

Ghana

FY 2020

Act to End Neglected Tropical Diseases | West

Annual Work Plan

October 1, 2019 – September 30, 2020



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III. ACRONYM LIST

AE-f-MDA	Adverse Events following MDA
ALB	Albendazole
APOC	African Program for Oncho Control
BCC	Behaviour Change Communication
CDC	The United States Centers for Disease Prevention and Control
CDD	Community Drug Distributor
CDTI	Community directed treatment with ivermectin
CMS	Central Medical Stores
CNTD	Centre for Neglected Tropical Diseases
DHMT	District Health Management Team
DSA	Disease Specific Assessment
FAA	Fixed Agreement Award
GES	Ghana Education Service
GHS	Ghana Health Service
GOEC	Ghana Onchocerciasis Expert Committee
GoG	Government of Ghana
HAT	Human African trypanosomiasis
ICCC	Intra-Country Coordinating Committee
IEC	Information Education and Communication
IVM	Ivermectin
LF	Lymphatic Filariasis
M&E	Monitoring and Evaluation
MDA	Mass Drug Administration
MOH	Ministry of Health
NMIMR	Noguchi Memorial Institute for Medical Research
NTD	Neglected Tropical Diseases
NTDP	Neglected Tropical Diseases Program
Oncho	Onchocerciasis
PC	Preventive chemotherapy
PC NTDS	Preventive Chemotherapy Neglected Tropical Diseases
Pre-TAS	Pre-Transmission Assessment Survey
PZQ	Praziquantel

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QI	Quality Improvement
REMO	Rapid epidemiological mapping of onchocerciasis
RMS	Regional Medical Stores
RPRG	Regional Program Review Group
SAC	School-Age Children
SAE	Severe Adverse Events
SBCC	Social and Behaviour Change Communication
SCH	Schistosomiasis
SCT	Supervisors' Coverage Tool
SHEP	School Health Education Program
SMM	Sustainability Maturity Model
TA	Technical Assistance
TAS	Transmission assessment survey
TF	Transmission Focus
TOR	Terms of Reference
TZ	Transmission Zone
TIPAC	Tool for Integrated Planning and Costing
USAID	United States Agency for International Development
VRA	Volta River Authority
WASH	Water Sanitation and Hygiene
WHO	World Health Organization

NARRATIVE

1. NATIONAL NTD PROGRAM OVERVIEW

Neglected Tropical Diseases (NTDs) endemic in Ghana include lymphatic filariasis (LF), onchocerciasis (OV), schistosomiasis (SCH), soil-transmitted helminthiasis (STH), buruli ulcer, leprosy, yaws, human African trypanosomiasis (HAT), leishmaniasis and rabies. Five of the NTDs – LF, SCH, STH, OV and trachoma - which employ preventive chemotherapy (PC) or mass drug administration (MDA) as the key control strategy are managed by the Neglected Tropical Diseases Program (NTDP) while the others have distinct single purpose programs for their control.

The Ghana NTDP presently targets LF and OV for elimination while SCH and STH have control targets. Trachoma has been eliminated as a public health problem in Ghana following WHO validation of trachoma elimination in May 2018. Interventions for NTDs are implemented strictly per WHO guidelines. Poor environmental sanitation and sewage disposal are believed to pre-dispose school-age children (SAC) to high reinfection rates of SCH and STH in the country. Five key intervention strategies for the PC NTDs include (1) annual or bi-annual MDA, (2) morbidity management and disability prevention (MMDP), (3) vector control, (4) health education and behaviour change communication (BCC) for better acceptance and compliance with treatment, and (5) DSAs, surveys to determine impact of treatment in endemic populations. Control/elimination activities for the PC NTDs are integrated as much as possible to maximise efficient use of available resources to achieve the greatest possible impact. Treatment for LF, OV and STH are implemented through the same community-based MDA platform using ivermectin (IVM) and albendazole (ALB) tablets in co-endemic districts; while SCH and STH are treated through an integrated school-based MDA using ALB and praziquantel (PZQ) tablets. Additionally, in districts where baseline SCH endemicity is at least 50%; besides annual school-based MDA targeting SAC, annual community-based MDA targeting adults (≥ 15 years), recommended by WHO guidelines, is also conducted.

Almost 80% of interventions for control and elimination of the five NTDs targeted through preventive chemotherapy (PC NTDs) in Ghana are funded through the support of the United States Agency for International Development (USAID) since 2010. Other partners supporting the NTDP are Sightsavers, supporting the NTDP in MDA, diseases specific assessments (DSA) and related activities for oncho and trachoma; Centre for Neglected Tropical Diseases (CNTD), supporting post-treatment surveillance (PTS) morbidity management and disability prevention (MMDP) for LF in one region. Accelerated Integrated Management (AIM) Initiative provided technical guidance and funded workshops that brought together partners of the NTDP to develop a strategic plan for integrated morbidity management. The World Health Organization (WHO) Country Office in Ghana provides technical support and ad hoc targeted funding for MDA and DSA, and generally serves as consignee for donated NTDP logistics including medicines, equipment and supplies for DSA in the country. Besides paying salaries of NTDP staff and providing office space for the program, the government through the Ministry of Health (MOH) provides storage space for NTDP medicines and other logistics in the central medical store (CMS) at the national level and the regional medical stores (RMS) located across the 16 regions of the country. Act | West partners in Ghana are FHI 360 as lead implementer with technical assistance from Deloitte, AIM, and World Vision. The following work plan sections specify Act | West partner responsibilities for program activities in FY2020 in Ghana.

Redistricting

Until the redistricting in 2019, there were 10 regions and 216 districts in Ghana. Following the redistricting, regions have increased to 16 regions and districts increased to 260. LF endemic districts has increased from 98 to 118 and OV endemic districts has increased from 120 to 132. SCH which was endemic in all 216 districts and is therefore endemic in all 260 districts. MDA for LF has been stopped in 103 districts leaving

15 districts considered hotspots due to repeated not passing of pre-TAS. The sub-district level is the implementation unit for OV MDA, hence redistricting resulted in some new districts from OV endemic parent districts being classified as non-endemic. For example, Garu-Tempene district (mother district) was endemic for OV. The new (daughter) districts are Garu district and Tempene district. Garu district is non-endemic for oncho but Tempene district is/remains endemic for OV. The NTDP will be working with the new districts starting FY20.

IR1 PLANNED ACTIVITIES: LF, TRA, OV

Lymphatic filariasis

Previous and current FY activities and context

MDA for LF using IVM and ALB in Ghana started in 2001 with 5 districts and gradually scaled up to all 118 endemic districts in 2001. LF is endemic in 13 out of the 16 regions in the country. The Volta, Oti and Ashanti regions are considered non-endemic for LF. Significant progress has been made with LF treatment; a total of 103 out of 118 endemic districts have stopped treatment by FY17 after conducting the recommended WHO transmission assessment survey (TAS1) and achieving the threshold for stopping MDA. Treatment for LF was stopped in 5, 83, 8, 5 and 2 districts in 2010, 2014, 2015, 2016 and 2017 respectively. Three (3) of the 15 remaining districts are due for TAS1 and 12 will continue MDA. The 15 remaining endemic districts have failed pre-transmission assessment survey (pre-TAS) at least twice. Details of MDA and pre-TAS conducted in these districts are included in the attached – appendix IX. In FY19, pre-TAS was conducted in 8 districts using FTS, TAS2 was conducted in 2 districted grouped into an evaluation unit (EU) and TAS3 has been conducted in 56 (20 EUs) districts out of 64 districts (26 EUs) planned. Act |West funded all the pre-TAS and TAS conducted in FY19. CNTD is expected to fund TAS3 in the other 8 districts (6 EUs) in the Greater Accra region but the NTDP indicates that funding has delayed though it is still expected in 2019. Only one out of the 8 districts passed the pre-TAS, the one EU passed TAS2 and all 19 EUs where TAS3 has been completed passed. TAS3 in one EU was temporarily suspended due to conflict erupting in one district included in the EU during the survey. The conflict has subsided, but NTDP is awaiting directives from the district health directorate to complete the TAS3. Fourteen out of the 21 EUs where TAS2 and TAS3 were conducted in FY19 recorded no positive case while 5 EU recorded 1-5 positive cases with a critical cut-off of 18.

In FY19, pre-transmission assessment survey (Pre-TAS) was conducted in 8 districts using FTS, TAS2 was conducted in 2 districts grouped into 1 evaluation unit (EU) and TAS 3 was conducted in 64 districts grouped into 26 EUs. Only one district passed the pre-TAS, 1 EU passed TAS2 and all 26 EUs passed TAS 3. Results of TAS2 and TAS 3 conducted in FY19 will be submitted to the NTD

Improving MDA Coverage after failed pre-TAS: In FY19, Task Force for Global Health (TFGH) in collaboration with the NTD program conducted a social science research study funded by USAID to identify factors that will facilitate improving MDA in districts with a history of pre-TAS failure. The study which was a mixed method cross-sectional study had formative, intervention and post-intervention evaluation phases. The study was conducted in two LF endemic districts – one urban (Sunyani Municipal) and rural (Nabdam district). The formative and intervention phases have been completed and the post-intervention evaluation phase is currently ongoing. Key finding in the study include in cumulatively 68.2% of respondents in the two being aware of MDA prior to the treatment but 46.2% and 20.7% of respondents in Sunyani municipal and Nabdam district respectively were unaware of the MDA prior to drug distribution. Respondents identified CDDs as the primary source of information on MDA – Sunyani municipal (75.5%) and Nabdam (87.9%). About 80% and 94% of respondents received IVM and ALB in Sunyani municipal and Nabdam districts respectively while about 94% in Sunyani and 99% in Nabdam

actually swallowed the medicines. Among respondents who did not receive the medicines, absence from home during the drug distribution was the predominant reason – 37.2% in Sunyani municipal and 32.2% in Nabdam district. Most CDDs were selected by health workers rather than the community as expected. Nine out of ten CDDs were willing to continue as CDDs but also indicated that the training received was inadequate.

The intervention phase implemented recommendations for improving the MDA coverage during the FY19 MDA conducted in June-July 2019. To improve social mobilization and awareness of MDA, resources for social mobilization were sent to the districts prior to trainings to allow for ample time for planning and effective social mobilization. Chiefs and opinion leaders were involved in community mobilization while health workers and designated community youth leaders visited churches and mosques to inform and educated them on the MDA. WHO CDD training manual was modified and used for training in the 2 districts under the supervision of NTDP officers. Supervisors at all levels used the NTDP supervisor's check list and reported their findings for action. CDDs received tags and branded shirts for easy identification and additional financial motivation (about \$4 additional) made available by the NTDP. Only the early release of funds for social mobilization was applied in all districts where MDA was conducted in FY19, all other interventions were limited to the two study areas. Some of the interventions may be extended to other districts, especially LF "hotspot" districts after analysis of the evaluation phase.

Mapping: Mapping for LF is completed in Ghana. However, in TFGH, Noguchi Memorial Institute for Medical Research in collaboration conducted a research in 3 districts (Adaklu, Hohoe and East Akyim) in the Volta and Ashanti regions classified as non-endemic for LF to determine if there is the need to conduct MDA in these districts following reports of LF cases (lymphoedema) in these districts. Fifteen communities were selected in each district. In each community, participants were screened for LF infection using immunological (LF FTS, Wb123 RDT, Wb123 ELISA) and parasitological methods (blood films). 50 to 100 individuals (aged 5 years and above) were targeted, according to WHO LF mapping protocol. Thus, total sample size for each district was 750 to 1500 (2250 to 4500 for the entire study). LF prevalence using the FTS was found to be 0.93%, 3.92% and 0.45% while Wb123 RDT prevalence was 1.12%, 0.30% and 0.45% in East Akyim, Adaklu and Hohoe respectively. However, no individuals were identified with *W. bancrofti* microfilariae in all three districts. Overall, the prevalence of LF and onchocerciasis was very low in all three districts. However, 9, 4 and 1 communities in Adaklu, East Akim and Hohoe respectively recorded FTS prevalence of at least 2%. Act | West together with USAID had discussions on this and proposed to the NTDP to share the findings with WHO for inputs and guidance on the way forward. The NTDP is yet to have a discussion with WHO as they agreed. The NTDP will review the report with WHO, partners and experts to determine the way forward.

FY20 Planned Activities

LF DSA: Re-pre-TAS will be conducted in 5 out of the 12 districts where MDA is planned. The districts that pass re-pre-TAS will be excluded from the MDA. TAS will be conducted in 11 districts classified into 4 EUs - this includes TAS1 in 3 districts constituted into 2 EUs (*Savannah – North Gonja and West Gonja; and Upper East - Kassena-Nankana West*) and TAS 3 in 8 districts constituted into 2 EUs (*Upper East - Bawku West, Bolgatanga East, Bolgatanga Municipal, Bongo; and Upper West – Talensi, Daffiama Bussie Issa, Nadowli, and Wa Municipal*). Laboratory technologists, NTD program officers and NTD focal persons trained in previous DSAs will be given a 1-day refresher training and orientation before conducting the DSAs. Positive controls for FTS will be requested from WHO and used to ensure quality control in the surveys. WHO FTS Diagnostic reporting tool to capture and report FTS invalid tests and operational issues will also be used in the field. All the DSA will be funded by Act | West. Act | West will provide funds to enable the NTDP manager and officers to monitor DSAs. The Act to End NTDs | West Country Team,

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including the Program Manager and M&E Advisor will also monitor to ensure the DSAs are conducted in compliance with protocols and WHO guidelines. The team will also monitor training of DSA teams prior to implementation and contribute to the dissemination of appropriate knowledge and standards.

Post-Treatment coverage surveys: Act|West will provide funding for the NTDP to conduct post-treatment coverage surveys in the 7 LF districts that failed pre-TAS in FY19 and had MDA again in FY19. The exercise will serve the purpose of validating MDA coverage especially following a third pre-TAS failure. Act | West will also fund the training for the coverage surveys.

Mass Drug Administration: As mentioned above, a total of 103 out of 118 endemic districts had stopped treatment as of FY17. In FY19, the NTDP has conducted a first-round integrated LF/Oncho/STH MDA in 138 districts which include 15 LF and 132 oncho endemic districts with 9 LF/oncho co-endemic districts.

In FY20, integrated LF/oncho/STH MDA will be conducted in 138 districts which include

- 132 OV districts
- 7 LF/OV districts
- 5 LF only districts

All 132 oncho endemic districts will be included in the first-round MDA while 88 oncho districts will undergo a second-round MDA six month after the first round. USAID will fund first-round MDA while Sightsavers will fund the second-round MDA. If West Gonja, Kassena Nankana West and North Gonja pass TAS 1 they will be excluded from the MDA. Then round1 LF/oncho/STH MDA will be in 137 districts, which include 132 oncho endemic districts with 7 LF/oncho co-endemic districts and 5 LF only districts.

MDA Supervision for LF/OV/STH MDA in 138 districts: Supervision of MDA will be done along the Ghana Health Service (GHS) structure of national, regional, district and sub district health systems. Act I West working with the national NTDP office will be part of the national level supervisory teams to monitor the MDAs. Supervision of MDA will include the Director of Public Health of the GHS. Participation by the Director of Public Health representing GHS HQ will act as good motivation for the regional directors of health service and regional deputy directors of public health to improve the overall quality of NTDP activities especially MDAs. Act |West funds will be provided for the NTDP to conduct supervision at all levels as part of the MDA budget. Supervision has been carried out using the NTDP monitoring checklists at all levels to ensure that supervision is standardized and effective. The tool includes questions to assess the effectiveness of various social mobilization methods and channels. The use of supervision checklist an SCT will be emphasized at all levels. Act | West will support the NTDP to train supervisors on the SCT and use it. Findings will be used to initiate mop where indicated. Chiefs and opinion leaders will be involved to encourage persons who refuse treatment to take the drugs. CDDs will notify chiefs and opinion leaders about individuals and households that refuse treatment for a follow up.

Finance Monitoring: Act | West will fund the finance unit of the GHS Public Health Division to conduct finance monitoring in all 16 regions and 260 districts implementing NTDP activities.

Supervisors Coverage Tool SCT: The WHO SCT is recommended for in-process MDA coverage monitoring to provide real-time information for CDD revisits and mop-up. Where the SCT results indicates that coverage is low, CDDs are mobilized to revisit households and treat those not treated earlier. Where special problems such as refusals by large section of the community or shortage of drugs, opinion leaders are engaged or additional drugs are supplied as the case may be for successful mop-up. ACT |West will provide technical assistance, funding and raining to the NTDP to roll out the SCT. In addition to the

refresher trainings that will be conducted in the preparatory phase of MDAs, national supervisors will be oriented prior to visiting regions for supervision and monitoring of MDAs. They will be required to send reports on issues that need urgent attention to the Program Manager during the MDAs. Regional and district supervisors will be trained prior to each MDA.

LF endemicity with persistent infection (Hotspots): LF is endemic in 118 out of 260 districts in Ghana. Treatment started in 2001 in 5 districts and scaled up to all endemic districts by 2006. Treatment has stopped in 103 districts including 5 districts that have completed the post-treatment surveillance phase (passed TAS3). However, the remaining 15 districts that have had 13-17 annual rounds of MDA have persistent high prevalence ($\geq 1\%$) and have each failed at least 3 pre-TAS. Three of these districts passed pre-TAS between 2017 and 2019. Persistent infection in the 15 districts (hotspots) has significantly derailed the 2020 LF elimination target for Ghana and could further extend the elimination date. Any further failures of diseases-specific assessment (DSA) will extend the dossier submission date beyond 2026.

The NTDP considers the current situation as urgent and has proposed the following measures in the short to medium term to address this in FY20:

1. Engage the Director General and Director of Public Health to facilitate involvement of Regional Directors of Health Service (RDHS) in these hotspot regions in NTD activities to improve treatment coverage and enhance supervision.
2. With funding from Act | West the NTDP will hold meetings with each Regional Director of Health Service and his team in the hotspot regions, present hotspots data in the region and seek support of RDHS to engage the districts to find solutions to enhance treatment coverage and supervision
3. The NTDP will engage each LF hotspot district health management team (DHMT) to discuss, unearth and verify challenges to treatment (E.g. denominators, access to communities, MDA timing, training and number of CDDs, supervision, population migration, special populations etc.) and investigate each of the hotspot districts individually to develop a dossier of specific challenges per district. The engagement will be in the form of short presentations followed by breakout sessions for district teams to identify key issues and propose solutions. District teams will then present their proposed MDA plan based on challenges identified. The action plans will be put into a tailored MDA guide document for the district.

The outcome of these engagements will inform the next most effective measures to employ as well as develop tailored, specific interventions for each LF hotspot to ensure these do not fail their next scheduled DSAs (Pre-TAS). Act | West will provide funding for these meetings.

Morbidity Management and Disability Prevention (MMDP):

The AIM Initiative is a partner in the Act | West program consortium. In FY19 of the program, AIM Initiative had the mandate of conducting a Situational Analysis to determine the available data on morbidity associated with LF determine the level of data security and to assess barriers and facilitators of sustaining and mainstreaming morbidity and disability services into the health systems. The Situational Analysis is ongoing by way of Desk reviews of national strategic documents such as the Ghana NTD master plan (2016-2020) and Annual NTDP reports; Qualitative Analysis-key informant interviews with program officers working in various capacities within the NTDs program from national to district level in the Greater Accra, Bono, and Northern regions, as well as Focus group discussions with NGOs with MMDP information(providing MMDP services to LF patients) located in the Greater Accra and Bono Regions. Findings from the exercise will inform MMDP strategies and activities to be implemented at the country level in subsequent years to meet WHO LF dossier requirements. The NTDP intends to undertake capacity building trainings for health staff, patients and their family members in MMDP. Sightsavers, through the

ASCEND program, will support the NTDP in 3 districts in the Bono Region and 20 districts in the Central Region to undertake this exercise.

LF Dossier Status:

Dossier preparation has not started. LF is endemic in 118 of the 260 districts in Ghana as at FY19. Treatment has stopped in 103 endemic districts. 15 LF 'hotspot' districts are still undergoing MDAs after several years of treatment. (Three of these passed pre-TAS (2017-2019) and are scheduled for TAS 1 in FY20). Persistent infection in the 15 districts has significantly derailed the 2020 LF elimination target for Ghana. With pre-TAS failures in 7 out of 8 districts in 2019, the earliest time Ghana could submit a dossier for LF elimination will be 2026. Assuming no further disease specific assessment failures, MDA is projected to be completed in June 2020 and last TAS3 completed by May 2025. Burden estimates for MMDP (Lymphedema and hydrocele) exist for all 118 endemic districts. These estimates were obtained from data collected by CDDs during MDAs and are stored on computers of Program staff. Validation of these burden estimates is therefore required in all 118 endemic districts and the data secured on a reliable database such as the WHO Integrated NTD Database. There is currently limited data on health facilities providing hydrocele surgery and only about 13 health facilities in one out of the 8 LF endemic regions (Upper East Region) provide lymphedema management services. There is therefore the need to conduct a nationwide facility MMDP Readiness Assessment Survey. Act | West is supporting MMDP Situational Analysis in Ghana in FY19. The report for the study is expected to inform MMDP Strategic Plan to meet gaps identified. Collation of NTDP data on mapping, MDA and DSA for upload to the WHO Integrated NTD Database is ongoing. Act|West will provide funding for training NTDP staff on LF Dossier requirements and templates. The training will also include completing the dossier data file with MDA, DSA and MMDP data available. The ACT | West LF Disease focal person will provide technical assistance for the training.

Trachoma

Trachoma has been eliminated as a public health problem in Ghana following WHO validation of trachoma elimination in May 2018. The WHO, through the Country Representative in Ghana, officially presented the certificate of Validation of Trachoma Elimination in Ghana to the Minister of Health at a ceremony in Accra on August 7, 2018, to mark trachoma elimination in Ghana. The GHS has a draft written plan for TRA elimination surveillance, and as part of post-elimination surveillance, front-line health workers and Ophthalmic nurses in the endemic districts were trained with funding from GHS to increase detection of all forms of trachoma cases for early management. In May-June 2018, the NTDP Ophthalmologists of the Eye Care Unit of the GHS trained 16 Ophthalmic Nurses who in turn trained 1,851 (97.5% of training target) front line health workers in all health facilities (almost 900) in the 40 previously endemic districts. The front-line health workers are expected to refer suspected trachoma cases to the Ophthalmic nurses in districts hospitals for confirmation and management. *(See the Strategic Planning section page 13 for a description of the Evaluation of Ghana's trachoma post-validation surveillance system.)*

Planned Activities for FY20

Documentation of Ghana's trachoma post-validation surveillance system: As part of the Act to End NTDs | West's Learning Agenda, Act | West will support the GHS to lead an exercise to document its post-validation system for trachoma. A preliminary meeting will be held with relevant staff of the GHS, FHI 360 and a representative from CDC or the Task Force for Global Health (if possible) to identify the specific aspects of Ghana's PVS system to include, discuss the methodology to employ, and develop a timeline to undertake data collection. During a second meeting, the same group of stakeholders will meet to discuss the findings from the documentation exercise. Act | West will support the GHS to finalize the protocol once objectives, scope and methods have been agreed upon by the GHS, FHI 360, Task Force for Global Health or CDC, and USAID. Act | West will also support the GHS to collect, collate and analyze data. This

may also include conducting interviews with various stakeholders, reviewing and analyzing data reported via the DHIS 2 reporting system, and collating information into a report to present at the second stakeholders meeting.

Informing the development of guidance on post-treatment surveillance for trachoma. Act | West will conduct three activities to improve understanding of the trachoma post-treatment surveillance (PTS) landscape and identify potential areas for advocacy or investment to advance guidance on trachoma PTS. The first activity will be a literature review to examine the national plans for post-validation trachoma surveillance in the eight countries that have already been validated for elimination of trachoma as a public health problem. Each country's dossier will be reviewed, and an at-a-glance reference will be developed that summarizes current activities and, if available, any information on the actual implementation of the PVS plans. The second activity will be to conduct a survey (via SurveyMonkey or an analogous platform) among National Trachoma Program Managers within the Act | West portfolio to assess perceptions around the need for PVS, plans under development, opportunities or barriers to progress, and plans for financing surveillance. Thirdly, Act | West will document all aspects of the Ghana Health Service's existing PVS system, which trained nearly 2,000 frontline health workers to identify and refer suspect trachoma cases. The documentation process will employ mixed methods to determine how the system functions. The findings from these three activities will help provide additional nuance to the PVS framework developed by USAID in collaboration with Act | West and Act | East and may additionally be shared at multi-stakeholder technical meetings that aim to advance the discussion on trachoma surveillance and develop and pilot identified approaches.

Onchocerciasis

Previous and current FY activities and context

Onchocerciasis is targeted for elimination in Ghana by the year 2025. Oncho control in Ghana started in 1974 with vector control strategy until the community directed treatment with ivermectin (CDTI) strategy was introduced by the African Program for Onchocerciasis Control (APOC) in 1998. Ghana conducted a remapping for oncho in 2009 using the rapid epidemiological mapping for oncho (REMO) methodology. The REMO results indicated that of all 216 districts (number of districts prior to FY20 redistricting) in Ghana, 29 districts were hyperendemic (nodule prevalence $\geq 60\%$), 15 districts were mesoendemic (nodule prevalence 40%-59.9%), 91 districts were hypoendemic (nodule prevalence $< 40\%$) and the remaining 81 districts were non-endemic (nodule prevalence 0%). Previous WHO guidelines implemented under APOC recommended treatment for mesoendemic and hyperendemic districts only. However, the NTDP decided to continue treatment in 41 of the 91 hypoendemic districts that were receiving treatment prior to the REMO. Since the 2009 REMO, the NTDP conducts biannual community-based MDA in 44 districts (29 hyperendemic and 15 mesoendemic) and annual treatment in the 41 hypoendemic districts which were receiving treatment prior to the REMO. The MDA implementation unit for oncho was the community level, however, in 2016 the NTDP revised the implementation unit to the sub-district level as the programme prepared to implement an oncho elimination programme. This means that all eligible persons in a sub-district are treated if at least one community in the sub-district is endemic and receiving treatment. In 2017, the Ghana Onchocerciasis Expert Committee (GOEC) approved a nation-wide cross-sectional oncho assessment survey to collect data to inform a strategy to eliminate oncho by 2025. The survey included an impact assessment of the 85 districts receiving treatment, elimination mapping in 50 ivermectin naïve hypoendemic districts and exclusion mapping in 19 non-endemic districts with reported fly black fly nuisance and suspicion of endemicity. The surveys were conducted using skin snip microscopy in adults 20 years and above and OV16 RDT and OV16 ELISA in children 5-9 years. The GOEC reviewed

results of the 2017 surveys in its last meeting in February-March 2018 and made the following recommendations:

- a Endorsed 35 new districts for onchocerciasis MDA based on the 2017 elimination mapping and impact assessment results thus increasing oncho endemic districts requiring MDA from 85 to 120 districts.
- b All 35 new districts and districts with long standing treatment history which recorded mf or OV16 RDT prevalence $\geq 5\%$ to receive bi-annual MDA thus increasing districts receiving bi-annual treatment from 44 to 82. Annual treatment to continue in remaining 38 districts
- c Endorsed the sub-districts as the MDA implementation unit

In May-June 2018, 131 districts were treated for OV out of 132 districts planned. In FY19, OV MDA was conducted in 132 in July-August. A second round OV MDA in 88 districts will be conducted after 6 months by Sightsavers.

FY20 Planned Activities

MDA: The NTDP will conduct 2 rounds of oncho MDAs in FY20. Act|West will fund the first round in 132 districts and Sightsavers the second round in 88 districts as in FY19. Plans for the integrated LF/OV/STH MDA in 132 districts for FY20 are as described above under the LF section.

Oncho Elimination Strategic Document: The NTDP will complete, print and distribute copies of the Oncho Elimination Strategic document. The NTDP will also conduct desk reviews for exclusion mapping for the Eastern coastal plains (12 districts in 2 transmission zones (TZS)-Dayi-Asukawkaw and Pra Offin) and to establish transmission foci in some selected TZs.

Ghana Onchocerciasis Expert Committee (GOEC) Meeting: The GOEC will have one meeting in 2020 that will include all external members. Act | West will share the funding of the meeting with Sightsavers. The meeting is expected to endorse the final draft of the Ghana Oncho Elimination Strategic Plan. USAID will support the NTDP with funding to finalise production and printing of the Oncho Elimination Strategic Plan document. Two hundred copies of the document will be printed for distribution to endemic districts, regions, partners, Ministry of Health, and other stakeholders as well as members of the committee.

GOEC Ad hoc meetings: As in years past, Act West will also fund the NTDP to hold a 2-day Ad hoc GOEC meeting in FY20. The Ad hoc meeting, which often involve local members of the committee, is used to address urgent challenges that require the input of the committee between full committee meetings.

Cross-border meetings: Ghana shares borders with Togo to the east, Cote d'Ivoire to the west and Burkina Faso to the north and northwest. Along these common borders are adjoining districts that have high oncho and/or LF endemicity with persistent infection (i.e. hot spots). Though the countries share endemic districts across their long common borders, the cross-border meeting will focus on adjoining districts with persistent infections and take place in the districts. Ghana will host a cross border meeting each with adjoining districts in Cote D'Ivoire (5 districts in Ghana and 4 in Cote D'Ivoire) and Burkina Faso (5 districts in Ghana and 5 in Burkina Faso) to plan synchronized LF/oncho MDA in target border districts. Act | West will fund these cross-border meetings. In FY20, the NTDP will also undertake prospection in all 16 regions by way of breeding site surveys and blackfly pool screening. The NTDP will also undertake validation of duplex results, obtained during the Trachoma assessment survey in the northern region in 2018 and presented by Sightsavers at the 2019 GOEC meeting in Accra. Further, the NTDP will carry out impact assessments. in 6 districts (FOCI 1) -Chereponi, Karaga,Bunkurugu, Yunyuo, East Mamprusi and Gushegu- using OV16 in children 5 -9 years.

3. SUSTAINABILITY STRATEGY ACTIVITIES (IR2 and IR3)

i. DATA SECURITY AND MANAGEMENT

Data Security

Currently, the NTDP has all electronic program data stored on the laptops of the Monitoring and Evaluation and other Program desk officers with backup on external storage devices which are kept safely by these officers. The laptops of the various officers have passwords that serve as a protective measure to safeguard all program data. All program cabinets which serve as storage for all hard copies of program data are physically protected with locks that are very durable and safe. This current system guarantees an appreciable level of data security and integrity for the NTDP. Recognising the need to further strengthen the level of program data security, the NTDP in the next year or two intends to acquire a secured server managed by a trained staff of the program to store all program data. This will also have an offsite backup to better protect all program data

FY20 Planned Activities

District Health Management Information System (DHIMS 2) Training- Training on NTD Registers, forms and SOPs: The NTD Program intends to introduce new NTD forms into the Ghana Health Service DHIMS 2 which is the main database of the GHS. These include LF/oncho MDA forms, SCH/STH MDA forms and forms on MMDP activities. Aggregates of DSAs will appear in DHIMS 2 while the details will be in the Electronic database platform of the NTDP (LYMPH Application). Introduction of these new forms into GHS DHIMS 2 requires orientation/training on the SOPs (E.g. definition of variables and the source documents). The NTDP will train all Regional NTD Focal Persons and Regional Health Information Officers at a Trainer of Trainers meeting on all NTD Registers and NTD data collection form, with SOPs to be used on the DHIMS 2 system. The national NTD program Monitoring and Evaluation team will support and supervise all regional and district trainings. Act | West will fund the development and printing of these SOPs.

Inclusion of National Program Data into WHO Database: The National NTD Program has adopted the WHO Integrated NTD Database for use by the program. The NTDP is in the process of gathering and preparing historical data at the national level for uploading into the WHO integrated NTD database. There will be an orientation for all Regional NTD focal Persons and Regional Health Information Officers so that regional NTD Data can also be entered into the Database for analysis and storage at all levels. The national level will also provide orientation to the national program desk officers to get historical national NTD data entered into the integrated database. Act | West will fund these trainings.

ii. DRUG MANAGEMENT

Drug quantification was done in early 2019 for all medicines to be used in FY20 and a joint request for selected medicines was sent to WHO for approval in March 2019. ACT| West will work with the NTDP in Ghana to follow up on the drug application made in the drug management website managed by Standardco (<https://www.ntdeliver.com/>). Drugs will be received at the Central Medical Stores (CMS) from the ports when they arrive in the country and distributed to Regional Medical Stores (RMS) by using the GHS distribution system. Districts will pick up their allocations from their respective RMS and distribute to sub districts. Volunteers will be allocated drugs from the sub districts based on the population of communities they treat. To ensure that donated NTD medicines are managed per GHS established standards, the NTDP in FY16 shifted responsibility for managing NTD medicines from the district level focal points to district pharmacists based at the district level. Unused drugs after treatment will be retrieved to the RMS for storage and repackaged during the next MDA while opened ones will be appropriately disposed of according to GHS guidelines. Expiry of drugs for treating NTDs is not anticipated because of the practice of the 'first-to-expire- first-out' principle in the medical stores, but if this occurs it will be reported for disposal per GHS policies and regulations.

SAEs: During the planned cascade trainings, GHS and GES personnel will be trained to identify and refer all adverse events following MDA (AE-f-MDA) to the nearest health facility. At the facility level, the health staff will complete a pharmacovigilance form and report all AE-f-MDA to the district health authorities and the Food and Drugs Authority representative in the district. Cases of severe adverse events (SAEs) will be referred to the district or regional hospitals depending on the severity of the condition. This treatment is usually covered under the National Health Insurance scheme (NHIS) operated by the Government of Ghana (GoG). Reports of all SAEs are sent to the district health authorities who then forward the reports to the NTD Program Manager. The NTD Program Manager subsequently informs partners of any SAE including FHI360, USAID, the drug manufacturing companies and WHO.

Planned FY20 Activities

FTS and lab reagent procurement: FHI 360 will work with the NTDP to complete application documents necessary to request required FTS. Reagents for Ov16 ELISAs will be procured by Act I West through the onchocerciasis laboratory at University of South Florida.

Drug retrieval to RMS: The NTDP has been faced with the challenge and difficulty of returning unused NTD medicines from the community, sub-district and district levels to the regional medical stores for sorting and safe storage. Act| West will provide funding for regional pharmacists and NTD coordinators to retrieve all unused drugs for safe storage at the RMS. Regional pharmacists in each of the 16 regions will visit all districts involved in MDA to retrieve unused medicines to the Regional Medical Stores and report to the Central Medical Stores and NTDP (5 days). A Pharmacist from the Central Medical Stores will visit all 16 regional medical stores to verify unused medicines in storage (16 days).

iii. MAINSTREAMING AND HSS ACTIVITIES (IR2)

Sustainability (Mainstreaming/IR2) Activities

Through mainstreaming and HSS activities, the Ghana Health Services (GHS) and the NTD Program will be better able to lead and own the NTD response. Act | West will work with the NTD Program and the GHS, , to support sustainability planning and mainstreaming activities. Sustainability plans will articulate indicators and milestones against which the country can track progress.

The NTD Program will work with ACT |West to identify and influence key stakeholders from civil society, private sector, public sector (including non-health stakeholders) who can shape policy, operational capacity, and financing to sustain NTD programming. This will include series of buy-in meetings to familiarize counterparts with sustainability objectives and build understanding of major sustainability challenges. The NTD Program will further define their sustainability goals and define a way forward.

In June 2019, Act|West supported the Ghana NTDP implement a sustainability sensitization meeting. Top government officials from the Ministry of Health, Ghana health service and the Ghana Education service were in attendance. Water Sanitation and Hygiene (WASH) actors, various health related programs and NTDs in country partners also attended the one-day sensitization meeting. The meeting provided national stakeholders opportunity to discuss the NTD sustainability framework and the six sustainability related outcomes (Financing, Services, information Systems, Operational Capacity, Policy/Planning and coordination) proposed within the sustainability framework USAID developed to support countries organize investment in a structured way around relevant sustainability area. As a follow up of the key recommendation of the sensitization meeting the NTDP intends to collaborate closely with Act|West to develop a sustainability plan that aim to ensure sustained control programs for SCH and STH and sustain elimination of LF, and onchocerciasis. In FY20, the NTDP will implement the following activities with Act|West support:

Development of a sustainability plan

During the sustainability sensitization meeting the NTDP expressed interest of having a sustainability 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 decreasing partner support for SCH and STH interventions. As Ghana NTDP is collaborating with different partners that have interest in supporting the government effort in NTD sustainability, The NTDP plans to develop one cohesive and comprehensive NTDP sustainability plan. Act|West will support the NTDP (Ghana) develop an NTDP sustainability plan. The process will include the following blocks of activities:

Update and execution of an advocacy road map linked to the sustainability plan

With financial data acquired through the TIPAC data analysis, the NTD Program intends to update and execute a comprehensive advocacy and resource mobilization plan to fill current funding gaps and increase domestic funding opportunities. An integrated advocacy plan or road map will include resource mobilization objectives, policy changes, possible cross-sector partnerships, intra-sector collaboration and will support the NTD Program in reaching sustainability objectives. The NTDP requests technical Assistance from Act West to identify needed policy changes for both NTDs mainstreaming and cross sector partnership strengthening. This plan will help the NTD Program to prepare for advocacy meetings with public and private stakeholders, and to create tailored messaging and business cases for funding or partnership opportunities. Act |West will support the NTD Program in capacity building and development of advocacy materials, and the NTDP and country team will be responsible for running the process and owning the implementation of the road map.

In-country Partners' Coordination Mechanism/Meetings

Several partners support the NTDP in various areas. From FY20, there might be substantial efforts on the Policy side through development of the Sustainability plan as well as development of master plans. In addition, Ghana is performing an extensive review in preparation for the development of the next Immunization strategic plan (2021 onwards) with the aim of mainstreaming in a progressive way immunization services provision into the health system. Partners coordination and communication will help leverage ongoing and upcoming opportunities. Act| West will initiate consultations with WHO to set up partners coordination mechanism meetings. Three of such meetings are planned in FY20. Q1 will be used to set up the coordination mechanism, leveraging the development of the sustainability plan.

HSS Activities

Capacity strengthening for long term NTDs services delivery The NTDP has noticed that key health training institutions responsible for pre-service training of middle level public health and clinical health professionals only teach the basic biology of parasites that cause PC NTDs and nearly nothing on interventions such as MDA and MMDP. The NTDP will engage directors of these institutions to include PC NTD interventions and MMDP in the curriculum in the long term. In the short to medium term the NTDP will initiate block lectures for a few years. Lecturers from these institutions will be trained to take over the lectures and practical sessions over time. The hope is that new health staff will come to the job with skills that will facilitate mainstreaming of NTD interventions into the health system. In FY20 the NTDP will have training sessions with staff and students at the College of Health and Wellbeing, Kintampo; training of in-service Physician Assistants and training of Medical doctors(residents) of the Ghana College of Physicians and Surgeons. Act | West will fund these training activities.

Advocacy engagement with Parliamentary Subcommittee on health The NTDP advocacy strategy identifies weak visibility of NTDs and the program among high level decision makers including parliament who are responsible for approving budgets and have a significant influence on resource allocation in their constituencies. The NTDP will engage the parliamentary subcommittee on health by making compelling presentations to them to raise awareness of morbidity burden and effects of NTDs on livelihood and quality of life of affected persons in their constituencies and the country, the importance of NTDs control on socioeconomic development as well as the dependence of program activities on donor support and the need for direct government support for NTD interventions through budget allocation.

This activity was planned in FY19 but postponed to FY 20 and will leverage on the development of the sustainability plan. It will consist of sharing with parliamentarians NTDs progress. It will be a unique opportunity to share with parliamentarians Ghana's sustainability objectives. The meeting will create a junction between the long-term gaps/challenges, the sustainability objectives and the upcoming master plan. During the preparation process the NTDP will explore the best option to include MOH leadership, NTD ambassador, partners and private sector organizations supporting the NTDP (E.g. VRA). Act| West will liaise with WHO Ghana and discuss the most appropriate way to jointly support the GHS in such high-level policy dialogue.

iv. PLANNED ACTIVITIES: SCH, STH, POST VALIDATION/VERIFICATION SURVEILLANCE (IR3)

Schistosomiasis

SCH is targeted for control in Ghana using WHO strategy. Mapping for SCH was conducted with USAID support in 2007-2008. All 260 districts in Ghana were found to be endemic for SCH. The results indicated 55 category A (prevalence $\geq 50\%$, high-risk) districts, 169 category B (prevalence $\geq 10\%$ -49.9%, moderate-risk) districts and 36 category C (prevalence 1%-9.9%, low-risk) districts. The NTDP conducted a nationwide impact assessment of SCH/STH in 2015 following 4 rounds of SCH treatment per WHO guidelines.

Urine filtration method and Kato Katz methods were used for SCH and STH surveys respectively. Results of the impact assessment indicated a significant improvement in SCH in Ghana. Category A endemic districts reduced from 4759 to 3 while category B reduced from 169 to 54. The results were reviewed by an expert meeting in August 2016. Participants included WHO SCH/STH focal person in Geneva and two SCH experts from the Noguchi Memorial Institute for Medical Research (NMIMR). The meeting proposed that the NTDP should continue with the current treatment strategy due to the poor environmental risk factors that sustain a high re-infection rate. The program has also stopped treatment in large urban communities which recorded zero prevalence in the assessment and where urban sanitation improvement have resulted in the absence of risk factors.

Review of mapping data, urbanization and construction of a dam has resulted in some changes in SCH endemicity in the country. In 2018, the NTDP re-classified 2 districts in the Volta lake basin from category B to category A due to proximity to the lake and high SCH endemicity adjoining the districts. Similarly, it had reclassified one category A district to category C due to urbanization and distance from main risk factor (a lake). The Bui Hydroelectric power plant was constructed in 2010 by damming the Bui river. In June 2017, the NTDP assessed SCH prevalence in 2 districts up stream along the dam using urine filtration and Kato Katz methods to determine the prevalence of SCH. The results indicate SCH prevalence greater than 50% (category A) in both districts which were category C prior to construction of the dam. Due to these changes there are 55 category A districts, 136 category B districts and 30 category C districts. The program intends to further refine the population targeted for SCH treatment by reviewing changes in risk factors and increasing urbanization in the country.

FY20 Planned Activities

SCH/STH MDA: In FY20, school-based SCH/STH MDA will be conducted in 89 category A and C SCH endemic districts while community-based SCH MDA will be conducted for adults in 55 category A districts following results of an impact assessment along the Bui dam catchment areas and re-demarcation of some communities along the Black Volta in FY19. USAID (Act to End NTDs | West) will support school-based SCH/STH MDA in 89 districts and community-based SCH MDA in 55 districts.

Supervision of School and Community based MDA: Supervision of MDAs will be carried out alongside the GHS and GES structure of national, regional, district and sub district health and education systems for the school-based SCH/STH MDA. FHI360 staff working with the national NTDP office will be part of the national level supervisory and monitoring teams to monitor the MDAs. Supervision of school-based SCH/STH MDA will include the Director General of GHS and the Director General of the GES as well Regional directors of Health and Education. Joint teams of staff from the GES (SHEP coordinators and district directors of education) and GHS (NTD coordinator, district pharmacist and district directors of health) will supervise the school-based SCH/STH MDA at the districts and sub-district levels. Supervision for Community SCH MDA is as already described for LF/oncho/STH MDAs. Funding will be provided for the NTDP to conduct supervision at all levels as part of the MDA budget. Supervision will be done using the NTDP monitoring checklists at all levels to ensure that supervision is standardized. The tool includes questions to assess the effectiveness of various social mobilization methods and channels. In addition to the refresher trainings that will be conducted in the preparatory phase of MDAs, national supervisors will be oriented prior to visiting regions for supervision and monitoring of the MDAs. They will be required to send reports on issues that need urgent attention to the Program Manager during the MDAs. Regional and district supervisors will be trained prior to each MDA.

Transport of drugs for SCH/STH MDA: Act| West will fund MDA logistics distribution costs including the transport of NTD drugs (Praziquantel and Albendazole) and IEC materials from the Central Medical Stores to the Regional Medical Stores in 16 regions.

Meeting with Authorities of VRA and Bui Dam: As part of efforts to improve partner coordination and advocacy for NTD activities, Act | West will fund the NTDP to hold meetings with authorities of the Bui dam and Volta River Authority (VRA) on the need for further collaboration between these authorities and the NTDP in SCH control activities for communities along the Volta and Bui dam catchment areas. Further, Act| West will develop a business case for stakeholders' engagement. Act| West will support the NTD Ambassador and GHS to discuss/negotiate medium term partnership with VRA and Bui dam authorities to address specific SCH/STH issues in areas where both organizations operate.

Soil-transmitted helminthiasis

STH is targeted for control in Ghana. Mapping for STH was conducted in 2007-2008 and results indicated that only 16 districts had moderate prevalence ($\geq 20\%$ -49.9%). This means that only these 16 should be treated for STH once a year per the WHO recommendations. However, the MOH decided as a matter of policy to treat all SAC in Ghana at least once a year due to the poor environmental sanitation which facilitates a high re-infection rate. This has so far been achieved through multiple channels. The first is the integrated LF MDA platform, funded by USAID which uses a combination of ALB and ivermectin in the LF endemic districts. Secondly, STH treatment is conducted through the school-based SCH/STH MDA platform implemented in collaboration with School Health Education Program (SHEP) of the Ghana Education Service (GES) targeting school age children (SAC). The integrated SCH/STH impact assessment conducted in 2015 indicated a significant improvement in STH prevalence. With very little improvement in environmental risk factors, the NTDP continues to implement the policy of treating SAC for STH at least once a year. However, the avenues to treat STH using other MDA platforms are increasingly limited due to scale down of LF treatment to only 15 districts in FY18. While the NTDP continues to seek the support of partners besides USAID to sustain the policy, the expanded oncho MDA platform, which involves 132 districts in 2019 and FY20, could be leveraged to make ALB available to SAC. USAID has supported STH treatment since 2010 through funding of integrated LF/OV/STH and SCH/STH MDAs. In FY20, Act | West will fund STH MDA as described in the LF/OV/STH section (pages 6 – 7, 15 LF districts only) and the SCH/STH school MDA section (pages 20 – 21).

Sustainability (IR3) Activities

In FY20, Act |West, through World Vision, will undertake some (IR3) activities towards achieving the Sustainability objective of the program.

Institutionalization of Multi-sector mechanism to coordinate NTD programming: The Intra Country Coordinating Committees (ICCC) was set up by the MOH to advise and coordinate activities for NTD control in Ghana. It advises both the NTDPs and the Minister of Health on how to achieve NTD control targets in Ghana. The ICCC brings together program managers of all the NTD programs including others not managed by the NTDP, INGOs supporting the programs, WHO, Director of Public Health of the GHS and researchers to discuss general policy direction to guide the MoH on NTD achievement and NTD intervention objectives. It discusses advocacy for NTDs, resource mobilization and sustainable funding. During the sustainability meeting in FY19 the NTDP identified and highlighted that ICCC is currently dormant. Revamping, revitalizing and expanding. In FY20, Act| West will support the NTDP to revamp and revitalize the ICCC as the platform for NTD cross sector coordination. The development and operationalization of ICCC will be done through a systematic phased approach through the following activities:

Phase 1: Understanding the landscape and fostering country buy-in and engagement

- ***Perform an analysis of barriers to cross-sector collaboration:*** Following the joint landscape analysis started in FY19, Act I West will provide technical assistance to the GHS/NTDP to conduct a barrier analysis to understand barriers, gaps and opportunities for the implementation of a

cross-sector collaboration mechanism. Act I West will lead the development of the barrier analysis tool and interview guide along with the final matrix. Act West will also provide the strategic orientation and technical guidance for this activity. The barrier analysis will aim to understand structural and infrastructural factors associated with the lack of integration of NTD program with sectors such as WASH, Malaria, School Health, Nutrition, Education, Security, and Environment. The depth and wide range of the relevant stakeholders engaged during the barrier and landscape analyses will inform opportunities and recommendations for the development of the most effective approaches for cross-sector collaboration. To this end, Act I West will support the data collection and data analysis tasks.

- **Dissemination workshop using Group Modelling discussions in Ghana to define country-specific cross-sectoral approaches.** Following the joint landscape and barrier analyses, which will yield a cross-sectorial matrix and a snapshot of interventions and actors, Act I West will collaborate with the NTDP to organize a dissemination workshop using a group model building session approach with all stakeholders for the elaboration of an action plan for cross-sector collaboration. The purpose of the group model building session is to (a) consult with local experts on the findings from the assessments, (b) brainstorm and agree upon next steps and the feasibility of proposed SOW and (c) ultimately develop a practical guide for monitoring and evaluating cross-sector partnership and interventions. A validation workshop will be conducted to foster collaboration, buy-in from cross-sector stakeholders, and MOH ownership of the integration framework and guidelines developed.
- **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. Participants to this workshop will be at the level of decision making from the targeted entities that participated in the landscaping and in the in-depth sustainability /cross sector barrier analysis workshops.

Phase 2: Revamp, revitalize the Intra Country Coordinating Committee (ICCC) as a multi-sector platform for NTD programming in Ghana

Act I West will continue to provide technical assistance to the NTDP through the following steps and activities to revamp, revitalize and institutionalize the ICCC:

1. In quarter 1, support GHS/NTDP to review the current TOR, mandate and membership to the current structure of the existing ICCC to align with the current needs of the NTDP and include the multi-sector coordination function of NTD programming. WV will support the NTDP to adapt the current TORs to include a specific mandate and strategies to expand and support NTD programming integration within the other sectors.
2. Once review is complete, in quarter 2 provide TA to GHS/NTDP to organize a design workshop aimed at validating the updated structure of ICCC (mandate, membership, etc.) Also, the workshop provides an opportunity to bring together stakeholders to build buy-in and ownership for sustainability.
3. In quarter 3, after the design workshop is completed and once an administrative decision has been issued, support the NTDP to organize a workshop to develop and validate an action plan for the ICCC. The action plan will identify and stipulate opportunities and activities to be implemented. This action plan will be owned by ICCC and will determine the multi-sector activities for upcoming FY. To that extend, Act | West will support the NTDP prepare and implement a 3 day workshop. The 2 first days will be dedicated to the development of the cross-sector action plan. The 3rd day will be dedicated to the launch event during which the chair of the ICCCF together with nominated members will present to the authorities the

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mandates, organization and the action plan (working agenda). This event will target high level government officials as attendees in order to obtain high-level country engagement and ownership to ensure sustainability.