MINISTRY OF HEALTH

NEGLECTED TROPICAL DISEASES (NTDS) MASTER STRATEGIC PLAN 2023-2027

ZANZIBAR NTD MASTER PLAN 2023 - 2027

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Abbreviations and Acronyms

DHIS	District Health Information System
HIMS	Health Information Management System
HRH	Human Resource for Health
MDA	Mass Drug Administration
NGOs	Non-Governmental Organisations
CBS	Community Based Survey
CDD	Community Drug Distributors
Covid-19	Corona Virus Disease-19
HSP	Health Sector Performance
IDWE	Infectious Diseases Weekly ending
ITN	Insecticide Treated Net
LF	Lymphatic Filariasis
MCN	Malaria Case Notification
MEEDS	Malaria Early Epidemic Detection System
MoH	Ministry of Health
NHA	National Health Account
PEP	Post Exposure Prophylaxis
PHL-	Public Health Laboratory,
Pre-TAS	Pre-Transmission Assessment Survey
RGoZ	Revolutionary Government of Zanzibar
RMNCH	Reproductive Maternal Newborn and Child Health
SCIF	Schistosomiasis Control Initiative Foundation
SCORE	Schistosomiasis Control for Operational Research and Evaluation
SME	Standard Medical Equipment
TAS	Transmission Assessment Survey
UHC	Universal Health Coverage
WHA	World Health Assembly
ZEST	Zanzibar Elimination of Schistosomiasis Transmission
ZHIHTLP	Zanzibar Integrated HIV Hepatitis TB and Leprosy Program
ZILS	Zanzibar Integrated Logistic System
ZLLS	Zanzibar Laboratory Logistic System
ZNTD	Zanzibar Neglected Tropical Disease

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.

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.)

FOREWORD

The Revolutionary Government of Zanzibar, with support from various line Ministries and Development Partners, has continued to provide health care services to the people of Zanzibar in the fight against Neglected Tropical Diseases. These diseases deepen the burden of poverty on the population of Zanzibar due to the morbidity, mortality and also the disabilities, stigma, social discrimination that these disease impact on people.

The Neglected Tropical Diseases are majorly preventable, avoidable and even curable with existing drugs and other cost-effective interventions. A substantial proportion of these disabilities are either not properly addressed in the burden of diseases or do not benefit from an equitable attention in the health system strategies and policies. They are diseases of poverty and occur mainly in rural communities where poverty indicators are high. However, there is increasing global interest and improved access to early diagnosis, proper case management as well as evidence-based integrated preventive services.

The Ministry of Health of The Revolutionary Government of Zanzibar has included Neglected Tropical Diseases in the priorities for health sector reform in order to achieve the SDGs and the goal of the Zanzibar Poverty Reduction Strategy (MKUZA). The strategic plan is in line with the WHO Road map 2021-2030 and will guide all stakeholders, including the government, Development Partners, NGOs, Civil Society Organizations and communities, among others, in working together towards the attainment of our vision of a country free of Neglected Tropical Diseases.

I therefore urge all NTD partners to use this document for the benefit of the people of Zanzibar. The Government counts on your valuable partnership in working together towards attainment of the goals of this strategic plan for NTD elimination in Zanzibar.

Hon. Nassor Ahmed Mazurui
Minister of Health

ACKNOWLEDGEMENT

The development of this strategic plan 2023 – 2027 to combat NTDs in Zanzibar is the result of extensive efforts involving broad consultations and collaborations of various stakeholders including Government ministries and departments and agencies led by the NTD program of the Ministry of Health. We are grateful to The President's office- finance and planning, the President's office Regional Administration and Special units, Ministries of Education and vocational training, Agriculture, irrigation, natural resources and livestock for their contributions towards the development of this Strategic Plan. Our special thanks also go to WHO Afro, ESPEN and WHO Tanzania Country Office for the financial and technical support for the development and finalization of this document. The Ministry of Health would like to acknowledge other organizations like the State University of Zanzibar, ASCEND, ARISE, Unicef, among others.

The contribution of various persons in the development of this document is well appreciated. In particular we acknowledge the able leadership and guidance of Dr.Alphoncina Nanai(WHO NTD Focal point) and Dr. Ghirmay Andemichael (WHO Liaison Officer in Zanzibar), the WHO-NTD Consultants: Dr. Dorcas Alusala, Dr. Ngozi Njepuome, Prof. Nicholas Midzi. The resilience of Dr. Shaali Ame (Head of NTD team in Zanzibar) assisted by Dr. Fatuma Kabole Deputy Director Preventive Services the NTD program team is worthy of commendation.

The development of this strategic plan of action is just the beginning of a process which will require key NTD stakeholders to team up with the government of Zanzibar in its efforts towards the attainment of SDGs. The Revolutionary government of Zanzibar through the Ministry of Health is committed to collaborate with its partners both within and outside Zanzibar to realize the objectives of this plan.

Dr Amour S. Mohamed
Director General
Ministry of Health.

Executive Summary

The Zanzibar multi-year NTD Master Plan (2023-2027) for the control and elimination of Neglected Tropical Diseases (NTDs) is necessary for effective planning and implementation of sustainable NTD programme. This plan defines the programme's vision, mission and goals and provides a three-year strategy based on extensive situation analysis. Furthermore, it addresses the different components of the NTD Programme that are applicable to Zanzibar.

In the next five years, Zanzibar will step up the tempo in planning and implementing the NTD Programme for elimination of targeted diseases, through well defined objectives and priorities. This current Master Plan is built on the WHO NTD Global Roadmap (2021-2030) and will safely undertake all NTD activities in this post Covid-19 era.

This Master Plan draws from the experiences from NTD Programme implementation in the past years, even though there has not been a finalized Master Plan after two previous attempts in the past 10 years to produce one. The new guidance recommended in the current Global NTD Roadmap (2021-2030) is included in this Plan as new additional approaches that will influence and accelerate planning and implementation of NTD Strategies in the nation.

This Master Plan is made up of 4 major sections:

1). NTD Situation Analysis: This section discusses the national environment and contextual factors within which the NTD programme will be developed and implemented

2). Strategic Agenda: Purpose and Goals: provides an overview of the targets and milestones for all NTDs that are endemic in Zanzibar as determined through consultations with stakeholders

3). Implementing the Strategy: NTD Operational Framework: Here in this section, the three fundamental shifts in NTD programme approach are clearly described including ways to ensure increased accountability for impact, cross-cutting approaches, and changes in operating models and culture to enhance country ownership of NTD programme

4). Budgeting for Impact: Estimates and Justifications: The cost of implementing all the activities in this Strategic Plan was determined using a management tool- Tool for Integrated Planning and Costing (TIPAC).

This new Master Plan 2023-2027 which is in line with WHO Roadmap 2030 and the ESPEN Strategic Framework 2025 will guide all interventions in NTD programme in Zanzibar

INTRODUCTION

The Revolutionary Government of Zanzibar (RGoZ), through our Health Sector Strategic Plan IV 2020/21 - 2024/25 aims at improving the health status through the prevention of illness, disease and the promotion of healthy lifestyles, and to consistently improve the health care delivery system by focusing on access, equity, efficiency, quality and sustainability. This will ensure that people have access to medical care which will, in turn, contribute towards improving the quality of life for all Zanzibaris. As such the plan uses impact indicators, mainstream programmes into national health systems, embraces cross-cutting approaches centered on the needs of people and communities; and is to greater extent owned by the RGoZ.

The development of the Zanzibar Neglected Tropical Diseases (NTD) Strategic Plan has been in line with the Ministry of Health Social Welfare Gender Elderly and Children Vision “A healthy population and social well-being, thereby contributing to sustainable socio-economic development” and is in accordance with the WHO Roadmap 2030.

In Zanzibar, NTDs include Leprosy, Lymphatic Filariasis, Schistosomiasis, Soil-Transmitted Helminthiasis, Trachoma, Rabies, Brucellosis, Scabies, Tungiasis, Snakebites envenoming.

Being the first endorsed NTDs Strategic Master plan in Zanzibar, this plan will be implemented under the direct supervision of NTDs Program.

This Master NTD Strategic Plan has been developed with the support of WHO and ASCEND and it is intended as a guide for the health personnel and relevant stakeholders to plan for effective control and working towards the elimination of these diseases. Generally, NTDs have been categorized into 1) diseases for elimination, 2) control, and 3) eradication according to WHO NTD Roadmap 2021-2030.There are four parts to this document, Part 1 on situation analysis, part 2 on strategic agenda, part 3 on NTD operational framework and part 4 on budget.

PART 1:NTD SITUATION ANALYSIS

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

Neglected Tropical Diseases are a diverse group of 20 communicable diseases that prevail in tropical and subtropical conditions in 149 countries affecting more than one billion people and costing developing countries billions of dollars every year. The NTDs disproportionately affect poor and marginalized populations especially in tropical areas, with severe morbidity and mortality. However, they are preventable, can be controlled and ultimately eliminated by public health interventions. There has been renewed interest at global, Regional and national levels to eliminate these diseases of poverty. In Zanzibar, there are currently nine identified NTDs, namely, Lymphatic Filariasis, Schistosomiasis, Soil-Transmitted Helminthiasis, Dengue fever, Rabies, Brucellosis, Scabies, Tungiasis and Snakebites envenoming. Onchocerciasis, Human African Trypanosomiasis, Leishmaniasis and Guinea Worm Disease are not endemic in the country .The status of the other NTDs as listed by WHO is not yet known.

The 66.12th World Health Assembly Resolution of 2013 acknowledged the increased national and international investments and expansion of activities to prevent and control NTDs and urged countries to ensure continued country ownership of NTD programmes. Member States were to expand and implement, as appropriate, interventions against neglected tropical diseases in order to reach the targets agreed in the Global Plan to Combat Neglected Tropical Diseases 2008–2015, as set out in WHO's roadmap and the London Declaration on Neglected Tropical Diseases by ensuring that resources match national requirements; management of the supply chain and integrating neglected tropical diseases control programmes into primary health care services and vaccination campaigns, or into other existing programmes where feasible, to achieve greater coverage and reduce operational costs.

The WHO's second NTD Road Map 2021-2030 provides guidance for preventing, controlling, eliminating and eradicating neglected tropical diseases. This global document proposed three strategic shifts that will facilitate accelerated progress towards NTDs control and elimination, 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.

The Seventy-Third World Health Assembly, WHA73; 13 November 2020: The WHA73 in 2020, noted 'Member States' commitment to Sustainable Development Goal target 3.3, endorsed, and urge Member States to implement, the new road map for neglected tropical diseases

2021–2030, “Ending the neglect to attain the Sustainable Development Goals: a road map for neglected tropical diseases 2021–2030”;

The London Declaration on NTDs (2012): 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, Schistosomiasis, chagas disease, soil transmitted helminthiasis, visceral leishmaniasis, and river blindness (leishmaniasis); Called for enhancement of collaboration and coordination on NTDs at national and international level through public and private multilateral organizations, adequate funding with endemic countries to implement NTD programmes necessary to achieve these goals, supported by strong and committed health systems at national level;

There have been also, Regional efforts to control and eliminate NTDs. The Addis Ababa NTD Commitment (2014); the Regional Strategy on Neglected Tropical Diseases in the WHO African Region (document afr/rc63/10); AFR/RC63/R6, Sept. 2013 among others.

The Regional Committee,
Having examined the document entitled “Regional Strategy on Neglected Tropical Diseases (NTD) in the WHO African Region” and the related Regional NTD strategic plan 2014-2020;

Cognizant that the African Region bears a very high burden of neglected tropical diseases
Recalling the commitment that ministers of health of Member States of the African Region made during the Fifty-ninth session of the Regional Committee, the sixth Conference of African Union Ministers of Health, as well as resolution WHA 66.12 on scaling up proven interventions against the major NTDs;
Urged member states to provide leadership and ensure ownership in establishing and strengthening integrated national NTD programmes and national NTD coordination mechanisms, while forging multisectoral collaboration to address functional gaps that constrain programme interventions, and promoting linkages between NTDs and other health programmes; to strengthen planning and increase national financial commitments to achieving NTD targets and goals by including national NTD multi-year budgets into the national health sector budget, and promote the inclusion of NTDs in the post-2015 national development agenda; rapidly scale up interventions and strengthen health systems to tackle NTDs at all levels and ensure regular monitoring and tracking of progress; (d) to expand investment in research and development of medical products and the strategies to tackle NTDs;

At the national level, the Government of Zanzibar, through the Ministry of Health, has recognized NTDs as a problem in the country, NTDs indicators form part of the National Health Priority Indicators as per the Health Sector Policy block. Like many other countries in the Region, Zanzibar has not yet managed to allocate domestic funding annually specifically for the NTD programme. MDA medicines have been donated by the World Health Organization to accelerate the implementation of elimination strategies for NTDs. The programme falls under the Division of Epidemiology and Disease Control, however, it does not enjoy the position of a full-fledged programme , a sign contradicting government' recognition of the programme.

The Purpose of the master plan

The purpose of the Master Plan is to provide a harmonized tool for all stakeholders and partners working on NTDs in Zanzibar in other to accelerate control and elimination of NTDs from the country. It is the framework for planning, implementation, coordination and resource mobilization at both central and sub-national levels, as well as a guide for integration of NTDs

Section 1.2 National Context Analysis

This section dwells on two key aspects, namely, country and health system analysis.

1.2.1 Country Analysis

The country analysis describes factors that could impact the implementation of this Plan, specifically, the (i) Political; (ii) Economic; (iii) Social; and (iv) Technological (PEST) factors and the result of the PEST analysis is summarised figure 2 below. The objectives of this analysis are to set the key assumptions on the social-economic background for the next strategic period. For instance, do we envisage political stability? Do we assume the current economic growth will continue? Do we see major changes in the attitude of people towards the poor and marginalized population? etc.

Zanzibar is an archipelago of islands comprised of two main sister islands, Unguja and Pemba, along with more than 50 small islets, with a land area of 2,654 square kilometers and an Exclusive Economic Zone (EEZ) of 241,541 square kilometers. It is about 30 kilometers off the coast of East Africa, between 5 and 7 degrees south of the Equator, at a distance of about 257.56 nautical miles (477.32 kilometers) and about 73 kilometers (24 minutes).

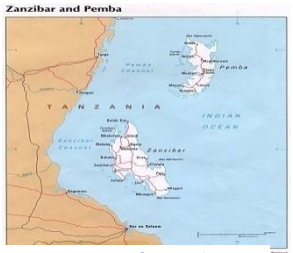

Figure 1: Map of Zanzibar

In comparison to most EAC countries, Zanzibar's climate is tropical, with rainy seasons from March to May and October to November, making it a reliable and well-distributed season; as a result, it presents itself as an all-around vacation destination.

Political situation in Zanzibar

Zanzibar is a semi-autonomous part of the United Republic of Tanzania, with its own President and government structure including the Cabinet, Legislature, and Judiciary. Known as the Revolutionary Government of Zanzibar (RGoZ), it fully responsible for all non-union matters. Zanzibar practices multiparty democracy, and its constitution of 1984 calls for the inclusion of the opposition party in the government to form a Government of National Unity.

Generally the political situation of Zanzibar is stable and that situation has allowed the society to be involved in the quest for basic social needs and activities without any obstacles in the various sectors including education, healthy and other economic works.

Economy: Overall, Zanzibar's economic performance has been impressive in recent years, growing at an average of 7.3 percent from 2017 to 2019, however, the average prices of goods increased by 4.1 percent during the same period. The economy of Zanzibar is divided into three major sectors: service (tourism, trade, transportation and storage, and other private and public services); industries (manufacturing, construction, and mining); and agriculture (including forestry, crops, livestock, and fishing). The contributions of these sectors to GDP are 51.7 percent, 20.1 percent, and 18.4 percent, respectively, for services, agriculture, and industries respectively.

Social: There are critical social factors that determine the success of interventions in NTDs control and elimination. The social impacts of NTDs include stigma and discrimination. These factors will hinder access to services especially in the morbidity management of these disease and they can also be a direct result of social factors such as migration. Cultural beliefs can impact negatively on NTD goals.

Technological: Technological advancement has great effect on NTD control. The use of mobile technology has been beneficial to NTD programme communication, monitoring and evaluation among others. Conversely, when wrongly used, for example, spreading rumours and fake news, technology can negate NTD programme efforts and delay achievement of the Master Plan.

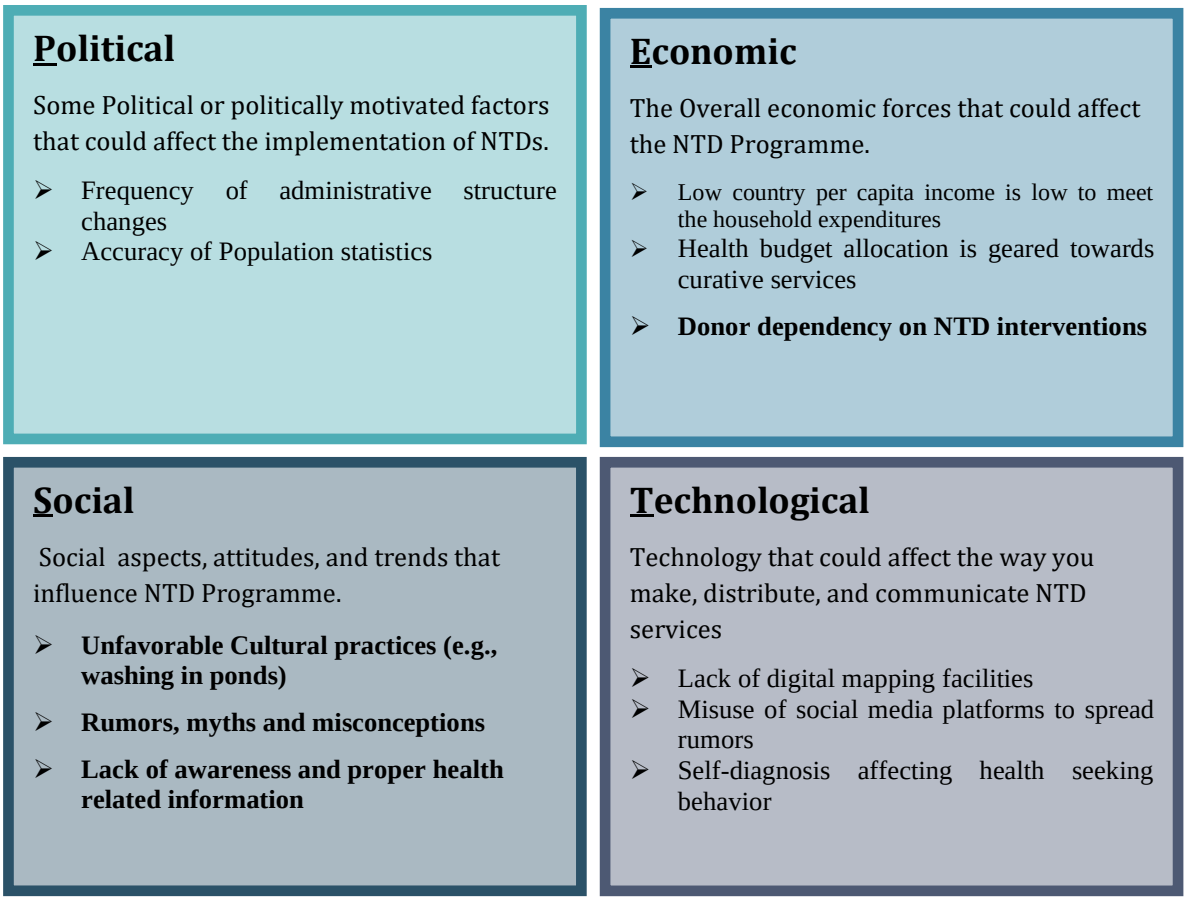

Figure 2: The PEST Analysis

1.2.2. Health Systems Analysis

Health System Goals and Priorities

The Health Sector aims to improve the health status of the citizens through prevention of diseases, promotion of healthy lifestyles and to consistently improve the health care delivery system by focusing on access, equity, efficiency, quality and sustainability.

Analysis of the overall health system

Strong national health systems are critical in ensuring progress towards NTD control and elimination. They not only accelerate attainment of the targets but also help to sustain gains made in the implementation of this ZNTDs Master Strategic Plan 2023-2027. As provided in the WHO framework for strengthening health systems, the health system in Zanzibar is examined through the six building blocks: Service Delivery; Health Workforce; Information; Medical Products, Vaccines, Technologies; Financing; Leadership and Governance. Below is what is prevailing in Zanzibar with regards to the national Health system.

Table 1: Six Health System Building Blocks

Six Health System Building Blocks	
Service delivery	The RGoZ is currently reviewing its Health Policy. However, the Health Sector is guided by the Zanzibar Health Policy from 2011 which **envisions** "a healthy population with reliable and accessible preventive and curative health services" and **a mission** of ensuring "that all Zanzibaris secure their right to quality and equitable health services rendered through Primary Health Care approach". It is in this respect that the RGoZ is providing all government health services for free. The service delivery system of the nation is organized in a four-tier system: i) One Referral Hospital; ii) Regional Hospitals; iii) District Hospitals and iv)Primary Health Care facilities including Health Centers, Primary Health Care Units (PHCUs) This level is the foundation of service delivery. Services at Primary health care unit level include community-based promotion, prevention and basic treatment care. Zanzibar endorsed the global Sustainable Development Goals (SDGs), including the key cross-cutting indicator for health namely UHC. The SDG, as the One-Health, approach emphasize the crucial importance of multi-sectoral action for improving the health of the population. In delivering Health services, the RGoZ partners with various stakeholders such as developing partners and the private sector. Some of the health delivery services which involve the private sector include provision of hospital services, over clinics to allopathic as well private laboratories and other diagnostic services and pharmacies. Likewise, traditional healers have been delivering health related services to Zanzibaris. As of June 2020, Zanzibar had 253 Public Health Facilities.
Health workforce	The HRH Distribution is geographically skewed with 60% of health workers in the urban district of Unguja which accounts for 18% of the population, resulting in a health worker density of 20 compared to only 1 in Pemba's West District as results affect the control of NTDs from community health workers and volunteers who deliver NTD services. The ratios are far below the World Health Organization (WHO) standard recommends of 1:1000 doctor to population ratio and 23 nurses needed to achieve 80% births attended by skilled personnel. It is estimated that the ratio of doctors per 10,000 population is Zanzibar is 0.95 per 10,000 and the similar rate for nurses being 4.65. This ratio signifies

	severe shortage of Human Resources for Health (HRH). Likewise, the prevailing density of RMCH HR which stood at 6.3er 10,000 population is far below the WHO recommended 22.8 needed to achieve 80% births attended by skilled personnel. The substantial shortage of staff of all cadres at Primary Health care Unit level have been there even since 2015 and the RGoZ has been doing considerable improvements of HRH in terms of numbers and professions. The government's efforts are notable and highlighted in the Health Sector Budget for 2018/2019 and 2019/2020 budget which records an increase of 16% of the total number of Health Workers as compared to the year before in the 2018 budget. Despite these efforts still there is a severe shortage of healthcare workers, particularly in hard-to-reach and remote areas. As per 2019/2020 there was less than one physician per 10,000 people and this ratio is worse in poorer and more remote regions.
Health information	The Ministry of Health has several systems in place for data collection through District health Information system (DHIS2) and the HMIS to provide regular reports thereby monitoring progress of implementation of programmes. Data collected from the PHCU and Districts levels through HMIS systems are integrated to various health information systems for improved data availability and use at all levels using internet bandwidths at all levels within the health system put in place Health Information Management System which is being used to collect, process and converting routine data already collected at the facility into a useful population-based information that answers basic questions about the health of the people served. To ensure timely availability of quality data, the RGoZ embarked on several initiatives aiming at strengthening health information management systems which included the rollout of DHIS2 to all health facilities for routine data management; strengthening of the disease surveillance and response systems by incorporating the Integrated Disease Week Ending (IDWE) reporting; and Neglected Tropical Diseases data into DHIS2. Other initiatives include, the use of digital applications for malaria early epidemic detection system (MEEDS), malaria case notification (MCN), and malaria service data quality improvement (MDDQI-EDS), and the use of Jamii Afya App for tracking reproductive, maternal, newborn and child health services (RMNCH) clients. These digital health solutions have improved the availability of health information, efficiency in reporting and decision making.

	HIMS is used to practically manage Health facilities at all levels. The HMIS has four main components which are: 1) Health Function-Disease detection and cure, Preventive and health promotion activities, 2). Management-Planning, Monitoring and Evaluation, Human Resources, Equipment and assets, 3). Information-Collection, Processing, Analysis, Presentation, Interpretation and Use, and 3). System-Processes, Protocols, Procedures and Job Descriptions. Proper functioning and utilization of all four functional areas is key for successful utilization of the system. Major supply chain stakeholders in MOH are CMS and Chief Pharmacist Office. The core function of CMS is to store and distribute all commodities to health facilities at different levels.
Medical products	The Ministry of Health, in collaboration with various stakeholders, has been highly engaged in improving and ensuring availability of health commodities at service delivery points through strong and vibrant supply chain management systems. The Ministry has implemented many initiatives for this purpose which include: integrating most health commodities into one supply chain logistics system - The Zanzibar Integrated Logistics System (ZILS), developing and implementing the Zanzibar Supply Chain Costed Action Plan (SCCAP) 2017-2020, implementing the electronic systems that facilitate business processes and communications between health facilities and Central Medical Store (CMS), including the electronic logistics management information system (eLMIS), and advocating with the government to increase the overall budget for health commodities. Acomplementary software known as eLMIS Facility Edition has recently been introduced to improve inventory management at facility level to improve data quality and availability of real time data. In addition to the HIMS, the Ministry has put in place a Logistic system which is being used by the Chief Pharmacist Office's to manage supplies. Currently there are four working logistic systems that use electronic logistic management information systems. There are: 1. The Zanzibar Integrated Logistics System (ZILS) 2. The Tuberculosis (TB) and Leprosy Logistics System 3. The Laboratory Supplies Logistics System (ZLLS) 4. Standard Medical Equipment (SME). Likewise, the health sector in Zanzibar has a fairly well-developed high-speed fiber-network that connects many facilities within the MoH.

Health financing	The health system in Zanzibar is financed by multiple sources including the RGoZ budget, national and private health insurance systems, Development Partners, the private sector and individuals. The overall trend in public financing of the health sector indicates declining reliance on grants financing. As per National Health Accounts (NHA), the Total Health Expenditure (THE) in 2015 was TZS 105,682.53 billion, representing approximately 3% of GDP. This represented an average spending of TZS 68,121.50 (or US $ 30) per person, an improvement from 2014 where it was 25$/cap. The biggest share of THE was provided by Government, 49.5%, followed by Donors 31.1%, and Households, 18.5%, with the least share provided by Corporations, 0.9%. In FY 2017/18 the government utilized almost 8% of its total expenditures on health, 7.7% constituting 2/3 of THE, the proportions were: Government, 42%, Donors 36%, Households, 21%, and the Corporations, 0%. Likewise in the FY 2019/20 contributions from Development Partners were below one fifth of the Health Budget, as key donors such as Global Fund and DANIDA reduced their contributions within a nominally growing Health Budget. It is worthy to note however that Government contributions through domestic resource mobilization have increased from 66.4 to 81.7 per cent of the health budget between FY 2017/18 Andy 2019/20. In general, the nominal budget commitments approved by the House of Representatives for the health sector grew by 28 per cent between FY 2017/18 and FY 2019/20, rising from TZS. 85.8 billion in FY 2017/18 to TZS109.7 billion in FY 2018/19 followed by a marginal increase to TZS. 109.9 billion in FY 2019/20.

Leadership and governance	The RGoZ through MoH has and is playing leadership role and ensuring as part of governance framework that there exist the interrelationships between, roles, and activities of the various agencies in the production, distribution, and consumption of health services. NTDs are included in the health sector strategic plan of the MOH. The on-going health reforms and the Primary Health Care (PHC) are supportive of NTD control activities. However, there is no national policy on NTD control and attempts at developing a master plan in previous years failed. This new Master Plan (2023-2027) will be launched once finalised and validated. Currently the NTD programme is under the Directorate of Preventive Services and Health Education; there is coordination with Eye department for the NTD programme in implementing Trachoma issues which shows a good leadership in the control of NTDs. It is pertinent that the NTD in Zanzibar be upgraded to position of a programme. There are health workers dedicated to NTD control and the successful implementation of government coordinated MDA rounds. Their numbers are however inadequate. According to the guidelines on import procedures for medicines, the Ministry of Health through Zanzibar Food and drugs Authority has fully responsibility of assuring the quality, safety and efficacy of medicinal products prior the usage nationally. Also, it is responsible for pharmacovigilance and for investigation, analysis, and reporting of serious adverse events (SAEs). This function is implemented under the Pharmacy Department.

Section 1.3: Gap Assessment

This master plan in section 1.3 describes the current status of the NTDs in Zanzibar as well as disease-specific gaps. It also highlights the areas which require further urgent action.

Schistosomiasis

Zanzibar is well known as endemic for urogenital Schistosomiasis. Over the years there have been enormous efforts in attempting to combat the disease mainly through preventive chemotherapy. Those efforts remarkably reduced the prevalence to <2% in both Islands (Unguja and Pemba). Despite that achievement still there are areas where prevalence is as high as 15%. This calls for concerted efforts to make sure that the disease is eliminated in Zanzibar. As Zanzibar approaches elimination of Schistosomiasis, it would be critical to strengthen

diagnostic services and put in place sensitive diagnostic methods. The current urine filtration method, mostly used in the surveys, has proved insensitive in detecting low egg count. It should be noted that infected individual with a low egg count as one (1) can still sustain transmission in their respective communities, so long susceptible and appropriate snail species prevails.

Lymphatic Filariasis

Lymphatic Filariasis is a vector-borne infection caused by three species of thread-like parasitic worms, called filarial. The species Wuchereria bancrofti is the most prevalent worldwide. Other species are Brugia malayi and B. timori. Filarial parasites in their adult stage live in the lymphatic system. The worms have an estimated active reproductive span of 4–6 years, producing millions of small immature larvae, microfilariae, which circulate in the peripheral blood. They are transmitted from person to person by several species of mosquito from the genera Culex, Anopheles, Mansonia and Aedes.

LF damage the lymphatic vessels by adult parasite nests and microfilaria released in the blood, impair lymphatic function, leads to chronic overt manifestations of lymphoedema and hydrocele as well as acute episodes of adenolymphangitis. People who are physically impaired by LF may live for years with disability, stigmatization and mental health co-morbidity.

The disease is widely distributed in Zanzibar, although the magnitude of the problem varies between the districts. Kusini district in Unguja has a high disease burden. As for other countries, Zanzibar also provided MDA using a combination of ivermectin and alb from 2001-2006. This effort resulted in significant reduction of the microfilariae to <1%. As a result, the program stopped provision of the MDA. The transmission assessment survey (TAS) conducted in 2012 revealed high prevalence of microfilariae (3.5%) and following that, it was decided to resume MDA. Since then, ivermectin has been sporadically provided to the community. Much attention has been focused on the provision of ivermectin and albendazole to interrupt transmission of the infection but management of morbidity for already infected individuals is not comprehensively done.

Soil transmitted Helminths

The Soil Transmitted Helminths (STHs) which include Ascaris lumbricoides, Trichuris trichiura and hookworm (*Ancylostoma duodenale* and *Necator americanus)* cause a great disease burden in tropical and subtropical countries where sanitation level is inadequate with the highest prevalence and intensity of infection often observed in School-age children in low- and middle-income countries. Chronic infection with soil-transmitted helminths can lead to anemia, malnutrition, stunted growth, and delayed cognitive development.

A cross-sectional study was carried out to assess the prevalence and intensity of common soil transmitted helminths (STHs) in School-aged children, which entailed collecting and analysing stool samples for the presence of STH eggs using the standard Kato-katz thick smear. A total of 2474 children produced stool samples. Results indicated that for children who had a mean age of 8 years the prevalence of any worm was 80.0% and the worm specific prevalence was 50.2%, 18.8% and 72.3% for Ascaris lumbricoides, hookworm and Trichuris trichiura respectively.

The disease is highly prevalent across the Islands; however, more cases are found in Pemba. Preventive chemotherapy using albendazole or mebendazole has been provided since 1994 through School-based treatment and community wide approach (MDA). Nevertheless, the current survey data showed ~80% of School children had a worm. The situation indicates further continuation of preventive chemotherapy.

Other NTDs

Case Management NTDs

The control strategies for neglected tropical diseases differ depending on the nature of the disease in question. The WHO has categorized NTDs into two main groups in relation to control strategies: 1) Preventive Chemotherapy and 2) Case management controlled NTDs. The latter group mostly includes leprosy and brucellosis but other diseases for instance scabies, rabies, snakebite envenoming and Tungiasis among others are also included in this list.

Leprosy

Leprosy, also known as Hansen's disease, is a communicable disease, caused by the microorganism Mycobacterium leprae. Experts are not sure of exactly how M. leprae is transmitted; the most likely way is that it is likely transmitted by droplets from the nose and mouth during prolonged close contact with untreated leprosy patients. Leprosy can affect people of any age or sex, including infants. Leprosy is curable in almost 100% of cases. However, once nerve damage occurs, the resulting disability is usually permanent. The disease affects the skin and peripheral nerves and can cause permanent damage to the skin, nerves, face, hands, and feet. Untreated leprosy can lead to impairment, disabilities, and exclusion. Like many other infections, leprosy can be treated with antibiotics. Persons receiving antibiotic treatment or having completed treatment do not transmit the disease. Diagnosis of leprosy is mainly clinical. People suffering from leprosy are also affected by stigma and discrimination; overcoming them is important to reach zero leprosy. As with other NTDs, the occurrence of leprosy is often related to poor socioeconomic conditions.

In Zanzibar, although Leprosy is classified as an NTD, Leprosy programme is housed and administered by Zanzibar Integrated HIV, Tuberculosis and Leprosy Program (ZIHTLP). This has, in part, led to further neglect in terms of implementing the required interventions.

Consequently, the number of leprosy cases increased in the last few years. In this plan, assumptions have been made that the NTDs Program will have a focal person to partake in the Leprosy initiatives undertaken by ZHIHTLP.

Rabies

Rabies is a viral zoonotic disease that causes progressive and fatal inflammation of the brain and spinal cord. Clinically, it has two forms: Furious rabies – characterized by hyperactivity and hallucinations; and Paralytic rabies – characterized by paralysis and coma. Although fatal once clinical signs appear, rabies is entirely avoidable; vaccines, medicines and technologies have long been available to prevent death from rabies. Nevertheless, rabies still kills tens of thousands of people each year. Of these cases, approximately 99% are acquired from the bite of an infected dog.

Dog-mediated human rabies can be eliminated by tackling the disease at its source:- infected dogs, making people aware of how to avoid the bites of rabid dogs, to seek treatment when bitten and to vaccinate. As per records in the DHIS 2, Zanzibar for the first time between January 2021 and December 2022, there were a total or 913 reported cases of animal bite some of them from suspected rabid dogs.

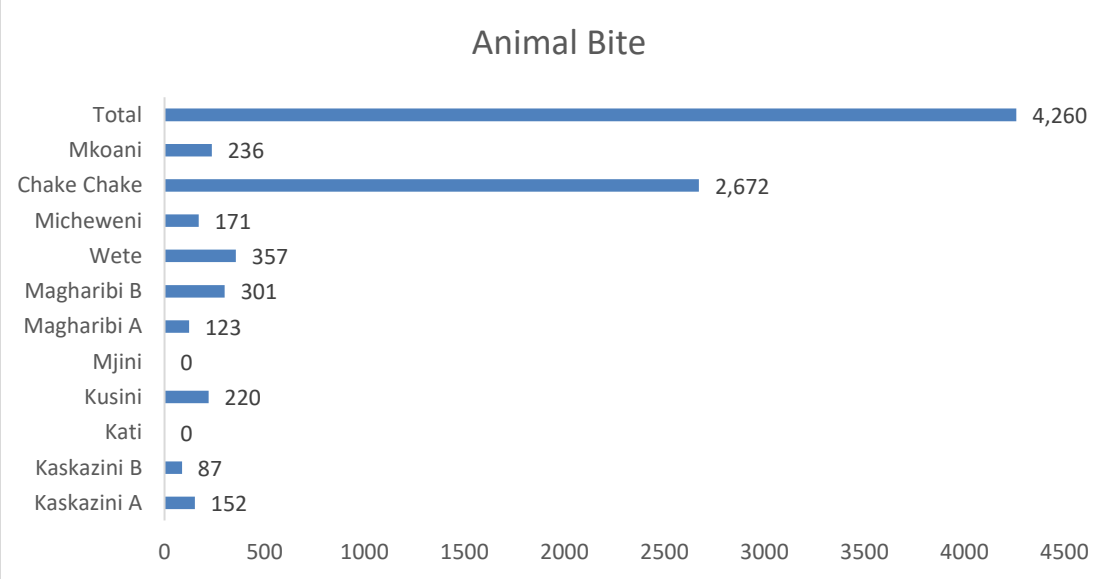

Figure 3: Reported Cases of Animal bite over 2weeks in Dec. 2020

Brucellosis

Brucellosis is a zoonotic infection caused by the bacterial genus *Brucella.* The bacteria are transmitted from animals to humans through ingestion of infected food products, direct

contact with an infected animal, or inhalation of aerosols. Brucellosis continues to be a major public health concern worldwide and is the most common zoonotic infection

Brucella organisms, which are small aerobic intracellular coccobacilli, localize in the reproductive organs of host animals, causing abortions and sterility. They are shed in large numbers in the animal's urine, milk, placental fluid, and other fluids. Twelve species have been identified named primarily for the source animal or features of infection. Of these, the following 4 have moderate-to-significant human pathogenicity:

1. *Brucella melitensis (from sheep; highest pathogenicity)*
2. *Brucella suis* (from pigs; high pathogenicity)
3. *Brucella abortus* (from cattle; moderate pathogenicity)
4. *Brucella canis* (from dogs; moderate pathogenicity)

Currently, there is no formal Brucellosis programme to contain this debilitating NTD in the country.

Epidemic Prone NTDs

NTDs are a diverse group of infectious diseases and some of the diseases seem to emerge and re-emerge over time and present as an epidemic. Such diseases include dengue fever and chikungunya. To tackle these diseases, it requires strengthening of surveillance systems to capture cases so that an appropriate preventive measure can be put in place. In addition to zoonotic viral disease control, a One Health (OH) approach is essential. This requires collaboration between different sectors especially those responsible for animal health and human health.

Section 1.4: Programme Context Analysis

1.4.1. Current NTD Programme Organization and Status

Zanzibar NTDs are being integrated with other programs such as LF control, STH control and Schistosomiasis control. This calls for coordination between NTDs Program Office and other programs which are undertaken by other departments for example, management of Leprosy. Due to this set up management of NTDs has involved a lot of coordination.

The NTD programme has been conducting stakeholder's meetings during which development in NTDs interventions including setting future plans such as the development of the strategic plan are discussed.

The NTDs programme has concrete collaboration with other ministries such as Ministry of Land and Housing Development, the Water, Energy and Mining, especially the Zanzibar Water Authority(ZAWA), Ministry of Agriculture, Irrigation, Natural Resources and Livestock and

Ministry of Education and Vocational Training particularly to support the School deworming project. The national and other level coordination structures will be developed as recommended in this plan.

Non-availability of complete and comprehensive data on each disease identified in the plan will be addressed. As such, in almost each and every aspect of the intervention presented, baseline data need to be collected to enable establishment of the disease burden. Despite having known cases of some incidences indicating presence of certain kind of NTDs in Zanzibar, available information is not coordinated, calling for mapping as one of the very first key steps toward reaching 2030 NTDs Global Goals. For example, statistical reports and mapping relating to Trachoma, Scabies, Tungiasis, and Snakebites envenoming need to be established through disease mapping.

However, it should be noted that the NTDs Programme has been doing commendable intervention and some of its performance is presented below.

Lymphatic Filariasis

Global elimination campaign started in 2001. In Zanzibar, LF MDA with Albendazole and Ivermectin programme started in 2001. In 2006 LF MDA was stopped on the basis of low prevalence which had declined to less than 1% (microfilariae). In 2012 Pre- TAS was conducted. The prevalence observed was 3.5%. This informed the restarting of MDA again. Since year 2012 there have been some programmatic steps to interrupt LF transmission which included MDA of the entire at-risk population for about six years using ivermectin+albendazole-based preventive chemotherapy (PCT). Some notable achievements have been made. An LF Pre-TAS survey assessed the endemicity level of bancroftian filariasis in selected sentinel and spot check sites (LF Pre-TAS) in the two islets of Zanzibar (Unguja and Pemba) in order to inform eligibility for LF TAS. The results of this LF Pre-TAS revealed that lymphatic filariasis was still highly endemic in sentinel and spot check sites surveyed, suggestive of ongoing transmission.

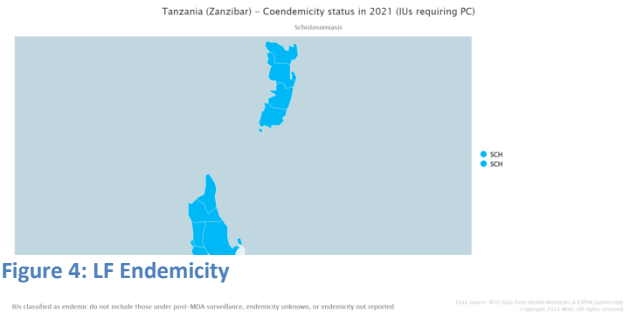

Figure 4: LF Endemicity

Some of the recommendations provided in the report are considered for implementation during this implementation cycle. These are with respect to resumption of MDA for three additional years, with complete adherence to WHO guidelines, including:

i. Implementation of MDA with optimal drug coverage (≥ 65% of total population);

ii. Stopping of MDA only when there is evidence that the transmission has been interrupted;

iii. Provision of training to the NTD Elimination Program on the implementation of LF elimination, especially the Monitoring and Evaluation activities, including drug coverage surveys, LF Pre-TAS and LF TAS implementation**.**

Schistosomiasis

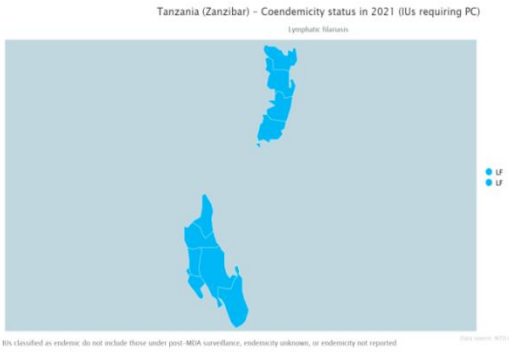

Figure 5: SCHISTO. Endemicity

Schistosomiasis is a disease caused by parasitic blood flukes of the genus Schistosoma. The highest burden is concentrated in sub-Saharan Africa. On the Zanzibar islands, urogenital Schistosomiasis has been successfully controlled over the past decades. The Zanzibar Elimination of Schistosomiasis Transmission (ZEST) project implemented from 2011/12 through 2017 aimed to eliminate urogenital Schistosomiasis as a public health problem from Pemba and to interrupt S. haematobium transmission from Unguja in 5 years. The ZEST Alliance consists of various stakeholders and institutions, including the Neglected Diseases Program of the Zanzibar Ministry of Health, the Public Health Laboratory-Ivo de Carneri, the Schistosomiasis Consortium for Operational Research and Evaluation (SCORE), the Schistosomiasis Control Initiative (SCI), the World Health Organization (WHO), the Natural History Museum London, and the Swiss Tropical and Public Health Institute.

ZEST aimed to eliminate Schistosomiasis as a public health problem from Pemba (<1% heavy infection intensities in all sentinel sites) and to interrupt transmission on Unguja (zero incidence in all sentinel sites) in 5 years. However, basing on the Parasitology survey conducted in 2020, the community based survey (CBS) and School-based survey (SBS) which were interrupted by Covid-19 pandemic, were conducted in 68 shehias and 67 Schools covering a total of 4,749 individuals aged 15 years in the CBS and a total of 19,559 children aged 5-16 years in the SBS. The 2020 survey revealed that for the period between 2012 and 2020 the overall *S. haematobium* prevalence decreased constantly among the 20-55 year old adults from 3.9% in 2011 to 0.4% in 2020. An exception was 2014, when the prevalence increased by 0.5%-points (from 3.0% to 3.5%) compared with the previous year.

The overall coverage of School-based praziquantel treatment in MDA round 13 in Schools in Pemba was 93% while coverage in the nursery School and grade 1 was only 56% and 87%, respectively. In addition, the coverage of communitywide treatment round 13 in the adolescent and adult population in Pemba was 60% and compliance with taking the received drugs was 44%. Further to that the overall coverage of School-based praziquantel treatment in MDA

round 13 in Schools in Unguja was 90% while coverage in the nursery School and grade 1 was only 62% and 66%.

Soil-Transmitted Helminthiasis

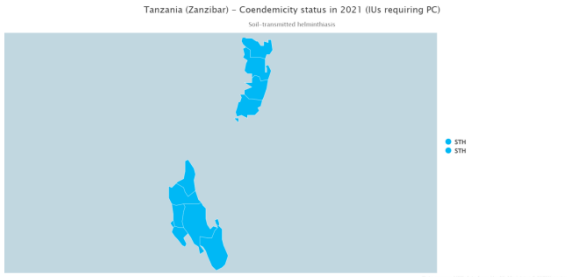

Figure 6: STH Endemicity

To achieve sustained elimination of the STH diseases, it requires implementation of integrated approach using combinations of these intervention strategies (WASH, integrated vector control, behavioral changes). However, in Zanzibar, only preventive chemotherapy has been implemented over the years. Furthermore, other ancillary interventions are needed beyond the on-going mass drug administration, notably, implementation research need to be conducted in order to assess drivers that impede effectiveness of preventive chemotherapy. Similarly, deliberate engagement and sensitization of beneficiary communities in the construction and use of toilets is critical.

Rabies

Table 2: Rabies surveillance: number of vaccinated dogs and positive samples in the past 3-4years in Zanzibar

Year	Samples collected	Positive	Negative
2019	8	7	1
2020	4	4	0
2021	11	8	3
2022	33	8	25
Year	**Unguja island**	**Pemba island**	**Total**
2020	7362	1015	8377
2021	6225	1806	8031
2022	4414	1712	6126

In Zanzibar, Rabies the Zanzibar Ministry of Agriculture and Livestock, in collaboration with partners is implementing rabies control and prevention through dog vaccination and provision of post exposure prophylaxis (PEP) for people bitten by suspected rabid animals.

Zanzibar being part of the United Republic of Tanzania is implementing a rabies demonstration elimination project through support from Bill and Melinda Gate Foundation. The project has

been implemented in all districts of Pemba and Unguja islands since 2011. In addition, there have been some initiatives conducted by the Global Alliance for Rabies

Control (GARC), in collaboration with the Zanzibar government geared toward establishing an active rabies surveillance program on the island.

Despite these and other rabies related initiatives, rabies is still an issue in Zanzibar as depicted by the high number of positive samples from suspected dogs as shown in table2 below. There is weak coordination and insufficient budget for rabies control.

Since then, a small number of rabies-positive cases have been detected, preventing the declaration of freedom from canine rabies on the island. In response, the government took immediate action. Instead of undertaking a large-scale mass dog vaccination campaign similar to those performed in the past, the local authorities collaborated with GARC and World Animal Protection in the development of a strategic vaccination program designed to focus primarily on areas where rabies cases have been detected, before moving outwards in a wave-like manner. This approach ensured that rabies transmission would be rapidly interrupted, before moving to the surrounding areas where healthy, but unvaccinated, dogs reside.

To prevent human cases and ultimately eliminate the disease from the islands there is a need of increasing understanding of rabies risk for improved PEP and addressing dog abandonment to tackle the potential of feral and dogs.

Hence the programme intends to improve control and elimination strategies as follows:

1. Improve rabies surveillance in dogs entering Zanzibar and those abandoned,
2. Early detection and clinical diagnosis in humans to ensure that all cases of suspected exposure are treated as soon as possible
3. Improved coverage of vaccination of dogs and cats
4. Improved animal welfare,
5. Creation of awareness within the community can successfully disrupt the rabies transmission cycle.

Brucellosis

As outlined in the Zanzibar Live stock Policy 2011, Brucellosis is one of the most commonly reported zoonotic diseases in Zanzibar. This calls for intervention by creating more awareness among the general public on better understanding the disease, its method of transmission and prevention.

Table 3: National Population Data, Schools and Health Facilities at District Level

Region	Number of Admin A 2	Number IUs	No. of villages or communities*	Total population	Under- 5 (Pre-School)	5–14 years (School age)	No. primary Schools	No. of peripheral health facilities		
								Referral	IU level	Health Centeres
MJINI MAGHARIBI	NA	3	121	893169	100616	183811	69	1	2	30
KASKAZINI UNGUJA	NA	2	75	257290	32582	62436	73	0	2	29
KUSINI UNGUJA	NA	2	63	195873	16292	34443	55	0	2	37
KASKAZINI PEMBA	NA	2	61	272091	62616	86126	60	0	3	35
KUSINI PEMBA	NA	2	68	271350	57575	79510	63	0	3	35

Table 4: Known Disease Distribution in the Country

Region	No. districts	Number of Endemic Districts								
		LF	Oncho	SCHISTO	STH	HAT	Leprosy	Lesh	TRA	(Dra, Yaws, SBE, etc
MJINI MAGHARIBI	3	3	0	3	3	0	3	0	0	0
KASKAZINI UNGUJA	2	2	0	2	2	0	2	0	1	0
KUSINI UNGUJA	2	2	0	2	1	0	2	0	0	0
KASKAZINI PEMBA	2	2	0	2	2	0	2	0	1	0
KUSINI PEMBA	2	2	0	2	2	0	2	0	0	0
Total	11	11	0	11	10	0	11	0	2	0

The map of the co-endemicity of PC (NTDs) in Zanzibar is shown below.

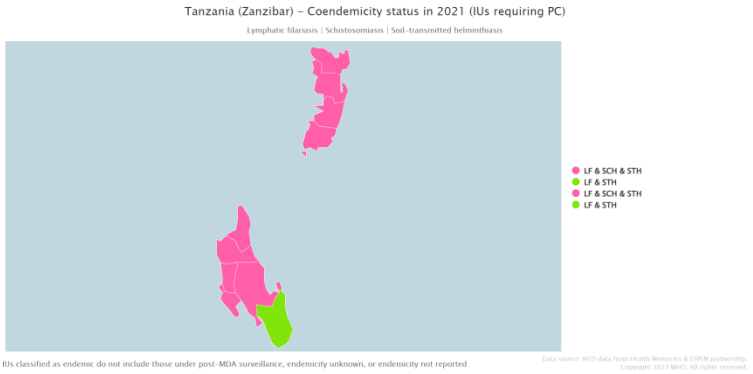

Figure 7: NTD C0-endemiciry Map

1.4.2. NTD Programme Performance

The table below shows the status of completeness of NTD mapping and survey need and also the geographical coverage for all NTDs.

Table 5: 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	11	11	11	0
Soil Transmitted Helminthiasis	11	10	11	0
Trachoma	11	2	2	9
HAT	11	0	0	11
Leishmaniasis	11	0	0	11
Leprosy	11	11	11	0
Scabies	11	11	0	11

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

Vector control

The vector management activities in Zanzibar as shown in this table cuts across the different diseases that can be integrated with the NTD programme since they all are targeted for vector control interventions.

Table 6: Vectors and Associated NTDs

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

One-Health

As briefly mentioned in section 1.3, some NTDs are zoonotic in nature and their control should use one health approach where different sectors can collaborate and work together. In realising this, the Revolutionary Government of Zanzibar has recently established One Health desk within the office of the Second Vice President. The office has officially launched one health strategic plan. Under this auspice, rabies, brucellosis, echinococcus and food-borne trematodes are considered. Also, the government realises the risk of introduction of zoonotic diseases which are prevalent in neighbouring areas especially Mainland Tanzania as trade of animals between these two places increased over the years. Similarly, many of the zoonotic diseases particularly those with tendency of emerging and re-emerging can easily cross borders.

WASH

Water sanitation and hygiene is considered as one of the effective strategies for combating infectious diseases including NTDs. Sanitation plays a key role in preventing exposure to faecal oral diseases such as soil-transmitted helminth infections, Schistosomiasis (especially *Schistosoma mansoni*), or indirectly for trachoma, while safe water and hygienic conditions in health facilities and in homes are essential for the management and care of many NTDs. In realising the importance of WASH, the global strategy 2015-2030 for WASH has been integrated to accommodate NTDs.

So far, in Zanzibar, there have been some initiatives to implement WASH activities, though mostly in controlling cholera. For that, the Ministry of health Zanzibar works closely with

UNICEF and KOICA to implement WASH activities in some districts by raising awareness on toilet construction and support materials. Unfortunately WASH initiatives directed specifically for NTDs are limited.

Pharmacovigilance

Preventive Chemotherapy using Mass Drug Administration (MDA) campaigns is an important tool for the control/elimination of Neglected Tropical Diseases (NTDs). Although the safety of the drugs used in preventive chemotherapy programs allows them to be administered to large segments of the population by "supervised non-medical personnel", the effective recognition and management of adverse events following MDA (AEs-f-MDA) – whether caused by the medicines taken, are essential component of preventive chemotherapy program planning and implementation. As preventive chemotherapy programs scale up, it is expected that more AEs-f-MDA will almost be certain to be reported along with increases in the number of serious adverse events (SAEs) as well. Proper management of AEs-f-MDA and effective reporting and investigation of SAEs are essential and will enhance the credibility of preventive chemotherapy programs.

In Zanzibar, the Pharmacovigilance system is in place under the Zanzibar Food and Drugs Agency (ZFDA). The main function of ZFDA Pharmacovigilance Unit is collecting the various reports concerning the safety of Drugs. The information on adverse reactions is collected by using the special forms and electronic platform.

During MDA, special health facilities are selected and their capacity built to handle and manage severe adverse reactions.

All programmes conducting mass drug administration should follow the guidance of pharmacovigilance system through WHO protocol. The NTD Programme is working closely with ZFDA during all its MDAs whereby the pharmacovigilance officials are always part of the training team during MDAs.

Pharmacovigilance is currently under review by ZFDA and the East African Commission.

Table 7: Summary of Intervention Information on Existing NTD Programmes

NTD	Date programme started	Total districts targeted	No. districts covered (geographical coverage *)	Total population in target district	No. (%) Covered	No. (%) districts with required number of effective treatment rounds	No. (%) districts that have stopped MDA	Key strategies used	Key partners
LF	1986	11	11	11 (100)	11 (100)	11	0	MDA MMDP Case management	**ASCEND** **WHO**
SCHISTO	1986	10	10	10 (100)	10	10	0	MDA Snail control BCC Case management	**ASCEND** **SCIF** **WHO**
STH	1994	11	11	11(100)	11	11	0	MDA Case management	**ASCEND** **SCIF**
Snakebite									
Scabies									
Tungiasis									

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

1.5: Building on NTD Programme Strengths

The SWOT analysis of the NTD programme here is based on data on country profile, health system, and NTD programme status.

1.5.1. Opportunities and Threats

Opportunities

- Multi-sectoral approach towards NTD elimination (e.g. availability of vaccination against rabies in Dogs and malaria vector control initiatives).
- Sustained support from partners such as WHO, SCIF, ASCEND
- Strong commitment of NTD stakeholders in provision of NTD medicines (PZQ, IVM and albendazole)
- Availability of a research institution
- Availability of the Second Vice President office as a coordinating body- for crosscutting issues
- Goodwill from partners and donor community leading to availability of donated medicines technical assistance and funding

Threats

- Dependency on external resources
- MDA fatigue by some community members.
- Negative cultural beliefs and harmful traditional practices to some NTD diseases
- Stigma and discrimination against people affected by some diseases such as leprosy, LF.
- Frequent internal and external migration
- Emerging and re-emerging diseases like COVID19
- Frequent administrative changes especially at Shehia level
- Donor fatigue
- Climate change
- Global health challenges

1.5.2. Strengths and Weaknesses

Strengths

- Availability of staff with NTD knowledge and skills
- Integrated NTD data in the Health Management Information Systems (HMIS)/DHIS2.
- Existence of annual budget line for NTD.
- Inclusion of NTDs in Health Sector Strategic Plan (HSSP IV)
- Existence of Central Medical Stores (CMS)

Weaknesses

- NTD is still a unit and not a programme.
- There has never been an official NTD master plan. The two previous attempts (2010 and 2015) remained as draft versions.
- Inadequate human, finance, and materials resources to support NTDs intervention plans
- Absence of comprehensive mapping results for NTDs in all 11 Districts
- Inadequate collaboration with other government sectors and departments.
- Lack of complete knowledge and skills among beneficiaries and stakeholders regarding NTDs
- There is inadequate multi-sectoral approach for NTD programme management.
- Inadequate national funding of the NTD programme.
- Lack of NTD M&E framework
- Inadequacy of current data on NTDs.
- Inadequate comprehensive capacity building/training for health care providers on NTD especially on case management (CM) NTDs
- Inadequate ICT infrastructure
- Inadequate skills and supplies for vector control
- Inadequate skills and consumables for laboratory diagnosis capacity on emerging and reemerging of disease (e.g. Dengue).
- Inadequate supportive supervision in NTD program

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A Summary ofthe above information is presented below:

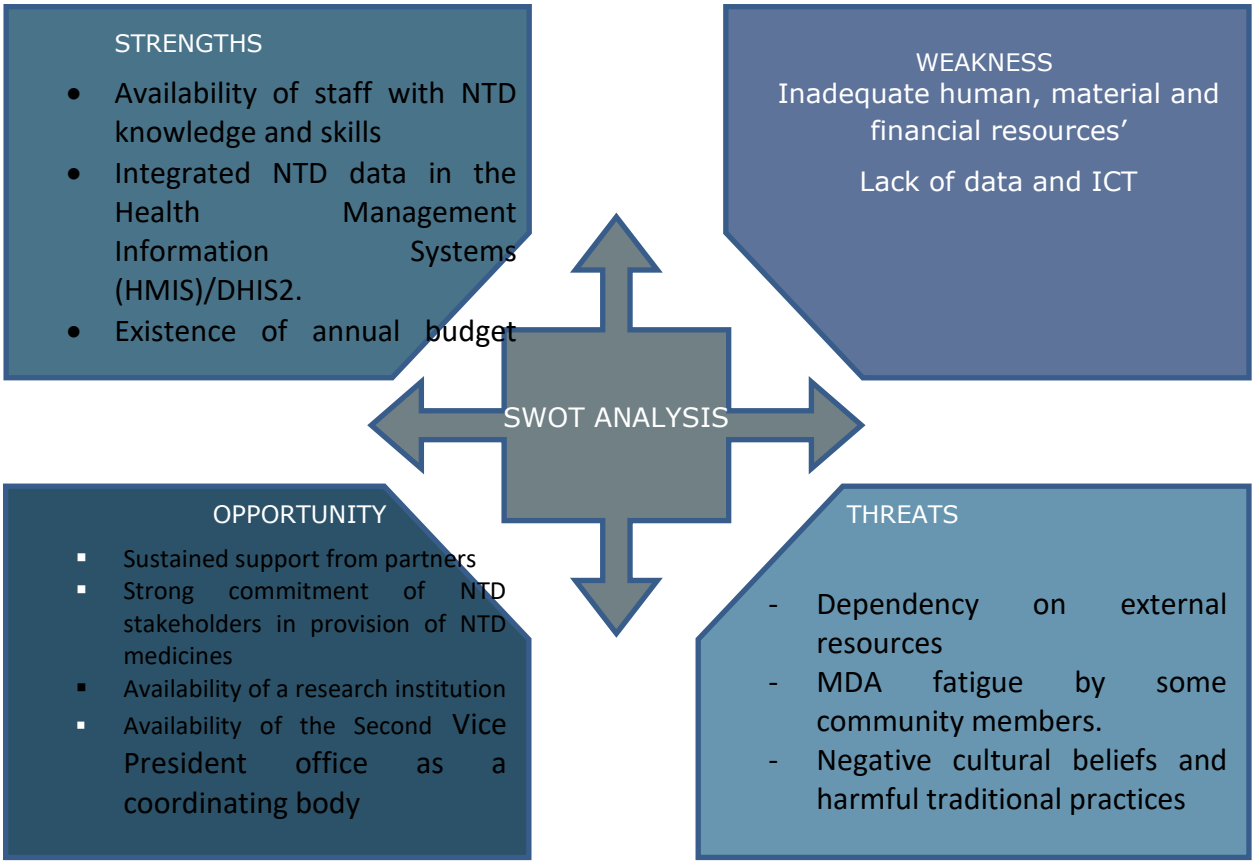

Figure 8: SWOT Analysis

1.5.3. Gaps and Priorities

A summary of the gaps and priorities identified are presented in the table below:

Table 8: Gaps and Priorities

GAPS
Inadequate Government ownership and commitment for the NTD programme.
Inadequate coordination of NTD programme at national and all levels.
Inadequate national and international funding for NTD Programme.
Non-integration of Vector Control and WASH strategies to reduce burden of NTD.

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One health approach not fully established.
Non-existence of NTD standard operating guidelines for implementing NTD Programme interventions e.g..resource mobilization and M&E strategies
Lack of specific antivenom for indigenous poisonous snakes.
Inadequate NTD data availability and management.
Inadequate involvement of communities at risk and affected communities
Inadequate numbers of health worker capacity to implement the NTD programme.
Weak supply chain system for effective allocation and distribution of medicines
Weak intervention in case management NTDs
PRIORITIES
Planning
Capacity and awareness building Strengthen NTD coordination. Intensify local resource mobilization for NTDs at all levels to improve country ownership. Increase capacity of health care workers for the management of NTDs Strengthen capacity of health workers for NTD interventions Increase the number of volunteers at community level for NTD programme Build capacity (task shifting) of community NTD volunteers for accelerated response Conduct base-line mapping for NTDs Develop National NTD resource mobilization. Provision of NTD medicines, medical products and consumables (e.g. anti-snake bite venom and rabies vaccines.
Coordination and Management
Strengthen advocacy at all levels for NTD programme. Mainstreaming of NTDs into the National Health System Strengthen the national NTD logistics management system Establish an NTD programme. Finalize, launch and disseminate the new NTD master plan. Establish the NTD governance structure.
Partnership
Intensify collaboration and multi-sectoral action. Establish linkages and collaboration of NTD programme with other relevant sectors and programmes e.g. WASH, One Health, Malaria and Agriculture.
Implementation of interventions
Community engagement and sensitization for MDA compliance. Supportive supervision of community CDDs (volunteers) for improved therapeutic and geographic coverage. Intensify action for identification of case management NTDs.

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Intensify NTD communication at all levels
Surveillance
Strengthen laboratory services for NTD diagnosis Intensify surveillance activities for trachoma and Rhodesiense (HAT). Cross- board surveillance for Trach. HAT.
Monitoring & Evaluation
Develop an M&E framework. Establish specific sentinel sites for various NTDs including SCHISTO, STH and LF. Integration of NTD data into national health information system and DHIS2

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PART 2
Strategic Agenda: Purpose and Goals

This section provides an overview of the targets and milestones for all NTDs that are endemic in Zanzibar, determined through consultation with stakeholders in the country including central and sub-national governments, scientific and research groups, nongovernmental organizations, implementing partners, donors and private sector organizations. The strategic agenda of the national NTD programmes articulates the overall programme vision, mission, and goals. It also delineates the strategic goals, major programme focus, and strategic milestones. In addition, the strategic priorities and strategic objectives indicate the main 'pillars of excellence' as well as the continuous improvement objectives that the programme seeks to achieve during the life cycle of the master plan (2023-2027).

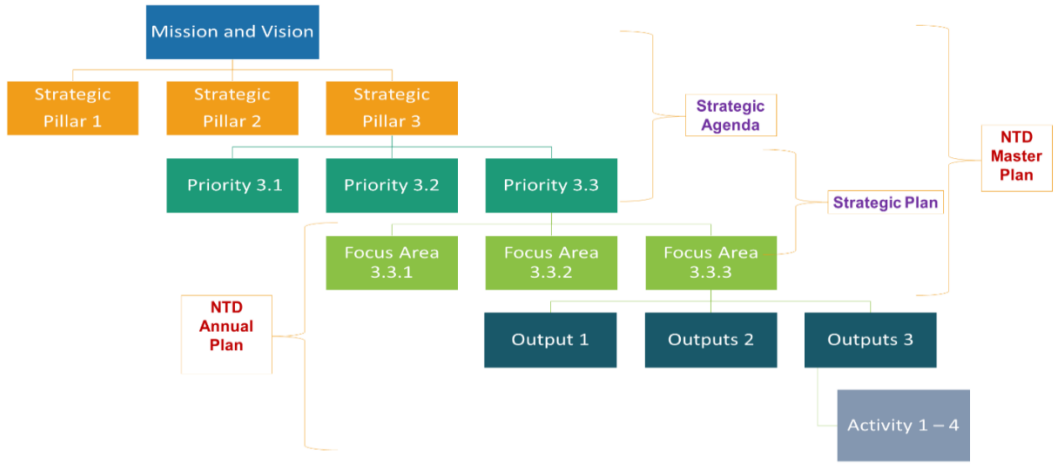

Figure 9: Hierarchy of Objectives for National NTD Programme

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Section 2.1: NTD Programme Mission and Vision

Table 9: Vision and Mission

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

Mission and vision	
Mission	To promote and sustain integrated NTD Control and elimination interventions at all levels in Zanzibar
Vision	Zanzibar Population living free from NTDs

Section 2.2: Strategic Goals, Milestones and Targets

The Zanzibar milestones and targets have been set taking into consideration the NTD Global Roadmap 2021–2030 which will help in integration, coordination, country ownership and equity. Disease-specific targets and milestones for 2023- 2027 have been set for each of the endemic diseases in one of these categories: eradication, elimination based on interruption of transmission or elimination as a public health problem and control.

Goal: Control and elimination of Neglected Tropical Diseases in Zanzibar so that they are no longer public health problems by 2030.

2.2.1. Targets

Overarching targets

The following overarching targets are based on the Roadmap 2021-2030.

Overarching targets **By 2027** • 50% of all affected receive morbidity management and disability prevention MMDP) in Zanzibar • A 100% of all School aged children and high-risk populations in endemic districts have

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unhindered access to Preventive Chemotherapy

- To eliminate at least one NTD

Cross-cutting Targets

The following cross-cutting targets based on NTD Global Roadmap 2021–2030

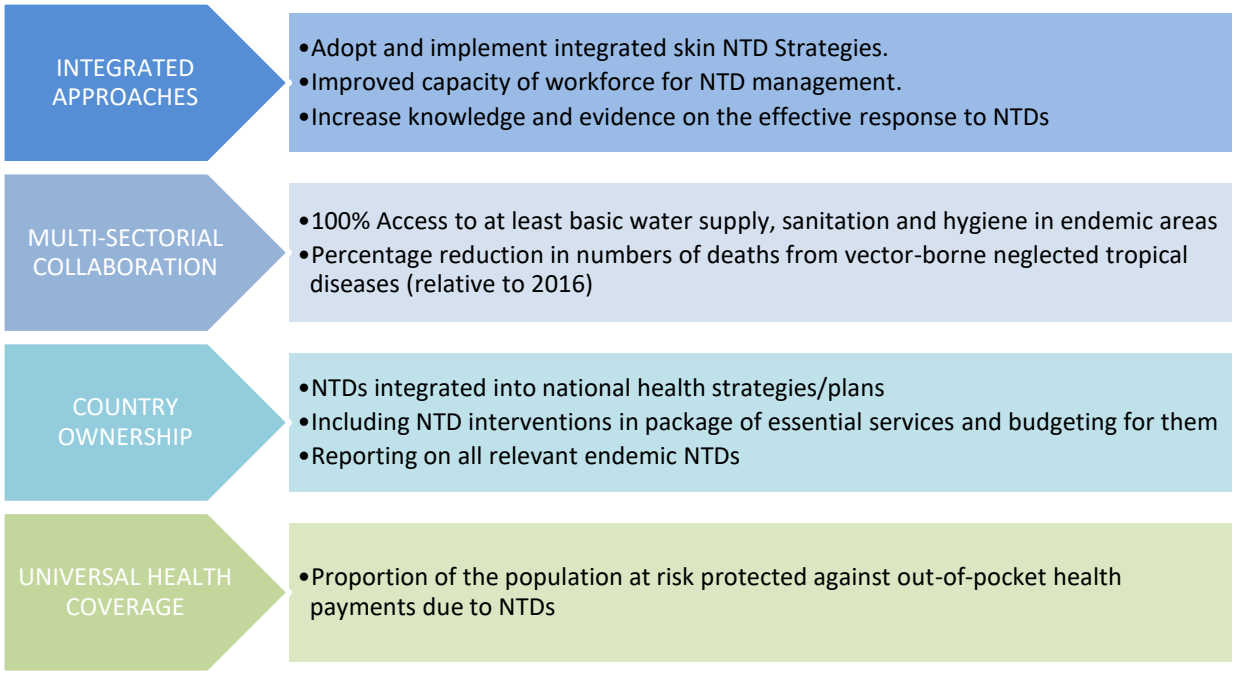

Figure 10: Cross-Cutting Targets

Disease-Specific Targets

The following are disease-specific targets for 2023-2027

Table 10: Disease-Specific Targets

National target	Diseases	Targets	Year	Strategies

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Targeted for elimination as a public Health problem	Lymphatic Filariasis	• Eliminate LF as a public Health Problem • Maintain 100% to access hydrocele surgery and lymphoedema management in all endemic districts	2027	Mass Drug Administration, MMDP & Vector control. Capacity building at health care setting to provide MMDP services, strengthen availability of health commodities to health care setting, Ensure timely assessment of TAS
	Leprosy	To reduce new leprosy cases with G2D to less than one case per million population.	2027	Active surveillance Contact tracing, case management, rehabilitation.
	SCHISTO	• Achieve <1% prevalence of heavy infection intensity • Track Endemic IUs achieving moderate morbidity control • Reduce snail abundance	2027	Mass drug administration, Vector control, Social Behavioural Change Communication, WASH, Facility based case diagnosis and treatment
		• Maintain <5% prevalence of TF in implementation unit • To reduce prevalence of TT to <0.2% in implementation unit • Enhance surveillance of • trachoma	2027	Vector Control, Surgery, WASH

National target	Diseases	Objective	Year	Strategies
	Soil Transmitted Helminth	Reduce prevalence of moderate-to high intensity of infection to <10%	2027	MDA, WASH, BCC,
	Scabies	100% of districts implementing	2027	Mapping of scabies

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		case management		MDA IEC/BCC WASH Capacity Building for HCW Development of treatment Guideline Intensify Surveillance
	Snakebite	Achieve zero deaths from snakebites strengthen case-based surveillance	2027	Development of treatment Guideline Capacity Building for HCW IEC/BCC
	Tungiasis	Enhance awareness on emerging diseases	2027	WASH Vector Control Development of treatment Guideline
NTD Disease of Epidemic Prone				
	Rabies	strengthen case based surveillance Enhance awareness on emerging diseases Improve supply chain for human vaccine and their accessibility at all health facilities	2027	Development of treatment Guideline Capacity Building for HCW IEC/BCC
	Chikungunya Dengue	Enhance awareness on emerging diseases Intensify Surveillance	2027	Development of treatment Guideline Capacity Building for HCW IEC/BCC Vector control

2.2.2. Milestones

To achieve the overarching, cross-cutting and disease-specific targets which are set in this strategic plan several disease-specific milestones have been set as shown in the table below.

Table 11: Milestones for Targeted NTDs

Indicators	2023	2024	2025	2026	2027
Completed mapping of LF and determined LF endemic areas and the population at risk	0()				
Begun implement LF MDA in IUs requiring LF MDA	11(100%)				
Geographical coverage in LF of LF MDA	11(100%)	39 (100%)			
Major urban areas with evidence of LF transmission under adequate MDA	75%	100%			
Number of IUs conducted more than 5 rounds of with coverage more than 65%	11(100%)	11(100%)	11(100%)		
Number of IUs conducted their first TAS activities after at least 5 rounds of MDA.	8(72%)	10(90%)	11(100%)		
Number of IUs conducted and passed at least 2 TAS activities.	4(36%)	8 (72%)	10(90%)	11(100%)	
Number of IUs started passive surveillance and vector control activities.	4(36%)	8(72%)	10(90%)	11(100%)	
Present "the dossier " for verification of absence of LF transmission	0(0%)	0(0%)	0(0%)	0 (0%)	1(100%)
Proportion and number of IUs where there is full coverage of morbidity- management services and access to basic care	2(18%)	4(36%)	8(72%)	10(90%)	11(100%)
Proportion and number of IUs where 75% of hydrocele cases benefitted from appropriate surgery	2(18%)	4 (36%)	8(72%)	10(90%)	11(100%)

Milestones for SCHISTO

Indicators	2023	2024	2025	2026	2027
Completed mapping of SCHISTO and determined SCHISTO endemic areas and the population at risk	11	11	11	11	11
Begun implement SCHISTO MDA in IUs requiring SCHISTO MDA	10(100%)	10(100%)	10(100%)	10(100%)	10(100%)

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Geographical coverage in SCHISTO of SCHISTO MDA	10(100%)	10(100%)	10(100%)	10(100%)	10(100%)
Percentage of low endemic IUs that conducted more than 3 rounds of with coverage more than 75%	8(80%)	10(100%)	10(100%)	10(100%)	10(100%)
Percentage of moderate - highly endemic IUs conducted more than 5 rounds of with coverage more than 75%	4(66%)	5(83%)	6(100%)	6(100%)	6(100%)
Number of IUs with full coverage of WASH interventions.	5(45%)	7(63%)	9(81%)	11(100%)	11(100%)
Percentage of IUs conducted first impact assessment at least 3 rounds of MDA.	0%	0%	0%	0%	0%
Number of IUs conducted the first impact assessment at least 5 rounds of MDA.	0%	0%	0%	0%	0%
Endemic IUs achieving moderate morbidity control	(0%)	0(0%)	0(0%)	2(33%)	3(50%)
Endemic IUs achieving advanced morbidity control	0(0%)	0(0%)	0(0%)	5 (12%)	10(25%)
Endemic IUs achieving elimination of transmission	0(0%)	0(0%)	0(0%)	3 (27%)	6(54%)

Milestones for STH

Indicators	**2023**	**2024**	**2025**	**2026**	**2027**
Completed mapping of STH and determined STH endemic areas and the population at risk	0(100%)	0	0	0	0
Begun implement STH MDA in IUs requiring STH MDA	11(100%)	11(100%)	11(100%)	11(100%)	11(100%)
Geographical coverage in STH of STH MDA	11(100%)	11(100%)	11(100%)	11(100%)	11(100%)
Percentage of moderate - highly endemic IUs conducted more than 5 rounds of with coverage more than 75%	100%	100%	100%	100%	100%
Number of IUs with full coverage of WASH interventions (target 47 IUs that are STH endemic).	5(45%)	7(63%)	9(81%)	11(100%)	11(100%)
Percentage of IUs conducted the first impact assessment: at least 3 rounds of MDA.	0%	0%	0%	0%	0%
Number of IUs conducted the first impact assessment: at least 5 rounds of MDA.	0%	0%	0%	0%	0%

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Endemic IUs achieving moderate morbidity control	0(0%)	0(0%)	0(0%)	2 (33%)	3(50%)
Endemic IUs achieving advanced morbidity control	0(0%)	0(0%)	0(0%)	5 (12%)	10(25%)
Endemic IUs achieving elimination of transmission	0(0%)	0(0%)	0(0%)	3 (27%)	6(54%)

Milestones for Trachoma

Indicators	2023	2024	2025	2026	2027
Completed mapping of trachoma and determined trachoma endemic areas and the population at risk	0	0	0	0	0
Begun implement SAFE strategy in IUs requiring interventions	100%	0%	0%		
Geographical coverage in trachoma of SAFE strategy	0%	0%	0%		
Target IUs requiring 1 round of treatment with coverage more than 75%	0	0	0	0	0
Target IUs requiring 3 rounds of treatment with coverage more than 75%	0	0	0		
Target IUs requiring 5 rounds of treatment with coverage more than 75%	0	0	0		
Number of IUs conducted first impact assessment after 1,3 or 5 rounds of MDA	6	3	5	15	
Number of IUs that passed impact assessment	6	3	5	16	
Number of IUs that started passive surveillance	1	1	1	2	1
Number of IUs where there is full coverage of morbidity- management services	1	1	1	1	1
Target districts achieved elimination of blinding trachoma	1	1	1	1	1

Milestones for CM-NTDs

Indicators	2023	2024	2025	2026	2027
Active case detection in 100% of highly endemic IUs	0%	10%	20%	30%	50%
Passive case detection in 100% of other endemic IUs	0%	10%	30%	40%	60%
Manage all patients in peripheral health	0%	10%	20%	30%	50%

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facilities					
Refer severe and complicated cases for management at district hospitals and reference centers	0%	10%	20%	40%	50%
Achieved 100% geographical coverage of SAFE in Trachoma target districts	0%	10%	20%	40%	50%
Achieved 100% treatment coverage of identified cases for other CM-NTDs	10%	30%	50%	70%	100%
Started passive surveillance in at least 50% of target IUs for CM-NTDs targeted for elimination SCHISTO,LF & Leprosy)	0%	10%	20%	30%	50%
Started passive sentinel sites surveillance in at least 50% of target IUs for CM-NTDs targeted for elimination (Leprosy)	20%	40%	60%	70%	90%
Number of target IUs that sustained elimination of leprosy	1 (25%)	2(50%)	3(75%)	4(100%)	100%
Target IUs that sustained elimination of Trachoma	100%	100%	100%	100%	100%
Started passive surveillance in at least 50% of target IUs for other CM-NTDs	10%	40%	60%	70%	100%

Section 2.3: Guiding Principles

Table 12: Guiding Principles

Guiding principles	
Guiding principles	• National leadership and ownership, • Commitment to collaboration and sharing, • Mutual accountability of national authorities and partners, Transparency and accountability, • Community engagement and participation • Ethical considerations

Section 2.4: Strategic Pillars and Strategic Objectives

2.4.1. Programme Strategic Pillars

There are four Strategic Pillars depicting the four strategic areas the programme will focus on in order to have a successful programme. These pillars are shown in the below.

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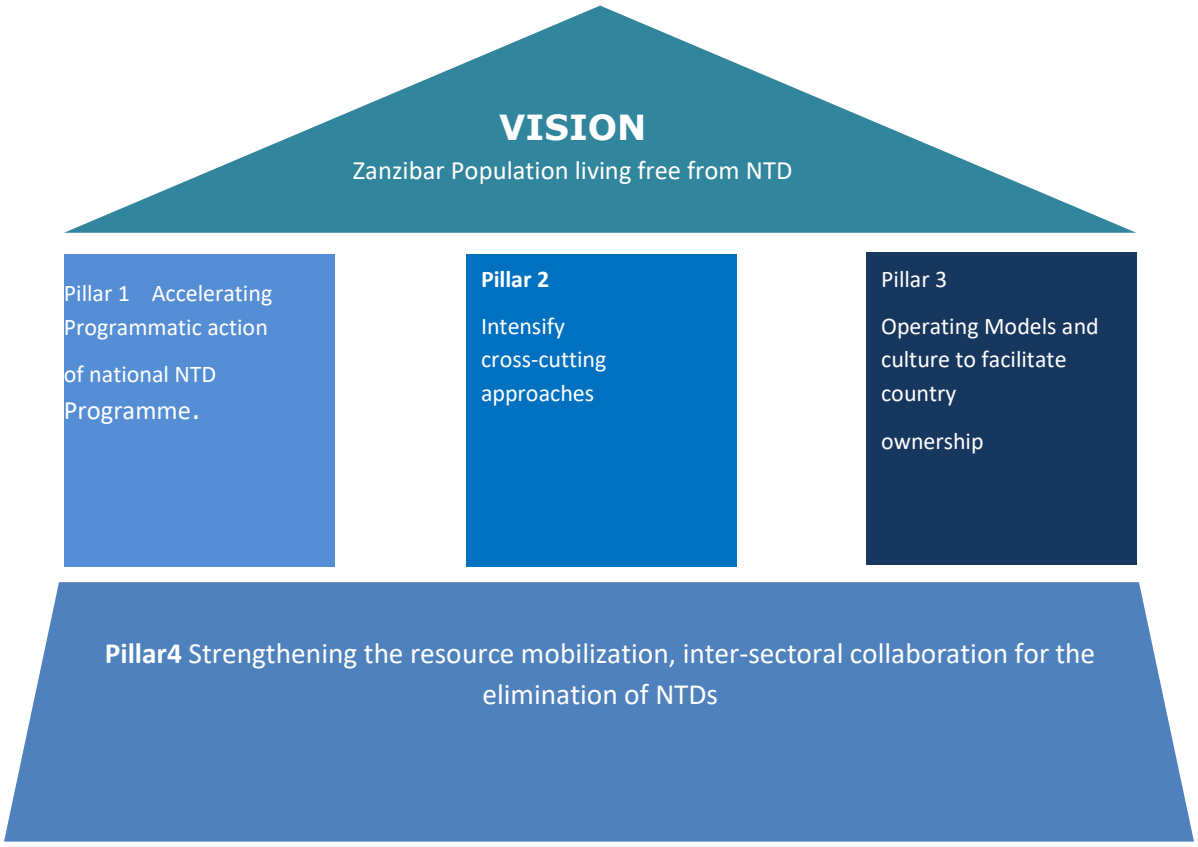

Figure 11: Strategic Pillars

2.4.2. Strategic Priorities

The strategic priorities give a broad perspective of the objectives of each pillar. These priorities are set for each pillar based on the programme gaps identified in part one of this document.

Strategic Priorities for the Elimination of Neglected Tropical Diseases

Table 13: Strategic Priorities for the Elimination of NTDs

Strategic Pillar	Priorities
Pillar 1. Accelerating programmatic action	• Scale up integrated preventive chemotherapy to achieve100% geographic coverage and treatment access in endemic NTD communities • Improve the numbers and capacity of human resource for NTDs • To Develop standard operating tools and procedures for NTD programme

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	• Improve diagnostic capacity of NTDs at all levels of care. • Intensify surveillance, M&E to track progress and sustain gains made in NTD control and elimination. • Intensify surveillance, M&E to track progress and sustain gains made in NTD control and elimination.
Pillar 2. Intensify cross-cutting approaches	• Intensify collaboration and multi-sectoral action in he concept of One Health • Integration NTDs activities to other platforms • Strengthen identified platforms with similar delivery strategies and interventions (MDAs, skin NTDs, Morbidity management, SBCC, WASH, IVM etc) for integrated approaches across NTDs • Support in- country operational research for NTD Programmes in collaboration with academia
Pillar 3. Operating Models and culture to facilitate country ownership	• Promote and strengthen country ownership and leadership through organizational structures at national and local government with dedicated funding • Strengthen advocacy at all levels for NTD programme. • Mainstream NTDs into the National Health System • Empower local government and authorities in social mobilization • Strengthen Pharmaceutical supply chain management system
Pillar 4. Strengthen Resource Mobilization, Coordination and Communication for the elimination of NTDs	• Strengthen NTD coordination. • Promote community engagement and sensitization for MDA compliance. • Intensify local resource mobilization for NTDs at all levels to improve country ownership • Intensify action for identification of case management NTDs. • Intensify NTD communication at all levels • Promote community involvement and ownership of the program for optimal use of available resources. • Promote improved communication and awareness at the community level for a successful elimination of the endemic NTDs.

2.4.3 Programme Strategic Agenda Logic Map

The figure below is a logically map of how the programme will work and how they are inter-related.

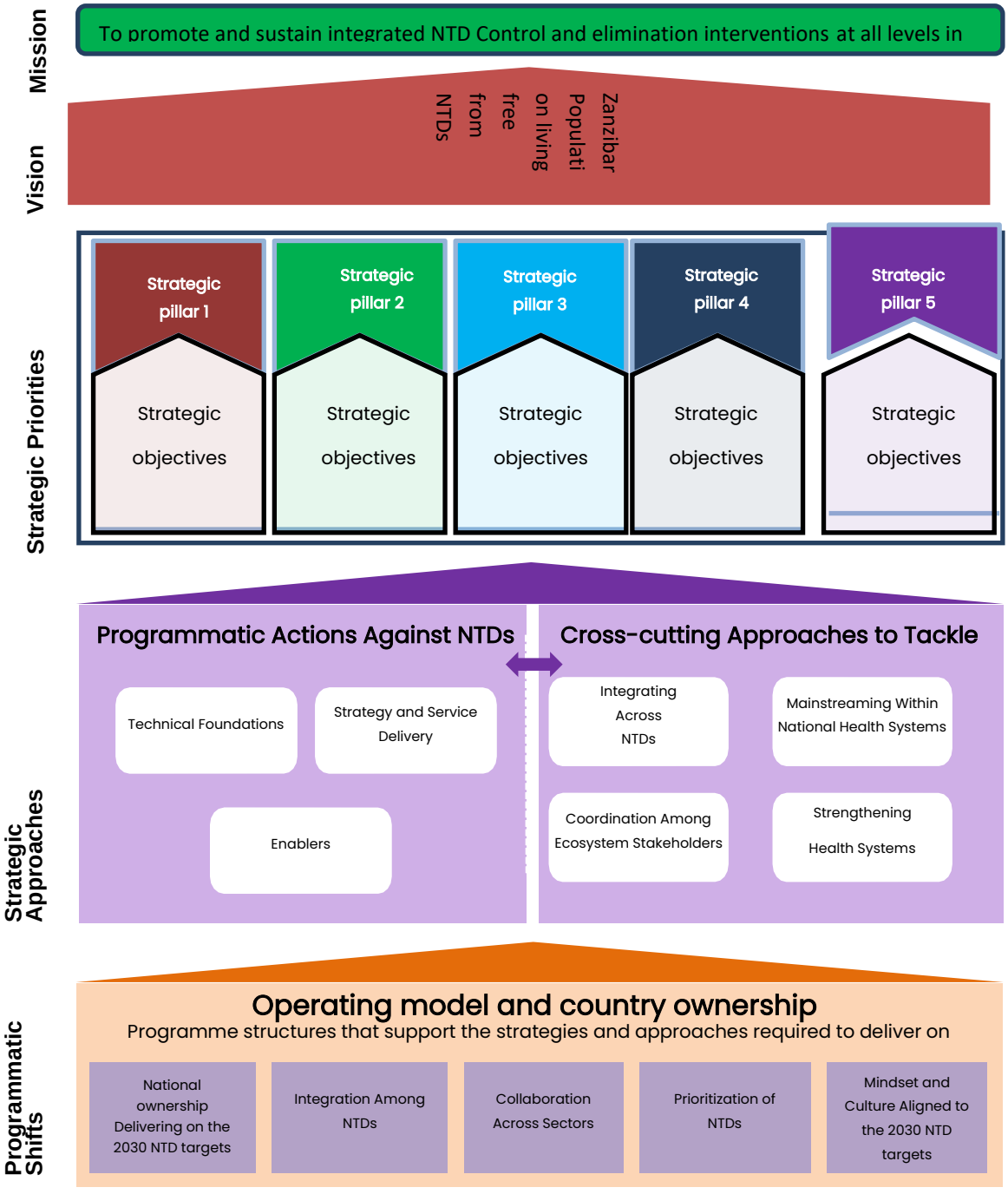

Figure 12: Programme Strategic Agenda Logic Map

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PART 3
Implementing the Strategy: NTD Operational Framework

This strategic plan aligns with the Global Roadmap on NTDs (2021- 2030) hence it has incorporated the three fundamental shifts in the approach to tackling NTDs, namely,

1). increase accountability for impact by using impact indicators instead of process indicators, as reflected by the targets and milestones in Part II and accelerate programmatic action;

2). move away from siloed, disease-specific programmes by mainstreaming programmes into national health systems and intensifying cross-cutting approaches centred on the needs of people and communities and

3). change operating models and culture to facilitate greater ownership of programmes by countries.

Section 3.1: Strategic Priorities and Strategic Activities

Table 14: Strategic Priorities and Activities

Strategic Pillar 1 - Accelerating programmatic action			
Strategic Priorities	**Strategic activities**	**Time frame**	**Resources needed**
Strategic Priority 1. Scale up integrated preventive chemotherapy to achieve 100% geographic coverage	Implement preventive chemotherapy MDAs for PC-NTDs	2023-2027	Human, Financial & material resources,
	Supportive supervision of community CDDs (volunteers) for improved	Annually 2023-	Human, material &Financial,

and treatment access in endemic NTD communities	therapeutic and geographic coverages.	2027	resources,
	Enhance advocacy and social mobilization to improve uptake of the MDA campaigns	2023-2027	Human, material &Financial, resources,
	Conduct coverage surveys following MDA program to assess the coverage	Bi annually	Human, material & financial resources
Strategic Priority 2: Improve the numbers and capacity of human resource for NTDs	Train additional Health workers on NTD diagnosis and management	2023-2026	Human, material &Financial, resources,
	Train CDDs on community administration of MDAs	2023-2027	Human, Financial, resources,
	Train laboratory scientists on laboratory NTD diagnosis	2024-2026	Human, Financial, resources,
	Recruit new health care workers especially on diagnostic and field work areas	Annually	Financial, resources,
Strategic Priority 3: To Develop standard operating tools and procedures for NTD programme	Finalize the new NTD master plan.	2023	Human, material &Financial, resources,
	Launch and disseminate the new NTD master plan	2023	Human, material &Financial, resources,
	Conduct mapping of NTDs especially the Case-management NTDs		
Strategic Priority4: Improve diagnostic capacity of NTDs at all levels of care.	Procure lab equipment, commodities and reagents for diagnostic use at the regionals, districts and primary health care units	Annually	Human, material & Financial, resources,
	Develop maintenance and refurbishment plan for the lab equipment	Annually	Financial material & and human resources
Strategic Priority5: Ensure provision of safe and effective supply chain management of quality NTD medicines and other products	Develop SOP for supply chain management	2024	Human, material and financial
	Workshop on pharmacovigilance for NTD medicines	2024-2025	Annually
	Procure anti-snake and anti- rabies vaccines	2023-2027	Annually
	Conduct quarterly monitoring to track	Quarterly	Human, Financial,

	progress towards 2027 target		resources,
	Conduct mid-term review and evaluation of NTDs master plan.	2024	Technical assistance, human material & Financial resources
	Conduct end-term evaluation of the NTDs master plan.	2027	Technical assistance, material & Financial resources
Strategic Priority 6 : Intensify surveillance, M&E to track progress and sustain gains made in NTD control and elimination.	Set up sentinel sites SCHISTO/STH and LF	2024-2026	Human,material& Financial resources
	Routinely parasitological monitoring of NTDs.	Monthly	Human, Financial, resources,
	Conduct surveillance activities for NTD including cross border monitoring of transmission NTDs	2024-2027	Human, Financial, resources,
Strategic Pillar 2: Intensify cross cutting approaches			
Strategic Priority1: Intensify collaboration and multi-sectoral action in the concept of One Health	Ensure inclusion of NTDs in the national One Health platform	2023-2024	Human, financial & material Resources
	Conduct annual review meetings of NTD Programme	**2023-2027**	Human, material & financial resource
	Conduct cross-border collaboration. Engagement	2024-2027	Human, material & financial resources
	Develop guidelines on NTDs coordination and response	**2023 – 2024**	Human, financial resources
Strategic Priority 2: Integration of NTDs activities to other platforms	Identifying and be part of other diseases or specific NTDs control programs (e.g. malaria preventive programs (through vector control), WASH programs, rabies vaccination programs)	2023 - 2024	Financial, human and material resources
	Develop and implement guideline on integrated NTDs management	2023 - 2024	Financial, human and material resources
	Enlist NTDs prevention and control	2023 -	Financial, human

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	programs to be recognized by the One Health Coordination Desk/Unit	2024	and material resources
	Incorporate NTD prevention, control and management in pre-service training of lower and mid and tertiary level health-care providers	2023 - 2024	Financial, human and material resources
	Integrate continuous professional development on NTDs (e.g., refresher training of health extension workers).	2023 - 2024	Financial, human and material resources
Strategic Priority 3: Strengthen identified platforms with similar delivery strategies and interventions (MDAs, skin NTDs, Morbidity management, SBCC, WASH, IVM etc) for integrated approaches across NTDs	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
	Strengthen multi-sectoral WASH–NTD collaboration at all levels.	2023-2027	Human, financial & material Resources
	Coordinate quarterly meetings with identified partners	2023-2027	Human, financial &material Resources
Strategic Priority 4: **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
	Promote and support research on the burden of NTD as to be conducted by	2024-	Human, financial

	other partners, e.g. zoonotic NTDs	2027	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;
Pillar 3. Operating Models and culture to facilitate country ownership			
Strategic Priority 1: Promote and strengthen country ownership and leadership through organizational structures at national and Regional levels	Submit a memo to the Ministry of Health for upgrade NTD unit to be become program.	2023	Human resources
	Acquire Office space for NTD Programme	2023	No cost
	Deploy full complement of staff to the NTD Program	2023	No cost
	Procure program vehicle; 6 computers, 2 photocopiers, 2 printers, 1 project, desks and chairs	2023	Financial resources
	Advocate for establishment of Regional NTD Committees	2023-2024	Human & Financial resources
	Develop guidelines on the roles and responsibilities of the different level of NTD governance	2023	Human & Financial resources
Strategic Priority 2: Strengthen advocacy at all levels for NTD program.	Advocate to the Parliament on NTDs Program support	2024	Human, Material& Financial resources
	Advocate to the Ministry of Health on NTDs Program funding	2023	No cost
	Advocates to the Regional governments on NTDs Program support and governance	2024	Human & Financial resources

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	Advocate to the Districts on NTDs Program support	2024-2025	Human & Financial resources
Strategic Priority 3: Mainstream of NTDs into the National Health System	Integrate NTDs indicators into DHIS-2	2023-2024	Human, Financial, resources,
	Integrate NTDs indicators into HMIS	2023	Human, Material& Financial resources
	Integrate NTDs into Zanzibar Essential Health Care package	2024	Human, Material& Financial resources
	Integrate NTDs into "JamiiniAfya app" (community health)	2024	Human, Material& Financial resources
Strategic Priority 4: Empower local government and authorities in social mobilization, risk communication, behavioral change and building local support for NTD interventions	Develop guidelines for community engagement and engagement in NTDs	2023	Human, Material & Financial resources
	Develop, print (in English and vernacular) and disseminate NTD IEC materials	2023	Human, Material & Financial resources
	Celebrate world NTD Days at community level	Annually	Human, Material & Financial resources
	Recognise and celebrate best performing CDDs in all the districts	Annually	Human, Material & Financial resources
	Conduct sensitization meeting to the local authorities (district councils , shehas, shehias health custodian committees, CHV.) and harmonize to support NTD interventions	2023-2027	Human, Material & Financial resources
	Conduct fundraising events for local authorities in-order to mobilize the funds for community	2023-2026	Human, Material & Financial resources
	Celebrate successes	Annually	Human, Material & Financial resources
Strategic priority 5: Strengthen Pharmaceutical supply chain management	Ensure inclusion of NTD medicines on the essential medicines list	2024	Financial, human and material resources

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system	Develop SOP for NTD supply chain management	2023	Financial, human and material resources
	Conduct workshops to review and validate the national pharmacovigilance guideline	2024	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	2024-2027	Financial resources
	Conduct quality assurance of medicines to accredited laboratories for quality checks	2023	Financial and human resources

Pillar 4. Strengthen Resource Mobilization, Coordination and Communication for the elimination of NTDs			
Strategic Priority 1: Strengthen NTD coordination.	Establish a functional NTD steering committee	2023	Human, material & financial resources
	Conduct annual steering committee meetings	2023-7	Human, material & financial resources
	Establish the secretariat of the NTD programme	2023	Human, material & financial resources
Strategic Priority 2: Community engagement and sensitization for MDA compliance**.**	Create district multisectoral NTD committee	2024	Human, material & financial resources

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	Conduct biannual sensitization meetings with district risk communication and engagement committees	Biannually 2023-7	Human, material & financial resources
	Conduct scientific KAP studies on MDA compliance and disseminate the findings to the community leadership and other stakeholders at all levels.	Biennially starting2024	Human, material & financial resources
Strategic Priority 3: Intensify local resource mobilization for NTDs at all levels to improve country ownership	Conduct joint interventions targeting zoonotic disease with livestock sector though the one health coordination desk.	Quarterly from 2023-7	Human, material & financial resources
	Share NTD data to inform health sector planning and budgeting	One meeting annually	Human, material & financial resources
Strategic Priority 4: Intensify action for identification of case management NTDs.	Train health workers for clinical diagnosis of case management disease.	Once annually (2023-7)	Human, material & financial resources
	Produce standard operating procedures	2024	Human, material & financial resources
	Analyse data and conduct meetings for data sharing	Once annually (2023-7)	Human, material & financial resources
Strategic Priority 5: Intensify NTD communication at all levels	Produce NTD education material in local language for dissemination at all levels	2024	Human, material & financial resources
	Commemorate international NTD specific days (World NTD Leprosy Sight Days)	2023-2027	Human, material & financial resources
Strategic Priority 6: Promote community involvement and ownership of the program for	Mobilize community to participate in NTD programme activities through community	Once annually (2023-7)	Human, material & financial resources

optimal use of available resources.	engagement meetings		
	Conduct community NTD campaigns	annually	Human, material & financial resources
Strategic Priority 7: Promote improved communication and awareness at the community level for a successful elimination of the endemic NTDs.	Conduct pre-MDA sensitization visits	Biannually (2023-7)	Human, material & financial resources
	Training of media man on NTD communication	Annually 2024-5	Human, material & financial resources
	Intensify use of social media for national NTD awareness creation to the local community and Nation as a whole.	Monthly 2023-2027	Human & financial resources

Section 3.2: Toward Programme Sustainability: Intensifying Coordination and Partnerships

The steering Committee is the highest decision making body for the NTD programme while the technical committee provides current evidence-based information regarding the various diseases in the NTD programme.

The NTDs Coordinating Office will be responsible for day to day running of the programme including planning, advocacy, capacity building, M & E, implementation of MDAs and reporting to relevant stakeholders. A proposed NTD Programme organogram is shown in the annex

A TWG will be formed for specific NTDs to support advocacy, inter-ministerial and inter-agency collaboration, review of progress and mobilize resources etc. Chaired by the Director General, relevant directors from the ministry of health and line ministries will be members. Membership will also include WHO, UNICEF, WFP, and some implementing partners.

The zones and districts play significant roles in overseeing programme activities in their area. A district NTD focal person will be identified to liaise with the national secretariat to ensure successful programme implementation in their areas. Their activities include among others; training of teachers and CMDs, supervision of registration of target population, advocacy at lower levels, sensitization and community mobilization, reporting to the national level and feedback to lower stakeholders.

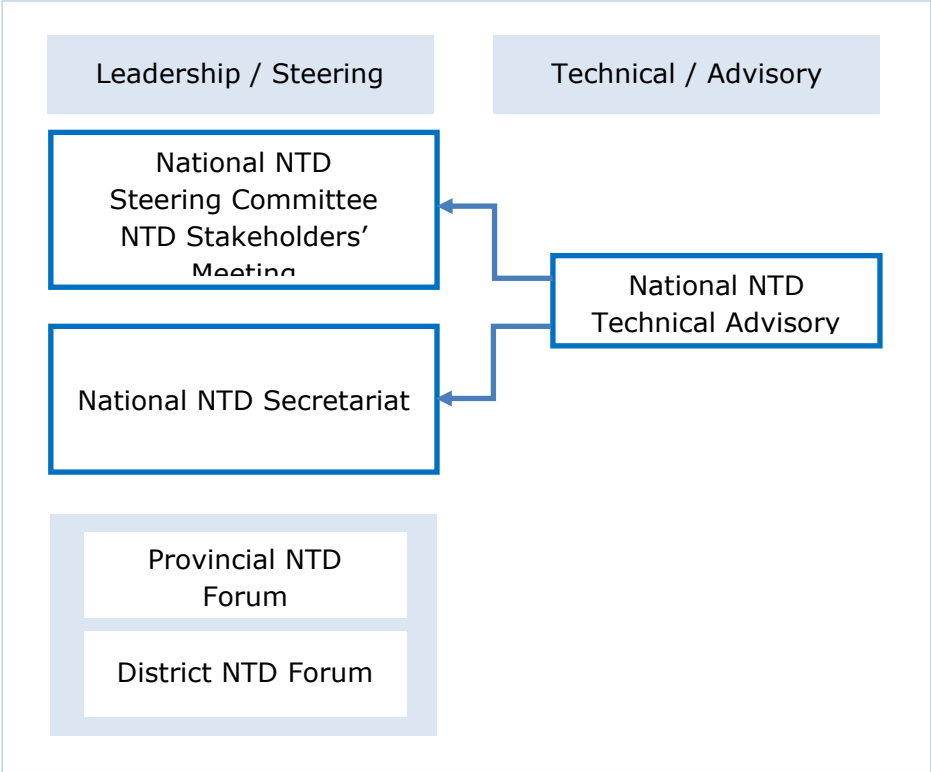

Figure 13: Programme Coordination Mechanism

Entity	Membership	Terms of Reference
National NTD Steering Committee		
Meeting frequency: Chair: Principal Secret Host:	• 2nd Vice President's office • Ministry of Health • Ministry of finance • Ministry of Agriculture • Ministry of Environment Climate Change and Natural Resources • Ministry of Fisheries & Water Resources • Zanzibar Red Cross Society, • Ministry of Lands, Regional Government and Religious Affairs n • World Health Organization, • UNICEF • Ministry of Gender,	Review NTD programme achievements and challenges and provide guidance. Advise and campaign for more resource mobilization Advocate for more visibility of NTD programme

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	Children and Social Welfare	
National NTD Secretariat		
Meeting frequency: Monthly Chair: NTD Manager Host: NTD Prog.	• NTD Programme Manager, • Senior Programme Officers, • Programme Officers (Leprosy, Trachoma, STH & SCHISTO, 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 NTD Technical Advisory Group		
Meeting frequency: Qtrly Chair: DPS&HE Host: Ministry of Health	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.
District NTD Secretariat		
Meeting frequency: Qtrly. Chair:District Med. Officer Host: DHMT	Director of Health Services, (Chair), District Principal Public Health Officer (Focal person), DistrictRPrincipal Nursing Officer, Senior Administrative Officer (Secretary), Regional Health	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

	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)	implementation Submit reports to the national secretariat.

Figure 14: Membership& Terms of Reference- Programme Coord. Mechanism

The NTD partners in the Zanzibar are listed in this table by the programme and districts where they support. They include the implementing partners, donors, private and public partnership, such as Ministry of Agriculture or Ministry of Education, or thematic partners such as One-Health partners or specific donors, academia among others.

Table 15: Partnership Matrix

District	NTD	VET	WASH	CM	One Health	Education	Malaria
State	NTDs (List)	Veterinary (List)	WASH (List)	IVM (List)	One-Health (List)	Education (List)	Malaria (List)
MJINI	WHO, SCI,Goz	Goz, FAO, GARC	UNICEF	TBD	TBD	WORLD BANK, UNFPA, UNICEF, BADEA,USAID	GF,USAID, GoZ, RTI
MAGHARIBI A	WHO, SCI	Goz, FAO, GARC	UNICEF	TBD	TBD	WORLD BANK, UNFPA, UNICEF, BADEA,USAID	GF,USAID,GoZ, RTI
MAGHARIBI B	WHO, SCI	Goz,FAO, GARC	UNICEF	TBD	TBD	WORLD BANK, UNFPA, UNICEF, BADEA,USAID	GF,USAID,GoZ, RTI

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KATI	WHO, SCI	Goz,FAO, GARC	UNICEF	TBD	TBD	WORLD BANK, UNFPA, UNICEF, BADEA,USAID	GF,USAID,Go Z, RTI
KUSINI	WHO, SCI	Goz,FAO, GARC	UNICEF	TBD	TBD	WORLD BANK, UNFPA, UNICEF, BADEA,USAID	GF, USAID, GoZ, RTI
KASKAZINI A	WHO, SCI	Goz,FAO, GARC	UNICEF	TBD	TBD	WORLD BANK, UNFPA, UNICEF, BADEA,USAID	GF, USAID, GoZ, RTI
KASKAZINI B	WHO, SCI	Goz,FAO, GARC	UNICEF	TBD	TBD	WORLD BANK, UNFPA, UNICEF, BADEA,USAID	GF, USAID, GoZ, RTI
MKOANI	WHO, SCI	Goz,FAO, GARC	UNICEF	TBD	TBD	WORLD BANK, UNFPA, UNICEF, BADEA,USAID	GF,USAID,Go Z, RTI
CHAKE-CHAKE	WHO, SCI	Goz,FAO, GARC	UNICEF	TBD	TBD	WORLD BANK, UNFPA, UNICEF, BADEA,USAID	GF,USAID,Go Z, RTI
WETE	WHO, SCI	Goz,FAO, GARC	UNICEF	TBD	TBD	WORLD BANK, UNFPA, UNICEF, BADEA,USAID	GF,USAID,Go Z, RTI
MICHEWENI	WHO, SCI	Goz,FAO, GARC	UNICEF	TBD	TBD	WORLD BANK, UNFPA, UNICEF, BADEA,USAID	GF,USAID,Go Z, RTI

Section 3.3: Assumptions, Risks and Mitigations

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

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

Table 16: Risk Criteria Assessment

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

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	occurrence				occurrence		
	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							
Implementing activities out of master plan	3	5	15	Orientation of Master plan and use to generate all other/ annual plans	1	4	4
DHMTs, Primary Health care facilities not prioritizing NTD activities, budgeting and allocating funds for.	5	4	20	Advocacy to councils/health governance leaders and planning teams	2	4	8
Inadequate of funds	5	5	25	Identify partners and secure resources mobilization	2	2	4
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-	4	2	8

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				19 response plan			
Mass Drug Administration refusal	3	3	9	Risk Communication and Community Engagement	2	2	4
Social and cultural beliefs about NTDs	2	2	4	Community Engagement to address misconceptions NTDs	1	1	1

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

MITIGATION

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

Table 17: Steps to Mitigate Risk

Steps to mitigate risk	
Avoid	Change plans to circumvent the problem
Control	Reduce threat impact or likelihood (or both) through intermediate steps
Share	Outsource risk (or a portion of the risk) to a third party or parties that can manage the outcome.
Accept	Assume the chance of the negative impact

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Monitor	Monitor and review process in which risk management is in place

Section 3.4. Performance and Accountability Framework

In the table below the strategic priorities, performance indicators, targets and date are provided.

Table 18: Performance Indicators

Performance Indicators for Pillar 1:			
Strategic Objective	Performance Indicators	Target	**Date**
Strategic Priority 1. Scale up integrated preventive chemotherapy to achieve 100% geographic coverage and treatment access in NTD-endemic communities	Achieving 100% geographical coverage on MDA (STH, LF and Schisto)	100%	2023 - 2025
	100% Supportive supervision done to CDDs on community MDA implementation	100%	2023 – 2027
	Increased awareness of the government and non-government official to 100%, Increased Community awareness up to 90%	100%	2023=2027
	Number of coverage survey done following MDA to 100%	100%	2023-2027
Strategic Priority 2:Improve the numbers and capacity of human resource for NTDs	Number of health care workers trained on diagnosis and case management	100%	2023-2027
	Number of CDDs trained on community administration on MDA	100%	2023-2027
	Number of trained laboratory scientists on laboratory NTD diagnosis	100%	2023-2027
	Recruited number of new health care workers	100%	2023-2027

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	especially on diagnostic and field work areas		
Strategic Priority 3:To Develop standard operating Tools and procedures for NTD programme	Availability of NTD master plan	100%	**2023**
	Launching and dissemination of the NTD master plan	100%	**2023**
	Number of NTDs Mapped	100%	**2023-2027**
	Quantity of lab equipment, commodities and reagents for diagnostic use procured	!00%	**2023-2027**
	Maintenance and refurbishment plan developed for the lab equipment	100%	**2023-2027**
Strategic priority4: Improve diagnostic capacity of NTDs at all level of care	Quantity of lab equipment, commodities and reagents for diagnostic use procured	!00%	**2023-2027**
	Maintenance and refurbishment plan developed for the lab equipment	100%	**2023-2027**
Strategic Priority 5: Ensure provision of safe and effective supply chain management of quality-assured NTD Medicines and other products up to the last mile	SOP available	1	
	Number of pharmacovigilance workshops conducted	2	2024-2025
Strategic Priority 6: Intensify surveillance, M&E to track progress and sustain gains made in NTD control and elimination.	NTDs master plan reviewed and evaluated	100%	2023-2027
	Timely quarterly monitoring of NTDs to track progress towards 2027 target was done	100%	2023-2027
	Routinely parasitological monitoring of NTDs regularly done. Surveys to track the progress were timely done	100%	2023-2027
	End-term evaluation of the NTDs master plan done	100%	2023-2027

	Periodic surveys on prevalence of NTDs (Pre-TAS, TAS) timely done	100%	2023-2027
	Sentinel sites SCHISTO/STH and LF developed	100%	2023-2027
	Surveillance activities for NTD including cross border monitoring of transmission NTDs timely and regularly done	100%	2023-2027

Table 19. Performance Indicators for Pillar 2

Strategic Priority	**Performance Indicators**	**Target**	**Date**
Strategic Priority1:Intensify collaboration and multi-sectoral action in the concept of One Health	Annual register of One Health activities	No. of NTD-related activities registered under the OH carried out per year	Annually
	Number of annual meetings conducted	Once annually	2023-2027
	Availability of guidelines on NTDs coordination and response	One	2023
	Availability of Monitoring and Evaluation plan	One	2023
	Presence of NTDs in surveillance framework	One	2024
Strategic Priority 2: Integration NTDs activities to other platforms	Other NTD control programmes are identified	No of existing control identified programmes	Annually
	Availability of guidelines on integrated NTDs management	One	2023
	Training manual with NTDs prevention, control and management	One	2024
	Continuous professional development plan on NTDs	One	2024

Strategic Priority 3: Strengthen identified platforms with similar delivery strategies and interventions (MDAs, skin NTDs, Morbidity management, SBCC, WASH, IVM etc) for integrated approaches across NTDs	Invoice and dispatch for the procured items	No of invoices and dispatches for procured items	Annually
	Dispatch of IVM chemicals	All dispatches of IVM chemicals to all regional stores	Biannually
	Number of meetings	Four meetings	Annually
	List of community members engaged on One Health vector management control	At least 75% of targeted community	Annually
	Number of meetings with identified partners	Four meetings	Annually
Strategic Priority 4: Support in- country operational research for NTD Programmes in collaboration with academia	Availability of research operational plans	One	2024
	Number of NTDs related researches conducted	At least one	Annually
	Developed and signed MoU	One	2024

Table 19. Performance Indicators for Pillar 3:

Strategic Priority	Performance Indicators	Target	**Date**
Strategic Priority 1: Promote and strengthen country ownership and leadership through organizational structures at national and Regional levels	Guidelines available	1	2023
Strategic Priority 2: Strengthen advocacy at all levels for NTD program	No. of advocacy meetings held	2 per year	2023-2025
Strategic Priority 3: Mainstream of NTDs into the National Health System	NTD Indicators in the NHMIS& DHIS	1	2024
	NTDs services available in Primary Health Care Centres	1	2024
	NTDs in "JamiiniAfya app" (community health)	1	2024
Strategic Priority 4: Empower local government and authorities in social mobilization, risk communication, behavioral change and building local support for NTD interventions	Number of community level sensitization meetings held	100	2023-2027
	IEC Materials produced	1	2024
	Amount of funds raised	Variable	
	Number of NTD days marked	5	2023-2027
	Guideline for community engagement available	1	2034
Strategic priority 5:	Anti rabies vaccines purchase	100 doses	Yearly

Strengthen Pharmaceutical supply chain management system	SAEs managed		Annually
	Anti snake venom distributed to districts	50 per district per year	Annually
	Health workers trained on pharmacovigilance	100	2024-2026
	Number of labs accredited	11	2024-2025

Table 19. Performance Indicators for Pillar 4:

Strategic Objective	Performance Indicators	Target	**Date**
Strategic Priority 1: Strengthen NTD coordination.	Number of meetings held	4 meetings in a year (Quarterly meeting)	Annually
Strategic Priority 2: Community engagement and sensitization for MDA compliance**.**	Number of District Multisectoral NTD's committee founded	All 11 Districts of Zanzibar	Biannually
	Number of attendants in each events held in a year	Quarterly .	Quarterly
Strategic Priority 3: Intensify local resource mobilization for NTDs at all levels to improve country ownership	Number of interventions done jointly	75%	**Quarterly**
Strategic Priority 4: Intensify action for identification of case management NTDs.	Number of health workers being trained	100 health workers trained	**Annually**
	Number of meetings conducted for data sharing	4 meetings Annually.	**Quarterly**
Strategic Priority 5: Intensify NTD communication at all levels	Number of NTD education materials provided to the community	Number of materials distributed Quarterly.	
Strategic Priority 6: Promote community involvement and ownership of the program for	Number of NTD programme activities held	24 NTD programme activities done by Quarterly.	**Quarterly**
Strategic Priority 7: Promote improved communication and awareness at the community level for a successful elimination of the endemic NTDs.	Number of Pre-MDA visits conducted	Number of Pre-MDA visits conducted	
	No of Media man	20/year	Annually
	Number of messages sent by the media men per month	20 /month	Monthly
	No of social media used to disseminate NTD news	75% of those available	

PART 4
Budgeting for Impact: Estimates and Justifications

This part of the Master Plan contains the budget. The estimate was generated from software named Tool for Integrated Planning and Costing (TIPAC). The budget is comprehensive, concise and cost effective. From the estimate provided, the annual budget for each year is derived. The total 5-year cost of implementing this Plan is 19,244,361,182 Tanzanian shillings. Table 19 below shows the summary of the 5-year budget for each of the priority areas in 4 pillars of the operational framework. It is the joint responsibility of the stakeholders to jointly mobilise the financial resources required to implement this Plan.

Budgeting Activities

Table 19: Budgeting Activities

Strategic priority	2023	2024	2025	2026	2027	Total
Pillar 1 - Accelerating programmatic action						
1:Scale up intergrated preventive chemotherapy to achieve 100% geographic coverage and treatment access endemic NTD capacity and awareness building	404,637,500	408,037,607	411,472,736	414,943,246	418,449,502	2,057,540,591
2: Improve the numbers and capacity of human resource for NTDs	522,892,500	557,950,000	421,540,000	421,540,000	340,827,500	2,264,750,000
3: To develop Standard Operating Pocedures for NTD Programme	44,000,000	0	0	0	0	44,000,000
4: Ensure provision of safe and effective supply chain management of quality NTD medicines and other products	695,000	0	0	0	0	695,000
5: Intensify surveillanc, M&E to track progress and sustain gains made in NTD control elimination	49,422,500	233,067,500	214,280,000	214,280,000	68,210,000	779,260,000
Sub-total pillar 1	**1,021,647,500**	**1,199,055,107**	**1,047,292,736**	**1,050,763,246**	**827,487,002**	**5,146,245,591**
Pillar 2: Intensify cross cutting approaches						
1: Intensif collaboration and multi-sectoral action in the concept of One Health	30,607,500	56,175,000	56,095,000	56,095,000	56,095,000	255,067,500
2: Strengthen identified platforms with similar delivery strategies and interventions (MDAs, skin NTDs, Mobirdity Managament, SBCC, WASH,IVM etc)for integrated approaches accross NTDs	203,907,500	203,907,500	203,907,500	203,907,500	203,030,000	1,018,660,000
3: Support in- country opeartoional research for NTD rogrammes in collaboration with academia	33,635,000	35,985,000	28,335,000	28,335,000	28,335,000	154,625,000
Sub-total pillar 2	**268,150,000**	**296,067,500**	**288,337,500**	**288,337,500**	**287,460,000**	**1,428,352,500**

Pillar 3. Operating Models and culture to facilitate country ownership						
1: Promote ans strengthen country ownership and leadership through organisational structures at National and Regional levels	227,432,500	13,580,000	13,580,000	13,580,000	13,580,000	281,752,500
2: Strengthen advocacy at all levels for NTD program	31,790,000	22,305,000	22,305,000	22,305,000	22,305,000	121,010,000
3: Mainstream of NTDs into the National Health System	21,077,500	4,467,500	4,467,500	4,467,500	4,467,500	38,947,500
4: Empower local Government and authorities in social mobilization, risk communication, behavioural change and building local support for NTD interventions	113,340,000	113,340,000	113,340,000	113,340,000	113,340,000	566,700,000
5: Strengthen Pharmaceutica supply chain management system	213,732,500	231,155,000	213,120,000	213,120,000	213,120,000	1,084,247,500
Sub-total pillar 3	**607,372,500**	**384,847,500**	**366,812,500**	**366,812,500**	**366,812,500**	**2,092,657,500**
Pillar 4. Strengthen Resource Mobilization, Coordination and Communication for the elimination of NTDs						
1: Strengthen NTD Coordination	12,777,500	6,065,000	6,065,000	6,065,000	6,065,000	37,037,500
2: Community engagement and sensitization for MDA compliance	57,645,000	104,295,000	57,645,000	57,645,000	57,645,000	334,875,000
3: Intensify local resource mobilization for NTDs at all levels to improve country ownership	8,922,500	8,922,500	8,922,500	8,922,500	8,922,500	44,612,500
4: Intensify action for identification of case management NTDs	24,937,500	24,737,500	24,737,500	24,737,500	24,737,500	123,887,500
5: Intensify NTD Communication at all levels	50,400,000	50,400,000	50,400,000	50,400,000	50,400,000	252,000,000
6: Promote community involvement and ownership of the program for optimal use of available resources	30,025,000	30,025,000	30,025,000	30,025,000	30,025,000	150,125,000
7: promote improved communicatio and awareness at the commmunity level for a successful elimination of the endemic NTDs	2,477,500	2,477,500	2,477,500	2,477,500	2,477,500	12,387,500
Sub-total pillar4	**187,185,000**	**226,922,500**	**180,272,500**	**180,272,500**	**180,272,500**	**954,925,000**
Grand total	**2,084,355,000**	**2,106,892,607**	**1,882,715,236**	**1,886,185,746**	**1,662,032,002**	**9,622,180,591**

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Inflation rate 0% Category: Implementation costs

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Annexes

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Annex 2: Steps in designing/reviewing a national NTD Master Plan

I. Prepare andorganize

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

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

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

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

II. Draft targets and strategies

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

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

Ensure strategies are aligned with broader national health strategies

III. Consult and enlist partners

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

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

WHO, individuals and communities affected by NTDs

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

IV. Refine plans and actions needed

Refine country NTD plans from feedback from partners

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

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

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

Initiate continuous learning and adapt the strategy

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Annex 3: Proposed road map targets, milestones and indicators

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

Overarching global targets

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

Cross-cutting targets

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

Impact of integrated approaches on disease-specific targets

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

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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.

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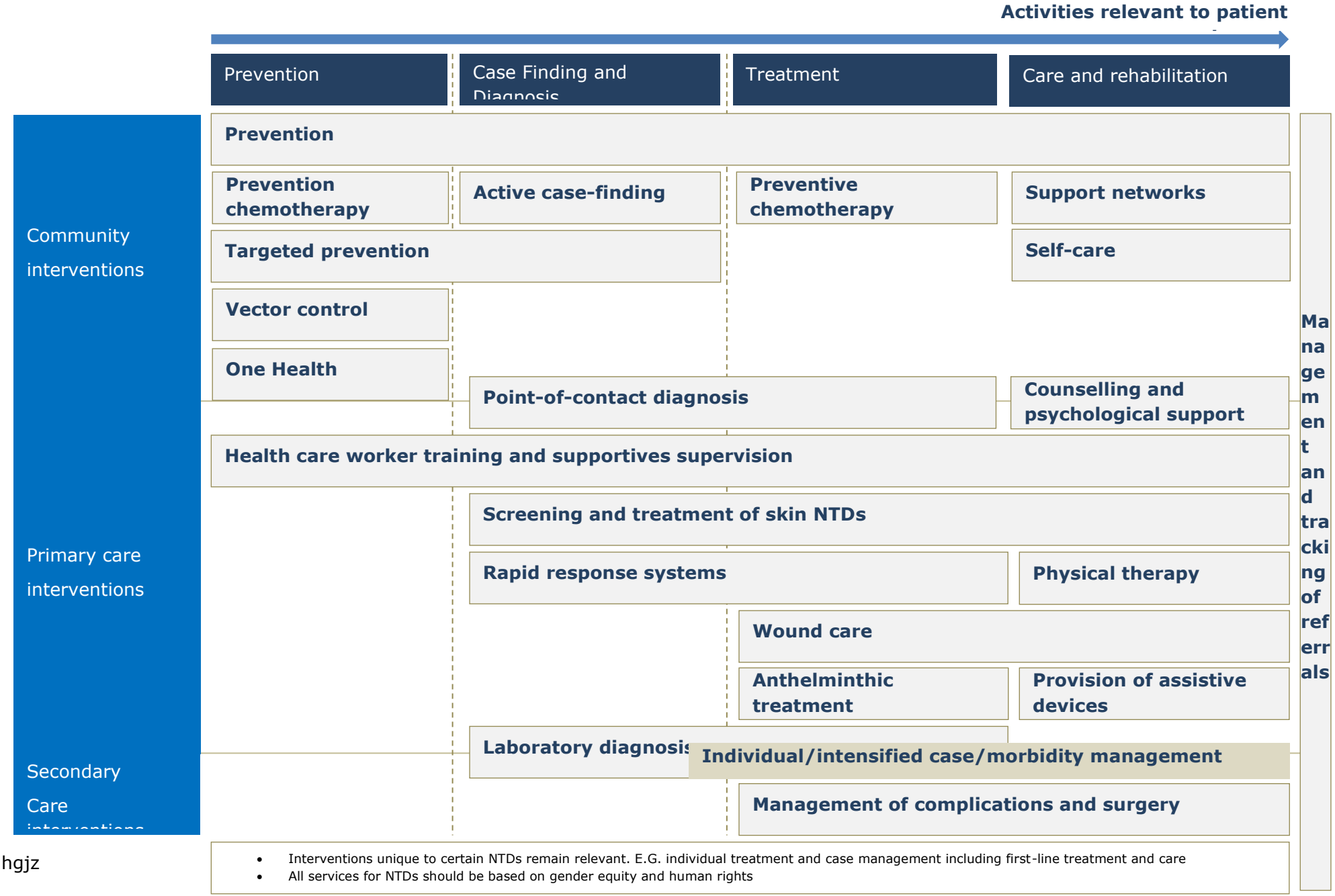
Annex 4: Mainstreaming NTDs into national health systems



- Interventions unique to certain NTDs remain relevant. E.G. individual treatment and case management including first-line treatment and care
- All services for NTDs should be based on gender equity and human rights

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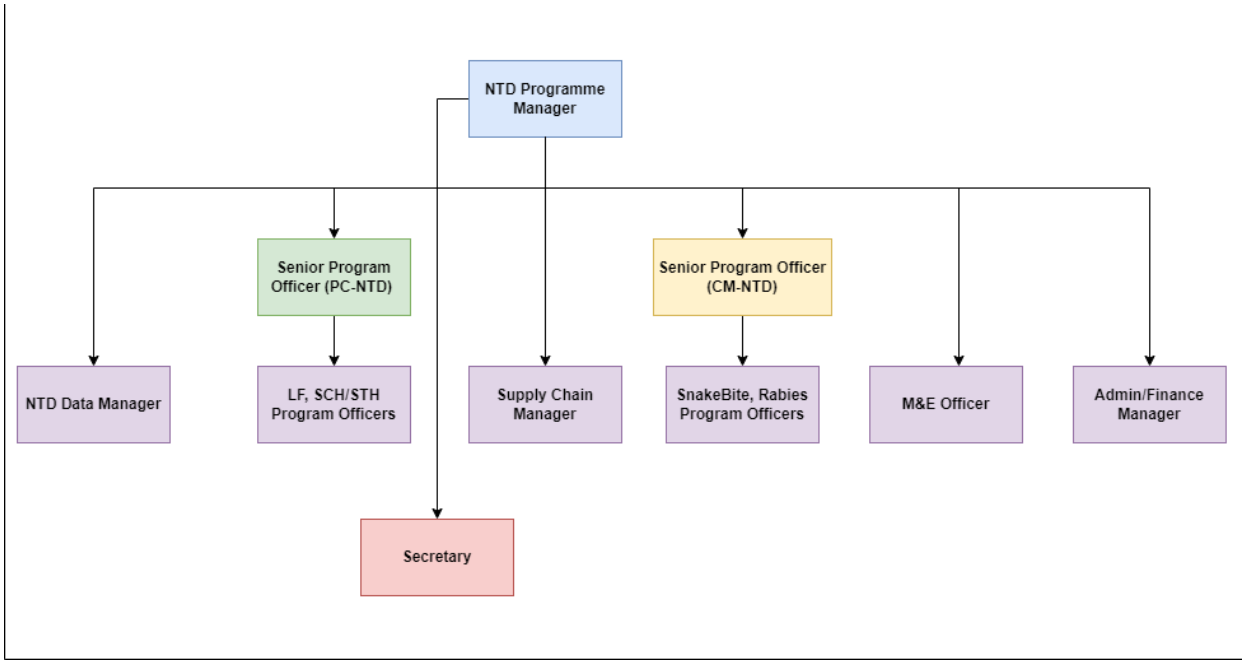
Annex 5: Coordination with health ministries and other ministries and authorities

Collaborating Stake holders other than Health		Roles
1	Ministry of Education	Support School Health NTD Interventions including promoting healthier practices in areas of WASH, Wearing Shoes, and supervise School MDA.
2	Zanzibar Water Authority	Responsible for WASH interventions, including overseeing availability and access to safe water, and sanitation facilities.
3	Ministry of Land and Housing development	Oversee land use and allocation that caters for healthier & safer practices against NTDs transmission. Responsible for safer housing.
4	Ministry of Information	Facilitate access to communication services to allow information sharing and education on NTDs.
5	Ministry of Local Government	Oversee MDA Implementation and support NTD implementation at ground level.
6	Zanzibar food and Drug Agency	Ensure NTD drug safety. Support Pharmacovigilance of NTD Medicines.
7	External Finance, Presidents Office	Responsible for Budget allocation to Health, including to support NTD interventions
8	Finance and Planning	Responsible for Budget allocation to Health, including to support NTD interventions
9	Ministry of Agriculture, Irrigation, Natural Resources and Livestock	Oversee food production, safety, and hygiene practices. Address NTD risks related to Water Irrigation Schemes. Work together to strengthen One Health interventions in Zanzibar.
10	Zanzibar Medical Stores Department	Facilitate storage, distribution, and supply of NTD Medicines and supplies to support MDA, NTD diagnosis and services delivery.

11	Zanzibar Food and Drug Agency	Releases import permit for drugs and other medical supplies and destruction of expired drugs and other medical supplies.
12	ASCEND/ARISE	Support implementation of PC MDA Interventions in Zanzibar including (Mass Drug Administration, Morbidity Management, Surveillance, and Impact Assessments).
13	Malaria program	Collaborate on Vector Control, including surveillance, and data management for joint elimination of LF, SCH and Malaria in Zanzibar,
14	Milele Foundation	Support Education on NTD prevention and control alongside other health programme interventions
15	UNICEF	Provide technical and financial support to improve Zanzibar Government WASH Initiatives
16	World Health Organization	Provide technical and financial guidance to controlling and eliminating NTDs in Zanzibar.

Annex 6: Organisational chart of the MoH and the NTD National Programme



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Annex7: Safety

Safety is critical for the success of programmes to control and eliminate 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.

Safety has long been a consideration for NTD programmes. Drugs that are donated for preventive chemotherapy should be manufactured according to the highest standards of safety and quality. However, maintaining safety requires ongoing vigilance, particularly in administering preventive chemotherapy.

Safety is not automatic. It must be considered, planned for, and integrated across all components of NTD programmes. Zanzibar NTD Master Plans should include safety-related objectives or targets. Including safety as an integral part of NTD Master Plans will ensure that safety receives adequate attention in NTD programming.

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 Zanzibar NTD Program. ZFDA Pharmacovigilance Unit represents a key, but often overlooked resource for NTD Programmes in planning for, and responding to, drug-related adverse events. Pharmacovigilance centres have regulatory authority and responsibility for investigating and reporting adverse events, and they should provide essential resources and expertise to Zanzibar NTD programmes when serious adverse events (SAEs) occur. Collaboration with ZFDA pharmacovigilance centres should be highlighted in this NTD Master Plans. ZFDA Pharmacovigilance agency representatives should be included in Zanzibar NTD Technical Advisory Group.

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. This Master Plan 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.

Safe drug management and storage

Safe management, good storage practice, and shipment of NTD drugs should be well addressed. It is important for this NTD Master Plans continue to highlight these factors. As preventive chemotherapy becomes increasingly integrated and drugs are co-administered, safe drug management is essential for preventing mix-ups and improper dosing.

Safety training and safe drug administration

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

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 ZFDA pharmacovigilance Unit, strategic communications planning, and stakeholder awareness of procedures for responding to SAEs.

Integrating safety into NTD Master Plans

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

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

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

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

Conclusion

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

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