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Neglected Tropical Disease Control Program

Semi-annual Report

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Neglected Tropical Disease Control Program

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Prepared for
Christy Hanson
Health Development Officer
Office of Health, Infectious Diseases and Nutrition
U.S. Agency for International Development
1300 Pennsylvania Avenue, NW
Washington DC, 20532

Prepared by
RTI International
3040 Cornwallis Road
Post Office Box 12194
Research Triangle Park, NC 27709-2194

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List of Acronyms

AFRO	World Health Organization Regional Office for Africa
APOC	African Programme for Onchocerciasis Control
APS	Annual Program Statement
ASTMH	The American Society of Tropical Medicine and Hygiene
CDC	Center for Disease Control
HDI	Health & Development International
HKI	Helen Keller International
IEC	Information and Education Campaign
ITI	International Trachoma Initiative
LF	Lymphatic Filariasis
M&E	Monitoring and Evaluation
MDA	Mass Drug Administration
MDP	Mectizan Donation Program
MOH	Ministry of Health
NDGO	Non-Governmental Development Organizations Group
NGO	Non-Governmental Organization
NTD	Neglected Tropical Disease
PCT	Preventive Chemotherapy
PDCI	Partnership for Disease Control Initiatives
RISEAL	Réseau International Schistosomoses Environnement Aménagements et Lutte
RTI	RTI International
SCI	Schistosomiasis Control Initiative, Imperial College, London
STH	Soil-Transmitted Helminthes
TAG	Technical Advisory Group
USAID	United States Agency for International Development
WHO	World Health Organization

1. Summary

Program Planning, Management, Monitoring and Evaluation, and Reporting

At the end of the 1st quarter, the Program Director resigned. The Program Director role was reconfigured as a management team consisting of a Technical Director (50%) and Operations Director (100%) and proposed as a modification to the cooperative agreement. Eric Ottesen, Technical Director, started in his role on April 6, 2009.

The focus of M&E activities during the first half of Year 3 was to finalize and refine the tools for grantees. This included conducting training to support the use of the MDA coverage reporting tool and the development and implementation of a national level protocol for post MDA validation surveys. The Program has also continued to be an international leader in M&E for NTD control by working with WHO to develop international guidelines.

Direct Implementation of Integrated NTD Control

Six country programs conducted MDAs in the first half of Year 3 (Burkina Faso, Haiti, Ghana, Niger, Sierra Leone, and Uganda) for a total of 29.6 million treatments delivered and 16.1 million persons treated. To date the Program has successfully delivered approximately 132.6 million treatments to 38 million people in seven countries.

Mapping activities were carried as follows during this reporting period: Burkina Faso mapped 16 districts for trachoma; Niger mapped 2 districts for trachoma; Uganda mapped 15 districts for LF, 6 for schisto and STH and 4 for trachoma; South Sudan initiated mapping in 2 districts for LF, and 2 districts for schisto and STH; Sierra Leone completed mapping nation-wide for LF, schisto and trachoma.

In the first half of Year 3 the Program trained over 122,000 workers at central, regional and district levels, including MOH staff, teachers, supervisors and drug distributors in preparation for the MDA. To date the Program has treated more than 222,000 persons, many of whom have been trained more than one time, with the large majority (88%) of trained staff being community level drug distributors.

RTI assumed responsibility for procurement of drugs and hired a Pharmaceutical Operations Officer to manage the increasing needs for drug forecasting and management as the Program continues to scale up to include new countries, collaborate with and provide support to WHO for their Essential Drug Working Group and NTD drug fund.

Grants Administration for Country Programs

During the reporting period an Annual Program Statement for the Program was developed and posted on the NTD Control Program website and distributed globally on January 16, 2009.

RTI worked closely with the LEPRA Health in Action team for development of activities in Bangladesh and Nepal. Grantee site visits were conducted with SCI/Imperial College Burkina Faso in November and Malaria Consortium South Sudan and World Vision Ghana in January. During this reporting period a wide range of tools for grantees were developed and posted on the program website.

Technical Advisory Group

During this reporting period the Program leveraged opportunities where technical experts were gathered at several other key meetings to provide essential guidance to the Program on strategic issues, including the Meeting of the Stakeholders in the Presidential NTD Initiative October 20-21, 2008 and WHO's Thematic Stakeholder Meetings: Monitoring and Evaluation of Neglected Tropical Disease Control and Drug Meeting.

Documentation and Dissemination of Program Lessons

During this reporting period the NTD Control Program web site was re-designed and updated to include country profiles, links to key country specific documents and reports, and populated with the Program's experience, results and lessons learned. The Program team focused on formalizing procedures and processes for grantees and country program counterparts to capitalize on recognized best practices and standardize critical program elements

Advocacy and Resource Mobilization

During the reporting period the Program has focused on establishing a model for documenting the existing advocacy activities of country programs and working with grantees to develop country-specific strategies.

2. Program Planning, Management, Monitoring and Evaluation, and Reporting

2.1 Program Planning

Work plan development for Niger, Burkina Faso and Uganda was completed in the first quarter of Year 3. The work plan for Burkina Faso was completed in January. Work plans for Haiti, South Sudan, Sierra Leone and Ghana were completed in the second quarter, following completion of MDAs that took place during the first quarter of Year 3. The Ghana work plan was completed for the first half of Year 3 to allow the grantee, World Vision, an opportunity to conduct a stakeholders meeting in January 2009, and to conduct joint work plan development activities following the meetings. Work plan development for Bangladesh will be conducted following a stakeholders meeting that is

planned for June 2009, and work plan development for Nepal will be conducted following development of the national strategy during the second half of Year 3.

Experience during this reporting period showed that grantees benefited greatly from direct assistance from the Program staff in developing the work plans and budgets. As a result we plan to hold a meeting of grantee country program managers in Washington, DC in the fourth quarter of Year 3, during which grantee staff will work directly with the Program staff in review and completion of work plans.

2.2 Program Management

In November a staff retreat was held to ensure that staff roles and responsibilities are clearly delineated and well-understood. At the end of the 1st quarter, the Program Director resigned. The Deputy Director served as Acting Program Director for the Second quarter of Year 3. The Program Director role was reconfigured as a management team consisting of a Technical Director (50%) and an Operations Director (100%) and proposed as a modification to the cooperative agreement. Eric Ottesen, Technical Director started in his role on April 6, 2009. Additionally, the Program recruited a Pharmaceutical Operations Officer to take on a larger role in managing the drug procurement and coordination with pharmaceutical partners.

2.3 Monitoring and Evaluation

The focus of activities during the first half of Year 3 was to finalize and refine the M&E tools for grantees. This included conducting training to support the use of the MDA coverage reporting tool and the development and implementation of a national level protocol for post MDA validation surveys. The Program has also continued to be an international leader in M&E for NTD control by working with WHO to develop international guidelines. Specific activities during the reporting period were:

Generate Program Results

- The Program has developed and refined a post MDA survey tool which is used to validate country reported drug coverage, assess coverage by age and gender, and explore reasons for not receiving drugs. In the process of developing the survey design various complexities related to integration have been addressed. As a result the program has developed a state of the art protocol for post MDA surveys, which is currently being tested and finalized.

Provide Support to Grantees

- Consultant David Nelson worked with Program staff to develop a training module on how to use the MDA coverage reporting forms, used by country programs to report their results proceeding MDAs. Drs. Nelson and Kabore piloted the

training on completing MDA coverage reporting forms in Burkina Faso. Dr. Kabore also implemented the training in Ghana, Sierra Leone and Mali.

Develop International M&E Standards and Guidelines

- Program staff continued to work with WHO to develop new international integrated M&E guidelines for NTD control. Margaret Baker participated as a panelist on the M&E working group session at the Stakeholder's meeting in October and Margaret Baker and Mary Linehan attended the WHO M&E meeting in Geneva in March.
- Progress has been made on the analysis, developed with the Atlanta LF Support Center, to determine the impact of integrated approaches to NTD control on the individual disease-specific programs for onchocerciasis, STH, schistosomiasis and trachoma. Margaret Baker traveled to Mali and Burkina Faso in March to collect data and Scott Torres collected data in April for Uganda. Results of the first stage of this activity--to determine the impact of integrated approaches on LF control programs--was presented at the ASTMH in New Orleans in December and a paper will be submitted for publication to a peer-review journal.
- Development of strategies for post-elimination strategies for LF is a priority for Year 3. Several country programs will require guidance about the surveillance and monitoring required once LF has been successfully eliminated. A technical consultative meeting with key partners was conducted in 1st quarter of Year 3 to develop an operations research protocol to be conducted in Togo, where assessment has demonstrated that LF has been eliminated and the country program awaits guidance for post-elimination strategies. The protocol focus is on determining how to appropriately monitor for disease recrudescence when MDA is stopped, and describing best practices for surveillance systems that can be implemented and sustained by the national program. More detailed description is provided in section 3.8 below.

Cost Studies

- Consultants Ann Goldman and Michael Ritter administered surveys in 11 communes in Haiti to collect cost data at national level. Data collection and analysis of the Haiti cost study will be complete in the 3rd quarter of this year.
- A database to accompany the Integration Cost Studies, jointly funded by USAID and the Gates Foundation, was developed by Ann Goldman and was reviewed by Deb McFarland at Emory, and Artemis Koukounari and Fiona Fleming at SCI. This new tool is currently being tested by Michael Ritter in Haiti.

2.4 Program Reporting

Financial Reports

RTI submitted financial reports in accordance with 22 CFR 226.52. A pipeline analysis is included here as Appendix C.

Annual Work Plan

The Year 3 Work Plan was approved on February 2, 2009.

Semi-Annual Program Reports

The Semi-Annual Program Report for the period April 1, 2008-September 30, 2008 was submitted October 31, 2008.

Additionally, Program staff briefed the USAID CTO on Program progress on a regular basis, and prepared bi-weekly or monthly NTD Control Program Updates for USAID to share with Missions in participating countries.

3. Direct Implementation of Integrated NTD Control

3.1 Overview

Integrated NTD programs in Year 3 have been initiated in nine countries: Bangladesh, Burkina Faso, Ghana, Mali, Niger, Uganda, Haiti, Southern Sudan and Sierra Leone. Activities are planned for Nepal and Togo in the second half of Year 3, including development of a national integrated NTD control strategy in Nepal and testing of post-elimination surveillance for LF in Togo.

To date the Program has successfully delivered approximately 132.6 million treatments to 38 million people in seven countries (Burkina Faso, Ghana, Haiti, Mali, Niger, Sierra Leone and Uganda).

Country programs conducted MDAs in the first half of Year 3 (Burkina Faso, Haiti, Ghana, Niger, Sierra Leone, and Uganda) for a total of 29.6 million treatments delivered and 16.1 million persons treated. Table 3 below shows the additional population and treatment targets reported during the first half of Year 3. Data is preliminary and Niger has not yet reported the treatment numbers for the MDA conducted in the 2nd quarter. Overall totals are expected to be higher when final reports are available.

Table 1: Preliminary Number persons treated with NTD Control Program, first half of Year 3

Country	Drugs delivered	Number treatments delivered (Millions)	Number persons treated (Millions)	Program Coverage (%)*
Burkina Faso ¹	IVM, ALB, PZQ	2.92	2.92	92
Ghana ²	IVM, ALB, PZQ	11.54	5.8	87-91
Sierra Leone	IVM, ALB	6.35	3.17	81
Haiti	DEC, ALB	2.78	1.39	107 ³
Uganda	IVM, ALB, PZQ, ZMX	6.03	2.81	76-108 ³
Niger	Results not yet reported			

* Program Coverage = number treated/ number targeted for treatment *100. The range of national level coverage for the different drug packages delivered is shown.

¹These results do not include IVM+ALB MDA results which are still being collected

²These results do not include PZQ MDA results which as completed in March 2009

³Coverage rate of over 100% is likely to be due to error in the census data used as the denominator.

Additional highlights of the Program's achievements during the first half of Year 3 achievements are summarized below. Note that at this time some data is based on reported coverage information. Country-specific data will continue to be updated and finalized following the conduct of post-MDA validation surveys.

3.2 Additionality

During the first half of Year 3 the Program achieved significant additionality in the following areas: number of new geographic areas mapped, number of people treated, number of treatments provided, and number of implementation units (geographic) targeted for treatment.

Mapping of new geographic areas

The Program supports the disease prevalence mapping required to meet the requirements of the drug donation programs, and to target populations for intervention. The following mapping activities were carried out with NTD Control Program funding during this reporting period:

- Burkina Faso Mapped 16 districts for trachoma
- Niger mapped 2 districts for Trachoma
- Uganda mapped 15 districts for LF, 6 for schisto and STH and 4 for trachoma
- South Sudan initiated mapping in 2 districts for LF, and 2 districts for schisto and STH.
- Sierra Leone completed mapping nation-wide for LF, schisto and trachoma

The Program has now supported mapping of 38 districts for LF, 107 districts for schistosomiasis, 97 districts for STH and 89 districts for trachoma, in addition to

mapping activities implemented by other partners. A breakdown of mapping activities by country is shown in Table 4. This has contributed significantly to closing the mapping gap, allowing program to scale up MDA in districts found to be above treatment threshold. The most significant gaps in mapping data remain for trachoma in several countries and for all diseases in Southern Sudan.

Table 2: Number of districts mapped with NTD Control Program funding, cumulative to date

Country	LF	Oncho	Schisto	STH	Trachoma
Bangladesh	0	0	0	0	0
Burkina Faso	0	0	0	0	49
Ghana	0	0	77	77	0
Haiti	0	0	0	0	0
Nepal	0	0	0	0	0
Niger	14	0	0	0	25
Uganda	15	0	16	6	10
Sierra Leone	7	0	12	12	5
Southern Sudan	2	0	2	2	0
TOTAL	38	0	107	97	89

Increased Coverage through Mass Drug Administration

The numbers of people treated by drug and country have been updated for Years 1 and 2 and cumulate results are presented in Table 5.

Table 3: Number of Persons Treated and Number of Treatments by Country, Drug and MDA Round

Country	Date of Treatment	No. Dist. Treated	Numbers treated (in millions)							Persons Treated Cum. total
			IVM	DEC	ALB	PZQ	ZMX/TETRA	Total Treatments	No. Persons Treated	
Burkina Faso	Aug 2007	3			0.75	0.75	1.01	2.52	1.01	4.42
	Dec/07-Jul/08	32			3.45	3.45	0.99	7.89	4.42	
	Jan 09*	19				2.92		2.92	2.92	
Ghana	Apr-Aug/07	60	5.29		4.81		9.24	19.34	5.33	5.80
	Sept08-Mar 09*	60	5.80		5.15	0.58		11.54	5.80	
Haiti	Oct-Nov08	26		1.39	1.39			2.78	1.39	1.39
Mali	2007	24	4.52		4.52	0.47	1.76	11.27	4.62	8.90
	Mar-Oct 08	51	5.44		5.44	2.55	5.53	18.98	8.90	
Niger	2007	19	2.22		3.16	1.39	5.17	11.94	5.34	6.29
	MayJun/08	24	3.84		3.94	1.33	5.68	14.79	6.29	
Sierra Leone	Oct08-Jan09	13	3.17		3.17			6.35	3.17	3.17
Uganda	Nov/07-Feb/08	28	4.93		5.46	0.90	1.19	12.48	5.70	8.01
	Apr-Jul08	19	1.31		1.91	0.59		3.81	2.31	
	Nov-Dec 08*	11	1.83		2.65	0.91	0.63	6.03	2.81	
TOTAL			38.35	1.39	45.80	15.84	31.20	132.64	N/A	37.98

*Numbers reported are still preliminary for several countries and actual numbers are expected to be higher.

Scaling up treatment to reach national targets

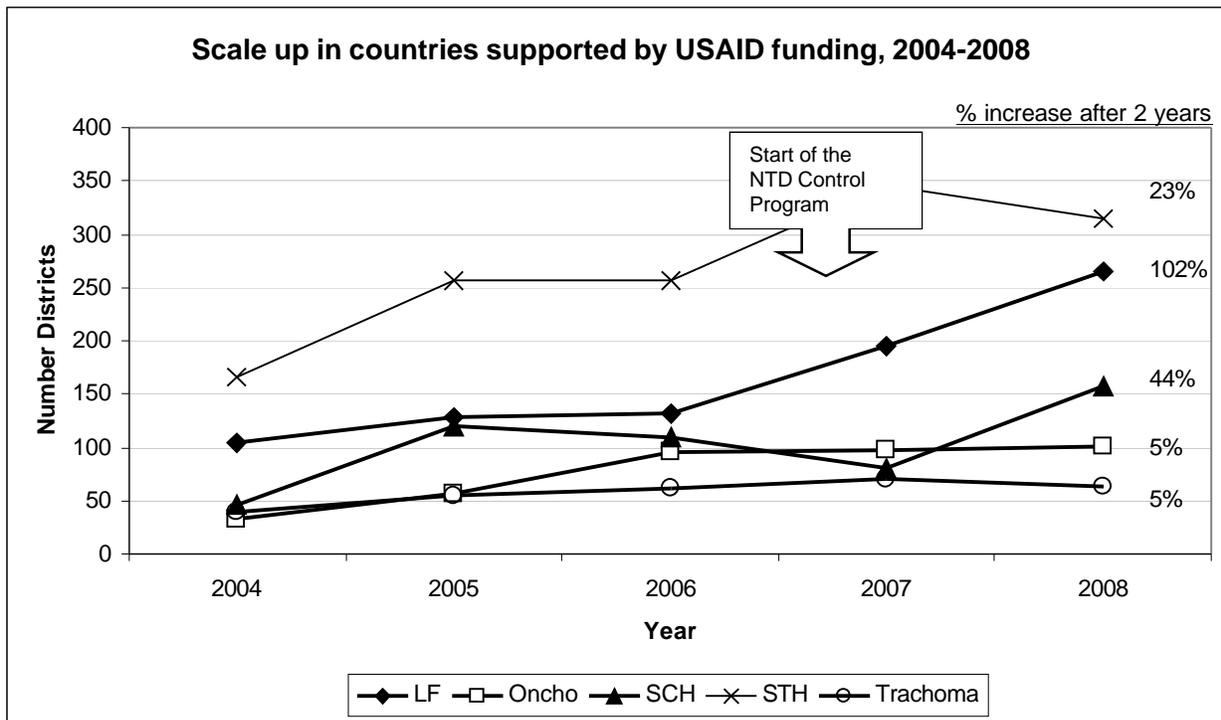
Figure 1 shows the geographical expansion of the five disease control programs from 2004 to 2008 in all 7 countries where MDA activities have been undertaken. The three years prior to the start of the NTD Control program (2004-2006) are taken as the baseline against which progress of the Program (2007-2008) is measured. With the support of USAID funds, the work already being implemented by national programs and supported by other donors has been built on, and has resulted in a 5% increase in the number of districts being treated for trachoma; 5% increase for onchocerciasis; 23% increase for STH, 44% increase for schistosomiasis; and geographical coverage for LF has more than doubled.

The smaller observed increase in numbers treated for onchocerciasis reflects the fact that in fast track countries onchocerciasis had either already been eliminated or nearly eliminated by OCP efforts and where disease remained wide scale geographical coverage had already been achieved.

The smaller observed increase in numbers treated for trachoma is due to the fact that there was a significant need for preparatory mapping work before MDA programs could rapidly scale up. This mapping need is being addressed by the Program, which has funded the mapping of 89 additional districts for trachoma, setting the foundation for more rapid scaling up of trachoma in future years. For example, Uganda initiated treatment for trachoma in 2008 as a direct result of mapping conducted under the NTD Control Program. Burkina Faso is completing mapping for trachoma in Year 3, which will allow the country to scale up treatment to national scale in Year 4.

Although number of districts treated for schistosomiasis has increased 44% under this program further growth has been limited due to the fact that USAID funding was required to replace time-limited Gates Foundation funding for schistosomiasis control.

Figure 1: Number of persons treated with PCT for national disease programs, in countries funded by the NTD Control Program (2004-2008)¹



¹ Countries included: Burkina Faso, Ghana, Haiti, Mali, Niger, Sierra Leone and Uganda. Shown by calendar year and updated April 2009

3.4 Capacity Building

Capacity Development

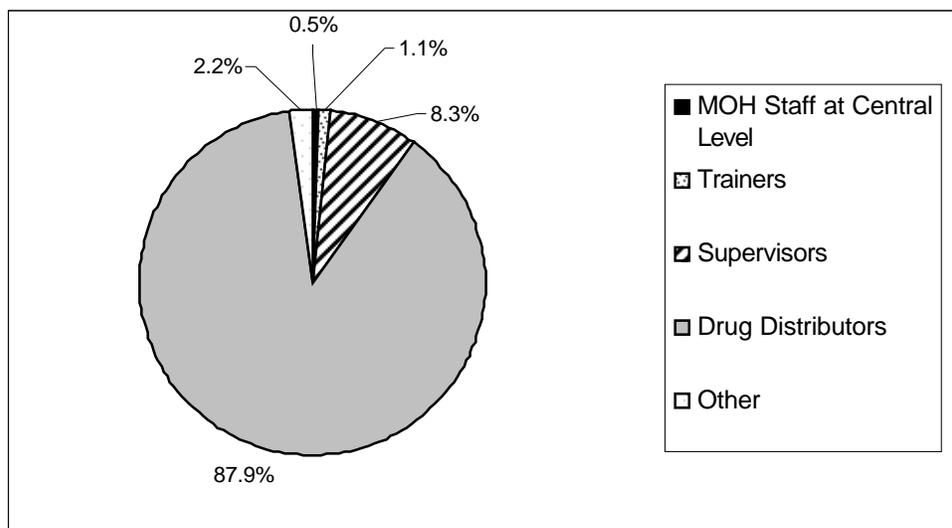
In the first half of Year 3 the Program trained over 122,000 workers at central, regional and district levels, including MOH staff, teachers, supervisors and drug distributors in preparation for the MDA. Table 6 shows the number trained by country program.

Table 4: Number of Persons Trained with NTD Control Program Funding Cumulative to date, Preliminary Results

Country	Number Trained Yr3 to date
Burkina Faso	9,459
Ghana	13,270
Mali	140
Uganda	63,945
Haiti	5,751
Sierra Leone	30,187
South Sudan	7
Total	122,759

To date the Program has treated more than 222,000 persons, many of whom have been trained more than one time, with the large majority (88%) of trained staff being community level drug distributors, as shown in Figure 2. This is an important contribution to developing the capacity of community workers and engaging communities in NTD control.

Figure 2: Percentage of Persons Trained by Function, for All Country Programs to Date

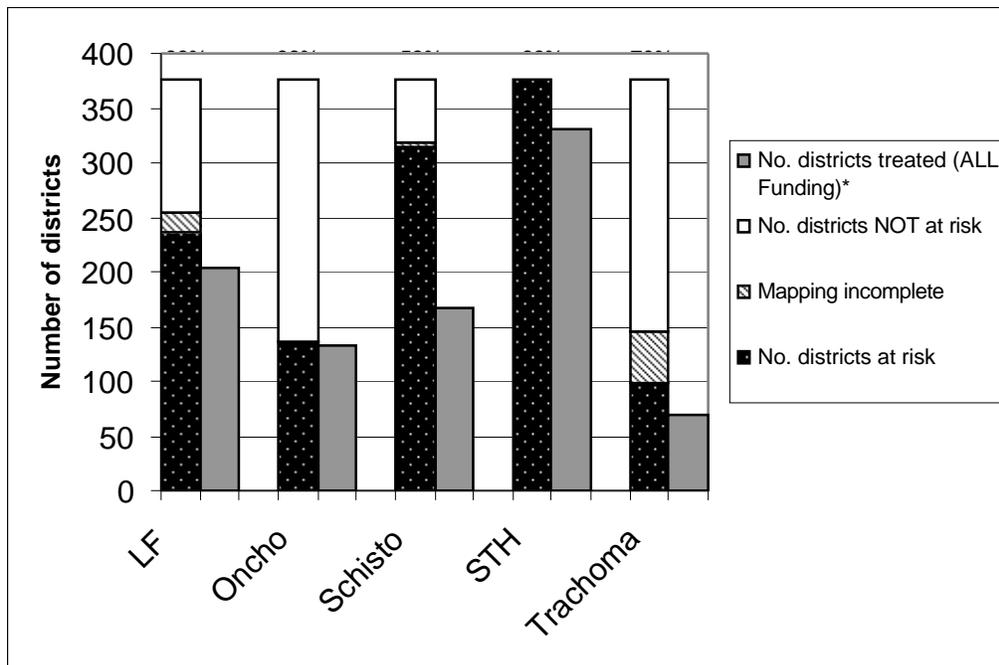


3.5 Progress made toward filling gaps in mapping and treatment

Figures 3 and 4 below show the progress that has been made by Program’s first five country programs (Burkina Faso, Ghana, Mali, Niger, Uganda) and in the countries added in Year 2 (Haiti, Sierra Leone and S Sudan) against the ultimate treatment goals, as much as these are known--until mapping is complete the final ultimate treatment goals will not

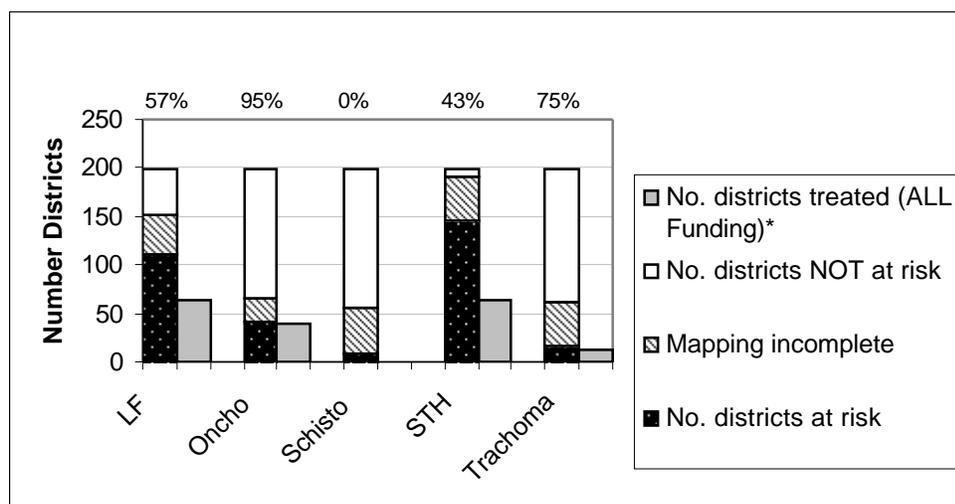
be known. In the first five countries LF, onchocerciasis and STH all have achieved over 80% geographical coverage, while schistosomiasis has the lowest geographical coverage. The lower coverage rates for schistosomiasis can be explained in part by the fact that Ghana had not been mapped for schistosomiasis until 2008. Now that mapping is complete drug distribution can be scaled up. Another part of the explanation lies in the “holiday” strategy used for onchocerciasis control. Whereas mapping of diseases in the first five countries is close to completion, in the three newer countries (Figure 4) more effort is required to first complete mapping and before taking programs to national scale.

Figure 3: Progress Toward Achieving National Coverage, Year 1 countries¹



¹ Countries included: Burkina Faso, Ghana, Mali, Niger and Uganda. Number treated is taken as the highest number reported as treated in 2007/2008. This strategy was used to account for the schistosomiasis strategy of treating every 2 years.

Figure 4: Progress Toward Achieving National Coverage, Haiti, Sierra Leone and Southern Sudan



¹Countries included: Haiti, Sierra Leone and S Sudan. Number treated is taken as the highest number reported as treated in 2007/2008. This strategy was used to account for the schistosomiasis strategy of treating every 2 years.

3.7 Drug Procurement and Management

To meet the recognized demand for increased assistance at the country and global levels for technical assistance for drug procurement and management issues, RTI recruited Caius Kim as Pharmaceutical Operations Officer in February, 2009.

During the reporting period, Program staff attended critical pharmaceutical company forums as presented in Table 7 below.

Table 5. Drug Management Meetings

Meeting/Conference	Objective of Participation	Dates	Venue	Attended
Mectizan Expert Committee/Albendazole Coordination (MEC/AC)	Coordinate with drug donation programs	10/07/08-10/09/08	London	Sankara
Partnership for Disease Control Initiatives (PDCI)	Coordinate with drug donation programs	3/10/09-3/11/09	Atlanta	Linehan/Kim
WHO Drug Working Group Meeting	Participate in planning for establishment of a global NTD drug working group and drug fund	3/23/09-3/25/09	Geneva	Linehan/Kim

For Years 1 and 2, SCI was the mechanism for the procurement of drugs for the Program. However, in Year 3, RTI took over this responsibility and the Pharmaceutical Operations Officer is developing a process for rational forecasting, allocation and coordinated delivery of the praziquantel procured by the Program.

Based, in part, on the recommendations of the WHO Drug Working Group Meeting, a focus on coordination between the various donation channels for each Program country was initiated. Based on the existing public-private partnership, closer, more effective

communications with pharmaceutical partners, their respective donation processes and the in-country managers and stakeholders will be developed to ensure that critical information is shared and that dependable processes support a synchronized delivery of all needed medicines for the MDA.

The Program has begun the development of a database for tracking drug stocks, utilization and forecasts to provide appropriate and timely assistance for drug clearance, drug donation applications and to share drug demand forecasts with WHO and pharmaceutical partners. With the information gathered by field visits during this reporting period, (D. Nelson, A. Kabore, and others), the preliminary modules of the NTD Control pharmaceutical database have been designed. The NTD Control pharmaceutical database will be finalized, completed and functional by the 4th quarter.

We continue to work closely with WHO, MDP, Children Without Worms and ITI in development of the database, information systems and tools to assure compatibility of data and coordination of information from the beginning of each application cycle to the delivery of the commodities to each respective country in time for the MDA.

Additional relationships have been developed with the Partnership for Quality Medical Donations (PQMD). Bringing together pharmaceutical companies and NGOs, the PQMD is dedicated to the development, dissemination and adherence to high standards in the delivery of medical products (donations) to developing countries.

The Pharmaceutical Operations Officer has begun finalization of the comprehensive drug management analysis and plan for each Program country. Based on existing work, this document will specify critical roles and responsibilities and document the processes for donation application to delivery. .

To maximize the shelf-life of drugs procured with USAID funds, the tender for procurement will be delayed until the second half of Year 3. Based on current inventories, the next round of procurement will target Year 4 requirements and the tender will be awarded by the end of Year 3.

DEC is the drug of choice for LF treatment except where there is onchocerciasis, due to potential side effects of this drug in people infected with onchocerciasis. During the 1st quarter of Year 3 we obtained the waiver for the procurement of DEC and mebendazole.

3.8 Operations Research to Improve Integrated Program Performance

One of the key topics of the Presidential Initiative for Neglected Tropical Disease Control October 20-21, 2008 Stakeholders' Meeting was operational research for improving implementation of MDA. Participants identified several important operational research questions including post-elimination strategies and the need to evaluate and refine different tools (e.g., validation methodologies). As the NTD Control Program moves forward it is increasingly necessary to establish lessons learned and to develop exit strategies that will serve as models in other countries. Togo offers the NTD Control

Program a unique opportunity to develop sustainable systems and exit strategy protocols that will be applicable in other Program countries as they progress toward elimination.

Togo launched its National Program to Eliminate Lymphatic Filariasis (NPELF) in 2000. Since then each of the seven endemic districts has implemented at least seven rounds of MDA, reaching a total at risk population of 1.1 million people. Based on the available data, Togo will stop MDA for LF in 5 of the 7 endemic districts. However, transmission is still ongoing in neighboring countries and Togo proposes to address key monitoring and evaluation issues to determine the necessary post-elimination activities.

The NTD Control Program is issuing a fixed obligation grant (FOG) to HDI to support the Togo MOH to establish and validate a surveillance system for Lymphatic Filariasis for the post MDA period for Togo. CDC will provide on-going technical support for design and implementation.

3.9 Technical Assistance

The Program provided technical assistance to support grantees and country counterparts in work plan development, survey protocol and mapping, post-MDA survey implementation and reporting, data analysis and data collection and reporting against Program indicators.

Specific technical assistance included:

- January and March, Dr. Kabore provided technical assistance to Sierra Leone, Burkina Faso and Ghana in the monitoring of mass drug treatments: trained program managers and NTD partners in the utilization of the M&E tool to record compile and analyze MDA data. All the three countries programs managers have mastered the tool and are using it for their semi-annual reports.
- In Burkina Faso, Dr. Kabore worked with the NTD program on development of a LF exit strategy. The Burkina program has submitted a LF exit plan to WHO/AFRO and has intensified the surveillance of sentinel sites and spots checks: the program has conducted sentinel sites assessments in eight (8) districts in November 2008 and January 2009.
- In February and March, Dr. Kabore assisted World Vision Ghana to develop a 3-month work plan (January to March) and worked with the Ghana Health Services to develop a LF exit strategy.
- In January 2009, Dr. Kabore assisted the LF program coordinator in Mali to plan for and include sentinel site surveillance activities into the country work plan. The sentinel sites' implementation and evaluation plan for the regions of Mopti, Segou, Sikasso and Tombouctou is now complete.
- Dr. Sankara provided technical assistance to HKI and MOH Sierra Leone for trachoma mapping data analysis and reporting during the 1st quarter.

- Dr. Sankara provided technical assistance to Southern Sudan for planning and implementation of LF, schisto, STH, Loa Loa and trachoma mapping activities.
- In January 2009, Dr. Sankara worked with The Carter Center to train Mali and Burkina teams on population based trachoma surveys and diagnosis of trachoma signs using WHO standardized guidelines. 25 staff from the two countries were trained, and Burkina Faso started mapping for trachoma in February 2009. In March Dr. Sankara traveled to Niger and Mali for 3 weeks to work with the Carter Center and the NTD control program team to strengthen the country programs' efforts to eliminate trachoma.
- Consultant David Nelson provided technical assistance to the Ghana country program to initiate the post-MDA survey.

4. Grants Administration for Country Programs

4.1 Expanding Grants Program to New Countries

During the reporting period an Annual Program Statement (APS) for the Program was developed and posted on the NTD Control Program website and distributed globally on January 16, 2009, with rolling deadlines for application submission on: February 27, June 1 and September 30. A technical review committee was formed with review of applications scheduled in April 2009. RTI received requests via the ask NTD e-mail account for an extension of the February 27 deadline and the APS was modified with a new deadline date of March 16. Nine applications were received by March 16 and each passed a compliance review.

The inclusion of a Mission Concurrence Form was initiated for the APS requiring applicants to inform country and/or regional USAID Missions of their proposed NTD Control Program activities and receive concurrence for eligibility for funding. Seven of the nine applicants received concurrence from the appropriate USAID missions with the remaining two concurrences being sought by USAID Washington.

It is anticipated that through the Annual Program Statement process a minimum of two new partners will be added to the NTD Control Program bringing the total number of countries by the end of Year 3 to 13.

Negotiations for Grants with LEPRO Health in Action for Bangladesh and Nepal

In November 2009, three representatives from LEPRO Health in Action were invited at the expense of the NTD Control Program to travel from Colchester, United Kingdom to Washington, DC to begin negotiations for activities in Bangladesh and Nepal. The RTI team worked closely with the LEPRO Health in Action team and provided training on:

- Work plan elements, semi-annual reporting guidelines
- Concept of integrated programming and additionality

- Government ownership and Memoranda of Understanding
- Gap analyses and stakeholders meetings
- Advocacy plans and exit strategies
- USAID rules and regulations and compliance issues such as timesheets, travel approvals, USAID mission concurrence, supporting documentation, key personnel, branding and marking, financial reporting, and US Government cost principles

A site visit by a NTD Control Program staff member to the LEPRO Headquarters office was conducted in February to provide advice and assistance on work plan and budgeting for the Bangladesh program. Training was authorized for the Finance Director of LEPRO Bangladesh to attend USAID Rules and Regulations training in March in Jakarta, Indonesia. The work plan and budget for April–September 2009 activities in Bangladesh was received on March 31, 2009. Review will take place during the next reporting period.

4.2 Management Support and Supervision of Awarded Grants

During the reporting period monitoring and training site visits to Sierra Leone, South Sudan, Burkina Faso and Niger were planned. The site visit to Sierra Leone was conducted by the Acting Director and CTO, Angela Weaver. Key grantee staff members that were required for a successful visit in Niger were not available during the scheduled visit to Burkina Faso, so the trip to Niger was cancelled.

Field-level Capacity Building in Grants Management and Reporting

Grantee site visits were conducted with SCI/Imperial College Burkina Faso in November and Malaria Consortium South Sudan and World Vision Ghana in January. During the visits to each country the following training was conducted with field level staff members:

- Managing Your USG Sub-grant or Tips for Staying Out of Financial and Performance Audit Trouble
- USAID Marking and Branding Requirements
- NTD Control Program Success Story Development
- USG Cost Principles
- Standard and As Applicable Provisions of Your Grant Agreement and What They Mean for Your Organization

Grantee Monitoring

In Burkina Faso, a spot check on the financial management systems and internal controls was conducted and it was concluded that SCI/Imperial College in Burkina Faso had

adequate systems in place to manage USG funds in addition to the establishment of a highly accountable fund relationship with the government of Burkina Faso.

Together with representatives of SCI/Imperial College, courtesy visits were conducted to national traditional leaders and government representatives to thank them for their commitment to NTD control. During the visits the team advocated for a continued strong working relationship between USAID, RTI, SCI Imperial College, RISEAL and the government of Burkina Faso.

In South Sudan, an assessment was conducted to utilize an internal RTI tool entitled “Financial Management and Policy Environment Risk Level Assessment for Managing US Government Funding” with Malaria Consortium staff in Juba. The assessment concluded that there are adequate policies and controls in place for managing USAID funding. Findings and suggestions for improvement were communicated to the Malaria Consortium management staff both in Juba and in the regional office in Uganda.

In Ghana, meetings were held with World Vision staff and representatives of the Ghana Health Service (GHS). Information shared during these meetings led to the determination that World Vision is conducting first rate financial management and compliance monitoring of the GHS NTD control program expenses and activities. Discussions were held with members of the GHS on the Year 3 work plan and issues of additionality, gap analysis, stakeholder involvement and government commitment. Also several working meetings were held on the GHS budget and the roles and responsibilities of the GHS, World Vision and RTI.

During the reporting period SCI/Imperial College informed RTI that it was conducting an A-133 equivalent audit in compliance with the grant agreement. The audit findings will be sent to RTI for review during the next reporting period. Until the results of the audit are known RTI continues to conduct an ongoing cost incurred audit of SCI/Imperial college procurement and field-incurred expenses.

Improved Funding Mechanisms

To increase efficiencies RTI has initiated the use of Fixed Obligation Grants (FOGs). RTI first tested the effectiveness of FOGs in Uganda during the October 2008 MDA. The use of these grants in district level MOH offices has streamlined the funding process in Uganda and has lessened the burden on the NTD Control Program financial team. The grants required more initial planning from the districts, but we have found that this process benefitted them overall and created a stronger sense of ownership. The NTD Control Program is building capacity at the district level by providing training and assistance to districts in planning technical and financial NTD activities involved in the FOGs. The NTD Control Program will perform random audits of financial expenditures alongside performance audits being carried out by M&E teams.

5. Technical Advisory Group

During this reporting period the Program has successfully leveraged opportunities where technical experts were gathered at several other key meetings to provide essential guidance to the Program on strategic issues. The Meeting of the Stakeholders in the Presidential NTD Initiative October 20-21, 2008 provided technical guidance on specific issues of M&E, drug procurement, country selection and sustainability strategies. In addition to assisting with meeting logistics, the Program sponsored 20 participants from developing countries, and the Program staff contributed to the development of the 4 working papers prepared for discussion at the Meeting and working group sessions. Key outcomes of the meeting led to

- Recruitment and hiring of Pharmaceutical Operations Officer to provide overall guidance to the Program for drug forecasting and procurement, as well as to provide technical assistance to WHO in the development of global drug strategies for NTD control
- Participation by Program staff, especially the Technical Director and the M&E Specialist, on WHO working groups for M&E. The Year 3 work plan proposed to second an epidemiologist to WHO Geneva, but investigation of possible mechanisms determined that this would not be feasible and has been dropped from the work plan.
- Modifications to the grants issuance process to accommodate recommendations for selection of countries and issuance of the APS as a preferred mechanism to allow the Program to identify potential grantees for potential funding
- Development of the operations research protocol for post-elimination strategies in Togo

In addition, Program staff participated in WHO's Thematic Stakeholder Meetings: Monitoring and Evaluation of Neglected Tropical Disease Control and Drug Meeting. Participation by several Program staff allowed attendance at virtually all working sub-groups, and assured that the NTD Control Program's technical concerns and contributions were considered by the assembled technical experts. Program staff served as rapporteurs as well as presenters at these meetings.

Program staff also participated in other important partner forums, such as the APOC Joint Action Forum, held in Uganda in December 2008; ITI Strategic Program Plan and Review meeting on March 8-10, 2009; and the annual NGDO Tripartite Joint Meeting held in Vienna in February 2009.

6. Documentation and Dissemination of Program Lessons

Program Website

During this reporting period the NTD Control Program web site has been re-designed and updated to include country profiles, links to key country specific documents and reports, and populated with the Program's experience, results and lessons learned. The NTD website (<http://ntd.rti.org>) now posts a range of new features, including regularly updated NTD-related news posts; pages highlighting work done in each of the countries in which the NTDCP is being implemented; summarized data reported from the field; opportunities for grant-seeking organizations; and links to pertinent country and program materials.

Development of Tools

During the reporting period the Program team has focused on formalizing procedures and processes for grantees and country program counterparts to capitalize on recognized best practices and standardize critical program elements. Tools under development are described below.

- **Budgeting Tool.** The NTD Control Program has been working to develop a universal budgeting tool that will aid country programs in developing their national NTD strategy and budget. The costing tool is designed assist NTD program managers in planning their programs and measuring their impact in terms of costs and outcomes.
- **Scheduling tool.** To assist countries in planning for implementation of MDA, the Program is developing a step-by-step schedule of activities identifying all key activities required for of integrated MDA, based on the Program's experience to date.
- **Tools for Grantees.** The Program has developed a group of tools for grantees to standardize key performance benchmarks and to streamline reporting. A page on the Program website has been established with the following guidelines and tools posted:
 - § How to Write a Success Story
 - § MDA Coverage Reporting Form (English and French)
 - § Year 3 Workplan Guidelines
 - § Country Budget Template
 - § Grantee Budget Template
 - § Guidelines for conducting NTD Stakeholders' Meetings
 - § Memorandum of Understanding (MOU) Template

Publications and Presentations

A number of country success stories are included as Appendix E. Additional publications and presentations prepared during this reporting period are as follows:

- Ø *Responses to Neglected Tropical Disease Integration: Key Concepts from Country Experiences* - Margaret Baker, Saul Helfenbein, Nana-Kwadwo Biritwum, Elisa Bosque-Oliva, Alan Fenwick, Fiona Fleming, Ibrahim Jabr, Narcis Kabetereine, Achille Kabore, Mary Linehan, David Molyneux. Submitted for publication
- Ø *Mapping, monitoring and surveillance of neglected tropical diseases: policy framework* - M Baker, E Mathieu, F Fleming, M Deming, A Garba, J Koroma, M Bokarie, A Kabore, D Sankara, DH Molyneux. Submitted for publication
- Ø *Effect of NTD integration on resource availability for Lymphatic Filariasis*- Pamela J. Hooper, Maggie Baker, Roland Bougma, Nana Biritwum, Massitan Dembélé, Ibrahim Komblo, Dominique Kyelem, Mary Linehan, Eric A. Ottesen, Jean Shaikh (Poster presented at ASTMH). Poster session at ASTMH, December 2008
- Ø *Testing validity of reported drug coverage rates of the neglected tropical disease control program in four countries* - Margaret C. Baker, Lily Trofimovich, Dieudonne Sankara, Mary Linehan, Simon Brooker, Elisa Bosque-Oliva, Amadou Garba, Seydou Toure, Nana Biritwum, Ambrose Onapa, Harriet Namwanje. Poster session at ASTMH, December 2008

Program staff attended a variety of relevant forums to present the Program's experience, results, and lessons learned during the reporting period as presented in Table 10.

Table 6. Meetings attended during the reporting period to Present NTD Control Program Experience, Results, and Lessons Learned

Meeting/Conference	Objective of Participation	Dates	Venue	Attendee(s)
Mectizan Expert Committee/Albendazole Coordination (MEC/AC)	Inform critical drug donation programs of Program progress and plans and coordinate activities	10/07/08-10/09/08	London	Sankara
Meeting of the Stakeholders in the Presidential NTD Initiative		10/20/08-10/21/08	Washington, DC	NTD Control Program staff
Meeting on Post-Endemic Trachoma Surveillance	Assist in defining requirements for trachoma surveillance systems in post-endemic countries	11/4/08-11/5/09	Geneva	Sankara
GSK/Carter Center Partnerships Colloquium	Demonstrate Program support for GSK contribution to NTD control	12/04/08	Atlanta	Linehan
American Society of Tropical Medicine and Hygiene (ASTMH)	Make 2 poster presentations on results of Program work	12/07/08-12/11/08	New Orleans	Torres
APOC Joint Action Forum (JAF)	Coordinate activities with APOC	12/08/08 – 12/11/08	Uganda	Sankara
NGDO Tripartite Joint Meeting	Inform critical NGOs of Program progress and plans and coordinate activities	2/6-8/2009	Vienna	Kabore
Trachoma Control Program Review Meeting/The Carter Center	Contribute to the meeting and learn Carter Center supported trachoma elimination activities challenges and opportunities for additionality	02/11/09-02/13/09	Atlanta	Sankara
ITI Trachoma Strategic Program Plan and Review	Participate in strategic planning meeting for ITI at Task Force	3/9/09-3/10/09	Atlanta	Linehan
Partnership for Disease Control Initiatives (PDCI) (spring 09)	Inform critical drug donors of Program progress and plans and coordinate activities	3/10/09-3/11/09	Atlanta	Linehan, Kim
Thematic Stakeholder Meeting: Monitoring and Evaluation of Neglected Tropical Disease Control	Contribute to global drug and M&E meetings and WHO thematic working groups	3/25/09-3/27/09	Geneva	Linehan, Kim, Baker

7. Advocacy and Resource Mobilization

During the reporting period the Program has focused on establishing a model for documenting the existing advocacy activities of country programs and working with grantees to develop country-specific strategies. During the reporting period high level visits by Program staff were made to Burkina Faso and Ghana to highlight the importance of advocacy and resource mobilization to assure sustainability for program implementation once USAID funding ends. Both countries have been treating LF for more than 7 years in some portions of the country, and are beginning to look at developing post-elimination strategies.

Burkina Faso is the first of the NTD Control Program's countries to initiate plans for post-elimination strategies. A draft strategy was developed in collaboration with WHO AFRO, and included as part of the Year 3 work plan for the Burkina program. Burkina has developed an elaborate advocacy strategy for assuring government commitment to NTD control, and continues to lead the country programs in financial commitment by the government as measured by specific budget line item.

In Ghana a stakeholders meeting was held in January 2009. A major outcome of the meeting was that World Vision and the GHS decided to engage with Sightsavers International as a partner in advocacy activities. The Ghana program will focus on developing an advocacy strategy and LF exit strategy in the second half of Year 3.

Niger's work plan for Year 3 had ambitious plans for leveraging the funding of two new donors to allow the program to scale up and reach national scale. However, the funding was not been secured and the national program is now trying to secure funds from the government to fill the gap and distribute the drugs which have already arrived in country.

Government commitment

Country programs where the government has committed a line budget for NTDs include Burkina Faso, Niger, Uganda and Southern Sudan. The newest of the line budgets is found in Southern Sudan. Currently this line budget is allocated for 'NTD Control' and it remains to be seen whether it will be divided up between the individual disease control programs, as in the other countries. Niger also added an NTD budget line in 2007. The largest line budget is for LF in Burkina Faso where government commitment remains strong.

8. Activities Planned for the Next Six Months

Program Planning, Management, Monitoring and Evaluation, and Reporting

- Technical Director and Grants Assistant hired
- Provide training in and testing of post-MDA survey protocol in Sierra Leone and Uganda
- Review WHO new guidelines for integrated monitoring and evaluation for NTD control.
- Finalize cost study in Haiti, prepare report
- Establish IQC mechanism for obtaining technical support for program activities
- Initiate work planning for Year 4 for all country programs

Direct implementation

- Conduct introductory visit and meetings in Bangladesh and Nepal
- Work with Nepal MOH and WHO to develop national integrated NTD control strategy, plan for implementation, and stakeholders meetings
- Conduct stakeholders meeting in Bangladesh
- Conduct site visits for possible new grantees
- Provide technical assistance to Sierra Leone, Uganda and Mali for post-MDA surveys
- Work with EMRO and APOC to develop strategy for mapping in Southern Sudan
- Develop and finalize the database for tracking drug inventory, utilization and forecasts
- Finalize drug management plan for each Program country; delineating roles and responsibilities for all facets of pharmaceutical operations related to NTD Control
- Coordinate activities and information with key stakeholders to ensure accurate and timely delivery of drugs to coincide with MDA activities
- Initiate tender for Year 3 procurement of PZQ in the 3rd Quarter, pending the possible revision of the USAID waiver, and award during the 4th Quarter.
- Coordinate activities and information with key stakeholders, through WHO Working Group, to develop policy and strategy related to NTD pharmaceutical supplies and management issues
- Provide assistance to country program to develop accurate and robust drug forecasting capabilities
- Develop model for integrated NTD drug forecasting and management in collaboration with WHO and other stakeholders and coordinate drug donation

activities in each NTD Control Country to ensure timely delivery of NTD commodities to meet MDA needs and dates.

Grants Management

- Award new global grants
- Conduct start-up training and site visit with new grant partner (as required)
- Receive and review APS applications
- Finalize Togo fixed obligation grant
- Training for grant partners in the intricacies of fixed obligation grants to government local entities
- Conduct a monitoring site visit to SCI/Imperial College
- A-133 audit equivalents, cost share and VAT reporting training and monitoring of grant partners
- Conduct a training and monitoring site visit to IMA World Health Haiti
- Conduct a field level financial assessment and training at LEPRRA Bangladesh
- Conduct grantee meeting for country program and finance managers (tentatively August 17-21, 2009)

TAG

- Hold TAG meeting on global mapping requirements to clarify the geographic targets, resources required and appropriate partners and approaches for conducting the mapping that is critical for program scale up to proceed and to inform country selection going forward

Document Dissemination

- Produce semi-annual NTD Control Program newsletter using results from semi-annual report
- Publish integration paper
- RTI Fellows Seminar May 19 on integrated NTD lessons learned
- Prepare Program documents for posting on USAID website

Advocacy & Resource Mobilization

- Develop model sustainability plan for countries
- Develop advocacy tool kit for grantees
- Develop Branding and Marking plan cheat sheet for grantees
- Conduct rapid advocacy and resource mobilization assessments