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Neglected Tropical Disease Control Program

Program Year 5 Work Plan

October 1, 2010–September 30, 2011

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Neglected Tropical Disease Control Program

Program Year 5 Work Plan, October 1, 2010 – September 30, 2011

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Table of Contents

	Page
List of Figures	iv
List of Tables	iv
List of Acronyms	v
1. Overview of Program and Year 5 Work Plan	1
2. Program Planning, Management and Reporting	3
2.1 Program Planning	3
2.2 Program Management	Error! Bookmark not defined.
2.3 Partnerships.....	4
2.4 Program Reporting.....	Error! Bookmark not defined.
3. Direct Implementation of Integrated NTD Control	5
3.1 Overview.....	5
3.2 Additionality	5
3.3 Technical Assistance for Integrated Country Programs.....	8
3.4 Drug Procurement and Management	11
4. Grants Administration for Country Programs	14
4.1 Overview.....	14
4.2 Management Support and Supervision of Awarded Grants.....	14
4.3 Assuring Smooth Transition to new funding mechanisms	15
5. Technical Expert Group (TEG)	17
6. Documentation and Dissemination to Influence Policy.....	18
6.1 Overview.....	18
6.2 Monitoring and Evaluation.....	18
6.3 Dissemination of Program Best Practices, Lessons Learned	19
6.4 Global Policy, Standards and Norms.....	20
7. Advocacy and Resource Mobilization	21
Appendix A: N/A.....	Error! Bookmark not defined.
Appendix B: Course Description for the International NTD Program Managers Training Course.....	Error! Bookmark not defined.

List of Figures

Figure 1.	Number of Persons Treated and Treatments with USAID Funding for the NTD Control Program, Years 1-5	6
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List of Tables

Table 1.	Redacted	Error! Bookmark not defined.
Table 2.	Year 5 Program Planning, Management, Monitoring and Evaluation, and Reporting Benchmarks and Timeline	Error! Bookmark not defined.
Table 3.	NTD Control Program Countries by Year	5
Table 4.	Year 5 number of targeted persons to be treated and treatments with USAID Funding	7
Table 5.	Specialized technical assistance for national control and elimination goals.....	7
Table 6.	Technical Assistance Requirements for Country Programs	8
Table 7.	Redacted	Error! Bookmark not defined.
Table 8.	Year 5 Direct Implementation Benchmarks and Timeline	11
Table 9.	Timeline for country-specific transition to new mechanism.....	16
Table 10.	Year 5 Grants Administration Benchmarks and Timeline	16
Table 11.	Year 5 Technical Expert Group (TEG) Benchmarks and Timeline	18
Table 12.	Redacted	Error! Bookmark not defined.
Table 13.	Year 5 Documentation and Dissemination Benchmarks and Timeline	21
Table 14.	Year 5 Advocacy and Resource Mobilization Benchmarks and Timeline	21

List of Acronyms

APOC	African Programme for Onchocerciasis Control
ASTMH	American Society for Tropical Medicine and Hygiene
CDC	Center for Disease Control
CDTI	Community directed treatment with Ivermectin
CTO	Cognizant Technical Officer
DFID	UK Department for International Development
FGAT	Funding Gap Analysis Tool
GAELF	Global Alliance to Eliminate Lymphatic Filariasis
GSK	GlaxoSmithKline
ITI	International Trachoma Initiative
LATH	Liverpool Associates in Tropical Health
LF	Lymphatic Filariasis
M&E	Monitoring and Evaluation
MDA	Mass Drug Administration
MDP	Mectizan Donation Program
MOH	Ministry of Health
NGO	Non-Governmental Organization
NTD	Neglected Tropical Disease
PAHO	Pan American Health Organization
PCT	Preventive Chemotherapy
PDCI	Partnership for Disease Control Initiatives
POA	Plan of Action
RFA	Request for Application
SAE	Severe Adverse Event
SCI	Schistosomiasis Control Initiative, Imperial College, London
STAG	Strategic and Technical Advisory Group
STH	Soil-Transmitted Helminthes
TEG	Technical Expert Group
USAID	United States Agency for International Development
WHO	World Health Organization

1. Overview of Program and Year 5 Work Plan

The purpose of this cooperative agreement is to provide the United States Agency for International Development (USAID) and the Bureau for Global Health with assistance to decrease the burden of neglected tropical diseases (NTDs), which affect an estimated one billion people in tropical and subtropical regions.¹ These diseases can cause disability, childhood malnutrition, blindness, severe disfigurement and reduced productivity. NTDs typically affect rural and marginal populations, who lack access to safe water, basic health services, and essential medicines. The Program's five focus NTDs are lymphatic filariasis (LF), onchocerciasis, schistosomiasis, soil-transmitted helminthes (STH), and trachoma.

The USAID-funded "Neglected Tropical Disease (NTD) Control Program" is a cooperative agreement awarded to RTI International. The NTD Control Program is the first global effort to support country programs to integrate and scale up delivery of preventive chemotherapy (PCT) for the five NTDs listed above. The NTD Control Program is a five-year program that began September 1, 2006, and is expected to continue to operate until September 30, 2011.

This Program Year 5 Work Plan is organized around the five program elements. The overall focus of Program activities during Year 5 will be to:

- Provide continued support to 17 countries for NTD control activities
- Assure smooth transition of country program activities to new USG funding mechanisms anticipated to be awarded in FY2011
- Summarize and publish Program achievements
- Finalize key tools such as the Funding Gap Analysis Tool and MDA reporting forms for expanded use in USAID's NTD Program, and moving existing tools into international policy (i.e. getting WHO endorsement of the Funding Gap Analysis Tool and other proven tools and strategies developed during the Program)
- Develop standard Integrated NTD Program Managers Training Course in collaboration with WHO
- Strengthen capacity of country counterparts to manage national programs, in particular supporting improved drug forecasting

Direct Implementation of Integrated NTD Control

Over 80 percent of total NTD Control Program funds are dedicated to the support of implementation of integrated NTD control programs in participating countries. **We propose to work in 17 countries in Year 5** (Bangladesh, Burkina Faso, Cameroon, Ghana, Guinea, Haiti, Mali, Nepal, Niger, Philippines, Senegal, Sierra Leone, Southern Sudan, Tanzania, Togo, Uganda, and Viet Nam).

¹ From the 2006 WHO Brochure, *Neglected Tropical Diseases: Hidden Diseases, Emerging Opportunities*.

During Year 5 we will deliver approximately 186 million treatments to 78 million people.

To provide the necessary technical assistance to assure that all country programs can achieve their goals of NTD control and elimination, in Year 5 the Program will focus on -

- Providing on-going assistance to grantees and country program managers to scale up MDA, strengthen local capacity to manage programs and prepare for transition to new funding mechanisms as determined by USAID;
- In partnership with WHO, developing and conducting an Integrated NTD Program Managers Course to develop the capacity of program managers and technical advisors at country and regional levels in support of integrated NTD PCT strategies and treatment guidelines; and
- Conducting country program assessments in selected countries to determine impact of MDA on disease prevalence and intensity and in compliance with international standards

During the first four years of the Program impressive achievements were made in all countries and the life of project goals of treating 40 million people with 160 million treatments were surpassed. Among the 16 selected countries, eight have already achieved national scale-up for PCT of all co-endemic diseases, and some countries (Viet Nam and Togo) have already achieved elimination of LF.

Grants Administration

In Year 5 integrated NTD control program activities will be supported in 17 countries in Africa, Asia and the Caribbean. During Year 5 no additional grant competitions are anticipated. In the final year, the grants component of the Program will focus on preparing all current grantees for close-out of their current grants with RTI while assuring smooth transition to the new funding mechanisms anticipated for continued USG support for NTD control.

Technical Expert Group (TEG)

In Year 5 Program personnel will participate in meetings of important global advisory bodies, including the WHO Strategic and Technical Advisory Group on NTDs, the APOC Joint Action Forum and WHO NTD working group meetings for M&E and drug management. In addition during Year 5, we propose to conduct specific technical meetings to bring together key experts to guide the program on technical issues, including: disease-specific decision-making for MDA programs; and optimal strategies for implementing NTD programs.

Documentation and Dissemination to Influence Policy

During Year 5 the Program will focus on documenting program experience, presenting and publishing the Program's experience, best practices and lessons learned. Monitoring and evaluation tools will be utilized to interpret trends, highlight program achievements and analyze successful strategies and approaches. The Program will continue to engage in the global dialogue with WHO and other organizations to develop standards and norms for technical and operational

issues related to the NTDs, including: standard training approaches and tools for implementing MDAs and for drug distributors and MDA supervisors; and standard training approaches and tools for reporting and managing severe adverse events.

Advocacy and Resource Mobilization

Achieving sustained and increased government commitment toward a sustainable, post-elimination NTD control program has been the primary goal of country level advocacy activities. During Year 5, we will continue to provide assistance to grantees for advocacy activities where needed but focus on documenting results from advocacy activities over the life of the program; country experiences, and lessons learned.

2. Program Planning, Management and Reporting

2.1 Program Planning

The proposed budget breakdown allocates 87% for country implementation and procurement of drugs, and 13% for core program costs, including work planning, management and reporting, grants management, TAG, document dissemination, monitoring and evaluation and advocacy and resource mobilization. A significant increase in funding for the final year of the Program will allow the program to fill the financial gap (identified by the Funding Gap Analysis Tool) for MDA activities in the 13 countries where MDA activities are planned. The overall focus of program planning and management activities during the final year of the Program will be to:

- Support 13 countries to expand and implement to national scale MDA for all endemic NTDs and certify elimination of diseases where appropriate, and provide specific technical assistance to 4 additional countries;
- Prepare country programs for the transition to the follow-on funding mechanisms supported by USAID through the USAID NTD Program.

We propose to work in up to 17 countries in Year 5--Bangladesh, Burkina Faso, Cameroon, Ghana, Guinea, Haiti, Mali, Nepal, Niger, Philippines, Senegal, Sierra Leone, Southern Sudan, Tanzania, Togo, Uganda and Viet Nam.

In Q1 of Year 5 we anticipate that USAID's new funding mechanisms will be awarded and the Program will be provided guidance on how the Program will work with awardees of the new cooperative agreements. To assure smooth transition of country programs to the appropriate funding mechanisms, to be determined by USAID, we will conduct a work planning meeting in Washington, DC with USAID, grantees and partners. The focus of the meeting will be to discuss the specific strategies to assure a smooth transition from the NTD Control Program to the new funding mechanisms for continued USG support for NTD control, including determining the timing of transition for each country and grantee, grant close-out requirements and reporting guidelines and other steps that will be necessary to assure the country programs continue to receive the necessary technical and financial support to achieve their program goals. A tentative

country-specific schedule for optimal transition to a new funding mechanism is included in Section 4.

To allow countries to fully implement MDA during Year 5 and assure that all MDA plans are supported, we propose a six-month no-cost extension of the current Cooperative Agreement. This will allow the Program to extend grantee awards through September 2011 (instead of April 2011) where appropriate, and allow a six-month close-out period for financial and end of project reports.

2.3 Partnerships

In Year 5 we anticipate increased global commitment to NTD control as well as new global funding mechanisms to support country programs. We will continue to work closely with the range of global stakeholders and partners to assure that the Program's funds continue to fill gaps in country program needs and to collaborate to avoid duplication and take advantage of partner expertise. For example, we will work closely with CNTD and Imperial College, the recipients of DfID funding for LF and schisto support in 8 -10 countries each. During Year 5 it will be especially important for our team to work closely and jointly plan the support to countries where we plan to work (in particular, Bangladesh, Nepal, Sierra Leone, Tanzania, among others) to assure complementarity in support of national programs. For example, in Bangladesh, joint planning resulted in CNTD agreeing to support an assessment of LF prevalence in several districts, which will be the basis for planning for next steps.

In Year 5 the Program will work closely with WHO on several key activities, including development of the NTD Program managers course, endorsement of key standards and norms, drug forecasting, and start up, planning and technical assistance to country programs. Over the first four years, strong collaboration with WHO HQ and regional offices has developed and in Year 5 we will continue to leverage this strong partnership to formalize standard tools and guidelines, and support country program implementation.

During Year 4 the Program established a subcontract with the Task Force of Global Health to manage an NTD Control Program MDA resource database for planning and outcome to facilitate the sharing of complementary data with the drug donation programs. During Year 5 the relationship with the Task Force will be expanded to enhance collaboration with the drug donation programs to streamline country level planning and reporting, and improve drug forecasting and access to drugs. This partnership will enhance the Program's access to expertise from the donation programs and technical experts at the Task Force, as well as allow these key stakeholders to better use and apply the experience and lessons learned by the Program.

3. Direct Implementation of Integrated NTD Control

3.1 Overview

The NTD Control Program is entering its final year of implementation; however the US Government has indicated that it remains committed supporting NTD control. A primary focus of final Program year will be assuring that each country program continues to scale up (where necessary), sustain MDA, strengthen local government capacity to manage and implement country work plans, and provide technical assistance to implement assessments for determining whether to stop MDA and to validate program performance. During Year 5 the Program will continue to support NTD Control in all countries where activities have been initiated as shown in Table 3. MDA activities will be supported in all countries except Viet Nam, where MDA for trachoma and LF have ceased due to the interruption of transmission of the diseases. Specific activities in Guinea and Philippines await the outcome of gap analysis and work plan development.

Table 3. NTD Control Program Countries by Year

Year 1	Year 2	Year 3	Year 4	Year 5
Burkina Faso	Haiti	Cameroon	Tanzania	Guinea
Ghana	Sierra Leone	Togo	Viet Nam	
Mali	South Sudan		Philippines	
Niger	Nepal			
Uganda	Bangladesh			

Country-specific work plans for Year 5 have been submitted to the NTD Control Program and are currently being finalized. Final country work plans will be submitted to USAID during the Q1. The planned geographic scale-up for Year 5 is summarized in Table 4 below.

3.2 Additionality

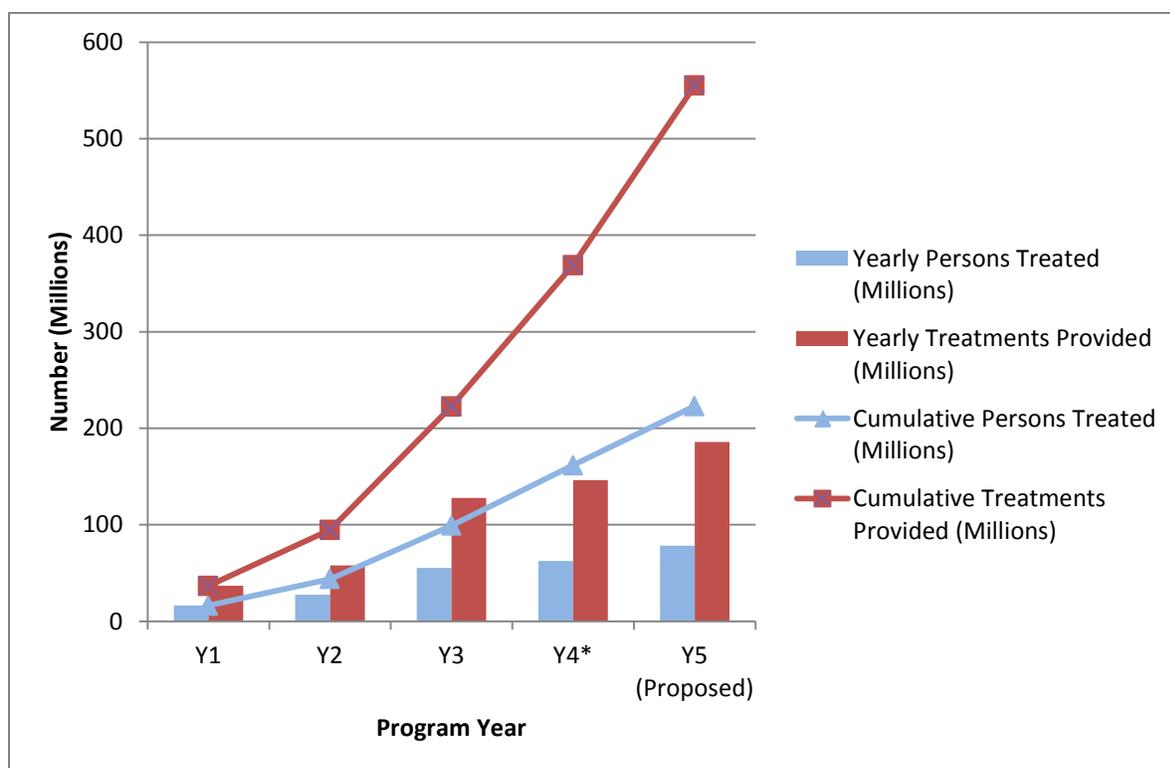
Progress toward national scale-up has been an important goal for all country programs. In Year 5 all countries where MDA has been supported by the program, except Nepal and South Sudan, to plan to achieve national scale PCT for all endemic NTDs.

During Year 5 we will support NTD control activities in 17 countries (Bangladesh, Burkina Faso, Cameroon, Ghana, Guinea, Haiti, Mali, Nepal, Niger, Philippines, Senegal, Sierra Leone,

Southern Sudan, Tanzania, Togo, Uganda and Vietnam). In 13 countries we will provide support for MDA, targeting approximately 186 million treatments to 78 million people, as shown in Figure 1 and Table 4 below. (Projected treatment numbers include all country programs currently supported, and would be modified depending on transition to new funding mechanisms.)

In addition to the 13 countries where support for MDA will be supported, the Program will provide specialized technical assistance to four countries (Bangladesh, Philippines, Senegal and Viet Nam) as shown in Table 5. Although the support to these countries does not necessarily result in additional treatments or people treated, the Program’s support will assist these countries to achieve their national NTD control and elimination goals.

Figure 1. Number of Persons Treated and Treatments with USAID Funding for the NTD Control Program, Years 1-5



* Year 4 treatment data is preliminary and will be finalized in the October 2010 Semi-annual Report. Sources: MDA Coverage reports and Y5 country work plans

Table 4. Year 5 number of targeted persons to be treated and treatments with USAID Funding

Country	Number of persons targeted Y5 (millions)	Number of treatments targeted Y5 (millions)
Burkina Faso	9.9	22.5
Cameroon	10.0	23.3
Ghana	8.3	22.9
Guinea	TBD	TBD
Haiti	3.5	6.9
Mali	9.9	26.0
Nepal	10.9	22.9
Niger	5.5	12.0
Sierra Leone	3.78	12.2
South Sudan	0.53	0.99
Tanzania	TBD	TBD
Togo	2.3	3.9
Uganda	13.9	32.3
TOTAL	78.5	185.9

Table 5. Specialized technical assistance for national control and elimination goals

Country	Program activities
Bangladesh	Bangladesh has already achieved national scale MDA, so no additionality is anticipated. However, intensified community mobilization is required to achieve elimination goals.
Philippines	Philippines has already achieved national scale MDA for LF. The funding gap required to achieve elimination will help determine if additional TA will be required.
Senegal	The Program will support gap analysis in Senegal
Viet Nam	LF and trachoma MDA have been stopped in Viet Nam. The Program will support impact assessment once standard protocols have been developed by WHO to confirm elimination

3.3 Technical Assistance for Integrated Country Programs

During Year 5 we will provide on-going technical assistance to all country programs based on the technical assistance specified in country work plans and our experience of the needs of new country programs to integrate and scale up programming. We will continue to expand efforts to transfer the technical expertise developed among existing grantees and country counterparts to strengthen the performance of other country programs where MDA is well established.

Table 6. Technical Assistance Requirements for Country Programs

Country	Technical assistance required
Bangladesh	<ul style="list-style-type: none"> • Gap analysis • Work plan development
Burkina Faso	<ul style="list-style-type: none"> • Impact assessment
Cameroon	<ul style="list-style-type: none"> • Schisto program monitoring • LF sentinel sites establishment • trachoma survey
Haiti	<ul style="list-style-type: none"> • Drug forecasting and supply chain improvement
Ghana	<ul style="list-style-type: none"> • Strengthen national M&E system to incorporate NTD data • impact assessment
Guinea	<ul style="list-style-type: none"> • Gap analysis • work plan development • disease mapping • drug forecasting
Mali	<ul style="list-style-type: none"> • Gap analysis • drug forecasting • impact assessment
Nepal	<ul style="list-style-type: none"> • Update Lymphatic Filariasis Elimination guidelines to incorporate new WHO guidelines • LF sentinel/spot check sites • LF stopping-MDA survey • STH parasitological monitoring • Trachoma program evaluation • Development of integrated social mobilization/IEC materials • Development of integrated training package • Development of integrated school curriculum • Post-MDA Coverage Survey • Training for integrated reporting and

Country	Technical assistance required
	monitoring
Philippines	<ul style="list-style-type: none"> • Gap analysis • resource mobilization
Senegal	<ul style="list-style-type: none"> • Gap analysis
Sierra Leone	<ul style="list-style-type: none"> • Data entry and management training for store keeper and warehouse • Start-up of LF sentinel sight surveillance
Southern Sudan	<ul style="list-style-type: none"> • Gap analysis completion • Lab technicians for mapping • IEC materials pre-testing • Drug forecasting
Tanzania	<ul style="list-style-type: none"> • Work plan development • integrated MDA planning • drug forecasting • financial strategies to support MDA at district level
Togo	<ul style="list-style-type: none"> • Trachoma mapping in three districts • drug supply chain improvement
Uganda	<ul style="list-style-type: none"> • Drug forecasting • Drug supply chain improvement • Impact assessment
Viet Nam	<ul style="list-style-type: none"> • Post-LF elimination assessment • assist to secure ALB donation

Technical Support for Tools and Guidelines

Funding Gap Analysis Tool (FGAT)

In Year 5 the Program will provide technical assistance to country programs for use of the FGAT as necessary. To date the tool has been implemented in Burkina Faso, Cameroon, Ghana, Nepal, Sierra Leone, South Sudan, Tanzania, Togo, Uganda, and Viet Nam. Overall the tool was extremely effective in providing country program managers with clear information to make cost-effective program implementation decisions. Gap analysis results were used as the basis for Year 5 budget allocation by the Program. In Q1, we plan to conduct funding gap analysis in support of national programs in Senegal, Mali, Guinea and the Philippines. All countries will use the tool in Year 5 to update their financial gap based on new information (i.e., mapping results or disease elimination achievement) and to plan for the support required for future years.

Based on the experience in Year 4, we propose to modify the tool to incorporate lessons learned. In particular, the tool in its current form provides a great deal of detail about specific costs of activities such as mapping, which can become difficult for country counterparts to rapidly access, which can in turn delay completion of the analysis. Based on the data from the countries to date, we will develop appropriate estimates by implementation unit, which can be used as plug

figures, when data is not readily available. (For example, the costs of mapping by district can be reasonably estimated for each disease and we have found that the greater detail provided in the approach of the current tool is time consuming, without providing significant total cost estimates). In addition, we propose to improve the software interface to make data entry easier and more straight-forward, as well as less specific to the NTD Control Program, so that it will be useful to a wider range of program managers globally. Once the improved tool is available it will be translated into French.

During year 4 the Program actively involved WHO in training for use of the tool and implementation of the gap analysis in several countries. During Year 5 the Program will work to enable WHO to adopt the FGAT as a standard tool for the roll-out strategy for integrated NTD control programs. During Year 5 we will continue analysis of the experience with the FGAT at the country level, as well as undertake analyses of country specific and cross-country analysis results. Specific analysis may include: identification of the range of costs for MDA and the critical factors that influence costs; identification of the most cost-effective approaches, including cost per person and per treatment in various settings; association between incentives to workers and rates of coverage, and reliability of standard estimated costs (ie, district mapping costs) in various settings. In addition, we will use the tool to improve drug forecasting, track government commitment over time, and improve coordination between donors, drug donation programs and other global partners.

Capacity Building

In Year 5 an Integrated NTD Program Managers Course will be developed and conducted by WHO and the Program to develop the capacity of program managers and technical advisors at country and regional levels in support of integrated NTD PCT strategies and treatment guidelines. The course will build on the existing experience developed by WHO and NTD implementing partners, especially the last four years of implementing integrated NTD control programs globally. The purpose of the course is to assure that trainees are equipped to implement integrated NTD PCT programs in compliance with WHO guidelines, international best practices for cost-efficient, well-managed programs. The first course will be conducted in Q3, at a site to be determined jointly by WHO and USAID. Up to 20 course participants will be invited. Program managers from selected countries and their grantee counterparts (where applicable) will be invited to participate.

The course will assure that program managers (grantee and country counterpart) are equipped with the skills and knowledge to plan and manage successful integrated NTD control programs in compliance with WHO guidelines. A summary description of the course is included as Appendix B.

Additionally, on-going capacity development will be provided through support to country programs as requested by countries for work plan development, mapping, monitoring and evaluation and the range of MDA activities. The Program will provide support country counterparts to attend selected priority international meetings, such as the regional WHO NTD

program review meetings, or other opportunities to share experience and lessons learned and best practices with other country program implementers.

3.4 Drug Procurement and Management

In Year 5 the Program will provide intensive support for drug forecasting and work with the drug donation programs and USAID supply chain partner MSH's Strengthening Pharmaceutical Systems (SPS) to assure country level supply chain management for country program counterparts. The NTD Control Program has direct responsibility for providing 3 drugs (praziquantel, DEC, albendazole where not supplied by GSK) and also the need for good coordination with the provision of donated drugs (albendazole, mebendazole, Mectizan and Zithromax). While RTI, the drug donation programs and the WHO drug procurement program all have logistics mechanisms in place, some are more rigorous and effective than others, and all need to be able to coordinate delivery of their drugs to ensure timely and effective integration of the NTD programs in each country.

The Program will work with the drug donation programs and SPS to conduct drug supply chain assessments where necessary, to identify specific TA required to strengthen the supply chain in each country. In addition, the Program will assure that essential data from the NTD control Program data base (including PZQ, DEC and ALB procurement, country-specific work plan targets and funding commitments, including the gap analysis) is shared with donation programs, so that forecasting of drug needs can be more effectively coordinated among all involved partners.

Procurement of DEC, PZQ and ALB will be conducted by RTI, through its corporate procurement team, in compliance with USAID and RTI procurement requirements and the terms of the Program's drug waivers.

Coordination with pharmaceutical partners

Coordination with pharmaceutical partners will continue and will be strengthened by the partnership with the Task Force. This approach will improve the efficiencies and effectiveness of in-country drug supply and inventory management for all the drugs used in these programs, including the praziquantel and albendazole provided by the NTD Control Program.

Drug Information Management

In Year 4 the Program developed an NTD Control Program MDA Resource database for Planning and Outcome at the Task Force to facilitate the sharing of complementary data on mass drug administration for integrated NTD control programs among the drug donation programs and the NTD Control Program, in order to improve access to all available information.

The NTD Control Program relies heavily on the drug donation programs for its success. The donation programs track drug application, shipment, and clearance information critical to RTI and USAID which is currently made available on request and which has greatly enhanced the ability of the Program to provide timely support to countries to assure annual MDA. This data base allows for sharing of information essential to each of these partners and could potentially lead to reduced reporting requirements by country programs, greater consistency in reported results and proposed activities, greater efficiency in planning, and strengthened coordination between the stakeholders in global NTD control.

During Year 5 the MDA Planning and Outcome Resource data base will maintain country-specific data on the key performance indicators from the NTD Control Program, and it will be able to provide regular updates to RTI and drug donation partners as requested, especially for forecasting drug requirements and for USAID semi-annual reporting requirements.

Table 8. Year 5 Direct Implementation Benchmarks and Timeline

Direct Implementation Benchmarks	Q1	Q2	Q3	Q4
Conduct stakeholder and other annual planning and review meetings	Cameroon Nepal S. Sudan	Bangladesh Guinea Togo		All countries
Develop and finalize Y5 work plans	S. Sudan, Cameroon, Togo, Guinea Tanzania			
Conduct mapping	Togo Guinea* Tanzania*	Cameroon Nepal		
FGAT	Senegal Philippines Mali Guinea			All countries update for next funding year
Carry out training and MDA preparations	Haiti Uganda Sierra Leone Ghana Bangladesh Nepal	Cameroon Niger Burkina	Uganda Sierra Leone Haiti	Nepal Bangladesh Haiti
Conduct MDA	Haiti Uganda Sierra Leone Ghana S. Sudan Bangladesh Nepal	Cameroon Niger Burkina Sierra Leone Mali	Uganda Niger Burkina Sierra Leone Haiti Togo	
NTD Program Managers Course preparations	X	X		
NTD Program Managers Course		X		
Forecasting and tender for NTD medicines		X		
Award tender for NTD medicines		X		
Drugs delivered to NTD countries	X	X	X	X
Monitor country donation applications submitted on time	X	X	X	X
Coordinate and disseminate drug information to all stakeholders	X	X	X	X

*Tanzania and Guinea mapping requirements to be determined

4. Grants Administration for Country Programs

4.1 Overview

In Year 5 integrated NTD control program activities will be supported in 17 countries in Africa, Asia and the Caribbean. RTI has established a transparent and competitive grants application process for integrated NTD control programs worldwide. The program solicitation process has included four requests for applications and one Annual Program Statement. During Year 5 no additional grant competitions are anticipated. The final year of the Program will focus on preparing all current grantees for close-out of their current grants with RTI while assuring smooth transition to the new funding mechanisms anticipated for continued USG support for NTD control.

There are currently six NTD Control Program grantees:

- Health and Development International (HDI): Togo
- Helen Keller International (HKI): Sierra Leone, Mali, Cameroon and Guinea
- IMA World Health: Haiti, Tanzania
- Imperial College/SCI: Burkina Faso and Niger
- Malaria Consortium: Southern Sudan
- World Vision: Ghana

RTI International acts as the grantee equivalent in Uganda rolling out NTD control program activities in 84 districts through 84 fixed obligation grants (FOGs). RTI International is also the grantee equivalent in Nepal and Bangladesh during Year 5 and will issue local sub-grants as appropriate.

4.2 Management Support and Supervision of Awarded Grants

RTI will continue to invest significant management resources for backstopping and supporting grantees with limited technical expertise in implementing large national programs or that have limited experience with USAID rules and regulations. The NTD Control Program will continue to work closely with grantees to ensure that they are presenting expenses accurately and in compliance with USAID rules and regulations.

Specific management support for grantees in Year 5 will include:

- Ongoing training for Imperial College in budget management and financial reporting meet A-133 equivalent audit reporting
- Compliance and capacity building visits to the grant programs to assure compliance with USAID rules and regulations with emphasis in Year 5 on HDI Togo, and the Malaria Consortium regional finance office in Uganda
- Monitoring of grant partners in their fund management relationships with government entities

- Documenting successful models of providing financial support to ministries of health, including strategies that empower MOH decision-making over funding allocations
- Training for grant partners in the intricacies of fixed obligation grants to government entities as requested by partners
- Ensuring that each country program has a negotiated Memorandum of Understanding with government counterparts in accordance with Program guidelines
- Providing grant agreement, program description and work plan information for all grant partners to USAID for external dissemination on the USAID website
- Assuring VAT, cost share reporting and audit compliance for all grant partners
- Conduct close out of grants according to a transition schedule agreed upon with USAID.

4.3 Assuring Smooth Transition to new funding mechanisms

During Year 5 we will work with grantees to assure a smooth transition to the appropriate funding mechanism, as determined by USAID. Based on country work plans, we propose the following timeline for country specific transition in Table 9, to assure that MDA plans are not disrupted and that country programs are well-prepared for moving from one funding mechanism to another.

Table 9. Timeline for country-specific transition to new mechanism

Country	Grantee	Date of Y5 MDA	Proposed date transition
Bangladesh	NA	Nov-Dec 2010	Q2
Burkina Faso	SCI	Feb-June 2011	Q1
Cameroon	HKI	April- June 2011	Q1 or Q4
Ghana	WV	Nov- June 2011	Q1 or Q3
Guinea	HKI	TBD	Q1 or Q4
Haiti	IMA	Nov-Dec 2010 & April-June 2011	Q1 or Q4
Mali	HKI	May-June 2011	Q1
Nepal	RTI	Dec 2010 & May 2011	Q4
Niger	SCI	May- June 2011	Q1
Philippines	NA	TBD	Q2
Sierra Leone	HKI	Nov Dec 2010 & June 2011	Q4
Southern Sudan	MC	Nov-Jan 2011	Q2
Tanzania	IMA	April 2011	Q4
Togo	HDI	June- July 2010	Q4
Uganda	RTI	Nov Dec 2010 & May 2011	Q 2
Viet Nam	NA	LF certification survey	Q1 or Q4

Table 10. Year 5 Grants Administration Benchmarks and Timeline

Grants Administration Benchmarks	Q1	Q2	Q3	Q4
Modify all grant agreements to include approved work plans and budgets	X			
Review technical pre-award assessment and complete full grant negotiations with grant partner in Guinea	X			
Conduct special award conditions monitoring site visit to Togo, as required by the grant agreement		X		
Conduct monitoring and training site visit Malaria Consortium Regional Financial Office in Uganda for Southern Sudan		X		
Provide training to SCI Imperial College on conducting A-133 equivalent audits			X	
Document best practices in providing financial support to governments under the integrated NTD Control program			X	
Submit VAT reports, review grant partner cost share contribution and documentation and receive A-133 equivalent audit reports			X	X

5. Technical Expert Group (TEG)

In Year 5 Program personnel will participate in meetings of important global advisory bodies, including the WHO Strategic and Technical Advisory Group (STAG) on NTDs, the APOC Joint Action Forum and WHO NTD working group meetings for M&E and drug management. In addition during Year 5, we propose to conduct specific technical meetings to bring together key experts to guide the program on technical issues, described below. Where possible we will coordinate with already planned meetings of the global NTD community to reduce unnecessary travel costs and take advantage of the existing opportunities to meet with our global partners.

Disease-specific decision-making for MDA programs. International guidelines for determining how long to continue MDA programs and when to assess their impact are available for LF and trachoma, but they are much less sharply defined for schistosomiasis, STH and onchocerciasis. Even for LF and trachoma the guidelines are only now first being implemented and evaluated. In Year 5, the NTD Control Program will have to make specific decisions about which MDA programs need to stop, to continue or to be modified. We propose to convene a series of meetings, beginning in Q2, of disease-specific experts (first focusing on schistosomiasis and STH, followed by others as necessary) to evaluate all available information and to make informed decisions about the best steps to be taken in the USAID-supported programs. These decisions will be harmonized with international standards and, indeed, should drive the development of such standards and the creation of agreed, specific international norms and guidelines.

Optimal strategies for implementing NTD programs. Countries participating in the USAID-sponsored NTD control programs have utilized different strategies to implement their MDA activities (*e.g.*, linked with child-health days, linked with maternal and child health programs, stand-alone programs). The costs associated with each of these implementation strategies have been captured with the FGAT, so that costs and efficiencies of the different strategies are now able to be analyzed and compared. A technical meeting will be convened in Q2 to examine the experience in the range of implementation strategies and to define optimal cost-effective approaches for initiating future national NTD control programs.

Table 11. Year 5 Technical Expert Group (TEG) Benchmarks and Timeline

TEG Benchmarks	Q1	Q2	Q3	Q4
Disease-specific decision-making for MDA programs		X	X	
Optimal strategies for implementing MDA		X		
Attend global advisory meetings	X	X	X	X

6. Documentation and Dissemination to Influence Policy

6.1 Overview

During Year 5 the Program will focus on further documenting program experience, presentation and publication of the Program's experience, best practices and lessons learned. M&E tools will be increasingly utilized to interpret trends, highlight program achievements and analyze successful strategies and approaches.

6.2 Monitoring and Evaluation

The M&E activities of the Program have become increasingly prominent as early program results yield lessons learned, tools for improved program implementation and a more refined approach to monitoring program achievements. The Program's M&E activities have been developed in close collaboration with WHO and other global experts, and the Program has taken the lead in developing and field-testing streamlined data collection approaches and tools.

During Year 5 we will continue to work with WHO and other key partners to formalize international reporting guidelines for monitoring MDA, and to develop the required strategies and approaches to critical technical issues. Specific M&E activities for Year 5 include:

Generate Year 5 Program Results

- Finalize report of Year 4 performance results.

Provide Support to Grantees

- Continue to support countries with M&E reporting requirements.
- Conduct training for implementation of M&E activities in all countries as needed.

Develop international M&E standards and guidelines

- Continue to work with WHO to finalize international standards and norms for integrated monitoring and evaluation guidelines for NTD control.

Measure Impact of USAID-Supported MDA on Disease Distribution

- During Year 5, we will work with grantees to identify districts that are ready to be assessed for impact on disease prevalence resulting from USAID-supported MDA. The decision of whether a district is ready to be assessed will depend on the following factors:
 - Number of years/rounds of MDA completed by drug package
 - High epidemiological coverage by drug package
 - Appropriate reduction in sentinel site prevalence (as appropriate by disease)

Once the determination is made that a district is ready for assessment, we will work with the grantee and the Ministry of Health to ensure that the assessment is in line with the national plan. If so, we will then work with the grantee, MoH, WHO, and other stakeholders to implement an appropriate assessment of disease distribution in the districts identified.

The results of these assessments will determine both whether it is appropriate to stop MDA for the eliminate-able diseases and whether it is necessary to set revised targets for the programs targeting disease control. These assessments will also provide additional metrics to measure USAID's contribution towards both elimination and control of the NTDs. They will also define the distribution of the diseases at the end of this current round of USAID support, and thereby provide a baseline for the transition of supported countries to new funding mechanisms.

6.3 Dissemination of Program Best Practices, Lessons Learned

In Year 5 we will prepare case studies of country program achievements and lessons learned, summary data reports from country program and cross-country program achievements, a summary of guidelines and tools being used by country programs, and new materials for grantees based on best practices. The Program will organize an advocacy seminar for NTDs in Washington D.C. to include 3-4 presentations from Program partners of Program results and achievements followed by a reception.

To assure that country program partners and grantees have the necessary support to publish their results, during Year 5 we have requested grantees to budget for time and resources in their work plans, and have identified technical writers to assist partners to prepare and submit articles to peer-review journals. Specific publications and presentations planned by program partners include:

- Country experience using the Funding Gap Analysis Tool
- Trachoma prevalence in Unity State, Southern Sudan
- Integrated mapping of neglected tropical diseases: epidemiological findings and control implications for Unity, Central Equatoria and Eastern Equatoria States, Southern Sudan
- Post-Preventive Chemotherapy Coverage Survey in Sierra Leone: Validation of Drug Distribution Coverage Data for NTD Control
- Mali 2009 Post-PCT Coverage Survey Results

In Year 5, the Program will continue to document and share its practices and program resources by populating the NTD website <http://ntd.rti.org>. Posted information, coordinated by the Materials Development and Communications Manager will feature ongoing and anticipated developments in the NTD field, both within and outside of this USAID-funded program. Program resources, presentations and tools will continue to be posted on the website. The Program will provide on-going support to USAID to ensure that its website reflects up-to-date information on Program activities and performance.

The NTD Control Program will also continue producing its semi-annual newsletter, the first of which was distributed during Year 3. Although a formal Program newsletter will be distributed on a semi-annual basis, as key events occur, Program results are found, and resources and best practices developed, additional publications will be constructed and distributed to ensure dissemination of important Program findings.

In addition, we will document best practices for models of integrated drug application, delivery, clearance, and/or distribution that can be adopted and applied to new countries.

6.4 Global Policy, Standards and Norms

The Program is recognized for its significant contribution to the evidence base for integrated NTD control strategies. During Year 5 we will continue to strengthening our collaboration with key partners, including WHO, The Carter Center, CDC, The Task Force for Global Health, the pharmaceutical partners, the Centre for Neglected Tropical Diseases of the Liverpool School of Tropical Medicine, SCI, and APOC, to leverage our respective resources to assist country programs to achieve NTD control goals. This on-going dialogue with other technical and expert groups is an important method for sharing best practices and ensuring complementarity by identifying opportunities of comparative advantage for individual groups and exploring technical issues.

Program staff work closely with key partners at the international and country level to assure that the Program's experience is available to the global NTD community, and that the Program is guided by state-of-the-art international standards and research findings.

Specific activities for Year 5 include:

- Updating FGAT. Based on country experience to date, we propose to improve the software interface to make data entry easier and more straight-forward, as described in Section 3.3 above.
- The Program will work with WHO to develop and implement a standard international course for NTD program managers, as described in Section 3.3 above.
- As in past years, Program staff will participate in relevant international and national forums to present the Program's experience, results, and lessons learned. Forums to be held in Year 5 of particular relevance as of this writing are presented in Table 12.

Table 13. Year 5 Documentation and Dissemination Benchmarks and Timeline

Documentation and Dissemination Benchmarks	Q1	Q2	Q3	Q4
Manage and update NTD Control Program web site	X	X	X	X
Semi-annual NTD Control Program newsletter	X		X	
Develop manuscripts on country program experience for publication		X	X	
Present NTD Control Program experience, results, and lessons learned in relevant forums	X	X	X	X
Draft End of Project Report				X
Program Monitoring and Evaluation				
Finalize YR4 MDA Results	X			
Provide training to grantees	X	X	X	X
With WHO, finalize international integrated M&E guidelines for NTD control	X	X	X	X
Measure impact of USAID-supported MDA on disease distribution	X	X	X	X

7. Advocacy and Resource Mobilization

The Program recognizes government commitment as essential to successful program implementation. Achieving sustained and increased government commitment toward a sustainable, post-elimination NTD control program has been the primary goal of country level advocacy activities. During Year 5, we will continue to provide assistance to grantees for advocacy activities where needed but focus on documenting results from advocacy activities over the life of the program; country experiences, and lessons learned.

Table 14. Year 5 Advocacy and Resource Mobilization Benchmarks and Timeline

Advocacy and Resource Mobilization Benchmarks	Q1	Q2	Q3	Q4
Provide technical assistance to grantees for advocacy activities	X	X	X	X
Work with grantees to document their achievements and experience in supporting advocacy activities	X	X	X	X

