

Togo

FY 2020

Act to End Neglected Tropical Diseases | West

Annual Work Plan

October 1, 2019 – September 30, 2020



TABLE OF CONTENTS

I.	COVER PAGE	1
II.	TABLE OF CONTENTS	2
III.	ACRONYM LIST	3
	NARRATIVE	5
	1. National NTD PROGRAM OVERVIEW.....	5
	2. IR1 PLANNED ACTIVITIES: LF, TRA, OV.....	6
	3. SUSTAINABILITY STRATEGY ACTIVITIES (IR2 and IR3)	11
	i. DATA SECURITY AND MANAGEMENT.....	11
	ii. DRUG MANAGEMENT.....	11
	iii. MAINSTREAMING AND HSS ACTIVITIES (IR2) (as applicable for each country)..	12
	iv. PLANNED ACTIVITIES: SCH, STH, POST VALIDATION/VERIFICATION SURVEILLANCE (IR3)	15

III. ACRONYM LIST

ARNTD	African Research Network for Neglected Tropical Diseases
BCC	Behavior Change Communication
CAMEG	Central Medical Stores (Centrale d’Achats des Médicaments Essentiels et de Consommables Medicaux)
CDC	Centers for Disease Control and Prevention
CDD	Community Drug Distributor
COGES	Health Center Management Committee (Comité des Gestion)
CNO	National Organizing Committee (Comité National d’organisation)
DAF	Directorate of Financial Affairs (in MOH)
DHIS2	“District Health Information System 2”, a specific computer program
DQA	Data Quality Assessment
DSA	Disease specific assessment
ESPEN	Expanded Special Project for Elimination of Neglected Tropical Diseases
FHI360	Family Health International 360
FY	Fiscal Year
HDI	HDI Inc. (Health & Development International)
HMIS	Health management information systems
IEC	Information, Education, and Communication
INH	Institut National d’Hygiène (National Institute of Health)
IR	Intermediate Result of the ACT West Results Framework
IU	Implementation Unit
IVM	Ivermectin
JRSM	WHO Joint Request for Selected Medicines
LF	Lymphatic filariasis
LLIN	Long-lasting insecticide-treated bed net
M&E	Monitoring and evaluation
MCH	Maternal and Child Health
MDA	Mass Drug Administration
MDP	Mectizan Donation Program
MEL	Monitoring, Evaluation and Learning
MOE	Ministry of Education
MOF	Ministry of Finance
MOH	Ministry of Health and Social Protection
NOEP	National Onchocerciasis Elimination Program
NTD	Neglected Tropical Diseases
NTDP	Neglected Tropical Disease Program
OEC	Onchocerciasis Elimination Committee
Ov16 RDT	Ov16 rapid diagnostic test for onchocerciasis
PC	Preventive Chemotherapy
PHU	Peripheral Health Unit
PINTD	Program for the Integrated Control of NTDs
PTS	Post-treatment surveillance

FY20 ACT TO END NTDs | WEST TOGO WORK PLAN

QA	Quality assurance
QC	Quality control
SAC	School-age children
SAE	Severe adverse events
SCH	Schistosomiasis
SCM	Supply chain management
STH	Soil-transmitted helminths
STTA	Short-term technical assistance
TA	Technical assistance
TAS	Transmission Assessment Survey
TIPAC	Tool for Integrated Planning and Costing
TF	Trachomatous inflammation – follicular
TT	Trachomatous trichiasis
UNICEF	United Nations International Children’s Emergency Fund
USAID	United States Agency for International Development
USF	University of South Florida
USG	United States Government
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization

NARRATIVE

1. National NTD PROGRAM OVERVIEW

Togo's National Health Structure and NTD Program

Togo is located between Benin (to the east), Ghana (to the west), Burkina Faso (to the north) and the Atlantic Ocean (to the south). Its population was 6,191,155 inhabitants in 2010, according to the national census, with an estimated growth rate of 2.84% per year¹. The population is estimated to be 7,755,418 in 2020, with 51.8% women and 48.2% men². There are two main climatic zones in Togo: an equatorial climate in the southern half of the country, with two dry seasons and two rainy seasons, and a humid tropical climate in the north characterized by a single rainy season and a single dry season.

The country is divided into six health regions containing a total of 44 districts (40 from 2012 through 2018). The four districts were added administratively in 2018, but not all of them had health personnel in place. Thirty-nine districts (39) of the 44 districts are outside the capital area, Lomé-Commune. Togo has a decentralized health system, with regional and district offices, and the 44 districts are in turn served by more than 1296 public and private peripheral health units (PHUs). Of these, the 693 public PHU (or sub-districts) located outside of the capital are involved in the annual mass drug administration (MDA). Each PHU typically serves between one and ten villages. The implementation unit for MDA distribution varies according to the target disease; implementation occurs at the district level for soil-transmitted helminths (STH), at the PHU level for schistosomiasis and at the village level for onchocerciasis.

Togo currently has a five-year strategic plan for Neglected Tropical Disease (NTD) control and elimination for 2016-2020. Togo's Ministry of Health's (MOH) control and elimination strategies for the targeted NTDs are described below. All drug distribution activities are implemented through door-to-door distribution in the community, and distribution is integrated across the three diseases targeted with MDA: onchocerciasis, schistosomiasis, and STH.

Over the past decade, Togo has been bringing its NTD work increasingly in under one umbrella within the MOH. In 1997 each NTD was addressed by a separate team. After USAID began supporting the work in 2009, Togo adopted something of a hybrid model, under which a national expert committee was established some years later, to guide and stimulate work on all NTDs including those being addressed with USAID support. In March 2019, the Ministry hired an NTD program manager with operational responsibility for all 10 NTDs that Togo has targeted.

NTD partners in country

Fiscal year (FY) 2020 will be the eleventh year of integrated NTD control in Togo with United States Agency for International Development (USAID) funding through HDI and the eighth year in which HDI receives its USAID funding through Family Health International (FHI 360). Led by the Togo Ministry of Health, many partners and programs have contributed to the success of Togo's Integrated Program for the Elimination and Control of Neglected Tropical Diseases.

¹ Report of the 4th general population census of Togo, 2010.

² Lomé population estimated from the 2010 census plus the population enumerated outside of Lomé during the 2018 mass drug administration.

FY20 ACT TO END NTDs | WEST TOGO WORK PLAN

The WHO office in Togo provides important logistical support, including by acting as consignee for importation of medications for MDA. The United States Centers for Disease Control and Prevention (CDC) partnered with the National Onchocerciasis Elimination Program (NOEP) to conduct programmatically pertinent onchocerciasis research in Togo in 2016 and 2017, and it is supporting operational research on trachoma and other NTDs. University of South Florida has provided technical assistance on the laboratory side of onchocerciasis surveillance in FY18 and FY19, a collaboration which continues. Act | West partners in Togo are Health Development International (HDI) as lead implementer with technical assistance from Deloitte. This work plan outlines program activities supported by Act | West in FY20 in Togo.

2. IR1 PLANNED ACTIVITIES: LF, TRA, OV

Disease areas

Lymphatic filariasis (LF)

WHO validated the elimination of LF as a public health problem in Togo in 2017, making Togo the first country in Africa to achieve elimination of LF as a public health problem. Nine districts were previously endemic for LF. This number has changed from the seven districts at baseline and the eight districts reported in previous years due to redistricting and the splitting of two previously LF-endemic districts into two. After completing high-coverage MDA with ivermectin and albendazole from 2000-2009, transmission assessment surveys (TAS) were implemented in 2009, 2012 and 2015, and a nationwide laboratory-based (using thick blood films) and clinic-based (using Og4C3 ELISA) surveillance system was implemented from 2010-2015. The TAS and surveillance system confirmed that there was no ongoing transmission, and Togo's successful dossier documenting elimination of LF as a public health problem was compiled and submitted in 2016.

Togo's primary concern now is the gap in funding to support post-validation LF surveillance to promptly identify, investigate and treat any cases of LF that may be imported into the country. An operational research study is currently being designed by Togolese scientists and overseas collaborators, to compare several possible approaches in hopes this may also benefit other countries. The same regimen used to achieve LF elimination (IVM + ALB) is still being distributed in Togo, now as a combined OV and STH intervention. Some worry this might make post-validation surveillance less useful, while others point out that post-validation surveillance is of critical importance even now, notwithstanding the fact that such surveillance will become even more important after OV MDAs are also stopped. In the mean time these OV and STH MDAs are providing a helpful buffer against recrudescence while Togo's neighbors catch up and the risk of re-introduction into Togo is reduced further. Even with ongoing distribution of IVM and ALB, it is important for Togo to put in place a reliable and sustainable post-validation surveillance system for LF.

Trachoma

Togo sent an informal draft of its dossier documenting elimination of trachoma as a public health problem to WHO in June 2018. In 2017, at two trachoma meetings held in Lomé in February and Ghana in April, the MOH, WHO, Sightsavers, HDI, and other partners reviewed all available data from past mapping, case finding and case management activities by the MOH, Sightsavers and HDI. The conclusion of the meetings was that seven districts warranted cluster surveys to definitively demonstrate the absence of trachoma. Those surveys were completed in 2017 in accordance with WHO and Tropical Data guidelines, and with USAID and Tropical Data support. The data were compiled, and the final dossier was

sent to WHO in June 2018. WHO provided feedback in December, 2018, and Togo made the recommended improvements to the dossier.

FY20 Planned Activities

Trachoma post-validation surveillance strategic planning As WHO guidance has not yet been developed on what countries should do post-elimination to detect recrudescence, a workshop is planned to help Togo strategize options that may be feasible for the country to implement and effective in detecting any possible recrudescence, as well as to detect and provide care for trichiasis cases. Participants invited to this meeting will be representatives from the MOH of Togo, WHO, USAID, FHI 360, and HDI. Decisions from this meeting will be incorporated into Togo's dossier. This workshop may also be used to review and, as necessary, re-validate the revised version of the dossier for resubmission to the WHO.

Celebration of Trachoma and LF Elimination Act I West will support Togo in organizing a trachoma and LF elimination celebration. This 1 day gathering will be an opportunity for Togo to celebrate these great achievements, and also to recognize international partners and national actors that collaborate in reaching elimination goals.

Onchocerciasis (OV)

Togo has targeted onchocerciasis for elimination. In June 2018, the national program developed a five-year Strategic Plan for the Elimination of Onchocerciasis: 2018-2022, which includes a strategy for elimination and standard operating procedures for onchocerciasis evaluations and stop-MDA surveys based on the latest WHO criteria for onchocerciasis elimination: "Guidelines for stopping mass drug administration and verifying elimination of human onchocerciasis" (WHO, 2016). Thirty-five of the 39 districts outside the capital receive IVM MDA, and 18 of those receive two rounds per year. Up until the time when Togo targeted onchocerciasis for elimination, the program treated only villages with 2000 or fewer inhabitants, where the risk of onchocerciasis was felt to be highest, in accordance with The Mectizan Donation Program's donation policy. A systematic review of all villages in Togo is underway to ensure that every village at any risk of onchocerciasis is being treated, given the push toward elimination of the disease. Transmission is assumed to be ongoing, and treatment continues in a district (at the village level) until a stop-MDA assessment indicates otherwise.

Two of the regions outside the capital have undergone stop-MDA assessments using Ov16 ELISA in children and O-150 PCR in flies: Maritime (in the south) and Savanes (in the north). Preliminary data suggest that four districts in the south may be ready to stop MDA, but ELISA analysis is ongoing. Stop-MDA assessments include all first-line villages as well as a large proportion of second-line villages and a random selection of other villages in each evaluation unit. Support for the entomologic components of these surveys was provided by USAID in Maritime region and by Sightsavers in Savanes region. Epidemiological impact assessment samples have also been collected in Kara Region (supported by Sightsavers) but the samples have not yet been analyzed.

Oncho impact assessment planned for FY19 could not be achieved for various reasons, including changes in Togo's NTD program leadership at the end of Q2 of FY19. In FY20, Act I West will support Togo in conducting oncho impact assessments in villages known to have had persistently higher prevalence of Onchocerciasis and a random selection of other villages that have not been evaluated since 2015. Assessment of these villages will provide important data for program planning. Details regarding the selection of villages will be discussed at Togo's next OEC meeting, planned for October 2019 (see below).

FY20 ACT TO END NTDs | WEST TOGO WORK PLAN

A national Onchocerciasis Elimination Committee (OEC) was established in 2016, as a sub-committee of the National NTD Elimination Committee, composed of national and international experts on onchocerciasis and onchocerciasis elimination who review available data and make recommendations to the National Onchocerciasis Elimination Program, now the national Integrated Neglected Tropical Diseases Program. Based on the recommendations of the OEC, a stop-MDA assessment was implemented in Maritime region in 2017 using Ov16 ELISA, a pre-stop-MDA “rapid” assessment was conducted in Savanes region in 2017 using Ov16 rapid test, and a full stop-MDA assessment was implemented in Savanes region in 2018 using Ov16 ELISA. The next OEC meeting will be held in October, 2019, to discuss available results.

The Institut National d’Hygiène (INH, or National Institute of Health) in Lomé is a leader in the region in its efforts to develop local capacity to conduct OV16 ELISA and O-150 PCR assays in support of onchocerciasis elimination in Togo. The country has excellent personnel and laboratory infrastructure for these assays and has successfully processed thousands of ELISA samples and tens of thousands of flies. A recent visit by USF and CDC personnel in support of some O-150 operational research also provided technical support to the ELISA lab to troubleshoot some persistent issues with the Ov16 ELISA. Key recommendations from their visit are: 1) to emphasize with INH leadership the unique and critical role of the laboratory in the onchocerciasis elimination program in order to elevate the profile of onchocerciasis laboratory activities within the INH, 2) to officially include onchocerciasis testing in the INH institutional directory of tests and develop institutional SOPs for that work, 3) to propose that all onchocerciasis elimination laboratory work be housed in the molecular laboratory, and 4) to provide a refresher training for two or three laboratory technicians, to reinforce best laboratory practices and to improve the technicians’ morale with respect to this essential activity. In follow-up to these recommendations, in late FY19 and early FY20 Act I West will initiate discussions with the NTDP and INH to increase INH engagement with the NTDP and provide a political boost to onchocerciasis elimination within the institution.

Additionally, Act | West will support three laboratory technicians to go to the University of South Florida (USF) in late FY19 for a refresher training, to provide a political and motivational boost to the technicians, and to analyze remaining samples from the two stop-MDA assessments under optimal lab-conditions with appropriate mentoring.

FY20 Planned Activities

MDA OV/STH/SCH

In FY20, Togo will implement integrated nationwide MDA for onchocerciasis, schistosomiasis and STH through Act | West funding. In FY18 the drug distribution period was reduced from four to two weeks, without any adverse impact on coverage, and a similar approach will be used for both rounds of MDA in FY20. In what follows and elsewhere, the “First Round” MDA refers to the “spring MDA”, ideally done in April-May, i.e. conducted as the first MDA in any calendar year. This is the main MDA, preceded by the full set of preparatory steps, including training, any printing of additional documents, etc., as it is conducted in all districts outside of the Lomé capital-city area. Because it refers to the calendar year, and in a tradition pre-dating the advent of USAID support, this is called the First Round even though it is the 2nd round in the US government financial year. The “Second Round” MDA occurs in November (only occasionally in December) i.e. earlier in the USG FY, and only areas with high levels of endemicity for the various diseases are treated in Second Round, i.e. a subset of those treated during the First Round.

FY20 ACT TO END NTDs | WEST TOGO WORK PLAN

“First Round Calendar Year Treatment” MDA Target timing for the first round of distribution in calendar year 2020 is April. Current targets for the spring 2020 MDA round are:

- Onchocerciasis – people age 5 years or older in 35 districts;
- Schistosomiasis – school-age children (SAC) and high-risk adults in 35 districts;
- STH – AC in 38 districts;
- 100% geographic coverage of at-risk areas

If the Onchocerciasis Elimination Committee recommends stopping MDA in Maritime region, then four of the 35 districts currently targeted for integrated treatment including IVM in April 2020 will be targeted for SCH/STH treatment only. If the OEC recommends stopping MDA in Savanes region, then an additional seven districts targeted for onchocerciasis treatment will receive treatment for only SCH/STH. Togo has received PZQ for treatment of adults in FY20. As mentioned above, the district is the implementation unit for ALB, the sub-district is the implementation unit for PZQ, and the village is the implementation unit for IVM.

“Second Round Calendar Year Treatment” MDA A second calendar year 2019 round of integrated MDA (the first round in FY20) will be conducted for onchocerciasis, schistosomiasis and STH in November 2019. This second round typically targets high prevalence areas for these three diseases. PZQ will be distributed in all communities that usually receive a second round of PZQ and all communities being treated with either IVM or ALB in an effort to minimize the programmatic and public health damage caused by the delayed drug delivery.

Targets for the November 2019 round of MDA are:

- Onchocerciasis – people age 5 years or older in 18 districts;
- Schistosomiasis – SAC and high-risk adults in 32 districts;
- STH – SAC in 7 districts.

Togo has always targeted high-risk adults for treatment with praziquantel (PZQ) for schistosomiasis, in accordance with WHO guidelines, and in FY20 has secured PZQ to treat adults.

Supervision of November and Spring MDA In FY 20, Act I West will support the NTD program in conducting supervision by attending the training of supervisors and actively participating in supervision in the field during each of the MDAs. Primary responsibility for supervision lies with the districts. The PHU nurse is responsible for assuring effective rollout of the MDAs in their PHU.

Field supervision during the MDA includes a rapid evaluation, conducted by central level MOH supervisors toward the end of the MDA. Through the rapid evaluation, data on key aspects of implementation are collected to provide a snapshot of the distribution process that allows immediate intervention if problems are identified. The rapid evaluation questionnaire is used to ask individuals who are targeted for treatment whether they have received the drugs, for what reasons (if any) they did not receive the drugs (allows identification of unreported stock-outs), whether there were any adverse effects (allows identification of mild adverse effects), where they received the drugs (to confirm that distribution is occurring door-to-door), and where they heard about the MDA (which provides information on the effectiveness of the various methods of social mobilization that can be used to amend messages or change social mobilization approaches as needed in the future). Urgent issues identified through this process can be immediately rectified before the campaign has ended, and on a broader scale the information from this assessment can allow for modification of training, field activities, and social mobilization to improve the overall MDA implementation process.

FY20 ACT TO END NTDs | WEST TOGO WORK PLAN

After the MDA, Act I West carefully reviews the MDA data to make sure that treatment targets were respected during drug distribution. Any errors in the distribution are specifically addressed in the training for the next year's MDA. In FY20, Act I West will continue working along MOH staff to ensure adequate MDA process, implementation, outcomes and follow-up.

Impact Assessment for Onchocerciasis Onchocerciasis impact assessments are planned for first-line villages in Plateaux region in FY20, but sampling may be adjusted based on the recommendations arising from the OEC meeting scheduled for October 2019. Act | West will fund these assessments in alignment with WHO and OEC recommendations and with oversight from the FHI 360 OV focal point.

Rapid Coverage Evaluation Strong points in Togo's NTD program include the Rapid Coverage Evaluation that MOH conducts each year: one is called the convenience coverage evaluation, which takes place during MDA supervision and assesses whether all villages have been covered by MDA. If non-covered or not fully covered villages are found, the CDDs are directed to administer treatment there. The other evaluation takes place immediately after the MDA (at least 2 weeks after) and is done by questioning selected households, looking for areas of weak MDA coverage and immediately instituting remedial action to distribute drugs to more of the eligible population, or making recommendations for following MDAs if areas of weak coverage are discovered. Act | West will support the Rapid Coverage Evaluation in FY20.

Data Quality Assessment In Togo, DQA trainings and assessments have been conducted in the regions of Plateaux, Centrale, Savannes and Kara in previous years. In September 2019, those previously trained at regional level within MOH will train district-level focal points in all of Togo's regions to do data quality assessment.

Onchocerciasis Elimination Committee Support Act | West will provide support to two meetings of the Onchocerciasis Elimination Committee (OEC) in FY20, one of which will bring together Togo's own onchocerciasis experts, and one of which will additionally include its experts from outside of Togo, together with representatives from USAID, FHI 360, and other partners. The first of these meetings in FY20 (planned for October 2019) will review data and make stop or continue MDA decisions for two regions, as well as review evaluations planned for later in FY20. The second meeting will review progress of planned implementation and progress on laboratory analysis. Committee meetings will also serve as a forum for coordinating partners' contributions to avoid funding gaps and overlaps.

Cross-Border Meetings on Onchocerciasis in Benin and Ghana Act I West will support two cross-border meetings (one with Benin, one with Ghana) in FY20. These meetings are to develop effective interventions for border areas, and collaborative M&E strategies. They focus primarily on onchocerciasis, with an emphasis on cross-border synchronization of ivermectin (IVM) MDA, sharing of prevalence data and program progress, and addressing problem areas. The meeting with Ghana also includes a presentation of LF transmission in Ghana along Togo's border that may pose a risk of reintroducing LF into Togo.

These meetings include health sector representatives from central, regional and district levels on both sides of the border. Their objective is to contribute to elimination of onchocerciasis in border areas through strategic exchanges. The last meeting of FY19 with Benin helped both countries to, not only, share progress, review recommendations from the previous meeting and their implementation, and plan synchronized MDA interventions for the next MDA round, but also, to agree on strategies that will be put in place to avoid areas not being covered by MDA, and to address NTDs from a bi-national perspective,

FY20 ACT TO END NTDs | WEST TOGO WORK PLAN

as opposed to each country individually, all to achieve higher efficacy and more rapid, more assured elimination of onchocerciasis. In FY20 the cross-border meetings will be held in Benin and Ghana. Participants include national and district level personnel (for districts with pertinent cross-border transmission or treatment issues).

Other FY20 Planned Activities in Support of IR1

Dossier Status (Both LF and Trachoma)

Togo received official WHO validation of elimination of LF as a public health problem in 2017 and sent its draft trachoma dossier to WHO in June 2018. WHO subsequently provided comments, requested additional information/adjustment in the dossier and asked Togo to request WHO's technical assistance.

3. SUSTAINABILITY STRATEGY ACTIVITIES (IR2 and IR3)

i. DATA SECURITY AND MANAGEMENT

The integration of NTD data within the national DHIS2 system is a recent development. In FY20, Act I West will endeavor to understand the details of how DHIS2 is being implemented in Togo.

DHIS2 Database

Togo is committed to the creation of a secure and durable data system. Since 2010, parts of MOH have been using DIHS2, which Togo and many countries now increasingly use for most of their health indicator registration, storage and analysis needs. MOH has decided to include NTD data in DHIS2 as part of Togo's centralized data storage system for programmatically important health information. MOH's central DHIS2 team and the NTD program collaborated on designing the NTD section within DHIS2. The program recently trained personnel at all levels on how to use the database, so they can enter NTD data.

ArcGIS The ArcGIS computer program for mapping data will be a powerful tool in the hands of MOH professionals. Key NTDP staff need training to use this program as an important step toward assuming technical independence in NTD program-tracking and decision-making.

Training on completing Disease and Program Workbooks A training for 10 local participants on filling USAID's Disease and Program workbooks is planned for Togo's MOH personnel in FY20 to facilitate the NTDP's data entry and monitoring.

ii. Drug Management

NTD drug quantification

Act|West will support MOH in its efforts to ensure basic drug management principles, filling in drug order forms, first-to-expire first-out, and other key concepts.

Availability or reliability of storage or transport

Ensuring adequate storage of PC NTD drugs is an issue at central and regional levels. Act I West will continue to work with the NTDP on identifying solutions.

Reverse logistics

FY20 ACT TO END NTDs | WEST TOGO WORK PLAN

There are currently two principle reverse logistics problems in Togo: 1) The space for storing unused drugs that are collected post-MDA (and drugs storage capacity before each MDA), 2) Togo's central drugs storage facility CAMEG never accepts opened bottles of tablets. As a result of the latter, opened bottles of tablets need to be left at the region, which makes accounting for returned and available tablets for the next MDA less precise, and storage-conditions peripherally, in the regions, are generally sub-optimal. Act I West will continue to support MOH efforts to plan storage places at national and regional levels, and the "reverse-logistics" procedures, so donated drugs are handled properly and accounted for correctly, even under the described conditions.

Efforts to mainstream NTDs drugs or diagnostic into national drug quantification system

Quantification of PC NTD drug needs is currently conducted by the NTDP and is not part of a larger national drug quantification system. In FY20, Act I West will explore, with the NTDP, opportunities for integration of the PC NTD quantification process into the existing national system (CAMEG)

FY20 Planned Activities

Drug Delivery from Warehouse to Regions for Spring and November MDAs The logistics procedure used for distributing MDA drugs from Togo's national level to the villages is the same before both the Spring and the November MDA, and the same as in previous years. Historically, drug delivery has gone very smoothly. Drug needs of each district are calculated based on the annually prepared distribution guide. Drugs are packaged centrally and delivered by truck to the regional health headquarters. Each sub-district then collects its supply of drugs from the district and distributes the drugs to the health centers, and health center nurses distribute drugs to the CDDs.

At each step, drugs are dispatched with an inventory form stating the name of each drug, the quantity being distributed at that level (district, PHU, or village), the date the drugs are being distributed to that level, the lot number, and the expiration date. The signatures of both the person delivering and the person receiving the order are included at each transfer point. At the end of the MDA, the inventory form must be returned to the next level up with an indication of how many doses of each drug were used, along with any unused drugs.

Reverse Logistics for Collection of Drugs and Data After the MDA, the same procedure as described in the preceding paragraph is followed in the reverse direction, for the collection of unused tablets and data sheets documenting how many people were treated with each drug by gender and age in each community.

Training on the WHO Joint Request for Selected Medications form In FY19, the WHO drug request form was completed by MOH staff, based on training provided at that time. To prevent issues that arose as WHO reviewed Togo's application, MOH plans to organize a refresher training on the Drug Request process for ten central-level staff in FY20.

iii. MAINSTREAMING AND HSS ACTIVITIES (IR2)

Togo is committed to put in place a transition system to sustain achievements in the fight against NTDs beyond the end of USAID funding. During Togo's work plan meeting June 2019, Act|West team shared with the NTDP the USAID sustainability framework and objectives and how Act|West can support the country in this process. The NTDP is aware of the importance and necessity of having this plan to maintain

gains made during the current and previous implementation of NTD activities. The sustainability plan will also be used to fill identified gaps such as the lack of partner support for SCH and STH interventions. In FY 20, Togo is seeking support from Act West to achieve the following activities.

Develop an NTD sustainability Plan and support implementation

In consultation with Act to End NTDs | West partners, USAID has identified the following six outcomes as key sustainability objectives:

1. **Coordination:** NTD programming and financing are coordinated within the health system and across sectors;
2. **Policy:** NTD core functions are included in national health and education policies;
3. **Operational Capacity:** The health and education systems have the capacity to organize, implement and manage NTD operations independently;
4. **Information Systems:** Data collection, reporting and analysis of NTD indicators are mainstreamed into HMIS;
5. **Services:** Deworming and morbidity management services are provided through sustainable delivery platforms;
6. **Financing:** Government has mobilized sufficient domestic funding to support NTD programming needs.

Building on Togo sustainability sensitization meetings in FY19, Act | West will support the NTDP to develop a sustainability plan that will highlight sustainability challenges and priorities. The technical assistance to support Togo in developing the sustainability plan will include the following activities:

- **Perform a joint landscape analysis:** the landscape analysis aims at providing an accurate view on status of NTD programming in the six sustainability outcomes. It will include an HSS component and a cross sector component. The HSS component will help NTDP assess gaps and opportunities to mainstream NTDP into the national health policies, plan and budgeting framework. The cross-sector component of the landscape analysis will support NTDP perform a rapid analysis of nutrition, MCH, family planning (FP), and community mobilization programs that will offer integration opportunities for NTD activities. The results of the landscaping will be captured into a sustainability country profile that will provide initial information for planning and performing in-depth-sustainability assessment. In addition to the technical assistance Act West support will include a one-day workshop to share and discuss with stakeholders the initial findings of the landscape analysis and plan for the in-depth sustainability assessment and cross-sector barrier analysis.
- **Implement a four-day workshop for in-depth sustainability/cross sector barrier analysis:** Using the results of the landscaping and through the application of the sustainability Maturity model (SMM) and the cross-sector barrier analysis tool, Act|West will provide technical assistance to the NTDP in developing a sustainability plan that will include an NTD mainstreaming road map and a cross sector action plan.
- **Organize a three-day sharing and technical validation of the sustainability plan:** This three-day workshop is intended for the technical validation of the draft of the sustainability plan. The sustainability plan will reference the six sustainability outcomes and provide a comprehensive overview of goals, activities, and progress needed for a more sustainable and mainstreamed response to eliminating and controlling NTDs. Participants to this workshop will be at the level of decision

FY20 ACT TO END NTDs | WEST TOGO WORK PLAN

making from the targeted entities that participated to the landscaping and to the in-depth sustainability /cross sector barrier analysis workshops.

- **Organize a one-day meeting for the political validation of the NTD sustainability Plan:** This meeting will be organized by the MOH/NTDP with the support of Act I West. It will lead to the political validation of the sustainability plan in order to have an official endorsement from the authorities.

Update TIPAC tool and perform financial analysis: A financial gaps analysis will support discussion around the MOH budgeting process and development of business cases. The MOH is progressively including resources in its budget to support NTD interventions. In FY19, a targeted financial gaps analysis was performed using TIPAC. The NTDP shared the results with the MOH at high level to advocate for public resources and solutions to support field activities. For FY20, Togo NTDP will update the TIPAC data entry and funding gaps analysis. The NTDP will use the outputs of the financial gaps analysis to (i) continue to advocate within the MOH for resources within the MOH budget and (ii) develop the domestic resource mobilization plan to engage national stakeholders at central level as well as at decentralized level in supporting NTDs. As Togo is engaging new initiatives with COGES related to funding contribution of 1400 religious leaders to strengthen communication at community level, a targeted financial gaps analysis will support the development of business cases to engage stakeholders in supporting NTDs interventions.

Engage in targeted advocacy efforts linked to sustainability outcomes: The Program will produce a comprehensive advocacy plan to support the objectives laid out in the sustainability plan. The integrated advocacy plan, or road map, will include resource mobilization objectives, any policy changes, possible cross-sector partnerships, and will support the NTD Program in reaching sustainability objectives. This plan will help the NTD Program prepare for advocacy meetings with public and private stakeholders, with a focus on the former; and to create tailored messaging and business cases for funding or partnership opportunities. Act West through Deloitte will support the NTD Program in capacity building and development of advocacy materials. Togo's country team will be responsible for running the process and owning implementation of the road map.

Specific advocacy activities to include:

- NTD Program will advocate for a fully funded and accessible budget line dedicated to PCT-NTD control activities. Government entities will include Directorate of Financial Affairs (DAF) of the MoH, the Ministry of the Economy and Finance, and potentially parliamentary officials or committees.
- NTDP can pursue advocacy and partnership efforts with targeted local private companies and local elected officials (town hall, districts, regional councils, etc.). The goal will be to establish local public-private partnership to sustain interventions for the control and elimination of NTDs at the regional level.
- NTDP will also hold meetings with other government programs such as malaria, WASH, and education to explore options for collaboration.

iv. PLANNED ACTIVITIES: SCH/STH

Previous activities and context

Schistosomiasis and soil-transmitted helminths are endemic throughout Togo. Baseline mapping of every sub-district outside the capital was conducted in school-going children in 2009 using the Kato-Katz method for STH and for *S. mansoni*, with urine dipstick measurement of hematuria as a proxy measure of *S. haematobium* infection. Fifteen children in each of two schools were tested in every sub-district. An impact assessment was conducted in 2015 at the same schools using the same testing strategy; national prevalence of schistosomiasis was reduced from 23% to 5.0%, with a maximum district-level prevalence of 29.0%. National prevalence of STH was reduced from 33% to 11.6%, with a maximum district-level prevalence of 42.7%.

FY20 Planned Activities:

MDA: In FY20, Togo will implement integrated “First Round Calendar Year Treatment” MDA and “Second Round Calendar Year Treatment” MDA for onchocerciasis, schistosomiasis and STH through Act | West funding. Please see the [Onchocerciasis FY20 Planned Activities section starting on page 9](#) for FY20 STH and SCH MDA targets. See subsequent sections on MDA refresher training, social mobilization, and supervision for more information on activities in support of STH/SCH MDA.

Support of Operations Research for Disease Specific Impact Assessment for SCH/STH In FY20, Act | West will support implementation of OR for piloting new guidelines for SCH/STH assessments. Act | West costs will cover the field work and LOE in support of OR funded by TFGH. The sampling frame will reflect ESPEN’s current emphasis on sub-district level implementation and assessment of SCH activities. Purposive sampling will target sub-districts and villages that demonstrated on-going transmission in the 2015 impact assessment and/or poor reported MDA coverage, as well as areas not well represented in the 2009/2015 surveys. Areas with favorable results in 2009 and 2015 will not be reassessed. Village-level FY19 coverage data will be reviewed to direct selection of villages not included in the past surveys. Based on discussions with USAID and Act | West, there will be 13 districts (approximately 40 sites) surveyed in FY20. The aim will be to develop a sampling strategy that balances budget constraints with efforts to retain the granular data that allows interventions to be tailored to the local disease context. The results will be used to update treatment targets and to provide information to guide the SCH/STH transition committee to help guide decisions about the selection and operationalization of alternative treatment platforms for SCH and STH.

Creation of SCH/STH steering committee

A key activity in FY20 will be high-level meetings to refine the SCH/STH transition plan and initiate discussions among key personnel, programs and ministries to outline steps for transitioning to complete government ownership of SCH/STH activities (MDA, monitoring and evaluation (M&E), information, education, and communication (IEC), behavior change communication (BCC), etc.). Act | West will support the creation of an SCH/STH steering committee that will aim to meet twice in FY20 to address both policy and technical aspects of the transition. Key participants in these meetings will include Program for the Integrated Control of NTDs (NTDP), water, sanitation, and hygiene (WASH), maternal and child health (MCH), Nutrition Program, Ministry of Education (MOE), Ministry of Finance (MOF), HDI, Deloitte, and others. The existing National Organizing Committee for NTDs already includes representatives of all the key programs and ministries necessary to guide the SCH/STH transition. The expected outcome of the meetings of the SCH/STH steering committee in FY20 are written terms of reference for the committee, identification of key needs and steps in order to assure an effective transition, and a written strategy with

FY20 ACT TO END NTDs | WEST TOGO WORK PLAN

a timeline of specific policy, technical, and finance activities to be implemented to ensure successful transition to autonomous government management of the SCH/STH activities.