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Neglected Tropical Disease Control Program

Semi-annual Report,
October 1, 2007–March 31, 2008

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Neglected Tropical Disease Control Program

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Table of Contents

	Page
List of Acronyms.....	iv
1. Summary	1
2. Program Planning, Management, Monitoring and Evaluation, and Reporting.....	3
2.1 Program Partnership	3
2.2 Program Planning.....	3
2.2 Program Management.....	4
2.3 Monitoring and Evaluation	4
2.4 Program Reporting.....	6
3. Direct Implementation of Integrated NTD Control.....	6
3.1 Capacity Development	7
3.2 Increased Coverage through Mass Drug Administration.....	9
3.3 IEC and Training Materials	11
3.4 Additionality.....	11
3.5 Drug Procurement.....	12
4. Grants Administration for Country Programs.....	13
4.1 Issuance of Grants	13
4.2 Grants Management.....	13
5. Technical Advisory Group.....	14
6. Documentation and Dissemination of Program Lessons	14
7. Advocacy and Resource Mobilization.....	14
7.1 Resource Mobilization for Country Programs	15
7.2 Drug Donations	16
8. Activities Planned for the Next Six Months.....	16

List of Acronyms

APOC	African Programme for Onchocerciasis Control
CDC	Center for Disease Control
EOI	Expression of Interest
GWU	George Washington University
ITI	International Trachoma Initiative
IRs	Intermediate Results
LATH	Liverpool Associates in Tropical Health
LF	Lymphatic Filariasis
LOA	Letter of Authorization
M&E	Monitoring and Evaluation
MDA	Mass Drug Administration
MOH	Ministry of Health
NGO	Non-Governmental Organization
NTD	Neglected Tropical Disease
PCT	Preventive Chemotherapy
PDCI	Partnership for Disease Control Initiatives
RFA	Request for Application
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

During this reporting period a major focus of the NTD Control Program was strengthening overall management of the Program by strengthening relationships among the NTD Control Program partners, establishing an improved planning process for the Program, and recruiting and hiring key Program staff. There is ongoing collaboration among the Program partners, as evidenced, among other things, by partners' reaffirmation of their commitment to the Programs goals, objectives, components, and operating principles and by the fact that partners came to consensus decisions on budget allocations for the eight participating NTD Control Program countries for the FY08 work plan. Before the end of the first quarter, the position of Program Director had been filled as had the position of Senior Grants Manager. As of this writing, the only critical Program position remaining to be filled is that of Advocacy and Resource Mobilization Specialist.

During the first half of FY08 all eight country programs undertook planning and preparation for MDA. Programs in the three new participating countries selected in FY07 – Haiti, Sierra Leone, and Southern Sudan - were initiated in the first half of FY08. The start-up and planning stages for these countries benefited from the first year of program experience. In particular grantees were provided clear guidelines on how to conduct stakeholders meetings and strategies for strengthening government ownership and commitment, as well as improved templates for work plans and budgets. The three country approaches will provide important information on different integration models and strategies for implementing programs in post-conflict settings.

In this reporting period, the Program trained over 54,000 workers at central, regional and district levels, including MOH staff, teachers, supervisors and drug distributors in preparation for the MDA. The Program continued to support mapping activities in Ghana, Niger, and Uganda. While gaps in mapping remain for all diseases, the greatest mapping need is for schistosomiasis; however, completion of the Ghana mapping in the near future will reduce this gap significantly. Trachoma mapping also remains an important gap. South Sudan, Sierra Leone and Uganda are the countries where the greatest mapping needs remain.

During the first half of year two the NTD Control Program supported MDA campaigns in Uganda, Mali and Burkina Faso were initiated, with 86 districts treated for one or more NTDs. Preliminary reports from Uganda indicate that 5.4 million people were treated in the November-December 2007 MDA. Coverage rates of eligible populations exceeded 75% for all drugs except Zithromax, which had an average rate of 57%. Treatment numbers from the on-going Burkina and Mali MDAs will be reported at the end of FY08.

With the completion of the Uganda MDA, the cumulative total number of people treated for NTDs through the current reporting period with support from the NTD Control Program is approximately 22 million (16.5 million in FY07 plus 5.4 million in Uganda);

and the total number of treatments delivered is approximately 47.3 million (35.8 million in FY07 and an additional 11.5 million in Uganda).

During the first half of FY08 we worked with the country programs to collect more accurate information about the contribution of other donors and the commitment of governments as measured through financial resources in order to document the additionality that USAID's funding is achieving. In addition to the districts treated with funding from the NTD Control Program, treatment was also delivered in 55 districts in Burkina Faso for LF, onchocerciasis and STH in December and January, paid for by the MOH. In Uganda two additional districts were treated for LF, 24 districts for onchocerciasis, 4 for schistosomiasis and 82 districts for STH using funding from other donors.

Progress toward integration during the reporting period is demonstrated differently in the various program models. The primary indicators of integration at this stage in all country programs are integrated training, monitoring and reporting. Co-administration of drugs that are recognized by WHO to be safe is the practice in all country programs. However, consistent and coordinated supply of drugs continues to be a challenge. Because this coordination is essential to achieving the cost-efficiencies possible through integrated approaches, it has become a key area of intervention for the NTD Control Program.

A tender for procurement of praziquantel and albendazole was issued during the reporting period and selection of the supplier will be made in May 2008.

Three grants - to Helen Keller International (Mali and Sierra Leone), IMA World Health (Haiti) and the Malaria Consortium (Southern Sudan) - were issued during this reporting period. All of these were the result of competitive solicitations conducted during the previous reporting period. A Request for Applications (RFA) to replace the grantee in Ghana was released in December, 2007. An award, to World Vision, will be issued in April 2008.

In March 2008 President Bush announced a Presidential Initiative for NTDs, building on the success of USAID's first year of experience in the five fast-track countries. The Program's success in scaling up in the first year, exceeding program targets and successfully documenting performance proved to be its most important advocacy tool, and it is becoming increasingly apparent that continued success in achieving results and disseminating information about them will be the cornerstone of the Program's advocacy efforts in the future.

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

During the first half of FY08, overall program management focused on strengthening relationships among the NTD Control Program partners, establishing an improved planning process for the Program, recruiting and hiring key Program staff, and refining M&E tools, approaches and indicators.

2.1 Program Partnership

As in Year 1, RTI continues to implement the NTD Control Program in partnership with the International Trachoma Initiative (ITI), Liverpool Associates in Tropical Health (LATH), and Schistosomiasis Control Initiative, Imperial College, London (SCI). In November 2007, however, ITI initiated a change in its role in the Program, from that of a grantee to that of a technical assistance provider. After a series of discussions with ITI and with USAID, RTI prepared a draft technical assistance scope of work for ITI's consideration. A new sub-agreement will be in place within the next few months.

2.2 Program Planning

In September 2007, USAID enlisted WHO's Department of Control of Neglected Tropical Diseases to conduct a review of the global experience with the implementation models for integrated NTD control programs currently being implemented, including the first NTD Control Program country programs. The results of this review were expected in December 2007. Based on this expectation, USAID requested that the NTD Control Program divide its FY08 work planning efforts in two pieces: a three-month work plan for the first quarter (October-December 2007) of FY08; and a 12-month work plan, due January 31, 2008 incorporating the findings of the WHO review. In December 2007, however, it became apparent that the results of the WHO review would not be available until later in 2008. As a result of this delay, USAID requested that the NTD Control Program submit its entire FY08 work plan on March 15, 2008, with the proviso that this work plan can be modified at a later date should the results of the WHO review ultimately prove of significant consequence for the Program in the present year.

In January, the NTD Control Program organized a two-day partners meeting to:

- Develop four-year strategic plan for the expansion of integrated NTD control aligned with the targets set for the NTD Control Program based on a common vision among all partners.
- As partners, set rough parameters, both programmatic and financial, for each NTD Control Program component and country for Year 2 of the Program.

All NTD Control Program staff attended, as did one representative from each partner organization. Participants reaffirmed their commitment to the Programs goals, objectives, components, and operating principles. Participants were also reminded of and discussed the Program’s FY08 funding situation, and the team’s discussion focused the planning and budgeting for the Year 2 work plan. The meeting ended with consensus decisions on budget allocations for the eight participating NTD Control Program countries.

2.2 Program Management

In the first quarter two new staff, the Program Director and the Senior Grants Specialist joined the NTD Control Program, bringing total staff to nine. Beginning in Q2, the Program reorganized its staff into four major units, each focused on one key element of the Program—Direct Implementation, Grants Administration, Documentation and Dissemination, and Advocacy and Resource Mobilization. The current Program staff are presented in Table 2.

Table 1. NTD Program Personnel

Name	Role
Jean Shaikh	<ul style="list-style-type: none"> Program Director/Senior Documentation and Dissemination Manager/Senior Advocacy and Resource Mobilization Manager
Mary Linehan	<ul style="list-style-type: none"> Senior Direct Implementation Manager/Asia Regional Manager/Deputy Program Director
Christopher Landry	<ul style="list-style-type: none"> Senior Grants Manager
Margaret Baker	<ul style="list-style-type: none"> Monitoring and Evaluation Specialist/Operations Research Manager
TBD	<ul style="list-style-type: none"> Advocacy and Resource Mobilization Specialist
Dieudonne Sankara	<ul style="list-style-type: none"> East and Southern Africa Regional Manager/Senior NTD Specialist
Achille Kabore	<ul style="list-style-type: none"> West Africa and Caribbean Regional Manager
Scott Torres	<ul style="list-style-type: none"> Country Program Coordinator/Operations Research Coordinator
Cooper Hanning	<ul style="list-style-type: none"> Documentation and Dissemination Assistant (30%)
Valerie Alvarez	<ul style="list-style-type: none"> Program Administrative Specialist (PAS) (50%)

2.3 Monitoring and Evaluation

By the end of its first year, the NTD Control Program had made important and well-recognized contributions to advancing the state-of-the-art NTD M&E. As a result, it is participating actively in global NTD control M&E efforts in Year 2:

- Review of WHO's strategy for monitoring MDA reported coverage, which will lead to international guidelines for integrated NTD programs. The WHO strategy will incorporate the tools developed and best practices of the NTD Control Program during year one.
- Advising on development of WHO's post-MDA survey tool which will incorporate the lessons learned from the NTD Control Program's implementation of MDA validation surveys during the first year.

Specific activities for the first half of FY08 included:

- Finalization of the FY07 performance results and feedback to grantees and country programs on FY07 results
- Provision of information to the WHO review of NTD control programs, specifically our Program MDA results and other data as requested.
- Provision of on-going support to country programs for Program M&E requirements. In-country support provided to Ghana and Uganda for post MDA surveys
- In order to enhance the Program's capacity to report on program indicators, grantee reporting tools were improved, building on experiences gained in FY07
- The NTD Program Access database was further developed: Data entry forms were streamlined to reflect updates in reporting forms; new modules were added to allow collection of data from semi-annual reports; and reporting capabilities of the database were simplified to improve ease of reporting.
- The Program purchased ArcView mapping software which allows the Program to link to information available in the database and prepare maps with district level detail.
- Indicators presented in the M&E Plan have been refined as follows:
 - In addition to presenting information on the number of persons and districts treated by disease or by drug group we have identified 'number of treatments distributed' as a good summary indicator which gives one numbers for all NTD treatments and allows progress of scale up to be measured
 - Semi- annual report will measure additionality in terms of numbers of new donors and government support
- We initiated planning for costing studies in Haiti and one other country, using the protocol developed under the Bill and Melinda Gates funded multi-country costing study to complement the Gates-funded studies and provide additional information about the cost-effectiveness of integrated approaches.
- Sentinel sites have been set up in Mali under the NTD Control Program to monitor parasitaemia rates.
- The M&E Specialist traveled to London in December 2007 to work with SCI staff on the M&E Plan and the NTD database. As the Program starts to focus on

measuring impact, SCI's experience with mathematical modeling of disease prevalence will be utilized.

2.4 Program Reporting

Financial Reports

RTI submitted financial reports in accordance with 22 CFR 226.52.

Annual Work Plan

The first quarter work plan was submitted October 16, 2007 and approved on November 20, 2007. The complete work plan for Year 2 was submitted on March 15, 2008, and after minor revision, was approved on April Approval of the FY08 budget is pending as of this writing.

3. Direct Implementation of Integrated NTD Control

During the first half of FY08 all eight country programs undertook planning and preparation for MDA. Mid-year achievements toward Program goals are presented in this section.

Programs in the three new participating countries selected in FY07 were initiated in the first half of FY08. The start-up and planning stages for these countries benefited from the first year of program experience. In particular grantees were provided clear guidelines on how to conduct stakeholders meetings and strategies for strengthening government ownership and commitment, as well as improved templates for work plans and budgets. Strong emphasis was put on assuring the leadership role of the government counterparts and the need to build on existing NTD control activities. The three country approaches will provide important information on different integration models and strategies for implementing programs in post-conflict settings.

Haiti

IMA World Health was selected as the grantee for Haiti. Stakeholders' meetings were conducted January-March 2008. In Haiti the NTD Control Program's funding is matched by a grant to a consortium led by the University of Notre Dame from the Bill and Melinda Gates Foundation. The implementation model in Haiti is based on a geographic division of labor, with the government dividing up the country's regions between the two main donors and to leverage the combined inputs of the two donors to achieve national scale-up and potentially eliminate LF.

Sierra Leone

HKI is the grantee in Sierra Leone. Stakeholders' meetings were held in early March 2008. The Sierra Leone strategy is to build on the well-established CDTi model that has

been in place for years, funded through a variety of donors. In 2007 a small number of districts also were treated for LF with non-USAID funding. During FY08 Sierra Leone will conduct mapping for trachoma, LF and schistosomiasis to allow the program to target treatment, and allow the country to scale up over the next 3 years.

The CDTi+ model proposed in Sierra Leone is an innovative distribution platform for the NTD Control Program, and is not used by other participating countries. The wide overlapping of onchocerciasis and LF in Sierra provides a unique opportunity to make use of the CDTi strategy as a distribution platform for ivermectin, albendazole, praziquantel and Zithromax® where diseases overlap.

The model will be monitored jointly by the Sierra Leone team, APOC and the NTD Control Program to document the additional training, monitoring of drug distribution as well as the adaptation of data collection tools to smooth the transition from CDTI to CDTI+ during the first year.

South Sudan

Malaria Consortium is the grantee in South Sudan. Significant challenges for implementation include security, an extreme shortage of trained health staff and government counterparts, the absence of reliable demographic data or existing health structures, and mobile populations. In November 2007 a technical meeting was held in Atlanta to bring together a number of NTD technical resource groups and experts that will be critical to the success of the S. Sudan program, and to assist MC and the MOH to develop the technical basis for development of an integrated NTD drug administration program in S. Sudan.

During the second quarter of FY08 MC has been working with the MOH to develop a national strategy for NTD control. The NTD Control Program is providing technical assistance for mapping, and assuring that the S. Sudan program builds on the work to date of the Christian Blind Mission (CBM) in onchocerciasis control and The Carter Center for trachoma. The stakeholders' meeting is planned for May 8, 2008.

3.1 Capacity Development

Training

The Program trained over 54,000 workers at central, regional and district levels, including MOH staff, teachers, supervisors and drug distributors in preparation for the MDA. Table 4 shows the category of trained personnel by country program. Training included: background information on the NTDs, community mobilization techniques, safe drug administration, use of dose poles, proper completion of registers, supervision, data collection, reporting and monitoring adverse events. In addition, training was provided to data collectors and lab technicians in Ghana for mapping schistosomiasis. In Mali, 550 members of civil society groups were trained to support and collaborate in the MDA campaigns.

Table 2. Number of People Trained during the First Half of FY08, by Level of Worker

Country	MOH Central Level	Trainers	Supervisors	Drug Distributors	Other	Total
Burkina Faso						not yet available
Ghana	0	0	0	0	15	15
Haiti						
Mali	0	7	421	11,520	550	12,498
Uganda	40	825	7,603	33,055	0	41,523
TOTAL	40	832	8,024	44,575	565	54,036

Mapping

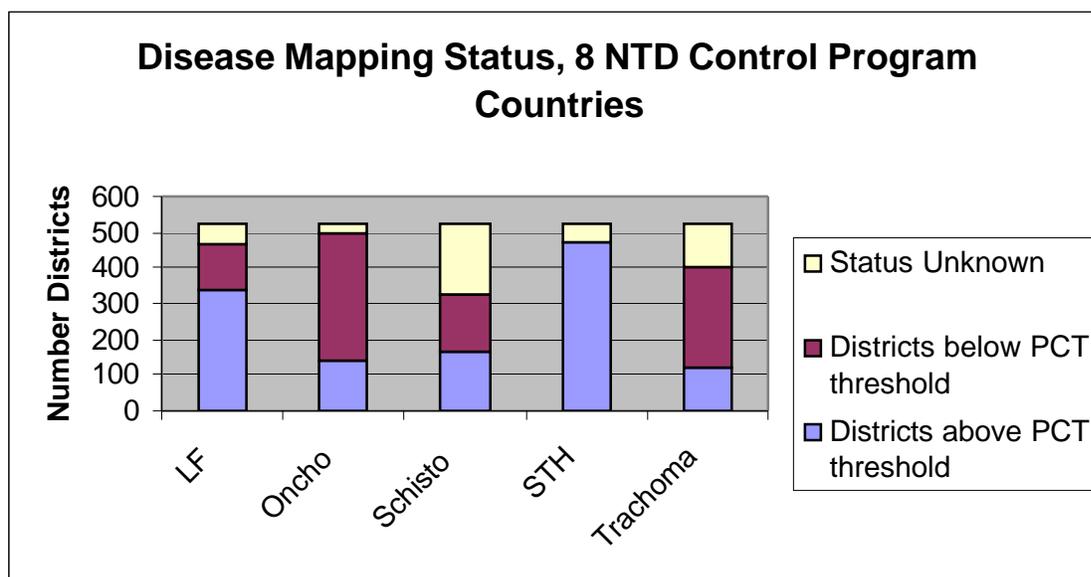
The Program supports the disease prevalence mapping that is required to meet the requirements of the drug donation programs, and to target populations for intervention.

The following mapping activities were carried out with NTD Control Program funding during this reporting period:

- Uganda: 4 districts mapped for trachoma
- Niger: 1 district mapped for LF
- Ghana: national mapping for schistosomiasis on-going

Figure 2 below shows the current state of mapping in the eight countries currently participating in the NTD Control Program. While gaps in mapping remain for all diseases, the greatest mapping need is for schistosomiasis; however completion of the Ghana mapping will reduce this gap significantly. Trachoma mapping also remains an important gap. South Sudan, Sierra Leone and Uganda are the countries where the greatest mapping needs remain.

Figure 1. State of Mapping for NTDs in Countries, April 2008



Strategic Planning

Another important contribution to local capacity development by the Program was in strategic planning. Integration requires significant planning and coordination of stakeholders to find ways for vertical NTD programs to share resources and plan together how to implement an integrated program.

During the first half of FY08 the Program developed clearer guidelines for stakeholders meetings, including guidelines for the development of work plan and budget processes, greater clarification of the role of grantees in support of the government NTD programs. Guidelines for reporting were also modified and refined to better capture the best practices country programs.

Budget templates were further refined to assure that country managers can access the entire program’s needs and resources and conduct and present an analysis of what additional funding is required.

In the process of developing work plans for country programs we were able to better document historical resources used for NTD control in each country. This strengthens the Program’s ability to report the important contributions of the government, as well as better demonstrate the impact of USAID’s additional contributions.

3.2 Increased Coverage through Mass Drug Administration

During the first half of year two the NTD Control Program-supported MDA campaigns in Uganda, Mali and Burkina Faso were initiated. The number of districts treated during the reporting period is shown in Table 5 below.

Preliminary reports from Uganda indicate that 5.4 million people were treated in the November-December 2007 MDA. With the completion of the Uganda MDA, the cumulative total number of people treated for NTDs through the current reported period with support from the NTD Control Program is approximately 22 million (16.5 million in FY07 plus 5.4 million in Uganda); and the total number of treatments delivered is approximately 47.3 million (35.8 million in FY07 and an additional 11.5 million in Uganda). Treatment numbers from the on-going Burkina and Mali MDAs will be reported at the end of FY08.

The numbers of people treated will be reported at the end of the fiscal year, when registry reports have been tabulated.

Table 3. Number of Districts Treated with USAID Funding by Disease, Oct 07 - Mar 08

Country	LF	Oncho	Schisto	STH	Trachoma	1 or more NTDs
Burkina Faso	0	0	36	0	0	36
Mali	6	0	22	22	18	22
Uganda	22	3	9	28	7	28
TOTAL	28	3	67	50	25	86

Coverage rates for treatments completed in Uganda are shown in Table 6.

Table 4. Treatment Coverage Rates by Drug Package, Uganda, December 2007 – January 2008

Drug Package	Total Number Treated	Total Population at Risk	Eligible Population	% Coverage (treated/at risk)	% Coverage (treated/eligible)
IVM alone	270,642	-	331,168	-	81.7
IVM+ALB	4,667,909	6,242,831	5,994,475	74.8	77.9
PZQ	106,361	164,034	123,053	64.8	86.4
PZQ+ALB	799,123	994,890	955,093	80.3	83.7
ZITHRO	1,196,558	2,116,461	2,116,461	56.5	56.5

Coverage rates of eligible populations exceeded 75% for all drugs except Zithromax, which had an average rate of 57%. Reasons for this are as follows:

- Side effects discouraged people from taking the drug. Side effects are more pronounced when the drug is taken on an empty stomach, and during the MDA, food and water were scarce in some areas. Future campaigns should consider the need to provide food and water and explore collaboration with the World Food Program and other organizations.
- Alcohol use: residents were informed that they should not drink alcohol 12 hours before and also 12 hours after taking the drug. This restriction seemed to have discouraged them.
- Districts failed to provide tetracycline ointment for children under six months. This year the program is putting more pressure on districts to fulfill their pledges.
- Some areas have been found to consistently resist health programs of all kinds, and have performed poorly in immunization and sanitation campaigns as well. Leaders in these districts are aware of this tendency and are working to change the attitudes and health seeking behavior of the residents.

3.3 IEC and Training Materials

IEC materials developed in FY07 have been compiled by the Program as required under the cooperative agreement.

3.4 Additionality

Table 7 shows the value of drug donations for the five fast track countries in which the NTD Control Program has implemented MDA for the reporting period October 2007 through March 2008. Albendazole was donated mainly by GlaxoSmithKline and a small donation was received from the Catholic Relief Services for Burkina Faso; Ivermectin was donated by the Mectizan Donation Program; Praziquantel was donated by SCI and the Catholic Relief Services; and Zithromax was mainly donated by Pfizer with a small donation from ETRUSCAN Canada to Burkina Faso.

In addition to collecting information on donated drugs, as we have done in the past, in this reporting period we worked with the country programs to collect more accurate information about the contribution of other donors and the commitment of governments as measured through financial resources in order to document the additionality that USAID's funding is achieving.

Table 5. Number of Districts Treated with PCT, Burkina Faso and Uganda, October 2007 – March 2008

Number Districts Treated BURKINA FASO	LF	Oncho	Schisto	STH	Trachoma	1 or more NTDs
No. treated Oct-Mar 08 (all donors)	55	4	36	55	0	55
No. treated Oct-Mar 08 (USAID funds)	0	0	36	0	0	36
UGANDA						
No. treated Oct-Mar 08 (all donors)	24	17	9	82	7	82
No. treated Oct-Mar 08 (USAID funds)	22	3	9	28	7	28

In addition to government support, several countries have attracted other donor support.

Integration

Progress toward integration during the reporting period is demonstrated differently in the various program models. The primary indicators of integration at this stage in all country programs are integrated training, monitoring and reporting. Co-administration of drugs that are recognized by WHO to be safe is the practice in all country programs. However, consistent and coordinated supply of drugs continues to be a challenge. Coordination of drug supply is essential to achieving the cost-efficiencies possible through integrated approaches, and has become a key area of intervention for the NTD Control Program, as further discussed in the Advocacy and Resource Mobilization Section below.

The best measure of integration over time will be demonstrated cost efficiencies. The NTD Control Program is collaborating with grantee recipients of the Bill and Melinda Gates Foundation to use a standardized approach to measuring cost-effectiveness in integrated NTD programs. We intend to initiate our costing study in Haiti during the second half of FY08.

3.5 Drug Procurement

IDA was competitively selected as the supplier for NTD Control Program-procured drugs in FY08. The NTD Specialist conducted a quality assurance visit to IDA's headquarters in the Netherlands in December 2007. Procurement has proceeded as planned, with drugs being received prior to MDA in all participating countries. In addition, the NTD Control Program was able to provide an emergency shipment of PZQ to Mali from existing stock in IDA warehouses.

Forecasting for FY09 drug procurement requirements was conducted during the reporting period. To procure the required essential drugs for country programs for MDA in FY09, a tender was issued in late March by SCI. Selection of the supplier will be made in early May. We expect that the drugs will be available for each country before the FY09 MDA campaigns.

Haiti requires DEC for its LF treatment campaign. For FY08 MDA the DEC for Haiti will be provided through the University of Notre Dame. However, since the NTD Control Program anticipates expanding into Asia where DEC is the appropriate treatment for LF, we have initiated a waiver request for DEC which will be submitted to USAID for approval in the second half of FY08.

The problem faced by Burkina Faso in obtaining its planned Zithromax donation has highlighted the critical need for the NTD Control Program to strengthen its role in the coordination of drug supplies at the country level. The Senior NTD Specialist will have primary responsibility for supporting countries to forecast drug requirements, complete application processes, and track supplies at the country level.

4. Grants Administration for Country Programs

4.1 Issuance of Grants

In October 2007 an RFA to provide support to the national NTD control program in Mali concluded. We selected HKI as the successful applicant for the Mali program. We concluded the negotiations with HKI in December 2007 and HKI began to provide support to the Mali NTD control program shortly thereafter.

Three grants were issued during this reporting period. The grants to Helen Keller International (Mali and Sierra Leone), IMA World Health (Haiti) and the Malaria Consortium (Southern Sudan), were the result of competitive solicitations conducted during the previous reporting period. All grantees began implementing field activities in December 2007 and January 2008.

A Request for Applications (RFA) to replace the grantee in Ghana was released in December, 2007. World Vision was awarded the grant which we expect to be issued in April 2008.

4.2 Grants Management

The program provided on-going support by phone and email to grantees to strengthen and update invoice and financial reporting capabilities. Limited scope audits were conducted in accordance with the OMB A-133 requirements for pass-through entities.

5. Technical Advisory Group

At its January partners' meeting, based on its highly successful experience with its Praziquantel Meeting in FY07, the NTD Control Program articulated a strategy for its TAG that takes full advantage of the Program's participation in existing global advisory bodies and minimizes duplication of efforts with these bodies. While no TAG meetings were planned for the first half of FY08, an aggressive schedule of meetings has been established for the second half of the year.

6. Documentation and Dissemination of Program Lessons

In the first half of FY08, a number of documentation and dissemination activities were undertaken, including the ongoing population of the Program's website, the preparation of weekly NTD Updates for USAID and Program partners, and finalization of the Program's white paper on integration. Plans are underway for the preparation of a Program Newsletter for wide distribution and for development of a standard presentation for use by Program and USAID staff.

7. Advocacy and Resource Mobilization

Advocacy and resource mobilization activities during the reporting period focused on dissemination of Program achievements and lessons learned during Year One and resource mobilization for praziquantel (PZQ) and other essential drugs for NTD control.

Integration of NTD control efforts is neither easy nor universally appreciated. At both country and global levels, organizational imperatives create real barriers to integration. These barriers can only be overcome by the demonstration that integration has powerful public health and financial benefits. Efforts to demonstrate these benefits in the reporting period are:

- Development with the Task Force for Child Survival of a methodology to determine the impact of integrated approaches to NTD control on the resources available for disease-specific programs. In April the Program presented preliminary findings on the impact of NTD Control Program resources on the LF programs in the five fast-track countries at the GAELF5 meeting in Arusha.
- Attendance and presentation of NTD Control Program integration experience and results at important international and national forums:
 - Participation in and presentation at the ASTMH meeting in Philadelphia, November 2007

- Participation in and presentation at the Carter Center’s Countries Trachoma Control Meeting, Atlanta, February 2008
- Participation in the WHO Workshop for Development of Integrated Plans of Action for Control of Neglected Tropical Diseases in Sub-Saharan Africa, Benin, February 2008
- Preparation of an auxiliary session at the Global Health Council Meeting May 27, 2008: Community-Based Integrated Neglected Tropical Disease Control: Early Country Experiences

In March 2008 President Bush announced a Presidential Initiative for NTDs, building on the success of USAID’s first year of experience in the five fast-track countries. The Program’s success in scaling up in the first year, exceeding program targets and successfully documented performance proved to be its most important advocacy tool, and it is becoming increasingly apparent that continued success in achieving results and disseminating information about them will be the cornerstone of the Program’s advocacy efforts in the future.

7.1 Resource Mobilization for Country Programs

Beginning in the first half of FY08 the NTD Control Program is emphasizing efforts to assure government commitment and resource allocation and to mobilize other donors in support of NTD control. Several countries have reported that when USAID’s funds became available other donors reduced their support. Maintaining the support of other donors has proven to be a great challenge in each setting, and one that grantees may not be well-equipped to deal with. As a result, the NTD Control Program will step up its efforts to assist grantees and country program managers to mobilize resources and advocate for support for NTD control.

Demonstration at the country level that integrated NTD control works and is cost-effective is a key element in these efforts. Presentations of results were made by a number of country program managers during the reporting period:

Niger

- Presentation to MOH on NTD control in October 2007
- Presentation to Peace Corps Volunteers in Niger, December 2007
- Presentation of country experience at Workshop for Development of Integrated Plans of Action for Control of Neglected Tropical Diseases in Sub-Saharan Africa, Benin, February 2008

Mali

- Submission to the MoH of two official reports on the Program’s activities (one in September and another in March)
- Submission to the U.S. Ambassador and the Health Attaché of a report detailing objectives, strategies, and progress of the Ministry’s NTD control program

7.2 Drug Donations

In the first half of Year 2, the NTD Control Program participated in and presented at the 2007 meeting of the all-important Partnership for Disease Control Initiatives (PCDI), a coalition of pharmaceutical companies and non-governmental organizations with disease control programs formed in 1999 to provide a forum for pharmaceutical companies and health program managers to share information and discuss issues related to pharmaceutical donations for international disease control initiatives.

8. Activities Planned for the Next Six Months

Program Planning, Management, Monitoring and Evaluation, and Reporting

- Hold FY09 work plan meeting in late June or early July
- Submit FY09 Work Plan by August 31
- Recruit Advocacy and Resource Mobilization Specialist
- Identify temporary M&E support for period when M&E Specialist is on maternity leave
- Participate in a cost analysis meeting of the Bill and Melinda Gates Foundation-supported NTD programs in Seattle in June
- Prepare end of FY08 MDA results

Direct implementation

- Provide technical assistance as needed to Haiti, South Sudan and Sierra Leone country programs for finalizing FY08 work plans and budgets and initiate training and other preparations for MDAs planned for the first quarter of FY09
- Submit DEC waiver request
- Procure PZQ and ALB for FY09 country programs, and assure timely delivery
- Participate in post-MDA meetings Niger, Mali and Burkina Faso to prepare for FY09 work plan development

Grants Management

- Assist Malaria Consortium to initiate activities in S. Sudan
- Assist SCI to procure their ADS 591 Audit
- Prepare and issue an RFA for two additional countries
- Issue grants for two additional countries
- Conduct grantee monitoring visits (London and various sites in Africa, TBD)

TAG

- Convene two mini-TAGS around the critical topics of developing sustainability plans and developing guidelines for PZQ holidays.

- Organize third mini-TAG to address how the current multiple drug application processes and the RTI grant application and planning processes can be aligned to better facilitate the integration of NTD control efforts.
- Attend WHO STAG meeting, April 2008
- Assist USAID in organizing the initial meeting of the Presidential Initiative Advisory Group, June 2008

Document Dissemination

- Develop Documentation and Dissemination strategy and implementation plan
- Develop additional website materials for the NTD Control Program website, including tools developed, guidelines for grantees, links to key partners and websites, results from MDA in Year One and grantee awards.
- Prepare one-page fact sheets on country program results, for distribution at international and national forums and for posting on the Program website
- Submit white paper on integration approaches for NTD programs for publication in NTD PLoS and/or RTI Press

Advocacy & Resource Mobilization

- Develop Advocacy and Resource Mobilization strategy and implementation plan with particular emphasis on country-level resource mobilization activities and activities to help assure continuity and expansion of critical drug donations
- Attend Mectizan Expert Committee Coordination meeting, Atlanta, April 2008
- Attend GET 20/20 meeting in Geneva, April 2008
- Conduct auxiliary session at the Global Health Council, Washington, DC, May 27, 2008
- Attend PCDI meeting in New York, June 2008