

FY 2019

Act to End NTDs | West

USAID's Act to End Neglected Tropical Diseases | West

Annual Work Plan

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For further information, please contact: Bolivar Pou

Senior Program Director
Act to End NTDS | West
1825 Connecticut Avenue, N.W.
Washington D.C., 20009
Phone: (202) 884-8000 ext. 18010
Email: bpou@FHI360.org



List of Acronyms

AFRO	World Health Organization Regional Office for Africa
AIM	Accelerating Integrated Management
ALB	Albendazole
CDD	Community Drug Distributor
CHW	Community Health Worker
CLA	Collaborating, Learning and Adapting
CRM	Climate Risk Management
DQA	Data Quality Assessment
DSA	Disease Specific Assessment
ECOWAS	Economic Community of West African States
END	Ending Neglected Diseases
ESPEN	Expanded Special Project for Elimination of Neglected Tropical Disease (WHO)
FAA	Fixed Amount Award
FOG	Fixed Obligation Grant
FTS	Filariasis Test Strip
GIS	Geographic Information System
HDI	Health & Development International
HKI	Helen Keller International
HMIS	Health Management Information System
HRH2030	USAID's Human Resources for Health in 2030 Program
HSS	Health System Strengthening
IAPB	International Agency for the Prevention of Blindness
IR	Intermediate Result
IU	Implementation Unit
IVM	Ivermectin
LF	Lymphatic Filariasis
LOA	Letter of Authorization
LOE	Level of Effort
MEL	Monitoring, Evaluation and Learning
MCH	Maternal and Child Health
MDA	Mass Drug Administration
MMDP	Morbidity Management and Disability Prevention
MOE	Ministry of Education
MOF	Ministry of Finance
MOH	Ministry of Health
MRU	Manu River Union
NFO	Notice of Funding Opportunity
NNN	NTD NGDO Network

NTD	Neglected Tropical Disease
NTDP	Neglected Tropical Disease Program (of the MOH)
OEC	Onchocerciasis Elimination Committee
OV	Onchocerciasis
Ov16	<i>Onchocerciasiscerca volvulus</i> -specific antigen
PCT	Preventive Chemotherapy
PPP	Public-Private Partnership
PTS	Post-Treatment Surveillance
PZQ	Praziquantel
QA	Quality Assurance
QI	Quality Improvement
RPRG	Regional Program Review Group
SAC	School-age children
SAFE	Surgery, Antibiotics, Facial Cleanliness and Environmental Improvement
SBC	Social and Behavior Change
SCH	Schistosomiasis
SCI	Schistosomiasis Control Initiative
STH	Soil Transmitted Helminths
TAS	Transmission Assessment Survey
TA	Technical Assistance
TF	Trachomatous Inflammation—Follicular
TIPAC	Tool for Integrated Planning and Costing
TIS	Trachoma Impact Survey
TSS	Trachoma Surveillance Survey
TT	Trachomatous Trichiasis
USAID	United States Agency for International Development
USG	United States Government
WAHO	West African Health Organization
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization
WRA	Women of Reproductive Age

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Management of Cooperative Agreement

Introduction

Act to End NTDs | West will support the elimination of NTDs in Benin, Burkina Faso, Cameroon, Ghana, Guinea, Ivory Coast, Mali, Niger, Senegal, Sierra Leona and Togo. The program seeks to build upon the achievements of END in Africa and ENVISION in West Africa in their efforts to eliminate lymphatic filariasis (LF) and trachoma as public health problems, and the elimination of onchocerciasis in selected countries. It aims to make NTD programs capable of sustaining treatment for long-term control programs for SCH, STH and onchocerciasis and to mainstream NTD programs into the national health system.

The key principles that will govern Act to End NTDs | West operations are in accord with the expected program results as defined in the Program Framework. The FY2019 Work Plan is built upon the accumulated experience and lessons learned in NTD programs in West Africa, directly by FHI 360 or in collaboration with our partners. These include maximizing the utilization of existing government networks and well-established channels for implementation of NTD activities; partnering with Ministries of Health (MOHs) and other NTD stakeholders to strengthen MOHs and enhance local sustainable capacity in countries; and promoting country ownership in every step of the process.

The FHI360-led Act to End NTDs | West consortium includes the following partners: Helen Keller International, HDI, Deloitte Consulting, World Vision, AmeriCares, and AIM Initiative.

Main Activities

- Secure contracts with key personal and other program staff. All key personnel are currently selected and should be on board to support program activities within the 90 days period for starting up the program. Our technical team is structured the following way:
 - Dr. Joseph Koroma – Technical Director. Responsible for providing technical guidance to the consortium and technical lead for the disease-specific focal points.
 - Diana Stukel – MEL Director. Provides leadership on the execution of the MEL Plan in coordination with the IR leads.
 - Dr. Ernest Mensah – Regional NTD Advisor and LF Focal Point based in Accra. Coordinates directly with Dr. Koroma on interventions related to IR1.
 - Dr. Achille Kabore – IR3 Technical Lead and SCH/STH Focal Point. Coordinates technical assistance and field implementation with World Vision, HKI and HDI for cross sector coordination and WASH activities.
 - Justin Tine – IR2 HSS Lead based in Accra. Provides technical directions and leadership to the two Regional HSS Advisors and coordinate technical assistance from Deloitte.
 - Dr. Rachel Bronzan – NTD Epidemiologist / Learning Lead and Onchocerciasis Focal Point. Oversees roll-out of the learning agenda, coordinates support to onchocerciasis elimination committees (OEC) in countries and provides technical support for post elimination and post validation surveillance for LF.

- Trachoma Focal Point – this position is currently in the final phase of recruitment. The incumbent will be responsible for providing technical guidance and monitoring for the implementation of trachoma elimination activities.
- Dr. Yaobi Zhang – NTD senior technical and scientific advisor for HKI. Dr. Zhang will collaborate with Dr. Koroma defining overall technical guidance for the program via the Technical Advisory Group.

The program organogram for FHI 360 is presented in as an attachment at the end of this document.

- Finalize sub-agreements with sub-grantees. Sub-agreements and budgets will be drafted in advance of the execution of the cooperative agreement and finalized during the first quarter of FY2019. These sub-agreements provide the framework for channeling technical and financial resources to MOH NTD programs and field operations. FHI 360 will complete pre-award assessments for all proposed sub-grantees before entering into any type of sub-agreement. While the process for sub agreements is finalized, FHI 360 has issued Letters of Authorization (LOA) to the other members of the consortium to begin execution of the program start-up implementation plan and support the development of countries work plans.
- Fixed Amount Agreements (FAA). At the heart of the technical design and management approach is fostering long-term sustainability by ensuring that MOHs are the lead implementers and that Act to End NTDs | West plays a supporting role. A key mechanism used in END in Africa, issuing Fixed Obligation Grants (FOGs) to MOH activities, played an important role in strengthening management capacity and local ownership; Act to End NTDs | West will continue this practice through providing Fixed Amount Awards (FAAs) for specific interventions. FHI360 will enter into first tier FAAs with the MOHs of Ghana, Ivory Coast, Senegal and Benin, and second tier FAAs with the rest of MOHs through our sub agreements with HKI and HDI. Depending on the country and their level of progress, Act to End NTDs | West will use clearly defined FAAs around negotiated deliverables and milestones with the MOHs, which will be used to stimulate key activities or changes, such as new policies, within the expected timeframes. Funding for elimination-related work will not be decreased (or may only be reduced to a much smaller degree). These determinations will be made closely with MOHs and during annual work plan discussions, allowing ministries to succeed with easier policy or program changes first, and providing more time for more difficult transitions, for which funding will last longer.
- Operationalize in-country support units. FHI 360, HKI and HDI's main in-country partners for Act to End NTDs | West are currently in the field implementing NTD programs in nine of the 11 countries: Burkina Faso, Cameroon, Ghana, Guinea, Ivory Coast, Mali, Niger, Sierra Leone and Togo. We are working to facilitate a smooth transition into Act to End NTDs | West. Additional personnel are being incorporated to supplement current staff supporting the execution of activities under IR2 and IR3. Likewise, the job descriptions for in-country senior leadership, such as Countries Directors and Technical Leads, will be revised to incorporate new responsibilities addressing NTD Mainstreaming and Sustainability of long-term control programs.
- Create and operationalize the in-country support units in Senegal and Benin. Senegal and Benin are two new countries been transitioned into Act to End NTDs | West. FHI 360 will be leading the implementation in both countries. FHI 360 will complete the necessary steps to get the local support unit up and running; registration and the paperwork needed to operate in Senegal are already completed. The process of identifying local resources is already ongoing and should facilitate a smooth

transition once these plans are agreed upon with ENVISION and agreed with USAID. To reduce costs, we will co-locate with other in-country USAID-funded programs.

- Inception of Act to End NTDs | West to MOHs and country leadership. FHI360 and partners' senior leadership will engage with MOH senior officials and NTD country program to facilitate a thorough analysis and discussion of the new program objectives and priorities. Ideally, and when possible, the program's Agreement Officer Representative (AOR) will join the countries visits with the purpose of developing a common understanding of MOHs policies and positions. We anticipate these discussions to be a critical step for sound implementation of IR2 and IR3 since these activities represent a strategic change in our approach for supporting NTD programs. These visits will be completed during Q1 FY2019 starting with End in Africa countries and continuing with transitioning countries after USAID has communicated the changes to the MOH.
- Monitoring and supervision. The FHI 360 leaders of the Act to End NTDs | West team will be responsible for monitoring and supervising the execution of sub-grantees. Each country will be visited at least twice a year by a member of the FHI 360 Act to End NTDs | West team. The first visit is for the development of the annual work plans—the work planning process will be used to establish annual and monthly activities, targets and milestones for each partner. The second visit will be scheduled around the implementation of critical activities such as MDAs and DSAs and will include field visits at the district level. Monitoring and supervision visits will be coordinated with USAID/AOR to facilitate participation of other members of USAID. After each field visit a memorandum will be issued summarizing findings and identifying actionable items for execution.
- Technical Advisory Group (TAG). Act to End NTDs | West will convene NTD technical experts quarterly to present and discuss the latest evidence, innovations, programmatic challenges and solutions to catalyze sharing and learning on how to improve programming. Meetings will result in guidance and recommendations for the country teams, particularly those that may be facing unique or complicated questions. TAG members will include USAID AOR, Act to End NTDs | West leadership, Technical representatives, Act to End NTDs | West partners, rotating members, depending on specialty, such as representatives from the World Health Organization's (WHO) Expanded Special Project for the Elimination of Neglected Tropical Disease (ESPEN)/Regional Office for Africa (AFRO), RTI, Schistosomiasis Control Initiative (SCI), Sight Savers, and others.
- Senior Management Team (SMT). The Program Director, Country Managers and other key personnel will form the Senior Management Team, which will hold a monthly conference call to discuss progress and the status of activities, sub-grantee coordination and stakeholder collaboration. In addition to regular meetings with partners, every quarter all partners will participate in a call to share updates and discuss key issues. The Program Director, along with selected members of the SMT, will participate in weekly teleconference meetings with the USAID AOR to provide updates and obtain feedback. A key function of the technical team will be to support the MOH, MOE and Ministry of Finance (MOF) to develop annual work plans that include detailed and costed activities. Act to End NTDs | West participants at annual work planning meetings will include the in-country technical team and at least one member of the HQ or regional unit. Act to End NTDs | West technical staff will ensure that annual work plans respond to the USAID priorities for each country and adhere to WHO guidance. In addition to attending the annual work planning, a technical team member will visit each country annually, to allow for observation and monitoring of program activities and resolution of any outstanding concerns.

- Knowledge Gateway – Community of Practice on NTDs. Establish and maintain knowledge sharing and learning linkages among countries and between country and global activities. Led by the MEL team and the NTD Epidemiologist and Learning Lead, we will develop a program Communication Strategy aimed at enhancing the profile of the USAID-supported West African NTD programs, along with success stories at the achievement of each milestone. The management and staffing structure will facilitate learning and information sharing among country programs and strengthen linkages between global- or Washington-based and country-based activities and other Act to End NTDs | West staff. This will help institutionalize innovations and best practices to benefit USAID programs in multiple countries.

Transition from the current awards

There are two types of countries in Act to End NTDs | West. The first group consists of those currently supported under END in Africa: Burkina Faso, Ghana, Ivory Coast, Niger, Sierra Leone and Togo. The second group consists of those that are transiting from ENVISION: Benin, Cameroon, Guinea, Mali and Senegal. To facilitate a seamless transition from END in Africa and ENVISION into Act to End NTDs | West, we have built the consortium factoring in-country presence and successful implementation as two of the criteria for selecting partners. Our consortium is equipped with the necessary technical and management expertise to respond to the transition in the most effective and timely way possible.

END in Africa countries

- Ghana and Ivory Coast. Both countries are currently directly supported by FHI 360 and should be transitioned from END in Africa to Act to End NTDs | West without interruptions.
- Burkina Faso, Niger and Sierra Leone. These countries are currently supported by HKI, and this will continue under Act to End NTDs | West. The current supporting structure will be maintained to provide continuity in the operation and to maintain established relationships with the MOHs.
- Togo. HDI is the current in-country implementing partner in Togo, which has achieved significant progress in the elimination of NTDs. The current supporting structure will be maintained to provide continuity in the operation and to maintain established relationships with the MOHs.

ENVISION countries

- Organize a meeting between USAID, RTI, FHI 360 and HKI to agree on a course of action to facilitate transition in an orderly fashion and to define a schedule of milestones to meet.
- Agree on the documents and data sets to be transferred from ENVISION to Act to End NTDs | West for each of the countries and agree on specific deadlines and actions.
- Depending on agreements between RTI, FHI360 and USAID an appropriate plan of actions will be developed and executed. It is anticipated that the transition will consider the situation of the NTD program in each country. For countries where HKI is current in country implementing partner under ENVISION a full transition should be completed by the end of Q2 FY2019. For Senegal and Benin, the transition period may extend up to the end of Q3 FY2019 for IR1 activities.

- Develop supplementary work plans for ENVISION transitioning countries to address new components in Act to End NTDs | West mainly related to IR2 and IR3. Though specific field activities are not envisioned to happen during the co-implementation period, it is advisable that the FHI360 and partners work with the MOHs laying out the foundation that enable the program to begin execution in the following fiscal year without further delays.
- Data transfer. Specific actions will be coordinated with RTI with participation of USAID to transfer transitioning countries historical data to FHI360. Act to End NTDs | West MEL Director will coordinate with USAID and RTI to facilitate this process.

Work Plans

- FY2019 Country Work Plans. To avoid any significant disruption of activities and to preserve gains toward the elimination goals, FHI 360 issued Letters of Authorization to HKI, HDI, World Vision and Deloitte to enable them to immediately put in motion the planning process during the overlap period with END in Africa. The USAID template for FY 2019 work plans are used to produce the documents for submission and approval. Drafts of countries work plans will be submitted to USAID starting mid-September and will continue until the end of October - on a continuous basis, as the documents are finalized and USAID inputs are incorporated. Timely approval of these plans is critical to continue implementation without significant delays.
- FY2020 Country Work Plans. Countries work plans will be developed following the regular planning cycle. In-country sessions will be held during Q3 FY2019 following a schedule to be agreed upon between all key stakeholders. Expectations are that this process will normalize the planning cycle to avoid any disruption in the implementation process. Throughout implementation and especially during each country's annual work planning exercise, the program will collaborate with NGOs executing NTD programs or complementary activities to participate in work planning, such as Sight Savers, Liverpool School of Tropical Medicine, SCI, London School of Hygiene & Tropical Medicine, Carter Center and others, depending on the country.

Collaboration and Coordination with USAID

Coordination with USAID. The Act to End NTDs | West technical team will have regular contact with USAID technical specialists for each NTD (LF, trachoma, onchocerciasis, SCH and STH):

- Weekly meetings/calls and ad-hoc communication. Weekly meetings or calls will be held between the Program Director, Technical Director, MEL Director and HSS Lead and USAID/AOR to discuss progress and challenges, and to seek solutions to problems. Other members of the Act to End NTDs | West team will join these meeting as necessary, depending on the topics and interest of USAID. Ad hoc communication channels via email and phone will be permanently open with the Program Director and other members of the team.
- Quarterly review meetings. An expanded stakeholders meeting will be held quarterly to discuss progress toward objectives, facilitate collaboration and troubleshoot issues. These meeting will include Act to End NTDs | West key personnel plus other technical staff such as the cross-sector coordinator and program managers among others and USAID AOR plus technical specialists. The Technical Director and HSS Lead based in Accra will travel quarterly to Washington to participate in person.

- Act to End NTDs | West team building. During the Q1 FY2019, a workshop will be organized involving all key personnel, selected members of the consortium and the USAID NTD team. The agenda for this workshop will be developed in close consultation and collaboration with the designated AOR and/or other members of the team as indicated by USAID. The objective will be to share knowledge, understanding of common goals and strategies for a successful implementation of Act to End NTDs | West.
- M&E and Information sharing. The core of the MEL structure and operation is based in Washington, DC and will be in permanent contact with the USAID NTD M&E Advisor via regularly scheduled and ad-hoc meetings that should be agreed upon by the parties. The program data management and analytics and modeling capacity will be hosted at FHI360 HQ, while the M&E team in the regional hub in Accra will be mainly responsible for data gathering, review and cleaning, with a secondary review to be undertaken at HQ. USAID information and data analysis requirements will be addressed by our HQ team which will coordinate with the regional hub, partners and MOHs as necessary.
- Learning Agenda and Communication. The learning and communication functions of the MEL structure is hosted at FHI360 offices in Washington, DC. Under the leadership of the MEL Director, the NTD Epidemiologist/ Learning Lead and Senior Communications and Knowledge Management Specialist will collaborate and coordinate with USAID to develop the learning agenda and communication strategy for the program. Website administration, information dissemination and social media management will be coordinated with USAID to support a common agenda. Periodic formal and informal interactions are anticipated between Act to End NTDs | West and USAID learning and communication teams to exploit synergies and synchronize messages. Coordination will be established for submission of papers, symposia, posters and presentations to key peer-reviewed journals and conferences such as ASTMH and COR-NTD among others.
- HSS strengthening and sustainability of control programs. Under the leadership of the Technical Director, the HSS Lead, Deloitte and Cross-Sector Coordinator will work together with USAID to develop and agree upon the technical approach and strategy for supporting the implementation of IR2 and IR3. The team building exercise outlined before and the quarterly technical review meetings will be used as mechanisms to support coordination.
- Annual Partners Meeting. FHI 360 also continues supporting the USAID NTD partners meeting in its Washington, D.C. offices in Q1 of each FY. We will also coordinate with USAID the execution of Act to End NTDs | West Partners' Meeting, held in Accra annually and attended by USAID, CDC, NTD program countries and partners, MOHs, WHO, Task Force for Global Health, and pharmaceutical companies to foster stronger collaboration and coordination among all key stakeholders.

Collaboration and Coordination with other NTD stakeholders

- Coordination with other implementing partners. Throughout implementation and especially during each country's annual work planning exercise, the program will collaborate with NGOs executing NTD projects or complementary activities to participate in work planning, such as Sight Savers, Liverpool School of Tropical Medicine, SCI, London School of Hygiene & Tropical Medicine, Carter Center, END Fund and others, depending on the country.
- Coordination with regional and global programs. At the regional level, Act to End NTDs | West staff members bring ongoing relationships with key regional institutions, such as Noguchi Memorial

Institute of Medical Research, LF/NTD Support Center of the University of Ghana and Economic Community of West African States (ECOWAS) bodies, including West African Health Organization (WAHO) and Mano River Union (MRU) countries.

- Globally, the team will have a single point of contact through the Technical Director with WHO HQ, WHO AFRO and ESPEN to further ensure prompt and well-facilitated exchange of information. We will also seek to participate in:
 - ESPEN annual NTD program managers meeting
 - PC NTD Regional Program Review Group (RPRG)
 - Strategic and Technical Advisory Group (STAG) of NTDs and STAG on M&E of NTDs at WHO
 - International Coalition for Trachoma Control (ICTC)
 - Trachoma Expert Committee (TEC) meetings
 - The Carter Center Annual Program meeting
- Participation at other global meetings and conferences. Act to End NTDs | West technical staff will also present results and share its knowledge throughout the program at these organizations' meetings:
 - American Society of Tropical Medicine and Hygiene (ASTMH) Annual Meeting.
 - Coalition for Operational Research on Neglected Tropical Diseases (COR-NTD) meeting.
 - NTD NGDO Network (NNN) Annual Conference and its Onchocerciasis Elimination Coordination group
 - Disease-specific meetings of the International Trachoma Initiative, Global Alliance to Eliminate LF and Global Schistosomiasis Alliance

Monitoring, Evaluation and Learning (MEL)

- MEL Plan. A draft of the Act to End NTDs | West Monitoring, Evaluation and Learning Plan will be submitted to USAID within the 90-day start-up framework for discussion and approval, using the outlined plan in the proposal as a reference. The format and content of the plan will be discussed and agreed upon between FHI 360 and USAID. The plan will be developed addressing the objectives and expected results of the program, WHO guidelines, performance indicators and other parameters. Indicators and data collection tools will be standardized across Act to End NTDs | West and East.

Gender Action Plan and Strategy

- Gender Action Plan/Strategy. A meeting will be arranged between USAID and the FHI 360 technical team to discuss expectations and parameters for the development of the program gender action plan and strategy. An initial report summarizing the results of a literature review and a quantitative data analysis will be submitted in March 2019. Using this initial report as a basis, gaps and barriers in the current gender sensitive programming will be identified and used to build a protocol for qualitative field work that will further investigate the reasons for and challenges related to these gaps and barriers. A Gender Action Plan and Strategy, synthesizing the results of the qualitative field work and outlining suggested gender sensitive elements to be integrated into our future NTD programming, will be submitted to USAID in September 2019 for review and approval.

Environmental Monitoring and Mitigation Report (EMMR).

- FHI360 will submit the annual EMMR according to the term of the IEE within 60 days of the end of the fiscal year 2019.

IR 1: Increased MDA coverage among at-risk populations in endemic countries

Provide preventive chemotherapy (PCT) through mass drug administration (MDAs). Act to End NTDs | West will cover 11 West and Central African countries (Benin, Burkina Faso, Cameroon, Ghana, Guinea, Ivory Coast, Mali, Niger, Senegal, Sierra Leone, Togo) with an estimated population in 2018 of 198 million people living in 115 health regions (HRs) and 950 health districts (HDs) (Table 1). Act to End NTDs | West will support the national neglected tropical diseases programs (NTDPs) of the 11 countries to provide preventive chemotherapy (PC) through mass drug administration (MDA) campaigns for the seven targeted neglected tropical diseases (NTDs) (lymphatic filariasis (LF), trachoma, onchocerciasis (onchocerciasis), schistosomiasis (SCH) and three soil transmitted helminthiasis (STH)-round worm (*Ascaris lumbricoides*), whip worm (*Trichuris trichuria*) and hookworm (*Ancylostoma duodenale* and *Necator americanus*). Table 2 below shows that 893 of the 950 HDs of the 11 Act to End NTDs | West countries will be targeted for at least one of the seven targeted NTDs.

Country	Estimated 2018 population	Total # health regions	Total # Health districts
Burkina Faso	20,244,079	13	70
Ghana	30,176,773	10	216
Côte D'Ivoire	25,097,835	20	83
Niger	20,782,275	8	72
Sierra Leone	8,127,233	4	14
Togo	7,463,225	6	44
Guinea	12,218,356	8	38
Cameroon	25,492,353	10	189
Mali	20,458,057	11	75
Benin	11,535,079	12	77
Senegal	16,294,270	14	76
Total	197,889,535	116	954

The 11 Act to End NTDs | West countries have made significant progress in their efforts to eliminate LF and trachoma while there are still challenges with onchocerciasis elimination (Table 2).

- **LF:** A total of 656 HDs were endemic at baseline in all 11 countries. Currently, 226 of the 656 HDs (34.5%) are still in need of MDA, 421 of 656 HDs (64.2%) have stopped MDA and are conducting post-treatment surveillance (PTS), and the nine (1.4%) HDs in Togo should conduct post-elimination surveillance since Togo was validated as having eliminated LF as a public health problem by the WHO in 2017.
- **Trachoma:** A total of 302 HDs were endemic at baseline. Of these 302 HDs, 54 (17.9%) still need MDA, while 211 (69.9%) have stopped MDA for trachoma after achieving WHO criteria and are currently conducting PTS (these HDs mostly qualify for trachoma surveillance survey (TSS) and are not yet ready for trachoma pre-validation survey in FY2019)), and 37 of 302 HDs (12.3%) should start post-elimination PTS after WHO validated Ghana as having eliminated trachoma as a public health problem in 2018.
- **Onchocerciasis:** A total of 535 HDs were endemic at baseline. 462 of the 535 HDs (86.4%) still need MDA, while 73 of the 535 HDs (13.6%) have stopped MDA for onchocerciasis. Seven of the 11 Act to End NTDs | West countries (see Table 2) have been identified as being more likely to interrupt onchocerciasis transmission by 2025 and will be supported to achieve elimination, while the other four countries will be supported to maintain annual MDA for onchocerciasis.
- **SCH/STH:** SCH and STH MDA will be supported in countries that do not have alternative sources of funding (Niger receives funding for both diseases from SCI) while they will be supported to mainstream SCH and STH activities for long term sustainability of control interventions.

Country		LF	Oncho-cerciasis	SCH†	STH†	Trachoma
Burkina Faso*	# HDs endemic at baseline	70	70	70	70	48
	# HDs already stopped MDA	60	64	0	0	48
	# HDs to be treated in FY 2019	10	6	70	70	0
Côte D'Ivoire	# HDs endemic at baseline	74	68	82	83	14
	# HDs already stopped MDA	0	0	0	0	2**
	# HDs to be treated in FY 2019	74	68	82	83	12
Ghana*	# HDs endemic at baseline	98	120	216	216	37
	# HDs already stopped MDA	83	0	0	0	37

	# HDs to be treated in FY 2019	15	120	216	216	0
Niger*	# HDs endemic at baseline	55	0 ^α	71	71	62
	# HDs already stopped MDA	35	0	0	0	44
	# HDs to be treated in FY 2019	20	0	71	71	20
Sierra Leone	# HDs endemic at baseline	14	12	12	14	0
	# HDs already stopped MDA	9	0	0	0	0
	# HDs to be treated in FY 2019	5	12	12	14	0
Togo*	# HDs endemic at baseline	9	35	39	39	0
	# HDs already stopped MDA	9	4 ^{***}	0	0	0
	# HDs to be treated in FY 2019	0	31	39	39	0
Guinea	# HDs endemic at baseline	24	24	31	17	18
	# HDs already stopped MDA	0	0	0	0	10
	# HDs to be treated in FY 2019	24	24	31	17	8
Cameroon	# HDs endemic at baseline	137	113	140	189	22
	# HDs already stopped MDA	136	0	0	0	22
	# HDs to be treated in FY 2019	1	113	140	189	0
Mali*	# HDs endemic at baseline	75	34	75	75	65
	# HDs already stopped MDA	75	14	0	0	65
	# HDs to be treated in FY 2019	0	20	75	75	0

Benin*	# HDs endemic at baseline	48	51	45	45	8
	# HDs already stopped MDA	23	0	0	0	0
	# HDs to be treated in FY 2019	25	51	45	45	8
Senegal*	# HDs endemic at baseline	50	8	58	42	28
	# HDs already stopped MDA	0	0	0	0	20
	# HDs to be treated in FY 2019	50	8	58	42	8
Total # HDs endemic at baseline		653	532	835	857	302
Total # HDs needing MDA in FY2019		224	459	835	857	54
<i>% of baseline HDs still needing MDA</i>		34.3	86.3	100.0	100.0	17.9
Total HDs that stopped MDA and are conducting PTS		421	73***	0	0	211*
<i>% of baseline-endemic HDs on PTS</i>		64.5	13.7	0.0	0.0	69.9
Total HDs that stopped MDA and are conducting post-elimination surveillance		8	0	0	0	37
<i>% of baseline HDs conducting post-elimination surveillance</i>		1.2	0.0	0.0	0.0	12.3

* Countries identified as most likely to eliminate onchocerciasis transmission by 2025.

** One HD in Cote d'Ivoire has stopped MDA and will conduct trachoma impact survey (TIS) in FY2019.

*** Nine districts in Togo have conducted stop-MDA evaluations. Serology tests show favorable results for four districts, but entomology results are still outstanding.

α Five HDs were endemic at baseline but were never treated because vector control intervention reduced prevalence to below control levels

† SCH and STH are not targeted for elimination under Act to END NTDs | West.

Activity 1.1: Strengthen and link to national plans with quality data

The 11 Act to End NTDs | West countries will be supported and guided to create disease-specific road maps to reach elimination goals for LF, trachoma and onchocerciasis (only for the seven countries indicated as targeted for onchocerciasis elimination, Table 2, above) per WHO guidelines, while they will also be supported to maintain annual treatment for onchocerciasis (four countries countries), SCH and STH.

- Country support for annual planning: In FY2019 Act to End NTDs | West in-country support teams will work directly with the NTDPs in all 11 countries and support them to develop draft annual work plans for the FY2020 that will be shared with all partners within the Act to End NTDs | West Consortium for

review and validation in a meeting of all partners including the USAID NTD Division. These validated annual work plans will then be revised and finalized by the MOHs with technical assistance (TA) from the Act to End NTDs | West partnership and submitted to the USAID NTD Division for approval.

- Act to End NTDs | West will support countries to create a stronger link between planning and data for decision-making and identify TA needed for data management. The Act to End NTDs | West MEL team has an ARC GIS specialist who will work with countries to improve their capacity in data analysis and the use of maps to identify trends that can be used for decision making. Act to End NTDs | West will introduce a session during the work planning week that is dedicated to data review for decision making. TA needs will be identified and provided by the MEL team or external consultants when requested by the countries.
- Support for review and renewal of NTD Master Plans: All 11 Act to End NTDs | West countries have five- or six-year NTD Master Plans that include the seven PC NTDs covered by the program and also include case management NTDs such as yaws, Buruli ulcer, leishmaniasis, and human African trypanosomiasis depending on their endemicity in the different countries. Current NTD Master Plans started in 2015-2016 and will end in 2020. In FY2019, the Act to End NTDs | West Consortium will work with WHO to support a mid-term review of the overall NTD Master Plan in countries that plan to conduct a midterm review. This will provide an ideal opportunity to update strategies, as needed, based on new guidelines or data and address long term sustainability and mainstreaming. The Master Plans will be revised to include new treatment policies and strategies for onchocerciasis (use of onchocerciasis elimination mapping (OEM), new WHO guidelines on pre-stop MDA surveys, and strategies recommended by onchocerciasis elimination committees (OECs)). The countries will also be encouraged to include transition plans for SCH and STH in the Master Plans.
- Data quality improvement: Act to End NTDs | West will support countries to improve data management systems and the quality of NTD data through the implementation of data quality assessment (DQA), the supervisor's coverage tool (SCT), and post-MDA coverage surveys. The SCT is a simple, quick and efficient means of determining where coverage is poor and intervening while MDA is still underway. Act to END NTDs will do a quick assessment to determine which countries currently use SCT, and train countries that do not currently use the tool. Post-MDA coverage surveys will be implemented to independently validate and establish the reliability of reported coverage rates with special emphasis in countries that have failed DSAs. Act to End NTDs | West will provide support for all M&E activities including reviewing of country protocols to ensure compliance with WHO requirements and quality implementation. Act to End NTDs | West will also supervise design and implementation of the DSAs and post-MDA coverage surveys and support analysis of the results.
- All countries will be supported in the use of the WHO Integrated NTD database (WHO IDB) after an assessment of local capacity for utilizing the WHO IDB. Additional details are provided in Activity 1.9.

Activity 1.2: Complete trachoma mapping for remaining Act to END NTDs | West countries

- Support mapping for trachoma in Cote d'Ivoire: Cote d'Ivoire currently remains the only Act to End NTDs | West country needing further mapping for trachoma given that mapping needs for Senegal

have been addressed in FY2018¹. The previous mapping included the use of both Trachoma Rapid Assessment (TRA) and WHO-approved mapping methodologies. TRA was conducted in 33 HDs in 2016 to identify HDs that are highly suspected for trachoma based on trichomatous inflammation-follicular (TF) findings among children 1-9 years old and trichomatous trichiasis (TT) findings among those 15 years of age and older. WHO-approved mapping was conducted in 11 HDs in 2015 through Global Trachoma Mapping Program (GTMP) and Sightsavers support, and nine HDs were mapped in 2017 with USAID support based on 2016 TRA findings. Fourteen of the 20 HDs mapped have TF prevalence $\geq 5\%$ and require between one and three rounds of MDA (three HDs need three MDA rounds with TF prevalence $\geq 10\%$ - $<30\%$; and 11 HDs need only one round of MDA with TF prevalence $\geq 5\%$ - $<10\%$). While 53 HDs still need mapping, the NTDP will be supported in FY2019 to map another 21 HDs that share border with the 14 known trachoma-endemic HDs. The Act to End NTDs | West partnership will provide supportive TA using the WHO-endorsed survey methodology and working with the Tropical Data Consortium to ensure high quality mapping of these 21 HDs. It is proposed that USAID support 10 of the 21 HDs while Sightsavers will be approached to support mapping of the other 11 HDs. The NTDP will conduct a review of health facility data in the rest of the 66 HDs that the NTDP still believes should be mapped for trachoma to assess if there any indication for additional mapping.

Activity 1.3: Strengthen OECs and accelerate implementation of OEC guidance

Each of the 11 Act to End NTDs | West countries has an oversight onchocerciasis elimination committee (OEC) consisting of international and national onchocerciasis experts established between 2016 and 2017 per WHO recommendation to provide technical support and guidance for the elimination of onchocerciasis transmission. To date, most of the OECs have had at least two meetings during which onchocerciasis survey and treatment data have been reviewed and recommendations made on the way forward. New policies are being established on the use of newly recommended strategies such as onchocerciasis elimination mapping (OEM) and the pre-stop MDA survey methodology. NTDPs are also being supported by OECs to develop an onchocerciasis elimination plan.

- Act to End NTDs | West support for OECs in the 11 countries: In FY2019, Act to End NTDs | West will continue to support OECs for each country by supporting meeting agendas, setting timelines and ensuring roles and responsibilities are monitored, as needed. NTDPs will be supported to implement OEC recommendations including OEM in the countries identified for onchocerciasis elimination: Benin, Burkina Faso, Ghana, Mali, Niger, Senegal and Togo. Specific support will be provided to some countries depending on the results of recent surveys conducted:
 - Benin: Benin is currently treating 51 of the 77 HDs for onchocerciasis as these 51 HDs were hyper- or meso-endemic for onchocerciasis at baseline. The total number of hypo-endemic HDs is unknown as the other 26 HDs were classified at baseline as either hypo- or non-endemic. Follow-up epidemiological assessments conducted 2000-2002 within some of the 5,978 sentinel sites (SS) selected across the country showed that most SS registered Mf prevalence less than 5%.
 - Burkina Faso: Burkina Faso is currently treating only six of the 70 HDs for onchocerciasis. Recent survey data show that microfilaridermia (MF) prevalence is still $\geq 5\%$ in most of the

¹ Mapping for trachoma in Senegal was completed in FY2018 while mapping for trachoma in five HDs of Cameroon will be conducted in FY2019 under the coordination of ENVISION program.

- study sites within the 6 HDs. The OEC will be supported to review data for the other 64 HDs and decide whether available data is sufficient to declare these HDs free of onchocerciasis transmission.
- Ghana: The NTDP in Ghana conducted a nationwide survey in 2017 in 304 sites (communities) of 154 districts using OV16 rapid diagnostic test (RDT), OV16 ELISA and skin snip methodologies. After reviewing the results of this last study and previously available data, the OEC recommended the addition of new districts for onchocerciasis MDA increasing the number of HDs from 85 to 120 HDs that should be treated for onchocerciasis. The OEC also recommended pre-stop MDA evaluation for 17 HDs in one transmission focus using serology (OV16 RDT and ELISA) and O-150 PCR of the vector that will be conducted in FY2019. The NTDP will also be supported in FY2019 to finalize their onchocerciasis elimination plan.
 - Mali: Mali currently has 34 of 75 HDs classified as endemic for onchocerciasis but only 20 of the 34 HDs are being treated as recent surveys have showed that some HDs have reduced MF prevalence to 0%. The NTDP in Mali has established an OEC but needs to develop an onchocerciasis elimination plan. While the NTDP will be supported to continue treatment in the 20 HDs, Act to End NTDs | West will engage the NTDP, the OEC and other NTD partners to plan for stop MDA evaluations to confirm whether transmission has been interrupted in the other 14 HDs.
 - Niger: Niger has never conducted MDA for onchocerciasis in the five known onchocerciasis-endemic HDs because vector control efforts between 1975 and 2002 had yielded very good results and reduced MF prevalence to 0% or close to 0%. Both epidemiological and entomological impact assessment studies conducted between 2002 and 2016 also showed similar results. Stop MDA evaluations were started in 2017 and are still ongoing due to several factors: challenges with serology testing using the OV16 ELISA, and LF and onchocerciasis co-endemicity of one HD that has to continue MDA after failing TAS1. Act to End NTDs | West will collaborate with the relevant research institution and experts to provide the support needed for Niger to complete the evaluations for four HDs in FY2019. It is expected that the next OEC meeting will review results of the stop MDA evaluations.
 - Senegal: Onchocerciasis is classified as endemic in eight HDs. Assessments conducted 1996-2007 in the eight HDs and two river basins (Falémé and Gambie) found that MF prevalence remained low. Combined epidemiological and entomological onchocerciasis studies were conducted in Senegal and Mali in 2006–2011 to determine whether onchocerciasis could be eliminated in the African context through ivermectin (IVM) treatment alone. This study focused on three onchocerciasis-hyperendemic foci that are located along the Gambia River in Senegal, the Falémé River on the border of Senegal and Mali, and the Bakoyé River in Mali where 15-17 years of annual or six-monthly treatments with IVM had been conducted. Treatment was stopped for five years in the study areas and all infection and transmission indicators remained below the treatment thresholds after the five-year break in treatment. Treatment was resumed in 2013 in these transmission foci because the break in treatment was considered experimental. Further epidemiological (skin snip, OV16 ELISA) and entomological assessments were conducted in the eight HDs and results suggest no ongoing transmission. The OEC established in 2017 however recommended that the eight onchocerciasis-endemic HDs continue MDA because they are all co-endemic for LF.
 - Togo: Togo has two regions in which nine HDs were treated for onchocerciasis and recent impact assessment show MF prevalence of 0% or close to 0%. Stop MDA evaluation has been

ongoing in these two regions with USAID support, but the evaluation has had challenges with serology testing using the OV16 ELISA and PCR of the vector, both methods recommended by WHO. Act to End NTDs | West will collaborate with the relevant research institution and experts to provide the support needed for Togo to complete the evaluations in FY2019. Results of the evaluation will be discussed at the next OEC meeting for guidance on the way forward.

- Capacity building needs for implementing OEC recommendations. Recent assessment show that while NTDPs are conversant with the skin snip methodology, most if not all NTDPs do not have the required skills to conduct the evaluations needed for stopping MDA (serology - OV16 ELISA, and entomology-O-150 PCR of the vector). Technicians in Togo have succeeded in completing serology evaluations for onchocerciasis for nine HDs using OV16 RDT and OV16 ELISA and the results are favorable although the NTDP is requesting TA for quality assurance. Vector samples from the five of the nine HDs were sent to the Multi-Disease Surveillance Center (MDSC) in Burkina Faso for analysis and the results are still pending; flies from the other four districts were analyzed in Togo. In FY2019, Act to End NTDs | West will work with the research institution selected by the USAID NTD Division to provide TA for pre-stop MDA and stop-MDA evaluation in Togo, Niger and Ghana.

Activity 1.4: Strengthen community-level participation in MDAs

- In FY2019, Act to End NTDs | West will employ the Low Coverage Tracker to identify areas with poor coverage that warrant additional investigations into causes of poor uptake. Act to End NTDs | West has developed an excel based tool to collect sub-district coverage data to facilitate targeting of response to poor treatment coverage. In FY2019 the tool will be introduced to the countries and the countries supported to implement it for all MDA data collection and analysis. The new SAE tracker will be shared with countries and will be used to monitor SAE occurrence in supported countries. Countries should report SAEs within 24 hours; Act to End NTDs | West will assist countries in responding adequately to any SAE to help prevent any negative effect on the program.
- Act to End NTDs | West will explore root causes of poor MDA uptake using approaches such as the Rapid Assessment and Response Evaluation, key informant interviews and focus groups. Depending on the data and feedback from the target districts and communities, a range of solutions will be explored with NTDPs including installing motivational recognition programs such as a Community Certification Award where diseases have been eliminated or where coverage is consistently high, enlisting support of community leaders and local champions to be a part of promotional events, providing transport vouchers for CDDs, and training women's groups or local health promotion groups to participate in events. A quarterly MEL update involving the USAID MEL focal point, Act to End NTDs | West and Act to End NTDs | East MEL teams is currently being established and will ensure that the tools developed under previous USAID projects are used across the USAID portfolio. Act to End NTDs | West will engage with ENVISION and TFGH to employ any appropriate tools developed through their work that address issues of compliance, to ensure a coordinated and comprehensive approach to increasing community participation in MDA. Act to End NTDs | West will also encourage NTDPs/MOHs to increase the proportion of female community drug distributors (CDDs) and ensure increased involvement of women for balanced representation during MDAs.

- Act to End NTDs | West is currently working with the Task Force for Global Health/NTD Support Center (NTDSC) to prepare a proposal for conducting community-level social science research that aims to identify factors responsible for the pre-TAS failure in Ghana, Burkina Faso and Sierra Leone that can be addressed through social mobilization and health education to improve MDA coverage (see also Activity 1.7). Communication has already been established with all three NTD programs.
- The results of the research outlined above will be used by Act to End NTDs | West to review the existing communication and social mobilization strategies to ensure that they are being implemented effectively in selected HDs and HRs that show a pattern of poor coverage and/or persistent high prevalence for LF (Ghana, Burkina Faso, Niger, and Sierra Leone) and other diseases

Activity 1.5: Deliver MDAs in endemic areas, and ensure that hotspots, conflict areas and hard-to-reach populations have adequate coverage

- Act to End NTDs | West will support the MOHs in the delivery of PCT through high-coverage MDAs in endemic areas. Using the latest prevalence data, NTDPs will continue or begin effective MDA in 100% of the districts where MDA is still needed; MDA frequency and target populations will follow WHO guidelines.
- Act to End NTDs | West will work with country NTDPs to ensure that both reported MDA coverage is accurate as this will be an important aspect for elimination and for avoiding DSA failures. Act to End NTDs | West will:
 - Support the countries to always use the coverage supervision tool (CST) routinely during MDAs and implement remedial strategies for negative findings including mop up.
 - Support countries to analyze data by sub-districts and communities to determine poor treatment foci.
 - Work with NTDPs to implement data verification for high MDA coverage sites. The Act to End NTDs | West M&E team will work with the NTDP to visit randomly selected districts and villages and cross check the reported coverage. This has been implemented in Ghana and helped to identify reasons for high and low coverage.
 - Work with countries to ensure that post-treatment coverage surveys are implemented by teams that are independent of the NTDPs and that rigorous sampling methodologies are used and proper field procedures are followed.
- LF MDA needs: eight of the 11 Act to End NTDs | West countries must conduct MDAs for LF in FY2019 while the other three have either achieved elimination of LF as a public health problem (Togo) or have achieved WHO criteria for stopping MDA in all baseline LF endemic HDs (Cameroon and Mali).
 - Burkina Faso: 10 of 70 HDs still need MDA for LF. These are HDs that have failed either a pre-TAS or a re-pre-TAS. These are HDs considered 'hotspots' and need special attention through specific activities (see Hotspots, below, and Activity 1.6) to ensure that the 10 HDs pass the next pre-TAS and subsequently the TAS 1.
 - Cote d'Ivoire: USAID funding for NTDs in Cote d'Ivoire started in FY2016 and contributed immensely to reaching 100% geographic coverage and effective treatment coverage (≥65%

- epidemiological coverage and $\geq 80\%$ program coverage). All 74 LF endemic HDs have to be treated in FY2019.
- Ghana: There are 98 LF endemic HDs in Ghana, but 83 have achieved WHO criteria for stopping MDA and are in various stages of PTS. The 15 HDs to be treated in FY2019 are HDs that have failed a pre-TAS and re-pre-TAS and have to be treated two more years before the pre-TAS is repeated. The strategies referenced in Hotspots, below, and Activity 1.6 will be used to ensure they do not fail the next pre-TAS.
 - Niger: 35 of the 55 LF-endemic HDs at baseline have achieved WHO criteria for stopping LF MDA and 22 still must continue MDA. Some of the 22 HDs have failed pre-TAS, re-pre-TAS and TAS and must conduct two additional MDAs before repeating the pre-TAS. The same strategies as referenced above will be applied to avoid another pre-TAS failure.
 - Sierra Leone: Nine of the 14 LF-endemic HDs at baseline have achieved WHO criteria for stopping MDA. Five HDs have failed pre-TAS and re-pre-TAS and must conduct two additional MDAs before repeating the pre-TAS. The strategies referenced above will be applied to avoid another pre-TAS failure.
 - Guinea: Since Guinea started LF elimination efforts relatively late due to civil unrests, the 24 HDs that are endemic for LF must continue LF MDA in FY2019.
 - Benin: 48 HDs are LF endemic at baseline in Benin, but 23 HDs have achieved WHO criteria for stopping MDA while 25 HDs must continue MDA in FY2019.
 - Senegal: All 50 LF endemic HDs must continue MDA in FY2019 pending pre-TAS and TAS for some of the 50 HDs.
- Trachoma MDA needs: Only five of the 11 Act to End NTDs | West countries still need to conduct MDA for trachoma. Among the other six, one (Ghana) has achieved elimination of trachoma as a public health problem (the first country in sub Saharan Africa), three have achieved WHO criteria for stopping MDA in all baseline trachoma-endemic HDs, and two countries (Sierra Leone and Togo) have never treated for trachoma because baseline TF prevalence among children 1-9 years was below 5%. TT prevalence was also below the WHO threshold of 0.2% in Sierra Leone while TT prevalence was above 0.2% in some HDs in Togo. Togo has implemented the required TT interventions and recently demonstrated through a survey that TT prevalence is below 0.2% in all HDs. Togo has also submitted a dossier to WHO for validation of elimination of trachoma as a public health problem.
 - Cote d'Ivoire: Among the currently 14 known trachoma-endemic HDs in Cote d'Ivoire, one has passed TIS and a second HD will be conducted TIS in FY2019. The other 12 HDs will be treated for trachoma in FY2019. Nine of the 12 HDs need only one treatment rounds and will conduct TIS in FY2020. New HDs requiring trachoma treatment might be discovered as mapping for trachoma is still ongoing.
 - Niger: While 44 of the 62 HDs endemic at baseline for trachoma have achieved WHO criteria for stopping trachoma treatment, 22 HDs must continue MDA in FY2019 either because they failed TIS or because they have not achieved WHO criteria for conducting TIS and stopping MDA.
 - Guinea: While 10 of the 18 HDs endemic at baseline for trachoma have achieved WHO criteria for stopping trachoma treatment, eight HDs must continue MDA in FY2019 because they have not achieved WHO criteria for conducting TIS and stopping MDA.

- Benin: All eight of the baseline trachoma-endemic HDs are yet to conduct TIS and stop MDA and must be treated in FY2019.
- Senegal: While 20 of the 28 HDs endemic at baseline for trachoma have achieved WHO criteria for stopping trachoma treatment, 8 HDs must continue MDA in FY2019 either because they failed TIS or because they have not achieved WHO criteria for conducting TIS and stopping MDA.
- Onchocerciasis treatment needs: only one of the 11 countries (Niger) has never treated for onchocerciasis because vector control efforts were successful in reducing onchocerciasis prevalence to almost 0% in all five onchocerciasis-endemic HDs. The other 10 countries have treated and must continue to treat for onchocerciasis.
 - Burkina Faso: Burkina Faso has succeeded in reducing onchocerciasis prevalence to negligible levels in 64 of 70 HDs, and only six HDs still require MDA.
 - Cote d'Ivoire: Although the country started onchocerciasis treatment in the late 1970s, conflicts and civil unrest interrupted MDA for over a decade, leading to the deterioration of the onchocerciasis epidemiological situation. Currently, all 68 onchocerciasis-endemic HDs require MDA in FY2019.
 - Ghana: Ghana was treating 85 HDs for onchocerciasis until 2016. The OEC in 2017 recommended addition of 35 HDs to the 85 HDs after reviewing results of a nationwide impact assessment conducted in 2017. Currently, a total of 120 HDs is to be treated in FY2019.
 - Sierra Leone: Sierra Leone has also had long periods of civil unrest and conflict leading to a deterioration of the onchocerciasis epidemiological situation. Currently, all 12 onchocerciasis-endemic HDs must conduct MDA in FY2019.
 - Togo: 35 of the 44 HDs located in five health regions are onchocerciasis-endemic at baseline. The nine that are non-onchocerciasis-endemic include four in Maritime region and five in Lomé, the country's capital. The four endemic HDs of Maritime region and the five endemic HDs of Savanes region are undergoing stop-MDA evaluation for onchocerciasis as recent surveys show negligible levels of onchocerciasis in these HDs. Pending the final results of these stop-MDA assessments, MDA may be stopped in up to nine HDs, in which case only 23 HDs would conduct onchocerciasis MDA in FY2019.
 - Guinea: All 24 onchocerciasis-endemic HDs will conduct MDA in FY2019.
 - Cameroon: All 113 onchocerciasis-endemic HDs will conduct MDA in FY2019. The country is unique because some HDs are located in the Loa loa belt of Africa, which makes onchocerciasis treatment using ivermectin very dangerous for many who might be co-infected with Loa loa. Innovative strategies, such as the use of loascope and the "Test-and-Not-Treat" strategy are needed to treat HDs that are co-endemic for onchocerciasis and Loa loa. Act to End NTDs | West will liaise with the Centre for Research on Filariasis and other Tropical Diseases (CRFILMT) in Yaoundé, Cameroon and work with the Loasis Scientific Working Group and the TFGH on promising MDA strategies for Loa loa endemic areas.
 - Mali: All 34 onchocerciasis-endemic HDs will conduct MDA in FY2019.
 - Benin: All 51 onchocerciasis-endemic HDs will conduct MDA in FY2019.
 - Senegal: The eight HDs still considered onchocerciasis-endemic will conduct MDA in FY2019.

In FY2019, Act to End NTDs | West will ensure good treatment coverage through intensified social mobilization and health education especially in areas of historically poor coverage in all of the ten countries conducting MDA for onchocerciasis.

- Act to End NTDs | West will focus on supporting NTDPs to address challenging and persistent gaps in coverage and hard-to-reach and mobile populations, as detailed below.
 - Mobile populations: Mobile populations like nomads and persons who live and work across borders of endemic countries are often missed during the planning MDAs resulting in poor coverage. Act to End NTDs | West will work with countries to identify these groups during the planning process and determine appropriate strategies to target them during MDAs. Togo and Benin use a special MDA card carried by mobile populations to access MDA on either side of the border. Ghana and Togo through district level meeting have synchronized MDA across districts in 2018. These efforts will be continued and adapted in other countries.
 - Refugees: Act to End NTDs | West will work with countries to identify risks of refugees for NTD by tracking their origin in relation to endemic communities and conduct assessments where necessary to determine if treatment is required. When needed, Act to End NTDs | West will support countries to work with refugee agencies to implement treatment. Possible countries for priority in FY2019 are Cameroon, Mali and Niger.
 - Conflict areas: Extremism has emerged as a growing threat in West Africa, which may limit safe access to regions within Burkina Faso, Cameroon, Mali and Niger. These areas have had interruptions to MDA, potentially setting back country efforts toward elimination. Act to End NTDs | West in-country support teams will continue to monitor the security situation and adapt their strategies as necessary.
 - Seasonal communities: Reaching seasonal workers, such as mining communities, can be challenging as they often have no schools, little community infrastructure and fluctuating populations depending upon the season. To ensure high coverage in these communities, Act to End NTDs | West will pursue intensified planning and partnership with local health and development officials, and employers in the target areas. This strategy has proven effective at improving MDA coverage and compliance in mining communities, especially among adult males who travel to work outside of their census villages. This approach is already ongoing in Ghana and will be extended to Burkina Faso; in other countries with seasonal communities, Act to End NTDs West will initiate discussions to establish a similar strategy with local partners.
 - Hotspots: In some countries hotspots persist, in that an area may have received enough rounds of effective MDA but the disease prevalence is still higher than the threshold for stopping MDA. The Act to End NTDs | West strategy for these districts will be multi-pronged: review and validate reported treatment coverage; improve MDA monitoring; advocate for increased or coordinated vector control to complement MDAs; strengthen focus on community mobilization and communications; and improve data management, including well-defined denominators, data collection, collation and reporting. In selected countries, Act to End NTDs | West will use mapping at the village or sub-district level to view coverage and prevalence data, along with spatial analyses that include environmental and behavioral data to explain contributors to hotspots (see also Activity 1.6, below for details on where and how hotspots will be addressed).

Activity 1.6: Support DSAs for program monitoring

- Act to End NTDs | West will support NTDPs to conduct planned disease-specific assessments (DSAs) for the PCT NTDs and ensure that DSAs adhere to the highest standards as prescribed by WHO. Where DSA protocols are unavailable, the Act to End NTDs | West partnership will work with WHO and expert committees, such as OECs, to guide countries in conducting technically-sound DSAs. As needed, Act to End NTDs | West can provide technical support to help draft protocols, assist with sampling, help oversee implementation in the field, provide TA for laboratories doing Ov16 ELISA and O-150 PCR, and assist with data analysis and/or interpretation of laboratory results or cluster surveys. Act to End NTDs | West will similarly help countries interpret and implement new WHO onchocerciasis guidance when it becomes available (anticipated in early 2019).
- Act to End NTDs | West will employ the TIS/TAS tracker, LF and trachoma pathway to dossier trackers, the onchocerciasis tracker (once available) to follow country progress on the path to elimination of LF, trachoma and onchocerciasis- as well as the schistosomiasis and STH trackers (once available) for monitoring the long-term control of the SCH and STH.
- Post-elimination surveillance will be initiated in selected countries in FY2019 (see table 4 below for details of countries prioritized for PTS and post-elimination surveillance in FY2019). In Togo, Act to End NTDs | West will work to engage with the TFGH to implement post-elimination surveillance for LF to better understand the risk for resurgence of disease in a setting with migrants, nomadic populations, refugees, and surrounding countries with ongoing LF transmission. Additionally, if Togo does stop MDA for onchocerciasis as is anticipated for some districts in FY2019, Act to End NTDs | West will work with WHO and other partners, drawing on any new onchocerciasis guidelines, to implement PTS for onchocerciasis in those districts.
- Act to End NTDs | West is concerned that there are up to 52 districts across Burkina Faso, Niger, Ghana, and Sierra Leone still under treatment because they have failed a TAS, pre-TAS or re-pre-TAS and TIS (only in Niger). The program is putting in place a systematic plan to address DSA failures in supported countries. In FY2019, the following activities will be launched in countries having failed a TAS or pre-TAS; the specific activities will be determined by the particulars of the situation in each district where a TAS or pre-TAS failed. Act to End NTDs | West will:
 - review with the NTDPs all available MDA, sub-district and community coverage data to identify pockets of poor coverage,
 - encourage countries to collect subdistrict and community data during MDAs,
 - assess special population groups that may have been poorly covered previously such as migrant populations, nomadic groups and urban populations (slum areas) in collaboration with the NTDP/MOH and revise treatment strategies to better cover these populations,
 - engage communities where coverage is poor to identify possible reasons for failure by presenting treatment results and use the opportunity to discuss with them ways of improving coverage, such as determining the best time/period for MDAs and the best strategy to implement MDA that will ensure optimal community participation,
 - determine the appropriate denominator used for calculating coverage by introducing a pre-MDA census in all areas where coverage is questionable,

- improve efforts to ensure high MDA coverage by strengthening MDA supervision and collecting MDA data at sub-district and community levels,
- ensure use of the coverage supervision tool during all MDA so that challenges detected during MDAs can be addressed including mop up while MDAs are still ongoing dial strategies. Supervisors will be supported to analyze results and work with drug distributors to implement remedial strategies including mop up.
- support countries to conduct post-MDA coverage survey to verify reported coverage.
- support countries to encourage complementary strategies if available such as bed net utilization.
- work with NTDPs to review available DSA data by sex, age and location to identify specific patterns and work with the NTDPs to determine relevant ways of addressing the patterns detected.
- work with NTDPs to prepare DSA survey protocols taking into consideration any trends detected during analysis of available DSA data. Protocols will include use of the TAS failure checklist and recommendations from the WHO failed TAS meeting.
- participate in and reinforce subsequent trainings for DSAs to ensure details of the survey protocol are well understood.
- participate in the supervision of DSAs together with NTDP personnel and address any discrepancies detected during DSAs.
- work with survey teams to monitor management of diagnostics used for DSA to ensure optimal storage and appropriate utilization.
- collaborate with the TFGH to work with the countries to investigate and track any positive cases found during future TAS2 or TAS3, as is currently ongoing in Burkina Faso.
- collaborate with research institutions such as the TFGH to determine social factors that could be contributing to failed pre-TAS and TAS and identify appropriate strategies for addressing them.

Table 3 below shows the DSAs planned for FY2019 in the 11 Act to End NTDs | West countries. Table 4 shows the countries prioritized for PTS and post-elimination surveillance in FY2019

		Burkina Faso ¹	Côte d'Ivoire	Ghana	Niger	Sierra Leone	Togo	Guinea	Cameroon	Mali ²	Benin ⁶	Senegal ⁶
	DSAs											
LF	Mapping	-	-	-	-	-	-	-	-	-	-	-
	Pre-TAS	6	-	8	11	-	-	-	-	-	-	-
	TAS 1	-	-	-	9	-	-	-	1	15	-	-
	TAS 2	15	-	2	6	8	-	-	37	11	-	-
	TAS 3	18	-	64	-	-	-	-	0	2	-	-
	Post-elimination surveillance	-	-	-	-	-	-	-	-	-	-	-
Trachoma	Mapping	-	21	-	-	-	-	-	6 ³	-	-	-
	TIS	-	1	-	15	-	-	4	-	-	-	-
	Re-TIS	-	-	-	-	-	-	-	-	-	-	-
	Re-re-TIS	-	-	-	-	-	-	-	-	-	-	-
	TSS	20	1	-	12	-	-	4	14	24	-	-
	TT-only survey	-	-	-	-	-	-	-	-	15	-	-
	Pre-validation survey	-	-	-	-	-	-	-	-	-	-	-
Post-elimination surveillance	-	-	-	-	-	-	-	-	-	-	-	
Onchocerciasis	Mapping	-	-	-	-	-	-	-	-	-	-	-
	Exclusion mapping	-	-	-	-	-	-	-	-	-	-	-
	Impact assessment	-	-	-	-	-	-	-	1	15	-	-
	Pre-stop MDA	-	-	5	-	-	17	-	37	11	-	-
	Stop MDA	32 ⁴	-	-	6 ⁵	-	7	-	0	2	-	-
	PTS	-	-	-	-	-	-	-	-	-	-	-
	Post-elimination surveillance	-	-	-	-	-	-	-	6	-	-	-
SCH	Impact assessment	-	-	-	17	-	39	4	-	-	-	-
STH	Impact assessment	20 TAS-STH	-	-	17	-	39	-	-	-	-	-

¹ Burkina Faso: two TAS2, four TAS3 and four TSS will be funded by World Bank

² Mali: All DSA no funded by Act to End NTDs | West

³ Cameroon: Five HDs in East region plus Kolofata

⁴ Burkina Faso: 26 entomological and six epidemiological surveys all funded by the World Bank

⁵ Entomological surveys

⁶ Not all details for Benin and Senegal are available. All DSAs for these countries will be coordinated by the ENVISION project before the countries are transitioned over to Act to End NTDs | West.

Table 4: Post-treatment surveillance priorities in FY2019			
Country	PTS*		
	LF	Trachoma	Onchocerciasis
Benin	Yes	No	No
Burkina Faso	Yes	Yes	No
Cameroon	Yes	Yes	No
Côte d'Ivoire	No	No	No
Ghana	Yes	Post-elimination**	No
Guinea	No	Yes	No
Mali	Yes	Yes	No
Niger	Yes	Yes	No
Senegal	No	Yes	No
Sierra Leone	Yes	No	No
Togo	Post-elimination**	No	Yes

*PTS for LF – will be based on WHO guidelines (TAS2 and TAS3) and the protocol developed will be same as for TAS1. PTS for trachoma, currently known as TSS, will be supported in collaboration with the Tropical Data consortium and will be based on 2 indicators: TF and TT. TT-only surveys will be supported after consulting with the WHO trachoma focal point.

** Details post-elimination strategies and tools for trachoma and LF have not been specified by WHO. Act to End NTDs | West will work with supported countries to develop appropriate post-elimination strategies for these diseases that meet WHO specifications, through collaborations and operational research opportunities with partners.

Activity 1.7: Improve the quality of NTD interventions through QA/QI

- Act to End NTDs | West will work with governments to strengthen elimination and control activities at the central, district and community levels via a collaborating, learning and adapting (CLA) process that incorporates data from a variety of evidence-based QI approaches and structures, including the use of QI teams, post-MDA coverage surveys, independent monitoring, routine technical review meetings and supportive supervision. Act to End NTDs | West partnership is collaborating with the TFGH to work with Burkina Faso, Ghana, and Sierra Leone to develop a social science research proposal that will be executed before the next repeat MDA in each country. NTDPs can use research findings to adapt social mobilization activities to improve the next repeat MDA planning and implementation activities. Based on the results of the research, QI interventions will be planned for the following years in problematic HDs.
- In FY2019, Act to End NTDs | West will continue supporting the QI implementation and coverage survey in the 15 LF hotspot HDs in Ghana. The QI process currently includes the following: Review of NTD program coverage, determination of the root causes of poor performance, brainstorming on ideas for improvement, implementation of the recommended interventions, measurement of the change in program performance. When the change is positive, the Act to End NTDs | West will work with the MOH to document lessons learned and standardize the model for improvement.
- For countries facing fundamental challenges such as poor district-level planning, lack of motivation among CDDs or supply chain issues, the Act to End NTDs | West partnership will share this process

and enhance the approach with additional QI tools, such as Plan-Do-Study-Act (PDSA). Developed by the Institute for Healthcare Improvement and used by FHI 360 in multiple contexts, PDSA is an evidence-based tool that stresses action-oriented learning by approaching problems from new angles; planning and implementing change; monitoring results; and acting on new data.

- Independent monitoring will be used in Burkina Faso, Cameroon, Niger, Sierra Leone, Guinea and Mali. This activity will serve as a monitoring tool to immediately troubleshoot problems, such as low coverage, drug stock-outs, shortage of other supplies, community compliance and negative perceptions about MDAs. Issues will be brought to NTDP staff and their sub-district and district MOH counterparts who are also managing and monitoring the campaign. A debriefing session will be held with monitors and NTDP staff to discuss improvements that can be made for the next MDA.
- Supportive supervision will take place at multiple points from central to sub-regional and community levels in all Act to End NTDs | West countries. In partnership with the supervisor at each level, Act to End NTDs | West staff will assist with monitoring planning, trainings, logistics management and MDAs in progress. The Act to End NTDs | West partnership will ensure that WHO tools and strategies for supervision are appropriately employed, such as the supervisory checklists, supervisor's coverage tool and independent monitoring.
- Act to End NTDs | West will also employ the new SAE tracker, to follow the number and severity of serious adverse events (SAEs). All suspected SAEs must be reported within 24 hours and then investigated, treated and followed to ensure the best possible outcome for the individual and to maintain the integrity of the program by reassuring PC recipients when a suspected SAE is identified as being unrelated to MDA activities.

Activity 1.8: Improve cross-border collaboration, focusing on specific districts with high prevalence and shared borders

FY2019 Act to End NTDs | West efforts will be focused on strengthening the existing cross-border efforts pending the transfer of the FIVE non-END in Africa countries. Cross border meetings have often been held among national level NTD staff and this had not yielded much results. In a cross-border meeting organized under END in Africa in 2016, the countries agreed that cross-border coordination meeting will yield results when affected districts are brought together to plan MDA synchronization. In 2017 and 2018 Ghana-Togo cross-border meetings focused on facilitating meetings between endemic districts' health managers. This has resulted in synchronization of onchocerciasis MDA along the borders of the two countries in 2018. This approach will be followed in cross-border efforts in other countries and will focus on districts rather than national level.

- Act to End NTDs | West will organize a cross-border regional meeting involving all Act to End NTDs | West countries, Nigeria (part of Act to END NTDs | East, but shares border with Benin, Cameroon and Niger) and Liberia (currently not covered by USAID but is a member of the MRU) in Q4 FY2019 during which countries can discuss and agree on how to take cross-border collaboration to the district level and ensure synchronization of MDAs along borders to avoid missing some groups or duplication of treatment. The cross-border efforts will be focused on selected HDs that show a pattern of low coverage. Act to End NTDs | West will then collaborate with WHO and WAHO to establish stronger communication between West African countries to synchronize MDAs for selected bordering districts.

- Act to End NTDs | West will provide TA for the district health teams within the endemic districts along each country's border. The team will look to build on Togo's cross-border solutions with Benin and Ghana, which included synchronized MDAs and offered treatment to all, regardless of where they were from. A joint cross-border review meeting will address MDA performance and identify points for improvement and better coordination. Participating districts will be required to have a reserve stock of drugs to cover the additional population in catchment areas. The Fixed Amount Awards (FAAs) will also clearly outline the need for district synchronization of MDAs as a condition for disbursement in the selected districts sharing borders.

Activity 1.9: Ensure use of the integrated database for data management, tracking trends, drug applications and data archiving

The WHO-recommended integrated NTD database is being proposed as a tool that can be used as a unique source of data for all NTD reporting and drug applications, and for data archiving. Thus, the integrated NTD database will be a good source of all data needed for the preparation of dossiers in the future. It is expected that acceptance and proper use of the integrated NTD database will improve data management in the Act to End NTDs | West countries. The integrated NTD database has been introduced through trainings in all END in Africa countries, and the same has been done in the other five Act to End NTDs | West countries that are still being managed by the ENVISION project. Currently, the acceptance and use of the tool are at different stages in the countries.

- The first step in FY2019 will be to assess the level of implementation of the tool in all Act to End NTDs | West countries and based on this assessment countries will be supported to do the following:
 - Countries that have accepted the tool and have started using it at the national level will be supported to ensure that the database is updated, maintained and used as the primary data source for dossiers, which will be accomplished through ongoing TA and in FAAs with the Ministries of Health (MOH). Temporary data clerks may be recruited to enter all historical MDA and DSA data, which has been a major burden for countries with more than 10 years of data.
 - Once the database is up-to-date, Act to End NTDs | West will build the capacity of the NTDPs to harness the database's potential, including trainings on analysis and interpretation of the WHO IDB appropriate to each MOH's level of proficiency, especially as a tool for timely completion of drug request applications. Act to End NTDs | West partnership will also explore other solutions for ongoing data entry, such as including this role within MOH budgets and phasing out duplicate software.
 - For countries that still have not started full implementation of the database, Act to End NTDs | West will leverage the FAA to encourage and accelerate the process and will provide TA as needed.
- Act to End NTDs | West will support NTDPs for in-depth analyses of program data that can improve current activities. ArcGIS tool will be used to produce maps that facilitates decision making using disease patterns. The program will continue strengthening the data analysis capacity of the MOH in subsequent years. Act to End NTDs | West will encourage dedication of a session during work planning work for data management that will include the use of the integrated NTD database. Act to End NTDs

| West will also explore piloting mHealth where feasible to accelerate the speed and ease of data collection.

- Mali plans to create a link between the integrated NYD database and the DHIS2 and will be supported to achieve this objective.
- Cote d'Ivoire and Ghana have both been identified as countries where the introduction of some NTD indicators in DHIS2 will be piloted. Discussions are ongoing and will be supported in FY2019 to pilot the use of DHIS2 for the review and transfer of data within the integrated NTD database at different levels (districts, regions and national level).

Activity 1.10: Support countries to prepare dossiers on LF, trachoma and onchocerciasis

Act to End NTDs | West will closely follow the WHO protocol for dossier development to demonstrate how each country has met all epidemiological and surveillance requirements for elimination. Act to End NTDs | West approach will build on the END in Africa success of submitting the Ghana trachoma and Togo LF dossiers, supporting the NTDPs to identify and collect all required data, set up a dossier preparation team/committee (where it doesn't already exist), write and review dossier drafts while ensuring that the WHO requirements are met, offer support in data collation, planning and draft review meetings, and support NTDPs to submit final dossier to WHO. The Act to End NTDs | West team will also support responses to WHO's dossier review group. For onchocerciasis dossiers, OECs may be asked to support countries in the review of draft dossiers, as needed.

- Togo trachoma dossier: Togo never conducted MDA for trachoma but has some HDs with baseline TT prevalence $\geq 0.2\%$. TT interventions were conducted in these HDs, and a survey in 2017 showed that TT prevalence among those ≥ 15 years is below the TT elimination threshold of 0.2% in all HDs of Togo. A dossier has been prepared and submitted to WHO for review in FY2018. In FY2019, the Act to End NTDs | West partnership will work with the NTDP in Togo to respond to WHO questions, queries and comments until elimination of trachoma as a public health problem in Togo is validated.
- Niger onchocerciasis dossier: The Act to End NTDs | West partnership will work the research institute selected by USAID and experts on OV16 ELISA and PCR of the onchocerciasis vector to ensure that Niger completes the stop MDA evaluation. The OEC will then have to review the results of the evaluations and consider other possible elimination needs such as OEM before a recommendation will be made for Niger to prepare a dossier. This process will continue in FY2019 but may be completed in FY2020.
- Mali, Cameroon, Ghana, Sierra Leone, Niger and Burkina Faso have stopped MDA in some districts and have started PTS for LF, while Mali, Cameroon, Niger and Burkina Faso have also stopped MDA and started PTS for trachoma. PTS is expected to continue in these countries beyond FY2019. Act to End NTDs | West will organize a workshop to discuss WHO guidelines and requirements for the LF dossier. Act to End NTDs | West will provide technical support as required to advance the preparation of the dossier.

In FY2019, Act to End NTDs | West will focus on two key priorities for MMDP regarding LF and trachoma in all countries as required.

- To determine the available data on morbidity burden in the countries. This will involve identifying all available data, data sources and level of details and reliability of existing data.
- To determine the level of data security for available MMDP data. This will involve finding out the existence of secure database or otherwise for the data and possible options to secure the existing data.

Act to End NTDs | West will organize a meeting with AIM Initiative and HKI in January 2019 to harmonize the methodology that will be used to achieve the above key priorities.

IR 2: Strengthen country environment for implementation and management of NTDPs

In line with the vision of USAID's Act to End NTDs | West program and countries objectives to create a more favorable environment for sustainable elimination and control programs in west and central Africa, ACT to end NTDs | West will ensure that the approach and activities envisioned for FY2019 will help a selected number of countries to identify and implement concrete actions to tackle risks factors that may weaken country progress towards sustaining the gains achieved towards the elimination and control process.

During FY2019, the strategy for implementing IR2 and related interventions is designed to solidify IR1 results and prepare a more favorable environment for ongoing activities initiated under the umbrella of the elimination and control process. The process of selecting interventions has given high priority to actions aimed at mitigating or preventing risks in three main areas (i) risk of losing attention or commitment from the drug donation programs because governments will not be ready to provide resources for drug distribution to support SCH and STH deworming (ii) risk of reemergence because governments will not demonstrate a strong commitment to providing technical and financial resources for surveillance or leveraging existing surveillance platforms and (iii) risk of delaying the elimination process because the government will not take specific actions in providing the needed financial and technical resources to support the provision of morbidity management services. The interventions will include country level activities and the pursuit of collaborations and high level policy dialogue at regional level (ECOWAS).

- At the country level, Act to End NTDs | West will focus, in this first program year, on developing and completing a framework to help countries assess where they are in terms of sustainability. As we move from END in Africa to the next phase of NTD work, Act to End NTDs | West will continue work in the countries we have previously supported to limit the disruption in work while assessing all program countries across the sustainability components. Key components of sustainability include: Financing/Domestic Resource Mobilization, Organizational Capacity/Governance, Human Resources, Partnerships/Community Engagement, Supply Chain, Advocacy, Health Information, and Service Delivery. Act to End NTDs West will use both the rapid assessment as well as the comprehensive Sustainability Continuum assessments to support countries with their sustainability plans. We will build on the strong foundation of sustainability building blocks established during END in Africa and further develop them in line with the new program considerations.

Deloitte will be the leading provider of technical support under the direction of the program HSS Lead

based in Accra.

- At the regional level, the Act to End NTDs | West team will explore opportunities to support country teams in developing strategic collaborations with non-health policy makers or stakeholders who are able to influence policies or increase awareness about NTD's social, economic and well-being impact. To that extend, Act to End NTDs | West will liaise with the west African network of parliamentarians on health and development and the west African network of journalists specialized on health to explore opportunities to support countries efforts to raise the NTD profile and gain more attention from government. These two organizations have proven records, over the past years, in supporting the family planning agenda, the institutionalization of maternal of child mortality day or week in the region, the malaria agenda and the HIV AIDS agenda. As sustainability is a long-term investment that requires commitment and support from high level policy makers, establishing strong contacts and consultations with such types of organizations will provide a voice for actions initiated at country level and support strategic communication and high-level policy dialogue in FY2020 and onward to advance the NTD sustainability agenda. The network of parliamentarians in health and development includes, at country level, parliamentarians belonging to the parliament health commission, parliament finance commission, the parliament commission in charge of laws. In some countries the network is hosted within the ministry of finance. This could be a valuable opportunity to facilitate discussion between a country's Ministry of Finance and Ministry of Health on specific subject matters. In addition, the network of journalists specializing on health is another excellent resource for increasing the visibility of NTDs through strategic communication on country validation of elimination, publishing/disseminating existing policy briefs for a high level audience, facilitating contacts with communication advisors within different government institutions regarding NTDs, and supporting targeted communication through selected channels, MDA media coverage, support etc. The HSS lead and the cross-sector advisor will work closely with the regional HSS advisors and implementing partners to conduct the required consultations with the regional networks and in country chapters to identify opportunities for collaboration and workable areas for developing joint action plans for 2020. During the initial discussions planned for FY2019, we will assess through different networks the feasibility and opportunity of inviting the Minister of health to the parliament for a communication on MTDs progress and challenges. Prior to any such decision, Act to End NTDs | West will liaise with the MOH on the opportunity. We will also explore, for future years, the possibility of having the regional network establish a high-level meeting and parliamentarian regional resolution to urge government to accelerate elimination and control efforts. IR2 and IR3 leads will develop a concept note on "Engage to End NTDs" that will complement the USAID Act to End NTDs vision.

Activity 2.1: Create sustainability plan in partnership with host country governments

Throughout FY2019, Act to End NTDs | West will provide on-going technical assistance for sustainability and mainstreaming to program countries. We will provide additional capacity building and mentorship to further develop these plans and support the necessary engagement with other stakeholders to complete the Sustainability Continuum Assessment. This will include in-country mentorship, follow-up visits, and possible workshops to build skills on ecosystem mapping, financial analysis, partnership building, M&E, advocacy, etc.

Building on the sustainability framework created during END in Africa, Act to End NTDs | West will review the national disease-specific action plans as the NTD sustainability plans are being developed. Together with the NTDPs, our team will map the ecosystem of stakeholders within and outside of government, with whom we need to coordinate, build capacity, innovate, and scale successful interventions. Given that each

country is at a different stage of planning for sustainability, we will tailor our approach to each country. In some countries, such as Guinea, Benin, Cameroon and Senegal, this will mean providing basic introductory sessions to begin thinking about strategic partnerships or initiating activities around a finance strategy. In other cases, such as Ghana, we will continue to operationalize a partnership unit and action plan within the Ghana Health Service, using the NTDP as the “pilot” program for such an approach.

The sustainability assessment will be implemented through a participatory approach. Act to end NTD is refining the CPRESS tool based on several inputs from past meetings² and results from a desk review³. The revised version will be discussed during the cross-sector meeting planned in December with Act to End NTDs | West’s implementing partners. After incorporating the team feedback, Act to End NTDs | West will share the tools with USAID for additional feedback. Act to End NTDs | West will ensure that Deloitte is ready to present the tool to USAID if there is any interest for in person discussions on the refined version before implementing field activities. The sustainability approach will help countries to perform a self-assessment and identify a level of sustainability within a defined scale of sustainability, define targets on key sustainability domains and actions to achieve the desired level of sustainability within a definite time frame. The proposed model will provide the basis to MOH and Act to End NTDs | West to negotiate a performance framework, define milestones for the upcoming years, negotiate resources and technical assistance over the implementation period and evaluate progress in implementing the sustainability plan or road map. For FY2019, the sustainability assessment will be implemented in a selected number of countries. An internal prioritization of countries was conducted within Act to End NTDs | West. The suggested list of countries will be confronted with USAID prioritization after full review of country workplans to better take into consideration challenges and country readiness (buy-in) for sustainability. The list of countries, criteria and suggested packages of activities will be shared with USAID.

- In Q1, the Act to End NTDs | West team will develop and refine the NTD Sustainability Continuum, which will guide sustainability assessments and the development of sustainability plans with MOHs. We will outline requirements for countries to consider when building a sustainability plan and will define what mainstreaming, at a minimum, will look like for them. Deloitte and FHI360 will develop this framework in collaboration with country teams; initial versions will be informed by feedback acquired from NTDPs. Country roll-out sequence for FY2019 will be established based on status in terms of elimination of LF and trachoma, USAID defined priorities from November Partners Meeting, country buy-in, and previous working experience under the END in Africa project. Deloitte will leverage the CYPRESS methodology to guide conversations.
- A collaborative review will be part of the sustainability continuum model to determine each country’s baseline and where they choose to make strides to improve and monitor progress over the five years. Components of the continuum will include:
 - Budget line(s) in government budget: As part of the effort to ensure the long term sustainability of NTD activities, government commitment and inclusion of NTDs into the financing and resources allocation framework will be part of the assessment exercise. We will establish a target for progressive yearly increases of financial provision for NTDs through a budget line. Setting targets

² Past meetings: October meeting with USAID, launch of the program in Accra - November 14-15th 2018, USAID’s partners meeting - November 28-29th 2018, internal meetings with Deloitte and World Vision.

³ The desk review includes reviewing existing sustainability and assessment tools. The refinement phase will also include review of country workplan and assessing how the current challenges can inform the selection of assessment domains and parameters to better contextualize the tool.

in this area will provide a framework for advocacy and technical assistance, and opportunity for NTDP and Act to End NTDs | West to monitor achievement over IR 2 indicators.

- Finance strategy and resource mobilization plan: Past experience and the review of country workplans⁴ has demonstrated opportunities within the in-country financing ecosystem. The results from TIPAC implementation will help to prioritize the financial needs to be included in the resources mobilization and advocacy roadmaps. The prioritization of needed domestic resources will take into consideration how the identified gaps will contribute to making available morbidity management services needed for elimination, strengthen drug distribution for SCH/STH, and support surveillance in the post-elimination context. The finance strategy and resources mobilization will go beyond defining a clear approach for domestic resources mobilization to include indicators on resources allocation, disbursement and financial reporting to funders.
- NTDP engagement with other ministries: The sustainability assessment will include assessing the extent to which the collaboration with other sectors is supported through policies or written agreement between ministries. Senegal MOH has developed an agreement with the Ministry of Education for school based distribution which defines the role of each sector in the preparation and implementation of the activities. Cameroon has included drug distribution for schistosomiasis for children under 5 years of age in the package of services provided during the national child and maternal week. The planned (December 2018) cross sector meeting will give opportunity to implementing partners of the Act to End NTDs|West program to discuss the parameters to include on the assessment and the approach to creating an initial framework for in-depth assessment (if needed) or the development of a realistic action plan for IR3.
 - NTD indicators and data collected in HMIS: the initial assessment will support countries to reflect and appreciate the extent to which NTDs are integrated into the different tools government uses and to appreciate operational performance in various areas of health system, as well as progress in human capital development and socio economic standards. After establishing a baseline, the exercise will include the setting of targets and changes that will support the country team in achieving its objective in this area. Having a selected list of NTD indicators captured into the HMIS is a critical step to greater inclusion of NTDs in the national and/or local health financing and governance framework. The exercise will target (but not be limited to) the DHIS2, performance framework of the national health performance report submitted each year to Ministry of Finance.
 - Job descriptions for NTDs at all levels of the health system: The assessment tool will integrate parameters that will support country teams in assessing how aligned the human resources within the NTDP are aligned with e mandate and mission of the program. The

⁴ Burkina has provided clear orientation by focusing the domestic resources mobilization approach on government line budget as national policies do not allow MoH to receive financial resources from private sector. On past years, Cameroon has raised money from central government and from regional delegations but since 2007 there is a decrease on regions commitments. The NTDP intends to create long term partnership with the Unions of mayors who are closed to communities and might have potential resources to support the national efforts. Country intention is to focus the finance strategy in sustaining deworming programs. Other countries have provided intentions and directions. The finance strategy intends to have a multi years resources mobilization approach that fit country context. It will serve also as an opportunity to go beyond the succession of resources mobilization activities and sessions (on a spot basis) and have a well-structured approach to support the finance piece of the advocacy road map.

exercise will dedicate a special emphasis to understanding how NTDs task are incorporated into the health system workforce. The initial assessment and country goals will help to establish a target and identify a course of action to include in the policy dialogue with the Directorate of human resources and relevant actors and in the advocacy piece.

- NTDP alignment with MOH supply chain: As part of the system capacity to ensure availability of quality drugs a delivery point, the supply chain will be integrated into the domain or parameters of the sustainability. The exercise will limit its scope to identifying gaps in terms of alignment of the NTD supply chain with the MOH supply chain. It will create a basis for AIM and Deloitte to define (in collaboration with the NTDP and MOH) from FY2020 onward a plan of intervention to address the supply issues for a better alignment with the MOH supply chain.
- Starting in Q2, Act to End NTDs | West will focus on validating the NTD Sustainability Continuum with each program country and completing a rapid assessment. The objective will be to understand how each country envisions sustainability and mainstreaming objectives for NTDP programs and to gain buy-in on Act to End NTDs | West facilitation of a sustainability and mainstreaming plan. Information will then be exchanged with partners in USAID-led IR2 working groups, to ensure cross-pollination between Act to End NTDs | West and East.
- Mainstreaming discussions with countries will be a part of the sustainability assessments. Understanding what mainstreaming will encompass for each country will be essential in the development of the sustainability plan and providing technical assistance for mainstreaming efforts over the course of the program. Following, these initial meetings in Q2 and Q3, Act to End NTDs West will share countries' guidance on mainstreaming with USAID and other key stakeholders for feedback.
- By the end of Q4, Act to End NTDs | West will have completed at least a rapid assessment in the list of priority countries selected by Act to End NTDs | West and USAID and will have drafted initial sustainability plans with NTDPs to document recommendations and next steps. The schedule for these assessments will be agreed upon with the MOHs and may extend until the end of Q4 depending on NTDP availability, the transition period, and level of relations built in Q2 consensus-building. Based on the progress and country buy-in, Act to End NTDs | West will develop a plan to roll out a second set of countries for upcoming years.

Activity 2.2: Operationalize the finance strategy for NTD control and elimination interventions

Under the END in Africa project, Ghana, Togo and Cote d'Ivoire developed and/or implemented a finance strategy to take opportunity of domestic resources to support field activities. Burkina has provided a clear direction and intention, in its FY2019 country workplan, to concentrate substantial effort to increasing government contribution to support implementation of NTDs' activities. As Ghana and Togo have transitioned towards LF elimination, the MOH will need in FY2019 to dedicate additional efforts to leverage public domestic resources to sustain schistosomiasis and STH treatments and adapt the finance strategy to the most pressing needs such as financing deworming programs and financing the provision of morbidity management services to support dossier preparation for LF and trachoma. Other countries

like Cameroon, Sierra Leone, Niger, Mali, Burkina have made substantial progress toward LF elimination.

Along the elimination process, it is critical for NTDPs to identify medium term financial gaps, document their transition plan, and complement existing resources with domestic resources to avoid shortage of resources to support field activities or strategies. Under the planning and implementation of IR 2, Act to End NTDs | West will provide technical support to a selected number of countries to perform financial analysis and forecast to identify financial gaps and needs to support the transition phase.

Deloitte will be the technical assistance provider in this area. The HSS lead and the regional HSS advisors will support the process and facilitate the collaboration with the cross sector advisors and cross sector technical assistance provider, especially in countries where Act to End NTDs | West and USAID reach agreement on the joint implementation of IR2 and IR3.

- Act to End NTDs | West will continue to support the routine collection and analysis of financial data. Through an initial planning workshop, and follow-on working sessions and TA, we will support the NTDPs using the Tool for Integrated Planning and Costing (TIPAC) to complete financial data collection and analysis. We will work with all countries to perform a financial analysis of NTDPs where there is buy-in and support. If countries are not using the TIPAC, we will try to support their other costing and forecasting analyses. Results from the TIPAC analysis will contribute to the development or revision of NTDP Finance Strategies, as well as to build a case to government leaders for creating and adequately funding a budget line.
- For countries that are advanced in terms of NTD financial analysis, the program will continue with the work done to date on Finance Strategies. Currently, Ghana, Cote d'Ivoire, and Togo are known to have developed Finance Strategies. The pathway and complexity for operationalizing these strategies and integrating NTDs into national budgeting will vary by country, and Act to End NTDs | West technical assistance will include ongoing mentorship to equip NTDP and MOH leaders with data explaining the cost-effectiveness and health impact of government investment in NTDs. Operationalizing these Finance Strategies may involve the following:
 - Mapping a path for MOH and MOF approval of an NTD-specific budget line for NTDs. At a minimum, the Finance Strategy will outline the financial sources, resource needs, resource allocation, financial management practices and risk mitigation related to NTD programming.
 - Supporting resource diversification (*see Activity 2.3 and Activity 2.4*)
 - Improvement of Financial Management and Accounting Practices

Activity 2.3: Explore alternative in-country financing mechanisms to mobilize domestic resources, diversify sources of funding and increase resources for NTDs

The successful implementing of long term partnership depends strongly on the ability of NTDP and MOH to conduct productive processes, engage stakeholders and implement reporting systems that will provide accurate information, transparency reliability and impact to local investors including local government. Although innovative financing may not be high priority for FY2019, Act to End NTDs | West will try to align the financial needs with in-country opportunities and the orientation of countries' sustainability plans which will emphasize the need to prioritize realistic financial needs and sustainable funding sources. The approach to innovative financing will involve two main steps.

- First, in countries where the MoH will push for innovative financing mechanisms, Act to End NTDs | West will analyze country demands based on different factors such as (i) NTDPs' capacity to implement advocacy, (ii) capacity to support discussions with private sectors or other sectors, (iii) potential of identified partnerships and (iv) readiness to manage and report with transparency on resources generated through innovative financing initiatives.
- Secondly, we will discuss with USAID (and obtain USAID approval) before engaging in any TA for innovative financing. The opportunity to support country team for innovative financing will depend on the outcome and opportunities identified on the sustainability plan.

In FY2019, initial country assessments (*see Activity 2.1*) will provide the Act to End NTDs | West team with further insight on how to proceed under Activity 2.3 in FY2019. In countries that are determined to be ready to receive partnership support, Deloitte will continue to provide mentorship on key partnership enabling skills to:

- Support ongoing prioritization of potential partners;
- Identify opportunities to create incentives to improve performance on NTD activities;
- Refine business case messaging for potential priority partners;
- Support proposal development; and
- Pursue potential priority partners.

In countries not receiving sustainability and partnership support prior to Act to End NTDs | West, including Cameroon and Guinea, Act to End NTDs | West will explore the demand for:

- Conducting a workshop on strategic social partnerships in select countries. We can provide remote support to the NTDP in (i) preparing the SOW and agenda of the workshop; (ii) collecting useful information; and (iii) identifying appropriate participants.
- Facilitating a partnership workshop. We can support the 3-5 day working session on strategic social partnerships and how they support sustainability in select countries based on the sustainability assessment.

In countries including Ghana and Cote d'Ivoire, work to establish strategic social partnerships and incentivize increased domestic resource mobilization will be continued. These activities will continue to build the capacity of the newly created partnership and resource mobilization team around the pursuit and management of partners. It will also contribute to diversifying the funding sources of the NTDP, thus enhancing sustainability. These activities are also expected to enhance the ability of the NTDP to engage central and local governments as well as compatible programs to increase efficiency of resources and improve the visibility of NTDs.

Activity 2.4: Implement advocacy plan for the integration of NTDs into national policies, financing decisions and coordinating mechanisms.

- For all countries under Act to End NTDs | West and as described in Activity 3.1, the program will undertake a rapid landscape analysis of nutrition, MCH, family planning (FP), and WASH activities and community mobilization programs that will offer integration opportunities for NTD activities. In

collaboration with other program partners, this analysis will include a breakdown of the relevant working groups and routine key decision-making meetings already in place. We will also work with countries to leverage the ecosystem mapping (*Activity 2.1*) and apply it to a strategic social partnerships approach that will outline how the NTDP can better engage non-traditional donors in their work.

- During the stakeholder mapping, Act to End NTDs | West will identify MOH officials, government representatives, and district leaders to serve as Change Agents, positioned with information to describe the importance of NTD investments to colleagues, the media, district leaders and constituents.
- For select countries that have already been working on advocacy under END in Africa, Act to End NTDs | West will continue supporting advocacy within MOH and MOF in FY2019. This work could come in the form of the following activities and would be advanced further in subsequent years of the program:
 - We will work with NTDP as they are developing a business case for the Ministry of Finance or similar ministry to advocate for increasing the share of government expenditures for NTDs. This work will be coordinated with budget line advocacy.
 - Develop documents and presentations for the NTDP to use when engaging government leaders to enhance the visibility of the NTDP and discuss opportunities for increased coordination.
 - Promote coordination within the government's other health programs. We will explore opportunities to advocate for increased coordination and cost savings opportunities that could be leveraged between government entities.
 - Create advocacy collateral and prepare for 'change agent' interaction. We will work with NTDP in the creation of fact sheets on the NTDP's success for both internal and external advocacy. Advocacy plans will be tailored to the specific audience articulating the case for NTD coordination, integration or funding.

Activity 2.5: Review NTD indicators and support the integration of recommended indicators into the national HMIS

Including NTD indicators into the HIMS is a critical step to enable a formal reporting at all the levels of the health pyramid (from the primary health facility to national level), and to make NTD data available through MoH channels. In addition, NTDs will be truly recognized and control efforts valued by the health system, only if NTD indicators are measured and reported along with other health indicators in the districts through the DHIS2. Act to End NTDs | West will then create the conditions for enforceability and accountability necessary to mainstream NTDs into national health systems.

Considering the ongoing discussions with WHO about the NTD compendium of indicators and based on the outputs of the partners meeting, ACT to END will work closely with WHO NTD working group (through the MEL team) to discuss ways of including key NTDs indicators into the HMIS in a limited number of countries that have plans to move forward (Cote D'Ivoire, Cameroon and Mali) and test out this approach. In FY2019, the planned activities in the area of HMIS will be limited to: (i) assessing the type of NTDs

indicators already included on the HMIS in selected countries⁵, (ii) assessing the extent to which the selected indicators reflect country expectations for operational monitoring and strategic oversight and finally (iii) mapping the process and implications of including new indicators into the HMIS.

As there is ongoing work to define a set of indicators, the TA work in FY2019 on the HMIS will not go beyond HMIS assessment and identifying ways to support country teams in moving forwards in that area once the list of indicators is validated. Once the list of indicators is published, Act to End NTDs | West will support NTDPs in advocating for the integration of a list of selected indicators into the HMIS. To that extent, we will ensure that countries' workplans for upcoming years include activities related to updating, whenever necessary, the parameters of the DHIS2 and the physical forms used by the MoH to collect data and monitor progress on indicators at different levels, revise supervision tools.

- Initial country assessments (*see Activity 2.1*) will provide the Act to End NTDs | West team with further insight on NTD indicators. As part of the sustainability assessment in each country, Act to End NTDs West will convene a group of stakeholders to map out the current landscape for NTD Indicators. The team will begin to identify what NTD indicators currently exist and how the data is managed. Act to End NTDs | West's MEL and IT teams will be also take part in the process, which will carry into Year 2.
- While the selection won't happen for all countries in Year 1, certain countries, including Cote d'Ivoire and Ghana may be prepared to make significant progress under this activity.

Activity 2.6: Revise job descriptions to fulfil essential NTD activities

Revising the job descriptions workforce or field-based staff will require a series of interaction with the directorate of human resources within the MoH. In FY2019, Act to end NTDs will not put much emphasis on activity 2.6. We will leverage the sustainability assessment to help NTDP and national stakeholders to better reflect on country context and develop a consistent approach to tackle this issue in FY 2020.

Initial country assessments (*see Activity 2.1*) will provide the Act to End NTDs | West team with further insight on how to proceed under Activity 2.6. As part of the sustainability assessment in each country, Act to End NTDs | West will convene the relevant stakeholders to determine the current status of NTD tasks and how they are represented and handled in health workforce and the NTDP job descriptions and how they may be revised and integrated into other MOH workstreams in the future. The ongoing work of refining the sustainability assessment tool will include discussions on metrics that will support NTDP and the Act to End NTDs | West to assess the revised job descriptions including the timing, the milestones, the means/resources to do the jobs, and the deliverables.

- In countries where USAID is implementing the Human Resources for Health in 2030 program (HRH2030), such as Cote d'Ivoire, Mali, Cameroon, Senegal, Niger, Guinea, Sierra Leone, Togo, Act to end NTDs - West will engage with the USAID implementing agency to identify opportunities for collaboration and explore ways that HRH2030 or specific in-country human resources for health projects can facilitate achievements of the objectives of activity 2.6.

⁵ Mali and Cameroon have NTDs indicators included into the DHIS2. Mali has reported (FY2019 country workplan) the fact that despite the integration there are gaps on completeness of NTDs indicators on DHIS2. Both Mali, Cote d'Ivoire, Cameroon plans to implement workshop to train actors on DHIS2 or workshop related to the inclusion of NTDs into HMIS.

Activity 2.7: Improve supply chain through targeted solutions and approaches

As part of the sustainability assessment in each country, Act to End NTDs | West will review the current state of NTDP supply chains in each country. Improvements and recommendations for supply chain mainstreaming will be provided in the sustainability plans to be developed in Q3 and Q4.

- Act to End NTDs | West via Americares brings a good deal of experience coordinating and managing warehouses and central storage and distribution of drugs. Americares will work with the MOHs of Ghana and Ivory Coast to address SCM. Specific needs have been identified in Ivory Coast where many of the donated NTDs drugs are managed directly by the NTDP, and Ghana and Niger where sporadic expiration of drugs still occur.
- To ensure ongoing supplies of tetracycline eye ointment are in place, we will work with NTDPs to coordinate donations or budget for the cost in annual plans.
- Act to End NTDs | West leadership will work to promote and develop a mechanism among WHO and MOHs that eliminates and/or brings to a minimum the uncertainties surrounding the submission and processing of NTD drugs requests submitted the MOHs to WHO. A meeting should be arranged with the participation of USAID, WHO and Act to End NTDs | West representatives to agree on a mechanism that will facilitate coordination and reduce uncertainties.
- Ongoing technical assistance will be provided by Deloitte as needed and feasible in program countries throughout FY2019.

IR 3: Sustained MDA coverage among at-risk populations in endemic countries

ACT to END NTDs | West has drafted a strategy focused on the implementation of key activities to ensure sustained MDA coverage among at-risk populations in endemic countries. These activities include: i) conducting a landscape and stakeholders analysis to determine key players and critical cross sector interventions in the countries, ii) building partnership and coordinating with relevant sectors and programs at the country level, iii) identifying sustainable platforms for MDA and iv) sharing of strategic information and data for learning and adaptation. The plan is currently being reviewed and improved in the light of inputs gathered from countries health officials at the launch of the program in Accra, November 14 and 15, 2018, and from information collated during the USAID partners meeting, November 28 and 29, 2018. It was apparent from the USAID partners meeting that the use of influencers should be included in the strategies for cross sectorial partnership to reach sustainability of NTD program implementation at the country level. The plan will also emphasize the need to identify policies or written agreement that may support cross sector collaboration to create a cohesive framework for monitoring commitment and results. Act to END NTDs | West will be making use of identified enablers and will build coalitions with local actors to rapidly and efficiently move forward and roll out IR3 activities. A list of priority countries will be finalized at the first cross sector coordination workshop to be held December 13th, 2018 at FHI360 in Washington, DC. An IR2/IR3 joint intervention plan with a package of activities

will be developed for countries to coordinate interventions and avoid confusions for NTDPs and the potential duplication of efforts and resources.

Activity 3.1: Support the creation, review and/or update of actionable SCH, STH and onchocerciasis transition plans

- Ghana, Cameroon, Burkina Faso, Sierra Leone, Togo, Mali and Ivory Coast have a first draft of an SCH/STH transition plans, and all have fully functioning onchocerciasis control programs although some are being supported to implement an elimination program. Niger has not prepared a draft of an SCH/STH transition plan because the SCH/STH program in Niger is fully funded and supported by SCI. Act to END NTDs | West will assist the MOHs in completing these transition plans that identify activities and resources for NTD control as USAID funding is phased out. Effective sustainability plans are indispensable for long term control strategies. The program will demonstrate, through the roll out of TIPAC and other projections in collaboration with Deloitte, the cost effectiveness of local platforms that can be adapted for SCH/STH MDAs. The envisioned Deloitte TA plan related to development of the Finance strategy will inform and support activity 3.1.
- To support this effort, the team will conduct a rapid landscape analysis of MCH, FP, immunization, and WASH activities and other community mobilization programs for health (such as women’s groups that provide health promotion to their members and the community) to determine areas for integration and coordination.
- As part of the FAAs, Act to END NTDs | West will request that the NTDP produce a final draft or update of the latest transition plan. The team will then assist in the finalization of each plan to ensure they reflect WHO and USAID guidance; the latest studies to prioritize the response; feasible delivery platforms based on current or future programs and structures; correct timing, milestones, and roles and responsibilities; and funding sources.
- Act to END NTDs West will also support the creation of SCH/STH expert committees to guide and provide technical input into the transition plans. The NTDP in Ghana, with the consent of the Director of Public Health, has agreed to pilot the establishment of an SCH/STH expert committee and has even planned for one meeting of the SCH/STH Expert Committee in FY2019. Act to END NTDs | West is in discussion with Burkina Faso and Togo to establish same. In addition, the program will explore the possibility of establishing SCH/STH expert committees in Mali and in Benin, two countries that have well-known SCH experts in-country. These countries have either recent SCH/STH data (which would trigger a recategorization of endemic districts) or are in pressing need to change their control strategies to address the problem of persisting hotspots. It is expected that these SCH/STH committees consisting of international and national SCH/STH experts will provide more technical guidance based on the local unique situation in each country for sustainability of SCH/STH programs. It is anticipated the expert committee will incorporate experts from education, water/sanitation, nutrition to better involve them on the sustainability piece of the control process.
- ACT to END NTDs will also invest for this first year in knowledge creation through documenting lessons learned from ongoing initiatives. We will leverage technical skills within our MEL team to support countries in reflecting on good practices and limitations. There will also be an opportunity to create thematic discussions with USAID using through the cross sector working groups.

Activity 3.2: Identify and implement sustainable NTD delivery platforms

- The LF and Trachoma drug distribution platforms are rapidly winding down and there is now a pressing need to find alternative delivery platforms to continue MDAs for SCH/STH (and onchocerciasis where necessary) and to preserve the achievements in terms of decreased SCH/STH prevalence obtained following years of treatments. The identification of appropriate service delivery platforms to reach endemic communities will be executed through a thorough landscaping and stakeholders analysis. Landscaping, including an in-depth analysis of stakeholders, will assist countries to identify partners, to build and nurture relationships and use relevant and adaptable platforms/sectors including education, WASH, immunization, and Maternal and Child Health programs that are essential for maintaining MDA when external funding dries up and for maintaining low SCH/STH morbidity. At the Accra meeting, the participants have suggested the school system and national immunization days as the most appropriate platforms for SCH/STH MDA integration. Going forward, the program will be exploring these two priority platforms along with other sectors/programs and will tailor the approaches to each country context. For instance, Benin has already set up a joint committee between the education and the health sectors which holds quarterly meetings, while Cameroon has a tripartite agreement between the education, the MoH and the municipalities. The program will use these types of existing mechanisms as fit to develop and strengthen sustainable delivery platforms for SCH and STH.
- With MOHs in the lead, Act to END NTDs | West will assist with analyzing a “menu of options,” such as the examples highlighted below, to help guide the selection of sustainable delivery platforms for MDA and social and behavioral change (SBC) by district, based on an agreed set of criteria, which may include STH/SCH prevalence, cost-effectiveness, sufficient WASH resources and facility access. The Accra meeting revealed ongoing or past experiences in different countries regarding the use of alternative platforms for SCH/STH (Burkina, Cameroon, Guinea), such as child and maternal health and immunization programs, among others. Act to END NTDs | West will leverage skills and knowledge from in country partners specific to guide country teams towards appropriate roll out of evidence-based approaches to sustainability.

Table 5: Examples of delivery platforms and strategies for sustainability

Delivery Platform	Target Population	Key Strategy	Considerations
Schools-based programs	School age children 5-14 years	Distribute PZQ and/or ALB by using CHWs or trained teachers or as part of bed net distribution. Reaching non-enrolled school-age children (SAC) during recreational activities, sports or entertainment in schools where non-enrolled SAC are likely to be in attendance, and could be reached	Less effective with low school attendance Requires precise scheduling to ensure maximum children reached and MDA coverage achieved
		Integrate SCH/STH prevention with SBC strategies and materials on	

sanitation and hygiene and use of safe water

Health facilities with Vitamin A, FP counseling	Women of reproductive age (WRA)	Add deworming to child health cards and distribute ALB through routine health visits, and outreach campaigns Provide PZQ/ALB treatment to at-risk adults upon demand	Dependent on health services coverage and service-seeking visits
Vaccination campaigns/EPI clinics/Child Health Days	Children under 5	Distribute ALB during national immunization days Distribute ALB at Immunization Child Welfare clinics	Coordinated data collection and reporting
Community nutritional and or malaria interventions	Children under 5, WRA	Add deworming during Vitamin A supplementation for children Link deworming of postpartum women with iron and folic acid Distribute ALB when food programs provide supplements Include deworming (ALB distribution) into home-based (or community) management of Malaria targeting children under 5	Dependent on coverage of health services/facilities and service-seeking visits
Bed net distribution-community, ANC/EPI clinics	General population, children under 5, pregnant women	Distribute ALB during bed net routine and mass distribution campaigns	High-level coordination needed with malaria program

Activity 3.3: Deliver integrated or stand-alone MDAs for SCH and STH in high endemic areas

- There are several persistent hotspots for SCH in the supported countries. Also, many districts with high SCH prevalence do not overlap with LF, trachoma or onchocerciasis endemic areas. It is

anticipated that standalone MDA targeting hotspots districts in Burkina Faso, Niger and in Mali will decrease the burden of morbidity (high burden due to high and or persistent SCH endemicity). In addition, in non LF/trachoma/onchocerciasis endemic areas, a review of the STH data will provide critical information about hookworm infection—a major public health problem for school-age children (SAC) and women of reproductive age (WRA). This review will provide an opportunity to step-up efforts for deworming through the distribution of ALB in districts with medium-to-high prevalence of hookworm infection. Act to END NTDs | West will support NTDPs to deliver MDAs where SCH and STH prevalence is high. Countries with HDs that have $\geq 50\%$ prevalence of schistosomiasis will be supported to conduct standalone/independent school-based and community-based MDAs because they are the most effective avenues for SCH treatment currently available. The strategy can be replaced with a more sustainable integrated strategy involving other platforms when the SCH prevalence drops to a low acceptable level in these HDs. While an integrated SCH, STH and onchocerciasis MDA is ideal, issues surrounding the perception of potential adverse side effects of praziquantel (PZQ) treatment for SCH must be addressed by the SCH/STH expert committees.

- Act to END NTDs | West will collaborate with NTDPs to find solutions to ensure that any person experiencing adverse effects is treated. Due to low prevalence or poor mapping, some districts may be receiving PZQ treatment when it is not needed. To increase the cost-effectiveness of the control program and reduce costs for the MOH or other donors, Act to END NTDs | West will support refining the treatment maps for SCH, including supporting precision mapping, to identify areas needing treatment by using the prevalence of risk factors, rather than disease prevalence surveys, to assess target communities. Act to END NTDs | West will support SCH/STH expert committees and work with them to address the issues of severe adverse events (SAEs) and the refining of SCH treatment areas. AmeriCare, which is also part of the Act to End NTDs | West consortium, will liaise with drug manufacturing companies to provide the needed treatments for SAEs in countries where they are needed most.

Activity 3.4: Integrate NTD prevention messages as part of ongoing SBC interventions

- Long term delivery platforms identified. Conduct mapping of WASH stakeholders in each country. During Q1 and Q2 FY2019, World Vision (WV) will conduct a mapping exercise of WASH stakeholders using a tool to be developed by drawing from proven existing mapping analysis instruments such as WV's WASH mapping asset tool. World Vision will map all WASH, nutrition and education implementers and stakeholders. This aims to determine all WASH stakeholders' capacity, programming and geographic coverage. The stakeholders will include: NGO implementers, the private sector and the various government policy and decision makers in health and education. During the mapping exercise, different WASH models and strategies will be assessed to determine their efficiency and effectiveness. Geographically, mapping the WASH implementers in each country will identify areas where Act to end NTDs | West program overlaps to help determine WASH and SCH/STH integration entry points. The WV team will conduct an on-site visit to interview staff, review and document their systems/processes, identify WASH capacities, and map geographic locations. Also, this exercise will determine whether a WASH Technical Working Group (TWG) exists in each country and its level of functionality. Where WASH TWG exists, World Vision will establish a connection and will conduct a mapping exercise in collaborate with TWG. Where the TWG does not exist, WV will work with the government and local stakeholders to form a TWG. In addition, WV will also map nutrition, education, child health (particularly immunization) and antenatal and postnatal care for possible opportunities for programmatic integration of SCH/STH.

- WASH Mapping Report Validation Workshop in each Country. The mapping exercise will help to detect gaps in terms of interventions, which will be the basis to develop and/or fine-tune messages for WASH/NTDs. Once the mapping report is completed, WV will convene WASH TWG members, other key WASH stakeholders and the MOH to validate results from the mapping exercise. This one-day validation workshop will foster collaboration, buy-in from the stakeholders and MOH ownership of the integration framework and guidelines to be developed. This workshop will be organized in conjunction with the WASH TWG and MOH. In addition, World Vision will also validate the mapping results on nutrition, education, child health (particularly immunization) and antenatal and postnatal care for possible opportunities for programmatic integration of SCH/STH.
- World Vision will lead a joint review with the MOH and WASH stakeholders to identify possible points of SCH/STH integration starting with Ghana and Mali (through their offices) and then in Cameroon, Benin and Togo in FY2019 working with FHI360, HDI and HKI. On a quarterly basis, WV will lead a joint review workshop with the WASH TWG, NTD experts and the MOH to identify entry points of SCH/STH integration. During FY2019 Q2, the first joint review meeting will be a two-day workshop aimed at discussing and identifying potential points of SCH/STH and WASH integration. Thereafter, a half-day meeting per quarter will be held. An integration framework will be developed to guide integration efforts. Each country will host WASH and NTD experts to articulate expectations and way forward. The subsequent quarterly half-day meetings will refine the NTD (SCH/STH)/WASH integration framework. The joint review will be conducted in collaboration with MOH and WASH Technical Working Group of each country. If a WASH TWG doesn't exist, WV will work with key WASH Stakeholders and MOH to establish one. Furthermore, NTD (SCH/STH) integration into other sector programming like nutrition and education will be discussed during the joint review. The goal of the meetings will be to foster stakeholder buy-in and ownership which are paramount to the success of NTD integration.
- MDA alone will not prevent reinfection with STH and SCH. Country programs should inform and educate communities by using clear messages to trigger the necessary and indispensable behavior change to preserve the gains made by MDAs. Information education and communication (IEC) are indispensable for building awareness and for empowering communities in the long term. At the Accra meeting (November 14-15, 2018), countries' top health officials and program representatives recommended the promotion of deworming through effective messaging and wide sharing of success stories to engage with local leaders, sensitize endemic communities, and to galvanize support from authorities. The participants also recommended that the economic benefits of controlling or eliminating NTDs be properly articulated as selling points for social mobilization and advocacy. The ACT to END NTDs | West program will review and analyze current Social Behavior Change Communication (SBCC) materials & messages for integration of NTD/WASH/nutrition/education, immunization, maternal (antenatal and postnatal). In Q1 and Q2, WV will review and analyze current SBCC materials and messages for integration of NTD/WASH/Nutrition/Education. During this first quarter, the review and analysis will focus on World Vision WASH/Nutrition/Education materials and messages. In Q2, the WV will review other stakeholders' material identified in the mapping exercise report. These two levels of review will enable WV to determine evidence-based materials and messages for NTD integration. WV will hire a SBCC consultant to conduct the review and analysis. This activity will be conducted in consultation with the various government ministries and other partners in country. The exercise will also assess the risk of diluting NTDs message into integrated SBC tools and propose approaches to have clear position and complementary messages between NTDs WASH/Nutrition etc.

- Conduct formative research to develop/adapt existing WASH SBCC materials in Ghana and Mali. Based on the review and analysis of existing WASH SBCC materials, WV will conduct formative research to develop and adapt existing WASH SBCC materials. This activity will be conducted in Q3. WV technical staff and a consultant will lead the formative research. The research will be conducted in two selected countries – Ghana and Mali. The research will provide a basis for adaptation in the rest of the Act to End NTDs | West countries. World Vision aims to complete the adaptation within six months.
- Integrate NTD prevention education in World Vision WASH in Schools platform. Develop/update SESAME WASH UP model with NTD information. Throughout Q1 and Q2, World Vision, in collaboration with Sesame Workshop, will update the SESAME WASH UP curriculum with NTD (SCH/STH) objectives. The WV WASH technical lead will facilitate this activity, including conducting a design workshop with WV and Sesame WASH UP experts and Act to End NTDs | West program SCH/STH experts. We anticipate completing the update by the 3rd quarter of the FY2019.
- Pilot WASH UP & NTD material in Ghana and Mali. At the beginning of Term 1 of the local school calendar, WV will pilot the updated WASH UP curriculum with NTD objectives. The pilot will be conducted in one Anglophone (Ghana) and one Francophone (Mali) country to determine results. Due to the school break (June-August) in West Africa during the rainy season, the pilot will start in September 2019 and be completed in FY2020. Based on the pilot results, adaptation for additional ACT to END NTDs West countries will be determined. WV anticipates the pilot will be completed in 6 months. This timeframe includes an initial three-month period for implementation, 1 month of data collection, and 2 months for data analysis and report writing. The final month will be to disseminate and validate results with stakeholders. Once results are obtained, the WASH UP and NTD integration framework will be finalized to guide Act to END NTDs West countries in the following FY.
- ACT to END NTDs West will also support new or innovative cross sector interventions including:
 - GPS/GIS analysis in Cote D'Ivoire which will include data collection and the development of maps to overlay WASH, NTDs and Education sectors to show potential overlaps and gaps;
 - Consultations to renew tripartite agreements between the school system, the municipalities and the MoH to roll out deworming in schools in Cameroon.
 - Reviving the conversation with the WASH sector in Benin to engage WASH and NTD stakeholders at the central level

Activity 3.5: Incorporate integrated MDAs into policy and planning documents

- Although community drug distributors (CDD) are an integral part of the community health platforms in countries supported by the Act to END NTDs | West program, most national policy documents do not refer to NTDs. Furthermore, countries' health strategic plans are often focused only on packages of services and commodities delivered by other health programs (Malaria, HIV/AIDs, TB etc.). Fortunately, there are initiatives and opportunities to address this issue and to bring more visibility to NTDs within national health policies : i) Cote Ivoire has developed a national community health strategic plan (2018 – 2023) which includes strengthening of hygiene and sanitation to fight against STH, based on successful WASH initiatives implemented at the community level; ii) Burkina Faso is developing a national strategic plan for community health in FY2019, offering a timely opportunity to

integrate and to give visibility to NTD programming especially deworming for school age children. Participants at the Accra meeting have noted that the integration of NTD into the « *plans nationaux de développement sanitaire – PNDS* » , their health development plans, is critical for capturing the attention of decision makers and to attract funding internally through national budgets.

- Act to End NTDs | West will facilitate the integration of NTD programming into national policies and health development plans through advocacy with policy makers at high level. In addition, the program will engage with influencers to undertake policy dialogue and consultations with senior health officials and key stakeholders. In addition, Act to End NTDs | West will ensure all relevant policy and planning documents, such as the Master Plans and national disease strategic plans, include up-to-date, evidenced-based guidance on integrated MDA models. Act to End NTDs | West will use the midterm review and renewal of master plans periods as ideal opportunities to support countries for making such relevant policy changes in consultation with all NTD partners and the USAID NTD Division. The needed policy changes can be incorporated into the multi-year advocacy plan and a roadmap defined with milestones related to steps for achieving the needed changes.
- Act to END NTDs | West will work with and support NTDPs and MOHs and/or SCH/STH expert committees to develop or synthesize and disseminate new evidence; develop or adapt policy and planning job aids, curricula and other materials; organize technical consultations and learning exchanges; and provide TA to help policymakers and implementers use evidence in decision-making.
- Act to END NTDs | West will support the MOH in determining the standing cross-sectoral committees and their functionality, including those on MCH, nutrition, WASH and school health.
- Act to END NTDs | West will prioritize high-level engagement with governments to establish a “Deworming Taskforce,” which will bring together all institutions involved in deworming and nutrition to discuss the most cost-efficient solutions to integration. Act to END NTDs | West will train and mentor NTDP staff and Change Agents to highlight the negative consequences of untreated SCH, STH and onchocerciasis on anemia, malnutrition, child growth and educational attainment, and the impact on maternal health, socioeconomic development and school absenteeism.

Activity 3.6: Provide TA to the MOH on drug applications and drug donations

- Act to END NTDs | West guidance on the management of drug donations will address common obstacles identified during the work planning, supervision and QI process.
- Another challenge that Act to END NTD West and NTDPs will address is the lack of donated drugs for the adult population, since STH and SCH programs primarily target school-age children. WRA are a new WHO target group for STH treatment, and WHO recommends treatment of adults in areas with high SCH prevalence. Reaching these groups will require planning and financing guidance to secure a sustainable supply of medication. High infection rates of SCH and persistent hotspots are often time caused by infected adults. Due to their occupations (fishermen, rice farmers, miners, car or clothes washers etc.), adults constitute an effective transmission reservoir that is continuously re-infecting water bodies Many adults in Niger, Cameroon and Mali are fueling the SCH morbidity compromising the success gained by treating school age children. The program will explore the possibility of continuing supporting the current provision of PZQ for adults (reported by Cameroon during the Accra

meeting) for targeted distribution for adults. Likewise, in persisting SCH hotspots in Niger and Mali where recrudescence of SCH have been observed by local SCH experts, the program will conduct a needs assessment and explore appropriate distribution platforms targeting adults.

- There are many districts that have high-to-moderate prevalence of hookworm infection (e.g Benin). Hookworm infection is a serious public health problem for WRA – causing anemia, still birth, abortion etc. The program will assist countries like Benin and Burkina Faso to identify platforms (community or facility based) for ALB (and/or PZQ) distribution to help resolve the issue of high burden of SCH/STH in specific districts. In addition, the program will advocate for the pharmaceutical companies to donate drugs for adults including WRA. Also, the program will advocate for drug donation companies to allow endemic districts to use drugs leftover from mass campaigns for routine distributions in health posts but also for outreach distribution in health centers catchment’s areas during immunization or MCH activities.

Activity 3.7: Conduct and/or integrate sustainable surveillance activities

- Monitoring for SCH/STH and onchocerciasis in selected countries. Sustainable, country-driven SCH/STH and onchocerciasis monitoring may require that routine monitoring for SCH/STH and onchocerciasis be established and/or integrated into existing surveillance activities or suitable public health platforms. In order to launch the necessary processes to establish sustainable SCH/STH control, in FY2019 Act to End NTDs | West will:
 - begin by helping establish SCH/STH national expert committees, or by working with and supporting existing SCH/STH expert committees, to develop and implement SCH/STH MDA sustainability approaches and impact surveys tailored to the specific country context and the various and potentially new treatment platforms in different countries.
 - support SCH/STH assessments to serve as a baseline for monitoring and evaluating future activities.
 - (when indicated by OECs for FY2019).
- PTS: As countries stop MDA for selected diseases and transition to post-treatment surveillance, there will be a need to ensure that such activities are appropriately integrated into existing systems to guarantee the long-term sustainability of such surveillance. Countries will be prioritized for PTS as shown in Table 4, Activity 1.6. For existing or newly established PTS, Act to End NTDs | West will work with OEC, and other in-country coordinating bodies as appropriate to develop structures and financing to support the long-term sustainability of PTS. Activities in FY2019 will focus primarily on the development of PTS approaches and systems as indicated in Table 4.

Act to End NTDs | West will provide TA to help Ghana to design a post-elimination surveillance strategy for trachoma. Ensuring the sustainability of this system will be one of the goals in its design. Potential post-elimination surveillance approaches to be explored may include:

- 1) Training health workers to identify and refer TF and TT cases to trained ophthalmic technicians for confirmation and treatment; track case numbers
- 2) Using existing school routine eye screenings (or campaigns), to incorporate clinical search for TF and the collection of ocular samples for bacteriological testing for chlamydia trachomatis
- 3) Track data on “S” and “A” components of SAFE using health facility records of trichiasis cases, surgeries and confirmed TF cases treated with antibiotics

International Travel Plans

Table 4: Travel Plans for FY2019

Traveler	From	To	# Trips	Duration	Month	Purpose
Joseph Koroma, Technical Director	Ghana	W/DC	1	1 week	August	Act to End NTDs West Post-Award Kick-off Meeting
Joseph Koroma, Technical Director Ernest Mensah, Regional NTD Advisor	Ghana	New Orleans, LA	2	2 weeks	October	COR-NTD and ASTMH Annual Meetings
Maryce Ramsey, FHI 360 Gender Technical Advisor	W/DC	TBD 1 TBD 2	2	2 weeks each	Oct/Nov	Gender Analysis field work to inform the Act to End NTDs West Gender strategy
Bolivar Pou, Program Director Achille Kabore, Cross- Sector Coordinator	W/DC	Ghana	2	1 week	November	Participate in Act to End NTDs West Launch Meeting
Yudaya Mawanda Associate Director, Operations	W/DC	Ghana	1	2 weeks	November	Work with country team to finalize preparations and logistics for the Act to End NTDs West launch event and work on other program operations matters.
Joseph Koroma, Technical Director Justin Tine, HSS Lead	Ghana	W/DC	2	1 week	November	USAID NTDs Annual Partners Meeting. This trip will potentially be combined with the FY19 Q1 quarterly meeting between key personnel and USAID
Philippe Sanchez, FHI 360 Regional Office Support Program Manager Yudaya Mawanda Associate Director, Operations	W/DC	Benin Senegal	4	2 weeks each	Dec/Jan Apr/May	Operations/program management and monitoring for startup of program operations
Joseph Koroma, Technical Director	Ghana	W/DC	6	1 week each	Feb/Mar May/June	Quarterly check-in meeting with USAID NTD team

Traveler	From	To	# Trips	Duration	Month	Purpose
Justin Tine, HSS Lead					Aug/Sept	
Bolivar Pou, Program Director Diane Stukel, MEL Director Achille Kabore, Cross-Sector Coordinator Sarah Craciunoiu, Senior Program Manager	W/DC	Ghana	4	1 week	April	Act to End NTDs West Annual Partners Meeting
Yudaya Mawanda Associate Director, Operations	W/DC	Ghana	1	2 weeks	April	Work with country team to finalize preparations and logistics for the first Act to End NTDs West annual partners' meeting and work on other program operations matters.
Bolivar Pou, Program Director Diane Stukel, MEL Director Joseph Koroma, Technical Director Ernest Mensah, Regional NTD Advisor	W/DC Ghana	Burkina Niger Togo S Leone Ivory C Benin Cameroon Guinea Mali Senegal	10	1 week each	Mar Apr May	Monitoring and supervision of program activities such as MDAs and DSAs. Each trip will include at least 2 travelers (program will try to cover multiple countries in one trip) For budgeting we used W/DC as proxy starting point though some trips will originate from Ghana
Bolivar Pou, Program Director	W/DC	Benin Cameroon Guinea Mali Senegal	5	1 week each	May June July	FY20 Country work planning sessions with key stakeholders.
Diane Stukel, MEL Director	W/DC	Benin Cameroon Guinea Mali Senegal	5	1 week each	May June July	Participate as MEL technical resource in the development of FY20 country work plans.

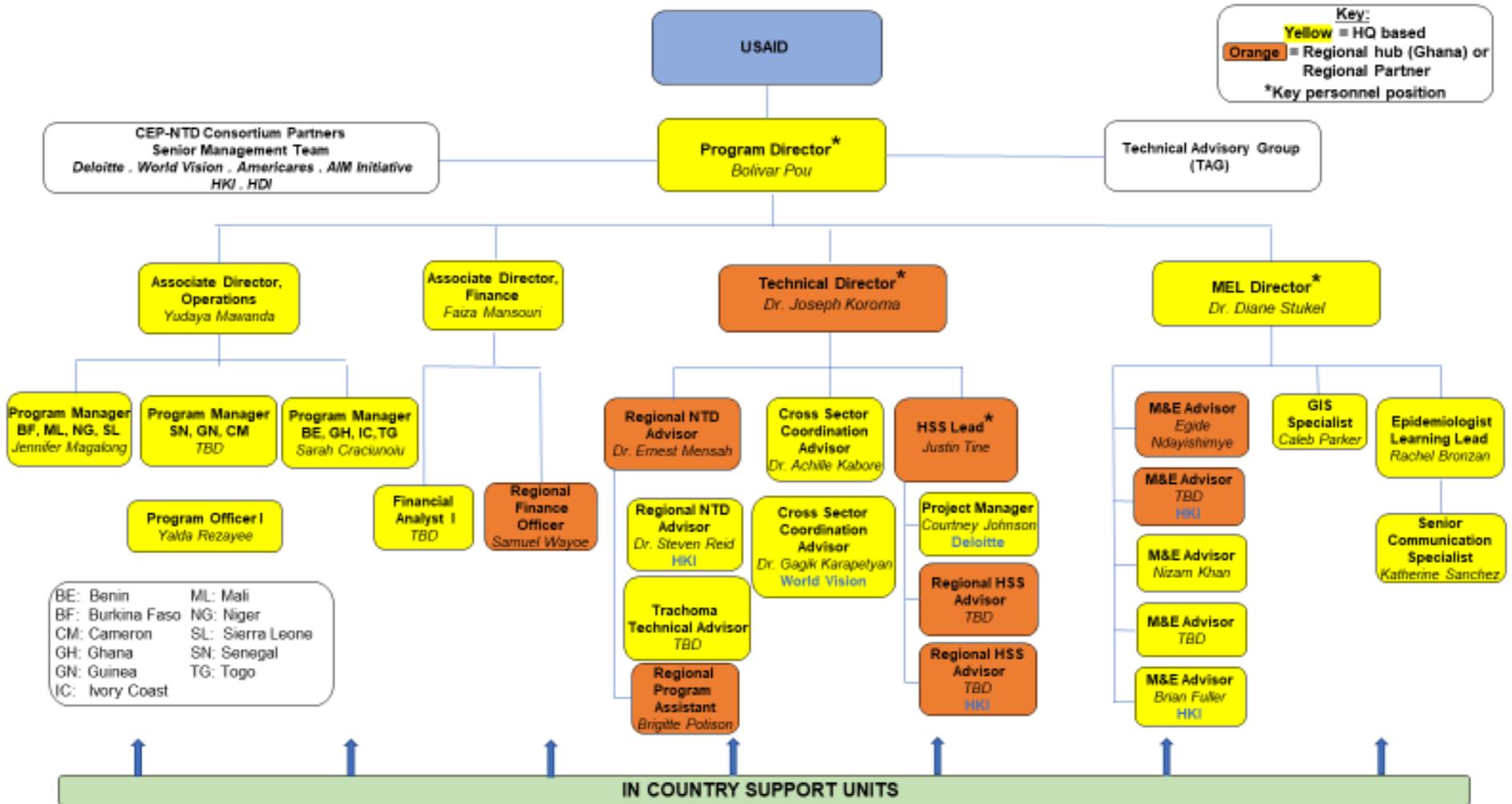
Traveler	From	To	# Trips	Duration	Month	Purpose
Achille Kabore Cross-Sector Coordination Advisor	W/DC	Benin Ivory C Cameroon Ghana Senegal Mali Guinea Burkina Niger Togo S Leone	11	1 week each	May June July	Participate as Cross-Sector Coordinator technical resource in the development of FY20 country work plans as well as monitoring & supervision of cross-sector coordination activities. Once a year per country as applicable and program will try to include multiple countries in each trip.
Joseph Koroma Technical Director	Ghana	Benin Cameroon Guinea Mali Senegal	5	1 week each	May June July	Participate as NTD technical resource in the development of FY20 country work plans.
Justin Tine HSS Lead	Ghana	Burkina Niger Togo S Leone Ivory C Benin Cameroon Guinea Mali Senegal	10	1 week each	May June July	Participate as HSS technical resource in the development of FY20 country work plans as well as monitoring & supervision of HSS activities. Once a year per country as applicable and program will try to include multiple countries in each trip.
TBD Regional HSS Advisor	Ghana	Benin Ivory C Senegal	9	1 week each	Year round	Provide HSS technical assistance, monitoring & supervision of HSS activities in the 4 FHI 360 implemented countries (minus Ghana). Thrice a year per country as applicable.
Bolivar Pou, Program Director	W/DC	Ghana	1	2 weeks	August	Work on overall Act to End NTDs West FY20 Work plan
Egide Ndayishimye, M&E Specialist Nizam Khan	Ghana or W/DC	Burkina Niger Togo	15	1 week each	TBD	Capacity building on MEL tools and workbooks management prior to semiannual reports submission to ensure data quality and timely reporting.

Traveler	From	To	# Trips	Duration	Month	Purpose
M&E Specialist TBD, M&E Specialist x2		S Leone Ivory C Benin Cameroon Guinea Mali Senegal				The trips will be divided between the 4 M&E Specialists (2 based in DC and 2 based in the Regional Hub in Ghana). For budgeting we used W/DC as proxy starting point though some trips will originate from Ghana.
Diane Stukel, MEL Director Joseph Koroma, Technical Director Justin Tine HSS Lead	W/DC Ghana	Geneva	6	1 week each	TBD	Participate in RPRG and STAG meetings. 2 trips per traveler. For budgeting we used DC (proxy) star point though some trips will originate from Ghana.
TBD, Regional Hub technical staff		SLeone (proxy)	3	1 week		Participate in regional technical meetings, e.g. OEC/TEC...etc as applicable
Act to End NTDs West FHI 360 technical team	W/DC Ghana	Geneva W/DC	3	1 week each	TBD	Participate in global meetings and conferences, e.g. ITI, GAELF, GSA. International NTD events in coordination with USAID. USAID approval will be requested for each trip. For budgeting we used W/DC as proxy starting point and Geneva as destination though some trips will originate from Ghana.
Joseph Koroma, Technical Director Ernest Mensah, Regional NTD Advisor	Ghana	Burkina Niger Togo S Leone Ivory C Benin Cameroon Guinea Mali Senegal	10	TBD	TBD	Provide technical support for program implementation. Trips will be based on need and if TA cannot be provided remotely.

Traveler	From	To	# Trips	Duration	Month	Purpose
Samuel Wayoe Regional Finance Officer	Ghana	S. Africa (proxy)	1	1 week	TBD	Participate in annual FHI 360 Regional Finance Meeting.
TBD, FHI 360 Security Officer	W/DC	Ghana Benin Senegal	3	1 week	TDB	Mandatory FHI 360 security risk assessment trip to the 2 new FHI 360 countries plus Ghana since the Regional Hub team size is increasing.
US-based short-term technical assistance (STTA) provider	W/DC	Togo Niger Burkina Ghana S Leone Ivory C Benin Cameroon Guinea Mali Senegal	5	1 week	TBD	Short-term technical assistance according to specific countries needs per MOH requests. This is a place holder for a pool of trips for STTA in response to country requests, upon USAID approval of each individual trip. For budgeting we used the 4 FHI 360 implemented countries as proxy destinations though this may change based on need.
TBD, MOH NTD Focal Points	Ghana Burkina Niger Togo S Leone Ivory C Benin Cameroon Guinea Mali Senegal	TBD	11	TBD	TBD	Sponsor NTD focal points in WHO AFRO meetings, trainings, International conferences, technical meetings, and workshops. USAID individual approval will be requested for each trip.
TBD, - Deloitte - World Vision - AIM - Americares	W/DC TBD	Ghana Togo Niger Burkina Niger S Leone Ivory C Benin	20	1 week	TBD	Provide technical assistance to Act to End NTDs West portfolio countries according to specific countries needs per MOH requests as well as program requests. Participate in Act to End NTDs West Launch Meeting Used an average of 5 trips per TA partner as an estimate. These trips are included in the partners' respective budgets.

Traveler	From	To	# Trips	Duration	Month	Purpose
		Cameroon Guinea Mali Senegal				USAID individual approval will be requested for each trip.

Staffing



Timeline

Main Activities	O	N	D	J	F	M	A	M	J	J	A	S
IR1												
Strengthen and link to national plans with quality data					X	X	X	X	X	X	X	
Complete trachoma mapping for remaining Act to End NTDs West countries						X	X					
Strengthen OECs and accelerate implementation of OEC guidance					X			X			X	
Deliver MDAs in endemic areas, and ensure that hotspots, conflict areas and hard-to-reach populations have adequate coverage						X	X	X	X	X	X	X
Strengthen community-level participation in MDAs					X	X	X	X	X	X	X	X
Support DSAs for program monitoring					X	X	X			X	X	
Improve the quality of NTD interventions through QA/QI						X	X	X	X	X	X	X
Improve cross-border collaboration, focusing on specific districts with high prevalence and shared borders					X		X		X		X	
Ensure use of the integrated database for data management, tracking trends, drug applications and data archiving				X	X	X	X	X	X	X	X	X
Support countries to prepare dossiers on LF, trachoma and onchocerciasis					X	X	X	X	X	X	X	
IR2												
Create sustainability plan in partnership with host country governments				X	X	X	X	X	X	X	X	X
Operationalize the finance strategy for NTD control and elimination interventions						X	X	X	X	X	X	X
Employ innovative financing mechanisms to mobilize resources for NTDs							X	X	X	X	X	

Main Activities	O	N	D	J	F	M	A	M	J	J	A	S
Implement advocacy plan for the integration of NTDs into national policies, financing decisions and coordinating mechanisms					X	X	X	X	X	X	X	X
Review NTD indicators and support the integration of recommended indicators into the national HMIS					X	X	X	X	X	X		
Revise job descriptions to fulfil essential NTD activities							X	X	X	X	X	X
Improve supply chain through targeted solutions and approaches					X	X	X	X	X	X	X	X
IR3												
Support the creation, review and/or update of actionable SCH, STH and onchocerciasis transition plans				X	X	X	X	X	X	X	X	X
Identify and implement sustainable NTD delivery platforms					X	X	X	X	X	X		
Deliver integrated or stand-alone MDAs for SCH and STH in high-endemic areas					X	X	X	X	X	X	X	X
Integrate NTD prevention messages as part of ongoing SBC interventions						X	X	X	X	X	X	X
Incorporate integrated MDAs into policy and planning documents							X	X	X	X	X	X
Provide TA to the MOH on drug applications and drug donations						X	X			X	X	
Conduct and/or integrate sustainable surveillance activities							X	X	X	X	X	X