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Act to End Neglected Tropical Diseases | West FY 2024 Work Plan – Cameroon

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I. ACRONYM LIST

ALB	Albendazole
APOC	African Program for Onchocerciasis Control
CBTI	Community-Based Treatment with Ivermectin
CCU	Central Coordination Unit
CDD	Community drug distributor
CDTI	Community-directed treatment with ivermectin
CRFILMT	Research Center on Filariasis and other Tropical Diseases (<i>Center de Recherche sur les Filarioses et autres Maladies Tropicales</i>)
COSA	Health Area Health Committees (<i>Comités de Santé des Aire de Santé</i>)
DMO	District Medical Officer
DRM	Domestic Resource Mobilization
RDPH	Regional Delegations of Public Health (<i>Délégations Régionales de la Santé Publique</i>)
DSA	Disease-specific Assessment
EU	Evaluation Unit
ESPEN	Expanded Special Project for Elimination of Neglected Tropical Diseases (WHO)
FTS	Filariasis test strips
FY	Fiscal year
HD	Health District
Helen Keller	Helen Keller International
ICT	Immunochromatographic
IDP	Internally displaced person
IEF	International Eye Foundation
ISM	Institut Supérieur de Recherche Médicale
IVM	Ivermectin
JRSM	Joint request for selected PC medicines
LF	Lymphatic filariasis
MDA	Mass drug administration
MINCOM	Ministry of Communication
MINEDUB	Ministry of Basic Education
MINESEC	Ministry of Secondary Education
MDP	Mectizan® Donation Program
MMDP	Morbidity Management and Disability Prevention
MOH	Ministry of Public Health (MOH)
NCEOLF	National Committee for the Elimination of Onchocerciasis and Lymphatic Filariasis
NGO	Non-governmental Organization
NTD	Neglected tropical disease
OSF	Ophtalmo Sans Frontières
OV	<i>Onchocerca volvulus</i>
PBF	Performance-based financing

PC	Preventative chemotherapy
PCR	Polymerase chain reaction
PNLO	<i>Programme National de Lutte contre l'Onchocercose</i> (National Program for OV control)
PNLCé	<i>Programme National de Lutte contre la Cécité</i> (National Program for Blindness Prevention)
PNLSHI	<i>Programme National de Lutte contre la Schistosomiase et les Helminthiases Intestinales</i> (National Program for SCH and STH control)
PZQ	Praziquantel
QI	Quality improvement
RDPH	Regional Delegation of Public Health
RFHP	Regional funds for health promotion
RTI	Research Triangle Institute
SAFE	Surgery, Antibiotic therapy, Facial cleanliness, and Environmental change
SAE	Serious adverse event
SCH	Schistosomiasis
SCT	Supervisor's coverage tool
SOP	Standard operating procedure
SCH	Schistosomiasis
STH	Soil-transmitted helminths
TA	Technical assistance
TAS	Transmission assessment survey
TEO	Tetracycline eye ointment
TF	Trachomatous inflammation – follicular
TIPAC	Tool for integrated planning and costing
TIS	Trachoma impact survey
TOR	Terms of reference
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

II. NARRATIVE

1. NATIONAL NTD PROGRAM OVERVIEW AND SUPPORT:

Located in Central Africa, Cameroon spans an area of 475,650 square kms. The estimated population as of 2024 is 28,758,503. The health system has the following structure:

- 10 Regional Delegations of Public Health (*Délégations Régionales de la Santé Publique* [DRSPs]), with regional hospitals as well as private and public hospitals with facilities.
- 200¹ Health Districts (HDs). Each HD has a district hospital and several primary health care centers.

Cameroon is endemic for all five preventive chemotherapy neglected tropical diseases (PC-NTDs): lymphatic filariasis (LF) in 144 HDs, onchocerciasis (OV) in 119 HDs, schistosomiasis (SCH) in 153 HDs, soil-transmitted helminths (STH) in 200 HDs and trachoma in 24 HDs. Concerning SCH, the national program considers districts with a hyper-endemic health area as totally endemic to SCH. Three national disease-specific programs are involved in the control and elimination of PC-NTDs:

- The National Program for Onchocerciasis Control (PNLO), which focuses on OV and LF
- The National Program for Blindness Prevention (PNLCé), which focuses on trachoma
- The National Program for Schistosomiasis and Soil-Transmitted Helminths Control (PNLSHI)

In 2010, Cameroon integrated disease-specific programs into a single NTD program with the support from the U.S. Agency for International Development (USAID) through its NTD Control Program, managed by RTI International and implemented by Helen Keller International (Helen Keller). Specifically, USAID support was received through the ENVISION project from 2010 to 2019 and via Act | West (managed globally by FHI 360) since 2018. The Central Coordination Unit (CCU) of the Ministry of Health (MOH) coordinates integrated control activities for the five PC-NTDs through the three national NTD programs and at the regional level. Health district management teams organize and implement the activities at the district and community levels. Community-based platforms are used for LF, STH, OV, and trachoma mass drug administration (MDA) and school-based platforms are used for SCH and STH MDA. MDA is conducted by community health workers, community drug distributors (CDDs), and teachers. The regional and district referral hospitals oversee the management of serious adverse events (SAEs), should they occur during MDA.

As of July 2022, all 144 LF endemic HDs have passed the first transmission assessment survey (TAS 1) and met the criteria to stop LF MDA in Cameroon. Of these, 143 of 144 HDs have passed TAS2 with the final TAS2 planned in Akwaya HD in FY 2024. At the time of writing, a total of 59 HDs have successfully passed TAS3. The results of the TAS 3 survey in 37 health districts conducted in FY 2023 showed that interruption of the transmission had been sustained in these districts, bringing the number of health districts in Cameroon that have completed TAS3 to 96. OV MDA is ongoing in all 119 meso/hyper-endemic HDs. Of the 24 HDs endemic for trachoma, Kolofata stopped MDA in 2011 (support for MDA and surveys was through a research partner), and all other 23 HDs passed the trachoma impact survey (TIS) between 2014-2017 and met the criteria for stopping MDA (trachomatous inflammation—follicular [TF] among children aged one to nine years <5%). In FY 2019, the results of the trachoma surveillance surveys (TSS) conducted in those 23 HDs revealed trachoma was recrudescing in three HDs: Goulfey (TF=6.91%), Makary and Fotokol (TF= 10.01%), therefore warranted a restart of MDA in these three HDs. After one round of MDA in Goulfey HD in FY 2021, TIS was conducted in FY 2022, where the results revealed that Goulfey was below the stop MDA threshold once again (TF= 3.75%). The MOH completed a third round of MDA in

¹ The number of HDs increased from 197 to 200 following a 2022 redistricting.

Makary and Fotokol in FY 2022 and will carry out re-TIS in December 2023 (as FY 2023 carry-over). In addition, USAID supported re-mapping in Kolofata in FY 2022 due to results from a survey in 2013 indicating that TF prevalence had increased to over 5% two years after MDA had stopped (TF prevalence =5.8%). Therefore, the MOH organized a round of MDA in the HD in FY 2023 and will carry out the TIS in FY 2024.

LF, trachoma, OV, SCH, and STH are targeted for elimination as public health problems as per Cameroon's National Strategic Plan for NTDs. The Act | West Program is working to build capacity, ownership, and leadership of the PNLO, PNLCé, PNLSHI, and the MOH to ensure that NTD elimination and control objectives are achieved, and that Cameroon sustains progress in the long term. This support includes MDA and DSA for OV, LF, and trachoma, as well as elimination dossier development.

Activities supported by the host government partners

The Government of Cameroon provides support to the MOH and NTDPs 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, ownership, and leadership within the CCU, the PNLO and the PNLCé to ensure that NTD elimination and control objectives are achieved, and that progress is sustained by Cameroon in the long term. This support includes strategic planning, dossier development, MDAs, DSAs related to LF, trachoma and OV. SCH/STH MDA is supported by Sightsavers for Far North, North, Adamaoua, East, West, South and Littoral and Good Neighbors in the Center region.

2. IR1 PLANNED ACTIVITIES: LF, TRA, OV:

i. Lymphatic filariasis

Proposed FY 2024 activities:

➤ MDA

In FY 2024, no LF MDA is planned.

➤ DSA

The following TAS are planned in FY 2024 :

- TAS2 in 1 HD (Awkwaya HD in the South-West region)
- TAS3 in 47 HDs/21 EUs (Adamaoua (3 HDs), Center (5), East (3), Far North (1), North-West (20) and South-West (16) regions)

Dossier Status for LF:

In FY 2024, Act | West will support two dossier development meetings. Each meeting will last one day and will be organized by the CCU (three staff), with attendance from the national program (three staff), Helen Keller–Cameroon (four staff), and NGO partners (seven staff). Participants will evaluate the progress made towards completion of the draft of the dossier and will fill in or update the document if necessary. They will also discuss solutions for any challenges and/or delays. In the month before each meeting, a small working group made of CCU (one staff), PNLO (two staff), and Helen Keller–Cameroon (one staff) will consolidate additional information and update the dossier narrative accordingly.

ii. Trachoma**Proposed FY 2024 activities:****➤ Trachoma MDA**

Trachoma MDA (in Kolofata, Makary and/or Fotokol) will only take place in FY 2024 if the re-TIS indicates a need.

➤ DSA**Re-TIS in Kolofata Health District**

The TIS is scheduled for December 2023, six months after the last round of MDA in June 2023. Act | West will support the TIS budget, while the PCR and serology components will be supported by a grant from the Task Force for Global Health.

Re-TSS in Goulfey Health District

According to the WHO guidelines, the national program intends to conduct Re-TSS in Goulfey in FY 2024 with technical and financial support from Act | West.

Dossier Status for trachoma:

In FY 2024, Act | West will continue to provide technical assistance (TA) for the dossier development by supporting two, one-day meetings to bring together the CCU (three staff), the national program (three staff), Helen Keller (four staff), and Sightsavers (three staff). Participants will update the dossier using data from recent DSAs (including re-TSS in Goulfey, TIS in Kolofata HD) and MDA data from Kolofata HD. They will also continue to update information related to the S, F and E components as they become available.

iii. Onchocerciasis**Proposed FY 2024 activities:****➤ MDA**

In FY 2024, Act | West will support OV treatment in 119 OV-endemic HDs. As discussed in Ghana during the OV program review meeting, in FY 2024 Act | West will support Test and Not Treat (TaNT) in two HDs that are currently under partial MDA.

Test and Not Treat in 2 HDs

OV treatment in areas where loiasis is endemicity remains a challenge. There are currently nine of 119 HDs being partially treated with IVM due to co-endemicity with loiasis.

In FY2024, Act | West will support the OV treatment of 2 HDs (Eseka and Okola HDs), which are Loasis co-endemic using the TaNT strategy. Eseka and Okola HDs are located in the Center region, with 91,151 and 62,345 people respectively. Both HDs are currently under partial MDA with IVM. Eseka HD has seven out of eleven health areas that are never under MDA and Okola HD has six out of 11 health areas that are not under MDA but previously under TaNT under a research project. Okola was selected due to its previous experience in implementing TaNT and would be a relatively easy start. Eseka was selected because it has the highest number of untreated health areas due to co-endemicity with loiasis. The baseline prevalence of onchocerciasis for the Okola HD ranges from 9.1% to 20.0%, and for Eseka is 27.3%. The Okola loiasis prevalence data is 15-23% in the health areas that previously conducted TaNT and the Eseka prevalence is around 30%.

The PNLO will require technical support from the ISM (Institut Supérieur de Recherche Médicale, the former CRFiLMT) throughout the process.

The TaNT implementation process will start with the training sessions targeting supervisors, nurses, and CDDs. Training will provide an overview of the OV, loiasis, OV treatment process using TaNT approach. After the training sessions, a sensitization campaign will be carried out in all the targeted communities to inform the residents about the program. The campaign should focus on details concerning the diseases (onchocerciasis and loiasis), their consequences and their treatment.

Following the sensitization, the CDDs will organize the census of persons of 5 years of age or older who provide consent or assent, then the nurses and the TaNT teams (Blood Drawers and LoaScopists or LoaScope operators) will plan and organize the quantification of *L. loa* microfilarial density with the loascope at a center point of communities and the provision of treatments with ivermectin to eligible persons that are not at risk of SAEs (*Loa loa* microfilaraemia lower than 20,000 mf/mL). The treatments in the overall health area will be supervised by trained supervisors. The treated persons will be closely monitored for adverse events.

➤ **Supervision**

To ensure quality assurance of community-based MDA, several supervisors will conduct field trips during the campaign, including the nurses in charge of the health areas, members of the HD management team, the NTD staff of the RDPHs, the MOH central level staff, and staff from Helen Keller – Cameroon. The Supervisor's Coverage Tool (SCT) will continue to be used during field supervision. Supervisors will also use the COVID-19 checklist for MDA.

QI model learning sessions at the district level in the Center region

In FY 2024, Act | West will support the extension of QI to additional health areas within these OV districts. The interventions will be in line with the package of change ideas already implemented and will consist of increasing the involvement of village chiefs and community leaders in raising MDA awareness and strengthen the supervision of CDDs to increase therapeutic coverage from 65% to 80%. In all the targeted HDs, QI teams will set up learning sessions to assess progress and determine next steps during the post-MDA review meetings. Act | West will also provide support to the MOH to develop a QI technical brief summarizing the experience in OV HDs.

➤ **DSA**

Breeding site mapping in 32 HDs In FY 2024, Act | West will support breeding site mapping in the 32 hypo endemic HDs that were treated for LF for six rounds to facilitate the identification and selection of first-line villages for serological impact monitoring or pre-stop surveys that will be implemented in FY 2025.

Exclusion mapping (desk review and field prospection) in 44 IVM-naïve HDs (26 hypo-endemic and 18 endemicity unknown)

In FY 2024, Act | West will support the MOH to conduct exclusion mapping in 44 IVM naïve HDs in the Center (16), East (11), Littoral (12) and South (5) regions, including desk review and field prospection. The results will exclude HDs for further OEM surveys and identify HDs that should move on to the next step of serological surveys. This survey is part of Strategic Priority 3 (Strengthen monitoring and evaluation, surveillance, operational research, and coordination for the elimination of OV) of the MOH Strategic Plan for the Elimination of OV 2022-2026.

3. IR2 SUSTAINABILITY AND HSS STRATEGY ACTIVITIES

i. System strengthening

1. DATA SECURITY AND MANAGEMENT

All MDA data is collected on CDD registers, HD and health area data summary sheets, and regional databases. These tools are updated and reproduced each year prior to MDA, except for CDD registers which are updated and reproduced every three years (the last update was in 2021).

At the central level historical MDA and DSA NTD data up to 2019 have been uploaded to the DHIS2 platform. Data entry has been scaled up for all regions of the country for school-based deworming campaigns (STH and SCH) in FY 2022. Data collection for the Mectizan distribution campaign through DHIS2 has been implemented in 20 HDs of the West region since 2020. The scaling-up of the data collection system for NTD control activities of all five CTP NTDs via this platform is ongoing.

The MoH plans to use the DHIS2 platform for all health programs nationwide. As Cameroon prepares to submit elimination dossiers to the WHO, the reliability and accuracy of NTDP data is of utmost importance in addition to NTD data security. The Data Security Policy activity focuses on assessing and improving the documentation of NTD data security roles, guidelines, and responsibilities in line with national standards and best practices. In FY 2022, the CCU, with TA from Deloitte, developed the data security SOP. In FY 2023, Act | West provided support to the CCU to monitor the implementation of the data security SOP recommendations at the HD level and will continue to support the expansion of the roll out at all levels in FY 2024. Act | West will provide technical support to the MOH through supervision at the health area and HD level to monitor the implementation of these policy recommendations and update them in collaboration with the CCU and NTDP as necessary.

2. DRUG MANAGEMENT

In FY 2024, the MDP will donate IVM for the OV MDA. Act | West will also purchase filariasis test strips (FTS) for the LF surveys (TAS3).

➤ *Drug quantification and completion of JAP for 2024*

During the FY 2024 OV MDA, Act | West will provide technical support to the CCU to finalize the NTD drug order through a national workshop. The CCU, in consultation with all NTD programs, submits a joint drug order to WHO. The quantities are estimated based on data from the previous year. The order is then analyzed and approved by WHO. The workshop will help ensure that the drug application is submitted in a timely manner and with accurate data. Act | West will cover the costs of coffee breaks for 27 participants for a one-day meeting.

➤ *Reverse logistics*

Act | West will provide TA to support the reverse logistics for remaining drugs after the MDA in the 10 regions.

Management of serious and adverse events (AEs)

Since the beginning of the FY 2023 OV MDA campaign, all adverse events (AEs) reported were minor and managed with supportive treatment, as stipulated in the guidelines developed for NTD campaigns. In case of an SAE, the Regional Delegation of Public Health in charge notifies the PNLO, Helen Keller, and the

Technical Advisor for Loiasis, equipped with the tools and personnel to investigate potential causes. Both the MOH and Helen Keller support operating costs associated with reporting SAEs to drug manufacturers and donors, as required by WHO and MDP guidelines. Helen Keller will also support the PNLO and the Regional Delegations of Public Health to notify all partners within the 24 hours after a SAE occurs.

Supply Chain Mainstreaming Technical Assistance

In FY 2022, Act | West provided support to the NTDPs to conduct assessments of NTD drug warehouse practices and conditions. Visits were made to the national warehouse, ten regional warehouses, and 11 district-level warehouses to assess causes of drug expiration and stockouts, physical conditions of storage spaces and drugs, post-MDA reverse logistics, pharmaceutical waste management processes, and inventories. The assessment revealed trends in warehousing challenges and recommendations for district- and national-level supply chain stakeholders to improve reverse logistics and strengthen MOH-led supervision of NTD drug management. Act | West will continue providing technical assistance to the CCU and NTDPs to help strengthen the NTDPs' capacity to improve NTD drug supply and warehouse storage processes.

In FY 2023 Act | West initiated a desk review of the warehouse assessment, that will be completed in FY 2024. As part of this desk review process, Act | West will work closely with country counterparts and NTDPs to gather relevant documents including previous supply chain assessments, Directorate of Pharmacy, Medicines, and Laboratories (DPML) and Directorate for the Fight against Disease, Epidemics and Pandemics (DLMEP) supply chain strategies and policies, country reports, and other resources. The purpose of the desk review, with support from Deloitte is to fill in knowledge gaps on the current state of supply chain and highlight key factors that may impact successful integration including MOH supply chain system priorities, political dynamics, and stakeholders involved in decision-making. The results from the desk review will be used to support the development of the Sustainability Plan by contextualizing and elaborating parameters within the Sustainability maturity model (SMM) . This will be done to support the CCU to identify concrete steps to include strategic activities in the sustainability plan in FY 2024 to support supply chain integration.

ii. SUSTAINABILITY

Proposed FY 2024 activities:

Governance activities

Sensitization meeting: In FY 2024, Act | West will support the MOH to organize a one-day sustainability sensitization meeting with top government officials from the MOH, education sector, Water Sanitation and Hygiene (WASH) sector, various health and non-health related programs, and NTDs in-country partners.

Landscape and barriers analysis for cross-sector collaboration

In FY 2024, Act | West will support the hiring of a consultant to support a cross-sectoral and health system landscape analysis with support from the Cameroon team and global Act | West team. During the planning of the sustainability assessment, Act | West will work closely with the CCU to refine the methods and tools used in other nine Act West country that have developed a NTD sustainability plan to ensure that the process and tools are aligned with country context. This process will include in country direct interviews, focus groups and one workshop of three days for national stakeholders to discuss and validate the findings of the landscape and cross sector barrier analysis.

Financial gaps analysis using tool : TIPAC data entry workshop (**Location: Yaoundé, Center region**

In FY 2024, Act | West will provide technical and financial support for a five-day workshop in Yaoundé to support the CCU to complete TIPAC data entry. Participants will include key NTDP/CCU staff and other implementers such as Sightsavers and Perspective. The objective of this workshop is to support the NTDP to enter information and data into TIPAC in preparation for financial analysis and strengthen capacity and competencies necessary for future TIPAC data entry. Act | West will support the NTDP in reviewing the completed TIPAC to ensure all data was entered properly and there are no gaps or inaccuracies that could affect the TIPAC Data Analysis Workshop. The completed TIPAC tool will enable an updated financial-analysis to review costs and funding needs across all NTDs, as well as inform the landscape analysis.

Financial gaps analysis using TIPAC tool: TIPAC data analysis workshop

Following the TIPAC data entry workshop, Act | West will support a three-day workshop for the CCU/NTDP to review programmatic costs and organize evidence on the value of investing in NTDs. This activity will be an opportunity to understand the current financial landscape, financing gaps, and map out the MOH budgeting process and priorities to identify entry points and timelines.

Sustainability Maturity Model workshop

In FY2024 Act | West will support a four-day guided self-assessment workshop using the SMM approach for both measuring and articulating gains over time in sustainability and facilitating country ownership. Using the results of the landscaping analysis and through the application of the SMM, Act | West will provide technical assistance to the NTDP in conducting an in-depth analysis with key stakeholders, identifying gaps and key opportunities in relation with the six sustainability outcomes. The results, along with the results of the landscape analysis, will inform the creation of the Sustainability Plan that is planned to be completed in the next fiscal year.

4. IR3 PLANNED ACTIVITIES: SCH, STH:

USAID currently does not support SCH/STH activities in Cameroon.

Proposed FY 2024 activities: NTD Technical Committee Meetings

Act | West will support two of the four technical committee meetings in FY 2024. The meetings will last two days and will be held quarterly in Yaoundé. Each meeting will bring together 23 participants representing the MOH, CCU, PNLO, PNLCE, PNLCHI, Helen Keller, PersPective, Sightsavers, and ISM, as well as other technical partners. The NTD Technical Coordination Committee convenes to discuss the coordination of NTD activities. Participants will evaluate the activities planned during the previous period to update the annual NTD roadmap, restate objectives, and revise activity timelines according to the local context. These meetings also provide an opportunity to address potential bottlenecks in progress on the LF and trachoma elimination dossiers.

Proposed FY 2024 activities: Onchocerciasis elimination committee meeting

The meeting will be held over three days and convene 25 participants, including 13 members of the OV committee, as well as participants from NGOs, the NTD Coordination Unit, national programs and other technical partners and research center (ISM). The members of this committee include national and international experts, including from WHO, USAID, and Helen Keller. As part of the effort to eliminate

NTDs in Cameroon, these members are responsible for assessing and issuing scientific and technical opinions on the programs and projects for the prevention of OV and LF developed and implemented in the country. The committee will convene to assess the progress made against the meeting recommendations held in 2023. Act I West will support per diem and transportation for national committee members and MOH participants, as well as coffee breaks, lunch, and stationery.