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Act to End Neglected Tropical Diseases | West

FY 2024 Work plan–Mali

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I. Acronym List

AE	Adverse event
ALB	Albendazole
ANTIM	Agence Nationale de Télésanté et d'Informatique Médicale (Telehealth and Medical Information National Agency)
CDD	Community drug distributor
CDPFIS	<i>Centre de Documentation, Planification, Formation et de l'Information Sanitaire</i> (Center of Documentation, Planning, Training and Health Information)
CES	Coverage evaluation survey
CIND	Country Integrated NTD Database
CNHF	Conrad N. Hilton Foundation
CNIECS	<i>Centre National d'Information, d'Education et de Communication pour la Santé</i> (National Center for Health Information, Education, and Communication)
CNPVTM	<i>Le Comité National Pour la Validation de l'Elimination du Trachome au Mali</i> —the National Committee for the Validation of Trachoma Elimination in Mali
CSCOM	<i>Centre de Santé Communautaire</i> (Community Health Center)
CSRef	Centre de Santé de Référence (Health Reference Center)
DBS	Dried Blood Spots
DGSHP	<i>Direction Générale de la Santé et de l'Hygiène Publique</i> (General Directorate of Health and Public Hygiene)
DIP	Direct Inspection Protocol
DRM	Domestic Resource Mobilization
DRS	<i>Direction Régionale de la Santé</i> (Regional Health Directorate)
DSA	Disease-specific assessment
DTC	<i>Directeur Technique du Centre</i> (Technical Director of the Health Center)
ECOWAS	Economic Community of West African States
END Fund	End Neglected Tropical Diseases Fund
EPIRF	Epidemiological Data Reporting Form
ESPEN	Expanded Special Project for Elimination of Neglected Tropical Diseases
EU	Evaluation unit
FEFO	First expiry, first out
FTS	Filariasis test strip
FY	Fiscal year
HA	Health Area
HD	Health District
Helen Keller	Helen Keller International
HSS	Health system strengthening
INSP	National Institute of Public Health
ITI	International Trachoma Initiative
IVM	Ivermectin
JAP	Joint application package
LF	Lymphatic filariasis
MCD	<i>Médecin-Chef de District</i> (Health District Chief Medical Officer)
MDA	Mass drug administration
MINUSMA	United Nations Multidimensional Integrated Stabilization Mission in Mali
MoH	Ministry of Health and Social Development
NGO	Non-governmental organization
NTD	Neglected Tropical Disease
NTDP	National NTD Programs
OCP	Onchocerciasis Control Program

OEC	Onchocerciasis Elimination Committee
OMVS	<i>Organisation pour la Mise en Valeur du Fleuve Sénégal</i> (Organization for the Development of the Senegal River)
OTZ	Operational Transmission Zone
OV	Onchocerciasis
PC	Preventive chemotherapy
PNEFL	<i>Le Programme National d'Élimination de la Filariose Lymphatique ou Éléphantiasis</i> (National Lymphatic Filariasis Elimination Program)
PNLO	<i>Programme National de Lutte Contre l'Onchocercose</i> (National Onchocerciasis Control Program)
PNLSH	<i>Programme National de Lutte Contre de La Schistosomiase et les géohelminthiases</i> (National Schistosomiasis/Soil-Transmitted Helminths Control Program)
PNSO	<i>Programme National de Soins Oculaire</i> (National Program for Eye Health)
PZQ	Praziquantel
SAC	School-age children
SAE	Serious adverse event
SAFE	Surgery–Antibiotics–Facial Cleanliness–Environmental Improvements
SCH	Schistosomiasis
SCI	Schistosomiasis Control Initiative
SDLM	Sub-Directorate for Disease Control
SOP	Standard operating procedure
STH	Soil-transmitted helminths
STTA	Short-term technical assistance
TA	Technical Assistance
TAS	Transmission assessment survey
TF	Trachomatous inflammation—follicular
TIPAC	Tool for integrated planning and costing
TIS	Trachoma Impact Assessment
TSS	Trachoma Surveillance Survey
TT	Trachomatous trichiasis
USAID	United States Agency for International Development
WASH	Water, sanitation, and hygiene
WHO	World Health Organization
WV	World Vision

II. NARRATIVE

1. NATIONAL NTD PROGRAM OVERVIEW AND SUPPORT

Mali is a West African country in the Sudano-Sahelian zone of Africa and covers an area of 1,241,238 km². Mali's population will reach an estimated 24,419,003 by 2024, with most of the population concentrated in the southern and central regions of the country. The country is divided into nineteen administrative and political regions, the district of Bamako, 11 regional health directorates, 156 prefectures, and 819 rural and urban communes. There are 75 health districts (HDs) and 1,634 health areas (HA).

In Mali, integrated mass drug administration (MDA) of preventive chemotherapy for neglected tropical diseases (PC-NTDs) has been implemented since 2007 with support from the United States Agency for International Development (USAID), first through the NTD Control Program and later the ENVISION project. The END Fund has a history of supporting NTD activities in Mali, notably by stepping in to support MDA from 2012–2014 when USAID funding was suspended due to political instability in the country and continues to support onchocerciasis (OV) activities and lymphatic filariasis (LF) morbidity management in Mali, along with Sightsavers. Some coverage gaps do exist (see each disease specific section for further information on coverage gaps). Elimination strategies have been developed for LF, OV, and trachoma, and control strategies for schistosomiasis (SCH) and soil-transmitted helminths (STH). The Ministry of Health and Social Development (MoH) focuses on these five PC-NTDs through four NTD programs: the National Lymphatic Filariasis Elimination Program (PNEFL), National Onchocerciasis Control Program (PNLO), National Schistosomiasis and Soil Transmitted Helminths Control Program (PNLSH), and National Program for Eye Health (PNSO). Since 2008, Helen Keller Intl (Helen Keller) has provided technical assistance (TA) to the MoH, establishing a longstanding relationship with the national program as implementing partner of both USAID and END Fund supported projects. The current Act to End Neglected Tropical Diseases | West (Act | West) program began in August 2018 and will continue to support integrated NTD control in fiscal year (FY) 2024. Act | West is managed globally by FHI 360, with Helen Keller serving as the lead implementing partner in Mali. World Vision (WV) and Deloitte are also consortium partners, providing TA on health system strengthening and sustainability initiatives implemented within the Act | West program.

The NTD programs collaborate under the Sub-Directorate for Disease Control (SDLM) which is attached to the General Directorate of Health and Public Hygiene (DGSHP). Regional Health Directorates (DRS) represent the DGSHP at the regional level and in Bamako. Each DRS provides technical and institutional support to the HDs. Within each DRS, there is a focal point for all NTDs who coordinates NTD control activities under the supervision of the Regional Health Director. At the HD level, there is a focal point for all NTDs that monitors and coordinates NTD control and elimination activities (along with other health activities unrelated to NTDs) under the supervision of the health district chief medical officer (MCD). The Directorate of Health at the HD level provides planning, training, and supervision to the various HAs in their district. At the HA level, the technical directors of the health centers (*Directeurs Technique du Centre* – DTCs) are responsible for the provision of health services and the implementation of activities at the community level.

Mali has made tremendous progress towards the elimination and control of NTDs. With USAID support, 100% geographical coverage has been achieved for all PC-NTDs since 2009. USAID, the International Trachoma Initiative (ITI), and the Conrad N Hilton Foundation (CNHF) supported trachoma MDA.¹ With

¹ USAID funding for NTDs in Mali was suspended from 2012-2014 following a coup d'état. USAID funding for trachoma activities did not resume after the suspension in 2012.

the continued support of CNHF, MDA was last conducted in 2016 and the elimination target for trachomatous inflammation – follicular (TF) was met in all endemic HDs with the last trachoma impact survey (TIS) conducted in 2017. The target of less than 0.2% of trachomatous trichiasis (TT) in adults aged 15 years and older was met in the country in July 2022, after the completion of a TT-only survey in the last remaining HD, Koro. In April of 2023, the World Health Organization (WHO) validated Mali as having eliminated trachoma as a public health problem, making it the sixth country in WHO’s African Region to achieve this significant milestone.

The PNEFL completed the last LF transmission assessment surveys (TAS1) in November 2020. All 75 HDs in the country have now passed TAS1, qualifying all HDs to stop mass treatment for LF. Current projections indicate the final TAS3 surveys will be completed in 2025. Assuming all surveys pass, the PNEFL will submit the LF elimination dossier in 2025. The PNEFL continues to monitor and update the draft dossier each year with the latest survey results and work with all relevant stakeholders, including national experts, research institutions and technical and financial partners, to ensure the dossier meets WHO requirements.

OV elimination activities in Mali are supported by the END Fund, Sightsavers, and Act | West. The PNLO conducts OV MDA each year with ivermectin (IVM) in 20 HDs. According to the OV elimination strategic plan, MDA will be implemented every year until HDs meet the criteria for stopping mass treatment through stop-MDA surveys. The results of pre-stop MDA surveys conducted in all operational transmission zones (OTZ) in Kayes, Koulikoro, Ségou, Sikasso and Mopti regions in 2020 revealed that all but two HDs, Kéniéba and Sagabari (equaling one OTZ), successfully qualified to conduct stop-MDA surveys. The entomological part of stop-MDA surveys began in 2021 in all OTZs and are ongoing. As for the serological part of stop-MDA surveys, field dried blood spot (DBS) sample collection has been completed, and results from the analysis have been received. Training on OV16 ELISA has been conducted, but laboratory analysis is dependent on reagents which also have not yet been made available to the PNLO and no timeline is currently available (The END Fund manages reagent supply for OV analyses). These challenges were discussed at length during the OV Elimination Committee (OEC) meeting held in July 2023. MDA will continue in 2023 and 2024 until the serological and entomological survey data are validated by the OEC.

Mali has made significant progress in the control of SCH and STH. In accordance with WHO, morbidity control of SCH is defined as prevalence of heavy infection <5% and for STH prevalence of moderate and heavy infection <2%. A SCH/STH data review workshop conducted in May 2021 noted significant progress, whereby of the 1,510 HAs, 210 had zero SCH prevalence, 586 low SCH prevalence (<10%), 403 moderate prevalence (10%–50%), and 311 high prevalence (>50%). In FY 2021, the PNLSH conducted MDA at the sub-district level for the first time. In FY 2023, the PNLSH implemented MDA in 741 HAs across 53 HDs and expanded coverage for adults in 71 high prevalence HAs (four HDs). The four HDs chosen for expanded coverage (Bafoulabé, Bankass, Niono, and Macina HDs) were selected based on cross-sectional sentinel site surveys conducted between 2014 and 2019 that demonstrated persistently high SCH prevalence (>50%) following at least 10 rounds of MDA since 2005, and according to the survey data from 2014-2019. To date, all HDs targeted for SCH MDA in FY 2023 completed the MDA, with the district and regional data review meetings to be held in August 2023, and the national data review planned for August 2023.

Representatives of the PNLH, WHO – Geneva, the Global Schistosomiasis Alliance and Helen Keller, convened with national technical experts to carefully examine STH data at the SCH/STH data review workshop in May 2021. At baseline, 65 HDs showed a prevalence between 1 and 20% and 10 HDs showed a prevalence above the 20% treatment threshold, with a national prevalence of 8%. Impact surveys conducted after years of integrated STH MDA showed that no HDs exceeded 10% prevalence (see section

“ii. Soil Transmitted Helminths” for more details). After a thorough examination of the data, the participants classified Mali as a country where STH is no longer a public health problem. WHO participants confirmed that all districts can stop mass treatment for STH.

Under the Act | West program, USAID provides support for MDA and disease-specific assessments (DSAs) for LF and SCH, as well as sustainability and health systems strengthening (HSS) activities, with technical support from WV and Deloitte. In addition to longstanding support from USAID through the Act | West program, additional stakeholders work with the NTD programs to implement complementary NTD activities in the country. END Fund supports the PNEFL and PNLO to conduct MDA and surveys for OV, as well as LF morbidity management. Sightsavers supports the PNLO to conduct training, drug delivery, supervision, and the data review meetings for OV MDA in Koulikoro and Sikasso regions. Sightsavers also supports OV entomological and serological surveys in these two regions. CNHF supported the PNSO in the elimination of trachoma as a public health problem, with Helen Keller, Sightsavers, and The Carter Center as implementing partners.

Activities supported by the host government partners

The Government of Mali provides support to the MoH to control and eliminate NTDs by providing staff salaries, infrastructure (office and meeting room facilities), MoH vehicles for NTD activities, and import exemptions for NTD drugs and consumables. Overall, the support provided by Act | West is aimed at building capacity, ownership, and leadership within the NTD programs (PNSO, PNFL, PNLO and PNLSH) and the MoH to ensure that NTD elimination and control objectives are achieved, and that progress is sustained by Mali in the long term. This support includes dossier development, MDAs, and DSAs related to LF, SCH, and STH.

2. IR1 PLANNED ACTIVITIES: LF, TRA, OV

i. Lymphatic filariasis

Proposed FY 2024 activities:

- **LF MDA**

No LF MDA is planned for FY 2024 as all HDs have met the criteria to stop MDA.

- **DSA**

In FY 2024, the PNEFL plans to carry out TAS3 in three EUs (11 HDs) in the regions of Tombouctou and Taoudenit with Act | West support.

Local authorities will monitor security and determine the safest time to conduct TAS3. As in prior TAS, the PNEFL will train health workers (doctors, pharmacists, biologists, etc.) from the targeted districts to function as surveyors. Following a three-day training workshop in Tombouctou, surveyors will return to their respective sites to conduct TAS3. The PNEFL and Helen Keller – Mali will monitor implementation with remote supervision via WhatsApp.

➤ LF Morbidity Management and Disability Prevention (MMDP) Case Estimates Survey in Koulikoro Region

In FY 2024, the PNEFL will conduct a survey to estimate the number of lymphoedema cases in two HDs with low quality LF morbidity data in Koulikoro region (Kolokani and Dioila), where many LF MMDP cases

have been reported in the past, and reported high LF baseline prevalence. This is a pilot phase, and more districts may be targeted in subsequent years to close the existing gaps in HDs lacking complete patient estimates. While there are gaps in hydrocele data, the active case identification requires suspected cases to undress in a discreet environment, and the diagnosis must be confirmed by a surgeon. For this reason, the survey will focus on lymphoedema cases, where there is currently a greater gap.

This FY 2024 activity is a pilot survey phase to estimate lymphoedema cases in two HDs. Based on the results and lessons learned from this pilot phase, the program will consider scaling up in the remaining districts to close the gap.

Dossier Status for LF

With Act | West support, the PNEFL hired a national consultant in FY 2021 to provide short-term technical assistance (STTA) in the development of draft zero of the LF elimination dossier narrative. In FY 2022, the PNEFL updated the dossier to include LF morbidity data. As in previous years, the PNEFL will host the annual workshop, scheduled in September in FY 2023, to update the draft of the LF elimination dossier narrative and Excel file. These workshops ensure the dossier is updated with the most recent LF program data (the last 12 months) in anticipation of submission of the LF elimination dossier in 2025.

- **Workshop to Update the LF Elimination Dossier**

In FY 2024, the PNEFL will organize a workshop to update the draft LF elimination dossier developed in FY 2021 and updated annually. This consolidated third draft will include the most recent survey and morbidity data. This will be a two-day workshop including two days of travel for 20 participants in Banankoro (Koulikoro region).

ii. Trachoma

Proposed FY 2024 activities

- **Trachoma MDA**

In FY 2024, no trachoma MDA is planned as all HDs have reached the criteria to stop MDA.

- **DSA**

No DSA is planned in FY 2024.

Dossier Status for trachoma

The *Comité National Pour la Validation de l'Élimination du Trachome au Mali* (the National Committee for the Validation of Trachoma Elimination in Mali – CNPVTM) was established in 2018 to prepare the dossier to submit to the WHO to review Mali's claim of eliminating trachoma as a public health problem. The PNSO's original plan to submit its dossier in 2020 was delayed by the COVID-19 pandemic, political unrest, and ongoing insecurity in the Mopti region. In 2022, with support from CNHF, the PNSO was able to complete the outstanding trachoma surveillance survey in Douentza HD, and limited *ratissage* (door-to-door case finding) in Koro HD, followed by a TT-only survey. With the completion of these activities and finalized results, the CNPVTM and a consultant finalized the dossier package, which was approved for submission to WHO by the MoH in December 2022. In April 2023, Mali received the official letter from WHO validating the elimination of trachoma as a public health problem in Mali. With this validation, Mali

becomes the 17th country in the world and the 6th country in the WHO Africa region to eliminate trachoma as a public health problem.

iii. Onchocerciasis

Proposed FY 2024 activities

USAID will not be supporting OV MDA or surveys in FY 2024. The following activities will be supported by END Fund and Sightsavers, where indicated.

➤ MDA

In FY 2024, the PNLO plans for MDA in 20 OV-endemic HDs, pending the validation of ongoing stop MDA survey results. END Fund will support the OV MDA.

➤ Supervision

In FY 2024, the PNLO will supervise all activities of the OV MDA campaign (from training of trainers to the distribution of IVM) in all regions with financial support from END Fund.

➤ DSA

In FY 2024, the PNLO plans to complete stop-MDA surveys, which are not yet completed as field data collection is ongoing and the laboratory analysis is not completed. These surveys will be supported by END Fund and Sightsavers. The districts targeted for the surveys will be confirmed during the FY 2023 OEC meeting, where FY 2023 survey results from Kayes, Koulikoro, and Sikasso will be discussed.

➤ OV Elimination Committee Meeting

In FY 2024, the PNLO plans to hold one OV Elimination Committee meeting, with co-funding from Act | West and END Fund.

Workshop to review data on cross-border OV control activities: Like its neighboring countries, Mali aims to eliminate OV as a public health problem. However, porous borders with neighboring endemic countries may create difficulties in reaching the OV elimination thresholds. The Kayes region in Mali borders Guinea and Senegal, which are both endemic for OV. Following the OV Technical Advisory Subgroup (OTS) guidelines and expert recommendations, the PNLO plans to exchange experiences with neighboring countries. The eco-climatic environments are different in all three countries, resulting in different epidemiological trends and impacting interventions in border districts. To obtain a clearer overview of the epidemiological situation in Guinea and Senegal, the PNLO plans to organize a three-day cross-border workshop to review OV data and the current OV control activities, bringing together national, regional, and district stakeholders from the three countries (Mali, Senegal, and Guinea).

The objectives of the workshop will be to share information specific to the border regions, including aspects of the OV epidemiological situation, control strategies previously and currently implemented, challenges encountered, best practices, and shared experiences. The workshop will create opportunities to identify specific problems and challenges for OV control, such as poor MDA coverage rates, insufficient community mobilization in OV control activities, and diagnostic challenges. The workshop will strengthen sub-regional coordination between the three countries to facilitate joint planning of cross-border activities. It is expected that OV mapping of the cross-border region will be available, allowing for participants to better understand the OV situation. This knowledge is expected to improve the targeting

of OV interventions and assist in the development of a sub-regional action plan which will draw on cross sectoral collaboration, capacity building, and better alignment of MDA campaigns.

The workshop will take place in Kéniéba district in Kayes region. The END Fund provides financial and technical support to the OEC meetings, however, as Act | West also has an interest in supporting OV activities, Act | West will co-fund the costs of the workshop, including venue rental, fuel, per diems, accommodation, coffee and lunch break, banners, and supplies.

Dossier Status for OV

The PNLO has not yet begun to develop the dossier on the elimination of OV in Mali. However, the process for determining when to begin dossier development was discussed during the recent OEC meeting in July 2023. One of the major recommendations from this meeting was to review program progress and existing data from the OCP to present, to compile all available data, and to present this information to the OEC at the next meeting planned in FY 2024. The OEC will assess what data is available, which gaps exist, and next steps to initiate the dossier development process in FY 2024.

3. IR2 SUSTAINABILITY AND HSS STRATEGY ACTIVITIES

i. SYSTEMS STRENGTHENING

1. Data Security and Management

Proposed FY 2024 activities

- **DHIS2 Consultant to Correct Nonfunctional Indicators, Add NTD Indicators, and Import Historical Data in DHIS2**

With the Act | West program support, Mali continues to make significant progress towards the security and harmonization of NTD data into the national health information system. While NTD data has historically been stored in the CIND, the MoH has officially designated DHIS2 as the health management system in the country, which is implemented at all levels of the country's health system. The lowest level of data input in the CIND is district level, however DHIS2 captures data down to the village level, which is useful for reflecting Mali's shift to conducting SCH MDA at the HA level. There have been ongoing discussions on how to improve and scale-up NTD program use of DHIS2 as a sustainable and secure way to store and use data, but a full transition to DHIS2 has been more challenging than expected. Persistent issues include internet connection issues in rural areas (particularly in districts in northern regions), issues with bulk import of historical data, and limited user editing permissions at certain levels of the health system, which has posed problems in integrating program and partner-led survey results and in correcting errors identified by national-level staff. Additional NTD indicators need to be added into DHIS2 and some currently included non-functioning indicators need to be corrected. In FY 2024 the CDPFIS is requesting that a consultant remedy the existing issues with DHIS2 while ensuring the new indicators are parameterized, verified, and that the historical NTD data is imported from CIND. The proposed consultation period is 60 days and will involve setting up the forms for the variables in the integrated database, importing historical data (since 1976), and creating dashboards. The NTD programs and Helen Keller will monitor and verify the concordance of data from parameterized forms and indicators in DHIS2. This verification will be carried out for each disease and for each form already parameterized. This work will facilitate a complete transition to DHIS2 in the country and allow for subsequent data management activities involving DHIS2 to proceed forward without further issue.

➤ **Dissemination and Implementation of data security SOPs (Helen Keller)**

The fourth and final phase of the data security policy TA will take place in FY 2024 and will involve the rollout and implementation of the data security policy SOP among DGSHP staff, which encompasses the NTD programs, and other relevant stakeholders. Act | West team in Mali will support the NTD programs in ensuring a smooth implementation process through orientation of relevant actors responsible for NTD data entry and management at the central and district level on the new SOP, making sure they have a clear understanding of the processes, procedures, and guidelines. Act | West will continue to work with the NTD programs to monitor the implementation of the SOP, which will be employed whenever there is a need to record, save, and/or store NTD data, and offer ongoing support to address any challenges or concerns that may arise, and document lessons learned from the implementation of the SOPs. These planned activities for FY 2024 are designed to strengthen data security processes and improve data quality as they work towards integrating NTD data into DHIS2 and preparing elimination dossiers for lymphatic filariasis

➤ **Workshop to parameterize in DHIS2 the key indicators of other sectors (livestock, education, nutrition, reproductive health, agriculture, and malaria) that are relevant for the NTD programs**

The MoH has prioritized the use of DHIS2 in Mali. With the support of Act | West in previous years, limited indicators of the NTD programs have been set up in DHIS2 and district-level NTD focal points have been trained on the use of DHIS2 in all regions of the country except the north. In FY 2023, NTD focal points from these regions (Tombouctou, Taoudenit, Gao, Menaka, and Kidal) will be trained.

Mali has made significant progress towards institutionalizing a multisectoral approach to controlling and eliminating NTDs via the NTD multisectoral coordination committee. All participants at the NTD sustainability plan development workshop recommended integrating indicators from other sectors into DHIS2, which would allow NTD programs to refine and improve their activities and improve using data for decision making and inform operational strategy. For example, TAS surveys would benefit from data on schools per district, while the PNLO could use water, sanitation, and hygiene (WASH) indicators to inform local outreach strategies. In FY 2024, Act | West will support the DGSHP/NTDP programs to select new, additional indicators from other sectors that are the most relevant for NTDs. These new indicators will be relevant for the control and elimination of NTDs and help the NTD programs achieve their objectives.

The setting up of the data parameters of the selected indicators will be done during a three-day workshop led by the CDPFIS technical team to set up the selected key indicators in DHIS2. For PC-NTDs, indicators from the following sectors will be prioritized:

- SCH/STH, and OV: agricultural sector (rice growing areas), livestock, farming, and fishing, particularly where people work in the water and on land and are subject to the environmental conditions leading to SCH transmission. Indicators from the education sector will also be selected, given the involvement with MDA for SCH.
- LF: educational sector, such as number of schools per region and district.
- Trachoma: educational sector, and hydraulics sector for water point indicators, latrines, and CLTS villages.

Non-PC NTDs in Mali are not parameterized in DHIS2. As the PC-NTDs already have indicators in DHIS2, this workshop aims to add indicators from other sectors that may have a link with PC-NTDs. Prior to the workshop, the NTDP will define parameters to select the most relevant data and indicators based on the country's NTD goals and diseases status; especially data that can later support disease status monitoring and surveillance.

In addition to health workers, researchers, and NGO partners, representatives from education, sanitation, hydraulics, and livestock sectors will participate. Access to DHIS2 and data entry for other sectors will need to be defined during the workshop to outline a process for who will be responsible for updating the data and analyzing it to make decisions for policy and implementation. The workshop length was determined based on experiences from previous DHIS2 parameterizing workshops and the many sectors engaged in this work. Costs supported by Act | West will include participants per diems, fuel for vehicle, coffee and lunch breaks, fuel, room rental and stationery for the three-day workshop. Drug Management

The national NTD program manages the drug supply chain and ordering systems in Mali. All NTD drug management in Mali adheres to the national manual for the management of NTD drugs, doses poles, registers, and guidance cards for CDDs. In particular, the principle of “first expiry, first out” (FEFO) is observed at all levels of drug transport.

The SDLM operates a central warehouse where drugs and NTD commodities, such as dose poles, are stored. Additionally, each region has its own warehouse for storage of drugs and MDA commodities. With support from Act | West, the DGSHP transports drugs from central to regional levels. Each DRS organizes drug transportation from the regional warehouses to health centers

Plan and justification for FY 2024

Drug Quantification and Joint Application Package (JAP) Completion for FY 2025

During FY 2024, NTD drug quantification and WHO JAP completion for FY 2025 MDA will be developed during a two-day workshop in Bamako, gathering all NTD Program coordinators or their representatives and the DGSHP Pharmacist. Helen Keller – Mali and the WHO – Mali NTD Focal Point will provide technical support. Act | West will cover the costs of the two-day working session, which includes transportation and per diem for participants, coffee break and lunch.

➤ Evaluation of NTD drug storage facilities and processes in four health districts and five health areas per HD (Helen Keller)

In FY 2024, the DGHSP will conduct an evaluation of the drug storage facilities where NTD medicines are stored in four HDs (five health areas per HD) to continue to generate more data on NTD drug storage conditions for medicines and NTD products throughout the country. The evaluation will target the districts of Mopti and Djenne in Mopti region and Bla and San in Ségou region. The data collected throughout the last three years of evaluations will provide a more representative sample of the state of the drug warehouses and stores, thereby identifying gaps and providing a better understanding of the overall storage conditions throughout the country, which will then be presented to the DGSHP in FY 2025 to advocate to the MoH to improve the conditions of the drug storage facilities and strengthen capacity to manage drug storage warehouses, where necessary. The aim is to assess all the districts targeted for MDA and 10% of the peripheral health centers of each district by 2025, corresponding to at least one peripheral health center (PHC) by district. Two teams will conduct the survey.

Management of serious and adverse events (AEs)

During the FY 2022 SCH MDA campaign, no serious adverse event(s) (SAE) were confirmed, and all other AEs reported were minor and were managed with supportive treatment, as stipulated in the guidelines developed for NTD campaigns. Though the FY 2023 SCH MDA campaign has yet to happen, these same policies will be in place. In case of an SAE, the DRS in charge notifies the NTD programs, partners, and the

National Pharmacovigilance Center. The National Pharmacovigilance Center located at the National Institute of Public Health (INSP) has the personnel and tools to conduct investigations in case of any suspected SAE. The Technical Pharmacovigilance Committee determines the cause of the SAE. The MoH supports the operating costs of the National Pharmacovigilance Center. Helen Keller will support the National Pharmacovigilance Center in reporting SAEs to the drug manufacturer in accordance with WHO and Merck guidelines (January 2021) for reporting SAEs to donors. Helen Keller will also support the MOH/NTD/DGSHP to follow the required processes to notify and report to all partners in a timely manner.

ii. ACHIEVING SUSTAINABILITY: MAINSTREAMING & HEALTH SYSTEMS STRENGTHENING

Summary of work to date

Mali is currently in Phase 4 of the Act | West sustainability approach and is at the stage of implementing the sustainability plan, which outlines approaches for sustainable services delivery for endemic NTDs and surveillance activities for NTDs that have been eliminated. The five year sustainability plan details how to integrate NTDs priorities into national policies, planning, budgeting, and performance monitoring of the health sector. Following the workshop, the MOH/DGSHP held the Political Validation on March 14, 2023, where the plan was adopted by the Minister of Health and received broader governmental approval and buy-in. The DGSHP/NTDPs are now in phase 4, which includes implementing the validated Sustainability Plan, and ensuring that the necessary stakeholders are involved in its execution. As Mali moves forward with its sustainability process, the MOH in Mali will continue to play an essential role in overseeing and guiding the implementation of the plan, ultimately contributing to the long-term success of NTD control and elimination efforts in the country.

In addition to the progress made towards the five phases of sustainability plan development and implementation, the DGSHP/Ministry of Health has made progress in strengthening cross-sector coordination and collaboration for an integrated approach to maintain the gains in NTD control and elimination. In 2021, the Minister of Health and Social Development officially launched through a ministerial decree the National Multisectoral Coordination Committee to provide technical and advisory support for cross-sector coordination and mainstreaming approaches as pillars of sustainability for NTDs. The DGSHP/NTD Programs have strengthened coordination with health and non-health sectors through the efforts of the National Multisectoral Coordination Committee as well as collaboration and strategic integration with the education, WASH, and veterinary sectors.

As Mali progresses towards the elimination of four of the five PC-NTD, the DGSHP is giving increased priority to the sustainability of NTD control programs and to maintaining the gains made so far. When developing the NTD sustainability plan, the DGSHP prioritized the mobilization of national resources, mainstreaming NTDs data into the national systems, data security, increased coordination and collaboration with other health programs and with other sectors during the first year of implementation.

1. Governance

Plan and justification for FY 2024

➤ TIPAC Data Entry Workshop

In FY 2024, Act | West will support the DGSHP in leading a five-day data entry workshop. In line with its Sustainability Plan, the DGSHP/NTDPs has scheduled an annual Tool for Integrated Planning and Costing (TIPAC) workshop to reinforce the application of financial data for informed decision-making.

➤ **TIPAC Data Analysis Workshop**

In FY 2024, the data analysis workshop will include participants from the NTDPs and take place in Bamako over three days. Facilitation will be provided by the DGSHP with support from the Helen Keller – Mali team. Furthermore, Deloitte will provide remote technical assistance to ensure precise data analysis. The workshop will include interactive sessions where the data insights will be used to clearly map stakeholders for the domestic resource mobilization (DRM) activities planned for FY 2024, identify the data points needed to prepare the DRM materials, and define role and responsibilities in planning and implementing the DRM activities. TIPAC data analysis supports the DGHSP's objective stated in its Sustainability Plan to augment financial resource mobilization for the NTDPs.

➤ **Implement advocacy meeting from the DRM strategy to mobilize funds with ministerial departments**

The *Centre National d'Information, d'Education et Communication pour la Santé* (National Center for Health Information, Education, and Communication - CNIECS) will organize a one-day advocacy meeting dedicated to the mobilization of funds within relevant ministerial departments based on the priorities that will be set forth in the DRM strategy that will be developed in August 2023 and which will include a M&E framework to monitor and measure commitments. This activity is a critical component of the sustainability plan, and a major priority for the DGSHP to increase sustainable financing for NTDs. Through this meeting, the NTDPs anticipate securing funds and/or commitments from the MOH and Ministry of Finance (MOF) and enhancing inter-departmental collaborations for implementation of NTD priorities. The upcoming high-level session will convene stakeholders from the MOH and MOF to present the achievements that have been made in NTDs and articulate the rationale behind the need for sustained support, particularly in WASH, surveillance, and surgery for morbidities.

➤ **Strengthen multisectoral coordination to facilitate the National Multisectoral Coordination Committee**

Beginning in FY 2020, WV supported the DGSHP/MOH to complete a roadmap and TOR development process for establishing the National Multisectoral Coordination Committee (*Comité National de Coordination Multisectorielle*) as a multisector coordination platform for NTDs in Mali. In August 2021, the MOH officially authorized the committee through a signed ministerial decree, and the committee was officially launched in FY 2022. The newly formed committee took the place of the prior NTD Technical Coordination Committee platform, as the NTD participants were the same, and the newly formed committee continues to serve as an important forum for strategic planning for NTDs and coordination with other sectors. The committee is composed of two bodies: the Technical Committee (chaired by the DGSHP) and the Steering Committee (chaired by the MOH). In FY 2023, the Technical Committee held quarterly meetings to review and monitor progress on implementing its action plans and refine strategies and approaches for NTD programs.

In FY 2024, in close collaboration with Helen Keller - Mali, WV will continue to provide technical support to the MOH/DGSHP to organize a biannual meeting of the Steering Committee to support the operationalization of the committee and facilitate implementation of the committee's mandate and the institutionalization of this mechanism as the oversight committee for NTD sustainability plan in the country. This one-time financial investment aims to build sustainable locally-led solutions and empower local leadership. This meeting will be held in Bamako, chaired by the Minister of Health, and will convene the members of the Steering Committee. Regular meetings of the Steering Committee will reinforce

ministerial ownership of the sustainability plan and the National Multisectoral Coordination Committee's action plans.

➤ **Leverage intra-sectoral coordination and integration of NTDs with other health sectors at the regional level (WV)**

In FY 2024, WV will provide technical assistance to the NTD programs in three regions (Ségou, Sikasso and Koulikoro) to implement strategic alignment and integration of NTDs into education, sanitation, hygiene, and veterinary sector policies, strategies, and/or tools at the regional level to strengthen multisectoral coordination.

2. Prioritized functions activities

N/A

3. Other activities

➤ **Support to the NTD Ambassador to champion NTD priorities for the sustainability agenda in Mali (WV)**

To strengthen the fight against NTDs, and to sustain the success already achieved in Mali for the control and/or elimination of NTDs, the DGSHP/NTD Programs have deemed it essential to involve a famous Malian artist as an NTD Ambassador.

The Ambassador will continue to support the objective of championing NTD priorities per the sustainability plan. The Ambassador will have the responsibility to highlight the impact of NTDs in Mali and emphasize the potential benefits of sustainable interventions in terms of improving health outcomes, economic development, and overall well-being by supporting activities that are already defined in partners' action plans.

4. IR3 PLANNED ACTIVITIES: SCH, STH:

i. Schistosomiasis

Plan and justification for FY 2024

➤ **SCH MDA**

In FY 2024, Act | West will support community and school-based SCH MDA in 65 HDs (848 HAs) targeting SAC.

Supervision

Act | West will provide technical and financial support to the MoH to conduct supervision of SCH MDA. MoH staff from the national, regional, and district levels, community health centers (CSCOMs), Helen Keller – Mali, and other partners' staff will supervise during MDA. The Supervisor's coverage tool (SCT) will be implemented in select health areas in 15 HDs (eight HDs in Kayes region and seven HDs in Ségou region) to ensure effective treatment coverage.

➤ **Supervision of SCH MDA (national and regional level)**

The NTD program coordinators will conduct MDA supervision in the regions of Kayes, Koulikoro, Mopti, Ségou, Sikasso, and Bamako. In collaboration with the DRS, health reference centers (CSRef), and CSCOM,

the central level health authorities will review the drug management documents, MDA coverage rates reported by the health centers, and problems identified during the MDA.

The regional health authorities from the DRS will supervise the HDs during the MDA. In collaboration with the MCDs and NTD focal points, regional health authorities will review documents on the management of drugs received, MDA coverage results achieved by the health centers, and all problems encountered. Recommendations will be made on site, and the problems identified will be discussed during the annual review meetings. They will ensure that data gathering has been conducted and that the reporting forms are maintained properly.

➤ **Supervision of SCH MDA (HD-level)**

The MCDs and NTD focal points will supervise MDA in relevant HAs. The NTD focal points will select the HAs in need of supervision based on historical MDA data and local knowledge. Supervisors will visit approximately 70% of HAs during five days of supervision in each region. In collaboration with the MCDs, supervisors will review the drug management documents, results obtained by the health centers, and problems identified. They will also examine documents relating to the distribution of scorecards, distribution supplies, and supervision programs in the villages, and direct a physical drug inventory.

➤ **Supervision of SCH MDA (CSCOM level)**

The DTCs will conduct supervision activities in villages where MDA is taking place. They will observe the MCDs during distribution and will make recommendations and propose solutions to problems encountered. As part of the supervision, the DTCs will work with the MCDs to confirm their knowledge on NTDs, the drug distribution protocol, drug supply and management, and their data collection and transmission skills. The supervisors will also hold interviews with village and community leaders to assess the coverage of the target population area. They will prepare a supervision report and send it to the MCD. This report will note all areas where proper implementation practices were not followed to allow for corrective measures to be implemented.

➤ **Drug Supply and Commodity Management and Procurement (Helen Keller)**

Act | West will support the procurement of dose poles, MDA registers, and counseling cards for the SCH MDA, and the purchase of SCH/STH impact survey materials (Kato Katz, haemastix, and urine filtration kits).

➤ **Supply Chain Management and Reverse Logistics of PZQ (Helen Keller)**

Following MDA campaigns, DRS and district staff are responsible for returning unused portions of MDA drugs from the districts to the regional drug warehouse stores. Transport of drugs from the regional to central level is funded by Act | West. The NTD programs and the DGSHP pharmacist are responsible for returning these drugs from the regional level to the central level.

● **DSA (Helen Keller)**

SCH/STH Impact Assessment Surveys in eight HDs

In FY 2024, SCH/STH impact assessment surveys are proposed in eight HDs (10 HAs per HD) across four regions that have conducted at least five effective rounds of MDA by the end of FY 2023.

● **SCH MDA Coverage Evaluation Surveys in three HDs**

In FY 2024, a coverage evaluation survey (CES) is proposed in the districts of Gao, Niono, and Commune 2 in Bamako district. The PNLSH used to following criteria to select these districts:

1. Reported SCH MDA coverage >100% over several years (see Table X below).
2. Number of HAs targeted >15, therefore increasing the likelihood of identifying 30 clusters/villages to survey for the CES.
3. Relatively stable security situation.

Data collection for the CES will be carried out by qualified surveyors from outside the MoH. Surveyors will be recruited from the districts to ensure they are knowledgeable about the district and can facilitate access to villages in insecure areas.

The PNLSH will use these survey results to validate the reported FY 2024 SCH MDA treatment coverage rates in the three selected districts and provide information about potential drivers of high treatment coverage rates observed during previous years. This will allow the PNLSH to assess the effectiveness of the MDA implementation and identify if gaps in coverage exist. In addition to validating the reported coverage, the CES through the knowledge and perception (KAP) survey will help to identify factors related to coverage, identify community and awareness gaps in community members, determine community members' knowledge of SCH transmission modes, and will inform effectiveness of DTC activities.

- **Workshop to Develop a Roadmap for SCH/STH Control**

In FY 2023, Act | West supported SCH impact surveys in eight HDs. The PNLSH will organize a workshop in August 2023 to review the SCH MDA and SCH survey data with national and international experts. The PNLSH is also planning to survey another eight districts in FY 2024 with support from Act | West.

In FY 2024, the PNLSH will organize a three-day workshop to develop a roadmap of advocacy, MDA, survey, and communication activities. This roadmap was identified as a priority in the NTD Sustainability Plan and will be used to develop a specific strategic plan for the PNLSH based on recent data generated through SCH impact assessment surveys from FY 2023 and FY 2024, which will be updated and reviewed by experts. The SCH strategic plan will bolster already significant progress made by the DGSH in reducing SCH prevalence in Mali, with the expected result that the PNLSH will be able to finance the activities budgeted in the sustainability plan pertaining to integration of SCH care into the health system. Act | West will cover the costs of the workshop including transportation for participants, catering, fuel, room rental and stationery.

ii. Soil-transmitted helminths

Plan and justification for FY 2024

- **MDA**

No MDA is required for FY 2024.

- **DSA**

A SCH/STH impact assessment is planned in eight HDs for FY 2024 (see SCH section).