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# **Neglected Tropical Disease Control Program**

Semi-annual Report

April 1, 2009–September 30, 2009

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# Neglected Tropical Disease Control Program

Semi-annual Report, April 1, 2009–September 30, 2009

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Prepared for  
Christy Hanson  
Health Development Officer  
Office of Health, Infectious Diseases and Nutrition  
U.S. Agency for International Development  
1300 Pennsylvania Avenue, NW  
Washington DC, 20532

Prepared by  
RTI International  
3040 Cornwallis Road  
Post Office Box 12194  
Research Triangle Park, NC 27709-2194

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# Table of Contents

List of Figures.....	v
List of Tables.....	vi
List of Acronyms.....	vii
1. Summary .....	1
<i>Coverage</i> .....	1
<i>Additionality</i> .....	1
<i>Capacity Building</i> .....	2
<i>Sustainability</i> .....	2
2. Program Planning, Management, Monitoring and Evaluation, and Reporting.....	3
2.1 Program Planning.....	3
2.2 Program Management.....	3
2.3 Monitoring and Evaluation .....	4
2.3 Program Reporting.....	6
3. Direct Implementation of Integrated NTD Control.....	6
3.1 Overview .....	6
3.2 Coverage of mass drug administration .....	7
3.3 Additionality.....	8
3.4 Capacity Building.....	14
3.5 Drug Procurement and Management.....	16
3.6 Development of Tools for Integration.....	17
3.7 Operations Research to Improve Integrated Program Performance .....	19
4. Grants Administration for Country Programs.....	20
4.1 Issuance of Grants .....	20
4.2 Grants Management Support and Partnership Building.....	21
5. Technical Advisory Group.....	22
6. Documentation and Dissemination of Program Lessons .....	24
7. Advocacy and Resource Mobilization.....	26
8. Activities Planned for the Next Six Months.....	30
8.1 Program Planning, Management, Monitoring and Evaluation, and Reporting ....	30



## List of Figures

Figure 1.	Number of Persons Treated and Treatments Provided, Years 1-3 .....	11
Figure 2.	Geographic Additionality in NTD Control Program Countries: Districts Treated with USAID Support, Years 1-3 .....	13
Figure 3.	Distribution of Health Care Workers in Training Programs, Years 1-3 .....	15
Figure 4.	Efficiency of Trained Health Care Workers in Fast-Track Countries: Ratio of Treatments/Persons Trained .....	16

## List of Tables

Table 1.	Program Treatment Coverage Rates by Country and by Drug Package for Year 3.	7
Table 2.	Number of Districts Mapped by Country, with USAID Funds .....	9
Table 3.	Number of People Treated Years 1-3 by Country with USAID Support .....	10
Table 4.	Gender Distribution of Treatment in Niger and Burkina Faso 2008, District Level..	11
Table 5.	Number of Districts Treated Years 1-3 by Country with USAID Support.....	12
Table 6.	Number of Health Care Workers in Training Programs Conducted by NTD Control Program in Year 3, by Country .....	14
Table 7.	Drug Management Meetings Attended .....	17
Table 8.	Technical Assistance Provided during Reporting Period .....	19

## List of Acronyms

APOC	African Programme for Onchocerciasis Control
APS	Annual Program Statement
CDC	Center for Disease Control
ITI	International Trachoma Initiative
IRs	Intermediate Results
LATH	Liverpool Associates in Tropical Health
LF	Lymphatic Filariasis
LOA	Letter of Authorization
M&E	Monitoring and Evaluation
MDA	Mass Drug Administration
MOH	Ministry of Health
NGO	Non-Governmental Organization
NTD	Neglected Tropical Disease
PCT	Preventive Chemotherapy
PDCI	Partnership for Disease Control Initiatives
RFA	Request for Application
RTI	RTI International
SCI	Schistosomiasis Control Initiative, Imperial College, London
STH	Soil-Transmitted Helminthiasis
TAG	Technical Advisory Group
USAID	United States Agency for International Development
WHO	World Health Organization



# 1. Summary

During Year 3 the Program supported implementation of integrated NTD programs in 12 countries: Bangladesh, Burkina Faso, Cameroon, Ghana, Haiti, Mali, Niger, Nepal, Sierra Leone, Southern Sudan, Togo and Uganda. Guinea was selected as the 13<sup>th</sup> country in Q4, but security concerns have delayed initiation of activities.

In August 2009 the Program brought grantee partners from nine country programs to Washington meeting to jointly conduct work planning and share best practices. The process had the added benefit of strengthening the working relationships between Program partners, and an increased sense of shared commitment to the Program's goals.

Eric Ottesen joined the Program as Technical Director and RTI established a senior management team consisting of a Technical Director and Operations Director. The Program's M&E Specialist departed the Program and leadership of the M&E component has been assumed by the Technical Director.

The focus of activities during Year 3 was to finalize and refine Program M&E tools for grantees and to develop international M&E tools, standards and guidelines, including development and implementation of a national level protocol for post MDA validation surveys. Data collection was completed for the Haiti cost study and analysis was initiated.

Highlights of Year 3 achievements under the Direct Implementation component are summarized below. At this time all data are preliminary and based on reported coverage information. Data will be updated and finalized following the conduct of post-MDA validation surveys.

## *Coverage*

**In Year 3 the Program successfully delivered approximately 127 million treatments to over 55 million people in seven countries** (Burkina Faso, Ghana, Haiti, Mali, Niger, Sierra Leone and Uganda). During the first 3 years of the Program over 221 million treatments were provided to 55 million people, exceeding the NTD Control Program's life of project goal of 160 million treatments provided to 40 million people. In addition, country programs achieved average coverage rates of over 85% of the population eligible for treatment.

## *Additionality*

During Year 3 the Program achieved significant in the following areas: mapping of new geographic areas; number of people treated; number of treatments provided; and number of implementation units (geographic) targeted for treatment.

The Program supported the distribution of over donated drugs valued at over \$575 million during Year 3.

### *Capacity Building*

During Year 3 NTD Control Program partners provided training to over 221,500 workers at central, regional and district levels. In addition to the drug distributors, who make up approximately 90% of the trainees, the Program has trained a cadre of 22,919 national counterparts (trainers, lab technicians, surveyors, MOH program managers and finance staff, monitoring evaluation specialists, and supervisors)--a significant human capacity resource for integrated NTD control, especially in Africa.

### *Sustainability*

During Year 3, the Program took many significant steps toward ensuring government ownership and leadership of their national NTD control programs, building on the lessons learned. The Program developed a set of tools and templates to streamline management and reporting processes for grantees, including for key activities such as mapping and survey protocols, plans of action, stakeholders' meetings, reporting, advocacy strategies, and budgeting and work plan development. We also initiated operations research in Togo to establish guidance for a model post-LF elimination surveillance system.

Through an Annual Program Statement (APS) solicitation and pre-award technical and financial assessments, Cameroon, Guinea and Togo were added to the Program. Current unrest in Guinea has delayed negotiations with the grantee, until Year 4. All Year 3 work plan benchmarks for grants administration were reached by the end of the reporting period.

The Technical Director and other Program staff participated in a wide range of technical meetings, whose outcomes are of immediate relevance to the Program and to which the experience of the NTD Control Program informs the broader global health community through providing empirical evidence for what works very well and what works less well.

During the reporting period the Program conducted a range of activities to highlight and share program success and experience to date, including a semi-annual NTD Control Program newsletter and highlighting the results from the mid-year semi-annual report; RTI's annual Fellows Seminar series: *Integrated Control of Neglected Tropical Diseases (NTDs): What Determines Success, Potential for Scale-Up, and Sustainability?*; Global Health Council Roundtable highlighting the challenges and achievements of the national programs in Haiti, Uganda and Sierra Leone; development of the Program and USAID NTD Initiative website materials; presentation of pharmaceutical operations and the critical role of the pharmaceutical donors within the NTD Control Program; PQMD meeting at Eli Lilly and numerous country presentations at NTD meetings globally.

Advocacy efforts in Year 3 focused on the strengthening, development, and implementation of the country-level sustainability plans for NTD control. The Program developed of an advocacy manual and toolkit for grantees aimed at developing country

specific plans to advocate for government ownership of the national NTD control programs and to develop strategies for sustainable post-elimination control approaches.

## **2. Program Planning, Management, Monitoring and Evaluation, and Reporting**

### **2.1 Program Planning**

Program planning in Year 3 included a meeting of all grantees in RTI's DC office in August 2009 to introduce the tools developed during Year 3 and to streamline the work planning process. Successful field visits to assist with work plan development in Q1 demonstrated that grantees and country counterparts appreciated and benefited from more direct communication in the final stages of work plan development. To build on this best practice, we asked all grantees to submit draft work plans prior to the August meeting, allowing the Program staff time to review prior to arrival. Country teams met to discuss and revise the work plans during the August meeting, resulting in quicker understanding of issues and concerns and more rapid completion of the individual country work plans. The process had the added benefit of strengthening the working relationships between Program partners, and an increased sense of shared commitment to the Program's goals.

### **2.2 Program Management**

#### **Personnel**

In the second half of Year 3, the Program brought on Eric Ottesen as Technical Director and established a senior management team for the Program consisting of Eric Ottesen, Technical Director, and Mary Linehan, Operations Director. Dr. Ottesen works 50% time on the Program and provides leadership for M&E, assures strong relationships with key partners, including the pharmaceutical partners and donation programs, and provides technical oversight to all Program activities.

In August the Program's M&E Specialist, Margaret Baker departed for an academic post. She will remain a consultant technical advisor to the Program and will continue to undertake specific assignments as described in the Year 4 Work plan. Leadership of the M&E component has been assumed by Dr. Ottesen, and M&E Associate Katie Zoerhoff assumed responsibility for maintenance of the M&E databases, providing on-going support to grantees and responding to data requests from USAID.

Deputy Grants Manager, Ruth Yohannes, joined the team in May 2009 and provides support to the grants management component particularly oversight of financial aspects such as invoices, grantee budget review and pipeline analysis, monitoring of grantee cost share and supporting grantees for compliance with RTI audit requirements, and USAID rules and regulations.

## **Expanding Partnerships**

As the Program scales up to include new countries, we have established new collaborative mechanisms that allow the program to access the expertise of other groups. Examples include the following:

- In Nepal we worked closely with WHO to provide support for the development of a national plan of action for integrated NTD control. This jointly implemented and funded activity was very successful, and will serve as a model for other countries where a national plan of action does not exist.
- The Carter Center worked closely with our Program activities in Mali, Burkina Faso and Niger to provide training for trachoma impact assessments. Dr. Sankara provided technical assistance to country trachoma programs, in collaboration with The Carter Center to assure high quality data collection and timely implementation.
- During Year 3 we established and conducted the competition for an Indefinite Quantity Contract (IQC), to allow the Program to access the technical expertise and regional capacity. During the coming years of the Program the IQC mechanism will allow RTI to identify cross-country and regional technical expertise as a means of providing support among implementing partners, and to access the expertise of additional partners who have not been selected to receive grants. Three applications were received; award of contracts will take place in early Q1 of Year 4.
- We strengthened collaborative relationships with Task Force for Global Health, focusing on drug donation applications and logistics, data management and flow, program monitoring and costing, and establishing the priorities for operational research for the evidence base for decisions on stopping MDAs and post-MDA surveillance.

## **2.3 Monitoring and Evaluation**

The focus of activities during Year 3 was to finalize and refine Program M&E tools for grantees and to develop international M&E tools, standards and guidelines. This included the development and implementation of a national level protocol for post MDA validation surveys. Specific activities during the reporting period include:

### **Generate Program Results**

- The Program has developed and refined a post-MDA survey tool to validate country-reported drug coverage, assess coverage by age and gender, and explore reasons for not receiving drugs. The Program has developed a state-of-the-art protocol for district- and national-level post-MDA surveys, which has been tested and finalized. In Year 3, national post-MDA surveys were implemented in Burkina Faso, Ghana, Mali, Niger, Sierra Leone, and Uganda; currently, data is being entered and cleaned, and analysis will take place in Year 4.

- The Program has finalized the report of the Year 2 performance results and developed a preliminary report of Year 3 performance results.
- The Program has responded to requests for information from USAID.

### **Provide Support to Grantees**

- The Program has continued to support countries with M&E reporting requirements by providing technical guidance through email, telephone and in-person communication.
- Consultant David Nelson and Dr. Kabore implemented training for post-MDA survey implementation in Burkina Faso. Based on this experience, Dr. Nelson developed training modules to be used in conducting subsequent post-MDA survey trainings. Program staff, with feedback from HKI, revised these training modules. In July 2009, the modules were translated into French and pilot tested by HKI in Mali. Based on feedback received following the Mali training, the RTI Program is currently revising the modules and will disseminate final versions in Year 4.
- During the August Grantee Meeting, a one-day training session was conducted to strengthen grantee capacity to meet the Program's M&E requirements. During the Grantee Partners Workshop, Program staff held a session on M&E for the program managers in order to strengthen their capacity to satisfy Program M&E requirements. As a result of the M&E session at the Workshop, program managers strengthened their understanding of the Program's M&E approach as well as how their country data can be utilized to improve the Program. Program staff also gained insight on how to continue to improve M&E tools.

### **Develop International M&E Tools, Standards and Guidelines**

- During Year 3, Program staff collaborated with WHO to review new guidelines for integrated monitoring and evaluation for NTD control, including review of draft materials, attendance at working group sessions and development of key issues to be addressed by technical advisory group meetings, include the WHO STAG. The NTD Control Program's M&E country program experience and data was made available to drug donation programs and WHO for forecasting drug needs, identifying gaps in mapping information and results from mapping and MDA campaigns.

### **Cost Studies**

- During the reporting period the Haiti cost study completed data collection and is undertaking preliminary data analysis. Results are anticipated in Q1 of Year 4. In addition the Program supported development of an Access database tool for the study, which was distributed to all Gates-funded cost study countries. The data base is available on the NTD Control Program website. Cost data collection has

been completed and entered into the database. As part of the Haiti cost study, we attempted to quantify the contribution of community workers to the MDA. Approximately 10% of the community volunteers in 10 communes were surveyed. When other country investigators involved in the Gates studies learned of the modified survey, they expressed interest in using it in their own countries.

- The Program funded an MDA coverage survey in Haiti which was designed and implemented by CDC. The survey included questions about costs incurred by the individuals who participated in the survey. The purpose of this data is to evaluate the cost effectiveness of the MDA effort in the context of the populations who were targeted for treatment. Results will be available in early Year 4.

## **2.3 Program Reporting**

### **Financial Reports**

RTI submitted financial reports in accordance with 22 CFR 226.52.

### **Annual Work Plan**

The Year 4 Work Plan was submitted September 4, 2008.

### **Semi-Annual Program Reports**

The Semi-Annual Program Report for the period October 1, 2008-March 30, 2009 was submitted April 30, 2009.

Additionally, the NTD Control Program management team briefed the USAID CTO and other relevant USAID staff on Program progress on a regular basis, and prepared bi-weekly or monthly NTD Control Program Updates for USAID to share with Missions in participating countries.

## **3. Direct Implementation of Integrated NTD Control**

### **3.1 Overview**

The Program worked to support implementation of integrated NTD programs in Year 3 in 12 countries: Bangladesh, Burkina Faso, Cameroon, Ghana, Haiti, Mali, Niger, Nepal, Sierra Leone, Southern Sudan, Togo and Uganda. Guinea was selected as the 13<sup>th</sup> country in Q4, but security concerns have delayed initiation of activities.

Bangladesh and Nepal were awarded in the Q1 of Year 3. In May 2009, the Operations Director traveled to Bangladesh and Nepal with Angela Weaver, USAID, to review program activities and plan for support to the country programs. Support for each country has been provided directly through RTI during Year 3.

Cameroon, Guinea and Togo were selected through an Annual Program Statement (APS) process, during the second half of Year 3. RTI conducted site visits to the countries and due diligence negotiations with the grantees in Cameroon and Togo (HKI and HDI) were conducted in Q3. A planned site visit to Guinea for has been delayed until the situation in the country becomes more secure.

Highlights of Year 3 achievements are summarized below. Note that at this time all data are preliminary and based on reported coverage information. Data will be updated and finalized during the Q1 of Year 4.

### 3.2 Coverage of mass drug administration

During Year 3 of implementation, the NTD Control Program successfully conducted mass drug administration campaigns in seven countries: Burkina Faso, Ghana, Haiti, Mali, Niger, Sierra Leone and Uganda. Preparations for additional MDA took place in Southern Sudan and will be completed before December 2009.

**In Year 3 the Program successfully delivered approximately 127 million treatments to over 55 million people in 7 countries (Burkina Faso, Ghana, Haiti, Mali, Niger, Sierra Leone and Uganda). During the first 3 years of the program over 221 million treatments were provided to 55 million people, exceeding the NTD Control Program's life of project goal of 160 million treatments provided to 40 million people.**

During Year 3, country programs achieved average coverage rates of over 85% of the targeted at-risk population eligible for treatment, as shown in Table 2. Ghana reported a low coverage rate for PZQ because the targeted schools were closed during the MDA; the PZQ treatment was delayed, and has not yet been implemented. In the northern part of Uganda, low program coverage with PZQ only was the result of moderate adverse effects from the first MDA for schistosomiasis in the area, discouraging other residents from taking the pills. Inadequate quantities of Zithromax were provided to Uganda, resulting in low program coverage.

**Table 1. Program Treatment Coverage Rates by Country and by Drug Package for Year 3**

Country	(IVM/DEC) + ALB	IVM Only	PZQ+ (ALB/MBD )	PZQ Only	Zithro + Tetra	ALB Only
Burkina Faso	102.23*			92.68	88.62	
Ghana	91.55	87.02		71.08	90.44	

Haiti	104.72*					
Mali**	86.05			85.47	88.67	
Niger	80.12		86.87	92.60	78.30	
Sierra Leone	81.81		92.59			
Uganda	92.25	97.40	95.82	73.19	62.21	90.90
Bangladesh						
Cameroon						
Guinea						
Nepal						
South Sudan***						
Togo						

\*Program coverage greater than 100% may reflect inaccurate census data used to define the targeted at-risk population.

\*\*Results will be updated when all data has been received.

\*\*\*Currently implementing MDA; final data will be available early 2010

### 3.3 Additionality

During Year 3, the NTD Control Program achieved significant additionality in all of the following areas:

- mapping of new geographic areas
- number of people treated
- number of treatments provided
- number of implementation units (geographic) targeted for treatment

Summary statistics are presented in the tables below showing the progress made in each of the first three years of the Program.

**Mapping of new geographic areas.** The NTD Control Program is mandated to conduct the mapping necessary to target and scale-up NTD treatments.

Mapping in Year 3 included:

- Burkina Faso mapped 16 districts for trachoma
- Niger mapped 2 districts for trachoma
- Sierra Leone re-mapped 6 districts for schisto and 6 districts for STH because of earlier technical problems

- Southern Sudan mapped 5 districts for LF, 5 districts for schisto, 5 districts for STH, and 2 districts for trachoma
- Uganda mapped 15 districts for LF, 6 for schisto, 6 for STH and 4 for trachoma

To complement the prevalence information already available, the Program has supported mapping of 28 districts for LF, 91 districts for trachoma, 161 districts for STH, and 171 districts for schisto to date. A breakdown of mapping activities by country is shown in Table 3. This has contributed significantly to closing the “mapping gap,” allowing the Program to scale up MDA in districts it defined as being in need of treatment.

**Table 2. Number of Districts Mapped by Country, with USAID Funds**

Country	Number of Districts Mapped (USAID funding only, Years 1-3)				
	LF	Oncho	Schisto	STH	Trachoma
Burkina Faso	0	0	0	0	49
Ghana	0	0	138	138	0
Haiti	0	0	0	0	0
Mali	0	0	0	0	0
Niger	1	0	0	0	25
Sierra Leone*	7	0	12	12	5
South Sudan	5	0	5	5	2
Uganda	15	0	16	6	10
Bangladesh					
Cameroon					
Guinea					
Nepal					
Togo					
<b>TOTAL:</b>	28	0	171	161	91

\*6 of the districts mapped in Sierra Leone in Year 2 were re-mapped for technical reasons in Year 3

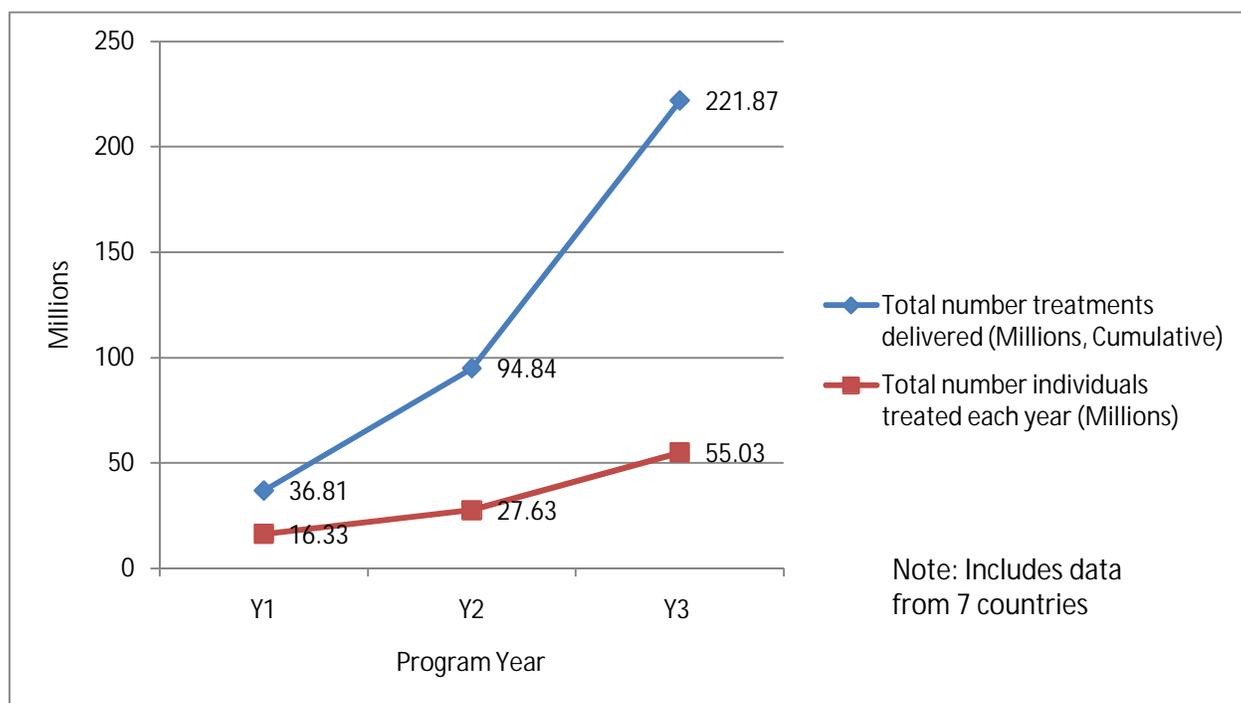
**Number of people treated.** Table 4 shows the number of people treated with USAID support in each of the first 3 years for each country program. The Program nearly doubled the number of persons treated with USAID support between Year 2 and Year 3.

**Table 3. Number of People Treated Years 1-3 by Country with USAID Support**

Country	Population Coverage		
	Year 1	Year 2	Year 3
Burkina Faso	1,014,187	4,423,442	12,357,553
Ghana	5,335,932	0	5,840,786
Haiti	0	0	2,132,926
Mali*	4,629,367	8,900,328	9,917,263
Niger	5,359,839	6,295,611	7,919,558
Sierra Leone	0	0	3,179,107
Uganda	0	8,018,942	13,687,841
Bangladesh			
Cameroon			
Guinea			
Nepal			
S. Sudan			
Togo			
<b>TOTAL</b>	<b>16,339,325</b>	<b>27,638,323</b>	<b>55,035,034</b>

**Number of treatments provided.** Figure 1 shows the number of persons treated each year and the total number of treatments provided that were attributable to USAID funding. The number of treatments for Year 3 was over 127 million; the cumulative number of treatments for the first three years is approximately 221 million.

**Figure 1. Number of Persons Treated and Treatments Provided, Years 1-3**



### Gender Distribution of NTD Treatments

In Year 3, national population-based post-MDA surveys were conducted in six countries, and forthcoming analysis of this data will define the gender distribution of NTD treatments in these countries. Available data from district-level post-MDA surveys conducted in 2008 in Niger (5 districts) and Burkina Faso (10 districts) is shown in Table 4. Slightly more females than males reported receiving NTD treatments; the difference was not statistically significant.

**Table 4. Gender Distribution of Treatment in Niger and Burkina Faso 2008, District Level**

Country	Proportion of Persons Reporting Treatment with at Least one Drug, by Gender (number of persons treated in the districts surveyed)*	
	Females	Males
Niger	50.1-53.5% (0.82-1.1 million)	46.5-49.8% (0.78-0.98 million)
Burkina Faso	48.5- 54.6% (1.2-1.4 million)	45.5- 51.5% (1.1-1.3 million)

\*95% confidence intervals derived from unstratified multistage cluster samples in Niger and Burkina Faso.

**Number of districts targeted for treatment.** During Year 3, the total number of districts treated was 317, a substantial increase from the total of 106 districts in Year 1 and 155 in Year 2 as shown in Table 6.

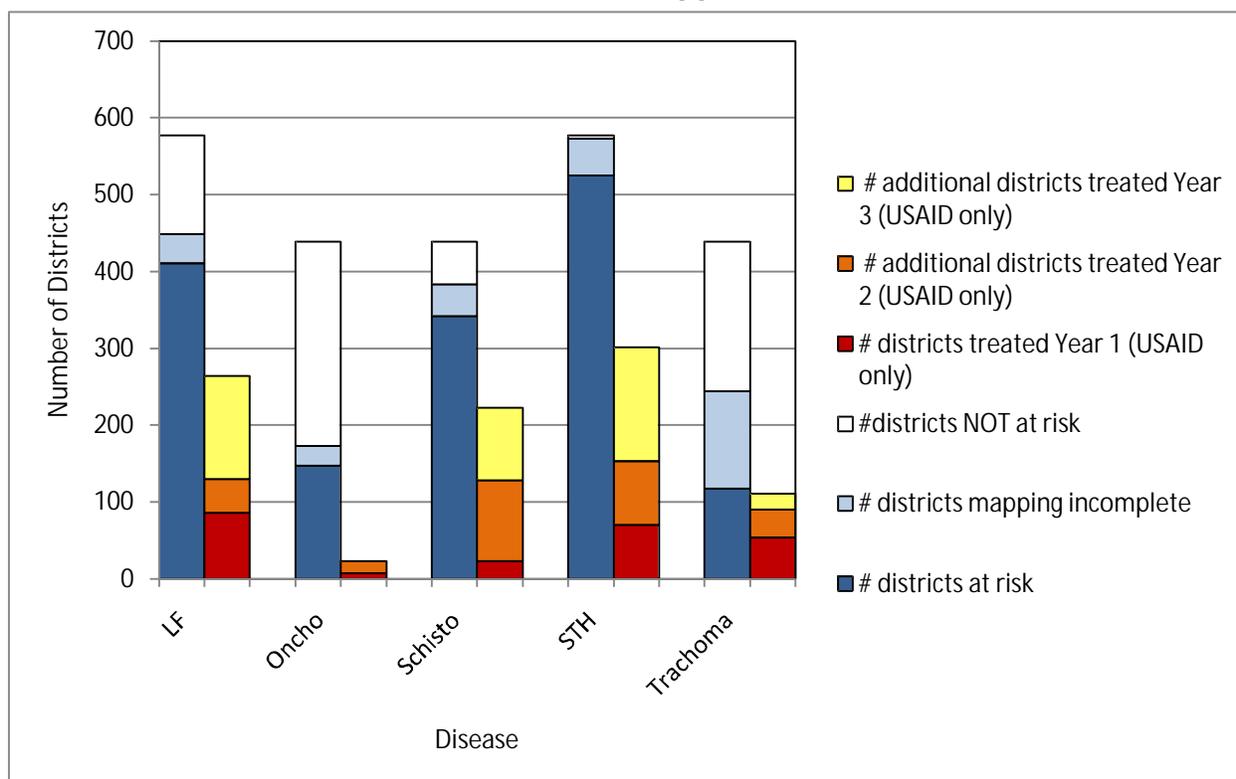
**Table 5. Number of Districts Treated Years 1-3 by Country with USAID Support**

Country	Geographical Coverage		
	Year 1	Year 2	Year 3
Burkina Faso	3	36	55
Ghana	60		60
Haiti			46
Mali	24	51	54
Niger	19	21	28
Sierra Leone			13
Uganda		47	61
Bangladesh			
Cameroon			
Guinea			
Nepal			
S. Sudan			
Togo			
<b>TOTAL</b>	<b>106</b>	<b>155</b>	<b>317</b>

Since successful elimination (as in Ghana for trachoma) and PZQ ‘holidays’ (as in Burkina Faso in Year 3) results in a reduction of the number of implementation units treated over time, it is important to recognize that this reduction does not imply diminished performance or a slowdown in the national program scale up.

Figure 2 shows the additional number of districts or other implementation units where MDAs took place supported by USAID funding in Years 1-3. Figure 2 shows that the greatest increases in USAID-supported geographic coverage have occurred in districts endemic for STH, LF, and schistosomiasis. Figure 2 also indicates that the majority of districts known to be endemic for trachoma have been mapped through the support of USAID. Support from other donors and government partners have also contributed to the countries’ progress towards national coverage (data not shown).

**Figure 2. Geographic Additionality in NTD Control Program Countries: Districts Treated with USAID Support, Years 1-3**



**Drug Donations.** The Program supported the distribution of over \$575 million worth of donated drugs during Year 3. In addition to the major donation programs, country programs were able to obtain drug donations as follows: Albendazole was donated by World Vision (Ghana), and by UNICEF and World Food Programme (Uganda); Praziquantel was donated by SCI in Niger; DEC was provided by the University of Notre Dame with funding from the Bill and Melinda Gates Foundation and IMA World Health (Haiti); MEB was provided by UNICEF and Medical Research Council (Sierra Leone).

Efforts were made to quantify the additional national government line items and other donor contributions. There is a large variation in the amount of funding reported to be provided by the governments, as some of the countries include staff salaries and others do not. Furthermore, it can be difficult to portray all the contributions of the government as decentralized health systems may have difficulty capturing contributions made by peripheral levels. It is important to note that in addition to government commitment reflected through budget line items, many countries have demonstrated the commitment of the government in other ways. These commitments will be better measured in Year 4 through the budgeting tool.

### 3.4 Capacity Building

During Year 3, NTD Control Program partners strengthened the capacity of country level counterparts by providing training to 221,500 workers at central, regional and district levels, as shown in Table 6 below. In each country, grantees, supported by NTD Control Program staff, provided on-going assistance to strengthen the strategic planning and management skills of country program managers.

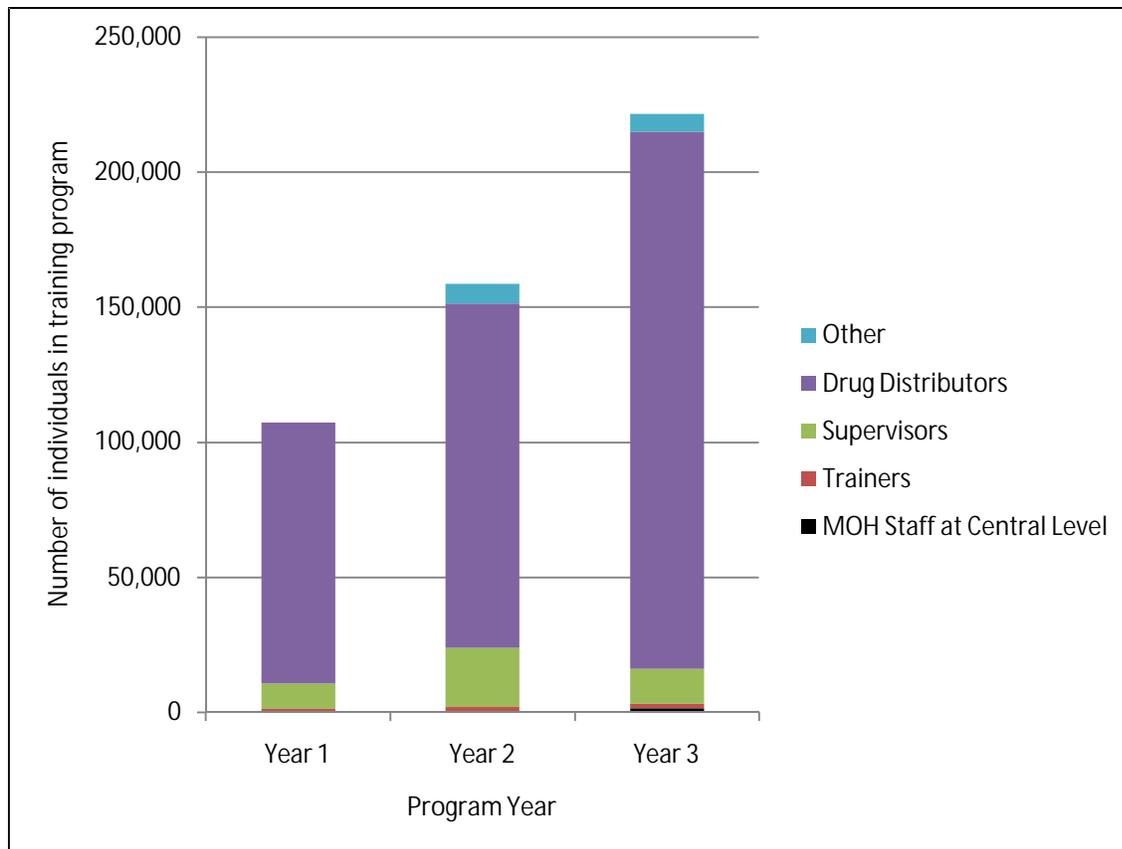
**Table 6. Number of Health Care Workers in Training Programs Conducted by NTD Control Program in Year 3, by Country**

Country	Year 3
Burkina Faso	16,647
Ghana	13,382
Haiti	12,492
Mali	28,580
Niger	28,293
Sierra Leone	35,049
South Sudan	93
Uganda	86,964
Bangladesh	
Cameroon	
Guinea	
Nepal	
Togo	
<b>TOTAL:</b>	<b>221,500</b>

Figure 3 shows the number and distribution of health care workers who participated in training programs conducted by the NTD Control Program in Years 1-3 with USAID support. The Program plays a significant role in developing the capacity of local managers, supervisors, trainers, lab technicians and other technical resources for NTD control. In Year 3 a cadre of 22,919 were trained (approximately 10% of the total number trained). Roles are not always clearly defined; for example, MOH personnel who participate in trainings may then serve as trainers. These individuals were only counted as participating in training in one category. “Other” training included interviewers and supervisors for the post-MDA coverage survey, NGOs in health sectors, and laboratory

technicians/assistants, among others. Community drug distributors have made up the vast majority of those trained by the Program across Years 1-3.

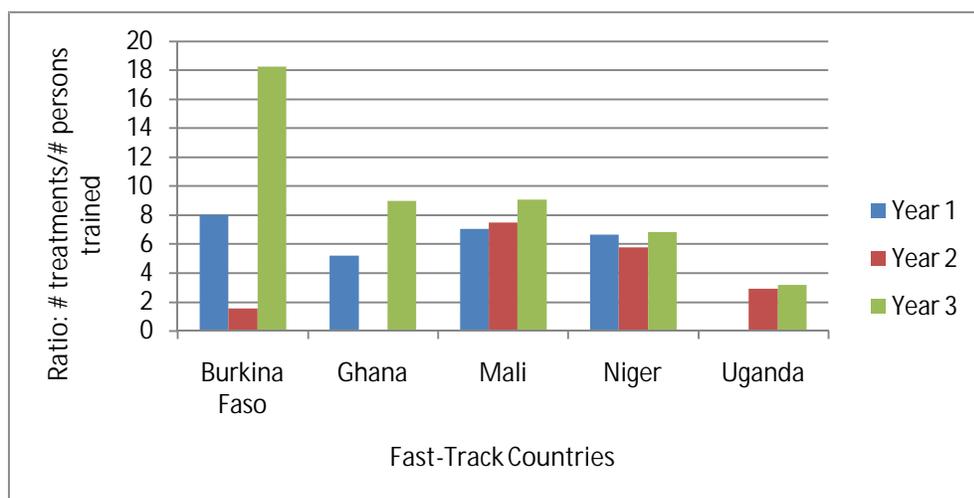
**Figure 3. Distribution of Health Care Workers in Training Programs, Years 1-3**



It is important to note that many of the participants have been trained more than once; for example, 20,034 of the 28,293 (70.8%) of those trained in Niger in Year 3 underwent refresher training. This demonstrates efficiencies that can be obtained once a program has achieved nearly national scale, as refresher trainings require less time than individuals trained for the first time.

Figure 4 shows the ratio of treatments to persons trained in each of the fast-track countries across Years 1-3. A high ratio indicates a large number of treatments provided per person trained. As shown in each of the 5 fast-track countries, the ratio increased from Year 1 to Year 3 of the Program and may suggest greater efficiency of trained personnel as the Program matures in each country.

**Figure 4. Efficiency of Trained Health Care Workers in Fast-Track Countries: Ratio of Treatments/Persons Trained**



### 3.5 Drug Procurement and Management

During the reporting period drug management plans were prepared for Burkina Faso, Ghana, Haiti, Mali, Niger, Sierra Leone, and Uganda, documenting the NTD pharmaceutical logistical channel for each country, beginning with the drug donation application through clearance to storage and in-country distribution. The document specifies the critical roles and responsibilities for each logistical step and highlights potential bottlenecks in the supply chain.

During the reporting period the Program established an application process to rationalize the allocation of PZQ for schisto treatment. In Years 1 and 2 the Program relied on country requests to estimate the number of treatments required, but found that disease prevalence data were not always used to estimate drug quantities and estimates were not always consistent with WHO guidelines. This resulted in inefficient distribution of the limited supply of PZQ. In Year 3 we developed an application similar to those used by the drug donation programs. Procurement of PZQ, ALB and DEC in the amount of \$1.2 million of was initiated in Year 3 for distribution in Year 4. This represents a reduction in the amount of the PZQ procured in previous years as a result of the newly introduced PZQ application process. Examination of existing stocks and more rational forecasting indicated that several countries had adequate stock for Year 4, and that stockpiling had sometimes led to expiration of the drug before distribution could take place.

The application process has also strengthened country awareness of USAID's contribution of drugs, and assured that Year 4 estimates are closely matched with work plans and MDA schedules and country-level inventory mechanisms are being put in place. The Program is able to link the drug forecasts to mapping data in the M&E data

base, assuring consistent planning and forecasting across countries which we can also share with other donors and the drug donation programs for improved coordination.

On July 23-24, the WHO convened a Working Group on Access to Assured-Quality Essential Medicines for Neglected Tropical Diseases to develop policy and strategy related to NTD pharmaceutical supply and management. The NTD Control Program provided input and feedback to the group to assure that critical information related to NTD pharmaceutical supply, logistics, quality and price could be presented to manage the strategic issues involved in global drug availability for NTDs. Major outstanding issues include demand forecasting, procurement, drug management, and monitoring and evaluation.

**Table 7. Drug Management Meetings Attended**

Meeting/Conference	Objective of Participation	Dates	Venue	Attended
Partnership for Disease Control Initiatives (PDCI)	Coordinate with drug donation programs	8/18/09	teleconference	Kim
NTD Information Tools	Discuss use of Information Technology tools for NTDs	7/08/09-7/09/09	Atlanta	Kim, Ottesen
PQMD	Present NTD Control to NGO and pharmaceutical partners	6/09/09-6/10/09	Indianapolis	Kim
MEC/AC (Mectizan Expert Committee/Albendazole Coordination)	Inform critical drug donation programs of Program progress and plans and coordinate activities	4/20/09-4/21-09	Atlanta	Kim, Ottesen

### 3.6 Development of Tools for Integration

During Year 3 we developed a set of tools and templates to streamline management and reporting processes for grantees, including for key activities such as mapping and survey protocols, plans of action, stakeholders' meetings, reporting, advocacy strategies, and budgeting and work plan development. These are tools that have been created from lessons learned and best practices under the NTD Control Program and are posted on the Program website.

**Budgeting Tool:** The NTD Control Program has develop a budgeting tool to assist country programs in developing their national NTD plans of action as well as annual work plan budgets. The tool is being re-formatted and will be available in Q1 of Year 4.

**Guidelines for Stakeholders' Meeting:** Provides an overview of how Program's process for engaging stakeholders in initiative of NTD Control Program support for national NTD

control program initiatives. This document also addresses issues of effective communication, how to outline program goals and efficient meeting logistics.

**Post-MDA Survey Design Protocol:** This monitoring treatment coverage tool provides country managers, program staff, and researchers with practical up-to-date information to monitor treatment coverage of NTDs using a cluster survey in order to assess treatment coverage.

**MDA Coverage Reporting Form:** This is a standardized form used to collect accurate MDA-related information for future coverage reports. The form includes detailed instructions on how to complete the form and is available in French and English.

**Negotiating an MOU:** The model MOU outlines the level of detail and specific considerations expected when a grantee establishes a working relationship with a Ministry of Health (MOH) to support integrated NTD control. Its articles specify the roles fulfilled by both the grantee and the MOH, define modes of collaboration and communication, and identify key reasons to terminate all partnerships and agreements.

**Writing a Success Story:** This tool provides tips and training on how to write an effective, interesting “success story” to best highlight the achievements of work being achieved in Program countries.

**USAID/NTD Marking and Branding: How to Give Credit Where it’s Due:** This presentation contains information on how to properly mark and brand any project-related deliverables.

**Work Plan Guidelines:** Provides insight into the elements that comprise a successful country work plan, ranging from management issues to assigning supervision of activities, to determining achievable program goals. Also includes sample charts to indicate desired data regarding targeted populations, districts receiving MDAs, numbers of workers trained, and program timelines.

**Managing Your Grant Agreement:** This presentation gives tips, guidance and rules to grantees on how to manage the RTI grant agreement and comply with the regulations, policies and procedures, including approvals, travel, publications, branding and marking, and source, origin and nationality waivers.

**Praziquantel Application:** An application process for PZQ was established to forecast and justify the amount of PZQ requested, so that the Program can make more informed allocation of the limited supply of PZQ.

**Advocacy Manual and Tools:** The advocacy manual aims to increase government commitment to integrated NTD control to ensure long-term sustainability of NTD programs by defining benchmarks along a continuum of program activities and levels of government commitment and leadership and helping country programs identify steps necessary to progress in this continuum. The draft manual was shared with grantees and country counterparts during the August Grantee Meeting and will be finalized in Year 4.

### 3.7 Operations Research to Improve Integrated Program Performance

In Year 3, the Program initiated operations research in Togo to document the essential post-elimination surveillance and monitoring systems for the NTDs, and particularly for LF. RTI awarded a grant in June 2009 to Health and Development International (HDI) for the development of a model post-MDA LF surveillance system in Togo. HDI, with technical assistance from CDC and the Mectizan Donation Program, is providing technical and financial assistance to establish and validate a post-elimination surveillance system for LF.

To date, HDI has initiated a situational analysis of the current surveillance system. Data regarding distribution, monitoring and evaluation, as well as morbidity programs under the Togo LF program was gathered in a data entry tool developed by CDC. HDI is in the process of finalizing the report template that countries would submit to the Regional Program Review Group (RPRG). The report template will be sent to USAID as soon as it is completed. A meeting was held in June 2009 in Togo between NPELF, CDC, and MDP to discuss ways in which the current laboratory-based surveillance system could be improved. GPS coordinates are currently being gathered for 1,600 villages to create an ArcView map of all the communes represented in the surveillance system. A protocol is currently being drafted for an alternative surveillance system and will continue to be created throughout the clarification of the catchment area.

**Table 8. Technical Assistance Provided during Reporting Period**

Technical Assistance Required	Country	Source of Technical Assistance
Development of IEC materials and messages in support of MDA	Ghana, all grantees	Sight Savers Int'l, HKI International
Development of Advocacy Strategy	Burkina, Ghana, Haiti, Niger, Mali, Togo, Sierra Leone, S Sudan, Uganda	Subcontract with Pam Wuichet; Program staff
Development of materials and specific for Advocacy	Ghana, Sierra Leone	Sight Savers Int'l, HKI International
Drug Management, including logistics system design, support for drug applications, forecasting, drug management plans	Ghana, Mali, Uganda, Burkina Faso	Kabore, Nelson, Kim
Work plan development	Burkina, Ghana, Haiti, Niger, Mali, Togo, Sierra Leone, S Sudan, Uganda, Bangladesh	Kabore, Kim, Torres, Linehan, Ottesen, Campbell, Zoerhoff
Budgeting tool implementation	Uganda, Togo, Nepal	Goldman, Torres, Linehan, Bhandari
Post-MDA survey implementation analysis and report writing	Burkina Faso, Ghana, Haiti, Mali, Niger, Sierra Leone, Uganda	Baker, Ottesen, Courtney, Krotki, Heck(HKI), Kabore, Nelson

Technical Assistance Required	Country	Source of Technical Assistance
Mapping protocol development, sampling design and support for implementation and report writing	Sierra Leone, Ghana, Mali	Sankara, Kabore, Ottesen, Heck (HKI)
M&E (support for development of local M&E systems, Program reporting requirements)	Burkina, Ghana, Haiti, Niger, Mali, Togo, Sierra Leone, S Sudan, Uganda, Cameroon, Nepal	Baker, Zoerhoff, Kabore, Torres, Heck (HKI); Nelson
Support for LF sentinel sites	Burkina, Mali, Sierra Leone, Uganda	Kabore, Sankara
LF elimination strategy development	Mali, Ghana, Burkina Faso	Ottesen, AFRO
Planning and implementation of impact assessments	Mali, Burkina Faso, Niger	Sankara, Kabore, The Carter Center
National Plan of Action development	Nepal	WHO; Montresor, Albonico, Linehan
Development/refinement of mapping strategies for schistosomiasis and integrated NTDs	Ghana, S. Sudan	Ottesen, Sankara, WHO/AFRO

## 4. Grants Administration for Country Programs

As a result of the Year 3 Annual Program Statement (APS) solicitation and pre-award technical and financial assessments, Cameroon and Togo were added to the country portfolio. Guinea was selected in the round two review of the APS solicitation. Current unrest has delayed due diligence visit to Guinea and negotiations with the grantee, originally planned for Q1 of Year 4, until later in the year. All Year 3 work plan benchmarks for grants administration were reached by the end of the reporting period.

### 4.1 Issuance of Grants

**Annual Program Statement.** An Annual Program Statement for the Neglected Tropical Disease Control Program was developed and posted on the NTD Control Program website and distributed globally on January 16, 2009 with rolling deadlines for application submission on: February 27, June 1 and September 30. The first deadline was extended to March 16, 2009 through an amendment to the APS. Two technical review committees were formed which scored and ranked a total of sixteen applications from fifteen eligible countries. The applications received were from eleven international non-governmental organizations (NGO), one local NGO and two faith-based international organizations.

The inclusion of a USAID Mission Concurrence Form was initiated for the APS requiring applicants to inform country and/or regional USAID Missions of their proposed NTD Control Program activities and receive concurrence for eligibility for funding.

Fourteen of the sixteen applications included concurrence forms from the appropriate USAID mission personnel.

The Annual Program Statement was closed after two rounds on August 10, 2009 as a sufficient number of fundable applications were received by the first two deadlines.

**NTD Country Program Selection.** As a result of round one of the APS application review and technical and financial field assessments of the applications, the Program selected Health and Development International (HDI) and Helen Keller International (HKI) to serve as its newest country partners to coordinate and monitor the distribution of medicines in Togo and Cameroon respectively.

HDI joins the NTD Control Program's implementing partners and grantees: Liverpool Associates in Tropical Health, the Schistosomiasis Control Initiative at Imperial College London, International Trachoma Initiative, Malaria Consortium, IMA World Health, Helen Keller International and World Vision.

**Pre-award Technical Assessment Site Visit to Nepal and Bangladesh by RTI International and USAID.** A technical assessment site visit to LEPR Health in Action in Nepal and Bangladesh was conducted by representatives of RTI International and USAID in May 2009. Based on the finding of the assessment, the NTD Control program was unable to finalize grants agreements with LEPR Health in Action in Nepal and Bangladesh.

## **4.2 Grants Management Support and Partnership Building**

**Pre-Award and Financial Assessments, Monitoring and Training Site Visits.** Prior to the current reporting period, during Year 3, grantee monitoring and training site visits were conducted with SCI/Imperial College Burkina Faso, Malaria Consortium South Sudan and World Vision Ghana. During the reporting period site visits were conducted with IMA World Health Haiti, Health and Development International Togo, and SCI Imperial College London.

**IMA World Health Haiti.** A monitoring and training site visit was conducted in Haiti with IMA World Health in May 2009. A financial management and policy environment risk level assessment for managing US government funding was conducted and completed.

**Health and Development International Togo.** A pre-award financial capacity assessment visit was conducted in Togo at the HDI field office. Meetings and financial review sessions were held with the Executive Director of HDI and all field level personnel including representatives of the Ministry of Health. In addition to the assessment training was conducted on the following topics:

- Managing your USAID sub-grant
- USAID marking and branding requirements

- USAID cost principles and organizational policies and procedures required to manage funds
- USG geographic code source and origin and waiver requirements
- NTD Control Program success story development

**SCI Imperial College London Monitoring and Training Site Visit.** A site visit was conducted in May with SCI Imperial College financial staff to gather required documentation to close-out the first three years of the NTD Control Program drug procurement executed by SCI.

**Grantee A-133 and Cost Share Monitoring.** RTI International is conducting on-going monitoring of grant partners for compliance to OMB Circular A-133 audit requirements or A-133 equivalent audit requirements for non-US organizations. All US-based organizations are meeting the A-133 audit requirements on the program.

Semi-annually RTI International receives and reviews cost share reports for the grant partners to monitor that the 10% cost share requirements are being met. All partners receive reminders that the target must be met by the end of grant agreement.

**2009 NTD Control Program Partners' Meeting.** The grants management team led the organization and implementation of a grant partner meeting on August 17–21, 2009 which gathered together headquarters and field level representatives from ten countries. The meeting achieved the following objectives:

- Share workable solutions, methods, systems, strategies and processes of improving implementation of the country-level NTD control programs.
- Improve partner understanding of advocacy, IEC and BCC, M&E, drug procurement and tracking, work planning and grant compliance issues.
- Improve understanding of the roles and responsibilities of USAID, RTI International, grant partners and government counterparts.
- Learn from each other through sharing of experiences from country programs and develop a peer learning network for field-level program and finance managers.

## 5. Technical Advisory Group

Since it is still uncertain how best to carry out large-scale implementation of NTD control programs and how best to integrate the different disease-specific components, there has been a great deal of activity during the past six months by expert committees wrestling with these challenges.

The Technical Director and other Program staff as well actively participated in these deliberations, both because the outcomes are of immediate relevance to the Program and because the experience of the NTD Control Program informs the broader global health

community through providing empirical evidence for what works very well and what works less well. These technical expert meetings included the following:

#### *Lymphatic Filariasis*

- (MDP) Mectizan Expert Committee/Albendazole Coordination 41<sup>st</sup> meeting— Atlanta, April 2009. Focused on mapping LF in Southern Sudan, scaling-up and scaling-down in African countries, USAID-supported NTD activities of APOC in Tanzania and DRC, and 3-drug co-administration regimens
- (WHO) Lymphatic Filariasis Regional Programme Review Meeting: Maputo, Mozambique – June 2009. Focused on progress of LF elimination programs (including in seven Program-supported countries), mapping LF throughout Africa, and estimating cost and strategy for accelerating program completion of all MDA activities by 2016 if funds were made available
- (Gates) Diagnostic and Sampling Approaches to Stopping MDAs – Atlanta, June 2009. Identified best tools and sampling strategy for decision-making to stop MDAs and begin surveillance; protocols developed to test these strategies (involved 4 current RTI country programs)
- (Gates) Meeting on Drug Optimization for the Filariases – Seattle, October 2009. Discussion focused on new grant proposal to the BMGF for using different drug regimens for LF (high-dose albendazole alone in Loa-endemic areas, 3-drugs together (IVM, ALB, DEC) for LF outside of Africa, and others)

#### *Schistosomiasis*

- (Gates) SCORE Meeting on Existing Data and Experience – Athens, GA, April 2009. Discussion of operational challenges in mapping, diagnosing and identifying populations to be treated and for how long; participants from WHO, country programs (4 RTI-supported) and academia
- (WHO) Schistosomiasis Mapping Informal Consultation: Maputo, Mozambique – June 2009. Analyzed, debated and refined current guidelines from WHO for empirical mapping for schistosomiasis in Africa

#### *Onchocerciasis*

- (MDP) Mectizan Expert Committee/Albendazole Coordination 41<sup>st</sup> meeting – Atlanta, April 2009 & 42<sup>nd</sup> meeting – Seattle, October 2009. Reviewed evidence for potential for elimination of onchocerciasis in Africa (and elsewhere) and began formulation of a new mapping and treatment strategy to accommodate this change in target for national onchocerciasis programs; recommendations to be finalized by April 2010

### *Soil-Transmitted Helminths*

- (Children Without Worms) Mebendazole Advisory Committee, 5<sup>th</sup> meeting – Atlanta, July 2009. Focused on reviewing and refining WHO guidelines on defining at-risk populations and how best to treat and monitor them (including in 3 RTI-supported countries); initiated comprehensive compilation of information on all health-, NGO- and school-based programs to treat STH in children

### *Trachoma*

- (WHO) Trachoma Scientific Working Group, 9<sup>th</sup> meeting – Geneva, July 2009. Debated issues for optimizing identification and treatment of individuals and populations targeted for blinding trachoma elimination
- (WHO) Alliance for Elimination of Blinding Trachoma, 13<sup>th</sup> meeting – Geneva, July 2009. Reviewed all country program activities (including 8 RTI-supported countries) and current guidelines for MDA treatment and for monitoring and evaluating progress
- (Gates) Operational Research Issues in Eliminating Blinding Trachoma – Atlanta, October 2009. Developed protocols to address issues of optimal mapping and definition of implementation units for treatment, monitoring and evaluation

### *Integrated NTD Control*

- (Gates) Meeting of NTD Gates Grant Economists – Atlanta, May 2009. Focused on standardizing cost-capturing techniques and tools for assessing the value of integrating disease-specific program activities
- (Task Force) Information Tools for Neglected Tropical Diseases – Atlanta, July 2009. Identified value of integrating management tools relating to drug applications and program outcome reporting; initiated (with WHO) work toward this end

## **6. Documentation and Dissemination of Program Lessons**

During the reporting period the Program conducted a range of activities to highlight program success and experience, and share experience to date. Specific activities are detailed below:

- Semi-annual NTD Control Program newsletter was published and highlighting the results from the mid-year semi-annual report
- On May 19 2009, Program staff presented Program achievements as part of RTI's annual Fellows Seminar series: *Integrated Control of Neglected Tropical Diseases (NTDs): What Determines Success, Potential for Scale-Up, and*

*Sustainability?* At this forum, speakers discussed lessons learned from the most effective integrated control programs. Moderator: Jacob Emmanuel Williams, PhD, MPH, RTI International. Discussant: Christy Hanson, PhD, USAID. Panelists: Eric Ottesen, MD; Margaret Baker, PhD; Caius Kim, MSc, MBA

- August 19, 2009, Program achievements were presented at a Global Health Council Roundtable. Following brief program overviews by Eric Ottesen and Mary Linehan, program managers from three countries spoke about their ongoing successes and the challenges of working in this innovative field. Abdel Direny of IMA World Health/Haiti described Haiti's NTD program, successfully leveraging funding USAID and The Bill and Melinda Gates Foundation to scale up nationally to eliminate LF. Mustapha Sonnie of Helen Keller International/Sierra Leone described the challenges and achievements of the national program, which has successfully achieved national scale treatment for all four endemic diseases in post-conflict Sierra Leone.
- In August a newsletter was disseminated highlighting the GHC roundtable and the Grantee Meeting.
- Significant work was done to update and populate the Program website. New pages highlight recently added program partners and country programs, as well as additional tools/presentations that resulted from the August 2009 Grantee Partner Meeting. Program photographs have been catalogued and formally watermarked so as to protect the images from misuse and to fully credit the NTD Control Program; images can now be published to the website as an image library in the next reporting period. Key papers on NTD Control have been added to the site's "NTD Library," improving the functionality of the website as a research tool. Finally, the overall layout of the site has been redesigned with changeable templates to improve access to information and ease of using the site.
- Prepared Program documents for posting on USAID NTD Initiative website
- Presentation of pharmaceutical operations and the critical role of the pharmaceutical donors within the NTD Control Program; PQMD meeting at Eli Lilly, June 9-10
- Dr. Seydou Touré presented Burkina Faso's NTD M&E results at the WHO thematic stakeholders meeting in Geneva in March 2009; the GAELF sponsored African Program Managers meeting in Maputo, Mozambique in June 2009

Manuscripts submitted for publication during the reporting period are as follows:

An integrated approach to mapping neglected tropical diseases in Southern Sudan: epidemiological findings and implications for integrated control in Northern Bahr-el-Ghazal State. Sturrock HJW, Picon D, Sabasio A, Oguttu D, Robinson E, et al. *Tropical Medicine & International Health*: Accepted for publication, 2009.

Mapping, Monitoring, and surveillance of neglected tropical diseases: towards a policy framework. Baker MC, Mathieu E, Fleming FM, Deming M, King JD,

Garba A, Koroma JB, Bockarie M, Kabore A, Sankara DP, Molyneux DH. Submitted for publication to Lancet, 2009.

Present and future Schistosomiasis control activities with support from the Schistosomiasis Control Initiative in West Africa. Garba A, Toure S, Dembele R, Boisier P, Tohon Z, Bosqué-Oliva E, Koukounari A and Fenwick A. Parasitology, accepted 19 May 2009.

The performance of haematuria reagent strips for the rapid mapping of urinary schistosomiasis: field experience from Southern Sudan. Trop Med Int Health. Robinson E, Picon D, Sabasio A, Sturrock HJW, Lado M et al. Tropical Medicine & International Health: Accepted for publication, 2009.

Trachoma in Western Equatoria State, Southern Sudan: Implications for National Control. Kur LW, Picon D, Adibo O, Robinson E, Sabasio A, et al. PLoS Neglected Tropical Disease, 2009.

Uncovering an additional public health burden of schistosomiasis: co-infections of *Schistosoma haematobium* and *Schistosoma mansoni* in infants and pre-school children in Niger. Garba A, Barkiré N, Djibo A, Mariama S, Lamine, Sofu B, Gouvras A, Bosqué-Oliva E, Webster JP, Stothard RJ, Utzinger J, Fenwick A. Acta Tropica: Submitted for publication, 2009.

Evaluation of the prevalence of trachoma 12 years after baseline surveys in Kidal Region, Mali Bamani S, Dembele M, Sankara D, Coulibaly F, Kamissoko Y, Ting J, Rotondo LA, Emerson PM, King JD. Tropical Medicine & International Health: Submitted for publication 2009.

Southern Sudan: an opportunity for NTD control and elimination? Rumunu J, Brooker S, Hopkins A, Chane F, Emerson P, Kolaczinski J. Trends in Parasitology, June 2009.

## **7. Advocacy and Resource Mobilization**

The NTD Control Program's advocacy and resource mobilization efforts in Year 3 focused on the strengthening, developing, and implementing country-level sustainability plans for NTD control. The Program sees sustainability planning as a continuum, initiated during the stakeholders meetings and developed over time, particularly as countries begin to achieve national level scale-up, and multi-year MDA leading toward possible disease elimination. Country programs are at different stages, with several of the five fast-track countries already having established advocacy strategies and existing donors when USAID funding was introduced. Other countries, such as Haiti, were selected partly because of the presences of another donors (in this case the Bill and Melinda Gates Foundation), and the potential for leveraging these resources to achieve elimination.

During the second half of Year 3 the Program focused on the development of an advocacy manual and toolkit for grantees aimed at developing country specific plans to advocate for government ownership of the national NTD control programs and to develop strategies for sustainable post-elimination control approaches.

In the second half of Year 3 RTI brought on Pam Wuichet, consultant Advocacy Specialist who worked closely with the Program, regional managers, grantees and country level counterparts to develop the country-specific strategies for sustainability and resource mobilization. To achieve greater government commitment and ownership, and to mobilize resources at the country level, the NTD Control Program engaged in more focused and intensive activities, including:

- Assessed the progress of each country along the continuum of sustainability planning, and strengthen the grantee and country managers' understanding of the need for annual progress
- Worked with national program managers to identify and engage country-level resources needed to assure the sustainability of NTD control activities
- Worked with grantees to create support among stakeholders for the adoption of appropriate post-elimination strategies

During the Grantee Meeting, we worked closely with each country programs to develop a specific strategy for advocacy, in the context of the countries' individual circumstances and progress toward national scale integrated NTD treatment. During the August 2009 grantee meeting the Program conducted a one-day session on advocacy, working with grantees to develop a draft advocacy plan for implementation during the coming years. Country advocacy strategies were included in the Year 4 country work plans and accomplishments to date are summarized below.

**Burkina Faso** has always placed advocacy as a priority for the NTD Control Program. A national integrated NTD program has been established with a consulting Task Force consisting of the MOH, RISEAL-Burkina Faso, the vertical NTD control programs, WHO, and other partner organizations. The rationale of establishing both an integrated program and an expert NTD forum, such as the Task Force, has been to coordinate the NTD efforts of the vertical programs, which has been both cost and time effective and to increase government involvement and commitment to NTD control. Furthermore by engaging with other NGOs, the NTD Control Program has strengthened the possibility of long-term commitment by different partner organizations. Successful advocacy efforts undertaken in Year 3 include:

- Dr. Seydou Touré presented Burkina Faso's NTD M&E results at the WHO thematic stakeholders meeting in Geneva in March 2009; the GAELF sponsored African Program Managers meeting in Maputo, Mozambique in June 2009.

**Ghana** has been working to establish a country advocacy plan at both national and regional levels. A national taskforce for integrated NTD was established in 2007 but has been dormant and needs to be revitalized. Even though the government has not allocated

a budget line for NTD control, the NTD program is funded as with other programs from the common basket of funds allocated to the Ministry of Health (funds provided cover program staff, office space and utilities, and some running costs). Program activities being implemented include MDA and other activities such as mapping and surveillance.

- In Year 3 the Ghana NTD Control advocated for a National Plan of Action resulting in a draft plan and will be finalized in the coming year. In addition, World Vision has contracted with SightSavers International to develop a national advocacy strategy to be initiated in Year 4.

**Haiti's** NTD Control Program has targeted the integration of STH and LF since 2007. The NTD Control program in Haiti has worked in consortium with both the Ministry of Health and Ministry of Education along with Program partners towards this integrated approach. Successful advocacy efforts undertaken in Year 3 include:

- The Haiti government has initiated a budget line for NTD work; however it is not currently sufficient to support MDA at a national level. IMA will work with all Government counterparts and Program partners to agree upon and request increased support/funding from the Government of Haiti for the National NTD Control Program in Year 4.

**Mali's** national strategy for NTD control was developed by the National Health Direction and its partners with technical and financial support from the WHO. Advocacy for this national strategy including mass drug administration supported by USAID, has taken place on all levels. Successful advocacy efforts undertaken in Year 3 include:

- Advocacy of the training of trainers in all regions in Mali. These advocacy sessions targeted the following authorities and leaders: the governor of the region and his advisers, the mayor, the technical services head, the persons in charge of NGOs and local associations (women, youth, and professional associations), the chiefs of neighborhoods and fractions, the religious leaders (Muslim, Catholic, and Protestant), and other notable figures. The objectives of these advocacy sessions were to sensitize these leaders so that they will become engaged in the fight against these NTDs and play a strong role in community ownership of MDA; mobilization and support of CDDs; and informing and sensitizing their communities.

**Niger** has achieved a great deal in raising the profile for NTD control. Prior to the start of the integrated NTD program, stand-alone NTD programs were previously established by the MOH. In Year 1 a national integrated NTD program was set up with a consulting Task Force consisting of the MOH, MOE, RISEAL-Niger, the vertical NTD control programs, WHO, Carter Center, UNICEF, and other partner organizations. The NTD National focal point, Dr. Yayé Youssouf, was appointed in 2008. Successful advocacy efforts undertaken in Year 3 include:

- The Niger NTD Control Program coordinator presented on NTD control in several international forums, raising the profile of the control program in Niger

and has published several academic papers, and collaborated on the publication of an article on NTD M&E activities in the Lancet with other Program staff and partners.

**Sierra Leone** advocacy activities were conducted at the level of the district, chiefdom, and village through social mobilization of community and religious leaders, with the help of NTD focal persons, peripheral health unit staff, and CDDs. Successful advocacy efforts undertaken in Year 3 include:

- Advocacy efforts, such as stakeholders meetings and social mobilization plans led by GOSL on a national and international level have been created.
- Various commercial donors have been approached, including cell phone operators, to elicit in-kind and financial contributions.

**Southern Sudan's** MOH approved the national Integrated NTD Control Strategy, drafted with support from Malaria Consortium and other stakeholders. A national technical committee was formed in May 2008 and oversees activities and guides the goals of the integrated NTD control program.

- In 2009 the MOH included a designated budget line for NTDs in its annual financial plan.
- The MoH and Malaria Consortium have been involved in discussions with potential donors, including the USAID mission, in country for the rapid scale-up of the program. The MoH had been in talks with the MDTF system, led by the World Bank, to allocate matching funds to NTD control, which are at this point stopped due to the economic crisis affecting the country as described above. DfID provided funds for trachoma risk mapping and rapid assessments.

The **Uganda** MOH has effectively advocated for expanded treatment of all five targeted diseases, but has had particular success in treatment of trachoma. Prior to receiving Program funding, Uganda had not distributed Zithromax to treat trachoma. In the last three years MDA has been provided in over 20 districts, and the country plans to reach national scale treatment by 2011. Successful advocacy efforts undertaken in Year 3 include:

- The Ministry of Health, Education and Sports and the Local Governments have conducted annual review workshops which offered an opportunity for advocacy with district leaders and partners. As a result, some districts expressed interest in providing limited support towards NTD implementation, especially to drug distributors.
- Uganda has created an NTD Secretariat that integrates all four disease programs, the health commissioner from the MOH, and the RTI Uganda Program Manager. The Uganda MOH has a strong history of initiating vertical MDAs in endemic areas and has been integrating treatment for two years.

- The Uganda MOH has recognized the need for integration and pushed for the integration of drug delivery into the Child Health Days program. Due to Uganda's successful advocacy at the central level, this past year the MOH allocated a specific line item budget for NTDs.

## **8. Activities Planned for the Next Six Months**

### **8.1 Program Planning, Management, Monitoring and Evaluation, and Reporting**

- Identify and hire Program managers
- Finalize report of Year 3 performance results.
- Award IQC and initiate task orders for M&E, advocacy, mapping and IEC support

#### **Direct implementation**

- Provide support for mapping in Cameroon, S Sudan and Togo
- Support Stakeholders meeting in Southern Sudan
- Roll out budgeting tool in 7 countries
- Conduct stakeholders meeting in Nepal
- Conduct assessment visit to Bangladesh with GSK and Liverpool Center for Neglected Tropical Diseases, to review program progress and provide guidance for future support
- Support MDAs in Haiti, Ghana, Sierra Leone and Uganda
- Support schisto mapping validation study in Ghana
- Monitor production, shipments and clearance of NTD medicines to Program Countries to meet scheduled MDAs
- Develop drug management plans for Togo, Cameroon and S Sudan
- Develop reference manual for new grantees to manage pharmaceuticals in an integrated NTD control program

#### **Grants Management**

- Finalize the Year 3 Annual Program Statement grant selection and award and close-out the solicitation
- Conduct sites visits to grantees
- Provide grants management training and pre-award assessments for new grant partners

- Conduct budgeting tool implementation in selected countries to document government contribution and allocable cost share
- Document lessons learned and plan regional grant partner meeting for 4th quarter of Year 4
- Identify new partners for implementation in Asia as required and conduct requests for applications as required
- Monitor all partners to A-133 audit standards, cost share, VAT reporting and other USG sub-recipient compliance issues

## **TAG**

- Mini-TAG meeting on schisto with WHO/AFRO
- Mini-TAG meeting on mapping WHO/AFRO
- TAG on Urban MDAs with LF Support Center (Task Force), WHO/AFRO, WHO/Geneva

## **Document Dissemination and Monitoring and Evaluation**

- Populate NTD Control Program web site
- Produce semi-annual NTD Control Program newsletter
- Conduct ASTMH Symposium and GHC roundtable presentations, November 2009
- PUBLICATIONS
- Analyze MDA coverage validation survey data to determine reliability of register reports in Burkina Faso, Ghana, Mali, Niger, Sierra Leone and Uganda.
- Finalize report of Year 3 performance results.
- Continue to support countries with M&E reporting requirements.
- Streamline information from baseline form into MDA coverage reporting tool and refine to indicate updates in mapping.
- Conduct training for implementation of M&E activities in Cameroon, Guinea, and Togo.
- Continue to work with WHO to finalize international standards and norms for disease-specific and integrated-NTD mapping, integrated monitoring and evaluation guidelines for NTD control.
- Evaluate Togo's current LF surveillance system and to look for areas to sustain and improve the system and validation of national protocol to confirm interruption of LF transmission to use as a model in other countries.
- Complete analysis and preparation of publications on the results of the cost study in Haiti.

### **Advocacy & Resource Mobilization**

- Provide TA for country strategy development and implementation
- Establish measures for evaluating country-level support (private and public) for NTD Control Program integrated control