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Act to End Neglected Tropical Diseases | West FY 2022 Work Plan – Togo

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ACRONYM LIST

AE	Adverse event
ALB	Albendazole
ARNTD	African Research Network for Neglected Tropical Diseases
BCC	Behavior change communication
CAMEG	Central Medical Stores (Centrale d'Achats des Médicaments Essentials et de Consommables Medicaux)
CDC	Centers for Disease Control and Prevention (U.S.)
CDD	Community drug distributor
CHW	Community health worker
COGES	Health Center Management Committee (<i>Comité des Gestion</i>)
CNO	National Organizing Committee (Comité National d'Organisation)
CY	Calendar year
DAF	Directorate of Financial Affairs (in MOH)
DBS	Dried blood spots
DGAS	Directeur General de Administrative de la Sante
DHIS2	District Health Information System 2
DQA	Data quality assessment
DSA	Disease specific assessment
DSME	Direction de la Santé de la Mère et de l'Enfant
ESPEN	Expanded Special Project for Elimination of Neglected Tropical Diseases
EU	Evaluation unit
FEFO	First expired first out
FHI 360	Family Health International 360
FY	Fiscal year
GSK	GlaxoSmithKline
HDI	HDI Inc. (Health & Development International)
HMIS	Health management information systems
IEC	Information, education, and communication
INH	Institut National d'Hygiène (National Institute of Health)
IR	Intermediate Result of the Act West Results Framework
IU	Implementation unit
IVM	Ivermectin
JRSM	WHO joint request for selected medicines
LF	Lymphatic filariasis
LLIN	Long-lasting insecticide-treated bed net
LSTMH	Liverpool School of Tropical Medicine and Hygiene
M&E	Monitoring and evaluation
MCH	Maternal and child health
MDA	Mass drug administration
MDP	Mectizan donation program
MEL	Monitoring, evaluation and learning
MOE	Ministry of Education

MOF	Ministry of Finance
MOH	Ministry of Health and Social Protection
NGO	Non-governmental organization
NOEP	National Onchocerciasis Elimination Program
NTD	Neglected tropical diseases
NTDP	Neglected Tropical Disease Program
OCP	Onchocerciasis Control Program
OEC	Onchocerciasis Elimination Committee
OV	Onchocerciasis
Ov16 RDT	Ov16 rapid diagnostic test for onchocerciasis
PZQ	Praziquantel
PC	Preventive chemotherapy
PCR	Polymerase chain reaction
PHU	Peripheral Health Unit
PINTD	Program for the Integrated Control of NTDs
PVS	Post-validation surveillance
QA	Quality assurance
QC	Quality control
SAC	School-age children
SAE	Severe adverse events
SCH	Schistosomiasis
SCM	Supply chain management
SMM	Sustainability maturity model
SOP	Standard operating procedure
STH	Soil-transmitted helminths
STTA	Short-term technical assistance
TA	Technical assistance
TAS	Transmission assessment survey
TFGH	Task Force for Global Health
TIPAC	Tool for Integrated Planning and Costing
UNICEF	United Nations International Children's Emergency Fund
USAID	United States Agency for International Development
USF	University of South Florida
USG	United States Government
WASH	Water, sanitation and hygiene
WHO	World Health Organization

NARRATIVE

1. NATIONAL NTD PROGRAM OVERVIEW AND SUPPORT

Togo's National Health Structure and NTD Program

Togo is located between Benin (to the East), Ghana (to the west), Burkina Faso (to the north), and the Atlantic Ocean (to the south). Its population was 6,191,155 in 2010, according to the national census, with an estimated growth rate of 2.84% per year.¹ The population was projected to be 8,424,699 in 2021, with 51.8% women and 48.2% men.² Togo has two main climatic zones: an equatorial climate in the southern half of the country (with two dry seasons and two rainy seasons), and a humid tropical climate in the north (characterized by a single rainy season and a single dry season).

The country is divided into six health regions containing a total of 39 districts. The country recently underwent another redistricting, changing the number of health districts from 44 to 39. The number of districts has changed over the years from 40 in 2012 (through 2017), increasing to 44 (from 2018 through June 2020). Thirty-seven districts (37) of the 39 districts are outside of the capital, previously referred to as *Lomé-Commune*, now called *Grand Lomé*. Togo has a decentralized health system with regional and district offices, and the districts are in turn served by more than 1,297 public and private peripheral health units (PHUs). Of these, the 712 public PHU (or sub-districts) located outside of the capital are involved in the annual mass drug administration (MDA). Each PHU typically serves between one and ten villages. The implementation unit for MDA distribution varies according to the target disease; implementation occurs at the district level for soil-transmitted helminths (STH), at the PHU level for schistosomiasis (SCH), and at the village level for onchocerciasis (OV).

Togo had a five-year strategic plan for neglected tropical disease (NTD) control and elimination for 2016-2020. In FY21, the development of a new strategic plan started to be developed for the period 2021-2025, delayed from FY20 by the COVID-19 pandemic. The plan will contain new programmatic directions (goals, MDA targets, training approaches, MDA distribution strategies, and sustainability plan activities) that will guide Togo's NTD programs implementation in the coming years. A sustainability plan has been developed in FY21, that will help transitioning from a vertical, externally funded approach to a locally funded, multi-sector approach in NTD programs implementation in Togo. Togo's Ministry of Health's (MOH) control and elimination strategies for the NTDs supported by the United States Agency for International Development (USAID) are described below. MDA is implemented through door-to-door distribution in the community, and distribution is integrated for the three targeted diseases: OV, SCH, and STH.

Over the past decade, Togo has consolidated its NTD work under one umbrella within the MOH. In 1997, when HDI began close collaboration with Togo on two of these diseases (dracunculiasis and lymphatic filariasis), each NTD was addressed by a separate team. After USAID began supporting the work in 2009, Togo adopted a hybrid model, under which a national expert committee was established some years later, to guide and stimulate work on all NTDs including those being addressed with USAID support. At the beginning of FY19 (November of 2018) a line was created in Togo's national budget for NTDs. The government's budget allocation for NTDs in 2021 was 30,000,000 CFA, equivalent to about \$53,690. The MOH also contributes to the NTD program through payment of salaries, providing infrastructure,

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

² Lomé population estimated based on the 2010 census plus the population enumerated outside of Lomé during the 2018 MDA.

providing vehicles, etc. In March 2019, the Ministry hired an NTD program manager with operational responsibility for all ten NTDs that Togo has targeted. These two achievements testify to the government of Togo's commitment to becoming self-reliant with regards to NTD program implementation and management.

COVID-19

In FY22, the Act | West team will support a wide range of NTD control and elimination activities in Togo. In light of the COVID-19 pandemic, both the Togo Neglected Tropical Disease Program (NTDP) and Act | West are aware that standard operating procedures (SOPs) must continue to be in place during implementation of upcoming NTD activities in order to protect all field staff, drug distributors, trainers, and surveyors who will be involved and to protect communities being served through MDA activities and impact survey studies.

In Togo, a COVID-19 national crisis management committee was created under the head of state office. In addition, each ministry has sectoral management committees. The COVID-19 committee at the MOH has been holding regular meetings at least three times a week and making decisions to respond to the pandemic. The NTDP completed a risk assessment in June 2020, in which the NCOV-DSA_RATOOL2020 (initiated by Sightsavers) was used. A mitigation plan was developed to protect health personnel from COVID-19 while carrying out public health interventions. In this plan, all community health workers (CHW), who also oversee the MDA, bed net distribution, etc., will be equipped with masks, mainly provided by the United Nations International Children's Emergency Fund (UNICEF) and other on-governmental organizations (NGOs) involved in health programs. The plan includes the following risk reduction measures to be applied, depending on the activity:

- **For training:** Togo has planned to divide the participants into groups of less than 15 persons and hire a room large enough to allow a distancing of two meters between participants.
- **For MDA supervisors and CHWs:** The program will use facemasks and apply other barrier measures (hand washing and physical distancing) during home visits. People being treated will be asked to wear a mask before any registration or drug distribution.
- **For DSAs:** The lab teams will be stationed either in a school or at the home of the village chief if there is enough space. Children will wear facemasks and be brought by a CHW one by one for registration, where the lab team will take samples.
- **For supervision:** Risk reduction measures will be respected by all national regional and district teams.
- **Personal protective equipment (PPE) status:** Wearing of facemasks is officially mandated and enforced in the country. The MOH has provided PPE for use across the NTD activities; the program will buy masks for children to be tested in DSA.
- **Communication about COVID-19 and social mobilization for NTDs:** A national COVID-19 communication plan was prepared and distributed across the country. Communication messaging has been developed in local languages tailored to their context. Community and opinion-leaders (heads of regions, districts, and cantons) are all involved in communication about COVID-19. As soon as USAID gives the go ahead, teachers, CDDs, and CHWs will be provided communication about NTD campaigns/interventions in the context of COVID-19.
- **Other measures:** Water, sanitation, and hygiene (WASH) is a strong component leveraged by the government in the fight against COVID-19. Communities are continuously reminded to wash their hands frequently as a preventive measure. Many public and private infrastructures throughout the country are equipped with handwashing devices or a designated handwashing area.

Handwashing, along with other preventive measures, remains a requirement for actors involved in the implementation of all health-related field interventions.

Togo also has a high-level Pandemic Crisis Committee made up of heads of state and key government ministers, including those in Health, Finance, Security, Transport, Trade, and so forth. In addition, the National Coordinating Task Force includes all government ministries. Each ministry also has its own pandemic management committee. Each of the 39 districts also has a District Pandemic Management Committee. The national COVID-19 response unit has decentralized entities in all of Togo's 39 districts.

NTD Partners in Country

FY22 will be the 13th year of integrated NTD elimination and control in Togo with USAID funding through Health and Development International, Inc. (hereafter HDI) and the ninth year HDI has received USAID funding through FHI 360. Led by the Togo MOH, many partners and programs have contributed to the success of Togo's Integrated Program for the Elimination and Control of Neglected Tropical Diseases. In addition to USAID, major NTD donors in recent years include Bill & Melinda Gates Foundation (BMGF), GlaxoSmithKline (GSK), Liverpool School of Tropical Medicine and Hygiene (LSTMH), the Mectizan Donation Program (MDP), Merck, NTD Support Center (in Atlanta), PATH, Sightsavers, the Task Force for Global Health (TFGH), Tropical Data, UNICEF, and the World Health Organization (WHO).

The WHO office in Togo provides important logistical support, including acting as consignee for importation of medication for the MDA and equipment for surveys. The United States Centers for Disease Control and Prevention (CDC) partnered with the National Onchocerciasis Elimination Program (NOEP) to conduct onchocerciasis (OV) research in Togo in 2016 and 2017 and has supported operational research on trachoma and other NTDs. University of South Florida (USF) has provided technical assistance (TA) for OV surveillance in FY18 and FY19. This collaboration continued in FY20 through USAID support training three lab technicians from Togo's *Institut National d'Hygiène* (National Institute of Health, or INH) laboratory at Dr. Thomas Unnasch's at USF. This training strengthened Togo's capacity in OV diagnosis and subsequent decision-making for the OV program. In FY21, FHI 360 and USF worked together to procure reagents needed for ELISAs for Togo's OV program. The Act | West implementing partner in Togo is HDI, with technical assistance from Deloitte.

This work plan outlines program activities supported by Act | West planned for FY22 in Togo.

Please see Appendix 1. Table of Supported Regions and Districts in FY22 by all partners in country (including non-USAID-supported partners).

2. IR1 PLANNED ACTIVITIES: LF, TRA, OV

2.1 Lymphatic filariasis (LF)

WHO validated the elimination of LF as a public health problem in Togo in 2017, making Togo the first country in Africa to achieve elimination of LF as a public health problem. Based on its experience, Togo is in the process of designing a protocol for LF post-validation surveillance (PVS), which will be fully funded by COR-NTD and Act | West will support LOE for HDI and FHI 360 technical assistance. The budget for this activity is being developed based on the protocol agreed upon by the international team of experts in Togo, the Taskforce for Global Health (TFGH), FHI 360 and other stakeholders. ~~However, it is difficult~~

~~to fully design a protocol with an associated budget when there are no designated funds allocated to the effort. (Please see IR 3 Section for information on LF PVS.)~~

2.2 Trachoma

Togo formally submitted its dossier documenting elimination of trachoma as a public health problem to WHO in June 2018. WHO provided feedback in December 2018 and made recommendations to improve the dossier. Togo requested TA from WHO and in March of 2020 Dr. Anthony Solomon (WHO– Geneva) and Dr. Amir Bedri Kello (WHO–AFRO) traveled to Togo and worked with the MOH on changes to the dossier and re-submission in May 2020. Additional feedback from WHO was received in FY21, and Togo is currently working on addressing these comments before sending the dossier back to WHO.

FY22 Planned Activities

Celebrating LF and trachoma elimination

When WHO validates trachoma elimination as a public health problem for Togo, Act | West will support Togo in organizing a combined trachoma and LF elimination celebration and emphasize Togo's progress toward OV elimination. This one-day gathering will be an opportunity for Togo to celebrate these great achievements, advocate for remaining endemic NTDs such as schistosomiasis (SCH) and soil-transmitted helminths (STH), and to recognize international partners and national actors that collaborated in reaching elimination goals.

To honor those whose lives have been positively changed by the NTD program, Act | West will support local travel costs to bring a few program beneficiaries to the celebration event to tell their story of how they benefited from receiving NTD treatments; support the cost of a local group of actors to develop and act out an entertaining skit about NTDs; and hire reporters in each of the four regions to conduct interviews about the impact of trachoma and LF elimination and other NTDs. Interviews will target program beneficiaries, community leaders, and local CHWs to improve community perception of NTD control. These interviews will be recorded, and photos will be taken. Transcripts of the interviews will be provided, translated into English, and shared with NTD program partners. This celebration could not take place in FY20 as planned due to the delay in re-submitting the trachoma dossier to WHO; it was therefore postponed to FY21 and now to FY22 and will accentuate local NTD experts and beneficiaries whose lives have been improved by the program. While Togo addresses questions from WHO about the trachoma dossier, it is hoped that validation will be obtained in FY22 with the celebration shortly after.

In August 2020, Togo became the first country in the world to be verified free of Human African Trypanosomiasis (HAT). HDI will work with the NTDP to coordinate with partners and donors who worked to eliminate HAT, so that HAT may be incorporated into the LF and trachoma elimination celebration. This would reduce the budget accordingly. Details for the celebration are also subject to change due to potential COVID-19 risk reduction measures.

(Budgeted under HDI Strategic Planning)

2.3 Onchocerciasis (OV)

Previous and current FY activities and context

Togo started targeting OV for elimination in June 2018. The national program developed a five-year Strategic Plan for the Elimination of Onchocerciasis: 2018–2022, which includes a strategy for elimination

and SOP for OV evaluations and OV stop-MDA surveys based on the latest WHO criteria for OV elimination: *Guidelines for stopping mass drug administration and verifying elimination of human onchocerciasis*, (WHO, 2016). Thirty-six (36) of the 39 districts receive IVM MDA, and 18 of those, which have high and moderate levels of infection (meso and hyper-endemic districts), receive two rounds per year. Until Togo targeted OV for elimination, the program treated only villages with 2000 or fewer inhabitants, where the risk of blindness from OV was considered to be highest—in accordance with the MDP donation policy. The NTDP and HDI conducted a review of all villages in Togo to ensure that every village at any risk of OV is being treated, given the push toward elimination of the disease. The review examined Togo’s treatment database for villages excluded from MDA through the years, because their size grew to over 2000 inhabitants. Different parameters, including inclusion of the locality in an OV stop-MDA assessment using Ov16 ELISA, treatment status of villages, proximity to a breeding site, and information/knowledge about the community in relation to OV, were taken into consideration to determine whether a village should be added, or additional surveys may be necessary. Based on these parameters, all villages that were excluded from MDA were re-inserted on the list of villages that need treatment. Transmission is assumed to be ongoing, and treatment continues in each district (door-to-door at the village level) until an OV stop-MDA assessment indicates otherwise.

Two of the regions outside the capital, Maritime (in the South), and Savanes (in the North), have undergone OV stop-MDA assessments using Ov16 ELISA among children and O-150 PCR in flies. Preliminary data suggest that at least four districts in the South may be ready to stop MDA. ELISA analysis has been completed in Maritime, and all sampled children have been tested negative for OV. Of the 6,501 dried blood spots (DBS) collected in March 2018 from the Savanes foci, only 3,154 were processed in FY20 and 12 were positive; the remaining 3,347 are being analyzed in FY21 under Act | West funding. Epidemiological impact assessment samples were collected in Kara Region in 2018 (supported by Sightsavers), Centrale region in 2019 (supported by Act | West and Sightsavers), and Plateaux region in FY20 (supported by Act | West). ELISAs for these regions are also being analyzed. The results from Savanes, Kara, Centrale, and Plateaux will be presented to the domestic Onchocerciasis Elimination Committee (OEC) meeting for stop-MDA decisions. Once the analysis is complete, the NTDP will look for suitable dates for the next meeting.³ Stop-MDA assessments include all first-line villages as well as a large proportion of second-line villages and a random selection of other villages in each evaluation unit (EU).

Togo’s OEC was established in 2016 as a sub-committee of the National NTD Elimination Committee, comprising national and international experts on OV and OV elimination who review available data and make recommendations to the National Onchocerciasis Elimination Program, now the National Integrated Neglected Tropical Diseases Program. Based on the recommendations of the OEC, a stop-MDA assessment was implemented in Maritime region in 2017 using Ov16 ELISA; a pre-stop-MDA “rapid” assessment was conducted in Savanes region in 2017 using Ov16 rapid test; and a full stop-MDA assessment was implemented in Savanes region in 2018 using Ov16 ELISA. The serological data from Savanes is incomplete: 1) there is still the remaining backlog of 3,347 DBS to be analyzed as mentioned above, h, and 2) there is a need for the results of the entomological survey (O-150 PCR). All these data are indispensable for the OEC to make decision regarding stopping MDA in Savanes. The issue of Maritime is different: as the breeding sites data are not up to date, and there is a need to survey additional sites (ancient and new) and analyze these entomological data. It is also important to note that no skin snip PCR has been performed.

³ Before organizing the OEC meeting, Act | West will meet with USAID to discuss the results of the ELISA analysis and sampling done to date.

The OEC meeting, held in October 2019, requested additional entomological and epidemiological information for the committee to make a final decision about stopping MDA in these regions. In keeping with the WHO guidance on considerations for the interruption of OV transmission in an area, the OEC requested more complete polymerase chain reaction (PCR) entomology evidence for Maritime. As explained in more detail below, because entomology data presented at its October 2019 meeting came from one part of Maritime Region where evidence of OV transmission was the most recent, the OEC asked that “ancient” sites (sites going back as far as the original Onchocerciasis Control Program (OCP)) be re-mapped monthly while also looking for any new breeding sites, to look for Simulium flies, and to collect flies for PCR from previous transmission sites and any new breeding sites in those river basins. The OEC also requested that serology and entomology data for Savanes be analyzed before a stop-MDA decision can be made. Support for the entomologic components of these surveys was provided by USAID in Maritime region and by Sightsavers in Savanes region. Elaborating on the summary just above, the OEC committee also sought entomologic information—asked the program to search for data from old breeding sites from the time of OCP to date. They asked the program to verify whether these are still active; to place these old breeding sites on current maps; to collect flies from these old breeding sites and do PCR on collected samples; to prospect for any new breeding sites, collect new flies from any and all active breeding sites, and do PCR on collected samples; to establish a system of periodic quarterly surveillance for Simulium breeding sites; and collect flies when egg-laying is ongoing. In FY21, Togo collected flies in Maritime region from both recent and old breeding sites with Sightsavers support, and PCR is currently being done on them. Both entomology and serology data from Maritime will be presented to the OEC as soon as available, following up on their recommendation, for a decision on stopping MDA in Maritime. Support for the entomologic components of these surveys was provided by USAID in Maritime region and by Sightsavers in Savanes region.

From an epidemiologic standpoint, the OEC committee recommended in October of 2019 to complete ELISA tests from Savanes and other regions; to match Savane’s epidemiologic and entomologic data; to do statistical analysis with calculation of confidence intervals; and evaluate other regions to assess readiness for stop-MDA surveys. ELISA analysis for Savanes, Kara, Centrale, and Plateaux regions are currently underway at the INH lab.

The INH in Lomé is a leader in the region in efforts to develop local capacity to conduct OV16 ELISA and O-150 PCR assays in support of OV elimination in Togo. The country has trained personnel and laboratory infrastructure for these assays, has successfully processed thousands of ELISA samples, and tens of thousands of flies have been processed using PCR. In FY20, three lab technicians from INH attended a refresher training on ELISA technique, completed the samples from Maritime, and ran analysis on some samples from Savanes at University of South Florida (USF). During FY21, these lab technicians are running ELISAs on over 13,000 DBS from Kara, Centrale, and Plateaux regions and completing analysis on DBS from Savanes. At the time of the submission of this work plan, 10,257 DBS have been analyzed and the remaining analysis should be completed before the end of September. This information, along with that from entomology surveys, will be used to determine whether MDA must continue in Maritime and/or Savanes. It will also provide information on the current situation of OV in the other regions of Togo and help make programmatic decisions for them.

Please see Table 4a OV: USAID supported OV coverage for FY20–FY22

Please see Table 4b OV: USAID supported DSAs for FY20–FY22

FY22 Planned Activities

MDA OV/STH/SCH

In FY22, Togo will implement an integrated nationwide MDA for OV, SCH, and STH with Act | West funding. The MDA will be implemented over a two-week period.

In subsequent sections, the “First Round” of calendar year (CY) MDA refers to the “July MDA”. This is the main, annual MDA which is preceded by the full set of preparatory steps, including training, social mobilization, and printing of required documents and these activities are conducted in all districts outside of the Lomé capital-city area. Because it refers to the calendar year, in a tradition pre-dating the advent of USAID support, this is called the First Round even though it is the second round in the USAID fiscal year. The “Second Round” MDA, referred to in the FY22 work plan as the “February MDA,” is traditionally in November/December, except in FY21 when it was carried out in February 2021 due to delays caused by COVID -19. Only areas with high levels of endemicity (for OV that is skin snip $\geq 5\%$ and for SCH/STH $\geq 50\%$ at baseline) are treated in Second Round, this may be a subset of sub-districts treated during the First Round.

February MDA (“Second round for high prevalence districts”)

A second round of integrated MDA (the first round in FY22) for OV, SCH, and STH in February 2022, targeting high prevalence areas. (**Budgeted under FAA 1**) Due to delays caused by COVID-19 in FY20 and FY21, the NTDP program is working to get back on track to the previous schedule.

Targets for the February 2022 round of MDA include the following:

- OV: ≥ 5 years in 18 districts
- SCH: school-aged children (SAC) and high-risk adults in 22 districts
- STH: SAC-only in 7 districts

July MDA (“First Round, Annual MDA”)

The first and annual round of MDA for all endemic districts will take place in July 2022. The targets for each disease area are as follows:

- OV: ≥ 5 years in 36 districts
- SCH: SAC and high-risk adults in 39 districts; and
- STH in 39 districts.

As mentioned above, the district is the implementation unit for ALB; the sub-district is the implementation unit for PZQ; and the village is the implementation unit for IVM. (**Budgeted under FAA 3 and 4**)

Supervision of February MDA and July MDA

In FY22, as in past years, HDI staff will support the NTD program to conduct supervision by first attending the discussions of updated training materials with the MOH and chief medical officers and actively participating in supervision in the field during each of the MDAs. Primary responsibility for supervision lies with the districts. The PHU nurses are responsible for assuring effective rollout of the MDAs in their PHUs. HDI and national-level supervisors make spot checks to troubleshoot issues raised by nurses, CDDs, and others.

Field supervision during the MDA includes a rapid evaluation at the village level by central-level MOH supervisors immediately after the MDA, allowing NTDP to conduct supplementary mop-up MDA when necessary. Data on key aspects of implementation are collected to provide a snapshot of the distribution process and allow immediate intervention if problems are identified. The rapid evaluation questionnaire is used to: 1) assess whether end users have received the drugs (to confirm that distribution is occurring

door-to-door), and the distributor implemented DOTS (the Directly Observed Treatment Strategy); 2) find reasons for not receiving drugs (including identification of unreported stock-outs), 3) appraise potential mild adverse effects (AEs), and 4) determine where end users heard about the MDA (identifying various methods of social mobilization that can be used to amend messages or change approaches as needed in the future). Urgent issues can be immediately rectified, and information can be used to modify training, field activities, and social mobilization to improve the overall MDA implementation process in future.

After the MDA, HDI carefully reviews the MDA data to make sure treatment targets were met during drug distribution. Any errors in the distribution are specifically addressed in the training for the next year's MDA. In FY22, HDI will continue working alongside MOH staff to help ensure adequate MDA process, implementation, outcomes, and follow-up.

(Budgeted under HDI Supervision for MDA)

Rapid Coverage Evaluation

Strong points in Togo's NTD program include the Intra-MDA Assessment that the MOH conducts each year, and its Rapid Post-MDA Coverage Evaluation. An intra-MDA convenience coverage assessment is conducted during and as an integrated part of MDA supervision. In villages which are not covered or are only partially covered, the CDDs are directed to administer treatment. The Post-MDA Rapid Coverage Evaluation survey takes place immediately after the MDA (within about 2 weeks) to identify areas of lower MDA coverage so teams can carry out remedial action and distribute drugs to eligible populations and make recommendations for subsequent MDAs. Act | West will support the post-MDA Rapid Coverage Evaluation in FY22.

(Budgeted under FAA 3 and 4, and forms in HDI IR1 MDA)

Drug delivery from warehouse to regions for February MDA and July MDA

Drug needs of each district are calculated based on an annually prepared distribution guide. Drugs are packaged centrally and delivered by truck to the regional health headquarters. The districts collect the drugs from the region. Each sub-district then collects its supply of drugs from the district and distributes the drugs to the health centers. And health center nurses distribute drugs to the CDDs.

At each step, drugs are dispatched with an inventory form stating the name of each drug, the quantity being distributed at that level (district, PHU, or village), the date the drugs are being distributed to that level, the lot number, and the expiration date. The signatures of both the person delivering and the person receiving the order are included at each transfer point. In FY22, Act | West will support the cost of necessary packaging and per diems for delivery personnel, drivers, and drug handlers, as well as fuel to enable transport and supervision. As in FY21, Act | West will just be supporting distribution to the Region in FY22.

(Budgeted in HDI tabs under Drug Supply and Commodity Management)

Reverse logistics and data collection for February MDA and July MDA

After the MDA, the same procedure as described in the preceding paragraph is followed in the reverse direction, for the collection and counting of unused tablets. Inventory forms are also used to transfer drugs during the reverse logistics process. Data sheets documenting how many people were treated with each drug by gender and age in each community are validated for concordance between numbers of people identified for treatment, numbers of people treated, and number of tablets of each type which were distributed, and the sheets are then collected. In FY22, Act | West will cover the costs of phone cards and per diem for technicians and drivers, as well as fuel to enable transport and supervision.

(Budgeted in HDI tabs under Drug Supply and Commodity Management)

Printing for February MDA and July MDA

Act | West will provide funding for replacement registers and the printing of training manuals, tally sheets, and tracking and receipt forms used in the drug distribution and the data collection process. The number of sheets needing to be printed for each of several types, for use at different levels within the cascade is considerable, which can be as high as 20,500 because the form is used both during the July MDA throughout Togo (outside of Lomé), and the February MDA in parts of the country where treatment is given twice a year. In FY22, before the July MDA, Act | West will also purchase 13,620 T-shirts for CDDs and 824 T-shirts for nurses and medical offers.

(Budgeted under HDI MDA)

Data quality assessment (DQA) at regional and district levels⁴

Togo conducted its last DQA in 2019 in four regions (Kara, Centrale, Maritime and Savanes) which provided some valuable information and general recommendations for central, regional and local levels included the following: written procedures for data saving, backup system for data, strengthening of MDA supervision, and increased quality control of data reported by CDDs. In FY22, the NTDP is planning a DQA in two regions and four districts that will be selected randomly. Togo is planning to carry out the DQA to assess the quality of data collected during the integrated OV/SCH/STH MDA and ensure reliable data entry and analysis into the District Health Information System 2 (DHIS2), as planned under IR2 prioritized functions.

(Budgeted under HDI Monitoring and Evaluation)

Epidemiologic Evaluation in one region (Evaluation for OV Stop-MDA)

In FY22, Togo is planning to conduct stop MDA surveys in one region, based on the DBS ELISA analysis results currently on going. The decision and selection of the site for the stop-MDA survey will be confirmed by the OEC after their meeting. In this meeting the committee members will review both the serologic and entomology data available for Maritime and make recommendations as to what the next step should be in terms of MDA for this region, and if another other region should move to stop MDA. This meeting was planned in FY21 but did not take place since the DBS analysis were delayed due to COVID-19 and a late arrival of reagents. They are currently being processed at Togo's INH lab. The DBS analysis is expected to be completed by end of August 2021. Stop-MDA surveys are conducted in areas that are more likely to have low level of OV infection based on the available data. The stop-MDA surveys will be conducted in a region selected by the OEC after their FY22 meeting, using the existing stop-MDA survey protocol used in Maritime, and the protocol details will be developed further based on the survey site recommended by the OEC.

(Budgeted under HDI IR 1 Monitoring and Evaluation)

Analysis of DBS collected from OV Stop-MDA survey

Once the stop-MDA survey takes place, an estimated 9,800 DBS will have been collected from approximately 140 villages selected in the region, all 1st and 2nd line villages around each identified Simulium breeding site plus enough additional villages to give a representative sample for the Region. Togo's OV program does stop MDA survey by region where epi data (at least 3,000 DBS for children 5-9 years old) are collected along with ento data (at least 6,000 flies) - as per WHO/OTS guidelines. - As done in previous surveys in the other regions, the country OEC recommend collecting more DBS - 9,800 DBS (similar to the other regions/focus). The DBS will be analyzed by the INH laboratory in Togo and Act | West

⁴ This activity is on hold until further discussion with USAID. There will be further discussion regarding how the DQA works in assessing indicators in the DHIS2.

will support the costs of the reagents and lab processing LOE. Sightsavers has historically supported Togo in the entomology evaluation, and they are expected to support Togo again in the entomology.

(Budgeted under HDI IR 1 Monitoring and Evaluation)

3. IR2 SUSTAINABILITY and HSS STRATEGY ACTIVITIES

3.1 Improving Core NTD Program Functions

1. Data security and management

Data security policies technical assistance: The Togo NTDP does not have established or documented NTD data security processes, procedures, or guidelines to store, access, and secure electronic and paper-based data (programmatic and financial). Data are currently stored on the NTDP staff members' MOH laptops procured with USAID support and external drives with no documented and shared standard procedures for backups. The NTDP has acknowledged the need to standardize how they store data to ensure data integrity, analysis, and security and to facilitate knowledge transfer.

Targeted TA to strengthen the NTDP's data security policies and procedures

The NTDP has requested technical assistance from Act | West, and this is currently Phase 2 of the process, which began in FY21. In Q3/Q4 of FY21, Deloitte reviewed MOH data policies and guidance (which includes some data security guidance for different levels of the health pyramid), assessed current NTDP data policies and documentation, and synthesized key findings into a Phase 1 report. In Phase 2, Deloitte will organize two days presentation meeting with the NTDP and other MOH staffs to further discuss and validate the finding and make policy recommendations as to the secure collect, transfer, and storage of data and security in those processes. Recommendations will be limited to policy and procedures, building upon MOH's guidance, and will not include the purchase of additional software or hardware. These recommendations will result in the updating, adoption and implementation of MOH guidance or if needed the creation of a simplified NTDs data security policy SOP that can be distributed amongst NTDP staff. Once the NTDP has prioritized the most critical recommendation and identified needed support from Act | West, Deloitte will work with the MEL Team and HDI to support rollout and implementation of this SOP, which could include orientation sessions and the creation of easy reference job aids related to data security. *(Budgeted under HDI budget IR 2 Data Security and Management)*

FY22 Planned Activities

WHO NTD database training: The Togo NTDP uses the WHO NTD database to store current data and historical data. The NTDs database is part of the tools the NTDP uses to ensure year after year the PC-NTD data are stored and accessible. It contributes to standardizing the formats of the data and to reducing the risk of losing data. In FY22, Togo's NTDP plans to train nine people to use the WHO NTD database. That will strengthen the NTDP's local capacity and facilitate the use and management of the WHO database at central and regional levels.

(Budgeted under HDI Data Security and Management)

2. Drug Management

The logistics procedure used for distributing MDA drugs from Togo's national level to the villages is the same for both the February and July MDAs, as in previous years. Historically, drug delivery has gone very smoothly. As part of annual re-training, Act | West will support the MOH in its efforts to remind all

program members about basic drug management principles, filling in drug order forms, First Expired First-Out (FEFO), and other key concepts. In FY21, HDI supported the NTDP in updating forms used for drug management in terms of FEFO, which has proven useful in preventing drug waste due to expiration.

Togo currently has two principle reverse logistic problems: 1) drug storage capacity before each MDA and unused drugs collected post-MDA; and 2) the fact that Togo's central drugs storage facility (CAMEG) never accepts opened bottles of tablets. As a result opened bottles of tablets are left both at the region and national level, making accounting for returned and available tablets for the next MDA less precise. Moreover, storage conditions in the regions are generally sub-optimal. HDI will continue to support MOH efforts to organize storage facilities in the regions and to confirm "reverse-logistics" procedures, so donated drugs are handled and accounted for correctly.

As in past years, HDI supported Togo in FY21 so the drug calculation and request process could go smoothly. Togo's mapping and treatment has been done at sub-district level. To date the drug calculations have been based on district numbers and average prevalence for the district. The districtbased calculation causes a shortage of drugs needed to treat the correct population at subdistrict level. FHI360 will support the MOH to populate the ESPEN sub-district form and coordinate with both WHO and the MOH to submit a more accurate sub-district drug request to WHO for a timely arrival of drugs for both rounds of MDA.

The management of severe adverse events (SAE) during MDA is conducted by a team composed of the national pharmacovigilance committee, national NTD coordination members, and HDI staff. In FY20 and FY21, the importance of prompt reporting of SAEs right up the chain from the village and/or local nurse level to MOH and HDI was emphasized during the annual pre-MDA training at all levels. This will be done again in FY22 to reinforce the requirement of timely SAE reporting. Depending on the types of SAE reported (if any), a specialist from the pharmacovigilance sector is assigned to investigate, as necessary. The Togo MOH uses their own form but also fills out WHO forms to report SAEs in a timely manner. The NTDP reports any SAE to HDI to report to FHI 360 and USAID.

FY22 Planned Activities

Drug Storage Surveys at National, Regional, and District levels

Togo's NTDP has planned surveys in FY22 for some warehouse facilities to evaluate the conditions in which NTD drugs are stored and determine what improvements are necessary. This will contribute to the strengthening of Togo's capacity to store drugs donated for NTD and other public health programs. The Act| West warehouse facilities and process assessment protocol and forms will be used to guide the exercise.

(Budgeted under HDI IR 2 Drug Management)

3.2 Sustainability, Mainstreaming and HSS

Summary of work to date

Togo is in Phase 3 of the implementation strategy and has completed the Sustainability Planning Workshop. During Phase 1, the NTDP held a sensitization meeting with stakeholders in the MOH and with cross-sector stakeholders to raise awareness of NTDs, discuss the NTD Sustainability Framework, and promote government buy-in of NTD activities. During Phase 2, the major outcomes included the completion of the tool for integrated planning and costing (TIPAC) analysis to provide

meaningful information on the current stage of NTD funding and help the NTDP understand the MOH budgeting process. Phase 2 also saw the creation of Joint Landscape Analysis, during which Deloitte and FHI 360 conducted remote desk reviews and in-person interviews with the NTDP, MOH stakeholders, actors from other sectors, and partners. Also, during this phase, the NTDP was able to successfully complete the guided self-assessment using the sustainability maturity model (SMM) with virtual Deloitte support. The SMM tool was significant in helping the NTDP identify that their most significant gaps are in Policy and Planning and Coordination. One of the activities outlined in the Policy and Planning domain that can help the NTDP towards sustainability include defining targeted approach for advocacy and engagement with MOH leadership and decision makers in other sectors. This activity will also assist the NTDP towards its target activities spelled out in the Coordination domain of the Sustainability Plan—in which the NTDP is looking to formally organize meetings and planning groups with other ministries and stakeholders. While this will be only one of many activities the NTDP has outlined to complete to progress towards sustainability, it will be a major intervention that will require targeted TA. The draft Sustainability Plan was created for the Sustainability Planning Workshop building on the results of the SMM and with support from FHI 360, HDI, and Deloitte. In January 2021, 14 participants from various ministries and directorates (including the Ministry of National Education and Ministry of Economy and Finance) convened to discuss activities necessary to close gaps between the current and target states identified during the guided self-assessment. At the end of the five-day workshop, the participants discussed the first draft of the Sustainability Plan. The workshop helped the NTDP focus on planning targeted interventions to progress towards sustainability in each of the six domains of the sustainability framework. Service integration into national programs and supply chains and funding for morbidity management were two priorities identified during the workshop discussions. The Sustainability Plan will be presented in the Political Validation meeting, which will bring together various ministries for broader governmental approval for the plan. This Workshop is scheduled to be held at the end of FY21 or beginning of FY22. After validation of the plan, Togo will move to Phases 4 and 5 of the sustainability framework. The NTDP will focus on implementing the Sustainability Plan, measure the progress made, track activities completed.

1. Governance Activities

In FY22, through coordination among its partners FHI 360, HDI and Deloitte, Act | West will support the NTDP to implement the NTD Sustainability Plan, continue to build the NTDP's capacity for budget advocacy and strategic engagement, and provide TA to the NTDP in their targeted stakeholder engagement to secure government funding.

FY22 Planned Activities

TIPAC data entry and update

In FY21, the NTDP entered data into TIPAC independently with virtual technical support from Deloitte and FHI360 HSS advisor. A similar approach is envisioned for FY22. Deloitte will collaborate with regional Act | West staff to provide remote technical assistance for an NTDP TIPAC Data Entry Workshop. The workshop will provide the NTDP staff and other MOH staffs participating to the exercise with time to focus on proper data entry (including new activities from the sustainability plan) as well as an opportunity to refresh data based on changed funding from the Government of Togo (GOT) and other donors. Ahead of the workshop, the NTDP will fill out the Data Capture Sheet to centralize and validate the necessary row data collected from different sources to expedite data entry during the workshop. This includes engaging with partners /donors and stakeholders ahead of time to identify potential funding amounts or budget for the fiscal year. FHI 360 and Deloitte staffs who assist the country in the management and use of this tool will also take part in the workshop virtually to better understand the changes in the data structure

and be better prepared to support the data analysis. The data entry workshop will be led by the NTDP and will include designated NTDs staffs, selected MOH staffs, WHO and HDI. Deloitte will be responsible for remotely reviewing the completed TIPAC before the workshop to ensure all data has been entered properly and there are no gaps or inaccuracies that could affect the TIPAC data analysis workshop. The completed TIPAC tool will have all of the financial data as well as medicine procurement data to effectively analyze the financial gaps that exist in a changing donor landscape and serve as a comparison for data entered into the TIPAC in FY21. **(Budgeted under HDI IR 2 Governance)**

TIPAC Analysis Workshop to identify the NTDP's financial gaps with the MOH

In FY22, the financial gaps analysis will support discussion around the MOH budgeting process and development of business cases. Building upon the result of the FY22 TIPAC data entry workshop, the NTDP will implement a TIPAC data analysis and funding gaps analysis and perform a year over year analysis with the TIPAC data from previous years to identify trends in their gap analysis and financial planning. The MOH is progressively including resources in its budget to support NTD interventions. In FY20, a targeted financial gaps analysis was performed using TIPAC. Building upon the results of the TIPAC data analysis performed in FY21, the NTDP plans in Q4 to share the results with the MOH at a high level to advocate for public resources and solutions to support field activities. The FY22 data analysis and funding gaps analysis will include sustainability plan activities and stimulates discussion on long term financing and increased country ownership. The NTDP sees the value in conducting TIPAC data entry and analysis on an annual basis to better understand, manage, and be able to articulate the program's evolving resource portfolio and needs. For FY22, Togo NTDP will implement a TIPAC data entry and funding gaps analysis. The NTDP will use the outputs of the financial gaps analysis to 1) continue to advocate within the MOH for resources within the MOH budget and 2) develop a domestic resource mobilization plan to engage national stakeholders at central level as well as at decentralized level in supporting NTDs.

(Budgeted under HDI IR 2 Governance)

Targeted advocacy meetings (DSME and Nutrition Division) for integrating NTD interventions with other platforms

To sustain deworming interventions, the NTDP should explore delivery platforms having the same target beneficiaries. In FY20, the landscape analysis identified nutrition and maternal and child health services as potential platforms for integrated MDA and prevention services. NTD interventions are not included in nutrition and maternal and child health normative documents, although these programs have targets that overlap to at least some degree with those of the NTDP. The NTDP has started discussing integration of activities with Togo's nutrition team, with the participation of HDI and UNICEF. In 2011 and 2013, the nutrition team used the NTDP deworming platform for vitamin A supplementation. In FY20, the NTDP discussed with the nutrition team to renew this experience, but due to COVID-19 circumstances, the integrated activity was not carried out.

In FY22, the NTDP will organize two meetings with the Nutrition and Maternal and Child Health Division to identify domains of common interest and a three-day workshop to identify strategies/approaches for the NTD integrated services delivery in nutrition, maternal, and child health policies. The Nutrition program plans to review its policy document. The DSME has developed a document for student screening that does not integrate NTDs/deworming. The revision of these policies is an opportunity to include NTDs in the policies of these other programs. During the workshop, programs will present their strategies, interventions, the synergies between programs, and opportunities and advantages of integration.

(Budgeted under HDI IR2 Governance)

Provide TA to support preparation of an investment case to increase domestic funding: ⁵After completion of the Sustainability Plan, one of the major outcomes in the Financing domain to put the NTDP on the path to sustainability is to prepare investment cases to increase domestic funding. The investment cases will rely heavily on the targeted advocacy messaging and financial gap analysis that comes out of the TIPAC Data Analysis Workshop. The TA will assist the NTDP in brainstorming a list of potential activities that need resources, based on goals set forth in the NTD Sustainability Plan and the results of the TIPAC Data Analysis Workshop. Once possible funding challenges to target have been identified, Deloitte will collaborate with FHI 360, the NTDP and HDI to prioritize country-level investment cases. This process will include data sources that could potentially quantify the benefits of investing in the NTDP. Depending on the scope of the investment cases, Deloitte will work alongside the NTDP to identify stakeholders at the central government, local government, and local levels with whom to hold advocacy meetings. The NTDP will seek to engage government institutions including the Ministry of Education, Ministry of Communication, Ministry of Economy and Finance, and the Ministry of Local Administration, as well as local partners such as WHO, UNICEF, UNFPA, and Sightsavers.

(Budgeted under HDI IR2 Governance)

Budget advocacy with MOH leadership and advocacy meetings with other ministries for integration of NTDs into relevant cross sector policies and plans: In FY22, one of Togo's priorities will be to implement the Sustainability Plan. Meetings are planned with the MOH leadership, other health programs, and other ministries and programs to sensitize them on the NTD sustainability plan and conduct budget advocacy for further support of NTD programs in Togo. In FY22, one advocacy meeting is planned with the MOH leadership, the directorate of Finance of the MOH, and other national stakeholders to sensitize them and do budget advocacy to ensure mobilization of domestic funding that can support NTD program needs. Three other meetings are planned with other health programs, other sectors, and national programs to integrate NTDs into their policies, missions, and promotional materials (See Togo's FY22 budget for details).

(Budgeted under HDI IR2 Governance)

Annual coordination meetings with Comité National d'Organisation (National Organizing Committee, or CNO)⁶:

In parallel to the development of the Sustainability Plan, Act | West supported the NTDP and other national stakeholder to revise the mandate, mission, and membership of the CNO to ensure it aligns with the current context and the relevant actors for an effective cross-sector coordination mechanism. The CNO is expected to oversee implementation of the Sustainability Plan. It will constitute a collaborative space to strengthen the contribution of other sectors in NTDs elimination and control. In FY22, Togo will organize two CNO coordination meetings to discuss progress and challenges to implementation of the approved plan. The CNO has a multi-sectoral composition. Anticipated topics will include activities related to Togo's MDA, with a focus on budget gaps and how they can be filled by other partners. These meetings should take place before each MDA.

(Budgeted under HDI IR2 Governance)

2. Prioritized Functions

FY22 Planned Activities

⁵ This activity is on hold until further discussion with USAID.

⁶ This activity is on hold until further discussion with USAID and pending bilateral agreement.

Organize in two stages the triangulation and recording of NTD data into the DHIS2 for the 39 health prefectures of Togo (HDI)⁷

After the training of focal points and statisticians, and after data entry into DHIS2, a triangulation process will be carried out to ensure that the data entered are consistent with the report forms from MDA. This activity will focus mainly on cross checking the consistency between the original data that exists in the reporting forms and what has been entered in DHIS-2. The process will be to select some PHU in some districts and to compare what was entered into DHIS2 with what was reported to national level from paper documents (MDA forms, drug inventory) to confirm accuracy of data and ensure quality of NTD data entry at all levels. Two districts will be selected in each of two regions, and in each district at least two to three PHU will be selected for the triangulation process. The same process will be followed at district and regional level.

(Budgeted under HDI IR 2 Prioritized Functions)

DHIS2 Data Entry Workshop to enter previous years PC NTD data in DHIS2⁸

Togo is committed to the creation of a secure and durable data system, and the Togo MOH has decided to include NTD data in DHIS2 as part of Togo's centralized data storage system for programmatically important health information. The MOH has been deploying the DHIS2 since 2010. Togo and many countries now use this platform for collecting key health indicators and storing data. MOH has decided to include NTD data in DHIS2 as part of Togo's centralized data repository for programmatically important health information. MOH's central DHIS2 team and the NTD program collaborated on designing the NTD section and related modules. While Togo has started to do general data entry (not NTD data) into the DHIS2, it is important to train data managers at district level on the structure of the NTDS module in DHIS-2, the format of NTDs data to ensure quality entry of NTD data as well as correcting error and making queries and include NTDs into district level reports. This activity was included in Togo's FY21 workplan but was put on hold. In FY21, Sight Savers will fund the training of Health district (HD) NTD focal points and HD data officers to populate the DHIS2 with NTD data, to achieve data entry for the whole country. A total of 39 focal points and statisticians from 39 HDs will receive the training. The data entry level is PHU and the validation level is district and region. In FY22, Act West will fund a DHIS2 Data Entry Workshop to enter PC NTD data from previous years into DHIS2. This workshop will bring together the DHIS2, the NTDP and the focal points. This will not be a recurring expense.

(Budgeted under HDI IR 2 Prioritized Functions)

Advocacy sessions with the Ministry of Education to institutionalize deworming using school-based platform (three sessions)

The Ministry of Primary Education collaborates with the NTDP through the CNO for deworming children in schools. Teachers now only participate in awareness messages on NTDs during mass campaigns, as the NTDP uses a door-to-door strategy for deworming. In the context of sustainability and considering that the control program requires a longer time than for diseases targeted for elimination, it is important for Togo to assess options for extending its deworming platform beyond the current approach. During the cross-sector landscape analysis and implementation of the SMM, national stakeholders will discuss the need to assess the feasibility, advantage, and limits of formally including the education system in the deworming strategy and involve teachers in administering ALB, under the supervision of the NDTDP program. In FY22, the NTDP will engage in dialogue with the education system through advocacy meetings. NTDP, with Act I West, support will develop a concept note for the Directeur General

⁷ This activity is on hold until further discussion with USAID on the DHIS2/HMIS systems.

⁸ This activity is on hold until further discussion with USAID on the DHIS2/HMIS systems.

Administrative de la Sante (DGAS) describing interest in collaboration. Three advocacy meetings will be held between the DGAS and the Primary School Minister who will lead formalization of the collaboration framework.

(Budgeted under HDI IR 2 Prioritized Functions)

Organize a follow-up meeting on implementation of recommendations from FY21 consultations between the MOH and the Ministry of Education to formalize and strengthen the collaboration⁹

In its Sustainability Plan, Togo has prioritized the need to strengthen cross-sector collaboration and build strong partnerships to integrate NTD activities into related sectors such as the Education—which plays a key role in health education and prevention. The Ministry of Education (MOE) is a strategic ally of the PNMTN with regards to NTDs control and elimination and has for years supported implementation of NTD activities (deworming, awareness activities during MDA). In FY21, the NTDP planned to start consultations with the MOH and MOE to identify ways to strengthen and formalize sustainable collaboration. As this process will involve several working sessions between technical staffs at MOH and MOE level and later policy dialogue and negotiation at decision-maker levels, the process will be extended. An advocacy meeting will be held in FY22 with decision makers at MOH, MOE, and the CNO (see activity Advocacy sessions with MOE). In FY22, Act West will continue to support the consultation process and provide technical and financial support to the NTDP to implement a follow-up meeting and technical working sessions between the MOH and MOE under the coordination of the CNO to develop the term of the framework to formalize the collaboration. The validation of the Sustainability Plan and the revitalization of the CNO will help to create an enabling environment to enhance the process and finalize the agreement.

(Budgeted under HDI IR 2 Prioritized Functions)

4. IR3 ACTIVITIES SCH, STH,

4.1 Schistosomiasis

Previous and current FY activities and context

SCH and STH are endemic throughout Togo, though SCH is highly focal and does not warrant MDA in all sub-districts. Baseline mapping of every sub-district outside the capital was conducted among SAC in 2009 using the Kato-Katz for diagnosing STH and for *S. mansoni*, and urine dipstick for hematuria as a proxy measure for *S. haematobium* infection. Fifteen children in two different schools were tested in every sub-district. A SCH/STH impact assessment was conducted in 2015 at the same schools using the same testing strategy. Overall national prevalence of SCH reduced from 23% to 5.0%, with a maximum district-level prevalence of 29.0%. National prevalence of STH reduced from 33% to 11.6%, with a maximum district-level prevalence of 42.7%.

After five years of MDA with high coverage (since the last evaluation in 2015), it was important to reassess MDA impact on the level of infection. Togo received approval for conducting a SCH impact assessment in 93 sub-districts out of 712 sub-districts of 9 districts in FY21. This assessment will be conducted in September/October 2021. Furthermore, Togo was successful in being selected for additional funding through the Task Force for Global Health (TFGH) to conduct a SCH “Oversampling survey.” This

⁹ This activity is on hold until further discussion with USAID and pending bilateral agreement.

will be carried out in October 2021 and will provide additional SCH data across a further 39 sub-districts (total of 3 districts). The results of these surveys will be used to extrapolate and create geo-spatial risk maps to provide Togo's NTD program with data about SCH/STH that will be used for further programmatic decisions.

Please see Table 5a OV: USAID supported OV coverage for FY20–FY22

Please see Table 5b OV: USAID supported DSAs for FY20–FY22

Please see Table 6a OV: USAID supported OV coverage for FY20–FY22

Please see Table 6b OV: USAID supported DSAs for FY20–FY22

FY22 Planned Activities

OV/SCH/STH MDA

In FY22, Togo will implement integrated CY22 First Round Treatment MDA and CY21 Second Round Treatment MDA for OV/SCH/STH through Act | West funding. Please see the OV FY22 Planned Activities section above (starting on pages 9 and 10) for FY22 SCH/STH MDA targets. See subsequent sections on MDA refresher training, social mobilization, and supervision for more information on activities in support of STH/SCH MDA.

SCH/STH Steering Committee

A key activity in FY21 was to organize members of the SCH/STH Expert Committee and the subsequent organization of a high-level meeting to refine the SCH/STH transition plan to complete government ownership of SCH/STH activities (including MDA, M&E, Information, Education, and Communication [IEC], Behavior Change Communication [BCC], etc.). Act | West will support the SCH/STH steering committee meetings scheduled twice a year to address both policy and technical aspects of the transition. Results of Togo's SCH/STH impact assessment and oversampling surveys conducted in FY21 will be provided to the SCH/STH committee for their review, and the committee will provide guidance as to what the programmatic next steps should be regarding SCH/STH.

Key participants on this committee include the NTDP, ministries and NGOs involved WASH, maternal and child health (MCH), Nutrition Program, MOE, Ministry of Finance (MOF), as well as international NGOs and experts including HDI, Deloitte, and others. The existing National Organizing Committee for NTDs also includes representatives of all the key programs and ministries necessary to guide the SCH/STH transition.
(Budgeted under HDI IR 3 Advocacy)

SCH/STH treatment guide development

The NTDP has also planned a FY22 workshop to develop an updated SCH/STH strategy going forward considering the upcoming SCH/STH surveys to be conducted at the end of FY21 (Act | West Impact Assessment) beginning of FY22 (Oversampling). Since Togo is aiming for SCH elimination as a public health problem in as many of its endemic sub-districts as possible, these surveys will provide information on whether any changes can be made to the current treatment approach. It is anticipated that this meeting will take place after Togo has completed the SCH/STH impact assessment and oversampling surveys in September/October 2021 and February 2022, respectively, so evidence-based programmatic changes can be made to the SCH/STH program. The SCH/STH committee will play an important role in developing this.
(Budgeted under HDI IR 3 Advocacy)

LF post-validation surveillance

Despite obtaining WHO verification of LF elimination in 2017, Togo is surrounded by countries where LF transmission is still occurring or occurred until recently. It is therefore extremely important to conduct post-validation surveillance (PVS) of LF to ensure elimination status is maintained and detect any resurgence of infection quickly and respond to it adequately. Studies in population groups identified as potential risks for reintroducing LF into Togo should provide some data on the actual risk and may help inform choices among various possible strategies for long-term surveillance of LF in other countries and for designing post-validation surveillance for other NTDs. An informal technical group composed of experts from USAID, FHI 360, BMGF, TFGH, HDI, and Togo researchers was created in FY21 to support Togo in the development of a proposal for LF PVS. Togo's primary concern is the availability of an optimally sensitive and specific diagnostic tool to use for conducting surveys in a PVS setting. The WB123 Ab ELISA test discussed originally showed unacceptably high rates of false positive results in never-endemic areas in a study previously conducted in Togo and is therefore not considered reliable for LF PVS. During the first meeting with the technical group, recommendations were made about targets for these surveys, and a subsequent discussion led to targeting nomadic groups that migrate through Togo who have previously been shown to have high PTS positivity—as a starting point to determine if these groups represent a risk of LF infection recrudescence. The proposal is currently being updated and will be submitted to TFGH. The research will be financially supported by COR-NTD .

APPENDICES

APPENDIX 1: Table of Supported Regions and Districts in FY21 by all partners in country (including non-USAID-supported partners)

Please refer to the work plan tables Excel document.

APPENDIX 2: Strategic Planning Support

(All activities in this section are budgeted under HDI IR 1 Strategic Planning)

Onchocerciasis Elimination Committee Meeting (OEC) with International Experts (one 2-day meeting with 42 participants)

Location: Lome, Togo

Act | West will support a two-day meeting in FY22 of the OV Elimination Committee (OEC), comprising international OV experts. This meeting will allow committee members to review OV data from all Togo regions, make MDA decisions for two regions, and advise the national program on the best way forward to achieve OV elimination. The OEC provides advice on, among other things, next steps in monitoring progress toward OV elimination in Togo. A priority FY22 agenda item for the meeting will be to discuss the *Strategic Plan for the Elimination of Onchocerciasis: 2018–2022*, and the process for developing an updated strategic plan and meetings needed for FY23. HDI will support the travel of two HDI staff and three external experts for participation in this meeting. HDI staff will provide secretarial, technical, and logistical assistance to this meeting, including help with review, analysis, and presentation of data, coordination of experts, and support for implementation of recommendations from the OEC.

Domestic Experts Onchocerciasis OEC Follow-up Meeting (one 2-day meeting with 32 participants)

Location: Lome, Togo

A one-day meeting with domestic OV experts will take place about six to seven months following the meeting with international experts, to track and follow progress made on decisions reached in the first meeting. These meetings in FY22 will allow committee members to review OV data from all Togo regions, make MDA decisions for two regions, and advise the national program on the best way forward to achieve OV elimination. The Expert Committee provides advice on, among other things, next steps in monitoring progress toward OV elimination in Togo. HDI will support the travel of two HDI staff and three external experts for participation in this meeting. HDI staff will provide secretarial, technical, and logistical assistance to this meeting, including help with review, analysis, and presentation of data, coordination of experts, and support for implementation of recommendations from the OEC.

Program Review Meeting (3 days) and Microplanning (2 days) (69 participants)

Location: TBD in Togo

This two-day meeting will be held once in FY22 for the NTDP, together with regional directors of health and others, to plan in detail its multiple activities for the year, as described in all work plan documents, and ensure synchronization of activities with the broad Togo–MOH plan for FY22. The meeting will also be used to request other parts of MOH to block out specific periods of time for NTDP to carry out major nationwide activities such as MDAs.

Work plan meetings for FY23 (3-day meeting in Lomé, 2 days working group and 1 day with broader participation from MOH and its partners, 51 participants)

Location: Lomé, Togo

This two-day meeting will be held once in FY22 in Lomé to develop Togo's FY23 work plan. This meeting will target a base of 30 people for the first five days with one day of the first three days (51 participants) assembling several partner institutions including MOH, USAID, FHI 360, HDI, Sightsavers, and MOH's in-country partners in order to develop the annual work plan for integrated NTD elimination and control activities supported by funding from USAID through Act | West.

Cross-Border Meetings on Onchocerciasis with Benin and Ghana (For Ghana: 2-day meeting, 1 day travel, 57 participants) (For Benin, 2-day meeting, 1 day travel, 20 participants, budgeted under HDI International Travel)

Act | West will support cross-border meetings (one with Benin, one with Ghana) in FY21. These meetings are to develop effective interventions for border areas, and collaborative M&E strategies. In general, these meetings are held in relevant districts, but we do not yet know which districts will be chosen by the host countries. They focus primarily on onchocerciasis, with an emphasis on cross-border synchronization of ivermectin (IVM) MDA, identifying problems along the borders, sharing of prevalence data and program progress, and addressing problem areas. These meetings have been and continue to be important to Togo's efforts to intensify oncho elimination, and to ensure against re-importation of LF, by giving Togo specific epidemiologic information it would not otherwise have access to, and by allowing coordination of MDAs against oncho.

These meetings include health sector representatives from central, regional and district levels on both sides of the border. Their objective is to contribute to elimination of onchocerciasis in border areas through strategic exchange of information. The last meeting of FY20 with Benin helped both countries to, not only, share progress, review implementation of recommendations from the previous meeting, and plan synchronized MDA interventions for the next MDA round, but also, to agree on strategies to avoid missing any areas in need of MDA, and to address NTDs from a bi-national perspective, as opposed to each country individually, all to achieve higher efficacy and more rapid, more assured elimination of OV.

Hosting these meetings alternates each year, and due to COVID-19 restrictions the FY21 meetings was cancelled. In FY22 the cross-border meetings will be held in Benin for the cross-border meeting with Benin, and in Togo for the Cross-border meeting with Ghana. Participants include national and district level personnel for districts with potential cross-border transmission or treatment issues. There are more districts with cross-border OV issues on the Ghanaian border than on the Benin border. Therefore, there are more Togolese participants at the Ghana meeting than at the Benin meeting, and the cost of the Ghana cross-border meeting is therefore higher than the one with Benin (when it takes place in Togo).

Bi-annual meetings with stakeholders to discuss strategic concerns and NTD program success (two 1-day meetings, 43 participants)

In FY22, the NTDP has planned meetings with stakeholders (HDI, WHO, UNICEF, Sightsavers) to review the NTD program successes as well as strategic concerns to improve coordination in the years to come, as part of transitioning of NTD programs to locally managed ones. Two meetings a year have been scheduled to ensure articulation of NTD activities as highlighted in Togo's sustainability and strategic plans.

Workshops to finalize and validate the NTDs Strategic (Master) Plan 2021–2026 (one 2-day meeting, 114 participants)

Act | West will support development of a new Strategic Plan for 2021–2026. This activity has been reprogrammed. It was approved in FY20 and rolled over to FY21 but was delayed aligning with WHO/ESPEN guidance and template for the WHO Road Map 2030. The updated Strategic Plan will

highlight specific steps to strengthen the program, embed sustainability into the program priorities for upcoming years, and achieve elimination and control targets efficiently and in a timely manner. In FY22, HDI will work with the NTDP, MOH, FHI 360 and Deloitte to include sustainability priorities within Togo's NTDs Strategic Plan for 2021–2026. The process will involve a series of three workshop with different funding sources and modalities:

- 1) A two-day workshop with key stakeholders to identify the most relevant sustainability interventions from the Sustainability Plan to include in the Strategic Plan. The objective of this workshop is to align the Sustainability Plan and the NTD Strategic Plan and identify roles and responsibilities of various stakeholders. This workshop will be funded by Act | West.
- 2) A second workshop will be held to discuss the draft of the new NTD Strategic Plan. This workshop will be funded by the MOH.
- 3) A third workshop will be held to finalize the Strategic Plan. This workshop will be funded by Act | West.

APPENDIX 3: NTD Secretariat Support

Internet subscription for the national NTD Secretariat will be paid for the NTDP office as in previous years to support access to Internet and facilitate communication between Togo's NTD program and its partners.
(Budgeted under HDI NTD Secretariat Support)

APPENDIX 4: Advocacy

World NTD Day

This is an important event to recognize efforts being made in Togo to fight NTDs, to acknowledge accomplishments, and sensitize the population on further NTD programs activities. It was celebrated in FY21 on February 18, 2021, and gathered partners including WHO, Sightsavers, HDI, government ministries (education, social matters), and local NGOs. The event was covered by the local press and interviews were conducted with the Director General of Health, WHO, and HDI representatives. In FY22, Togo is planning to celebrate World NTD Day on or about January 30, 2022. Similar to FY21 this event will include a press conference and TV broadcast and a parade in Atakpamé city.

(Budgeted under HDI IR 1 Advocacy)

APPENDIX 5: Social Mobilization

COVID-19 information to enable NTD Program Activities

HDI will support Togo's mitigation plan and buy facemasks for its staff for field activities, and for visitors. Facemasks are procured by MOH and UNICEF respectively for MOH staff and CDDs.

(Budgeted under HDI Country Management)

Disseminating IEC messages in 39 districts

Social mobilization prior to the MDA will continue to utilize town criers and local radio spots, which have been highly effective for publicizing the MDA. Town criers communicate the time and date of the MDA, goals of the MDA, and benefits of participation, both prior to and during the MDA, using the local language of the village. Radio announcements are broadcast in French and local languages. In FY22, Act | West will support town criers with a small stipend and will fund the broadcasting of radio announcements prior to and during the MDA. Of note, Togo has decided to strengthen its NTD efforts by recruiting 1400 religion

leaders of different faiths to help with social mobilization prior to MDAs. It has been suggested that this can be financed as a contribution from each local Health Center Management Committee (COGES).

(Budgeted under HDI IR 1 Social Mobilization)

MDA launch and press conference

The nationwide MDA begins with a high-profile launch of the campaign, typically featuring a high-level politician announcing the start of the MDA and taking the medications as part of a televised press conference. This will take place prior to the July MDA and will be supported by Act | West.

(Budgeted under HDI IR 1 Social Mobilization)

Meetings with village chiefs in 18 high-prevalence OV villages

In addition to the routine social mobilization activities, villages with OV prevalence ≥5% will receive intensive community sensitization and mobilization, as was done in FY18 and FY19 (but not in FY20 and FY21 due to COVID-19 restrictions). This activity will consist of a preliminary meeting with the village chief and village elders, followed by a community meeting held together with the chief, to describe the current OV situation, the potential for elimination of OV in Togo, the progress made, highlighting the importance of community participation in the MDA and of the participation of their immediate community and communities across Togo. These meetings have proven successful in sensitizing populations on the need to adhere to MDA campaigns and making them aware of the role they can play in achieving the goal of OV elimination in Togo. As also requested by them, we have also taken steps to assess whether their communities are still “highly-endemic” by intentionally including these villages in the most recent OV surveys if they did not get randomly selected anyway. There has been high MDA coverage in these villages, and the results of the ELISAs tests performed on DBS collected from children in four regions of Togo (Savanes, Centrale, Kara, and Plateaux) will provide good information on OV infection status in communities. The results of these tests are expected to be available at the end of FY21.

(Budgeted under HDI IR 1 Social Mobilization)

Table A1: Social mobilization channels, messages, and rationale

IEC Activity or Material to be supported	Key Messages (as applicable)	Location and Frequency	Briefly describe how this material/message is shown to be effective at increasing MDA participation
Town criers	Provide MDA starting date and describe public health interventions and targets	All rural communities where MDA is taking place	Coverage surveys in Togo showed that town criers are a primary source of information about the MDA.
Local radio broadcasts	Provide MDA starting date and describe public health interventions and targets	All districts where MDA is taking place	Interviews show this is an effective way to reach people in the communities that are being treated.
Flip charts <u>(budgeted above under IR1 MDA)</u>	MDA, and health and hygiene messages for preventing NTDs	Given to each CDD; all districts where MDA is taking place	Coverage surveys found that respondents who reported having been shown a flip chart by a CDD could list more health & hygiene practices for preventing NTD infection than could those who did not report having seen a flip chart. The flip charts were updated in 2019.

APPENDIX 6: Training

Table A2: Summary of groups, topics, numbers to be trained, and funding sources

Training Groups	Training Topics	Number to be Trained			Number of Training Days	Location	Other funding partner (if applicable) and what component(s) they are supporting
		New	Refresher	Total Trainees			
MDA-DSA related training (IR1 and IR3)							
MDA training Supervisors central Supervisors Regional Supervisors Districts CDDs		N/A N/A N/A N/A	N/A N/A N/A N/A	12 92 34 13,620	2 2 2	Region capitals Region capitals District capitals USP	
DSA training OV stop-MDA survey	OV stop-MDA survey protocol and workflow	28	0	28	3	Atakpame	
Health Systems Strengthening related training (IR2)							
WHO Database training	WHO database entry and fundamentals	9	0	9	5	Kpalime	
DHIS2 Data Entry Workshop to enter previous years PC NTD data in DHIS2	NTD data entry into DHIS2	7	0	7	3	Lome	

N/A: It is hard to predict because there are assignments, new recruits, and retirements.

Training/re-training before MDA Implementation

The cascade training of health personnel pre-MDA takes place once a year, before the calendar year first round of MDA distribution and targets different personnel categories (regional NTD focal point, district NTD focal point, district medical officers, nurses and CDDs) that will be involved in MDA, and the content is adapted depending on categories. Because the MDA is a critical activity for this program, and because of continuous staff turn-over and the fact that some aspects of the distribution plan change each year, it is imperative to provide refresher training for all experienced participants, as well as training for new participants. The annual re-training is a key contributor to Togo's success combatting NTDs. In FY22, HDI staff will carefully review the training materials and agenda to ensure that issues identified during the last MDA are clearly and explicitly addressed in the FY22 training.

A notable innovation by Togo's MOH for FY21 is worth mentioning. Prior to that date, Togo had sent national-level staff to conduct in-person annual trainings/re-trainings in large gatherings before each spring MDA to each region and district—for doctors, nurses, and CDDs—the cost of which represented a substantial portion of previous FAAs. The training material is now updated at national level (as before). These documents are then sent electronically to the regions. The regions' MOH staff then reads the documents and sends them to the districts where they are also read prior to a one-day meeting of district

and regional medical officers to discuss any elements they have questions about, including organizational aspects of the MDA. The district medical officers and NTD focal points then do the same thing, sending the documents electronically to the local health unit nurses who read the documents in preparation for a similar one-day meeting for clarification and discussion. The nurses then conduct a one-day training for the CDDs in their own catchment area using these materials. In FY22, Togo will repeat the innovative approach designed for FY21, as the MOH is gradually taking on more responsibilities for NTD program activities—and since there have been remarkable improvements in terms of computerization and access to Internet.

(Budgeted under HDI tab under IR1 Training and FAA 2)

OV stop-MDA survey training

While Togo's lab technicians are experienced and have participated in the same kinds of surveys in the past, field staff will be trained before the surveys on the survey protocol, collecting biological samples, workflow processes and on adequate destruction of biological material after the survey.

(Budgeted under HDI under IR 1 Monitoring and Evaluation)

APPENDIX 7: Short-Term Technical Assistance

No short-term technical assistance is planned for FY22.

APPENDIX 8: Fixed Amount Awards

Table A3: FAA recipients, activities supported, and dates

FAA recipient (split by type of recipient)	No. of FAAs	Activities	Target Date of FAA application to FHI 360
NTDP	1	<p>1.Prepare February MDA</p> <ul style="list-style-type: none"> ● Drug distribution (IVM, ALB, PZQ) plan per peripheral health unit (PHU) ● Terms of reference for the MDA including the number of district targets for OV, STH, and SCH <p>2.Implementation of February MDA</p> <p>a. Technical report of MDA implementation. This report should include, by district and medication (IVM, ALB, PZQ), the following:</p> <ul style="list-style-type: none"> ● number of persons targeted for treatment, number of persons treated (by sex), and program coverage ● number of tablets sent to districts, number of tablets administered, lost, and returned to Lome; 	Submission date: 10/21

FAA recipient (split by type of recipient)	No. of FAAs	Activities	Target Date of FAA application to FHI 360
		<ul style="list-style-type: none"> number of nurse supervisors, CDDs and town criers involved in the MDA 	
NTDP	2	<p>1. Prepare training CDDs for July MDA Terms of reference, training materials including exercises, etc.</p> <p>2. Prepare training of nurses (ICPs) for July MDA Terms of reference, training materials including PowerPoints, exercises, etc.</p> <p>3. Conduct training of CDDs for July MDA Technical report of activity, including number and sex of new and refresher trainees, attendance Lists, photos from training</p> <p>4. Conduct social mobilization for July MDA Technical report of activity (radio spots, town crier briefing, religious leader briefing) including number and sex of participants</p> <p>5. Conduct training of nurses for July MDA Technical report of activity, including number and sex of new and refresher trainees, attendance lists, photos from training</p> <p>6. Production and diffusion of radio spots Radio messages developed; audio messages in local languages</p>	Submission date: 10/21
NTDP	3	<p>1. Prepare social mobilization for July MDA Development of briefing for town criers and religious and traditional leaders (delivery of written materials and terms of reference)</p> <p>2. July MDA planning Implementation plan detailing all activities, persons responsible, and timelines in conducting the MDA</p> <p>3. July MDA implementation Report of MDA implementation per approved terms of reference. This report should include, by district and medication, the following:</p> <ul style="list-style-type: none"> number of persons targeted for treatment, number of persons treated (by sex), and program coverage. 	Submission date: 10/21

FAA recipient (split by type of recipient)	No. of FAAs	Activities	Target Date of FAA application to FHI 360
		<ul style="list-style-type: none"> • number of tablets sent, administered, lost, and returned to Lome, by district; • number and sex of nurse supervisors, CDDs and town criers involved in the MDA 	
NTDP	4	<p>1. July MDA planning Implementation plan detailing all activities, persons responsible and timelines in conducting the MDA</p> <p>2. July MDA implementation Report of MDA implementation per approved terms of reference. This report should include, by district and medication, the following:</p> <ul style="list-style-type: none"> • number of persons targeted for treatment, • number of persons treated (by sex), and program coverage; • number of tablets sent, administered, lost, and returned to Lome, by district; • number and sex of nurse supervisors, CDDs and town criers involved in the MDA <p>3. Prepare rapid evaluation Terms of reference, rapid evaluation questionnaire, database parameters</p> <p>4. Conduct rapid evaluation Technical report of activity, including results of evaluation</p>	Submission date: 10/21 Implementation: 5/22

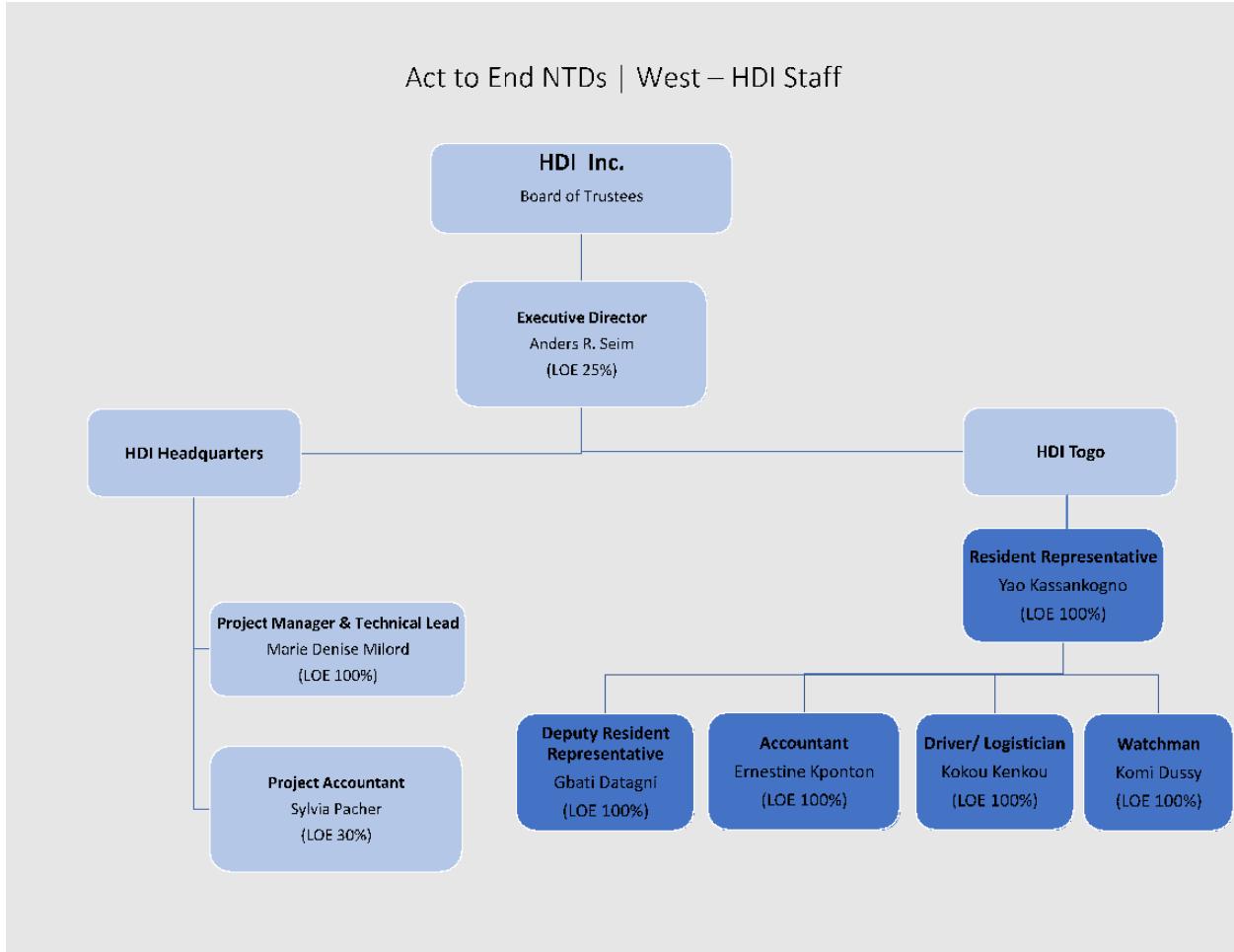
APPENDIX 9: Timeline of Activities

Please see attached Excel file.

APPENDIX 10: Maps

Please see attached PDF file.

APPENDIX 11: Country Staffing



APPENDIX 12: Additional tables/Annexes

N/A

APPENDIX 13: FY21 Activities that will carry over to FY22

Table A4: Activities carried over from FY21 to FY22 due to COVID-19

IR	Budget category(s)	Brief activity description
1	Strategic Planning	Domestic Experts Oncho Follow-up Elimination Committee Meeting (HDI): A one-day meeting with domestic OV experts will take place right after the DBS analysis is complete. This meeting will allow committee members to review OV data from all Togo regions, make MDA decisions for two regions, and advise the national program on the best way forward to achieve OV elimination. HDI will support the travel of two HDI staff and three external experts for participation in this meeting. HDI staff will provide secretarial, technical, and logistical assistance to this meeting, including help with review, analysis, and presentation of data, coordination of experts, and support for implementation of recommendations from the OEC. This meeting has been postponed to FY22 because of a delay in DBS lab analysis due to a late arrival of reagents and COVID-19 constraints.
1	Drug Supply and Commodity Management	Reverse logistics and data collection for CY21 first round (HDI): After the MDA, the same procedure as described in the preceding paragraph is followed in the reverse direction, for the collection and counting of unused tablets. Inventory forms are also used to transfer drugs during the reverse logistics process. Data sheets documenting how many people were treated with each drug by gender and age in each community are validated for concordance between numbers of people identified for treatment, numbers of people treated, and number of tablets of each type which were distributed, and the sheets are then collected. In FY22, Act West will cover the costs of phone cards and per diem for technicians and drivers, as well as fuel to enable transport and supervision. Due to the fact that MDA has been postponed to September 2021 because of late arrival of drugs; the reverse logistics and data collection which usually takes place 1 month post MDA, has now been postponed to October 2021.
1/3	MDA	SCH/STH MDA in 10 HDs: OV/SCH/STH MDA for the FY21 first round of MDA will take place in September 2021. However, 10 HDs that will be included in the FY21 SCH/STH impact assessments will delay their MDA until after the survey. (HDI FAAs 2, 3, and 4)
2	Governance	Revise and validate the terms of reference for the National Organization Committee (CNO) for MDA: This activity was scheduled in FY21 but could not be achieved; given its importance for Togo's NTDP, it has been postponed to the beginning of FY22. (HDI)
2	Data Security and Management	Targeted Data Security TA to strengthen the NTDP's data security policies, procedures, and protocols in alignment with MOH guidance and based on data security leading practices. (Deloitte)
2	Governance	Resource Mobilization Advocacy Work Session to support the NTDP in prioritizing advocacy objectives for domestic resource mobilization and budget advocacy activities listed in the NTD Sustainability Plan (Deloitte)
3	Advocacy	SCH/STH meetings: A key activity in the SCH/STH programs is to hold high-level meetings aimed at refining the SCH/STH transition plan and initiating discussions among key personnel, programs, and ministries

		to outline steps for transitioning to complete government ownership of SCH/STH activities (MDA, M&E, IEC, BCC, etc.) Act West will support the creation of a SCH/STH steering committee in FY21 that will aim to meet twice a year to address both policy and technical aspects of the transition. The first meeting planned took place in FY21, and the second one has been postponed to FY22. (HDI)
3	Monitoring and evaluation	SCH/STH impact surveys: Togo needs to assess the situation in places where it seemed to be approaching focal elimination of SCH, the more so as progress on SCH control may have been disrupted by PZQ-delay issues in each of the past two years; this may have led to rebounds in prevalence in some locations; and 2) Togo needs to assess the situation in areas where District Medical Officers reported hematuria cases in January 2020, to understand what is going on in and around those areas. These surveys were scheduled in the summer of 2021, but recently have been postponed to FY22 (October 21) because they are school-based, and school is out in the summer. (HDI)
2	Sustainability Plan Political Validation and Dissemination	A half a day high level meeting to share the sustainability plan with all stakeholders including Central Directors, Health Division Officers, other NTD Program Coordinators, Health Regional Directors, Prefectural Health Directors, other sectors involved in the fight against NTDs and partners. Such event will promote broader support from stakeholders for the implementation of the sustainability plan. (rescheduled to the first quarter of FY22. (HDI)

APPENDIX 14: Budget (Confidential)

Please see attached excel file.

APPENDIX 15: Budget (Confidential)

Please see attached excel file.