USAID's Act to End Neglected Tropical Diseases | West Program

FY2020 Annual Work Plan

Guinea

TABLE OF CONTENTS

LIST OF ACRONYMS 2

TECHNICAL NARRATIVE 5

1. NATIONAL NTD PROGRAM OVERVIEW 5

2. IR1 ACTIVITIES PLANNED FOR LYMPHATIC FILARIASIS, TRACHOMA AND ONCHOCERCIASIS 6

i. Lymphatic Filariasis 6

ii. Trachoma 7

iii. Onchocerciasis 9

iv. IR1 Integrated MDA Activities 10

3. ACTIVITIES OF THE SUSTAINABILITY STRATEGY 14

i. Data Security and Management 14

ii. Drug management 15

iii. Integration and HSS activities 16

iv. IR3 activities planned for schistosomiasis, soil transmitted helminths, surveillance post-validation 18

LIST OF ACRONYMS

ALB	Albendazole
APOC	African Programme for Onchocerciasis Control
ASCEND	Accelerating the Sustainable Control and Elimination of Neglected Tropical Diseases
AcceleraTE	Accelerate Trachoma Elimination
CDD	Community Drug Distributor
CDTI	Community-Directed Treatment with Ivermectin
CLTS	Community-Led Total Sanitation
CRS	Catholic Relief Services
CY	Calendar Year
DFID	UK Department for International Development
DNPM	National Directorate of Pharmacies and Drugs
DSA	Disease-Specific Assessment
EU	Evaluation Unit
EVD	Ebola Virus Disease
FHI	Family Health International
FY	Fiscal Year
GOG	Government of Guinea
HD	Health District

HKI	Helen Keller International
IEC	Information, Education, and Communication
IPA	Ivermectin, Praziquantel, and Albendazole
ITI	International Trachoma Initiative
IVM	Ivermectin
JAP	Joint Application Package
JRSM	Joint Request for Selected preventive chemotherapy Medicines
LF	Lymphatic Filariasis
LFOEC	Lymphatic filariasis/onchocerciasis elimination committee
M&E	Monitoring and Evaluation
MDA	Mass Drug Administration
MMDP	Morbidity Management and Disability Prevention
MOH	Ministry of Health
MRU	Mano River Union
NGO	Nongovernmental Organization
NTD	Neglected Tropical Disease
OCP	Onchocerciasis Control Program in West Africa
OMVS	Organisation pour la mise en valeur du fleuve Sénégal (Senegal River Basin Development Organization)
OPC	Organization for the Prevention of Blindness
OV	Onchocerciasis
PC	Preventive Chemotherapy
PCG	Central Pharmacy of Guinea
PC-NTDU	Preventive Chemotherapy NTD Unit
PGIRE	Projet de Gestion Intégrée des Ressources en Eau et de Développement des usages à buts multiples (Integrated Water Resources Management Project)
PNLOC/MTN	National Program for the Control of Onchocerciasis and Blindness/Neglected Tropical Diseases
PNLMTN	National Program for Neglected Tropical Diseases Control
PZQ	Praziquantel
SAC	School-aged Children
SAE	Serious Adverse Events
SAFE	Surgery–Antibiotics–Facial cleanliness–Environmental improvements
SCH	Schistosomiasis
SIZ	Special Intervention Zone
SNSSU	National School and University Health Service
STH	Soil-Transmitted Helminths
TAP	Trachoma Action Plan
TAS	Transmission Assessment Survey
TEO	Tetracycline Eye Ointment
TF	Trachoma Inflammation – Follicular (active trachoma)
TIS	Trachoma Impact Survey
TIPAC	Tool for Integrated Planning and Costing
TRA	Trachoma
TSS	Trachoma Surveillance Survey
TT	Trachomatous trichiasis
USAID	US Agency for International Development

WASH	Water, Sanitation and Hygiene
WHO	World Health Organization
ZTH	Zithromax®

TECHNICAL NARRATIVE

1. NATIONAL NTD PROGRAM OVERVIEW

Guinea is located on the Atlantic coast of West Africa, with an area of 245,857 km^2. The country is bordered by Guinea-Bissau, Senegal, Mali, Ivory Coast, Liberia, and Sierra Leone. Based on the third national census conducted in 2014, and using an annual growth rate of 2.2%, the population of Guinea in 2019 is 12,218,356 and the total estimated population in 2020 is 12,559,626. Guinea's administrative structure is composed of eight regions: Boké, Faranah, Kankan, Kindia, Labé, Mamou, N'Zérékoré, and the specific area of the capital city of Conakry. Conakry is divided into communes, while each region outside of the capital is divided into prefectures. In total, there are five communes in Conakry and 33 prefectures, giving 38 health districts (HDs) in the country. Each prefecture is further divided into urban and rural communes. In total, there are 343 urban and rural communes, including the five communes of Conakry. Guinea has a total of 925 health outposts, 410 health centers, five higher-level health centers, 33 prefectural hospitals, seven regional hospitals, and three national hospitals.

Neglected Tropical Diseases (NTDs) are a recognized priority by the Ministry of Health (MOH) in Guinea, as evidenced by the Strategy for the Reduction of Poverty (DSRP III 2013–2015); the National Plan for Health Development (PNDS) 2015–2024, which includes NTDs among the country's priority diseases and further stipulates that by 2024, all endemic NTDs in Guinea will be treated. The PNDS defined the following strategies:

- Scale up treatment, case management and complication interventions
- Strengthen the rehabilitation capacities of patients with morbidity
- Supply health centers with drugs and equipment where needed

The indicator within the PNDS performance framework in the fight against NTDs is the reduction of prevalence below the transmission of infection threshold.

Additionally, Guinea developed and validated an NTD Strategic Plan 2019–2023, which provides program goals, objectives and yearly strategies based on extensive situational analysis and addresses all components of the NTD program relevant to the country.

Among NTDs recognized by WHO, eight are endemic in Guinea:

- Three NTDs are addressed through a case management strategy: leprosy, Buruli ulcer, and human African trypanosomiasis (HAT - sleeping sickness).
- Five NTDs are addressed through a preventive chemotherapy (PC) strategy (PC-NTD): lymphatic filariasis (LF), trachoma, onchocerciasis (OV), schistosomiasis (SCH) and soil transmitted helminthiasis (STH).

Regarding the PC-NTDs, Guinea's strategic objectives are the following:

1. Eliminate LF and trachoma as public health problems by 2020.
2. Eliminate the transmission of OV by 2025
3. Control SCH and STH by 2025.

From 2009-2018, the National Program for Control of Onchocerciasis and Blindness/NTDs (PNLOC/MTN), was the structure within the MOH mandated with the implementation of sustainable and effective PC-NTD activities. Within the PNLOC/MTN, the NTD Coordinator (who also served as the trachoma focal point) oversaw four other disease-specific focal points for SCH-STH, OV, LF, and blindness. In April 2018, in accordance with a Ministerial order, a larger NTD program for the management of the eight NTDs was created by the Guinean government. The new NTDs program called the National program for NTDs control (PNLMTN), which became operational in June 2019, consists of the following units:

- The coordination unit, led by a national coordinator and assisted by a deputy coordinator
- The administrative and financial services unit
- Units for the coordination of diseases control which includes four sub-units for NTD (Preventive-Chemotherapy NTD Unit, Human African Trypanosomiasis unit [HAT unit], Buruli ulcer unit and leprosy unit). The UMTN-CTP is managed by a unit chief who is the former SCH focal point.
- The logistics, drugs and supply unit
- The monitoring and evaluation (M&E) unit, composed of support units mandated specifically to monitor the indicators of targeted diseases

HKI as part of the Act | West consortium has targeted several activities in the drive to improve the quality of NTD activities. As part of this work, HKI as part of Act | West will be developing an MDA checklist after a holistic review of the MDA tools. This checklist will be shared across all of the HKI implementing countries.

There is also a focus on ensuring disease specific assessments (DSAs) are implemented with the highest quality. There are several activities described in this work plan which aim to ensure that DSA's are high quality and that HDs meet the criteria to advance to assessments.

2. IR1 ACTIVITIES PLANNED FOR LYMPHATIC FILARIASIS, TRACHOMA AND ONCHOCERCIASIS

i. Lymphatic Filariasis

a. Previous and current FY activities and context

In line with the key aims of the Global Programme to Eliminate LF (GPELF), the MOH aims to eliminate LF as a public health problem in Guinea using the following strategies: MDA reaching at least 65% of the population at risk; MDA monitoring; assessment of hydrocele and lymphedema morbidity burden and assessment of the health system capacity to manage morbidity cases; implementation of behavior change communication (BCC) strategies focused on preventing LF and encouraging participation in MDA campaigns; vector control with the cooperation of the National Malaria Control Program; operational research; and capacity building for program staff.

As per WHO 2012 roadmap, Guinea's targeted the elimination of LF by 2020, but this target will not be achievable. On the basis of expected intervention, projections indicate that the elimination dossier should be submitted to WHO in 2027 if all HDs successfully pass TAS1, TAS2 and TAS3. It should be noted that WHO is updating the LF target elimination year to 2030 as part of the WHO 2030 roadmap.

Guinea conducted LF mapping in 2005, 2011, 2012 and 2013. This mapping revealed baseline prevalence ranging from 0% to 14.40%. Overall, 24 HDs are endemic for LF; of these HDs 20 are co-endemic with OV.

MDA campaigns for LF started in 2014 in 4 HDs, and progressively reached all the 24 endemic HDs in 2017. To date, all 24 LF-endemic HDs have implemented at least three rounds of MDA. As of September 2019, four HDs (Boké, Gaoual, Mandiana and Guéckédou) have already completed four rounds of MDA with effective coverage of 65% (FY15 –18), their 5th round is planned in November 2019. The final cohort of HDs are planned to complete the required five rounds of treatment by 2020.

Thus, at this moment, these above mentioned 4 HDs will conduct pre-TAS in 2020, subject to the results of CY19 MDA. The first transmission assessment survey (TAS1) is expected in FY21 in these 4 HDs. Similarly, the remaining LF-endemic HDs in Guinea should complete pre-TAS in FY21 and TAS1 in FY22.

b. Plan and justification for FY20

MDA

Due to the suspension of NTDs activities during FY19, the national NTD program (NTDP) will conduct two MDA campaigns in FY20:

- The first MDA campaign in CY19, is planned in 19 HDs with Act | West support and five HDs with CRS support. Act West supported HDs include four HDs that will undergo pre-TAS six months following the MDA, provided they have effective coverage.
- The second MDA campaign in CY20, is planned in 15 HDs with Act | West support and in five HDs with Sightsavers (ASCEND). The assumption is that the four HDs mentioned above will pass pre-TAS and no longer require MDA.

DSA

Following the MDA planned in November 2019 (the CY19 MDA), four HDs (Boké, Gaoual, Guéckédou and Mandiana) will have achieved the required number of MDA rounds required to conduct a pre-TAS. A full analysis of the coverage at district level will be completed before the pre-TAS. If the epidemiological coverage is >65%, then these four HDs will undertake a pre-TAS in FY20.

The PC-NTDU will observe a TAS in Mali, undergo extensive in-country training in Guinea and have increased support from HKI and FHI 360 during the pre-TAS. The pre-TAS protocol will be developed by the PC-NTDU in collaboration with HKI and FHI 360. As this is Guinea's first pre-TAS, Act | West technical staff will provide TA during the training of the survey teams to ensure that the national level and lower level survey participants are properly trained. A training component for EDC will be included in the training of surveyors with support from HKI and FHI 360 MEL team. HKI-Guinea already has experience using EDC for trachoma DSAs and during MDAs. The survey protocol will be developed with support from FHI 360 and include one sentinel and one spot check site for each IU.

The protocol will outline proper quality control measures, including:

- The use of positive control to test FTS upon arrival in-country and prior to field use;
- Proper storage of FTS in a cool and dry setting;
- Use of the WHO LF Diagnostic feedback form and inclusion in the survey report;
- Immediate confirmatory second testing of positive cases;
- Use of the TAS supervisor's checklist; and
- Treatment of confirmed positive cases and their immediate family. If a cluster of positives is detected in a given village, the entire village is treated.

Dossier preparation has not yet started but it is expected that Act | West will provide guidance to the MOH on the LF dossier and template. In August 2019, HKI-Guinea began working with HKI-HQ to collect data for a LF morbidity management and disability prevention (MMDP) situational analysis. Drafting of the report is ongoing.

Preliminary findings from the MMDP situational analysis include the following:

- There are an estimated 534 lymphoedema patients and 860 hydrocele patients in Guinea.
- All 25 districts have at least one facility designated and providing the recommended basic package of care.
  In 2018, Sightsavers supported the training of community health workers in three HDs (Dabola, Dinguiraye and Faranah) on how to identify morbidity cases and some hydrocele surgeries.

ii. Trachoma

a. Previous and current FY activities and context

Guinea's national strategy for trachoma is elimination as a public health problem by 2020. However, current estimates indicate that trachoma elimination is likely to be 2023. Delays caused by the EVD epidemic adversely affected the NTD program.

Based on previous studies, historical records and risk factors, trachoma was suspected to be endemic in 31 /38 HDs in Guinea. Baseline trachoma mapping conducted between 2011 and 2016 in these 31 HDs showed that 18 HDs required intervention with at least one round of MDA (five rounds of MDA in five HDs, three rounds of MDA in four HDs and one round in nine HD) and an estimated 32,737 persons required TT surgery in the country. These results provided clear evidence for Guinea to plan for trachoma elimination. The population at risk of trachoma in the 18 HDs with a TF prevalence rate of ≥5% was estimated at 6,220,504. Of these 18 trachoma-endemic HDs, 16 HDs are co-endemic with LF, 13 HDs with OV, 16 HDs with SCH, and nine HDs with STH.

Seven HDs are not suspected as endemic as they had few risk factors and the HDs were near/in Conakry. Few trachoma cases were seen in these HDs.

In Guinea, the trachoma endemic areas are in Upper Guinea and the northern part of Middle Guinea—areas with the country's highest poverty rates.

Since 2012, the country has implemented several components of the WHO-supported SAFE (**s**urgery, **a**ntibiotics, **f**acial cleanliness and **e**nvironmental improvement) strategy. Focusing on the USAID-supported component,

- USAID has supported, through RTI's ENVISION program, the PC-NTDU with the "A" component starting in FY13 with Zithromax® (ZTH) and tetracycline eye ointment (TEO) MDA. MDA began in 9 HDs with TF prevalence rates of ≥ 10% in FY13. In FY14 and FY15, ENVISION supported MDA in eight and seven of the nine HDs, respectively; the MDA in the remaining HDs was postponed due to Ebola virus disease (EVD) epidemic. Despite this delay, ENVISION supported MDA in all nine HDs in FY16 sufficient programmatic coverage. All nine HDs achieved the sufficient programmatic coverage. In FY17, ENVISION and CRS/OMVS respectively supported MDA in 11 HDs and two HDs and reported sufficient coverage. In FY18, the PNLOC/NTD conducted MDA in five HDs, all with ENVISION support. In FY20, one HD will conduct an MDA, Dinguiraye, postponed from FY19.

In November 2015, the PNLOC/MTN organized a workshop to develop a Trachoma Action Plan (TAP) in Guinea with participation from all stakeholders including ENVISION staff. In July 2017, Sightsavers funded a TAP finalization workshop and hired a consultant to finalize the document. Validation of the final TAP document by the MOH is anticipated for late CY19. As the draft is now two years old, the need for updating the TAP in light of data from the trachoma program will be a discussion during an NTD technical group meeting.

Surveys

The first trachoma impact surveys (TIS) began in FY17 in three HDs (Kankan, Siguiri, and Mandiana) with TF prevalence baseline rates between 10% and 29.9% and after three rounds of MDA. Results showed that all the three HDs met the criteria to stop MDA and were the first to achieve stop MDA for trachoma in Guinea.

An evaluation was also conducted in FY17 in one HD with an initial mapping prevalence rate of 8.5% (Koundara) because the mapping data were more than three years old and the HD had never undergone MDA. The results in this HD showed that the TF prevalence rate was 2.1% and below the WHO recommended threshold of 5%, thus MDA is not required. The decreased prevalence may be due to the increased F&E/WASH activities conducted after the EVD outbreak. This HD will undergo a trachoma surveillance survey (TSS) in FY20 to confirm this result.

These first trachoma evaluation using Tropical Data strategy were supported by ENVISION. ENVISION supported TIS in six and four HDs in FY18 and FY19, respectively, using Tropical Data. In 2018, OMVS/CRS also supported an additional three surveys – two TIS (Mamou and Pita), and a prevalence survey/evaluation in the HD of Mali (the baseline prevalence data were more than three years old). The results of the TIS and evaluation completed in FY18 and FY19 showed the TF prevalence below 5% and TT prevalence under 0.2% in adults.

b. Plan and justification for FY20

MDA

In FY20, one HD (Dinguiraye) will conduct trachoma MDA in October - November 2019.

DSA

One HD (Dinguiraye) will conduct TIS in May 2020, six months following the MDA. Assuming Dinguiraye's TIS demonstrates TF <5% among children ages one to nine years, all districts in Guinea will have satisfied stop MDA criteria.

In CY19, four HDs (Kankan, Koundara, Mandiana and Siguiri) will conduct TSS and six HDs (Boffa, Boké, Forécariah, Fria, Kérouané and Telimélé – carried over from FY19 due to the suspension of activities described above) will conduct TSS in quarter two of FY20. Splitting the TSS over two time periods is for logistical reasons. All TSS are expected to be completed by FY22. In total there will be 10 HDs undergoing TSS in 15 EUs.

iii. Onchocerciasis

a. *Previous and current FY activities and context*

The current national strategy is to eliminate OV by the year 2025, with continued treatment and entomological and epidemiological assessments to show the impact of treatment on reaching the criteria to stop MDA. The PC-NTDU believes that with consecutive treatments taking place for more than 20 years in some areas, Guinea should be on track to achieve this goal. Presently, OV MDAs are conducted in hyper, meso-endemic and hypoendemic areas – all this as based on initial mapping of the entire country.

OV is endemic in 24 HDs, in seven of the eight regions. Of the 24 OV-endemic HDs, 20 are co-endemic with LF, 23 with SCH, 14 with STH, and 13 with trachoma. Currently, the total population in endemic HDs is estimated to be 7,745,779. In Guinea, OV control activities were funded as followed:

- Since 1980, 531 sentinel villages from 24 endemic HDs in 11 river basins have been identified, and assessments were conducted using the skin-snip technique, first with support from the former Onchocerciasis Control Program in West Africa (OCP), then from the African Program for Onchocerciasis Control (APOC), and later from USAID (FY12–FY14).
- From 1996 to 2002 a total of 8,229 OV -endemic villages were surveyed (epidemiological evaluations), with support from OCP. The MOH conducted CDTI in all 24 endemic HDs in the regions of Boké, Faranah, Kankan, Kindia, Labé, Mamou, and N'Zérékoré from 1996 until 2013.
- Between 2002-2012, support for OV activities (epidemiological and entomological evaluation and CDTI) in Guinea were provided by WHO through APOC in areas qualified as Special Intervention Zones (SIZ), including Faranah, Dabola, Dinguiraye, Kissidougou, Kouroussa, Siguiri, Forécariah, Kindia, and Mamou. The SIZ were launched in December 2002, following the closure of the OCP, to sustain the impact for OV control through ivermectin (IVM) distribution and vector control. OV activities in areas not classified as SIZ were funded by Sightsavers and the Organization for Prevention of Blindness (OPC).

ENVISION support began in FY12 with OV epidemiological surveillance surveys conducted in a total of 56 villages from FY12-FY13. Results showed signs of recrudescence in some villages (Milo/Dion basin, Niger/Mafou basin, and Mongo/Kaba basin). These data have been entered into the country integrated NTD database (CIND). It was suspected that the recrudescence may be due to irregularity in treatment in neighboring countries (due to periods of conflict in Sierra Leone and Liberia) and historically poor MDA coverage. During the last Mano River Union meeting on NTDs in 2016, the PNLOC/MTN confirmed that treatment in all the neighboring countries is now happening annually in all eligible HDs. However, one issue that remains to be addressed is MDA synchronization between the countries. Furthermore, Guinea's national coordination and its partners suspected that the CDTI strategy may not have been rigorously implemented due to insufficient supervision. As a result of this in FY18, Guinea began training a pool of national supervisors to reinforce MDA supervision each year, in

addition to the external supervisors. A border meeting between Guinea and Sierra Leone is also planned in FY20 to effectively start MDA synchronization

In FY14, ENVISION planned to support epidemiological evaluations in 11 HDs. However, some HDs could not be reached, due to the high number of refusals by village leaders to participate in the survey, refusals that were associated with fear about the linkage between the survey procedures and EVD transmission. A total of 55 substitute villages were selected (based on their close proximity to the breeding sites) to be surveyed in other HDs in N'Zérékoré Region. The results of these evaluations showed prevalence rates of between 0% and 7.6% using the skin-snip technique. In FY16, all HDs reported sufficient programmatic coverage which varied from 80.6% (Koubia) to 109.2% (Mamou), indicating that low coverage from issues caused by EVD had been resolved.

Guinea established an LF/OV elimination committee (LFOEC) in September 2016 to provide technical advice on OV elimination.

Following the LFOEC recommendations and in the view of implementing entomological evaluations as recommended by the LFOEC, the PNLOC/MTN conducted the identification of productive breeding sites in some rivers between August and September 2018. In December 2018, PNLOC developed a draft of the OV elimination plan, describing elimination strategy, including definitions of current transmission areas, thresholds of treatment M&E framework among other objectives. The country specific thresholds of treatment and M&E framework were defined based on WHO Guidelines for stopping mass drug administration and verifying elimination of human onchocerciasis. This elimination plan will be presented to the LFOEC for approval by the end of FY19 at an LFOEC meeting co-financed by Sightsavers and Act | West.

From FY16 to FY18, the MOH conducted OV MDA in all 24 endemic HDs with support from ENVISION, Sightsavers, OPC and OMVS/CRS. All HDs reported sufficient programmatic coverage during this period.

It is anticipated that the LFOEC will review all available evidence including original prevalence surveys, vector control activities, mass drug administration and develop a list of next steps for moving towards stopping treatment (in areas where this is appropriate).

In FY19, the MOH planned to conduct MDA in all 24 HDs: 17 HDs with Act | West support, one HD (Koubia) with Sightsavers support, three with OPC support, and three with OMVS/CRS support. All these MDAs were postponed to November 2019 due to the suspension of activities following the challenges of the PZQ MDA, as described above.

b. Plan and justification for FY20

MDA

In FY20, the NTDP plans to conduct MDA in the 24 above mentioned HDs (17 HDs with Act | West support) in CY19. The NTDP will also distribute IVM in 24 HDs in CY20 six months after the first MDA. The 24 HDs include: 17 HDs with Act | West support and seven HDs with Sightsavers support.

DSA

No DSAs for OV are planned in FY20 with USAID support though Sightsavers through ASCEND has planned DSA for OV in FY20.

iv. IR1 Integrated MDA Activities

In FY20, the Act | West project will continue to provide technical and financial support to the MOH in its fight against LF, OV and TRA.

a. Strategic Planning

Activity 1: LF/OV experts committee meeting in Conakry (one meeting)

In FY20, Act | West will provide financial support to the national program as contribution to the organization of two LFOEC meetings. These meetings will produce a list of critical activities such as the identification of breeding sites, epidemiological surveys, and plans for investigation of the hypo-endemic HDs as well as the stop of MDA (LF & OV). Experts with a strong background in LF and OV will come from the regions to participate in these meetings. There will be a total of 25 participants for each meeting.

Activity 2: Development of the trachoma elimination dossier in Kindia (FY20)

HKI and Act | West will technically and financially support the PNLMTN to organize a workshop to review existing data and develop a timeline and pathway to start developing the trachoma elimination dossier. This workshop will be held in Kindia for five days and technical assistance from FHI 360 will be requested. Participants will include the NTD Program team, NTD partners (USAID, FHI, HKI, WHO, Sightsavers, CRS, WASH sector). This workshop will allow for the collection of data on the epidemiology situation, MDAs, impact and surveillance surveys, surgery, facial cleansing and environmental improvement. The MOH wishes to establish a formal committee on trachoma elimination. The committee will be made up of national members (representatives from the MOH, NGOs involved in PC-NTDs in Guinea, WHO, university and scientific researchers, among others). This committee will manage all steps of the dossier development.

b. NTD Secretariat

c. MDA Coverage

Activity 1: Implementing the LF/OV/STH/SCH/TRA MDA (CY19 and CY20)

During FY20, with support from Act | West, the PNLMTN plans to conduct two rounds of MDA in 19 HDs to avoid losing the gains made to date, and to return Guinea to a more optimal treatment season :

- LF/OV/STH MDA in eight HDs in October - November 2019.
- Trachoma MDA will be conducted in Dinguiraye HD, where TF baseline prevalence was ≥30% (this is the 5th round of treatment) in November 2019.
- LF/OV/STH/SCH MDA will be conducted in 11 HDs in November 2019. These districts are co-endemic to SCH with ≥50% prevalence among SAC. These districts will receive their fourth round of consecutive treatment (all via the IPA triple therapy MDA) during CY19.
- A total of 19 HDs will conduct MDA in June 2020 for LF, OV, SCH, and/or STH

Each MDA will be carried out over six days. The MDA strategies adopted for PC-NTDs in Guinea include community and school distributions. Community drug distributors (CDDs) from their communities are trained and deployed to deliver drugs door-to-door. However, treatment can be administered in public places, such as markets, mosques, churches, health centers, and schools, where centralized distributions are needed. Beneficiaries will also be required to take medication under the supervision of the distributors. The school approach is thus a pragmatic combination of community and school distribution. Town criers, radio stations, and parents' organizations will help to transmit information about the MDA. Social mobilization strategies will be strengthened for this community-based strategy. The PC-NTDU will also ensure that sufficient training is provided to those involved, particularly to ensure that children eat before taking the PZQ. External supervision will be conducted during the MDA to help find solutions and alert the MDA team in areas with low coverage to determine if mop-up activities are needed. The external supervision methodology is outlined in the section on M&E.

Among the 19 HDs which will conduct MDA in CY20, the PNLMTN will experiment a new approach from Guinea community health policy, in two HDs. According to this policy, the CDDs are used to deliver a package of interventions (health, nutrition, education and WASH). Through this community health approach, each CDD will receive a salary from the municipality based on a performance contract signed between CDD and the municipality. Act | West will contribute to pay the salary of the CDDs. It should be noted that the funding mechanism for these two pilot HDs may change, Guinea municipalities are expected to exclusively pay all these salaries as early as 2020. The contribution of partners will then be limited to provide the tools for the interventions (e.g. drugs, MDA management tools). This approach will allow a long-term sustainability of the interventions at the municipality level.

Management tools, which include the registers, training modules, supervision sheets, pharmacovigilance sheets, and distributors' registers, will be produced and stored in one of the warehouses of Guinea PCG before being routed to the HDs involved in the campaigns. It should be noted that tools for CY19 have already been produced in FY19 (tools for trachoma MDA were revised in FY19 to incorporate new Zithromax dosing guidance). In FY20, Act | West will finance the printing of distribution registers, the design being done in FY19, training modules and various flashcards (pharmacovigilance [SAE]; supervision forms; and delivery slips) necessary to carry out the distribution campaigns.

Activity 2: Review meetings in district level and regional level

At the end of each MDA campaign, a 2-day review workshop is organized in each HD to verify and validate the results from the distribution. Participants in these meetings are health center managers, district managers, national supervisors and HKI supervisors. During these workshops, the center leaders review the management of the campaign, highlighting strengths and weaknesses and making recommendations for future activities. A report of the meeting and recommendations will be written as means of verification.

At the end of all campaigns, a one-day review workshop is held in each region to validate the results of the health districts, which include regional managers, health district managers, national supervisors and the Act | West team. During these workshops, district leaders review the management of the campaign, highlighting strengths and weaknesses and making recommendations accordingly for future activities. A report of the meeting will be written.

d. Supervision for MDA

Activity 1: Supervision of LF/OV/STH/SCH and/or trachoma MDA in 19 HDs (CY19 and CY20)

Act | West will cover all the costs associated with supervision at all levels during the MDA, with supervisor training to ensure the quality of activities conducted in the HDs for which HKI is responsible. To ensure the implementation of a high-quality MDA, supervisors will be trained in the SCT (mentioned above). Both PC-NTDU and HKI Guinea staff conduct supervision activities. Additional supervision from HKI HQ/FHI 360 staff is expected as part of the drive to improve MDA quality, including the use of WHO supervisor's coverage tool (SCT).

Prior to the MDA, the PC-NTDU and HKI staff will use the supervision checklist to set specific objectives for supervisors in FY20 to ensure supervision is of high quality. During MDA, HKI staff conduct field supervision alongside the MOH. A report in a debriefing meeting will be expected. At the national level, PC-NTD supervisors will be deployed in each HD where a campaign is planned. These supervisors will include MOH staff from the Department of Pharmacovigilance. This staff will be deployed in certain HDs where the PC-NTDU carries out the IPA triple therapy MDA to reinforce the pharmacovigilance by assisting the HD level in case of SAEs. These national supervisors will oversee preparation meetings, training for health center workers, drug distributions, and the prefectural summary at the end of the campaign.

At the regional level, a team of regional supervisors (with support from national supervisors) will oversee drug distributions and make recommendations to their HDs.

At the HD level, the district team's members will supervise the heads of the health centers, who will supervise the CDDs. Supervision of the MDA activities conducted by CDDs may be carried out jointly by the national, regional and HD level supervisors. The distribution team's role is, first, to measure the height of the person to be treated, then administer the drug, and, last, record the cases.

The PC-NTD team will ensure that supervision is performed in a rigorous manner. The team will support this supervision by helping the HDs prepare action plans and updating the monitoring tools for the supervision visits. The team will incorporate the lessons learned in prior years so that the most relevant aspects of the MDA are monitored and reported on and, in particular, the appropriate corrective measures are taken. An HKI team member will be present at all PC-NTD activities to help with supervision and provide technical support.

Activity 2: External LF/OV/STH/SCH MDA supervision in 12 HDs (CY19 and CY20)

The presence of the external supervision teams and HKI staff supervisors at the MDA will also help to strengthen supervision, resolve problems, and record best practices in the areas that need improvement, using standard report forms. These supervisors will help ensure that each health center is covered, as the MOH is not able to supervise all health centers. When problems are observed or identified in the field during supervision activities, the supervisors are authorized to recommend or carry out the appropriate solutions or take the question to a higher level when problems cannot be resolved on site. The PC-NTDU will respond to all requests from field supervisors within 24 hours. Act | West will cover the costs of the external supervisors' MDA-related telephone communications so that they can report problems quickly. The supervisors' most important observations will then be discussed during the daily summaries and at the end of the campaign. The most frequently identified problems will be used to update the training and refresher training modules.

To ensure that HDs receive adequate support during the MDA campaigns, the district-level trainers will inform the heads of the health centers of their responsibilities during their training.

During the distribution, the supervisors will take note of the correct drug dose, quality of data collection, and method for completing the administrative forms and will take corrective actions in the field if necessary. The heads of the health centers will train both the existing and new CDDs, providing support for treatment and reporting of adverse events (both for school and community distributions), and will compile the results from their geographic sector for all MDAs.

External supervisors will visit a defined number of urban and rural sectors, selected based on knowledge of prior satisfactory coverage data, and including difficult-to-reach areas, to assess coverage among those HDs surveyed. The questionnaire used will also help to identify barriers to access, issues in the quality of implementation and best practices, factors ensuring good coverage, and management of SAEs. This survey will be conducted both during the MDA to help troubleshoot and alert the NTD team to low coverage areas, and after the MDA to determine if mop-up treatment is needed. This will represent a major quality control measure to identify flaws in execution during the campaign and correct them in real time in 19 HDs. Existing smartphones and/or tablets will be used to record the data. The external supervision targets the FL/OV/STH/SCH MDA. The PC-NTDU uses the same supervision checklist in hard copy format.

The external supervisors also monitor the efficacy of the social mobilization messages. There is a checklist to monitor the impact of the messages. Any deficiency in the distribution of the messages is noted and immediate attempts are made to correct the situation if possible. If not, the problem is noted and will be shared during the data restitution.

e. Monitoring, Evaluation and Learning (MEL)

As Guinea continues its successful efforts in LF, trachoma, and OV, transmission and impact assessments will increase in the coming years. In CY20, one TIS and ten TSSs are planned for trachoma, and four pre-TAS are planned for lymphatic filariasis. Challenge is the lack of reliable demographic data. Both TIS and TSS will use Tropical Data training and methodology and Pre-TAS will use WHO training and methodology.

Activity 1: TSS in four HDs/eight EUs (CY19) and six HDs/seven EUs (CY20)

TSSs will be conducted in four HDs (eight EUs) in Q1 of FY20 in Kankan region and Koundara. These HDs had three rounds of MDA from 2014 to 2016. TIS showed that the HDs had reached the criteria to stop MDA, and showed reduced TT prevalence in Kankan.

However, in the absence of TT surgery outreach campaigns, TT prevalence increased in Mandiana from 0.6% to 0.9%. Before the start of the impact surveys and surveillance surveys, the investigators will be trained again by the PC-NTDU; HKI/Act |West staff already are trained on Tropical Data. A team composed of PC-NTDU, HKI, and local HD staff will meet with community leaders, local associations, and leaders of administrative and social entities. They will be informed of the objectives and methodology of the survey and will be asked to notify communities and individuals and to nominate local guides to introduce each of the survey teams to the communities.

In quarter two or three of FY20, TSS will be conducted in six HDs in Q2 or Q3 of FY20 (Boffa, Boké, Forécariah, Fria, Kérouané and Telimélé). The results showed that the HDs had reached the criteria to stop and showed reduced TT prevalence. Survey staff will meet with community leaders, local associations, and leaders of administrative and social entities prior to the surveys. They will be informed of the objectives and methodology of the survey and will be asked to notify communities and individuals and to nominate local guides to introduce each of the survey teams to the communities.

Activity 2: TIS in 1 HD/1 EU (CY20)

As TIS will be conducted in 1 HD (Dinguiraye) with the support of Act | West. Tropical Data training and methodology will be used. The baseline prevalence of TF was> 30% and the fifth round of MDA will be conducted in Q1 of FY20. Dinguiraye has a population less than 250,000.

Activity 3: Pre-TAS in four HDs/four EU (CY20)

In FY20, LF surveys will be conducted in 4 HDs (Boké, Gaoual, Guéckédou and Mandiana) with the support of Act | West if the epidemiological coverage of the CY19 MDA is >65%. The pre-TAS will use WHO methodology and a protocol will be submitted to FHI 360 and WHO for validation. In preparation for the first ever pre-TAS surveys in Guinea, and to ensure that the pre-TAS is implemented with high quality, the HKI-Guinea staff and a staff member from the PC-NTDU will conduct a field visit to Mali to observe the TAS in two HDs in January 2020. In addition to this knowledge sharing exercise, a training is planned at the HKI office in Conakry for the PC-NTDU and survey supervisors. Prior to the pre-TAS survey, a sub district analysis of the CY19 MDA coverage will be conducted in the four HDs to ensure that sufficient coverage was achieved across the HD and no obvious hot spots with insufficient coverage are present. Act | West will provide TA for this analysis and recommendations for these HDs prior to the pre-TAS.

3. ACTIVITIES OF THE SUSTAINABILITY STRATEGY

i. Data Security and Management

Activity 1: Quality assurance system by level

At each level, there is a system to check the data obtained during the MDA. Routinely, the CDD completes a register and a summary sheet. The supervisor checks if both sheets are the same. All the summary sheets are compiled at the health center level, and the supervisor checks that these numbers match those from the field.

There is some cross-checking carried out at the HD level during review meetings and with supervisors. The national NTD program, with HKI support, collects reliable MDA coverage data. This approach reduces errors. The data calculation sheet has been designed to automatically provide average drug consumption and coverage by health center, thus avoiding the need for manual calculation.

ii. Drug management

The quantities of drugs needed for the campaigns are evaluated based on the target population data for each disease, remaining drug inventory, average drug consumption, and population structure. The IVM order will be based on the population ≥5 years of age (80% of Guinea's population), and the PZQ order will be based on SAC (28% of Guinea's population). The PNLMTN uses the following population percentages for ZTH and TEO: 80% for ZTH in tablet form, 18% for ZTH in syrup form, and 2% for TEO.

A memorandum of understanding between HKI, the PC-NTDU and the PCG is signed annually, setting out the responsibilities of each party from the arrival of the drugs at the airport to the PCG warehouse, and then from the PCG warehouse to the field. In FY19, HKI encouraged each party to revisit this document and made amendments to improve the drug management process.

After discussions with the MOH during workplanning, HKI has developed the below interventions to support the PN-NTDU and the PCG in achieving proper drug management.

Intervention 1: Bi-monthly meeting to update the status of PC-NTD MDA drugs

In FY20, HKI will assist the PNLMTN and PCG in organizing bi-monthly meetings with the National Directorate of Pharmacies and Drugs (DNPM), WHO, HKI, Sightsavers, and CRS. This meeting will allow for routine inventory checks and enable close monitoring of the drug management situation, including review of recommendations of ITI's drug Supply Chain Management evaluation. The delivery plan for upcoming MDAs will also be discussed. Act | West will pay for refreshments only and the meetings will be held at the PCG office.

Intervention 2: Monitoring of drug inventory reports

As part of the annual MOU, the PCG is required to submit quarterly drug inventory reports to HKI and other partners. In the event of possible expiration of drugs, the PCG is required to send an official letter to inform all parties six months prior to the date of expiration. The bi-monthly meetings at the PCG will provide an opportunity to review and update the drug inventory report and develop specific actions for any drugs near their expiration date (such as sending to neighboring countries).

Intervention 3: HKI verification of PC-NTD MDA drugs from the PCG warehouse to the 19 HDs

During the FY19 advocacy meeting with the MOH, it was noted that capacity strengthening is needed at the PCG level to ensure that the policy of "first to expire, first out" is enforced at all times. PNLMTN staff with HKI support will monitor that this best practice is effectively implemented.

Intervention 4: Evaluation of drug supply chain management

During FY18, the MOH conducted an evaluation of drug supply chain management with ITI support. This report and its recommendations will be used as a base to reevaluate Guinea's NTD supply chain management and will be discussed during the first bi-monthly meeting with the PCG.

In addition to the above interventions to support better drug management, the following activities will be conducted in FY20:

Activity 1: Meeting on quantification and filling of Joint Request for Selected PC Medicines

Each year, the PNLMTN must submit the completed JRSM form to WHO by 15 April of the current year, along with the other components of the Joint Application Package (JAP) (Joint Reporting Form [JRF] and Epidemiological Data Reporting Form [EPIRF]). HKI will assist the PNLMTN in organizing a 2-day meeting to fill the JRSM form with all stakeholders (PCG, DNPM, WHO, Sightsavers, and CRS). The PNLMTM and the PCG will present information on supplies remaining from the previous MDA along with expiry dates, and other participants will provide feedback. Participants will also review the JRF and EPIRF (to be completed separately). In FY20, this meeting will be an opportunity for HKI to support the PNLMTN and the PCG in reevaluating the calculation of drug needs, especially in areas where there has been an overstock of drugs. During the meeting stakeholders will also discuss the WHO's plan to change the JAP submission deadline to eight to ten months prior to a country's MDA need, as Guinea will need to plan ahead for the FY21 submission. Act | West will pay for refreshments only during the meeting at PNLMTN office.

Activity 2: Storage of PC-NTD MDA drugs at Central Pharmacy of Guinea

Act | West will support the costs related to storage of the drugs (IVM, ALB, PZQ, ZTH, TEO) at the Central Pharmacy of Guinea (PCG) for all MDA campaigns in the country including MDA supported by other partners, since all of the drugs belong to the MOH not to the individual partners. After the MDAs, each partner supports the reverse drug logistics of unopened drug from the HD to the PCG regional warehouses and the PC-NTDU with partners support, will conduct a physical inventory of the remaining drugs.

Activity 3: Transportation of PC-NTD MDA drugs from PCG to the 19 Act | West-supported HDs

Act | West will support the costs to transport drugs from the PCG warehouse to Act | West-supported HDs prior to the start of campaigns in November 2019 and June 2020. Act | West will pay for per diem, truck maintenance, travel and fuel.

Activity 4: Transport of PC-NTD MDA drugs from HD to distribution points in the 19 Act | West-supported HDs

Act | West will fund HD staff to transport the drugs and MDA tools to the health centers. The health center staff will then send the drugs to the schools or communities, as needed. This activity will be conducted twice in FY20 for the MDA in November and in June.

Activity 5: Return of unused PC-NTD MDA drugs from 19 Act | West supported HDs to Regional Pharmacies of Guinea of six regions

The day after the end of MDA campaign, a team made up of HKI staff, PC -NTDU staff, in collaboration with DRS Staff and external supervisors will recover any remaining drugs from the 19 HDs supported by Act |West for MDA and bring them to PCG storage warehouses at the regional level. In the past some remaining drugs were kept at the health center level where they may not have proper storage or management of expiration dates. The MOH has therefore determined that all remaining unopened MDA drugs will be stored at the regional level in warehouses managed by the PCG and opened containers will be delivered to the district storage centers. The PCG and the national program will conduct an inventory check and store the drugs to be used for the next campaign. The PC-NTDU will work with ITI with regards to any unused drug after the trachoma MDA.

Act | West will pay for one day of per diem, lodging, travel and fuel for the reverse logistics of drugs to the regional PCG storage warehouses. These drugs will be recorded in the quarterly inventories to be submitted by PCG central level.

iii. Integration and HSS activities

Activity 1: Meetings of the NTD Steering Committee (two times)

The NTD Steering Committee is chaired by the National Director of Major Endemics and Disease Control or the Secretary General of the MOH. Among the members of this committee are the representatives of PNLMTN, SNSSU, WHO, HKI, Sightsavers, OPC, and Plan Guinea. The Steering Committee may invite other organizations if necessary. WASH-sector members and members of OMVS-PGIRE's consortium have also been invited and they attended at least twice since 2017. The committee meets twice a year to inform the authorities and national partners about the implementation of NTD activities and the difficulties encountered in determining interventions. The two meetings usually take place before the MDA campaign launch and after the main NTD activities have taken place. The PNLMTN and HKI will advocate for these meetings, which will improve coordination and harmonization of activities to avoid interference from activities in the field and opportunities for collaboration with other programs and sectors and advocate for the PC-NTDU and its activities. Act | West will cover the costs of refreshments and stationery for the two meetings of the Steering Committee.

Activity 2: PC-NTD technical working group meetings (four meetings)

In 2017, a technical group on NTDs was set up with HKI's leadership to contribute to global efforts to eliminate NTDs and provide support for the development of elimination dossiers in Guinea. The group, comprised of Act | West/HKI, SNSSU, Plan, Sightsavers, OPC, CRS, WASH representatives and WHO, will work in partnership with the PNLMTN; it is open to other entities involved in PC-NTD control. These meetings differ from the steering committee meetings above in that they focus on the implementation of activities at a more granular level. These meetings will focus on the implementation of integrated MDA campaigns and the coordination of partner interventions to support standardization, complementarity, and synergies and for shared learning and programming. In addition to coordination of MDA activities, the group also discusses points related to the improvement of NTD control/elimination (multisectoral coordination, social inclusion, WASH…). This group meets monthly (12 times/year), in FY20, it is expected that Act | West will cover refreshments for four meetings and the other partners will contribute for the remaining meetings.

Activity 3: Participation in MOH/partners' strategic meetings

HKI personnel will attend NTD meetings organized by NGOs (Sightsavers, CRS and Plan Guinea) and MOH meetings across other related sectors (WASH, education, etc.) held outside of Conakry. Act to Ends NTDs | West will fund two HKI NTD staff members to attend one of these meetings held outside of Conakry (either MOH strategic meetings or another relevant partners' meeting). Attending these meetings will allow HKI staff to build linkages within the NTD sector with other partners and across sectors. During the meeting, HKI staff will make presentations and contributions and provide other technical support to improve activities aimed toward NTD elimination.

Act to End NTDs | West will cover the travel cost for one HKI NTD staff member and one driver.

Activity 4: Support of the Guinean network of parliamentarians for NTD control

Following an advocacy meeting between PNLMTN and HKI with the members of health committee of the national parliament in FY19, a parliamentary network for NTD control is being created. It is expected that the network will contribute to strengthen the implementation of NTDs interventions through the participation of parliamentarians (deputies and parliamentary assistants) in key NTD activities (social mobilization, mass drug distribution campaign). It is also expected that the parliamentarians will advocate for a budget line for NTD activities. For this purpose, the below activity will be planned in calendar year 2020:

- Capacity building training workshop for all members (40) of the network will be held in Conakry for two days. This training will be ensured by the PNLMTN with HKI technical assistance. This will familiarize them with NTDs before the budget orientation meeting and budget analysis meeting. Act | West will support the room rental, refreshments and stationeries during the training, and transport.

Activity 5: Implementation of NTD activities through community health

Currently, Guinea Government is in a programmatic modeling process. This modeling takes into account the Government's decentralization policy through local government, which now transfers a package of services in 14 areas of expertise (including health and nutrition…) to rural and urban communities. Discussions with the main technical and financial partners (WHO, World Bank, World Fund, USAID ...) have already evolved in favor of funding local communities. For this purpose, the MOH elaborated a community's health policies. It is expected, in the near future, that all the activities at the community level will be implemented through this approach. Thus far, this approach is being implemented by UNICEF, World Bank, USAID Guinea mission through JHPIEGO and World Fund in areas named convergence municipalities (40 for UNICEF, 62 for WB, 18 with Global fund and 11 with USAID/JHPIEGO). It should be noted that major strength of this approach is the political commitment of GOG through an establishment of a national agency for funding municipalities (ANAFIC) and also through the finance law which takes into account communities funding. Currently, ANAFIC is setting up the necessary infrastructure at municipal level and it is expected that by the end of 2020 they will fund field activities.

During FY20, the NTDs program will pilot NTDs activities through convergence municipalities in two HDs. For this first pilot exercise, while waiting for ANAFIC funding to be effective, Act |West will focus on involving local municipalities in the implementation of NTDs activities, using their communities workers. To assess how this new model will affect NTD activity implementation in Guinea, HKI with FHI 360 technical assistance will conduct a documentary review on community health policy to understand the funding mechanism and experience of other partners involved in the implementation of the approach. In addition, a discussion beginning with the national health community management during the Act | West work plan meeting will continue to refine Act | West contribution before fully implementing this approach in other HDs. This approach may prove useful and relevant to sustain NTD activities, especially for the eventual STH and SCH transition.

Activity 6: Training of journalists on PC-NTD control

The media is the main channel for informing people about mass interventions. They are followed by a large part of the population and constitute a reliable and credible source of information on which communities base themselves to take a stand. Following the occurrence of side effects due to the administration of praziquantel in three districts (Coyah, Dubréka, Fria), we found a poor understanding of NTDs by media professionals due to lack of communication about the program and NTDs causing panic among the populations. It is important to strengthen the capacity of media professionals on NTDs for their involvement. In CY20, Act | West will support the training of 30 media professionals (RTG, Espace fm, Evasion fm, Familia fm, Lynx fm, Sabari fm, Renaissance fm, Tamata fm...). This training will be ensured by PC-NTDU in collaboration with the MOH's Cellule Communication comprising of experienced professionals in public health communications. These media professionals will be trained in Kindia for three days (one day on the knowledge of diseases, two days on the management of side effects and two days on the development of messages in national languages for commercials and interactive programs with involvement of the MOH's Cellule Communication). This training will increase understanding and communication and collaboration between the MOH/PNLMTN and journalists. At the end, the MOH/PNLMTN will develop a partnership with the radio stations most listened to by the populations in order to provide adequate information about NTD.

iv. IR3 activities planned for schistosomiasis, soil transmitted helminths, surveillance post-validation

a. Schistosomiasis

Previous and current FY activities and context

Guinea's strategy is to control SCH in the 31 endemic HDs by the year 2025. SCH is co-endemic with LF in 21 HDs, with OV in 23 HDs, with STH in 15 HDs, and with trachoma in 16 HDs. The current implementation strategy for the national program is morbidity control through MDA with PZQ distribution targeting school-age children (SAC) in school-based and community-based MDA (with a focus on school-based MDA). The MOH recognizes

that control may not be possible through MDA alone, and that continuous treatment and further scale up have been impeded by political instability (2013) and the EVD outbreak.

Mapping of one HD each in the regions of Faranah, Labé, and Mamou in 2009 and 2010 was carried out with support from OMVS (a total of three HDs). Mapping of one HD in the regions of N'Zérékoré in 2010 and Kindia in 2011 was conducted with funding from Rio Tinto, with technical support from HKI (a total of two HDs). Mapping of the remaining 33 HDs was completed from 2011 to 2014 with support from USAID's NTD Control Program (2011) and ENVISION (2012–2014). Overall, 31 out of 38 HDs are endemic for SCH (prevalence >0%), with a current population of 3,066,183 at risk. Specifically, 12 HDs are high risk (prevalence of ≥50%), seven are moderate risk (prevalence of ≥10% and <50%), and 12 are low risk (prevalence of <10%). Among the endemic HDs, 17 have been treated at least once with PZQ since 2010, but these treatments were irregular over the years. From 2013 to 2015, MDA was not conducted due to operational constraints directly linked to national elections and the EVD epidemic. The PNLOC/MTN decided that SCH control efforts will be conducted in collaboration with those of STH in those HDs where both diseases are co-endemic and where no LF MDA has been implemented.

In FY18, the PNLOC/MTN planned to conduct MDA in 24 HDs. Three HDs implemented a triple drug integrated treatment strategy – i.e. IVM-PZQ- ALB in LF/OV/SCH/STH co-endemic HDs – called the IPA strategy. The IPA MDA was a pilot project and preliminary results indicate that sufficient programmatic coverage was achieved in each HD. In FY19 the IPA MDA was planned in all 11 eligible USAID supported HDs. These HDs will conduct IPA MDA in November of CY19 due to previously mentioned delays.

Plan and justification for FY20

MDA

In FY20, 19 HDs in total will be treated for SCH with Act |West support. The NTDP will conduct two MDA campaigns: an integrated MDA in 26 HDs, 19 HDs with Act | West support and seven HDs with Sightsavers (ASCEND) and the MDA in 14 HDs that was originally planned for FY19 (11 HDs with Act | West support and three HDs with Sightsavers).

b. Soil transmitted Helminths

Previous and current FY activities and context

Guinea's goal is to control STH (reducing prevalence rates to <1% and therefore classifying HDs as no longer needing MDA) by 2025; however, the government is aware that control may not be possible with once-yearly MDA alone without significant improvements in hygiene and sanitation. Like the other NTDs, with the challenges faced during the past three years due to political instability and the outbreak of EVD, treatment schedules have been irregular.

Mapping of Guinea's 38 HDs for STH was completed in 2014 using the WHO-recommended Kato Katz thick smear, in conjunction with SCH mapping as described above: nine HDs are moderate risk (prevalence rates of ≥20% and <50%) and 8 HDs are high risk (prevalence rates of ≥50%). The at-risk population requiring MDA is estimated at 2,538,973. Of the 17 endemic HDs, 15 HDs are co-endemic with LF, 14 with OV, 15 with SCH, and 9 with trachoma.

Since 2010, 17 HDs have received one or more rounds of treatment for STH. MDA did not take place in 2013 due to operational constraints linked to national elections. In FY14, just one of the 15 HDs targeted for STH treatment (Guéckédou) received MDA due to the EVD outbreak.

In FY17, the PNLOC/MTN conducted STH MDA in 17 HDs: 13 with ENVISION support and two HDs each support from Sightsavers and OMVS/CRS.

In FY18 the program had planned to conduct STH MDA in all 17 endemic HDs: with support from ENVISION (13 HDs), CRS/OMVS (two HDs) and Sightsavers (two HDs). In FY18, the PNLOC/MTN conducted MDA in 15 HDs including 11 with ENVISION support, two with CRS/OMVS support and two with Sightsavers support. All these 15 HDs reported sufficient coverage. The 13 ENVISION-supported HDs were co-endemic with LF—meaning an integrated treatment for LF-STH is implemented (namely ALB-IVM). However, among these 13 HDs, seven have prevalence rates requiring two rounds of treatment per year.

Plan and justification for FY20

MDA

In FY20, 17 HDs in total will be treated for STH, 13 HDs with Act | West support and four HDs with Sightsavers. For MDA that was originally planned for FY19 (13 HDs with Act | West support and two HDs with Sightsavers and two HDs with CRS support).

c. IR3 Integrated MDA Activities

a) MDA Coverage

Activity 1: Implementing of LF/OV/STH/SCH MDA in 19 HDs (CY19)

IR1 section above.

Activity 2: Implementing of LF/OV/STH/SCH MDA in 19 HDs (CY20)

IR1 section above.