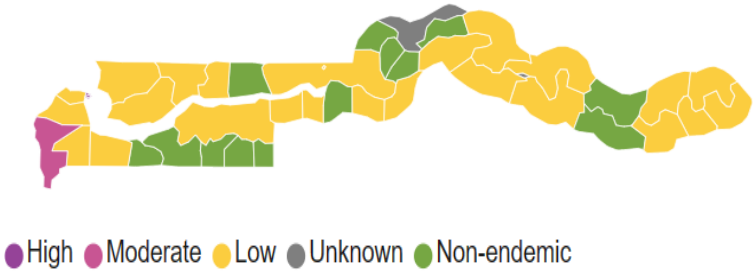


Figure 4: STH Endemicity Map

Trachoma

The country has a well established Trachoma programme that has performed excellently that this disease is no longer a public nuisance in The Gambia.

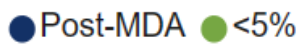


Figure 5: Trachoma Endemicity Map

Onchocerciasis

Onchocerciasis is not endemic in The Gambia but because it is endemic in the neighbouring country, Senegal, it is important that The Gambia maintains cross-border surveillance to ensure that this NTD is not imported into the country since black flies know no boarders. Surveillance activities at the Senegambia boarders is undertaken to maintain an Oncho-free nation.

Table 2: National Population Data, Schools and Health Facilities at District Level

Region	Number of Admin A 2	Number IUs	No. of Villages*	Total Pop.	Under- 5 (Pre-SAC)	5-14 years (SAC)	No. Lower Basic schools	No. of peripheral health facilities		
								Referral	IU level	H/ Centres
WR1	1	3	58	1,060,322	166,471	286,605	270	2	0	47
WR2	1	9	307	606,179	95,484	164,391	502	2	1	37
LRR	1	6	150	91,309	14,336	24,681	119	1	1	20
CRR	1	9	661	274,260	43,059	74,133	206	1	0	26
URR	1	7	369	306,637	48,142	82,884	203	1	1	23
NBR	1	7	329	276,985	43,801	68,731	230	2	1	31
Total	6	41	1874	2615692	411293	701425	1530	9	4	184

Table 3: Known Disease Distribution in The Gambia

District	LF	ONCHO	SCH	STH	TRA	CHIK	CHRO	DF	Food borne	LEP	MYC	Rabies	Snakebite	Taeniasis
Total	0	0	42	29	24	0	0	0	0	0	0	0	40	0
CRR: Janjanbureh	0	0	M	M	0	M	M	M	M	0	M	M	1	M
CRR: Lower Fulladou West	0	0	2	1	1	M	M	M	M	0	M	M	1	M
CRR: Lower Saloum	0	0	2	0	0	M	M	M	M	0	M	M	1	M
CRR: Niamina Dankunku	0	0	2	0	0	M	M	M	M	0	M	M	1	M
CRR: Niamina East	0	0	2	1	1	M	M	M	M	0	M	M	1	M
CRR: Niamina West	0	0	2	0	0	M	M	M	M	0	M	M	1	M

CRR: Niani	0	0	2	1	1	M	M	M	M	0	M	M	1	M
CRR: Nianija	0	0	2	0	1	M	M	M	M	0	M	M	1	M
CRR: Sami	0	0	2	1	0	M	M	M	M	0	M	M	1	M
CRR: Upper Fulladou West	0	0	2	1	1	M	M	M	M	0	M	M	1	M
CRR: Upper Saloum	0	0	M	M	0	M	M	M	M	0	M	M	0	M
LRR: Jarra Central	0	0	2	1	1	M	M	M	M	0	M	M	1	M
LRR: Jarra East	0	0	1	1	1	M	M	M	M	0	M	M	1	M
LRR: Jarra West	0	0	2	0	1	M	M	M	M	0	M	M	1	M
LRR: Kiang Central	0	0	1	1	0	M	M	M	M	0	M	M	1	M
LRR: Kiang East	0	0	1	1	1	M	M	M	M	0	M	M	1	M
LRR: Kiang West	0	0	2	1	1	M	M	M	M	0	M	M	1	M
NBE: Central Baddibu	0	0	2	0	0	M	M	M	M	0	M	M	1	M
NBE: Lower Baddibu	0	0	2	1	1	M	M	M	M	0	M	M	1	M
NBE: Sabach Sanjal	0	0	2	1	0	M	M	M	M	0	M	M	1	M
NBE: Upper Baddibu	0	0	2	1	1	M	M	M	M	0	M	M	1	M
NBW: Jokadu	0	0	1	1	0	M	M	M	M	0	M	M	1	M
NBW: Lower Niumi	0	0	1	1	1	M	M	M	M	0	M	M	1	M
NBW: Upper Niumi	0	0	2	1	1	M	M	M	M	0	M	M	1	M
URR: Basse	0	0	2	1	1	M	M	M	M	0	M	M	0	M
URR: Jimara	0	0	2	0	0	M	M	M	M	0	M	M	1	M
URR: Kantora	0	0	2	1	0	M	M	M	M	0	M	M	1	M
URR: Sandu	0	0	2	0	1	M	M	M	M	0	M	M	1	M
URR: Tumana	0	0	2	1	0	M	M	M	M	0	M	M	0	M
URR: Wuli East	0	0	2	1	0	M	M	M	M	0	M	M	1	M
URR: Wuli West	0	0	2	1	0	M	M	M	M	0	M	M	1	M
WC1: Banjul Central	0	0	2	3	1	M	M	M	M	0	M	M	1	M
WC1: Banjul North	0	0	2	3	1	M	M	M	M	0	M	M	1	M
WC1: Banjul South	0	0	2	3	1	M	M	M	M	0	M	M	1	M
WC1: Kanifing	0	0	2	1	1	M	M	M	M	0	M	M	1	M
WC1: Kombo North	0	0	2	1	1	M	M	M	M	0	M	M	1	M
WC2: Foni	0	0	2	0	0	M	M	M	M	0	M	M	1	M

Bintang-Karanai														
WC2: Foni Bondali	0	0	1	0	0	M	M	M	M	0	M	M	0	M
WC2: Foni Brefet	0	0	2	0	0	M	M	M	M	0	M	M	1	M
WC2: Foni Jarrol	0	0	2	0	0	M	M	M	M	0	M	M	1	M
WC2: Foni Kansala	0	0	2	0	1	M	M	M	M	0	M	M	1	M
WC2: Kombo Central	0	0	2	1	0	M	M	M	M	0	M	M	1	M
WC2: Kombo East	0	0	1	1	1	M	M	M	M	0	M	M	1	M
WC2: Kombo South	0	0	2	2	1	M	M	M	M	0	M	M	1	M

LF =Lymphatic Filariasis; Oncho =Onchocerciasis; SCH= Schistosomiasis; STH = Soil Tramsmitted Hellminthiasis TRACH= Trachoma; CHIK= Chikungunya, CHRO= Chromoblastomycosis *DF =Dengue Fever; Food borne= food borne Trematodiasis LEP =Leprosy; MYC= Mycetoma*

PC-NTD Co-endemicity

The co-endemicity of the PC-NTDs is very difficult to determine for the due to incomplete mapping of all NTDs especially the case management NTDs. Most of the available data are not current for accurate status report. For instance, the only data from Schistosomiasis survey which could have been used to calculate co-endemicty is more than 25 years old and cannot be relied upon. There is no comprehensive national data on the distribution of STH with a few districts yet to be mapped.

Research results used to identify endemic areas sometimes show inconsistency in the study location. Among the NTDs, the most comprehensive and most reliable data was from the Trachoma studies because it came from a near country-wide survey. Other NTDs survey did not cover all the regions. Additionally, the Trachoma survey gave the names of the communities and districts where the surveys were done while data from LF was only at the district level. Schistosomiasis was at village and District level for only 2 regions while STH was only on regional basis. Calculating co-endemicity using regions with varying number of districts will not give an accurate picture of the co-endemicity of these NTDs.

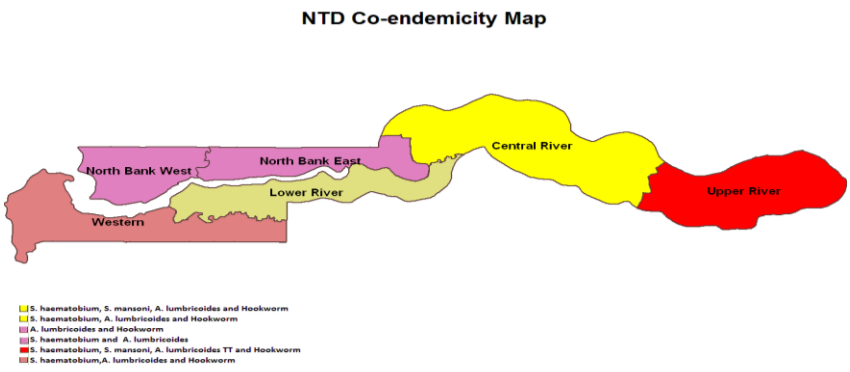


Figure 6: NTD Co-Endemicity Map

The above is a co-endemicity map for Schistosomiasis and soil-transmitted helminthiasis in CRR, URR, LRR, WR and NBWR. Conversely, one or more of these STHs is often co-endemic with Schistosomiasis in all the regions of the country. Depending on the prevalence of any STH infection above 10%, integrated MDA using both praziquantel and albendazole have been used during MDAs.

1.4.2. NTD Programme Performance

In this section of the Master Plan is found the key results, impact and trend analysis of the NTD programme. The past and on-going NTD control programmes are listed. This information provided include status of the mapping and survey need, geographical coverage for all NTDs and expansion need,

NTD mapping status

The absence of reliable data on the occurrence of NTDs in The Gambia makes it imperative that all districts are mapped to ascertain the level of endemicity, particularly of Schistosomiasis, Soil Transmitted Helminthes and Lymphatic Filariasis, occurring either singly or together. Trachoma needs to be mapped in only one district (Kanifing Municipal Council) and in the urban area of West Central Region. In this district, children from Senegal study in the schools in Gambia raising an issue of cross-border transmission. The mapping outcome will pave the way for the implementation of the Mass Drug Administration intervention leading to subsequent elimination of PC-NTDs from The Gambia. Table 4 below summarises the mapping situation of NTDs in The Gambia.

Table 4: 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**
Schistosomiasis	42	22	42	2
Soil Transmitted Helminthiasis	42	42	42	2
Trachoma	42	40	40	2
LF	42	0	42	0
Oncho	42	0	0	0
Leprosy	42	0	0	0
Rabies	42	0	0	42
Snakebite Envenoming	42	0	0	42
Dengue	42	0	0	0
Chikungunya	42	0	0	42
Mycetoma	42	0	0	42
Scabies	42	0	0	42

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

The Vector control management or control activities conducted in the country are summarised in the table below.

Table 5: Vectors and Associated NTDs

Activity	**Vectors and Associated NTDs**						
	Mosquitoes			Other Vectors			
				Snails	Black fly		Tsetse fly
	LF	Dengue	Malaria	Schisto	Oncho		HAT
Distribution of ITNs	X	X	X				-
IRS	X	X	X				
Space spraying					X		X
Larviciding	X	X	X		X		
Traps							X
Prevention/treatment of breeding sites	X	X	X	X	x		

One-Health

The one-health platform was launched in the Gambia in 2022 and the approach is being implemented on adhoc basis. The diseases and conditions covered under One Health approach include Rabies, H5N1, COVD19, Ebola, Rift valley fever and Anthrax.

The key interventions conducted and the opportunities these provide for NTDs are in the following areas:

- Joint investigation of unconfirmed Rift Valley fever,
- Development of integrated national emergency preparedness and response plan for the Avian and human influenza
- A functional multi-sectoral technical working group and
- Multi-sectoral technical workings which can support the implementation of the NTD master plan.

WASH

The WASH Unit is under the ministry of health and coordinates all WASH activities in the country. The key WASH related interventions in the country include:

- Schools WASH programme activities such as construction of water sources and sanitation
- WASH activities in other institutions (construction of hand-washing platforms and distribution of sanitary materials to health facilities)
- WASH in public places (community led total sanitation and construction of sanitation facilities)
- Community sensitization and media health talks on WASH

There has been substantial performance of the key WASH in the country indicators, for example, there is increased access to

- ❖ Safe water supply
- ❖ Sanitation (construction of pit latrines) and
- ❖ Hygiene (construction of hand washing stations)

WASH and NTD interventions are not integrated currently, and this a gap that needs to be addressed Coordination of WASH and NTD partners has not gained enough attention. There is a need for proper coordination of WASH and NTD partners for effective and efficient implementation of NTD Master Plan.

There is no gain saying the importance for integration of WASH and NTDs. Efforts would be geared toward establishing strong relationships and collaborations. Water, sanitation and hygiene (WASH) are critical in the prevention and care for all of the neglected tropical diseases (NTDs) scheduled for intensified control or elimination by 2030. Provision of safe water, sanitation and hygiene is one of the five key interventions within the global NTD roadmap. Yet to date, the WASH component of the strategy has received little attention and the potential to link efforts on WASH and NTDs has been largely untapped Therefore, focused efforts on WASH are urgently needed if the global NTD roadmap targets are to be met. This is especially needed for NTDs where transmission is most closely linked to poor WASH conditions such as Soil-Transmitted Helminthiasis, Schistosomiasis, Trachoma and Lymphatic Filariasis. Henceforth, strategies are to be set up to mobilize WASH and NTD actors to work together towards the roadmap targets. It calls on WASH funders and implementers to target NTD endemic areas and deliver programs that maximize the effectiveness of WASH interventions for NTD control and elimination.

A joint approach that addresses the causes of NTDs is likely to be more cost effective over the long term and more sustainable. It will also ensure that investments in WASH reach those most in need. Beyond the objectives of each sector, collaboration can also serve to achieve common goals such as health and well-being, equity and shared prosperity, and sustainability

Below are some of the WASH NTDs and intervention approaches to reduce their morbidity and mortality.

Table 6: WASH NTDs Intervention Approaches to Reduce Morbidity & Mortality

ACTIVITIES	**WASH NTDs**						
	Trach.	**STH**	**Schsto**	**GWD**	**LF**	**Dengue**	**Oncho**

Sanitation, hygiene, and water •Support the promotion of sanitation and hygiene among communities (face washing) •Support the provision(construction) of improved access to clean water •Support the provision(construction) of proper sanitation facilities for disposal of human waste (to reduce fly population and transmission)	X	X	X				X
Sanitation and hygiene •Support the promotion of sanitation and hygiene (hand washing) among communities and institutions(schools) •Engagement of Patients with chronic disabilities to maintain rigorous hygiene and take necessary precautions to prevent secondary infection •Support the availability of water for limb washing (important in reducing severity of lymphatic filariasis and good water management and sanitation can decrease mosquito breeding sites)		X			X		
Water quality •Support the treatment of water sources (protected wells/boreholes, treatment of contaminated water sources with chlorine). •Engagement of community structures on Household water treatment •Support the capacity building of WATSAN committee on Water Safety Planning methodologies and principles				X			
Water storage management •Support the promotion of Household Water Management (covering, emptying, and frequent cleaning of domestic water storage containers) •Support the provision of appropriate insecticides to water storage outdoor containers through epidemic control and Insecticide spraying						X	

Water resource management ● Support insecticide treatment of larval breeding sites (fast flowing water) but including water-flow manipulation if possible (river spillways).							X

PHARMACOVIGILANCE

Pharmacovigilance is an activity under the purview of Medicines Control Agency (MCA) an institution enacted by the president and National Assembly through an act known as Medicines and Related products act 2014

Among the mandates of pharmacovigilance is to monitor and remedy:

- ➢ Adverse events (AEs) and adverse reactions (ARs) to medicines
- ➢ Adverse events following immunization (AEFI) with vaccines
- ➢ Medication errors;
- ➢ Counterfeit and substandard & falsified medicines
- ➢ Lack of efficacy of medicines or therapeutic failure;
- ➢ Interactions
- ➢ Overdose;
- ➢ Misuse and abuse of medicines;
- ➢ Ongoing benefit-risk evaluation of medicines including post-marketing safety and efficacy studies; an
- ➢ Risk management plans (RMP) at time of marketing authorisation of medicines;
- ➢ Safety signal detection and analysis
- ➢ Regulatory actions

The Pharmacovigilance processes include:

- ➢ Monitoring medicines to identify previously unrecognized adverse effects or indeed any changes in the patterns of known adverse effects;

- ➢ Assessing the risks and benefits of medicines in order to determine what action if any (e.g. change in product information, change in category of distribution and/or product recall) is necessary to improve their safe use
- ➢ Monitor the impact of any action taken and give feedback to reporters
- ➢ Establish a back-up system for urgent exchange of information.
- ➢ It is the responsibility of the pharmacovigilance authority for investigating and reporting serious adverse events (SAEs)
- ➢ The head of department shall have the necessary facilities for carrying out his or her duties. She/he shall ensure all safety reports are processed appropriately and timely for review by the Medicines Safety Experts Committee, and in accordance with the applicable standard operating procedure(s).
- ➢ Implements appropriate regulatory framework for pharmacovigilance and coordinates and provides technical and managerial support for pharmacovigilance activities.
- ➢ Establishes the MSEC, provides the Secretariat for the Committee and supports its work.
- ➢ Receives, reviews and processes safety reports such as individual case safety reports (ICSR), periodic safety update reports or periodic benefit-risks evaluation reports, risk management plans, etc and any other information on safety issues of medicines.
- ➢ Makes preliminary assessments of the reports and requests the reporter for further information in case of missing or unclear data, and supports reporters to investigate AR, AEFI, SAE or SAR reports, if necessary.
- ➢ Prepares PV summary reports on all relevant information on a medicine safety issue and submits them together with the ICSRs and PSURs or PBRERs quarterly to the MSEC or as required.
- ➢ Takes responsibility for any regulatory action based on the recommendations from the MSEC with respect to the implicated medicines.
- ➢ Develops and maintains the national safety reports database and enters ICSRs into the WHO database “Vigiflow” at the WHO Uppsala Monitoring Centre (UMC).
- ➢ Reviews the databases regularly to detect possible safety signals associated with medicines. The evaluation of safety signals is essential to ensuring that MCA has the most up-to-date information on a medicine's benefits and risks.
- ➢ Performs risk assessments, determines the risk-benefit balance of suspected medicines and considers options for regulatory actions in respect to implicated medicines.
- ➢ Communicates regulatory actions to marketing authorisation holders or their national representatives, manufacturers and suppliers of medicines as well as to other stakeholders and international organizations, as applicable.
- ➢ Provides a forum for meetings of pharmacovigilance stakeholders as appropriate, but at least one meeting annually, and provides training to healthcare professionals and other stakeholders on pharmacovigilance, as appropriate. MCA maintains the agenda and minutes and all other documentation of the meetings
- ➢ Communicates with healthcare professionals and professional organizations on evidence-based safety information, provides the general public with information on safety of medicines, and communicates with the media on safety information of medicines.
- ➢ Uses the rapid alert system for exchange of information on quality issues, batch recalls and substandard and falsified medicines.

- ➢ Assists with public information during the launch of new medicines regimens and with the update of respective treatment guidelines.
- ➢ Provides feedback to stakeholders on safety issues of medicines through newsletters at least biannually.
- ➢ Conducts pharmacovigilance inspections of marketing authorisation holders, national representatives or their local agents and manufacturers of medicines in The Gambia to ensure that they comply with pharmacovigilance regulatory obligations and to facilitate compliance.
- ➢ Conducts regular audits of its Pharmacovigilance System and monitors it

Reporting of safety issues

- ➢ Safety monitoring of medicines starts before their marketing authorisation and continues while the medicine is marketed until their safe disposal or withdrawal of marketing authorization

Clinical Trials

- ➢ Adverse Events and Adverse Reactions to medicines occurring in clinical trials are usually reported to the Medicines Control Agency (MCA) by the sponsor or investigator of the clinical trial. The requirements for safety reporting in clinical trials are described in the MCA

Spontaneous Reporting

- ➢ Spontaneous reporting is a process whereby an individual case safety report (ICSR) of an adverse drug reaction is voluntarily submitted by healthcare professionals from both, the public and private sector including NGOs and research institutions as well as pharmaceutical outlets or other stakeholders

Reporting from Systematic Surveillance

- ➢ Active surveillance seeks to ascertain information on the safety of medicines via a continuous pre-organised process. Examples include post-marketing surveillance activities, Public Health Programs (PHP) or Drug Event Monitoring and Registries.

Reports by Marketing Authorisation Holders (MAHs)

- ➢ The MAHs or their national representatives or local importers where applicable, are required to maintain a pharmacovigilance system, to record all adverse reactions to medicines they become aware of and to report them to the MCA. Suspected serious adverse reactions that occur in The Gambia must be reported expedited as ICSR. All other safety information about medicines is provided regularly with Periodic Safety Update Reports (PSURs) or Periodic Benefit-Risk Evaluation Reports (PBRERs)

Forms for Safety Issue Reporting

- For an ICSR of a serious adverse reaction to a medicine or a vaccine marketed in The Gambia, the reporter should complete the Adverse Reaction Reporting Form (MCA-F-305/01) or the Adverse Event Following Immunization Reporting Form (MCA-F-305/01), respectively; these forms are available in the MCA website: www.mca.gm.
- Should a report form not be available or cannot be completed for any reason within the required time frame for reporting, the initial report to MCA may be provided in writing or verbally by phone or voice message stating the minimum required information on short code number (Qcell), 1233, 3363068 and office line, 4380632.
- The completed form may be sent by email at info@mca.gm, provided through an officer of the Agency (e.g. inspector) or delivered by post or hand to:

Executive Director, Medicines Control Agency, 54 Kairaba Avenue, K.S.M.D, P.O. BOX 3162, The Gambia.

- There are existence procedures and processes in responding to serious adverse events by filling the necessary forms such as AEs, ARs, AEFI, SAE or SAR
- There is an already established mutual collaboration with pharmacovigilance centers such as Uppsala etc. However, there are deficiencies in training of stakeholders due to so many factors such as financial and human resources capacity.

Table 7: Summary of Intervention Information on Existing Programme

NTD	Date programme started	Total districts targeted	No. districts covered (geographical coverage*)	Total population in target district	No. (%) Covered	No.(%) districts with required number of effective treatment rounds	No. (%) districts that have stopped MDA	Key strategies used	Key partners
		53		NA	1400,000 (50%)	5 (10%)		MDA, WASH, Vector control	NA
LF	2015	0	0	2,4000,000	NA	NA	NA	NA	NA

Oncho	2015	0	0	2,4000,000	NA	NA	NA	NA	NA
SCH	2015	22	22					MDA, Routine Surveillance, WASH	WHO, MOA, DCD, UNICEF, MOBSE, DWR
STH	2015	2	2					MDA, Routine Surveillance, WASH	WHO, MOA, DCD, UNICEF, MOBSE, DWR
TRA	1986	40	40		NA	NA	NA	WASH, Case management,	Sightsavers, IKI, Pfizer, MRC, WHO, Tropical Data
Snake bite Envenoming	2021	0	0	2,4000,000	NA	NA	NA	NA	NA
Rabies	2015	0	0	2,4000,000	NA	NA	NA	NA	NA
Leprosy	1957	42	42	2,4000,000	NA	NA	NA	Surveillance, Case management	WHO, MOH
Mycetoma	2021	0	0	2,4000,000	NA	NA	NA	NA	
Dengue and chikungunya	2021	0	0	2,4000,000	NA	NA	NA	NA	
Fungal infection	2021	0	0	2,4000,000	NA	NA	NA	NA	

Scabies	**2021**	**0**	**0**	**2,4000, 000**	**NA**	**NA**	**NA**	**NA**	
***Geographical coverage = No. of districts covered by the programme / Total no. of endemic districts in the country**									

Section 1.5: Building on NTD Programme Strengths

1.5.1. Opportunities and Threats

Opportunities	Threats
● HO and other partners for technical and financial support. ● Availability of WHO NTDs roadmap 2021-2030. ● Existence of international referencing laboratory services ● Representation on the One Health Technical Committee ● Availability of Medical Research Council in the country	● Cross border NTD transmission ● High population density ● Low public awareness ● Limited sub-regional collaboration ● Unregulated traditional medicine/home remedies ● Poverty ● Climate change ● Migration

1.5.2 Strengths and Weaknesses

Strengths	*Weaknesses*
● Availability of a focal point for NTDs ● Availability of established focal point for leprosy and trachoma ● Elimination of trachoma as a Public Health Problem ● Existence of NTD technical working group ● Routine surveillance for PC-NTDs (STH, SCH, Trachoma), CM-NTDs (leprosy). ● Availability of IDSR technical guideline ● NTD Prioritize in the National Health Policy 2021-2030 ● Mapping of STH and SCH ● Transmission Assessment Survey for LF ● Three Mass Drug Administration Conducted for STH and SCH ● SCH and Trachoma reported weekly ● Decentralized health structures ● Existence of a Research Directorate	● Inadequate human resources and logistics required to effectively implement and coordinate NTD activities ● Limited research on NTDs ● Inadequate support from government and partners ● Limited collaboration between stakeholders in the fight against NTDs ● Inadequate diagnostic equipment ● Inadequate Laboratory based surveillance ● Inadequate case management for NTDs (PC-NTDs/CM-NTDs) ● Non- existence of M&E framework for NTDs ● Weak Supply Chain Management System for NTD MDA drugs Weak Programme coordination at all levels Weak surveillance on NTDs ● In adequate awareness creation on NTDs ● Lack of NTD programme within the ministry of health

1.5.3.Gaps and priorities

Table 8: Gaps and Priorities

Gaps
● Inadequate human resources and logistics required to effectively implement and coordinate NTD activities (NTD program) ● Limited research on NTDs ● Inadequate support from government and partners ● Limited collaboration between stakeholders in the fight against NTDs ● Inadequate diagnostic equipment ● Inadequate epidemiology and Laboratory based surveillance ● Limited Supply Chain Management System for NTD ● Limited coordination at all levels ● There is no NTD program that will coordinate the activities of all the partners and stakeholders

PRIORITIES
Planning
Establish NTD programme within the ministry of health for proper coordination and implementation of NTD activities
Advocate for increased government support for NTDs
Conduct mapping to establish the exact prevalence and magnitude of unmapped NTDs especially the case management NTDs
Fully integrate all NTD services into the existing healthcare system
Strengthen collaboration among stakeholders in the fight against NTDs
Procurement of diagnostic reagents and equipment
Conduct research on NTDs especially the Case Management NTDs
Create budget line for NTDs at national and regional levels
Coordination and Management
Increase domestic financing for NTD programming Ensure a budget line for NTDs
Improve coordination at all level – advocate for NTDs to be a program in the MOH
Integrate NTD MDA and case management medicines and supplies into the MoH's routine supply chain management practices
Build capacity of health workers to appropriately diagnose and manage NTDs.
Set up laboratories in frontline health facilities for diagnosis of NTDs.
Regulate the practice of traditional medicine on NTDs

Entrench medicine safety into NTD programme
Intensify action on morbidity management of case management NTDs including NTD skin infections,
Procure and distribute anti-rabies vaccine nationwide
Partnerships
Promote NTD Programme ownership and accountability at national and sub national levels .
Strengthen NTD Programme, multi-sectoral collaboration including WASH and the One Health approach to enhance collaboration and accelerate achievement of goal of the NTD Programme.
Promote programme sustainability by incorporating NTD control activities into districts health service delivery system.
Promote sub-regional and cross-border collaboration
Implementation of interventions
.Initiate vector control interventions across NTDs including Larval Source Management with National Malaria Control Program
Create awareness on NTDs in communities to reduce the negative impact of traditional medicines
Build the capacity of health workers to manage NTDs at the various levels of the healthcare system
Strengthen logistics management for NTD medicines and supplies
Raise public awareness on NTDs
Surveillance
Establish community-based surveillance for case management NTDs e.g. HAT and rabies
Strengthen post intervention surveillance on NTDs that have stopped MDAs.
Integrate NTD data into the HMIS/District Health Information System 2 (DHIS2) to strengthen the routine surveillance and generate data for strategic planning and decision making
Strengthen epidemiology and laboratory based surveillance

PART 2 Strategic Agenda: Purpose and Goals

This section provides an overview of the targets and milestones for all NTDs that are endemic in The Gambia. These NTD parameters have been determined following wide consultations with stakeholders including central and regional levels, scientific and research groups, nongovernmental organizations, implementing partners, donors and private sector organizations. This section of the Master Plan dwells on the overall programme vision, mission, and goal. The disease-specific milestones, the strategic priorities and activities that will be implemented to achieve the goal of this plan over its life cycle are discussed.

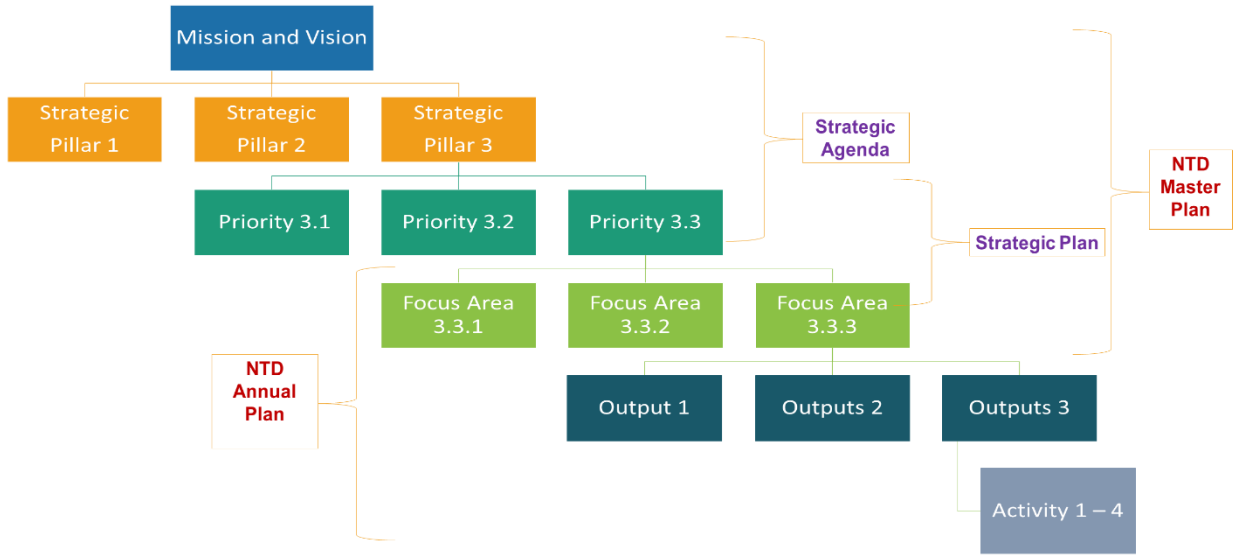


Figure 7: Hierarchy of Objectives for National NTD Programme

Section 2.1: NTD Programme Mission and Vision

The Gambia NTD Master Plan, 2023-2027 is a multi-year strategic plan with a clear strategic agenda. The key elements of the strategic agenda are: Mission, Vision, Guiding principles, Programme Pillars and Strategic Priorities.

Table 9: Mission and Vision

Mission	• To implement a cost effective, affordable, sustainable and integrated strategy to prevent, control and eliminate NTDs as public health problems in the Gambia.
Vision	• The Gambia free of NTDs.

Section 2.2: Milestones and Targets

Overarching and cross-cutting targets stated here were derived from the NTD Global Roadmap 2021–2030 in support of programme integration, coordination, country ownership and equity. Targets for sectors such as WASH, Occupational Health and Safety, and vector control were based on established targets while disease-specific targets for 2027 and milestones for 2023 and 2027 were categorized for each endemic disease by:- control, elimination, eradication, (interruption of transmission), elimination (as a public health problem) .

2.2.1. Targets

Overarching targets

Overarching targets by 2027 in the country:

- To maintain Dracunculiasis-free status
- Validation of elimination of LF as a public Health problem
- To reduce new leprosy cases with G2D to less than one case per million population.

Cross-cutting Targets

The below figure shows the cross-cutting targets derived from the expanded list of indicators of cross-cutting targets see the NTD Global Roadmap 2021–2030, page 15.

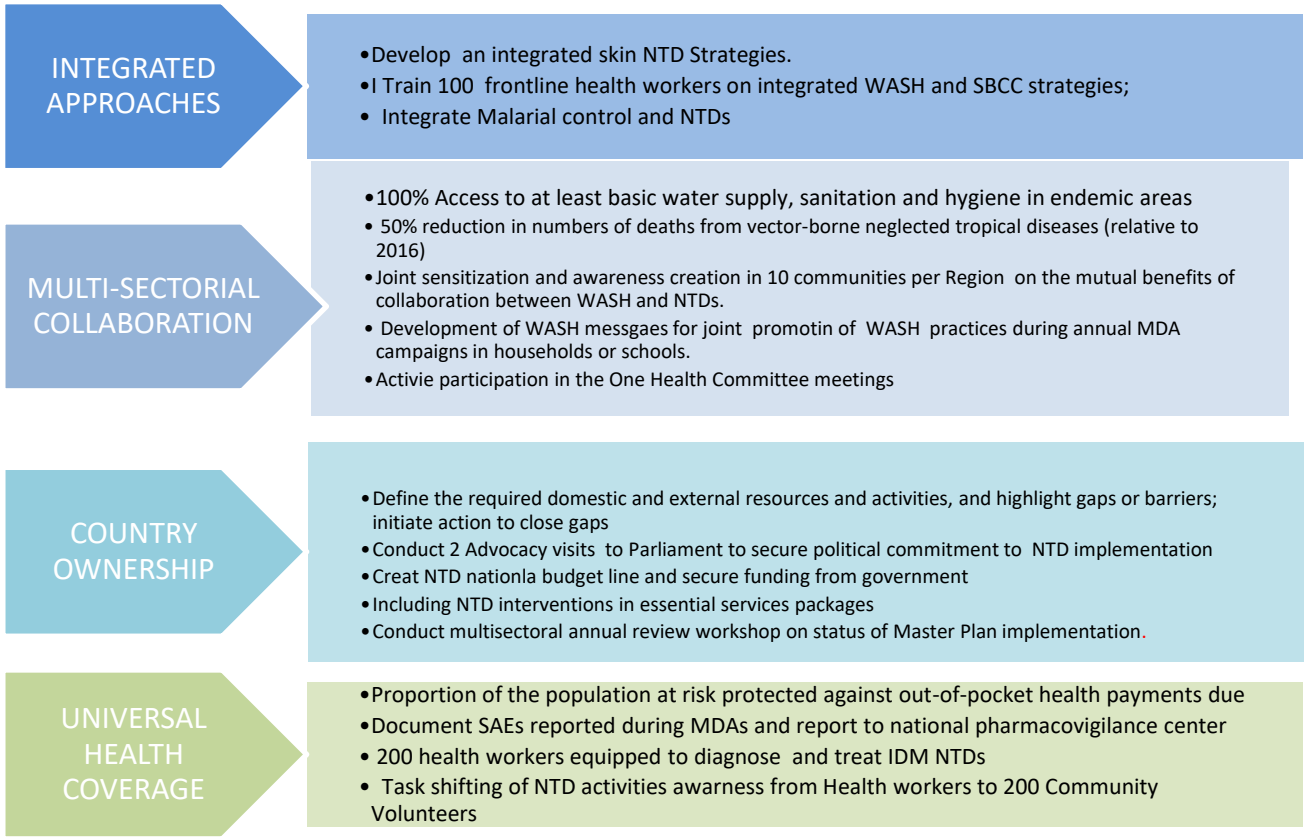


Figure 8: Some Cross-cutting Targets

Disease-Specific Targets

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

Table 10: Disease-Specific Targets

National target	Diseases	Objective	Year	Strategies
Targeted for Elimination (Interruption of Transmission)	Dracunculiasis	To maintain GWD-free status	2027	Community surveillance, Strengthening WASH intervention, integrated vector management
Targeted for Elimination (as a public Health problem)	Lymphatic Filariasis	to conduct a confirmatory transmission, assessment survey for LF and submit a dossier for elimination	2027	Mass Drug Administration, MMDP, Awareness creation at community level & integrated Vector management.

	Leprosy	To reduce new leprosy cases with G2D to less than two cases per million population.	2027	Active surveillance, contact tracing, case management, rehabilitation and awareness creation
Targeted for Control	Snake bite envenoming	To reduce case mortality and disability by 50%	2027	Map-out snakes countrywide, Active and community based surveillance, develop a reporting format and link it to the Health Management Information System (HMIS), case management, engagement of traditional healers, community sensitization, community cleansing exercise "set-settal", conduct community engagement activities To conduct the risk and burden assessment of snake-bite envenoming (SBE)
Target for Elimination	Schistosomiasis	To eliminate Schistosomiasis as a public health problem in The Gambia To sustain 100% therapeutic coverage among all pre and school-aged children in endemic regions To provide PC for 100% of at risk population in endemic areas	2027	Active and community based surveillance, Mass Drug Administration (MDA), WASH & Integrated Vector management, community engagement and operational research, mapping, case management, improve the diagnostic by use of point of care test, impact assessment
Targeted for Control	Rabies (dog bites)	To achieve zero human death for rabies by 2027	2027	Conduct baseline dog population survey, mapping and registration of all dogs, Vaccination of susceptible animals, (dogs and cat) Vaccination of population at risk (Lab personnel, Public health and veterinary workers, Management of stray dogs also known as free ranging dogs, Community engagement, Case management for humans, policy on dog control, Strengthen laboratory diagnosis and Map out reservoir (Bats)
Targeted for Elimination	Soil-transmitted Helminthes (STH)	To eliminate STH as a public health problem.	2027	Improve and strengthen WASH interventions, Integrated Vector

		To ensure medicines availability for 100% of patients in health facilities for STH To provide continuous MDAs for 100% of children 1-15 years old. To treat 100% of adults in STH endemic districts To contribute towards the attainment of UHC through integrated STH services in the PHC		Management, MDA, Mapping, case management, community engagement, improve diagnostic capacity for test and treatment
Targeted for Control	Scabies	Availability of integrated Scabies management in essential healthcare package Provide data on disease prevalence To have at least a trained Scabies case management health worker in every health facility IEC materials in all communities for sustained awareness on scabies	2027	Community engagement, WASH, Integrated Vector Management, case management, active and community based surveillance, Refresher training on the prevention and treatment of scabies, Production and dissemination of guidelines on scabies, production and dissemination of IEC materials -posters, leaflets, etc. on scabies, Capacity building of healthcare providers on scabies management
Targeted for Sustaining the elimination status	Trachoma	To maintain elimination status	2027	Establish sentinel sites, active and community based surveillance, capacity building for healthcare workers, establishment of surgery and operation sites, case management, social mobilization and community engagement
Targeted for Elimination	Dengue	To eliminate dengue as a public health problem	2027	Improve quality assurance for point-of-care rapid diagnostic tests, Develop polymerase chain reaction test for confirmation of diagnosis, Integrated Vector Management, community engagement, active and community based surveillance, case management, capacity building
Targeted for Maintaining the Oncho-	Onchocerciasis	To maintain status of Onchocerciasis free nation	2027	Mapping for antibody and antigen screening and diagnostic, setup sentinel sites alongside trachoma, build capacity of

free status				staff on Onchocerciasis, case by case management, surveillance and prepare for the dossiers
Targeted for Control	Human Trypanosomiasis	To interrupt transmission of Trypanosomiasis	2027	Integrated Vector management, establishment of laboratories for confirmatory diagnostic, capacity building, case management, active and community based surveillance
Targeted for control	Taeniasis and Cysticercosis	To interrupt transmission of Taeniasis and Cysticercosis	2027	Integrated Vector Management, capacity building, case management, active and community based surveillance, community engagement (SBCC), WASH interventions, MDA, deworming campaign for livestock
Targeted for Control	Foodborne trematodiases	To interrupt transmission of Foodborne trematodiases	2027	Integrated Vector Management, capacity building, case management, active and community based surveillance, community engagement (SBCC), WASH interventions, MDA, deworming campaign for livestock
Targeted for Control	Mycetoma/fungal infections	To control transmission of mycetoma	2027	Establish endemicity of Mycetoma/Fungal infections among high risk groups Develop and implement diagnostic tests, Evaluate and standardize sporotrichosis skin testing for diagnosis of sporotrichosis, Facilitate skin scraping, biopsy and fungal culture and histopathology assessment of deep skin lesions, Case by case treatment , active and community based surveillance

2.2.2. Milestones

In order to achieve the overarching, cross-cutting and disease-specific targets as set forth in this document, a number of milestones were defined to help track progress. These disease specific milestones are shown below in table 13.

Table 11: Mile stones for Targeted Preventive Chemotherapy NTDs

Indicators: LF	**2023**	**2024**	**2025**	**2026**	**2027**
Verification survey for LF towards dossier preparation and determine LF endemic areas and the population at risk	42(100%)				
Case by case treatment and management of LF	42(100%)				

Proportion of cases detected through active case search at community level (CBS)	21(50%)	42 (100%)			
Major urban areas with evidence of LF transmission under adequate MDA	0%	0%			
Number of IUs conducted more than 5 rounds with coverage more than 65%	0(0%)	0(0%)	0(0%)		
Number of IUs conducted in the first TAS activities after 5 rounds of MDA.	0(0%)	0(0%)	0(0%)		
Number of IUs conducted and passed at least 2 TAS activities.	10(25%)	15 (40%)	30(77%)	42(100%)	
Number of IUs that started passive surveillance and vector control activities.	10(25%)	15 (40%)	30(77%)	42(100%)	
Present "the dossier" for verification for absence of LF transmission	0(0%)	0(0%)	0(0%)	0 (0%)	1(100%)
Proportion and number of IUs where there is full coverage of morbidity management services and access to basic care	15(40%)	20(51%)	30(77%)	42(100%)	42(100%)
Proportion and number of IUs where 75% of hydrocele cases benefitted from appropriate surgery	10(25%)	15 (40%)	24(60%)	30(77%)	42(100%)

Indicators: Onchocerciasis	**2023**	**2024**	**2025**	**2026**	**2027**
Number of surveillance sites established and functional in each of the health regions	0/7(0%)	5/7(71%)	7/7(100%)		
National Oncho. Surveillance data on the HMIS	10/42(24%)	19/42(45%)	28/42(67%)	38/42(90%)	42/42(100%)
Number of districts where Onchocerciasis cases are diagnosed and treated	10/42(24%)	21/42 (50%)	28/42 (67%)	38/42 (90%)	42/42 (100%)
Number districts where community surveillance engagement activities are conducted (SBCC)	0/42(0%)	22/42(52%)	28/42(67%)	38/42(90%)	42/42(100%)
Number of districts where staff are trained on diagnosis of Onchocerciasis	0/42(0%)	22/42(52%)	28/42(67%)	38/42(90%)	42/42(100%)

Indicators: STH	**2023**	**2024**	**2025**	**2026**	**2027**
Number of districts re-mapped to assess the impact of intervention	42(100%)				42(100%)
Number of endemic districts where MDA is conducted	24(57%)	42(100%)	42(100%)	42(100%)	42(100%)
Number of cases diagnosed and treated in health facilities in all districts	24(57%)	42(100%)	42(100%)	42(100%)	42(100%)
Number of endemic district conducting CBS	19/42(63%)	42/42(100%)	30/30 (100%)	30/30 (100%)	30/30 (100%)
Number of district where SBCC is conducted on STH		24(57%)			

Number of endemic districts where schools are engaged on STH prevention and control	19/45%)	30/42(71%)	42(100%)	42(100%)	42(100%)
Number of endemic districts where WASH interventions are implemented	19(45%)	42(100%)	42(100%)	42(100%)	42 (100%)
Number of endemic districts where vector control programs are implemented	10(24%)	15 (36%)	30(71%)	42(100%)	42(100%)
Indicators: Schistosomiasis	**2023**	**2024**	**2025**	**2026**	**2027**
Number of endemic districts completed for re-mapping to assess the impact of intervention	21(50%)				22(100%)
Number of endemic districts where MDA is conducted	21(50%)	30(71%)	22(100%)	22(100%)	22(100%)
Number of cases diagnosed and treated in health facilities in all districts	24(57%)	42(100%)	42(100%)	42(100%)	42(100%)
Number of endemic district conducting CBS	10/22 (45%)	15 (68%)	22 (100%)	22 (100%)	22 (100%)
Number of district where SBCC is conducted on Schistosomiasis		22(52%)			
Number of endemic districts where schools are engaged on Schistosomiasis prevention and control	10/22(24%)	15/22(36%)	22/22(100%)	22(100%)	22(100%)
Number of household population reach in endemic districts where WASH interventions are implemented	10/22(24%)	22(100%)	22(100%)	22(100%)	22(100%)
Number of endemic districts where vector control programs are implemented	10/42(25%)	15/42 (40%)	30/42(77%)	42/42(100%)	42/42(100%)

Table 12: Milestones for Targeted Case Management NTDs

Indicators: Scabies	**2023**	**2024**	**2025**	**2026**	**2027**
Number of districts where there is full coverage of morbidity management services	42(100%)				
Number of healthcare workers trained on prevention and treatment of Scabies.	20%	30%	40%	50%	60%
Number of districts where community engagement activities on Scabies are implemented	21(50%)	42 (100%)	42(100%)	42(100%)	42(100%)
Number of districts where WASH interventions are implemented	250%	50%	70%	100%	100%
Number of districts with an established surveillance system	42(100%)				
Indicators: Dengue and Chikungunya	**2023**	**2024**	**2025**	**2026**	**2027**

Number of sentinel sites established and functional in each of the health regions	0/7(0%)	5/7(71%)	7/7(100%)		
Proportion of cases detected through active case search at community level (CBS)	10/42(24%)	19/42(45%)	28/42(67%)	38/42(90%)	42/42(100%)
Number of districts where dengue and chikungunya cases are diagnosed and treated	10/42(24%)	20/42 (48%)	28/42 (67%)	38/42 (90%)	42/42 (100%)
Number of districts where fogging of mosquitoes is conducted	0/42(0%)	22/42(52%)	28/42(67%)	38/42(90%)	42/42(100%)
Number districts where community engagement activities are conducted (SBCC)	22/42(52%)	28/42(67%)	38/42(90%)	42/42(100%)	42/42(100%)
Number of entomological labs establish and functional in health regions	0/7(0%)	5/7(71%)	7/7(100%)		
Number of health workers trained on entomology	0/42(0%)	0/42(0%)	42/42(100%)		

Indicators: Human Trypanosomiasis	**2023**	**2024**	**2025**	**2026**	**2027**
Number of sentinel and diagnostic center establish and functional in health regions	0/7(0%)	5/7(71%)	7/7(100%)		
Proportion of cases detected through active case search at community level (CBS)	10/42(24%)	19/42(45%)	28/42(67%)	38/42(90%)	42/42(100%)
Number of parasitology labs established and functional at regional livestock Directorates and Abuko central laboratory	10/42(24%)	22/42 (52%)	28/42 (67%)	38/42 (90%)	42/42 (100%)
Number of districts where trypanosomiasis is diagnosed and managed in livestock	0/42(0%)	22/42(52%)	28/42(67%)	38/42(90%)	42/42(100%)
Number of sterile male tsetse release conducted to control the trypanosome vectors	22/42(52%)	28/42(67%)	38/42(90%)	42/42(100%)	42/42(100%)
Number of staff trained on management of Trypanosomiasis in health regions	0/7(0%)	5/7(71%)	7/7(100%)		
Number of districts where trypanosomiasis is diagnosed and managed in humans	0/42(0%)	42/42(100%)	42/42(100%)		
Number districts where community engagement activities are conducted (SBCC)	0/42(0%)	0/42(0%)	42/42(100%)		

Indicators: Taeniasis and Cysticercosis	2023	2024	2025	2026	2027
Number of deworming campaign for livestock	0/7(0%)	5/7(71%)	7/7(100%)		
Proportion of cases detected through active case search at community level (CBS)	10/42(24%)	19/42(45%)	28/42(67%)	38/42(90 %)	42/42(100%)
Number of WASH interventions implemented	10/42(24%)	22/42 (52%)	28/42 (67%)	38/42 (90%)	42/42 (100%)
Number of districts where Taeniasis and cysticercosis is diagnosed and managed in livestock	0/42(0%)	22/42(52%)	28/42(67%)	38/42(90 %)	42/42(100%)
Number districts where community engagement activities are conducted (SBCC)	22/42(52%)	28/42(67%)	38/42(90%)	42/42(100 %)	42/42(100%)
Number of in health regions where MDA campaign are implemented to interrupt human transmission	0/7(0%)	5/7(71%)	7/7(100%)		
Indicators Rabies	**2023**	**2024**	**2025**	**2026**	**2027**
Number of dog population surveys conducted	42 Districts (100%)	42(100%)	42(100%)	42(100%)	42(100%)
Number of dogs vaccinated for Rabies nationwide	1,5 districts (36%)	21(100%)	42(100%)	42(100%)	42(100%)
Proportion of population at risk vaccinated against Rabies countrywide	120 (vet workers at risk) (25%)	50%	100%		
Number of districts where community engagement activities (SBCC) are conducted	21(50%)	42 (100%)			
Number of districts where dog and cat owners are registered	(0%)	42 (100%)	42 (100%)	42 (100%)	42 (100%)
Proportion of rabies cases managed at health facility level	(50%)	(70%)	(100%)		
Proportion of Communities with Health facilities that manage rabies cases	(50%)	(70%)	100(0%)		
Indicators: Mycetoma	**2023**	**2024**	**2025**	**2026**	**2027**
Proportion of cases detected through active case search at community level (CBS)	42(100%)				

Number districts where community engagement activities are conducted (SBCC)	21(50%)	42 (100%)			
Number of district where health and veterinary workers are trained	0%	42 (100%)			
Number of cases diagnosed and treated in health facilities in all districts	0(0%)	0(0%)	42 (100%)		
Indicators: Foodborne trematodiases	**2023**	**2024**	**2025**	**2026**	**2027**
Number of districts where mappings are done to establish endemicity of foodborne trematodiasis	3/6 (50%)	6/6 (100%)			6/6 (100%)
Number of deworming campaign for livestock conducted	0/7(0%)	5/7(71%)	7/7(100%)		
Proportion of cases detected through active case search at community level (CBS)	10/42(24%)	19/42(45%)	28/42(67%)	38/42(90%)	42/42(100%)
Number of WASH interventions implemented	10/42(24%)	22/42 (52%)	28/42 (67%)	38/42 (90%)	42/42 (100%)
Number of districts where foodborne trematodiasis is diagnosed and managed in livestock	0/42(0%)	22/42(52%)	28/42(67%)	38/42(90%)	42/42(100%)
Number of districts where community engagement activities are conducted (SBCC)	22/42(52%)	28/42(67%)	38/42(90%)	42/42(100%)	42/42(100%)
Number of health regions where MDA campaign are implemented on human transmission	0/(0%)	5/7(71%)	7/7(100%)		
Finish development of more sensitive serological techniques and polymerase chain reaction assays	0/42(0%)	42/42(100%)	42/42(100%)		

Table 13: Post Elimination Activities for WHO Nationally Certified NTDs

Indicators: Trachoma	**2023**	**2024**	**2025**	**2026**	**2027**
Number of functional trachoma sentinel sites (passive surveillance)	8(100%)				
Proportion of cases detected through active case search at community level (CBS) active surveillance	21/42(50%)	42 (100%)	42(100%)		
Number of Trachoma Follicle (TF) cases treated with azithromycin	42 (100%)	42 (100%)	42 (100%)	42 (100%)	42(100%)
Number of Trachoma Trichiasis (TT) cases detected and managed through surgery (TRABUT)	42 (100%)	42(100%)	42(100%)	42(100%)	42(100%)

Number of health workers trained on diagnostic and treatment	42(100%)	42(100%)	42(100%)	42(100%)	42(100%)
Number of monitoring visits conducted	42(100%)	42(100%)	42(100%)	42(100%)	42(100%)
Number of social mobilization and community engagement activities conducted	10(25%)	15 (40%)	30(77%)	42(100%)	
Number of supportive supervisory visits conducted	42(100%)	42(100%)	42(100%)	42(100%)	42(100%)

Section 2.3: Guiding Principles

The following guiding principles will provide the enabling environment for the implementation of the NTD Master Plan for the achievement of its goals and strategies.

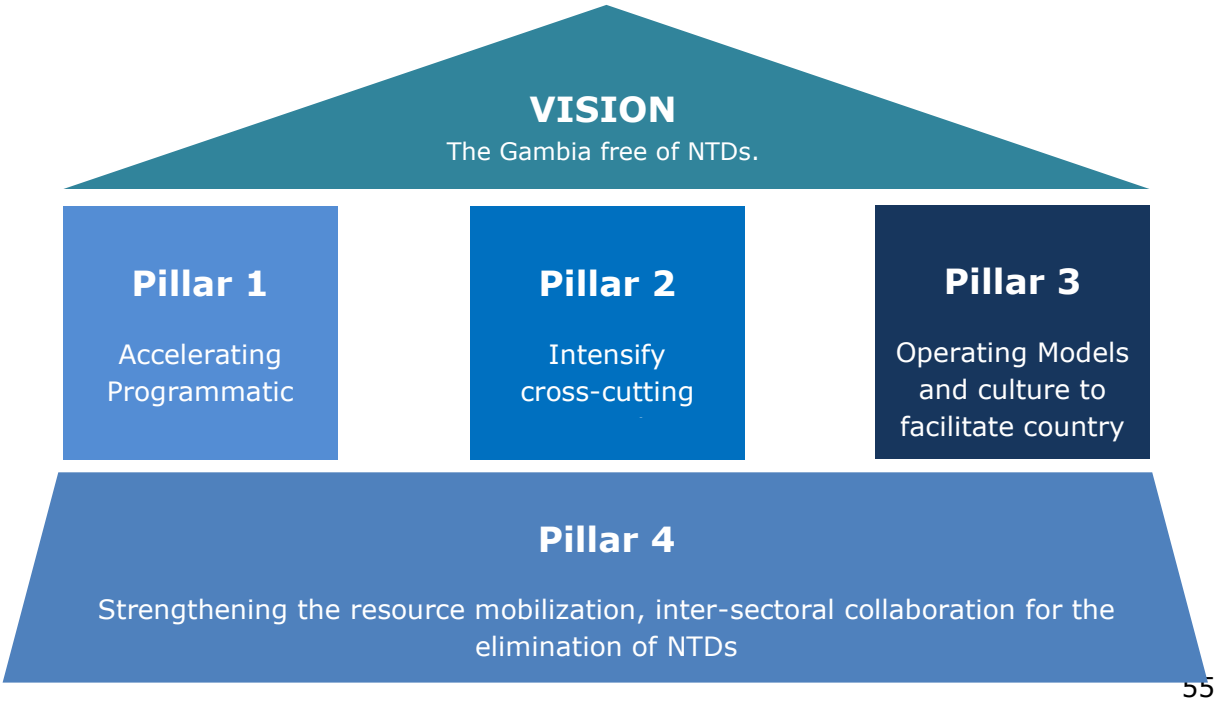
Table 14: Guiding Principles

Guiding Principles	• National leadership and ownership, • Commitment to multi-sectoral collaboration and sharing, • Mutual accountability and Transparency of national authorities and partners,, • Community lead engagement and participation • Inclusion (gender, children and special needs people) • Decentralization of operations • Evident informed priority implementation Sustainable and Efficient Interventions

Section 2.4: Strategic Pillars and Strategic Objectives

2.4.1. Programme Strategic Pillars

Strategic Pillars in the figure here below are 4 programmatic strategic areas the NTD programme will focus and excel in to be judged successful.



2.4.2. Strategic Priorities

The Strategic Priorities shown in the table below are the big-picture objectives for the programme. They describe what the programme will do to try to achieve a set mission statement.

Table 15: Strategic Priorities for the Elimination of NTDs

Strategic Pillar	Strategic Priorities
SP1: Accelerating programmatic action	Establish an NTD program
	To strengthen capacity at all levels n for NTD Programme management and implementation
	Strengthen and scale up integrated case-management for PC-NTDs and CM-NTDs (Including Leprosy, LF, skin NTDs, snakebites, Rabies)
	Prioritize and strengthen monitoring and evaluation to track progress of NTD road map 2023-2027
	Ensure adequate, affordable, accessible and timely availability of quality medicines for all people taking into consideration equity
	Scale up integrated preventive chemotherapy to achieve 100% geographic coverage and treatment access to Schistosomiasis, STH, LF,
SP2: Intensify cross-cutting approaches	Strengthen platforms with similar delivery strategies - integrated vector management for targeted NTDs
	Strengthen environmental management and WASH in support of NTD programmes
	Support in-country operational research for NTD Programmes in collaboration with academia and research institutions
	Strengthen collaboration with other line Ministries and partners in the context of one health approach
SP3 : Strengthen/ Change operating models and culture to facilitate country ownership	Establish a mechanism for data harmonization and quality control
	Strengthen the capacity for Country ownership and leadership for sustainable NTD programme development and implementation
	Ensure the inclusion of NTDs into the MoH Essential Health Care Package
	Enhance Mentorship and Supportive supervision of the national NTD programme at all levels
	Strengthen Pharmaceutical supply chain management system for NTDs
SP4: Strengthening the Resource Mobilization, Coordination and Inter-sectoral Collaboration for the Elimination of NTDs	Develop a comprehensive and integrated multi-year strategic plan for the elimination of the targeted NTDs ensuring stakeholders engagement
	Enhance resource mobilization plan and strategies at all levels / for NTD interventions
	Strengthen the integration and linkages of NTD programme and financial plans into sector – wide and national budgetary and financing mechanisms
	Strengthen coordination mechanisms for NTD control Programme activities at all levels
	Improve communication at all levels especially at the community level for sustained successful elimination of all endemic NTDs.

2.4.3 Programme Strategic Agenda Logic Map

The logical sequence in the figure below maps how the programme will work and its interrelation like described in the logic map shown in the WHO Thirteenth General Programme of Work 2019–2023 (GPW 13)Page 4.

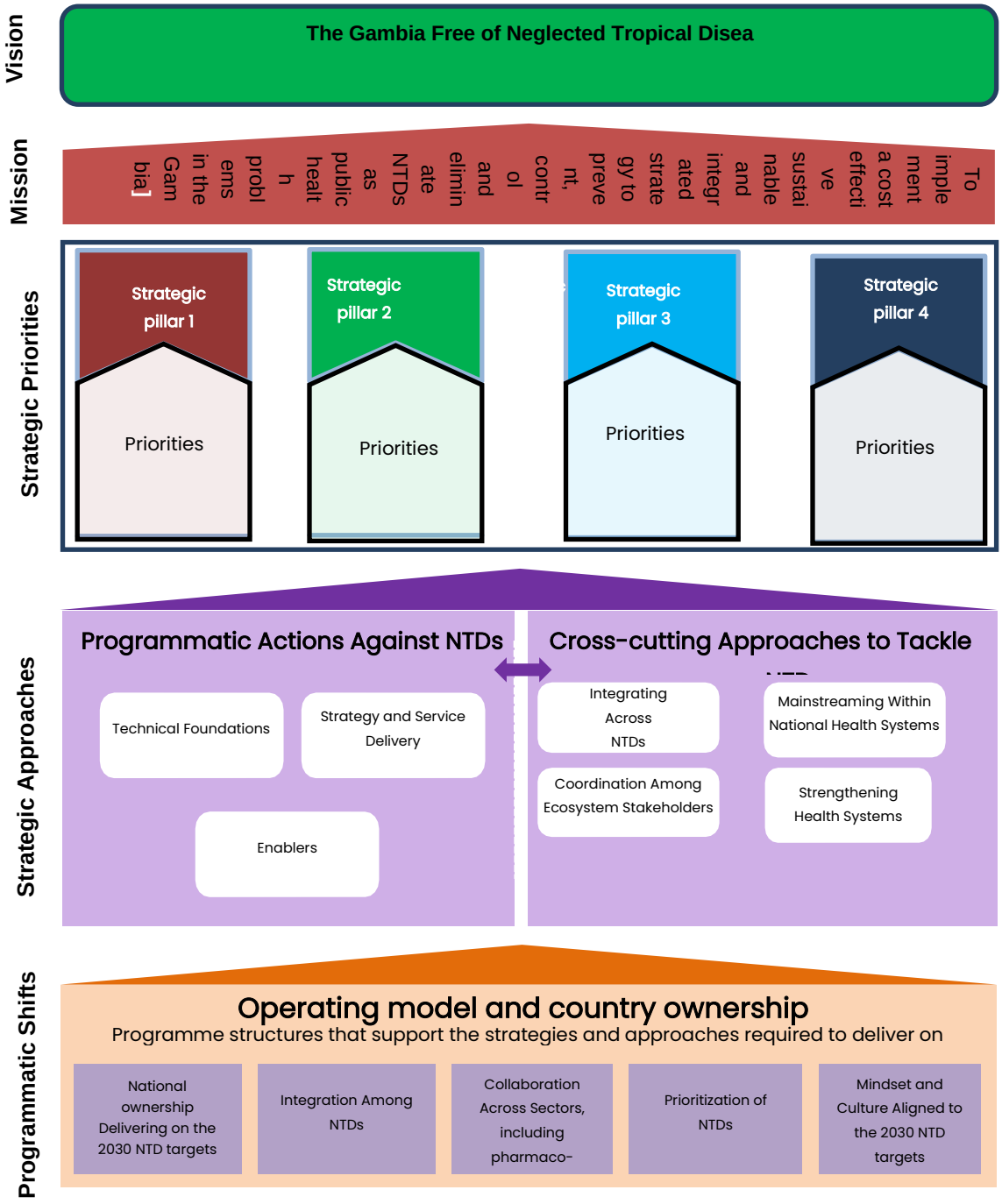


Figure 9: Logic framework

PART3. Implementing the Strategy: NTD Operational Framework

The three key priorities advocated in the NTD Global Roadmap 2021-2030 towards tackling NTDs have been brought to bear in this 2023-2027 Gambia NTD Master Plan. This Master Plan therefore, in keeping with the Global Roadmap, has identified strategic priorities and the associated activities that will accelerate attainment of programme mission. The three programme directions that will be pursued vigorously are:

- First, to increase accountability for impact by using impact indicators rather than process indicators as reflected by the targets and milestones in Part II.
- Secondly, mainstreaming programmes into national health systems and intensifying cross-cutting approaches centered on the needs of people and communities and moving away from parallel disease-specific programmes and
- Thirdly, a change in the operating models and culture in order to facilitate greater ownership of the NTD programme by the country.

Table 16: Strategic Priorities and Key Activities by Pillar

Strategic Pillar 1 - Accelerating programmatic action			
Strategic Priorities	**Key Activities**	**Time frame**	**Resources needed**
Strategic priority 1: Establish a national NTD programme	Develop and Validate Terms of Reference(TOR) and Organogram for NTD Unit	2023	Human, financial and material Resources,;
	Advocacy for the establishment of an NTD Programme	2023	Human and financial resources
	Provide office space for the establishment of the NTD Programme	2023	Financial resources
	Procure office equipment, materials, and vehicles	2023	Financial resources
	Assign/Deploy staff to occupy the Programme	2023	Human resources
Strategic priority 2: To strengthen capacity at national and regional levels for NTD Programme management and implementation	Develop an NTD Training package	2024	Technical assistance and financial resources
	Capacity building for staff on the developed NTD training package	-2024	Technical and financial assistance
	International meeting on NTD management	Annually	Financial assistance

	Technical Support Supervision (On-site mentorship)	Quarterly	Human and financial resources
	NTD progress review meetings	Annually	Technical and financial resources
	integrate NTD prevention, control , elimination and management into pre-service training of mid-level health-care providers	2024	Human and financial resources
Strategic priority 3: Strengthen and scale up integrated case-management for PC-NTDs and CM-NTDs (Leprosy, LF, skin NTDs, snakebites, Rabies)	Develop an integrated case management (ICM) guideline for NTDs.	2023	Technical assistance; financial resources
	Training on the ICM guideline for increased case identification management and referral of CM NTDs	2023	Technical assistance; financial resources
	Conduct risk communication and community engagement on NTDs	2024	Financial resources
Strategic priority 4: Prioritize and strengthen monitoring and evaluation to track progress of NTD road map 2023-2027	Develop M&E Framework	2024	Technical assistance; financial resources
	Develop M&E data collection tools for NTDs.	2023	5Financial resources
	Develop an information system for NTD programme	2023	Technical assistance; financial resources
	Conduct quarterly monitoring visits at regional and facility levels.	Quarterly	Financial resources
	Conduct mid-term review and evaluation of NTDs master plan.	2024	Technical assistance, Financial resources
	Conduct end-term evaluation of the NTDs master plan.	2027	Technical assistance, Financial resources
Strategic priority 5: Ensure adequate and timely availability of quality medicines for all people taking into consideration gender equity	Procure and distribute NTD supplies and equipment across the country.	Bi-annual	Financial and material resources
Strategic priority 6*:* Scale up integrated preventive chemotherapy to achieve 100% geographic coverage and treatment access to lymphatic Filariasis, SCH and STH	Implement preventive chemotherapy for SCH and STH in all regions	Annually	Financial resources
	Conduct two integrated mass drug administration	Bi-annual	Human and Financial resources
Strategic Pillar 2 - Intensify cross-cutting approaches			

Strategic Priorities	Key Activities	Time frame	Resources needed
Strategic Priority 1: Strengthen platforms with similar delivery strategies - integrated vector management for targeted NTDs	Train healthcare workers and other stakeholders on integrated vector management guideline.	2024	Human and financial resources
	Establish a vector control laboratory	2024	refurbished structures, Equipment and supplies, and human resources;
	Provide specialized training programmes in entomology.	2024	Human and financial resources
	Procure integrated vector management chemicals, PPEs, and equipment.	2024	Financial, human and material resources
	Bi-annual supply of IVM chemicals to regional stores.	Bi-annual	Financial, human and material resources
	Coordinate meetings with national One Health platform	2023-2027	Human, financial and material resources,
	Risk communication and community engagement on One Health and vector management and control.	2024	Financial, human and material resources
Strategic priority 2: Strengthen environmental management in support of NTD programmes	Integrate WASH strategies into NTD Program activities	2023-2024	Human, material and financial resources
	Support community structures on WASH promotion and sustainability.	2023	Financial, human and material resources
	Engagement of adolescents and youths against Open Defecation (OD)	2023	Financial, human and material resources
	Support, identify and build capacity of schools and madrasas on WASH	2023	Human, financial and material resources;
	Provide specialized training programmes on WASH and agricultural irrigation systems.	2024	Tuition fee; air ticket; accommodation stipend/per diem
Strategic Priority 3: Support in- country operational research for NTD Programmes in collaboration with academia	Develop and implement research operational plans for NTDs.	2024	Human, financial and material resources
	Promote research on innovative and cost-effective ways of controlling NTDs for sustainability	2024-2027	Human, financial and material resources
	Develop an MOU between the NTD programme, Research Directorate and Health Academic Institutions.	2023	Financial, human and material resources

	Conduct disease-specific researches especially on ICMs such as for female genital Schistosomiasis	2024-2027	Human, financial & material resources;
Strategic Priority 4: Strengthen collaboration with other line Ministries and partners in the context of one health approach	Ensure inclusion of NTDs in the national One Health platform	2023-2024	Human, financial & material Resources
	Strengthen multi-sectoral WASH–NTD collaboration at all levels.	2023-2027	Human, financial & material Resources
	Coordinate quarterly meetings with WASH partners	2023-2027	Human, financial & material Resources
	Conduct cross-border collaboration. Engagement	2024-2027	Human, financial & material resources; Budget
Strategic Pillar 3 Strategic Pillar 3 Strengthen operating models and country ownership			
Strategic Priorities	**Key Activities**	**Time frame**	**Resources needed**
Strategic priority 1: Establish a mechanism for data harmonization and quality control	Integrate NTD into the national HMIS to improve documentation and quality of NTD data	2023-2024	Financial, human and material resources
	Integrate NTD indicators into $DHIS_2$ for routine reporting	2023-2024	Financial, human and material resources
	Setting-up DHIS2 Tracker for NTD surveillance	2023-2024	Financial, human and material resources
	Training of health workers on NTD indicators in DHIS2	2023-2024	Financial, human and material resources
Strategic priority 2: Strengthen the capacity for Country ownership and leadership for sustainable NTD programme development	Identify and assign NTD specific disease focal persons at national and regional levels	2023	Human resources
	Celebrate annual World NTD Day	2023-2027	Human and financial resource
	Establish a functional multi-sectoral Technical Working Group (TWG) for NTDs	2023	Financial, human and material resources
	Orientation of the multi-sectoral Technical Working Group (TWG)	2023	Financial, human and material resources
	Develop MOU between the NTD programme, stakeholders and partners.	2023	Financial, human and material resources

	Conduct Bi-annual Technical Working Group (TWG) meetings	Bi-annual	Financial, human and material resources
	Establish steering working group	2023	Financial, human and material resources
	Develop ToR for the steering Committee	2023	Financial, human and material resources
	Form an advocacy committee on NTDs	2024	Financial, human and material resources
	Hold advocacy committee meetings	2024-2027	Financial, human and material resources
	Conduct Steering Committee meetings	2023-2027	Financial, human and material resources
	Conduct meetings of the Technical Advisory Committee	2023-2027	Financial, human and material resources
	Strengthen laboratory capacity for testing of NTDs	2024	Financial, human and material resources
	Establish NTD taskforce at district level including the MDFT members	2024	Financial, human and material resources
	Develop a manual for Task shifting of NTDs services to community health workers (CBC, VHW, CBS volunteers, VSGs)	2024	Financial, human and material resources
	Orientation of community structures on NTD task-shifting including disease surveillance.	2024-2027	Financial, human and material resources
	Mainstream NTD surveillance indicators into RBF (EHSSP) scheme	2024	Financial, human and material resources
	Training of health care workers on NTD surveillance at all levels.	2023-2026	Financial, human and material resources
Strategic priority 3: Ensure the inclusion of NTDs into the MoH Essential Health Care Package	Conduct stakeholder engagement meetings to incorporate NTDs into the Quality of Care (QoC) checklist.	2023	Financial, human and material resources
	Training of healthcare workers on the upgraded QoC Checklist.	2023	Financial, human and material resources

Strategic priority 4: Enhance Mentorship and Supportive supervision of the national NTD programme	Conduct quarterly mentorship supportive supervision across all levels.	Quarterly	Financial, human and material resources
Strategic priority 5: Strengthen Pharmaceutical supply chain management system	Ensure inclusion of NTD medicines on the essential medicines list	2024	Financial, human and material resources
	Develop SOP for NTD supply chain management	2023	Financial, human and material resources
	Conduct workshops to review and validate the national pharmacovigilance guideline	2023	Financial, human and material resources
	Investigate and manage all reported SAEs	2023-2027	Human and material resources, DSA,
	Train healthcare workers on pharmacovigilance principles on NTD medicines	2023	Financial, human and material resources
	Procure and distribute Anti Rabies vaccine to all regions	2024-2027	Financial resources
	Procure and distribute snake Antivenom		Financial resources
	Conduct quality assurance of medicines to accredited laboratories for quality checks	2023	Financial and human resources
	Conduct quarterly meetings between MCA, NPS and NTD Programmes to improve NTD medicine regulation.	Quarterly	Financial, human and material resources
Strategic Pillar 4 -Strengthening the Resource Mobilization, Coordination and Inter-sectoral Collaboration for the Elimination of NTDs			
Strategic Priorities	Key Activities	Time frame	Resources needed
Strategic priority 1: Develop a comprehensive and integrated multiyear Strategic Plan for the elimination of the targeted NTDs ensuring stakeholders engagement	Hire consultant to develop business plan	2023	Consultancy fee
	Map out key partners and stakeholders to support the implementation of the NTDs plan Print, launch and disseminate the document	2023	Human resources

Strategic priority 2: Enhance resource mobilization plan and strategies at national and regional level for NTD interventions	Create budget line for NTDs programme in the national planning and budgeting	2024	Human resources
	Develop an NTDs resource mobilisation plan	2023	Technical assistant; allowance; food & refreshment; fuel; venue;
	Improve on financial transparency and accountability by setting up a dashboard for up-to-date financial reports	2023-2024	Technical assistance, financial and material resources
	Conduct a donor-conference with partners for resource mobilization.	2023	Allowance; food & refreshment; venue; fuel
	Engage and establish partnership with relevant stakeholders for resource mobilization to support the implementation of the NTDs plan.	2023	Financial resources
	Conduct annual meetings with partners and stakeholders on the progress made on the implementation of the NTDs plan.	annually	Allowance; food & refreshment; fuel; venue and stationery
	Conduct bi-annual advocacy meeting with the national assembly -select committee for health to allocate a budget-line to NTDs programme	Bi-annual	Allowance; food & refreshment; fuel; venue
Strategic priority 3: Strengthen the integration and linkages of NTD programme and financial plans into sector – wide and national budgetary and financing mechanisms	Mainstream NTDs into all Sectoral policies and plans	2024	Human and financial resources
	Establish national/regional coordinating mechanisms.	2024	Human, material and financial resources
Strategic priority 4: Strengthen coordination mechanisms for NTD control Programme at national and regional level	Set up a multi-sectoral Technical Advisory group, TWGs and Steering Committee	2023	Human, material and financial resources
	Conduct national review workshops	2023-2027	Human, material and financial resources
Strategic priority 5: Improve communication especially at the community level for sustained successful elimination of all endemic NTDs.	Involve diverse stakeholders - development partners, traditional and religious leaders and celebrities to promote NTDs interventions	2024-2026	Human, material and financial resources
	Develop an NTDs communication plan that targets all NTDs stakeholders down to the communities	2024	Human, material and financial resources
	Develop, produce and distribute IEC materials for community engagement	2023-2024	Human, material and financial resources

	Conduct radio and TV talk shows	2023-2027	Human, material and financial resources
	Annual sensitization meetings with community leaders on NTDs	2023-2027	Human, material and financial resources
	Conduct annual training of media personnel on NTDs for accurate information dissemination	2023-2027	Human, material and financial resources
	Commemorate international (World NTD, Leprosy, Sight ,Toilet use) days	2023-2027	Human, material and financial resources
	Annual community sensitization meetings and community dialogue on NTDs	2023-2027	Human, material and financial resources

Section 3.2: Toward Programme Sustainability: Intensifying Coordination and Partnerships

The Gambia NTD programme has not been operated within a well defined structure and without a Secretariat. The new global momentum to eliminate rather than control NTDs makes it mandatory and expedient that the NTD structure be set. The current drive is to adopt a multi-sectoral approach to NTD response hence the relevant stakeholders within and outside the Ministry of Health will be engaged to identify and align their mandates and goals with the NTD elimination targets. Stakeholders will collaboratively implement the new NTD Master Plan for the country to achieve the goal of eliminating some of these NTDs by 2027. The programme will intensify advocacy activities to increase awareness on NTDs among all stakeholders including government decision makers, public opinion and community leaders as well as funding partners.

The NTD Sustainability PNF as shown in the figure below will help to measure the progress of the NTD programme as it intensifies action towards achieving the goal of NTD control, elimination and post-elimination, and surveillance. The programme will therefore strive to mainstream the NTD programme goal and activities into the government broader health system goal and non-governmental framework, ensure greater integration across relevant sectors and levels with a view to ultimately secure financial sustainability.

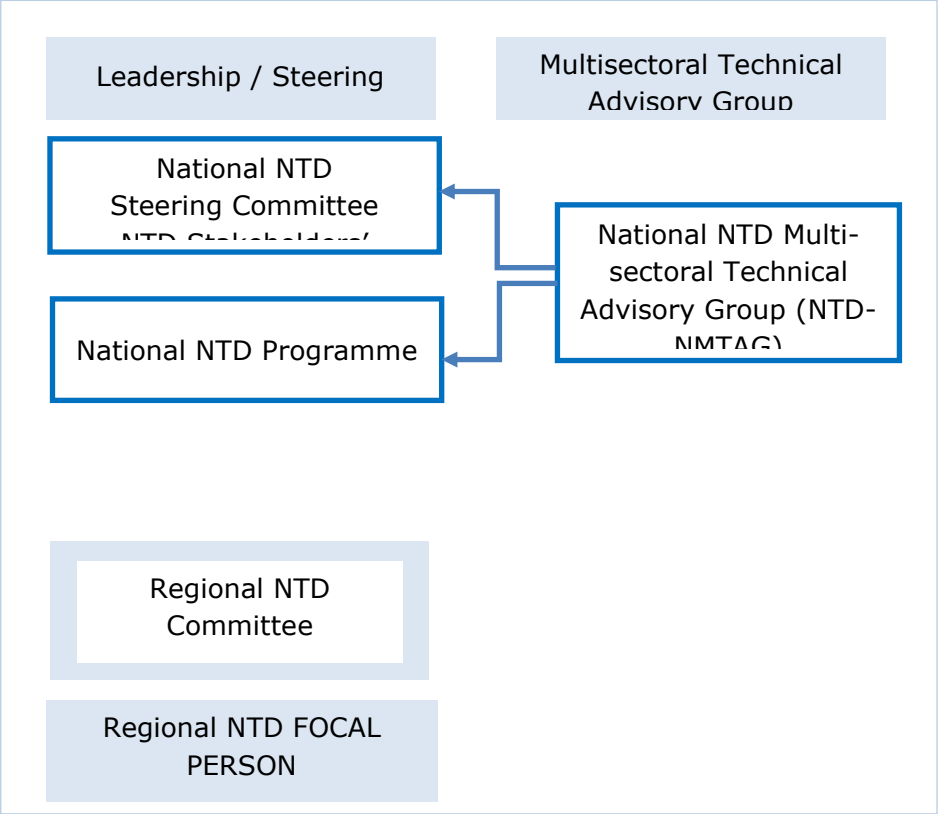


Figure 10: Programme Coordination Mechanism

Entity	Membership	Terms of Reference
National NTD Steering Committee		
Meeting frequency: Annually Chair: Minister of Health Host: NTD Programme	• Ministry of Health • Ministry of finance • Ministry of Agriculture • Ministry of Environment Climate Change and Natural Resources • Ministry of Fisheries & Water Resources , • MoBSE • Gambia Red Cross Society, • Ministry of Lands, Regional Government and Religious Affairs n • World Health Organization, • UNICEF • Ministry of Gender, Children and Social Welfare	Review NTD programme achievements and challenges and provide guidance Advise and campaign for more resource mobilization Advocate for more visibility of NTD programme
National NTD Secretariat		

Meeting frequency: Quarterly Chair: NTD Program Manager Host: NTD Unit	• NTD Programme Manager, • Senior Programme Officers, • Programme Officers (Leprosy, Trachoma, STH & SCH, Rabies, Mycetoma & other Skin Diseases, Snakebite…)	Maintain accurate dossier on each NTD disease Review and identify gaps on individual progress of each disease Serve as secretariat for the steering committee and the TAG Administer the day to day NTD programme activities and coordinate all partners/stakeholders' inputs. Provide support to the Regional NTD secretariat and provide a platform for addressing any issues emanating there from in the course of programme implementation
National Multi-sectoral NTD Technical Advisory Group		
Meeting frequency: Annual Chair: Permanent Secretary Host: NTD Programme	Health Directors , Directors from other relevant Ministries, Chair of the Steering Committee, Chair of the TWGs, Partners and NTD Programme Manager	Review individual progress of each disease Advise on technical issues regarding NTD programme implementation Provide current information of disease specific direction. Respond to the requests of the Steering Committee.
Regional NTD Committee		
Meeting frequency: Annually Chair: Regional Health Director Host: RHD	Regional Director of Health Services, (Chair), Regional Principal Public Health Officer (Focal person), Regional Principal Nursing Officer, Senior Administrative Officer (Secretary), Regional Health Promotion Officer, Regional Leprosy/TB Control Officer, Regional Pharmacy Technician, POMA, Director of Agriculture, Regional Director of Education, Hospital CEOs, Community Development Officer, Regional Livestock Director, Army RMOs, RED, Governor's Office, Area/Municipal Councils, Police, Social Welfare, Branch Office (GRCS)	Review individual progress of each disease at the Regional level Report to the National Secretariat on status of the NTD programme Provide a platform to raise awareness on NTDs and address challenges with community level programme implementation Submit reports to the national secretariat.
National NTD Technical Working Groups		

Meeting frequency: Quarterly Chair: Appointed Chair Host: MoH/Partners	Director Public Health, Specific NTD disease Experts, Funding Partners, Programme Manager and team, MECCNAR and MoA representatives, One Health Manager, HMIS, National Research Institutes and Academia	Review technical reports from specific NTD disease Provide technical guidance on specific diseases regarding mapping, re-mapping, interventions, input into dossier Development and review of policies, strategic plans, research and guidelines on NTDs Follow up on status of implementation of actions recommended to the NTD secretariat Identify and advocate for resource mobilization for NTD program Establish and agree on NTD TWG meeting proceedings Availability for ensuring regular and active participation

Figure 11: Membership and Terms of Reference- Coordination Mechanism

The partnership matrix in the table below shows the implementing partners, including donors, private and public partnership such as the line Ministries (Education and Agriculture) specific donors and the One Health partners.

Table 18: Partnership Matrix

Health Region	NTDs (List)	Veterinary (List)	WASH (List)	IVM (List)	One-Health (List)	Education (List)	Malaria(List)
Western 1	WHO	Parks & Wildlife	WASH Unit	Vector Control Unit	Forestry & Environment	Unicef	NMCP
Western 2	Agric	Livestock	Water Resources	Mal. Prog	Agriculture	Basic & Sec. Edu	PHC
Lower River	Nat. Nutrition Agency	MoH	PHC	M&E	Red Cross	ICT-MoH	Med. Research Council
Central River	Public Health		UNICEF	Agric	Parks & Wildlife		Comm. Dev
Upper River	Pub. Health Labs		Environ. Health.	Pharm Services	Nursing & MW Services		Health Communication

North Bank East	Eye Health			NEA	Epidemiology		Epid
North Bank West	Leprosy & TB prog.				Livestock		Health Services
	Health Research				WALIC		
	Health Finance						HEPDO
	School Health						
	Pharm. Services						
	HMIS						
	QA						
	Unicef						
	Edward Francis Teach Hosp						

Section 3.3: Assumptions, Risks and Mitigations

The assessment of the possibility of risks arising in the course of implementing this Master Plan as well as the probable change in programme outcome and objectives due to the impact of the risk were examined and summarised below on table xxx.. The impact caused by these risks could negatively impact the programme in terms of time schedule, quality and cost.

All through the programme implementation period therefore, progress monitoring to track the identified risks and also identify any new risks will be carried out and developed strategies options will be applied to mitigate and reduce the impact of these risks.. When no mitigation strategy is helpful, modification or total change of strategy will be the way forward to avoid killing the programme.

Table 19: Risk Criteria and Assessment

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

	Certain =5 Likely =4 Possible =3 Unlikely =2 Rare =1	Severe =5 Major =4 Moderate =3 Minor =2 Insignificant =1	Likelihood x Impact		Certain =5 Likely =4 Possible =3 Unlikely =2 Rare =1	Severe =5 Major =4 Moderate =3 Minor =2 Insignificant =1	Likelihood x Impact
Risk Type							
Disease outbreak	5	5	25	Dedicated staff for NTD activities	4	2	8
Resurgence of COVID-19	4	5	20	Integrate NTD activities in the COVID-19 response plan	4	2	8
Flooding	4	3	12	Mainstreaming NTDs in to sectoral and humanitarian institutions policies and plans for emergency response	3	2	6
Windstorm	4	5	20	Mainstreaming NTDs in to sectoral and humanitarian institutions policies and plans for emergency response	4	3	12
Drought	2	2	4	Mainstreaming NTDs in to sectoral and humanitarian institutions policies and plans for emergency response	2	4	4
Bush and domestic fires	4	4	16	Mainstreaming NTDs in to sectoral and humanitarian institutions policies and plans for emergency response	3	4	12
Redeployment/re-assignment/ attrition	3	2	6	The posting and promotion committee should be objective in their functions Continuous capacity building and staff motivation	1	1	2

Resistance to chemicals by vectors	3	2	6	Strengthening enforcement of chemical policies Monitoring the resistance of chemicals Formulation and enforcement of community Bi-laws on chemical control	1	1	1
Antimicrobial Resistance (AMR)	3	2	6	Strengthening enforcement of Medicine Control Act Monitoring the resistance of drugs	2	2	4
Denial to mass Drug Administration	3	3	9	Risk Communication and Community Engagement	2	2	4
Social and cultural exclusion	2	2	4	Community Engagement to address misconceptions NTDs	1	1	1
Environmental exposure to chemical harmful	2	3	6	Enforcement of chemical policies and guidelines	1	3	3

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

Table 20: Steps to mitigate Risk

Table 20: Steps to mitigate risk	
Avoid	Change plans to circumvent the problem
Control	Reduce threat impact or likelihood (or both) through intermediate steps
Accept	Assume the chance of the negative impact
Monitor	Monitor and review process in which risk management is in place
Share	Outsource risk (or a portion of the risk) to a third party or parties that can manage the outcome.

Section3.4. Performance and Accountability Framework

In this section, the Master Plan summarises in a tabular format, the strategic priorities and the performance indicators, targets and timeframe for each activity are listed.

Table 21: Performance Indicators for the four Pillars

Performance Indicators for Pillar 1:			
Strategic Priority	**Performance Indicators**	**Target**	**Date**
Strategic priority 1: Establish a national NTD programme	Organogram and TOR for NTDs Units developed	1	2023
	Advocacy visit (s) conducted	2	2023
	Office space secured	1	2023
	Staff posted to man NTDs secretariat	8	2023
	Office equipment purchased- desk and laptops, printer, photocopier, internet, filing cabinets and drawers, tables and chairs,	Minimum of 2 sets of each	2023-2024
	Programme vehicle purchased	At least 1	2024
Strategic priority 2: To strengthen capacity at national and regional levels for NTDs Programme management and implementation	NTDs Training package available	1	2023
	Number of national staff trained on NTDs	30	2023-2024
	Number of Regional health workers trained	180	2023-2025
	Number of review meetings held	4	Annually
	Number of technical assistance secured	4	Annually
	NTD Training modules available in pre-service training centers	200 copies	2024
Strategic priority 3: Strengthen and scale up integrated case-management for PC-NTDs and CM-NTDs (Leprosy, LF, skin NTDs, snakebites, Rabies	Integrated case management guideline for NTDs develop	1	2023
	Number of Health workers trained on Integrated Case Management	200	2023-2025
	Number of community engagement activities conducted	400	2023-2027
Strategic priority 4: Prioritize and strengthen monitoring and evaluation to track progress of NTD road map 2023-2027	M&E data collection tools developed	1	2023
	Number of M&E data collection tools printed	500	2023
	Midterm review conducted	1	2025
	End term evaluation conducted	1	2027
Strategic priority 5: Ensure adequate and timely availability of quality medicines for all people taking into consideration gender equity	Quantity of NTD medicines and supplies procured	To be determined	2023
	Number of times medicine distribution occurred timely	10	Quarterly

Strategic priority 6: Scale up integrated preventive chemotherapy to achieve 100% geographic coverage and treatment access to Schistosomiasis, STH, LF,	Number of preventive chemotherapy mass medicine administration conducted for SCH and STH in all regions	1	Annually
	Number of children treated	TBD	Annually

Performance Indicators for Pillar 2			
Strategic Priority	**Performance Indicators**	**Target**	**Date**
Strategic priority 1: Strengthen platforms with similar delivery strategies - integrated vector management for targeted NTDs	Integrated vector management (IVM) guideline developed	1	2024
	Number of persons trained on IVM	120	2024-2025
	Availability of entomological laboratory	1	2026
	Number of specialised entomologist trained	10	2025
	Integrated vector management chemicals, PPEs, and equipment purchased	TBD	2024-2027
	Number of Risk communication and community engagement conducted		2024
	Number of regional interventions activities conducted	18	Annually
	Number of times IVM chemicals were supplied to regional stores	10	Biannually
	Number of One Health meetings attended	10	Biannually
Strategic priority 2: Strengthen environmental management and WASH in support of NTD programmes	Number of community structures supported on WASH promotion and sustainability.	**30**0	2023-2027
	number of schools and **madrasas** trained on WASH	50	Annually
	Number of specialized training on WASH and agricultural irrigation provided	12	Annually
	Number of adolescents against OD	500	2023-2027
Strategic priority 3: Support in country operational research for NTD Programmes in collaboration with academia	Availability of MOU with Research Directorate and Health Academic Institutions.	1	2024
	Availability of research operational plan for NTDs	1	2024
	Number of researches conducted		2024-2027
Strategic priority 4: Strengthen collaboration with other	A functional multi-sectoral TWG for NTDs established	1	2023

line Ministries and partners in the context of one health approach	Orientation of the multi-sectoral Technical Working Group (TWG) and Regional NTD Secretariats conducted	14	2023-2024
	Biannually TWG meetings with partners conducted	10	Biannually
	NTD steering committee established	1	2023
	TOR for steering committee developed	1	2023
	Regional NTD Secretariats established	6	2023-2024
	NTD linked integrated into the One Health approach	1	2023
	Number of cross-border meetings convened	5	Annually

Performance Indicators for Pillar 3			
Strategic Priority	**Performance Indicators**	**Frequency**	**Date**
Strategic priority 1: Establish a mechanism for data harmonization and quality	NTD data in HMIS	1	2024
	$DHIS_2$ Tracker for NTD surveillance set up	1	2023-2024
	NTDs integrated into the national DHIS platform	1	2023
	NTDs reported in DHIS	52	Annually
Strategic priority 2: Strengthen the capacity for Country ownership and leadership for sustainable NTD programme development	Number of World NTD days celebrated	1	Annually
	Number of Steering Committee meetings held	1	Annually
	NTD Task force established in all Regions	7	2023-2025
	NTD surveillance indicators mainstreamed into RBF (EHSSP) scheme	1	2024
	Number of health workers trained on NTD surveillance at national and regional levels.	**450 persons**	2023-2025
	Task-shifting manual developed	1	2024
	Number of community orientation sessions on NTD surveillance conducted.	21	2024-2026
Strategic priority 3: Ensure the inclusion of NTDs into the MoH Essential Health Care Package	NTDs incorporated into Quality of Care (QoC) checklist	1	2024
	Number of healthcare workers trained on the upgraded QoC Checklist	300 persons	2024-2026

Strategic priority 4: Enhance Mentorship and Supportive supervision of the national NTD programme	Number of quarterly mentorship and supportive supervision of NTD programme conducted	12	2024-2026
	Number of mentees mentored	250	Quarterly
Strategic priority 5: Strengthen Pharmaceutical supply chain management system	Availability of reviewed national pharmacovigilance guideline that include NTDs	1	2024
	Number of healthcare workers trained on pharmacovigilance principles of NTD medicines	120 persons	2024-2026
	Number of QA assessment conducted annually	3	2024-2026
	Biannual meetings between MCA, NPS and NTD programme to improve NTD medicine regulation.	6	2024-2026
	Number of SAEs investigated	TBD	Annually
	Availability of anti-rabies vaccines in Regions	Continuously	Annually
	Supply chain SOP available	1	2024

Performance Indicators for Pillar 4			
Strategic Priority	**Performance Indicators**	**Target**	**Date**
Strategic priority 1: Develop a comprehensive and integrated multi-year master plan for the elimination of the targeted NTDs ensuring stakeholders engagement	Consultants engaged	3	2023
	NTD Stakeholders' map developed	1	2023
	Multi-year NTD Master Plan developed	1	2023
	NTD Master Plan launched and disseminated	1	2023
Strategic priority 2: Enhance resource mobilization plan and strategies at national and regional level for NTD interventions	NTD resource mobilisation strategy developed	1	2023
	NTD donor-conference with partners for resource mobilization conducted	8	2024-2027
	Number of partnership with community networks for resource mobilization established	TBD	On-going
	Number of advocacy meetings held with national assembly	5	Annually
	Annual financial reports produced	5	Annually
Strategic priority 3: Strengthen the integration and	Number of sector policies that have mainstreamed NTDs	10	2023-2027

linkages of NTD programme and financial plans into sector – wide and national budgetary and financing mechanisms	Annual advocacy meeting with the national assembly health-select committee to allocate a budget-line to NTD programme held	5	2023-2027
	Annual review meetings with partners and stakeholders on the progress on the implementation of the NTD Master Plan.	5	Annually
Strategic priority 4: Strengthen coordination mechanisms for NTD control Programme at national and regional levels	National/regional coordination mechanisms established.	7	2023-2024
Strategic priority 5: Improve communication especially at the community level for sustained successful elimination of all endemic NTDs.	NTD Communication Plan available	1	2023-2024
	IEC Materials produced and disseminated	10,000	2024-2026
	Number of community leaders met	250	Annually
	Number of media personnel trained on NTDs	100	2024-2025
	Radio discussions on NTD held	TBD	Annually

PART 4: Budgeting for Impact: Estimate and Justifications

The proposed activities in this Master Plan were estimated using the software named “Tool for Integrated Planning and Costing” (TIPAC) tool. The budget developed is comprehensive, concise; cost-effective and accurate. The total estimated cost of implementing this Master Plan over the five-year life span is six hundred and seventy-four million, three hundred and sixty thousand and two hundred and fifty-one Dalasi (674, 360, 251.00) with the annual costs shown in Table 23 below. It is hoped that partners and funders/stakeholders, having participated in the development of this Plan and its Budget will buy into it and support the government of The Gambia to implement it diligently.

The information contained in this section also presents the annual and multiyear NTD programme budget over the next five years.

Figure 12 below is the five-year cost projection and the subsequent tables show the details of the cost of the strategic priority areas and each identified activity under the various strategic priority and pillar..

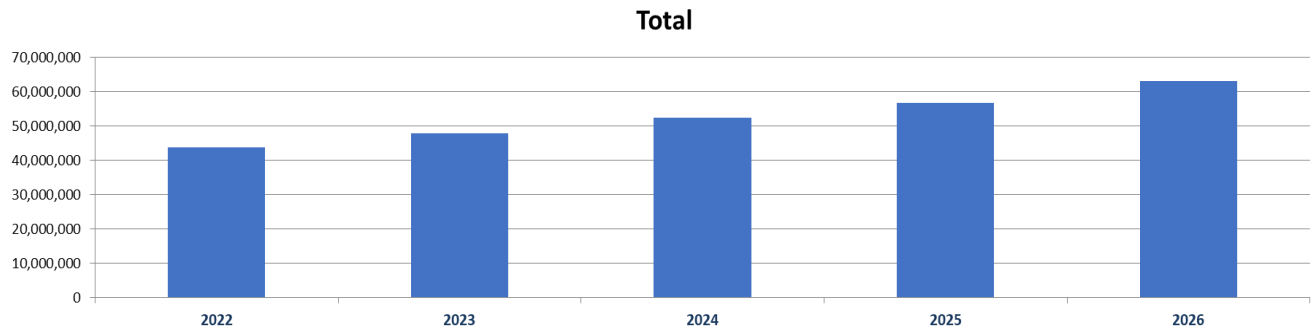


Figure 12: Five-year Cost Projections

Table 23: Five-year cost projections by Activities

Activity	2023	2024	2025	2026	2027	TOTAL
Total	**129,056,330**	**172,233,690**	**130,367,754**	**103,134,818**	**139,567,659**	**674,360,251**
Strategic Pillar 1: Accelerating programmatic action	**48,555,790**	**43,791,765**	**34,057,205**	**37,953,015**	**44,250,896**	**208,608,670**
Establish a national NTD programme	13,080,250	14,798,995	742,758	840,357	950,780	30,413,139
To strengthen capacity at national and regional levels for NTD Programme management and implementation	5,061,470	3,463,747	3,918,884	4,433,825	5,016,429	21,894,355
Strengthen and scale up integrated case-management for PC-NTDs and CM-NTDs (Leprosy, LF, skin NTDs, snakebites, Rabies)	5,949,970	2,262,800	2,560,132	2,896,533	3,277,138	16,946,573
Prioritize and strengthen monitoring and evaluation to track progress of NTD road map 2022-2026	3,900,000	0	512,026	0	1,310,855	5,722,881
Scale up integrated preventive chemotherapy to achieve 100% geographic coverage and treatment access to lymphatic filariasis and Onchocerciasis.	20,564,100	23,266,223	26,323,404	29,782,300	33,695,694	133,631,721
Strategic Pillar 2: Intensify cross-cutting approaches.	**34,567,570**	**23,187,783**	**45,965,594**	**12,711,103**	**30,871,899**	**147,303,949**
Strengthen integrated vector management for targeted NTDs	19,113,970	16,991,331	27,114,319	5,720,610	6,741,023	75,681,253
Strengthen environmental management (WASH) in support of NTD programmes	14,650,000	5,374,150	18,752,966	6,879,266	24,005,034	69,661,417
Support in-country operational research for NTD Programmes in collaboration with academia	726,800	735,410	0	0	0	1,462,210
Strengthen collaboration with other line Ministries and partners in the context of one health approach	76,800	86,892	98,309	111,227	125,842	499,070
Strategic Pillar 3: Strategic Pillar 3 Strengthen operating models and country ownership.	**31,362,970**	**91,564,202**	**33,768,102**	**35,381,154**	**43,225,397**	**235,301,825**
Establish a mechanism for data harmonization and quality control	2,500,000	2,828,500	0	0	0	5,328,500
Strengthen the capacity for NTD surveillance through training of staff at all levels, including communities and mainstream it into RBF scheme.	2,132,970	59,964,200	2,496,090	0	3,195,160	67,788,420
Ensure the inclusion of NTDs into the MoH Essential Health Care Package	300,000	2,262,800	2,560,132	2,896,533	3,277,138	11,296,603

Activity	2023	2024	2025	2026	2027	TOTAL
Enhance Mentorship and Supportive supervision of the national NTD programme	800,000	905,120	1,024,053	1,158,613	1,310,855	5,198,641
Implement quality assurance and control for NTD medicines	25,630,000	25,603,582	27,687,827	31,326,007	35,442,244	145,689,660
Strategic Pillar 4: Strengthening the Resource Mobilization, Coordination and Inter-sectoral Collaboration for the Elimination of NTDs	**14,570,000**	**13,689,940**	**16,576,854**	**17,089,546**	**21,219,467**	**83,145,807**
Develop a comprehensive and integrated multiyear Strategic Plan for the elimination of the targeted NTDs ensuring stakeholders engagement	250,000	282,850	0	0	0	532,850
Enhance resource mobilization plan and strategies at national and regional level for NTD interventions	2,070,000	169,710	960,049	217,240	1,228,927	4,645,926
Strengthen the integration and linkages of NTD programme and financial plans into sector – wide and national budgetary and financing mechanisms	50,000	56,570	0	0	0	106,570
Strengthen coordination mechanisms for NTD control Programme at national and regional level	2,550,000	2,262,800	3,264,168	2,896,533	4,178,351	15,151,852
Improve communication especially at the community level for sustained successful elimination of all endemic NTDs	9,650,000	10,918,010	12,352,637	13,975,773	15,812,190	62,708,609

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Inflation rate 013.14% Category: Implementation costs Operational costs

Table 24: Five-year cost projections by sub-activities

Sub-activity	2023	2024	2025	2026	2027	TOTAL
Total	**128,829,530**	**172,063,980**	**130,175,745**	**102,917,578**	**139,321,874**	**673,308,705**
Strategic priority 1.2: Establish a national NTD programme						
Develop and Validate Terms of Reference (TOR) and Organogram for NTD Programme	530,250	599,925	678,755	767,943	868,851	3,445,724
Advocacy for the establishment of an NTD Programme	50,000	56,570	64,003	72,413	81,928	324,915
Provide office space for the establishment of the NTD Programme	2,500,000	2,828,500	0	0	0	5,328,500
Procure office equipment, materials, and vehicles	10,000,000	11,314,000	0	0	0	21,314,000
Strategic priority 1.2: To strengthen capacity at national and regional levels for NTD Programme management and implementation						
Develop an NTD Training package	2,000,000	0	0	0	0	2,000,000
Capacity building for staff on the developed NTD training package	1,949,970	2,206,196	2,496,090	2,824,076	3,195,160	12,671,493
International meeting on NTD management	160,000	181,024	204,811	231,723	262,171	1,039,728
Technical Support Supervision (On site mentorship)	800,000	905,120	1,024,053	1,158,613	1,310,855	5,198,641
NTD progress review meetings	151,500	171,407	193,930	219,412	248,243	984,493
Strategic priority 1.3: Strengthen and scale up integrated case-management for PC-NTDs and CM-NTDs (Leprosy, LF, skin NTDs, snakebites, Rabies)						
Develop an integrated case management guideline for NTDs.	2,000,000	0	0	0	0	2,000,000
Training on the developed ICM (integrated case management) guideline for NTDs	1,949,970	0	0	0	0	1,949,970
Conduct risk communication and community engagement on NTDs	2,000,000	2,262,800	2,560,132	2,896,533	3,277,138	12,996,603
Strategic priority 1.4: Prioritize and strengthen monitoring and evaluation to track progress of NTD road map 2022-2026						
Develop, review and validate the NTD M&E Framework	1,000,000	0	0	0	0	1,000,000
Develop an information system for NTD programme	2,100,000	0	0	0	0	2,100,000
Conduct quarterly monitoring visits at regional and facility levels.	400,000	0	512,026	0	655,428	1,567,454
Conduct mid-term review and evaluation of NTDs master plan.	400,000	0	0	0	655,428	1,055,428
Strategic priority 1.5: Ensure adequate and timely availability of quality medicines for all people taking into consideration gender equity						
Procure and distribute NTD supplies and equipment across the country.	10,064,100	11,386,523	12,882,712	14,575,500	16,490,721	65,399,55

Sub-activity	2023	2024	2025	2026	2027	TOTAL
						6
Strategic priority 1.6: Scale up integrated preventive chemotherapy to achieve 100% geographic coverage and treatment access to lymphatic filariasis and Onchocerciasis.						
Implement preventive chemotherapy for SCH and STH in all regions	10,500,000	11,879,700	13,440,693	15,206,800	17,204,973	68,232,165
Strategic priority 2.1: Strengthen integrated vector management for targeted NTDs						
Develop integrated vector management guideline.	1,949,970	2,206,196	2,496,090	2,824,076	3,195,160	12,671,493
Train healthcare workers on the developed integrated vector management guideline.	15,000,000	0	19,200,989	0	0	34,200,989
Establish vector control laboratory	0	10,182,600	0	0	0	10,182,600
Provide specialized training program in entomology.	0	2,339,735	2,647,176	0	0	4,986,912
Procure integrated vector management chemicals, PPEs, and equipment.	164,000	0	209,931	0	268,725	642,656
Bi-annual supply of IVM chemicals to regional stores.	2,000,000	2,262,800	2,560,132	2,896,533	3,277,138	12,996,603
Risk communication and community engagement on vector management and control.	3,000,000	3,394,200	3,840,198	4,344,800	4,915,707	19,494,904
Strategic priority 2.2: Strengthen environmental management (WASH) in support of NTD programmes						
Support community structures on WASH promotion and sustainability.	1,000,000	1,131,400	1,280,066	1,448,267	1,638,569	6,498,301
Engagement of adolescents and youths against Open Defecation (OD)	750,000	848,550	960,049	1,086,200	1,228,927	4,873,726
Support the formation and capacity building of schools and madarasas on WASH	9,000,000	0	11,520,594	0	14,747,120	35,267,713
Provide specialized training program on WASH and agricultural irrigation system.	900,000	0	1,152,059	0	1,474,712	3,526,771
Strategic priority 2.4: Strengthen collaboration with other line Ministries and partners in the context of one health approach						
Ensure inclusion of NTDs in the national One Health platform	76,800	86,892	98,309	111,227	125,842	499,070
Strategic priority 3.1: Establish a mechanism for data harmonization and quality control						
Setting-up DHIS2 Tracker for NTD surveillance	0	56,570,000	0	0	0	56,570,000
Strategic priority 3.2: Strengthen the capacity for NTD surveillance through training of staff at all levels, including communities and mainstream it into RBF scheme.						
Strengthen laboratory capacity for testing of NTDs	1,949,970	0	2,496,090	0	3,195,160	7,641,220

Sub-activity	2023	2024	2025	2026	2027	TOTAL
Strategic priority 3.2: Strengthen the capacity for NTD surveillance through training of staff at all levels, including communities and mainstream it into RBF scheme.						
Training of healthcare workers on NTD surveillance at all levels.	0	3,394,200	0	0	0	3,394,200
Mainstream NTD surveillance indicators into RBF (EHSSP) scheme	183,000	0	0	0	0	183,000
Hire consultant to develop business plan	300,000	0	0	0	0	300,000
Strategic priority 3.3: Ensure the inclusion of NTDs into the MoH Essential Health Care Package						
Conduct stakeholder engagement meetings to incorporate NTDs into Quality of Care (QoC) checklist.	0	2,262,800	2,560,132	2,896,533	3,277,138	10,996,603
Training of healthcare workers on the upgraded QoC Checklist.	800,000	905,120	1,024,053	1,158,613	1,310,855	5,198,641
Strategic priority 3.4: Enhance Mentorship and Supportive supervision of the national NTD programme						
Conduct quarterly mentorship supportive supervision across all levels.	1,000,000	1,131,400	0	0	0	2,131,400
Strategic priority 3.5: Strengthen Pharmacovigilance: Implement quality assurance and control for NTD medicines						
Conduct workshops to review and validate the national pharmacovigilance guideline	1,000,000	0	0	0	0	1,000,000
Train healthcare workers on pharmacovigilance principles on NTD medicines	10,000,000	11,314,000	12,800,660	14,482,666	16,385,689	64,983,014
Conduct quality assurance of medicines to accredited laboratories for quality checks	280,000	316,792	358,418	405,515	458,799	1,819,524
Conduct quarterly meetings between MCA, NPS and NTD programme to improve NTD medicine regulation.	500,000	0	0	0	0	500,000
Investigate and manage all reported SAEs	350,000	395,990	448,023	506,893	573,499	2,274,406
Procure and distribute Anti Rabies vaccine to all regions	6,000,000	6,788,400	7,680,396	8,689,600	9,831,413	38,989,809
Procure and distribute snake Antivenoms	5,000,000	5,657,000	6,400,330	7,241,333	8,192,844	32,491,507
Develop SOP for NTD supply chain management	1,500,000	0	0	0	0	1,500,000
Strategic priority 4.1: Develop a comprehensive and integrated multiyear Strategic Plan for the elimination of the targeted NTDs ensuring stakeholders engagement						
Map out key partners and stakeholders to support the implementation of the NTD plan	100,000	0	0	0	0	100,000
Print, launch and disseminate the document	250,000	282,850	0	0	0	532,850
Strategic priority 4.2: Enhance resource mobilization plan and strategies at national and regional level for NTD interventions						
Develop an NTD resource mobilisation strategy	100,000	0	0	0	0	100,000

Sub-activity	2023	2024	2025	2026	2027	TOTAL
Conduct a donor-conference with partners for resource mobilization.	1,120,000	0	0	0	0	1,120,000
Conduct annual meetings with partners and stakeholders on the progress on the implementation of the NTD plan.	600,000	0	768,040	0	983,141	2,351,181
Strategic priority 4.3: Strengthen the integration and linkages of NTD programme and financial plans into sector – wide and national budgetary and financing mechanisms						
Establish national/regional coordination mechanisms.	50,000	56,570	0	0	0	106,570
Conduct disease-specific research especially on ICMs such as for female genital Schistosomiasis	650,000	735,410	0	0	0	1,385,410
Training of health workers on NTD indicators in DHIS2	2,500,000	2,828,500	0	0	0	5,328,500
Strategic priority 4.4: Strengthen coordination mechanisms for NTD control Programme at national and regional level						
Conduct national review workshops	2,000,000	2,262,800	2,560,132	2,896,533	3,277,138	12,996,603
Strategic priority 4.5: Improve communication especially at the community level for sustained successful elimination of all endemic NTDs						
Involve diverse stakeholders -development partners, traditional and religious leaders and celebrities to promote NTDs interventions	550,000	0	704,036	0	901,213	2,155,249
Develop,produce and distribute IEC materials for community engagement	2,000,000	2,262,800	2,560,132	2,896,533	3,277,138	12,996,603
Conduct radio and TV talk shows	500,000	565,700	640,033	724,133	819,284	3,249,151
Annual sensitization meetings with community leaders on NTDs	2,500,000	2,828,500	3,200,165	3,620,667	4,096,422	16,245,754
Conduct annual training of media personnel on NTDs for accurate information dissemination	3,000,000	3,394,200	3,840,198	4,344,800	4,915,707	19,494,904
Commemorate international (World NTD, Leprosy, Sight , Toilet use) days	150,000	169,710	192,010	217,240	245,785	974,745
Annual community sensitization meetings and community dialogue on NTDs	1,500,000	1,697,100	1,920,099	2,172,400	2,457,853	9,747,452

The Gambia FY 2023 | TIPAC generated: 19/03/2023 5:20:07 pm

Inflation rate 13.14% Category: Implementation costs Operational costs

Table 25: Annual work plan matrix and timeline - FY 2023

Activities - Sub-activities – Districts	Timeline for implementation												Estimated cost
	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	GMD
Strategic priority 1.1: Transform the focal point to a national NTD programme													**13,080,250**
Develop and Validate Terms of Reference (TOR) and Organogram for NTD Programme													530,250
Advocacy for the establishment of an NTD Programme													50,000
Provide office space for the establishment of the NTD Programme													2,500,000
Procure office equipment, materials, and vehicles													10,000,000
Assign/Deploy staff to occupy the Programme													0
Strategic priority 1.2: To strengthen capacity at national and regional levels for NTD Programme management and implementation													**5,061,470**
Develop an NTD Training package													2,000,000
Capacity building for staff on the developed NTD training package													1,949,970
International meeting on NTD management													160,000
Technical Support Supervision (On site mentorship)													800,000
NTD progress review meetings													151,500
Strategic priority 1.3: Strengthen and scale up integrated case-management for PC-NTDs and CM-NTDs (Leprosy, LF, skin NTDs, snakebites, Rabies)													**5,949,970**
Develop an integrated case management guideline for NTDs.													2,000,000
Training on the developed ICM (integrated case management) guideline for NTDs													1,949,970
Conduct risk communication and community engagement on													2,000,000

Activities - Sub-activities – Districts	Timeline for implementation												Estimated cost
	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	GMD
NTDs													
Strategic priority 1.4: Prioritize and strengthen monitoring and evaluation to track progress of NTD road map 2022-2026													**3,900,000**
Develop, review and validate the NTD M&E Framework													1,000,000
Develop an information system for NTD programme													2,100,000
Develop, validate and printing of M&E data collection tools for NTDs.													0
Conduct quarterly monitoring visits at regional and facility levels.													400,000
Conduct mid-term review and evaluation of NTDs master plan.													400,000
Conduct end-term evaluation of the NTDs master plan.													0
Strategic priority 1.5: Ensure adequate and timely availability of quality medicines for all people taking into consideration gender equity													**0**
Procure and distribute NTD supplies and equipment across the country.													10,064,100
Strategic priority 1.6: Scale up integrated preventive chemotherapy to achieve 100% geographic coverage and treatment access to lymphatic filariasis and Onchocerciasis.													**20,564,100**
Implement preventive chemotherapy for SCH and STH in all regions													10,500,000
Conduct two integrated mass drug administration													0
Strategic priority 2.1: Strengthen integrated vector management for targeted NTDs													**19,113,970**
Develop integrated vector management guideline.													1,949,970
Train healthcare workers on the developed integrated vector													15,000,000

Activities - Sub-activities – Districts	Timeline for implementation												Estimated cost
	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	GMD
management guideline.													
Procure integrated vector management chemicals, PPEs, and equipment.													164,000
Bi-annual supply of IVM chemicals to regional stores.													2,000,000
Risk communication and community engagement on vector management and control.													3,000,000
Strategic priority 2.2: Strengthen environmental management (WASH) in support of NTD programmes													**14,650,000**
Support community structures on WASH promotion and sustainability.													1,000,000
Engagement of adolescents and youths against Open Defecation (OD)													750,000
Support the formation and capacity building of schools and madarasas on WASH													9,000,000
Provide specialized training program on WASH and agricultural irrigation system.													900,000
Promote research on innovative and cost-effective ways of controlling NTDs for sustainability													0
Strategic priority 2.3: Support in-country operational research for NTD Programmes in collaboration with academia													**726,800**
Develop MOU between the NTD programme, Research Directorate and Health Academic Institutions.													0
Conduct disease-specific researches especially on ICMs such as for female genital Schistosomiasis													650,000
Strategic priority 2.4: Strengthen collaboration with other line Ministries and partners in the context of one health approach													**76,800**

Activities - Sub-activities – Districts	Timeline for implementation												Estimated cost
	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	GMD
Ensure inclusion of NTDs in the national One Health platform													76,800
Strengthen multisectoral WASH–NTD collaboration at all levels.													0
Conduct quarterly meetings with WASH partners													0
Conduct cross-border collaboration engagement													0
Strategic priority 3.1: Establish a mechanism for data harmonization and quality control													**2,500,000**
Integrate NTD into the national HMIS to improve documentation and quality of NTD data													0
Training of health workers on NTD indicators in DHIS2													2,500,000
Strategic priority 3.2: Strengthen the capacity for NTD surveillance through training of staff at all levels, including communities and mainstream it into RBF scheme.													**2,132,970**
Strengthen laboratory capacity for testing of NTDs													1,949,970
Mainstream NTD surveillance indicators into RBF (EHSSP) scheme													183,000
Hire consultant to develop business plan													300,000
Strategic priority 3.3: Ensure the inclusion of NTDs into the MoH Essential Health Care Package													**300,000**
Training of healthcare workers on the upgraded QoC Checklist.													800,000
Strategic priority 3.4: Enhance Mentorship and Supportive supervision of the national NTD programme													**800,000**
Conduct quarterly mentorship supportive supervision across all levels.													1,000,000
Strategic priority 3.5: Strengthen Pharmacovigilance:													**25,630,000**

Activities - Sub-activities – Districts	Timeline for implementation												Estimated cost
	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	GMD
Implement quality assurance and control for NTD medicines													
Conduct workshops to review and validate the national pharmacovigilance guideline													1,000,000
Train healthcare workers on pharmacovigilance principles on NTD medicines													10,000,000
Conduct quality assurance of medicines to accredited laboratories for quality checks													280,000
Conduct quarterly meetings between MCA, NPS and NTD programme to improve NTD medicine regulation.													500,000
Ensure inclusion of NTD medicines on the essential medicines list													0
Develop SOP for NTD supply chain management													1,500,000
Investigate and manage all reported SAEs													350,000
Procure and distribute Anti Rabies vaccine to all regions													6,000,000
Procure and distribute snake Antivenoms													5,000,000
Strategic priority 4.1: Develop a comprehensive and integrated multiyear Strategic Plan for the elimination of the targeted NTDs ensuring stakeholders engagement													**250,000**
Map out key partners and stakeholders to support the implementation of the NTD plan													100,000
Print, launch and disseminate the document													250,000
Create budget line for NTDs programme in the national planning and budgeting													0
Strategic priority 4.2:Enhance resource mobilization plan and strategies at national and regional level for NTD interventions													**2,070,000**
Develop an NTD resource mobilisation strategy													100,000

Activities - Sub-activities – Districts	Timeline for implementation												Estimated cost
	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	GMD
Conduct a donor-conference with partners for resource mobilization.													1,120,000
Conduct annual meeting with partners and stakeholders on the progress on the implementation of the NTD plan.													600,000
Improve on financial transparency and accountability by setting up a dashboard for up-to-date financial reports													0
Strategic priority 4.3: Strengthen the integration and linkages of NTD programme and financial plans into sector – wide and national budgetary and financing mechanisms													**50,000**
Mainstream NTD into all Sector policies and plans													0
Establish national/regional coordination mechanisms.													50,000
Strategic priority 4.4: Strengthen coordination mechanisms for NTD control Programme at national and regional level													**2,550,000**
Set up a multi-sectoral Technical Advisory group, TWGs and Steering Committee													0
Conduct national review workshops													2,000,000
Involve diverse stakeholders -development partners, traditional and religious leaders and celebrities to promote NTDs interventions													550,000
Strategic priority 4.5: Improve communication especially at the community level for sustained successful elimination of all endemic NTDs													**9,650,000**
Develop, produce and distribute IEC materials for community engagement													2,000,000
Conduct radio and TV talk shows													500,000
Annual sensitization meetings with community													2,500,000

Activities - Sub-activities – Districts	Timeline for implementation												Estimated cost
	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	GMD
leaders on NTDs													
Conduct annual training of media personnel on NTDs for accurate information dissemination													3,000,000
Commemorate international (World NTD, Leprosy, Sight , Toilet use) days													150,000
Annual community sensitization meetings and community dialogue on NTDs													1,500,000

Annexes

ANNEX 1 REFERENCES

1. . Camara, Y. *et al.* (2021) 'Mapping survey of schistosomiasis and soil-transmitted helminthiases towards mass drug administration in The Gambia', *PLOS Neglected Tropical Diseases*, 15(7), p. e0009462. doi:10.1371/journal.pntd.0009462.
2. Gyapong, J. and Boatin, B. (2016) *Neglected tropical diseases - Sub-Saharan Africa. | Infolep*, *https://www.leprosy-information.org/resource/neglected-tropical-diseases-sub-saharan-africa*. Available at: https://www.leprosy-information.org/resource/neglected-tropical-diseases-sub-saharan-africa (Accessed: 17 December 2021).
3. National Health Policy (2021 – 2030), Ministry of Health, Republic of The Gambia
4. National Master Plan for Neglected Tropical Diseases 2015-2020, Ministry of Health and Social Welfare, Republic of The Gambia.
5. Rebollo, M.P. *et al.* (2015) 'Elimination of Lymphatic Filariasis in The Gambia', *PLOS Neglected Tropical Diseases*, 9(3), p. e0003642. doi:10.1371/journal.pntd.0003642.
6. The Gambia National Health Sector Strategic Plan 2014-2020
7. United to Combat Neglected Tropical Diseases (2020) *Neglected tropical diseases*, *Uniting to Combat NTDs* Available at: https://unitingtocombatntds.org/ntds/ (Accessed: 17 December 2021).
8. WHO (2021) *Ending NTDs: together towards 2030*, *WHO*. Available at: https://www.who.int/teams/control-of-neglected-tropical-diseases/ending-ntds-together-towards-2030 (Accessed: 17 December 2021).
9. WHO. Ending the neglect to attain the Sustainable Development Goals: a road map for neglected tropical diseases 2021–2030. Available at https://www.who.int/neglected_diseases/Revised-Draft-NTD-Roadmap-23Apr2020.pdf. Accessed on July 21, 2020.
10. WHO (2013) Global programme to eliminate lymphatic filariasis: progress report for 2012. Wkly Epidemiol Rec 88: 389-399.

Annex 2: 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 Programmes	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 and include representatives from relevant sectors like WASH, to review current and proposed strategies	Refine the Gambia 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 the Gambia.	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 the Gambia 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

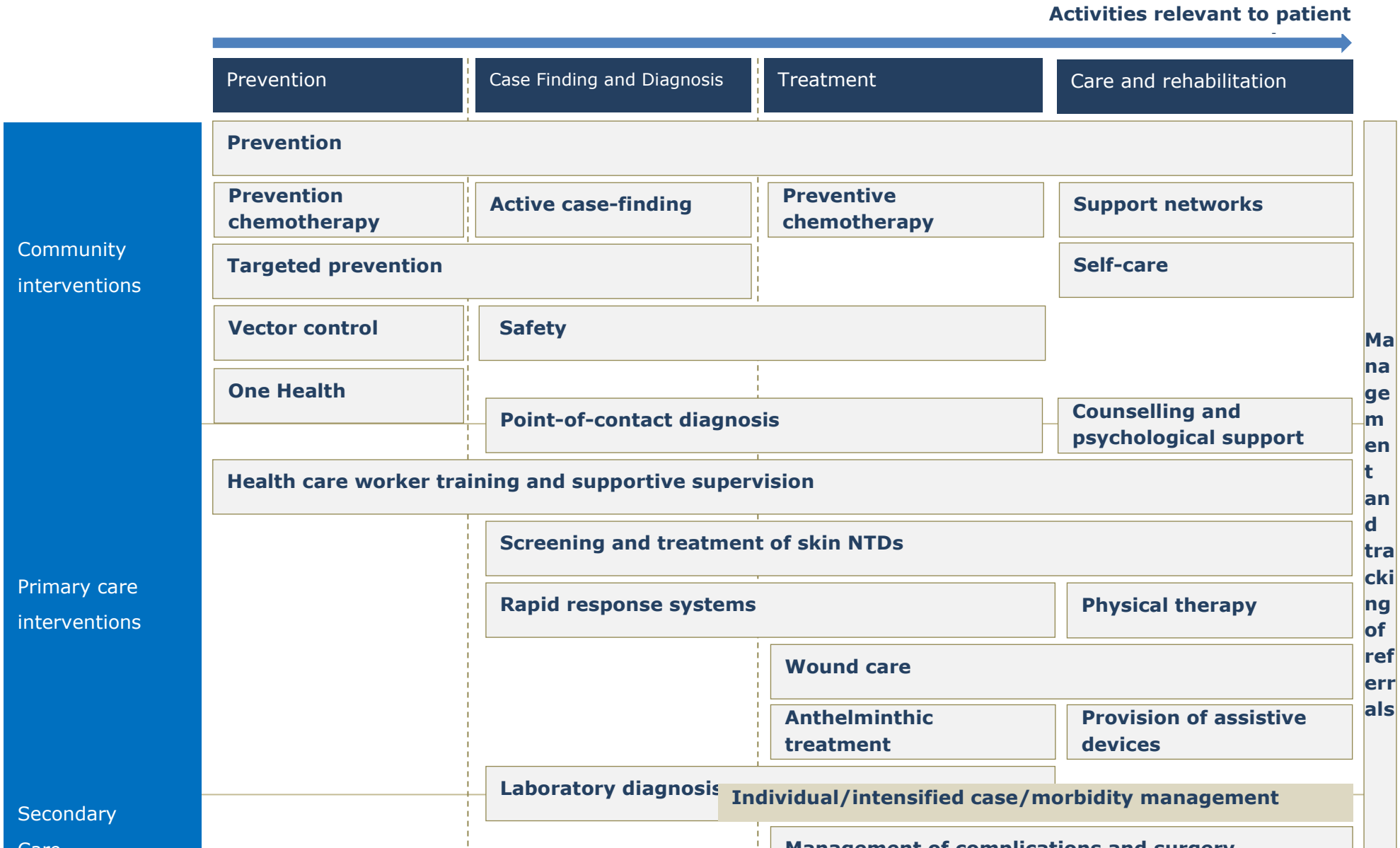
Annex 3 Annex 3. Road Map Targets, Milestones and Indicators

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

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

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

Annex 4: Mainstreaming NTDs into national health systems

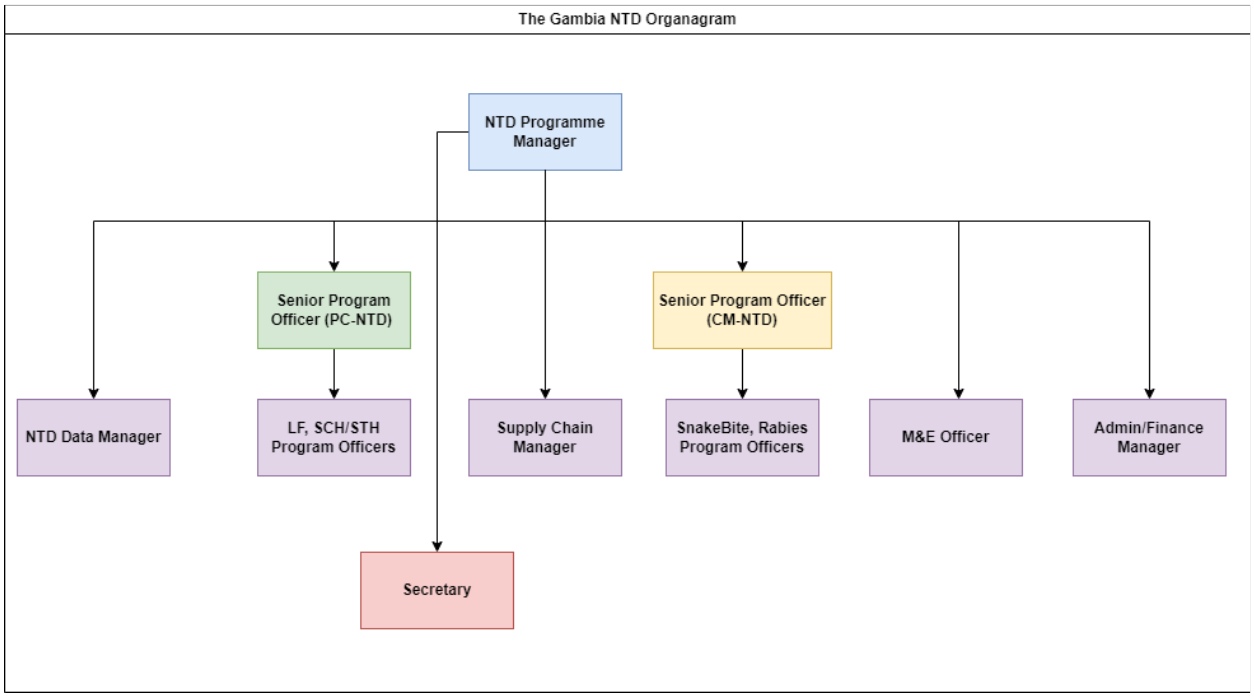


Annex 5: NTD Programme Coordination with Line Ministries and other Authorities

NTD Partner/Stakeholder	Roles and Responsibilities
Epidemiology and Disease Control Unit	NTD diseases Surveillance
Directorate of Health Services	Coordination
Environmental Health Unit	Sanitation in schools and Communities
Vector Control Unit	Integrated Vector Management
WASH Unit	Lead on water and sanitation and hygiene matters
Directorate of Nursing and Midwifery Services	NTD morbidity management
Planning and Policy Analysis Unit	Planning and budget development
M&E Unit	Monitoring and data for evidence-based planning
Quality Assurance Unit	Evaluation of programme and information on standard of quality attained
HMIS Unit	Ensure NTD indicators are captured in the national data base and data routinely collected
Health Financing Unit	Timely release of funds allocate for NTD programme
ICT Unit	NTD Communication; Data storage processing and analysis
Directorate of National Pharmaceutical Services	Pharmacovigilance
Health Communication Unit, Directorate of Health Promotion and Education	Social mobilization and Information sharing
School Health and Nutrition Unit, Directorate of Health Promotion and Education	Schisto./STH control activities in schools; data collection; school feeding
Directorate of Health Research	Include NTD research into nation health research agenda
National Leprosy and TB Control Programme	NTD (Leprosy) programme implementation
National Eye Health Programme	Trachoma programme implementation
National Malaria Control Programme	Integrated Vector Management
Primary Health Care Unit	Integrate NTDs into Essential health care services. MDAs
Medical Research Council, The Gambia at LSHTM	Independent Research on NTDS[funding
National Public health Laboratories	Laboratory diagnosis of NTDs; surveillance
The 7 Regional Health Directorates, (RHD-WR1, RHD-WR2, RHD-LRR, RHD-CRR, RHD-URR, RHD-NBRE, RHD-NBRW)	Regional Coordination of NTD programme
School of Public Health, The Gambia College	Research on NTDs; Surveillance
Public health Dept., University of the Gambia	Research
Ministry of Basic and Secondary Education (School Health/ Life Skills Unit)	Schisto/STH control activities in schools; data collection,
Edward Francis Small Teaching Hospital	Treatment of cases reporting and Surveillance
Bansang Hospital	
The Gambia Red Cross Society	Community mobilization; Early warning and Emergency response; Funding
National Nutrition Agency	Technical Advice
Department of Water Resources	Provision of water to endemic communities; surveillance
Department of Community Development	Community engagement especially before MDAs

Department of Livestock Services	Ensure active Rabies programmes
Department of Agricultural Services	Schist/STH control in dams & irrigation farming communities
One Health	Technical Advice, promote universal health; collaboration
Department of Parks and Wildlife Management	Zoonosis disease surveillance and alert
WHO	Technical Advice/Funding
UNICEF	Technical Advice/Funding

6: Proposed NTD Organogram



Annex7: Safety

Safety is critical for the success of controlling and eliminating neglected tropical diseases (NTDs). Attention to safety is also required to fulfill 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.

Maintaining safety requires ongoing vigilance, particularly in administering preventive chemotherapeutic agents. 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. NTD programmes are not alone in this regard; in response to the growing problem of 'medical error,'

Organizational and systems preparedness

The WHO NTD Roadmap, 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 centers represent a key, but often overlooked resource for NTD Programmes in planning for, and responding to, drug-related adverse events. Pharmacovigilance centers have regulatory authority and responsibility for investigating, assessing, and reporting adverse events, by providing essential resources and expertise to NTD programmes as and when necessary. Collaboration with national pharmacovigilance centers should be highlighted in NTD Master Plans. Such collaborations 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 the 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 as seen in 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. As preventive chemotherapy becomes increasingly integrated and drugs are co-administered, safe drug management is essential for preventing mix-ups and improper dosing.

Safety training and safe drug administration

Safe drug administration depends on the quality of the interaction between the CDD and persons participating in preventive chemotherapy. There should be trained and skilled personnel 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).

Managing adverse events

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

Integrating safety into NTD Master Plans

There are many opportunities for integrating safety into NTD Master Plans.. A first step may be to include safety – 'do no harm' – as a guiding principle in Table 13.

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

In Part II, Strategic Agenda, safety may be considered as a programme goal, and specific targets established (such as no choking deaths). Two strategic pillars (section 2.4) are particularly relevant for safety: cross-cutting approaches and country ownership. 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. In Part III, Implementing the Strategy, pharmacovigilance centers should be included in plans for coordination (Figure 11). Safety can feature prominently in Section 3.3, on assumptions, risks (e.g., choking; addressing rumours), and mitigation; and in Section 3.4, on performance accountability. Specific process and outcome indicators should be developed that address the safety issues of highest priority to national programmes.

Conclusion

Addressing safety in NTD Master Plans will have far-reaching consequences for improving programme quality.

Annex 8: List of Contributors

Participant's List for the Finalization and Validation of the Gambia Neglected Disease Plan 2023-2027 Sunset Beach Hotel, 14th to 16th March 2023					
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