



Act to End Neglected Tropical Diseases | West  
FY 2023 Workplan—Guinea  
October 1, 2022–September 30, 2023

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**ACRONYM LIST**

AE	Adverse event
Ag	Antigen
ALB	Albendazole
APOC	African Program for Onchocerciasis Control
ASCEND	Accelerating the Sustainable Control and Elimination of Neglected Tropical Diseases
AcceleraTE	Accelerate Trachoma Elimination
BCC	Behavior change communication
CDD	Community drug distributor
CDTI	Community-Directed Treatment with Ivermectin
CIND	Country integrated database
CLTS	Community-led total sanitation
CRS	Catholic Relief Services
CY	Calendar year
DFID	UK Department for International Development
DNPM	National Directorate of Pharmacies and Drugs
DNSCMT	<i>Direction Nationale de Santé Communautaire et Médecine Traditionnelle</i> (National Directorate of Community Health and Traditional Medicine)
DRSP	Strategy for the Reduction of Poverty
DSA	Disease-specific assessment
EDC	Electronic data capture
EPIRF	Epidemiological data reporting form
ESPEN	Expanded Special Project for Elimination of Neglected Tropical Diseases (WHO)
EU	Evaluation Unit
EVD	Ebola virus disease
FAA	Fixed amount award
FEFO	First expired, first out
FHI 360	Family Health International 360
FY	Fiscal year
GOG	Government of Guinea
GPELF	Global Program to Eliminate LF
HAT	Human African trypanosomiasis
HD	Health District
Helen Keller	Helen Keller International
HMIS	Health management information system
HSS	Health system strengthening
ICT	Immunochromatographic test
IEC	Information, Education, and Communication
IPA	Ivermectin, praziquantel, and albendazole
ITI	International Trachoma Initiative
IVM	Ivermectin
JAP	Joint Application Package
JRF	Joint reporting form
JRSM	Joint request for selected preventive chemotherapy medicines
LF	Lymphatic filariasis

LFOEC	Lymphatic filariasis/onchocerciasis elimination committee
M&E	Monitoring and evaluation
MDA	Mass drug administration
MMDP	Morbidity Management and Disability Prevention
MOH	Ministry of Health
MOU	Memorandum of understanding
MRU	Mano River Union
NGO	Nongovernmental organization
NTD	Neglected tropical disease
OCP	Onchocerciasis Control Program in West Africa
OMVS	<i>Organisation pour la mise en valeur du fleuve Sénégal</i> (Sénégal River Basin Development Organization)
OPC	Organization for the Prevention of Blindness
OV	Onchocerciasis
PC	Preventive chemotherapy
PCG	Central Pharmacy of Guinea
PC-NTDU	Preventive Chemotherapy Neglected Tropical Diseases Unit
PNDS	National Plan for Health Development
PNLMTN	National Program for Neglected Tropical Diseases Control
PNLOC/MTN	National Program for the Control of Onchocerciasis and Blindness/Neglected Tropical Diseases
PPE	Personal protective equipment
PZQ	Praziquantel
QI	Quality improvement
SAC	School-aged children
SAE	Serious adverse events
SAFE	Surgery–Antibiotics–Facial cleanliness–Environmental improvements
SCH	Schistosomiasis
SCT	Supervisor’s coverage tool
SIZ	Special intervention zone
SNSSU	National School and University Health Service
SOP	Standard operating procedures
SDO	Strategic and Development Office
STH	Soil-transmitted helminths
TA	Technical assistance
TAP	Trachoma action plan
TAS	Transmission assessment survey
TEO	Tetracycline eye ointment
TF	Trachomatous inflammation – follicular
TIS	Trachoma impact survey
TIPAC	Tool for integrated planning and costing
TSS	Trachoma surveillance survey
TT	Trachomatous trichiasis
USAID	United States Agency for International Development
WASH	Water, sanitation, and hygiene
WHO	World Health Organization
ZTH	Zithromax®

## NARRATIVE

### NATIONAL NTD PROGRAM OVERVIEW AND SUPPORT:

Guinea is located on the Atlantic coast of West Africa, with an area of 245,857 km<sup>2</sup>. The country is bordered by Guinea-Bissau, Senegal, Mali, Côte d'Ivoire, Liberia, and Sierra Leone. Based on the third national census conducted in 2014 and using an annual growth rate of 2.7%, the population of Guinea in 2023 is projected to be 13,622,399. Guinea's administrative structure is composed of eight regions: Boké, Faranah, Kankan, Kindia, Labé, Mamou, N'Zérékoré, and the capital city of Conakry. Conakry is divided into communes, while each region outside of the capital is divided into prefectures. In total, there are five communes (Kaloum, Dixinn, Matam, Matoto, and Ratoma) in Conakry and 33 prefectures, for a total of 38 health districts (HDs) in the country. Each prefecture is further divided into 343 urban and rural communes, including the five communes of Conakry. Guinea has a total of 925 health outposts, 410 health centers, five higher-level health centers, 33 prefectural hospitals, nine regional hospitals, and three national hospitals.

Neglected tropical diseases (NTDs) are a recognized priority of the Ministry of Health (MOH) in Guinea, included in both the Strategy for the Reduction of Poverty (DSRP III 2013–2015) and the National Plan for Health Development (PNDS) 2015–2024 which stipulates that mass drug administration (MDA), morbidity management, and any other treatment will be scaled up to reach all endemic districts by 2024. The NTD indicators within the PNDS performance framework include the reduction of prevalence below the disease-specific transmission thresholds. Additionally, Guinea developed and validated an NTD Strategic Plan for 2019–2023, which provides program goals, objectives, and yearly strategies based on an extensive situational analysis.

Among the NTDs recognized by the World Health Organization (WHO), eight are endemic in Guinea.

- Three NTDs require an individual case management strategy: leprosy, Buruli ulcer, and human African trypanosomiasis (HAT–sleeping sickness).
- Five NTDs are addressed by preventive chemotherapy (PC) through mass drug administration (MDA): lymphatic filariasis (LF), trachoma, onchocerciasis (OV), schistosomiasis (SCH), and soil-transmitted helminthiasis (STH).

Act to End Neglected Tropical Diseases | West (Act | West) program supports Guinea in the elimination and control of the five PC-NTDs. Guinea's strategic objectives for PC-NTDs are as follows:

- Eliminate LF as a public health problem by 2030.
- Eliminate trachoma as a public health problem by 2024.
- Eliminate the transmission of OV by 2025.
- Achieve morbidity control for SCH and STH by 2025.

In April 2018, in accordance with a Ministerial order, an integrated NTD program to address the eight endemic NTDs was created by the Guinean government, called the National Program for NTDs Control (PNLMTN) which became operational in June 2019. It is composed of a coordination unit, an administrative and financial services unit and six technical units (PC-NTD; Leprosy; HAT; Buruli Ulcer; Logistic, Drugs and Supply Management; and Monitoring & Evaluation). Each unit is managed by a unit chief.

A new restructuring of the PNLMTN occurred on April 26, 2022, in accordance with a ministerial order. The PNLMTN will now consist of the following two programs to improve the coordination of NTD control and elimination activities:

- National program for NTD Control with preventive chemotherapy (PC-NTDP) which assumes responsibility for the prevention and management of OV, LF, trachoma, SCH and STH
- National Program for NTDs Control with case management (CM-NTDP) which intervenes in the domain of prevention and management of HAT, Leprosy and Buruli Ulcer.

Both of these new programs contain the following units:

- The coordination unit, led by a national coordinator and assisted by a deputy coordinator.
- The administrative and financial services unit
- The social mobilization unit
- The Logistics and Supply Unit
- The Monitoring and Evaluation (M&E) Unit.

These two programs are not yet fully operational, and the coordinators have not yet been appointed by the Guinean government.

#### **Activities supported by the host government partners**

The Government of Guinea provides support to the MOH through the *Direction Nationale de l'Epidemiologie et de la Lutte contre la Maladie* (DNELM) and the PNLMTN to combat NTDs by providing staff salaries, infrastructure (office and meeting room facilities), MOH vehicles for NTDs activities, and import exemptions for NTD drugs and other consumables. Overall, the support provided by Act | West is aimed at building capacity, facilitating implementation of key intervention activities, ownership, and leadership within the PNLMTN and the MOH to ensure that NTD elimination and control objectives are achieved, and that progress is sustained by Guinea in the long term. This support includes dossier development, MDA, and DSAs related to LF, SCH, trachoma and STH.

Sightsavers has provided support to the PNLMTN for hydrocele surgery and lymphoedema management, trachomatous trichiasis surgery, OV surveys and implementation of SCH MDA. OV elimination mapping (OEM) is currently underway in nine formerly non-endemic HDs. Through the “PGIRE II” project, CRS/OMVS provided support to the PNLMTN in the implementation of MDA campaigns against NTDs and ongoing communication and sensibilization activities in the fight against NTDs. The “PGIRE II” project closed on August 30, 2021.

#### **IR1 PLANNED ACTIVITIES: LF, TRA, OV:**

##### **Lymphatic filariasis**

#### **Plan and justification for FY 2023 activities:**

##### **LF/ OV/SCH/STH MDA in 3 HDs**

In FY 2023, three HDs (Koundara, Faranah and Kissidougou) will undergo LF MDA with Act | West support. These three HDs will receive treatment with IVM, ALB, and PZQ for an integrated MDA treating LF, OV, SCH, and STH. Koundara HD completed a pre-TAS survey in June 2022, and preliminary data indicate that

the HD has failed pre-TAS. The final report will be shared once available, and the HD will therefore require LF MDA in FY 2023.

The following districts are targeted to receive IVM, ALB, and/or PZQ:

- IVM + PZQ + ALB
  - LF/OV/SCH/STH in two HDs (Faranah, Kissidougou)
  - LF/OV/SCH in one HD (Koundara)

Of the 24 LF endemic HDs in Guinea, these will be the last three HDs requiring LF MDA, provided that all FY 2022 HDs achieve effective epidemiological coverage.

### **DSA plans for FY 2023**

#### **Pre-TAS in 10 HDs**

In FY 2023, ten HDs (Gaoual, Dabola, Kankan, Kouroussa, Sigui, Lélouma, Tougué, Mamou, Pita and Macenta) will undergo pre-TAS in June 2023 with Act | West support. Prior to the start of the pre-TAS, Act | West will support a refresher training of national trainers, supervisors, and surveyors on the pre-TAS methodology. National facilitators will conduct the training with technical assistance (TA) from Act | West teams. As schools in Guinea are closed from July to September and the heavy rainy season makes it challenging to conduct community surveys in remote areas, the TAS1 for these 10 HDs is planned in the first quarter of FY 2024 after passing pre-TAS.

#### **Supervision of LF Surveys**

Supervision of surveys will be carried out by the PNLMTN and Act | West staff. Supervision will focus on proper implementation of the survey protocols, FTS methodology and use of EDC.

#### **LF confirmatory mapping in 4 HDs (Dubréka, Coyah, Boffa and Fria)**

The WHO recommends LF confirmatory mapping or remapping in areas of uncertain endemicity using the WHO LF confirmatory mapping protocol. In line with this recommendation, Act | West in FY 2022 initiated a review of LF mapping data in endemic countries. The purpose was to identify gaps resulting from districts not mapped, where the mapping protocol was not adhered to or where endemicity is uncertain. The mapping review found eight non-endemic HDs in Guinea where mapping was conducted at least nine years before the start on LF MDA in the country. The eight HDs shared boundaries with endemic districts for at least nine years prior to MDA starting in the endemic districts. The long period of non-treatment in endemic districts presented increased risk of transmission to non-endemic districts aided by cross district migration. Of these eight, four HDs (Kaloum, Lola, N'zerekore, and Yomou) were determined to not require mapping, as studies conducted in 2013 showed an absence of LF transmission in these HDs. This study was a cross-sectional questionnaire-based study whose objective was to identify sentinel sites for LF in the border health districts of the Mano River Union. At least 300 persons aged 15 years and above were tested in each site using ICT cards and monitoring of nocturnal microfilaremia in positive cases. The study found 0% prevalence of antigen with ICT in the one site each assessed in Lola, Yomou and N'Zérékoré HDs which confirmed the 2005 mapping results. For Kaloum HD, an entomological study on mosquitoes collected in April-November 2013 did not find evidence of LF transmission. These four HDs are therefore not prioritized for mapping in FY 2023.

The remaining four HDs (Dubréka, Coyah, Boffa and Fria), originally classified as non-endemic, are recommended for confirmatory mapping. These four HDs share boundaries with the HDs of Telimélé,

Kindia, and Forécariah, with prevalence of 1.0%, 7.8%, and 11%, respectively. As population movement occurs between these HDs, a remapping is recommended in these four HDs to assess endemicity and confirm their status ahead of achieving elimination in endemic HDs and LF dossier submission.

Thus, in FY 2023, the four HDs will be remapped using the WHO LF confirmatory mapping protocol. Each district will constitute an EU. The protocol uses a cluster random survey design similar to TAS, where around 500 children (10-14 years old) are tested in 30 schools selected using a survey sample builder for confirmatory mapping. Act | West will support the PNLMTN with protocol development, training, and implementation. The mapping data review and findings of the confirmatory mapping will be documented for inclusion in the country LF validation dossier.

#### **Dossier Status for LF:**

With the last remaining three HDs targeted for MDA in FY 2023, the final TAS3 is projected for 2028. Assuming successful completion of all remaining surveys, the elimination dossier could be submitted for validation in 2028. Dossier preparation has not yet started, but an LF dossier development orientation workshop is planned for November 2022 with technical support from Act | West. The PNLMTN and partners will subsequently initiate the necessary steps to upload LF data into the dossier data template and develop a first draft of the dossier narrative.

#### **LF dossier development workshop (co-financed with Sightsavers)**

In FY 2023, with support from Act | West, the development and update of the draft of the LF elimination dossier will be done in two separate workshops (two days each) planned in Forécariah HD. In the first meeting, participants, including the PNLMTN, LF expert committee members, and technical and financial partners, will develop a plan for drafting the dossier narrative and including data into the dossier data template. Responsibility for collating and assembling data and other sources of information for the dossier and drafting of narrative sections will assigne to individuals and groups. In the second meeting, persons and groups will report on assigned responsibilities from the first meeting, assembled data, information and draft narrative sections will be reviewed. Next steps on consolidation of sections and updating with additional information will be assigned to achieve a draft zero of the dossier narrative and data template updated with all activities to date. The PNLMTN will annually update the draft zero with new information and data. This activity will be funded by Act | West and includes costs for the workshop and the participation of international LF experts.

#### **Historical data completeness and security**

LF data are stored on Excel worksheets and the country integrated NTD database (CIND), which is complete through 2021. The CIND is used as a back-up data source only and not for day-to-day operations. Data are stored on password-protected computers and are backed up regularly on an external hard drive at the PNLMTN office. Act | West –Guinea worked with the PNLMTN to develop a schedule for data backup. The CIND was updated in FY 2022 and will continue to be updated in FY 2023 on a quarterly basis including data collected from other partners (Sightsavers, Catholic Relief Services [CRS], and WHO). The head of the M&E Unit of the PNLMTN will update the database in FY 2023 with the support of Act | West -Guinea.

## Trachoma

### Plan and justification for FY 2023

#### MDA

No trachoma MDA is planned in FY 2023, assuming all HDs maintain TF<5% during TSS in FY 2022.

#### Planned FY23 DSA

#### TSS in 6 HDs (11 EUs)

The TSS in six HDs (Dabola, Faranah, Kissidougou, Kouroussa, Mamou and Pita) comprising (11 EUs) are reprogrammed from FY 2022 to FY 2023 and will be conducted between November and December 2022, pending the availability of sufficient graders.

#### Trachoma Graders Training

TSS in 12 HDs (23 EUs) are to be completed between July and December 2022 (FY 2022 and FY 2023 funding). These TSS will be conducted in two phases of six HDs each. TSS in six HDs (12 EUs) started on July 31, 2022, and the second TSS in the remaining six HDs is planned between November and December of FY 2023. Though the final district, Dinguiraye, will not be eligible for TSS until October 2023 (FY 2024), having the second round TSS results sooner will enable dossier preparation activities in FY 2023. Currently, there is a shortage of certified graders in Guinea to conduct trachoma surveys. The PNLMTN requests funding to train and certify eight additional graders with FY22 Act | West support.

Act | West requests approval to support the training of eight graders for TSS. The training will be carried out over four days by a certified Tropical Data trainer in Siguiri, which is expected to have enough cases of TF to validate the training based on recent TSS results and will include 2 days of field practice. Prior to the training, national supervisors will identify sites on a separate trip.

#### Trachoma desk review in 2 HDs (Coyah and Dubréka) and in 5 communes in Conakry (Kaloum Dixinn, Matam, Ratoma and Matoto)

Guinea conducted mapping from 2011 to 2016 in 31/38 HDs in the country. This mapping revealed 18 endemic HDs with TF prevalence  $\geq 5\%$  (see footnote 1 above). Seven HDs (Coyah, Dubréka, Dixinn, Kaloum, Matam, Matoto, and Ratoma) were not mapped because they had few risk factors, and the HDs were near/in Conakry. In addition, no trachoma cases had been reported in these HDs. During the finalization of the TAP in 2017, it was noted that when Guinea submits its trachoma elimination dossier, the country will need to demonstrate and document why it is believed trachoma is not a public health problem in these seven HDs.

In FY 2023, the PNLMTN plans to conduct a trachoma desk review in these seven HDs to conduct a more thorough analysis in preparation for the trachoma elimination dossier. Among these 7 HDs, Coyah, Dubreka are peripheral areas, Dixinn, Matam, Matoto and Ratoma are peri-urban areas of Conakry and Kaloum is the town center. The PNLMTN intends to clarify the trachoma situation in all these areas through the desk review. This activity was originally planned in FY 2022 and is re-programmed to FY 2023.

#### Dossier Status for trachoma:

If the current progress is maintained, the trachoma elimination dossier could be submitted in 2024. Data are secured and backed up in the CIND and all historical data is available. The dossier narrative has not yet been started nor has data been input into the Excel dossier file. A dossier orientation meeting was held virtually in FY 2020. The PNLMTN will conduct a dossier meeting in FY 2023 (see below) co-funded by Act | West and Sightsavers. Act | West's trachoma focal point will attend this meeting and provide technical support. The USAID trachoma focal person will also be invited.

#### **Trachoma dossier development workshop (co-funding with Sightsavers)**

In FY 2023, Helen Keller (via Act | West) will support the PNLMTN technically and financially to organize a workshop to begin working on the trachoma elimination dossier and to develop an action plan. This workshop will be held in Kindia HD, and TA will be requested from FHI 360's trachoma focal point. Participants will include the PNLMTN and NTD partners (USAID, Act | West, WHO, Sightsavers, CRS, and WASH sector). During this workshop, participants will review all epidemiological data and SAFE implementation and develop a plan of action to input the required data into the dossier and as well as a timeline to complete each step.

### **Onchocerciasis**

#### **Plan and justification for FY 2023:**

#### **OV MDA in 24 HDs**

In FY 2023, Act | West will support the one-round OV treatment in 24 OV-endemic HDs. Pending the results of OEM supported by Sightsavers and recommendation of the LFOEC, there may be the need to treat in additional HDs. The following districts are targeted to receive IVM, ALB, and/or PZQ:

- IVM + PZQ + ALB (13 HDs)
  - LF/OV/SCH/STH in two HDs (Faranah, Kissidougou)
  - LF/OV/SCH in one HD (Koundara)
  - OV/SCH/STH in ten HDs (Kankan, Kérouané, Kouroussa, Kindia, Lélouma, Beyla, Guéckédou, Lola, Macenta, and N'Zérékoré)
- IVM + PZQ (6 HDs)
  - OV/SCH in six HDs (Gaoual, Dinguiraye, Siguiri, Koubia, Mamou, and Yomou)
- IVM + ALB (2 HDs)
  - OV/STH in two HDs (Forécariah and Mandiana)
- IVM Only (3 HDs)
  - OV in three HDs (Dabola, Mali, and Tougué)

#### **OV FY23 Planned DSA**

#### **Pre-stop OV MDA survey in 11 HDs across 12 basins**

As described above, an epidemiological assessment was conducted from 2012 to 2014 in 19 HDs. Twelve (12) basins (Bafing, Bagbè, Bakoye, Fié, Gbanhala, Kaba, Kourai, Lofa, Milo, Niandan, Sankarani and Tinkisso) in 11 HDs (Beyla, Dabola, Dinguiraye, Kankan, Kérouané, Kissidougou, Kouroussa, Macenta, Mamou, Mandiana and Siguiri) showed OV prevalence below 5% skin snip mf (0-4.5% with a majority at 0%) at all sentinel villages. After more than 25 years of annual distribution of ivermectin, it is important to conduct pre-stop treatment surveys to determine whether these basins can go on to conduct the stop-MDA survey, as supported by the LFOEC.

**Quality Improvement (QI) activities to improve MDA planning/coverage and drug management:**

In FY 2020 and FY 2021, the PNLMTN and Helen Keller put measures in place to ensure and improve the quality of NTD activities, including revision of MDA tools/materials, training of staff (PNLMTN and Helen Keller) on the use of the SCT, and strengthening supervision. This QI strategy resulted in better management of drugs during and after the MDA with respect to the FEFO principle, improved reverse logistics of remaining medicines after the MDA in 18 HDs in October 2021 and onward transportation to 10 HDs in March 2022 and finally to the PCG warehouses. The further implementation of the QI framework will strengthen these measures. The QI activities will help the PNLMTN to address challenges related to drug management and to achieve high-quality implementation of MDA. The overall aims are to improve MDA planning, including drug management and MDA coverage.

Coaches will next focus their work on selected districts with challenges on the two subject matter areas mentioned above. They will also provide support to the entire QI process implementation. In FY 2023, the following activities are planned before and during MDAs: establishment of QI teams at the sub-district or commune level, facilitation of learning sessions : the first session will be dedicated to train the QI team members on the QI framework and tools and support the teams to develop their QI action plans along with actions' M&E plans; the 2<sup>nd</sup> session will focus on the review of the QI implementation and determine the best packages that lead to improvement as best practices. Between sessions and as needed coach visits will be held to support the QI teams on the implementation, the collection of M&E indicators, and the development of the report of findings to be presented at the following review learning session. These activities are reprogrammed from FY 2022 and planned for before and during the FY 2023 MDA.

In FY 2023, with technical and financial support from Act | West, coaches will continue to support establishing QI teams at the district and sub-district or commune level and facilitate a learning session with in three HDs (Koundara, Faranah, Kissidougou). A three-day workshop will be organized in Mamou with the participation of the coaches, regions and districts to report on the QI action plans implemented and, to draw lessons from the first step of QI and to develop a technical brief.

**National LF/OV/SCH/STH MDA data review meeting**

A national MDA data review meeting will be held at the end of MDA with the participation of all NTDs supporting partners in Guinea (Sightsavers, WHO, CRS), the national NTD program, the DNELM, the representative of the MOH office, and the Regional Health Directors. The outcomes will be reported to the national authorities and Helen Keller management. The two-day meeting will provide a platform to discuss the program's strengths and weaknesses and review measures to improve future activities. In advance of this national meeting, review meetings will be organized at the end of the MDA campaign at the district and regional levels as well to review the campaign data.

**IR2 SUSTAINABILITY AND HSS STRATEGY ACTIVITIES****IMPROVING CORE NTD PROGRAM FUNCTIONS:****DATA SECURITY AND MANAGEMENT**

Routine health data collection is carried out through a cascade reporting system: data is recorded daily, synthesized monthly for health centers and regional and prefectural hospitals, and finally collated into a monthly report for prefectural health authorities (DPS) and Hospital Directorates. Since the end of 2019, following a national consultation organized by the strategic and development office within the MOH, the NTD indicators for morbidity management have been integrated into the national health management

information system (HMIS). However, MDA and DSA indicators have not yet been integrated into DHIS2, although there are plans to do so. The purpose of this consultation was to update the MOH's previously fragmented and donor-facilitated data collection into a streamlined system using the DHIS2 electronic platform. The integration of morbidity management indicators is now fully integrated and operational in the DHIS2 platform. The data is inserted at health centers and transmitted in quarterly reports by the national hospitals. However, the participation of private health structures in data collection remains weak, which has led to gaps in the country's service delivery data.

#### **Sustainable data security and systematic storage of NTD data at the NTDP (Deloitte/Helen Keller)**

To further strengthen data security and identify opportunities and gaps related to policies, written protocols and procedures to sustain the security of NTD data, Deloitte will complete a data security policy review in FY 23. The technical assistance (TA) will help document current data security procedures and processes, including a two-day workshop with the PNLMTN and other MOH staff. In this workshop, participants will further discuss and validate findings and make policy recommendations on how to build on current MOH policies and best practices to secure the collection, transfer, and storage of data. These 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 adoption by the NTDP and implementation of MOH guidance or, if needed, the creation of a simplified NTDs data security policy SOP that can document and institutionalize data security practices and be distributed amongst NTDP staff. Once the NTDP has prioritized the most critical recommendations and identified needed support from Act | West, Deloitte will work with the Helen Keller and FHI 360 Monitoring, Evaluation, and Learning (MEL) to support the rollout and implementation of this SOP, which could include an orientation session and the creation of reference job aids related to data security. This activity was canceled in FY22 and reprogrammed to FY23 due to the restructuring of the NTDP.

#### **CIND update with historical data**

Historical NTD data are available in the Integrated NTD Database (CIND) which is used to store the National Program data. The database is updated by the PNLMTN data manager on a daily basis whenever data are available. In FY 2023, with funding from Act | West, PNLMTN plans to hold quarterly two-day workshops in Conakry with the participation of partners to present, correct and validate the quarterly data saved in the database.

#### **Integration of NTD data in DHIS2 (Helen Keller)**

In FY 2023, Act | West will support PNLMTN and the DHIS2 team to host two workshops (two days each) to integrate NTD data (MDA and survey) into the DHIS2 platform. The data manager will be responsible for updating the MDA and DSA data on the DHIS2 platform. Participants will include PNLMTN and NTD partners (Act | West, WHO, Sightsavers, CRS). The workshops will take place in Conakry; the first workshop will train the PNLMTN staff on DHIS2 and help the team to identify key indicators to integrate, while the second will focus on inserting NTD data into the DHIS2 platform and indicate how data will be updated.

#### **DRUG MANAGEMENT**

A memorandum of understanding (MOU) between Helen Keller, the PNLMTN, and the Central Pharmacy of Guinea (PCG) is signed annually, setting out the responsibilities of each party—from the arrival of the drugs at the PCG warehouse and from the PCG warehouse to the field. In addition to the MOU with the PCG, Helen Keller uses the fixed amount award (FAA) mechanism to monitor the performance of the PCG against set deliverables.

Human resource and capacity issues within the PCG were raised during a meeting held on June 14, 2019, in Conakry with the MOH, USAID, Act | West, and other NTD partners. As an outcome of this meeting, the national program appointed a pharmacist who is now in charge of drug quantification and completing the WHO and International Trachoma Initiative (ITI) drug order forms with the support of the partners. This pharmacist is also responsible for monitoring the NTD drug management at the PCG level.

Training of district pharmacists was conducted in J August 2022. This training strengthened the capacity of district pharmacists in order to improve the sustainable management in the supply chain of NTD drugs in Guinea. In FY 2023, Act | West will continue to support PCG and the PNLMTN to effectively manage NTD commodities at the central and peripheral levels. In 2022, in response to the ongoing supply chain issues, a weekly and then monthly coordination meeting was established between Act | West – Guinea, PNLMTN, PCG and/or the WHO logistic officer. This coordination meeting will continue in FY 2023. Topics of discussion will include drug distribution plans (which should be transmitted to PCG at least 2 weeks before the date of MDA activities), the respect of the policy of first expired first out (FEFO) which will be applied at all times of the drugs transport to health districts, and the reverse logistics of the drugs remaining after the campaigns. Quarterly drug management meetings with PCG, PNLMTN and partners (WHO, Act | West, Sightsavers, Chemonics, etc.) will allow for the monitoring of available stocks and expiration dates, and the development and implementation of plans to use, transfer or destroy drugs as needed.

In FY 2022, to address the recurrent challenges related to the lack of capacity and skills to properly manage drugs, lack of the drug management and NTD supply chain SOPs; Act | West organized a training session in collaboration with FHI 360 for the PNLMTN. The purpose was to strengthen the capacity and skills of the PNLMTN and other stakeholders on drug supply chain guidelines and procedures, specifically to identify challenges related to the process of custom clearing NTD drugs in Guinea, to propose solutions on the supply chain, to list the different activities related to it at the different levels of the process, and to develop the system view including a process flow chart on the operational procedures.

#### **Drug quantification and completion of JAP for 2024**

The quantities of drugs needed for the campaigns are evaluated based on endemicity, the target population data for each disease, remaining drug inventory, average drug consumption per capita, and population structure (i.e., age of target population). The IVM order will be based on the population  $\geq 5$  years of age (80% of the population in OV and LF endemic districts), while the PZQ order will be based on school-aged children (SAC),—which are 28% of the population in SCH endemic HDs. The last official census was conducted in 2014 and forms the basis for population calculations. In FY 2020, CDDs carried out a beneficiary enumeration data, which should be used for the future ordering of drugs and planning. However, a clear consensus between the National Program (PNLMTN) and its partners regarding the use of enumeration data for future planning has not been reached. When ordering drugs for FY 2023, the program used the 2014 national census data while waiting to reinforce the training of health agents involved in the MDA of FY 2021. Act | West will promote with the NTDP to submitting JAP at least 10 to 12 months before MDA schedule.

#### **Reverse logistics**

Act | West will provide technical assistance (TA) to support the reverse logistics for the remaining drugs after the MDA in nine regions. The PCG is responsible for the reverse logistics of drugs remaining with unopened containers after the campaigns. In FY 2023, they will ensure that unopened containers of NTD drugs are taken from the HD level to their regional depots. The PNLMTN is responsible for conducting an accurate inventory of drugs at the health center level after the MDAs, including an inventory of opened

containers. After the MDA, the district pharmacist will conduct this physical inventory of remaining NTD drugs and transport them from health centers to the HD level for proper storage. The opened containers will be counted and stored at district warehouses under the supervision of the PNLMTN pharmacist, as the PCG does not provide storage for opened containers. The unopened containers will then be taken by the PCG from the HD level to their regional depots. These reverse logistics will be completed two weeks after the MDA data review meeting at the HD level.

### **Assessment of NTD Drug Warehouses**

To ensure the effective management and proper storage of NTDs and commodities, the NTDP Pharmacist with support from Act | West will conduct an assessment of the PCG warehouse facilities in FY 2023. This assessment will not only verify storage conditions but also ensure that warehouse staff are using appropriate inventory management processes including FEFO for drugs and NTD products, thus identifying any areas for improvement and making recommendations for improvement.

A one-day visit will be made to the facilities of each warehouse including the 5 regional warehouses (Boké, Labé, Faranah, Kankan, N'Zérékoré) of PCG and 5% of district and health post warehouses. The evaluation team will consist of an evaluator from the PNLMTN, the National Directorate of Pharmacy and Medicines, and the Drug Management Committee, which includes the PNLMTN and partners. This team will be trained by the Implementation Management Lead at FHI360 through a virtual webinar before conducting the assessment. The assessment will be conducted once a year using the NTD Warehouse Process Assessment Form provided by Act | West and reliable tools to measure electrical voltage, temperature, humidity and distance and a camera to document the findings/results. This assessment will address the concerns of the PNLMTN and partners about the efficiency and effectiveness of the NTD drug storage facilities and to improve them as needed. The assessment findings will be used as advocacy material to evaluate any corrective measures taken or not to address deficiencies of the system by the government in improving NTD drugs warehousing and management.

### **Training/Refresher of district pharmacists**

The training of district pharmacists conducted in August 2022 in Mamou with the support of Act | West enabled the pharmacists to review and adopt the standard operating procedures (SOPs) essential to the proper management of NTDs during and after the MDA. In FY 2023, the NTDP Pharmacist will conduct the training/refresher of district pharmacist on NTD drug management in Mamou. This training/refresher will consist to train 24 pharmacists from the health districts targeted by the MDA for effective implementation of the SOPs on NTD drug management. During this training, the NTDP will analyze the NTD drug management tools with the implementing actors to understand the use of these tools during mass treatment campaigns. The analysis of these tools will also allow for the correction of insufficiencies.

### **Situational analysis of drug management and inventory tools at the national level**

In FY 2022 a meeting was held to identify challenges related to the drug customs clearance process and to determine ways to improve the drug supply chain management. The discussions identified ways to improve the process of custom clearances in Guinea, a systems-view exercise was later completed by drug management stakeholders (PNLMTN, the central pharmacy of Guinea [PCG] and WHO) and a process map was developed and submitted to Act | West for review. Issues identified during the systems analysis will be discussed with the QI teams during QI learning sessions planned in FY. In addition, a meeting is planned in FY 2023 to conduct a situational analysis of drug management and inventory management issues in Guinea. The meeting will include all NTD drug management stakeholders in Guinea (PNLMTN, PCG, WHO, Act | West, SSI) and will be an opportunity to discuss the issues, find solutions, and build capacity and skills on the guidelines and procedures for supply chain and customs clearance of NTD drugs in the

Republic of Guinea. In addition to other participants, the meeting will include two main actors in the supply chain of medicines in Guinea: the National Directorate of Pharmacy and Medicines (DNPM) which is the pharmaceutical regulatory authority in the field of pharmacy and drugs, and the General Directorate of Customs which coordinates and controls all activities of the customs services and adapts them to the general policy defined by the government. TA for this meeting will be provided by Act | West.

#### **Management of serious and adverse events (AEs)**

During the FY 2021 LF/OV/SCH/STH MDA campaign, all AEs reported were minor and were managed with supportive treatment, as stipulated in the guidelines developed for NTD campaigns. In case of a serious adverse event (SAE), the IRS in charge notifies the PNLMTN. The National Pharmacovigilance Center, located at the National Directorate of Pharmacy and Medicines (DNPM), has the necessary staff and tools to conduct investigations in the event of a suspected SAE. The cause of the SAE is determined by the Technical Committee for Pharmacovigilance. The cause of the SAE is determined by the Technical Pharmacovigilance Committee. The MOH supports the operating costs of the National Pharmacovigilance Center. Act | West will support the National Pharmacovigilance Center in reporting SAEs to the drug manufacturer in accordance with the WHO and Merck guidelines (January 2021) for reporting SAEs to donors. Act | West will also support the MOH in notifying and report to all partners in a timely manner. The FY 2022 MDA is planned for September 2022 and will follow the AE protocol.

#### **ACHIEVING SUSTAINABILITY: MAINSTREAMING & HEALTH SYSTEMS STRENGTHENING**

In Guinea, the Act | West scope is oriented towards supporting specific health system strengthening (HSS) related interventions or case studies that have been identified as strategic health systems priorities by the Government of Guinea. Therefore, activities have focused on participating in the development and implementation of NTDs in the integrated community health platform. In 2017, Guinea's Ministry of Health (MOH) established a national community health policy to create an integrated package of essential health services at the community level to expand access to primary health care. The PNLMTN, with the support of Act | West, has successfully advocated to include NTD services into the integrated community health (ICH) policy and package of services. In April FY 2022, the PNLMTN gathered stakeholders to design and validate an approach for the pilot phase in two health districts and determine how MDA will be implemented in the package of services at the community level, which includes malaria, family planning, maternal, newborn and child health services. The PNLMTN ultimately seeks to operationalize the integration of NTD prevention and treatment in the national community health service package and to mobilize domestic resources for sustainable financing of the RECO/ASC salaries. or the community health workers (CHW) and community relays (RECO) providing NTD services. As a first step, the PNLMTN will conduct a pilot activity spanning two HDs in October FY 2022. Given this new objective, the PNLMTN will now focus all FY 2023 activities to support the implementation of the integrated community health approach.

In addition, Act | West has supported the program to enter financial data and conduct an analysis using the tool for integrated planning and costing (TIPAC), in order to engage newly elected parliamentarians, the MOH budget and finance department, and local governments in Boké, Dinguiraye, Siguiri, and Kindia to advocate for domestic resources for NTDs. These activities were originally planned to take place in FY 2022, but due to the political transition and covid vaccination campaign, the advocacy efforts will be postponed to strategically support the sustainable financing of the Integrated Community Health (ICH) platform in FY 2023. In FY 2023, the PNLMTN, with support from Act | West, aims to engage a multi-sectoral platform, which will play a critical role in the implementation of the integrated community health platform.

Advocacy with the MOH and Ministry of Finance aims to increase government commitment and, more importantly, to facilitate timely disbursement of resources the Government, through the ANAFIC, allocates to community development, which includes dedicated resources for the sustainable financing of the integrated community health worker program. In support of the PNLMTN's domestic resource mobilization advocacy efforts, Act | West will facilitate workshops on TIPAC to enable the PNLMTN to identify the program's funding gaps and more effectively articulate to key stakeholders the funding that the PNLMTN requires. The data generated through TIPAC data entry and data analysis in FY 2023 will help to perform targeted analysis focused on the districts belonging to the four regions and support the development of the advocacy materials and stakeholders' engagement the PNLMTN will use to build the case to local government and MOF to sustainably finance the community health agents in the ICH platform.

#### **Governance activities:**

##### **Country-Led TIPAC Data Entry Workshop**

The TIPAC is a budgeting tool that requires annual updates to facilitate data-driven decision-making and advocacy based on an accurate understanding of costs. In addition, yearly data entry allows for NTDPs to track yearly progress and identify trends. Updating and analyzing financial information using TIPAC is critical to give NTDPs a detailed understanding of their activity costs and funding gaps, which they can use to make sound programmatic and financial decisions as well as advocate for government funding.

In FY 2023, Act | West will support a five-day workshop with selected participants in Conakry to conduct TIPAC data entry. In FY 2022, the PNLMTN entered data into TIPAC with in-country assistance from the Act | West to reinstate using TIPAC after a three-year pause. The data entry process experienced delays related to the COVID-19 vaccine rollout and ongoing MDA but was completed in FY 2022. In FY 2023, Act | West will work with the PNLMTN during a five-day in-person workshop to complete TIPAC with an emphasis on mobilizing sustainable financing for community health agents in the ICH approach and identifying gaps in funding needs for MMDP services due to the changing donor landscape in Guinea.

##### **TIPAC Data Analysis Workshop**

In FY 2023, Act | West will facilitate a five-day in-person data analysis workshop that will also include development of advocacy materials for DRM as it would be helpful to take advantage of the in-person opportunity to start preparing for the DRM activity given its specific nature (see activity below). The FY 2021 TIPAC data analysis results indicated a 5% deficit in funding for activities needed to fight NTDs. The low funding deficit is explained by the fact that the PNLMTN retroactively completed data entry and mainly reflected the funded activities for FY 2021. A proactive approach will highlight a larger funding gap, which will include all activities that require funding for the year. Some of the activities with the most notable gaps were strategic planning, monitoring and evaluation, social mobilization, and training. Activities such as MDA, M&E, morbidity management and strategic planning make up most of the PNLMTN's cost, approximately 87%, reflecting key program prioritized activities. Additionally, the analysis highlighted that 96.3% of the total funding received by the PNLMTN comes from external partners. The government contributes about 2% of the program funding covering salaries and operations related costs. These results further emphasize the need for mobilization of resources at both the national and district levels to sustain the PNLMTN's continuous work towards the control and elimination of NTDs.

This experience helped the program further understand the need to complete TIPAC early in the program year for planning and projection. In FY 2023, the TIPAC data analysis will be targeted specifically to guide

and inform the domestic resource mobilization workshop, which will focus on advocating for government financing for community health workers (RECOs and CHWs). The program will leverage TIPAC results in addition to other PNLMTN data, including the ICH pilot results, to develop key messages to engage key stakeholders. During the workshop, Deloitte and Hellen Keller will support the PNLMTN in completing a budget mapping exercise to ensure the PNLMTN is familiar with the national budget process and its stakeholders. Understanding the national budget process will facilitate timely PNLMTN engagement with key stakeholders and inform decision-making to strategically advocate for the sustainable financing of community health workers locally. As a result of this workshop, the PNLMTN will be better prepared to convene and engage key stakeholders to mobilize domestic funding.

### **Prioritized activities**

#### **Implementation of the integrated community health national policy in two districts (Kindia, Forécariah)**

The pilot of the integrated community health (ICH) platform in Kindia and Forécariah is planned to take place in September FY 2022. The protocol for this activity was validated at a workshop in Kindia in April 2022 with stakeholders present from the PNLMTN, Directorate of Community Health, Kindia and Forécariah districts, Helen Keller, Sightsavers, and FHI 360. This workshop determined the approach that will be used in the pilot and the implementation phase that will begin after the first pilot year. It includes the differences in MDA, supervision, reporting, and financing between the traditional MDA and pilot approach. The approach strives for more sustainable NTD programs by integrating MDA into the community health service delivery platform. After the pilot is completed in FY 2022, a workshop will be held with stakeholders from the district level and central level to share results and determine the next steps for the scale up of implementation. This will confirm the districts that will pilot the ICH activity in FY 2023 and determine if there are any adjustments that need to be made to the protocol for the implementation of the ICH activity in the original two districts (Kindia and Forécariah) and the new pilot districts (Dabola, Faranah, Dinguiraye, Kissidougou) in the FY 2023 MDA.

#### **Evaluation of the integrated approach in Kindia and Forécariah**

After the implementation of the pilot in September 2022 in the two districts (Kindia, Forécariah) mentioned in previous activity, an evaluation will be conducted to determine the effectiveness of the ICH approach in early FY 2023. It will assess the differences in cost, coverage, and long-term sustainability for NTD programs. This will be done by both looking at the coverage of the MDA, conducting a cost comparison with the MDA completed in these districts in FY21 and by asking questions to the RECOs and community members to understand if there were challenges in implementing this approach and how the population perceived the delivery of the integrated MDA. In addition, the CHWs will be responsible for monitoring the implementation with supervision oversight from the NTDP and Helen Keller. The PNLMTN and Directorate for Community Health aim to take the ICH approach to scale in Guinea. Before determining the next stage of the scale up, national stakeholders will review and discuss the results and lessons learned from the results of the FY 2022 pilot as both the results and the lessons learned will inform how the model will be scaled up and if there is a need to revise the protocol before implementing in FY23.

#### **Pilot the integrated community health approach in four HDs (Dabola, Faranah, Dinguiraye, Kissidougou)**

Based on the findings from the FY 2022 ICH pilot in Kindia and Forécariah, the PNLMTN, district health teams, Directorate of Community Health, and Helen Keller in consultation with FHI360 and USAID will meet to discuss a roll out plan for the scale up of the program to additional districts in FY 2023 and address any challenges in the sustainability of the program, cost effectiveness, or coverage. This meeting, tentatively planned for November 2022 shortly after the FY 2022 MDA and will inform the updated pilot approach that will be used in FY2023. In FY 2023, the scale up to the selected districts will occur as a pilot

program in Dabola, Faranah, Dinguiraye, Kissidougou. However, based on the evaluation of the pilot and the meeting to share results, the districts that were selected to pilot in FY23 may change based on the results and the prioritization of the NTD program and other national stakeholders.

### **Review and validate the NTD modules and tools in the national integrated community health curriculum for RECOs and ASCs**

During the validation of the pilot approach protocol for Kindia and Forécariah in April FY 2022, the Directorate of Community Health shared the curriculum for training Community relays and CHWs, which includes NTD treatment protocols. However, the curriculum lacks certain components, including prevention, communications, and STH treatment protocols. Therefore, the PNLMTN determined it would be essential to review, update, and validate the community health curriculum in FY 2023 before it is used in the FY 2023 training of RECOs and CHWs. This will be done by reviewing the current curriculum, and then a three-day meeting will be held to update and validate the materials with stakeholders from the PNLMTN, Community Health Directorate, Act | West, and Sightsavers. The three-day meeting will be held in Kindia.

### **Meeting to share results and experiences of the pilot with relevant stakeholders**

Once the evaluation has been completed and validated by the PNLMTN in early FY 2023, a meeting will be held in Conakry as a precursor to the DRM meeting. The PNLMTN will invite stakeholders from the districts, MOH, MOF, and implementing partners to share the results of the evaluation and demonstrate the benefit of financing the ICH approach for more efficient and accessible health services. This one-day meeting will inform the stakeholders that are invited to the DRM meeting on the benefits of preventing and treating NTDs through the ICH approach, the long-term benefits for sustainable NTD and other health sector programs, and advocate for sustainable financing at all levels of the health system. The purpose of this meeting is to share results from the pilot and build support for the sustainable financing of RECOs and CHWs to implement the ICH approach.

### **Meeting to advocate for the mobilization of resources at the community level to include the RECOs into the Annual Development Plan**

Given the focus on the sustainable financing of the integration of NTDs into the ICH platform, Act | West will support the PNLMTN plan and conduct a one-day roundtable in Kindia focused on strategic advocacy to mobilize resources for the domestic financing of RECOs and CHWs. The roundtable will focus on advocating for the inclusion of RECOs/CHWs salaries into decentralized cash transfers through the National Agency for Financing Local Communities (*ANAFIC - Agence Nationale de Financement des Collectivités Locales*). The roundtable will convene key stakeholders that can influence the mobilization of resources for the ICH platform and support the scale-up for sustainable NTD programs. The PNLMTN, in collaboration with Act | West, will use the TIPAC analysis and ICH pilot results to develop targeted messages to advocate for domestic funding. As a result of this workshop, the PNLMTN will have the necessary tools to engage with stakeholders and ensure that they adhere to commitments made at the roundtable.

**IR3 PLANNED ACTIVITIES: SCH, STH:****Schistosomiasis****Plan and justification for FY 2023****MDA**

In FY 2023, Act | West will support the PNLMTN to conduct the integrated OV/SCH/STH MDA in 19 HDs, with IVM, ALB, and/or PZQ:

- IVM + PZQ + ALB (13 HDs)
  - LF/OV/SCH/STH in two HDs (Faranah and Kissidougou)
  - OV/SCH/STH in ten HDs (Kankan, Kérouané, Kouroussa, Kindia, Lélouma, Beyla, Guéckédou, Lola, Macenta, and N'Zérékoré)
  - LF/OV/SCH in one HD (Koundara)
- IVM + PZQ (6 HDs)
  - OV/SCH in six HDs (Gaoual, Dinguiraye, Siguiri, Koubia, Mamou, and Yomou)

**DSA**

No DSAs for SCH are planned in FY 2023.

**Soil-transmitted helminths****Plan and justification for FY 2023****MDA**

In FY 2023, Act | West will support the PNLMTN to conduct STH MDA in 14 HDs through the integrated LF/OV/SCH/STH MDA (see LF/OV/SCH sections and as follows):

- IVM + PZQ + ALB (12 HDs)
  - LF/OV/SCH/STH in two HDs (Faranah, Kissidougou)
  - OV/SCH/STH in ten HDs (Kankan, Kérouané, Kouroussa, Kindia, Lélouma, Beyla, Guéckédou, Lola, Macenta, N'Zérékoré)
- IVM + ALB (2 HDs)
  - OV/STH in two HDs (Mandiana, Forecariah)