OPERATIONAL PLAN 2013 FOR NEGLECTED TROPICAL DISEASES CONTROL IN BURKINA FASO

Annual Work Plan

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Acronyms and Abbreviations

BCC	Behavior change communication
CDD	Community Drug Distributor
CDTI	Community-Directed Treatment with Ivermectin
CHR	Centre Hospitalier Régional
CHU	Centre Hospitalier Universitaire
CMA	Centre médical avec antenne chirurgicale
CNTD	Center for Neglected Tropical Diseases
CSPS	Centre de santé et de promotion sociale
DGISS	Direction générale de l'information et des statistiques sanitaires
DLM	Direction de la lutte contre la maladie
DRS	Direction régionale de la santé
FCFA	Franc de la Compagnie Financière de l'Afrique
GAELF	Global Alliance to Eliminate Lymphatic Filariasis
TF	Trachomatous inflammation - follicular
GSK	GlaxoSmithKline
HD	Health District
HI	Handicap International
HKI	Helen Keller International
IEC	Information Education Communication
ITI	International Trachoma Initiative
LF	Lymphatic Filariasis
MDA	Mass Drug Administration
MDP	Mectizan Donation Program
MDSC	Centre de surveillance pluripathologique
NGO	Non Governmental Organization
NHIS	National Health Information System
NTD	Neglected Tropical Disease
NTDCP	National Neglected Disease Control Program
ONCHO	Onchocerciasis
PCT	Preventive Chemotherapy
PNDS	Plan national de Développement Sanitaire
PNEFL	Programme national d'élimination de la filariose lymphatique
PNLO	Programme national de lutte contre l'onchocercose
PNLSc	Programme national de lutte contre la schistosomiase
PNPC	Programme national de prévention de la cécité
PSN	Politique sanitaire nationale
RGPH	Recensement général de la population et de l'habitation
SAE	**S**erious adverse event
STH	Soil-transmitted helminthes
TT	Trachomatous Trichiasis
USAID	United States Agency for International Development
WHO	World Health Organization

Executive summary

The FY 2013 work plan supports the implementation of the national NTD control program in Burkina Faso to achieve program objectives in the country's fight against lymphatic filariasis (LF), onchocerciasis, schistosomiasis, soil-transmitted helminthes (STH) and trachoma through the END in Africa cooperative agreement, supported by USAID through FHI360. The 2013 work plan takes into account the recommendations of the World Health Organization towards achieving high coverage through large-scale mass drug administration (MDA) campaigns, assessing the impact of MDA on disease prevalence, and instituting post-endemic surveillance for LF and trachoma in districts that have stopped MDA.

In FY 2013, four rounds of treatment are planned. The first campaign for LF, onchocerciasis and STH will reach 47 health districts (HDs), the second campaign will target 20 HDs for schistosomiasis in which 5 HDs will be targeted for both schistosomiasis and STH, the third campaign will reach 12 trachoma HDs, and the fourth campaign, supported by Sightsavers, will target the 4 LF/onchocerciasis HDs in the South West region that require two annual treatment rounds for LF and 2 HDs for onchocerciasis only. Monitoring and evaluation plans will be conducted in HDs that have reached disease-specific assessment criteria including pre-Transmission Assessment Surveys (pre-TAS) for lymphatic filariasis (9 sentinel/spot check sites), TAS for LF (6 HDs), schistosomiasis impact assessments (22 sentinel sites), trachoma impact assessment (4 HDs), and post-MDA coverage surveys in urban zones (4 HDs) to validate coverage for trachoma and better understand population movement in districts that have historically reported low coverage. Technical assistance will be requested to build the capacity of the national program to continue to monitor and evaluate program impact on disease epidemiology, specifically focusing on re-evaluating the schistosomiasis treatment strategy, strategically planning for post-endemic surveillance for trachoma, and enhancing overall monitoring and evaluation skills.

Alongside these activities, capacity building training sessions will target key program personnel at the regional, district, health center, and community level. Targeted information sharing, education, and communication and social mobilization strategies will be conducted at all levels of the health system and community.

I-Background

This work plan was developed at the mid-term of the implementation of FY 2012 activities. Over time, MDA campaigns were gradually completed and the work plan was updated accordingly. As described below, the results of the MDA campaign for schistosomiasis are partly reported because the MDA campaign was delayed in 26 HDs due to the late arrival of PZQ in country in FY 2012.

Table 1: NTD Program in Burkina Faso in FY 2013

Disease	Number of endemic districts (at baseline)	Number of endemic districts (current)[a]	Number of districts needing mapping	Number of districts with ongoing MDA (2013)		Number of districts needing MDA, but MDA not yet started	Number of districts where MDAs have been stopped
				USAID-funded	Others		
SCH	63	63	0	20	0	0	0
STH	63	63	0	52[b]	11[c]	0	0
LF	63	47	0	47	0	0	16
Oncho	34	6	0	4	2[d]	0	0
Trachoma	30	12	0	8	0	4	18[e]

[a] A new health division is underway in the country. Thus, the number of HDs will rise from 63 to 70 HDs. However, the operationalization of those HDs is still not specified for FY 2013. Therefore the existing demarcation of HDs is used in this work plan.

[b] Includes 47 HDs with IVM+ALB and 5 HDs with PZQ+ALB.

[c] These 11 HDs (7 in Hauts Bassins, 3 in Cascades and 1 HD in Centre region) may be covered through Ministry of Education's school-based deworming, but this has not yet been finalized.

[d] The activities for the fight against onchocerciasis in the 2 HDs of the Cascades region are supported by Sightsavers

[e] Impact study results pending from 11 of these 18 districts

NTD control activities between April and September 2012

Four rounds of MDAs were conducted in FY 2012. The results of the MDA campaigns that were supported with USAID-funds indicate that 9,101,018 people were treated for LF; 1,409,639 for SCH; 2,182,211 for trachoma and 6,553,346 for STH. Additionally, 3,356,803 people among which 176,151 were treated for LF and/or Oncho were with non USAID funds. Estimated program coverage rates during these campaigns were 98.2% for LF, 84.2% for Oncho, 81.1% for SCH, 83.7% for STH and 95.1% for trachoma.

The second MDA for LF, onchocerciasis and STH in 4 HDs was in the South West region as recommended by GAELF and the first MDA for oncho in 2 districts in the Cascades (pending due to the late start of FY'12 MDA).

The late delivery of praziquantel and the late start of the Transmission Assessment Surveys for LF caused the delay of all of these campaigns. The NTDCP received the stock of PZQ in August, 2012 after a two month delay. The subsequent MDA was conducted in October 2012 and a report should be available January 2013.

Other activities that have been completed in FY 2012 include:

- Implementation of cascade trainings at all levels for the MDA
- Execution of social mobilization and communication strategies in preparation for the MDA
- Planned monitoring and evaluation activities for trachoma (impact studies), schistosomiasis (sentinel site evaluations), LF (sentinel site/spot check site evaluations and the TAS).

II-Goals for FY 2013

- Strengthen coordination and partnership for NTD control through the establishment of a functional steering ccommittee and a regular consultation framework.
- Achieve and maintain program coverage for each drug package: 80% for MDA of ivermectin + albendazole, 80% with praziquantel, and at least 90% with azithromycin + tetracycline ointment. Maintain 100% geographic coverage for LF, oncho, schistosomiasis and STH, and maintain 90% geographical coverage for trachoma (achieve 100% geographical coverage depending on ITI granting drug approval for the remaining endemic districts).
- Implement monitoring andevaluation and/or surveillance activities for LF, onchocerciasis, schistosomiasis, STH and trachoma using WHO protocols.
- Conduct behavior change communication (BCC) activities with Information Education and Communication (IEC) materials in endemic areas to promote better compliance of MDA in the target populations.
- Draft a national strategy to address the morbidity associated with LF and trichiasis.

III-Main activities

1. Support NTD Country Program Planning Process

Over the course of FY 2013, support will be provided to the national program in the following areas:

- Elaboration and finalization of protocols and terms of reference for all work plan activities.
- Implementation of the most current WHO guidelines and strategies at the operational level.
- Planning and implementation of all monitoring, evaluation, and supervision activities at the operational level.

- Drafting and validation of technical reports for activities.
- Advocacy for the involvement of CAMEG for supporting the storage and distribution of NTD medication.

A workshop led by the MOH, HKI, and Handicap International will support the development of a national strategy to address morbidity associated with lymphatic filariasis (hydrocoele and lymphoedema). A similar workshop led by the MOH and HKI will be conducted to support the development of a national strategy to address the trichiasis surgical backlog. The development of these strategies will position Burkina Faso to strategically respond to the debilitating conditions associated with these two NTDs as well as advocate for increased funding for morbidity management.

Additionally, support will be provided to the Disease Control Directorate (DLM) for the workshop to validate the five- year NTD strategic plan 2011-2015, which will bring together participants from the Ministry of Health and other partners involved in the fight against NTDs in Burkina Faso.

2. Mapping

Mapping is completed for all PCT-targeted NTDs at the national level.

3. Scaling-up NTD National Program[1]

Burkina Faso has already achieved 100% geographical coverage for LF, onchocerciasis, schistosomiasis and STH, and 90% geographical coverage for trachoma. In FY 2013, the NTDCP seeks to:

- Maintain 100% geographical coverage for LF, oncho, schistosomiasis and STH, and maintain 90% geographical coverage for trachoma (depending on additional drug approval granted by ITI, the program will be able to reach 100% geographic coverage).
- Achieve and maintain program coverage for each drug package: 80% for MDA of ivermectin + albendazole, 80% with praziquantel, and at least 90% with azithromycin + tetracycline ointment.

LF, Onchocerciasis, and STH: For the elimination of LF, out of 63 HDs initially endemic, 16 have met criteria to stop treatment; therefore 47 will be treated in FY 2013 (4 of which will receive 2 rounds based on GAELF recommendations). In these 16 districts that have stopped treatment, the schistosomiasis program will take over the STH deworming of school aged children starting in 5 HDs in Hauts Bassins in FY 2013. The remaining 11 HDs may be covered through school deworming activities supported from the Ministry of Health; however, discussions between the

[1] The Annual work books, which include MDA treatment projections, are found in Annex 2 of this work plan.

Ministry of Health and the Ministry of Education are ongoing and no decision has been finalized, yet.

In FY 2013, 6 onchocerciasis endemic districts will be treated. USAID will support the distribution of IVM+ALB in 4 districts while Sightsavers will support IVM in 2 districts.

Schistosomiasis: For the control of schistosomiasis, the regimen adopted by the program is treatment every two years pending the review of the program. Districts with prevalence of SCH equal or above 30% (19 hyperendemic districts) are treated one year and districts with prevalence of SCH below 30% (44 hypoendemic districts) are treated the following year. In FY 2013, 20 health districts including the 19 hyper-endemic districts and the district of Manni (East region), which has shown a prevalence over 50% will be treated targeting school-aged children and at-risk adults Impact assessments on schistosomiasis in 22 sentinel sites in FY 2013 will provide updated data to better inform the treatment and assessment strategy moving forward.

Trachoma: Of the 30 districts originally endemic, 18 have stopped district-level treatment and 12 will be targeted for treatment in FY 2013 pending SAFE strategy activities in four districts in Hauts Bassins awaiting ITI approval. For four of the districts targeted in FY 2013, this will be their first MDA for trachoma.

4. Mass Drug Distribution

4.1. MDA Strategy

Strategies for MDAs to target populations vary according to the package of drugs. However, there are some similarities. For Burkina Faso, the following order of distribution is adopted:

1. Treatment against LF, onchocerciasis, and STH: ivermectin + albendazole
2. Treatment against schistosomiasis: praziquantel
3. Treatment against trachoma: azithromycin + tetracycline ointment
4. Second round of treatment against LF, onchocerciasis and STH in 4 HDs and treatment against onchocerciasis and STH in 2 HDs: ivermectin +/- albendazole

Distribution of ivermectin +/- albendazole: Annual community-based distribution is formed of community volunteers (community health workers or other community members) as community drug distributors (CDDs). Two CDDs are used for each distribution site for a period of at least six days. The period may be extended if the targets are not reached. Administration of tablets to people is made door-to-door in villages, sectors and farming hamlets, in the barracks, and in schools by teachers and/or health workers. For greater compliance in urban populations, drug distributors in urban areas are health workers. For the specific case of the South West region, two rounds of MDA against LF have been conducted due to the persistently high LF prevalence and microfilaria density, as recommended by GAELF. TAS has not yet been conducted in these regions due to the high mf density in the area, heightened population

migration, and border areas with Cote d'Ivoire where LF treatments have not yet started. Like in previous years, Liverpool CNTD will fund the first round of MDAs against LF in the four districts in the South West region. In the East region, USAID and CNTD will jointly support LF MDAs in FY 2013.

Distribution of praziquantel tablets: Following numerous adverse events noticed at the beginning of the program, praziquantel tablets will be distributed only by health workers in each site, village, or sector. This will help convince the target population to take the tablets. These health workers do not generally live on the sites and are always accompanied by CDDs who live in the targeted villages or sites and who act as guides or mobilizers in reaching the target population. Drugs are distributed door-to-door in communities, at schools, in farming hamlets, and other places. In Burkina Faso, the treatment regimen adopted by the Ministry of Health at the beginning of the program is treatment of endemic populations once every two years.

Distribution of azithomycin + tetracycline ointment: The distribution strategy is the same as that used for the treatment campaign against schistosomiasis and no districts will be treated at the sub-district level in FY'2013. Burkina Faso has requested technical assistance for their post-endemic surveillance strategy.

Table 2. Target districts and estimated target population for 2013 MDA

NTD	Age group targeted	Frequency of distribution	Distribution platforms	Number of districts	Number of people targeted[a]
Schistosomiasis	Children (5-15) years + adults	1	Door-to-door, fixed, school and community-based distribution	20	4,396,381
Onchocerciasis	Children 5 years and more	2	Door-to-door, fixed, advanced in schools and communities	6	1,026,899[b]
Lymphatic filariasis	Children 5 years and more	1(2)[c]	Door-to-door, fixed, advanced in schools and communities, and specific groups	47	10,515,082
Soil-transmitted helminthes	Children (5-15) years[d]	1	Door-to-door, fixed, advanced in schools and communities	52[e]	4,562,653
Trachoma	Total at-risk population	1	Door-to-door, fixed, advanced in schools and communities	12[f]	2,536,628

[a] Targeted population is derived from demography data based on the national census conducted in 2006 but projected to 2013

[b] This includes 602,162 in 4 HDs in the South West region covered by LF MDA, and 424,738 in 2 HDs in the Cascades region supported by Sightsavers.

[c] Twice per year for 4 HDs in the South West region

[d] Children under five years old are treated outside the NTD program during the Child Health Days with vitamin A supplementation. In total number targeted (4,562,653), 3,349,881 will be supported by USAID funds.

[e] MOH and MOE are discussing whether additional 11 districts that are not endemic for LF or SCH should be treated through School De-worming program.

[f] Pending ITI's approval of treatment for 4 of these districts based on increased SAFE strategy evidence. The targeted number shown here does not include those in these 4 HDs (Signonghin, Dafra, Dande, and Karangasso Vigue). ITI is holding drugs for the 11 districts awaiting impact study results.

4.2. Training

Every year before the implementation of MDAs, training/refresher trainings are organized in all regional levels. These training sessions are held as follows:

Training / refresher training of trainers at the central level: This session is held in Ouagadougou and targets team members of the 13 regional health directorates in the country. This provides an opportunity to discuss the updated implementation guidelines. Participants expected include: regional health directors, heads of the departments for the fight against diseases at the regional level (Chef de Service de Lute Contre les Maladies) and the pharmacist of the health region. All members of the national NTDCP coordination will participate in this session as trainers or facilitators. Training will last 2 days and involve 46 people.

Training of trainers for self-monitoring of Community-Drug distributors (CDTIs for Oncho): This will be organized in the capital of the South-West region, which is still endemic for onchocerciasis. The members of the regional teams and of district management teams are the targets of the training. They will, in turn, provide training for health workers in health centers (CSPS) on self-monitoring of community-directed treatment with ivermectin (CDTI). The final objective of this capacity building, community engagement activity is to achieve better health outcomes and provide feedback to the community workers in beneficiary areas. This strategy is already implemented in the Cascades region and is supported by Sightsavers. The program is intending to apply the strategy in 4 endemic health districts of the Southwest region. A total of 24 district members and regional teams will participate in this session that will last 5 days. This includes 3 days for theory based on the APOC modules on the disease, the CDTI and the evaluation methodology, and 2 days for practice (on the job training) in the field.

Training / refresher training of trainers at the regional level: This session is organized in each regional health administrative center and brings together the leaders of the district health management teams. Participants expected to attend this session include the Chief District Medical Officer, the Pharmacy Managers, the Finance Manager/Officer, the people responsible for managing NTD data, and IEC officials. A total of 4 members are targeted for each district and regional management. The session takes into account the content related to the five targeted NTDs. During the two-day session, support for a team of 3 persons from the national coordination will be provided to ensure that the guideline contents are taken into account. A total of 210 members of district and regional teams will benefit from the training / refresher trainings.

Training / refresher training for nurses at the district level: Training is held for nurses in charge of health facilities (CSPS). It is organized in the head offices of the 70 health districts within the 13 health regions. The one-day training takes into account the five targeted NTDs. A total of 210 trainers and 2,117 participants will be involved in this session. Beneficiaries (head nurses or ICPs) will in turn train community volunteers in each health area.

Training / refresher training of health workers and CDDs in health and social promotion centers (CSPS): The training sessions take into account the content of training health workers on the distribution of praziquantel and azithromycin and training CDDs on the distribution of ivermectin + albendazole and also on their role as guides to health workers and community mobilizers during praziquantel and azithromycin distribution.

- MDA against LF, onchocerciasis and STH: Distribution in rural areas uses a community-based method: tablets are distributed by CDDs who normally have a low level of education in most cases. Therefore, two training days are planned for them. Day 1 will be for theoretical training and discussion of the diseases and Day 2 will be dedicated to practice and exchanges on the delivery of key messages to people. Health workers ensure distribution of drugs as part of the urban strategy for ivermectin + albendazole distribution. A total of 40,914 distributors will be trained.

- MDA against schistosomiasis and trachoma: These two drug packages are distributed by health workers who use CDDs as guides, as the CDDs live on the various sites and know the population as well as the location of targeted families. To ensure better coverage, CDDs are responsible for informing communities and ensuring social mobilization. In total, 12,702 distributors and CDD guides will be trained for the schistosomiasis MDA and 4,782 for the trachoma MDA.

- Training of biomedical technicians**:** Instead of the two TA requests put forth in the FY12 workplan, the TAF Managers at USAID-funded RTI's ENVISION agreement suggested to add the training to the routine program training activities. Two six-day training sessions will be held: one on LF and the other on schistosomiasis and STH at the central level in Ouagadougou. Two trainers (from HKI, National Institute or Liverpool CNTD) will train 30 participants in each session in survey protocols and diagnostic skills for LF and for schistosomiasis/STH. The participants will be professional biomedical technicians working in regional health or districts offices as well as senior laboratory technicians who already have the skills to utilize various devices used for the diagnosis of common diseases but who are not familiar with community diagnosis of NTDs. It is paramount to train technicians in each of the thirteen health regions so that they can back-up the three technicians previously trained on laboratory diagnosis of NTDs. The training will allow the NTD program to improve the implementation of WHO protocols by increasing the quality of M&E activities.

The following table shows the distribution of participants and targets by level of training.

Table 3: Training Events – New Personnel and Refresher

Level of implementation	Topics	Number of trainers	Number to be trained	Number training days	Location
			Total		
Central level	Training/ refresher training for trainers on MDA	7	46	2	Ouaga
	Training of Biomedical technicians on LF diagnostic techniques	2	30	6	Ouaga
	Training of Biomedical technicians on Schisto/STH diagnostic techniques	2	30	6	Ouaga
Regional level	Training of trainers on self-monitoring of CDTI	3	24	6	Gaoua
	Implementation of MDA	39	210	2	Administrative center of the 13 DRS
District level	Implementation of MDA	210	2 117	1	Administrative centers of HDs
Health center level (DC)	Training/refresher training on MDA implementation	2 117	**40,914** (LF, oncho, STH)	2	1800 health facilities
			12,702 (Schisto ; STH)	1	
			800* (oncho cascades)	2	
			4,782 (trachoma)	1	

* The 800 community distributors are CHWs that will receive training on CDTI in the Cascades region with support from Sightsavers

4.3. Community Mobilization and IEC

Communication activities are planned to better ensure support from populations, policy makers, and leaders for NTD control activities. These include:

- Implementing the integrated communication plan on NTDs.
- Conducting advocacy for the fight against NTDs with administrative, political, traditional and religious authorities. These advocacy activities will be conducted in regional capitals and districts.
- Holding two information sessions with media workers on NTDs and the adverse events of medicines.
- Organizing the annual launch of MDA campaigns by the authorities of the Ministry of Health (with partial support from USAID).
- Conducting BCC activities for the fight against NTDs (media campaigns, town criers, etc.).

- Developing and producing IEC materials (posters, flyers, banners, bibs, caps, etc.).

4.4. Supervision

Guidelines for implementation of MDA at each level are developed and updated annually. Supervisions from the central level to the community level allow monitoring of the implementation of guidelines and correcting any discrepancies identified. These help to check the strict compliance to national protocols and WHO standards. Thus, the central level will establish a pool of supervisors who will travel to different health regions and distribution sites. A sample of districts and health centers will be visited by national supervisors.

The staff of Regional Health Directorates will also form supervisory sub teams that will visit all districts with ongoing MDA campaigns. During the distribution period, the DRS teams will visit peripheral health centers and community distributors in villages.

District Management Teams (ECDs) refer to pre-defined supervision routes to cover all peripheral health facilities and each team covers one route or more according to the supervision schedule. All teams of health facilities on the determined route will be supervised on the conduct of campaigns and compliance with MDA implementation guidelines. During the visits, the performance of some drug distributors will be assessed.

Supervision of CDDs will be conducted by nurses in charge of health facilities (ICPs). The nurses will assess the area they are responsible for and then hand over the findings to the CDDs using the previously established distribution channel. Such close supervision will help to identify difficulties concerning cases of reluctance / refusal, to ensure that the correct dosages are used and that data collection tools are properly filled. Such supervision also provides an opportunity to resupply CDDs with drugs in case of a shortage being reported.

The following elements are particularly assessed during supervisory visits:
- Existence of a program and of a supervisory team
- Supervision channel adopted
- State of drug distribution according to the target populations
- Communication activities conducted
- Exchanges with various stakeholders will also help to assess their knowledge concerning national guidelines on NTDs. (Calculation method, determining the target for each campaign, management of cases of refusal / reluctance, and management of adverse events, etc.)

4.5. Supply Chain Management

The different levels of the health system (regions, districts, health facilities, and villages) will receive the necessary drug supply. Given the bottlenecks encountered (inadequate warehouse conditions or space, lack of supply trucks, and delay in supplying medicines) in terms of logistics during past MDAs, the following provisions will be made in supplying medicines:

- Renting warehouses to store drugs at the central level for a period of two months before distribution to lower levels.
- Hiring trucks as appropriate for supplying drugs to peripheral levels.
- Allocating necessary resources (fuel, handling charges and travel costs, road taxes, return of stock) to HDs and DRS for supplying peripheral health facilities with drugs.

The plan for the transportation of NTD medicines to distribution sites complies with the following steps:
- Establishment of drug estimates and distribution dates before supplying.
- Organization of transportation of medicines in regions.
- Supply of HDs by the DRS pharmacy department.
- Supply of health facilities after training sessions or preparatory meetings for the implementation of MDA campaigns with ICPs.

To improve the management and monitoring of drug stocks at all levels of the health system and further involve pharmacy managers in managing and monitoring medicines, the following provisions will be made during MDAs:
- Ensuring that pharmacists and pharmacy assistants are involved in activities of NTD control at all levels.
- Urging actors to use drug stock management tools for each drug by calculating average consumption at all levels of MDA in accordance with the guidelines for MDA implementation.
- Ensuring early return of remaining drug stocks after MDA for each drug to the DRS.
- Submitting all requests for drugs to different donors at least eight months before the start of the planned campaigns.

Table 4: NTD Medicines Estimated for the Year 2013

Drug	Source of drug (Donation program, USAID-funded source, or government procurement)	Quantity of drug requested	Date of Application (Month/Year)	Requested delivery date (Month/Year)
IVM	Merck	26,371,653	09/2012	02/2013
ALB	GSK	10,366,509	09/2012	02/2013
ALB (STH)	GSK	490,304	05/2012	03/2013
PZQ	USAID	10,751,039	05/2012	03/2013
Zithromax Syrup/ btle 30	ITI/Pfizer	161,122	02/2012	01/2013
Zithromax tablet		6,509,331	02/2012	01/2013
Tetracycline eye ointment	Government	107,415	02/2012	01/2013

NE = Not yet estimated

Drug quantification for FY14 will be completed in March 2013.

4.6. Management of Serious Adverse Events (SAEs)

There is a pharmaco-vigilance committee led by the Directorate General of Pharmacies, Medicines and Laboratories (DGPML). The collection, analysis and dissemination of all information relating to all cases of adverse events are systematically conducted during the campaign. Standard forms for notifying SAEs are available in all health districts. All adverse events are referred to CMAs / CHRs / CHUs for care by a physician. The forms for notifying SAEs are filled and sent to higher levels within the period prescribed through the following process: the case is referred to the health facility and once diagnosed, this information is then shared with the health district, regional, and then central level team. A team consisting of a member of the national program and a member of the DGPML conduct a site investigation. At the end of the investigation a report is then immediately prepared by the investigation team and transmitted to WHO, the donating pharmaceutical companies, and FHI360 using the established mechanisms.

A budget line will be allocated to the NTDCP coordination for management of SAE cases. Information on the occurrence of SAEs and their management are contained in awareness messages disseminated before, during and after campaigns. An information and awareness meeting with media workers will be scheduled before MDA campaigns to better inform people of the effects and lessen the magnitude of rumors.

5. Program Monitoring and Evaluation

5.1. Monitoring and Evaluation of MDA

Monitoring and evaluation of interventions against NTDs ensure the achievement of program goals, quality data collection, analysis and reporting.

The following are available for collecting data on activities:

- Validated protocols for data collection
- Data collection materials
- Data reporting channels common to any health information system (NHIS)

Specific monitoring and evaluation activities are defined and conducted depending on the goals and stage of implementation of each sub-program. In order to assess the quality of data and validation, supervisory/monitoring visits and organization of review meetings on NTDs will be held. Moreover, careful analysis of various reports will be made at all reporting levels to identify underachievement in carrying out NTD activities.

Coverage surveys will be conducted to validate MDA data in 4 districts with questionable reported data, high prevalence of NTDs, and after treatment campaigns against trachoma. Evaluation of post trachoma treatment coverage aims to validate the treatment coverage reported by HDs at the end of campaigns. Evaluations will be conducted in 4 HDs: Batié (high

population movement), Do (low reported coverage), Boulmiougou and Signoghin (urban districts with over 100% reported coverage) after the azithromycin MDA.. All disease specific assessments that will be conducted to assess program impact on disease prevalence are described below.

5.2. Program Assessments and Transition to Post-MDA Elimination Strategy

The following monitoring and evaluation activities will be carried out according to the levels or stages of implementation of each NTD sub program:

- **Data collection on LF sentinel sites:** In accordance with the WHO guidelines for the elimination of LF, nine sentinel/spot check sites will be visited in FY 2013. These sentinel sites are in the HDs of the Center East, Boucle du Mouhoun, Sahel, and Center North regions that all benefited from more than 6 rounds of treatment. This data collection will determine the current LF prevalence and whether the districts have qualified for Transmission Assessment Survey (TAS).

- **Data collection on schistosomiasis sentinel sites**: This collection will help to determine the impact of treatment with praziquantel in endemic areas. All 22 sites in the health regions will be visited. Following the collection, the results will help to reclassify endemic areas according to prevalence thresholds and parasite density obtained and will contribute to the implementation of the WHO protocol for the elimination of schistiosomiasis. During the data collection, STH infections will also be evaluated for prevalence following de-worming campaigns in the same areas. Additional sites may be surveyed in 4 HDs in the Centre region where no mapping data was collected at the baseline to determine the current endemic situation.

- **TAS for LF:** After conducting TAS in 14 HDs in FY 2012, the preliminary results showed that MDA in 10 HDs [Hauts Bassins (1), North (5), Centre (1), and Cascades (3)] will be discontinued. The program intends to conduct TAS in 6 more districts in FY 2013. The targeted HDs are distributed between the Sahel region (3 HDs) and the Plateau Central (3 HDs). Results of FY 2013 studies will help to identify new HDs where MDA may stop in FY 2014.

- **Impact studies for trachoma:** In accordance with the FY 2012 work plan, impact studies are underway in 11 HDs where treatment might be able to stop at district level. The results of impact studies in 7 HDs analyzed in FY 2012 show that in all 7 HDs prevalence of TF is below 5% after three rounds of treatment. For FY 2013, impact studies will be conducted in 4 HDs (Gaoua, Batié, Ouargaye and Zabré), which will have completed 3 rounds of MDA by the end of FY 2012 and will help to decide whether treatment will stop at district-level.

- **Epidemiological surveillance foronchocerciasis:** This epidemiological evaluation will be conducted in 10 villages in the Southwest region, which will help the program to determine the prevalence of onchocerciasis in areas under treatment and will guide coordination on

the effectiveness of distribution rounds implemented at a given time. Such an evaluation is required for the program, especially with the recrudescence of onchocerciasis in the Cascades region, which used to be an area fully freed from treatment. The evaluation is crucial especially in the absence of entomological evaluation that can correlate interventions in the fight against onchocerciasis. Moreover, during the latest meetings of Onchocerciasis Program Coordinators organized by WHO/APOC, it was recommended to encourage epidemiological evaluations and the organization of cross-border meetings for a synergy of activities against onchocerciasis. The villages will be selected in each HD during the evaluation. The criteria are specified in the protocol to be submitted. Recent epidemiological evaluations in these areas were conducted in FY 2010 in five villages in Diébougou.

Reporting on the implementation of activities will be forwarded to FHI360 and USAID in accordance with the outline submitted and according to the indicated periods. The main indicators to be completed include:

- The program and epidemiologic coverage per district per disease
- The geographic coverage for each campaign
- The distribution of populations under treatment during each campaign
- Targets of IEC activities
- The extent of SAEs of MDA campaign
- Types of monitoring and evaluation activities carried out at the level of MDA units and their results

Documentation of best practices and lessons learned will receive special attention from the program coordination. This will facilitate publications on the strengths and weaknesses of the national program.

6. Short Term Technical Assistance Request

Assist the NTD Coordination team in planning and implementing the "Stop MDA" process:
For those HDs where the prevalence of TF has fallen below 10%, sub-district level surveys are needed to determine if high endemic pockets still exist and to map out a strategy to reach elimination goals. The National NTD Control Program is in need of technical assistance in the design of the sub-district level surveys and post-endemic surveillance strategy.

Training of beneficiaries on USAID funds management procedures:
To address changes in the procedures and rules of USAID and its partners, it is necessary to train various stakeholders, beneficiaries and managers of USAID funds to enhance their performance. This is to ensure the compliance of various partners in the implementation of the project.

Training members of PMT coordination on TIPAC:
The TIPAC will help the national program to plan and evaluate the financial needs for NTD activities, taking into consideration the contributions of all stakeholders. It is important to train the main NTD partners to support the national program in the budgeting and planning and to use these skills in the process of mobilizing funds from other partners.

Table 5: Technical Assistance Requests

Task	Technical skill required	Number of Days required
1. Assist the NTD Coordination team in planning and implementing the "Stop MDA Azithromycin +tetracycline " iv process	ITI team +USAID/FHI360	5 days
2. Training of beneficiaries on USAID funds management procedures	USAID Expert + FHI360	3 days
3. Training of members of PMT coordination on TIPAC	USAID team + FHI 360	7 days

7. Financial Management

Management and monitoring of the use of USAID funds are based on rigorous rules and principles. An adequate monitoring plan has been developed in accordance with the regulations and as part of the approval for USAID sub-agreements with the Ministry of Health. The plan is as follows:

- The Directorate for the Fight against Diseases in the Ministry of Health sends HKI the detailed DRS budgets, validated by the National Technical Coordination for the implementation of the NTD project as well as Terms of Reference per activity and funding requests.

- For each campaign, a FOG is signed between the different Regional Directorates concerned, represented by the Regional Director, and HKI Country Director. Upon signature of the financing agreement, HKI's finance and accounting department is solicited for disbursement arrangements according to the disbursement plan. The finance department then issues a check payable to the DRS. DRS Representatives sign a discharge as evidence of the receipt of the check. It is important to note that checks are never issued to individuals.

- During campaigns, monitoring / supervision is conducted by HKI in the field to ensure, among other things, that activities are actually implemented. DRS have 45 days following completion of the activity to submit a technical and milestone certificate report to HKI with supporting documents as part of campaign activities, in a format consistent with the terms of the sub agreement. Managers of the various DRS and districts received training on the use of the relevant guide.

- After processing all supporting documents, HKI sends a letter to the various administrative and financial services to inform them that their documents were validated.

8. Facilitate Collaboration and Coordination

Developing partnerships and improving coordination of the NTD program will be achieved through the implementation of the following activities:

- Advocacy for the maintenance and increase of budget lines allocated to the fight against NTDs in the Government's budget. The awareness of the Administration and Finance Department of the Ministry of Health has been raised and promises are made to maintain and increase the budget line allocated to the fight against NTDs. This advocacy activity will consist of regular feedback to the Government during the sessions of the NTD national coordination committee meetings on program implementation results. In collaboration with the national NTD coordinator, HKI will also facilitate the participation of the Director of Finance in the DLM in the GAELF meeting and in other relevant meetings, as appropriate, in order to sensitize them further on NTD issues in Burkina Faso. They will also participate in the training on the use of TIPAC.

- Steps will be taken with WHO and officials from the Ministry of Health to convene the first consultation meeting in the first half of FY2013 to help establish a functional steering committee. The steering committee was previously created in 2007, but is not yet functional. We believe that with the current strong collaboration in place between HKI and partner institutions (DGPS, DLM, DRS, and DS) that has come to fruition in recent years, we have a better functioning institutional framework in place to revive the steering committee. This meeting will help to establish the framework and achieve better functionality. The following parties will be invited to this meeting: the central directorates of the MOH, the Ministry of Education, WHO, NGOs involved in the control of NTDs (HKI, Sightsavers, Fondation pour le développement communautaire (FDC), Handicap International (HI), Light for the World, Better Life Foundation, Orbis, etc. WaterAid and WAA are supporting the Government with WASH activities, and will also be invited to participate. The committee will meet once every six months under the chairmanship of the Ministry of Health. The steering committee takes on a broader, more strategic scope at a higher level focusing on performance of human resources/infrastructure quality needed to achieve program goals.

- Alongside this framework, a coordination committee against NTDs will be established and will meet once every quarter under the chairmanship of the DLM and with the participation of WHO, HKI, Sightsavers, the Directorate for Community Health, FDC, and stakeholders of the fight against NTDs. The coordination committee provides a framework whereby HKI and the national program can meet to discuss planning and implementation difficulties or other issues encountered at the operational level in the implementation of activities.

9. Cost-efficiencies

- Organization of integrated training sessions for actors in different health regions and districts.
- Reduced medication storage time at the central level.
- Implementation of the medicine supply component is also an opportunity to save money, in case medicines are delivered at the desired periods.

10. Proposed Plans for Additional Support to National NTD Program

Building partnership with:

- Liverpool CNTD for the management of LF complication cases and the implementation of activities against schistosomiasis.
- Sightsavers for the implementation of the SAFE strategy in the Cascades Region.
- ORBIS in the fight against preventable blindness including trachoma in the Center West Region.
- Advocacy with other stakeholders (Ministry of Water, local governments, etc.) in fighting NTDs.

11. Cost Share

The implementation of different activities results from numerous contributions for achieving expected results. Summaries of annual budgets highlight the contribution of different stakeholders in the implementation of the NTD program in Burkina Faso. It should be noted that the list is not comprehensive. The TIPAC exercise will take place this year to help plan and evaluate financial needs for NTD activities taking into consideration all stakeholders participations.

The main funding sources include: the Government, USAID, WHO, APOC, LFSC Atlanta, CNTD Liverpool, ITI, Sightsavers, and the community. The contribution of the Government of Burkina Faso is wide-ranging and takes into account salaries of health workers, and the amounts of budget lines dedicated to the fight against NTDs. There are also other contributions without which preventive chemotherapy on NTDs would not be conducted. These include drug donation programs: Merck, GSK, and Pfizer.

Regarding the contribution of HKI in the implementation of END in Africa project activities, other interventions will contribute to achieving the NTD program goals. These include: the program to fight trachoma in schools and for school gardening funded by the Embassy of China, Taiwan.

IV-Travel Plans in FY 2013

During the project year, several trips will be supported by End in Africa outlined below:

- Ensure the participation of two members at GET 2020 in Geneva for an update on the recommendations in the fight against blindness and particularly trachoma.
- Participate as a member of the NTDCP coordination in the seventh meeting of the Global Alliance for Elimination of Lymphatic Filariasis (GAELF) in Washington, DC.
- Support the participation of two members of the NTDCP coordination in cross-border meeting on NTDs.
- Co-organize a study tour for program coordination on post MDA surveillance of Trachoma in Ghana.
- Support two monitoring / supervision missions of HKI Regional Adviser on NTDs.
- Support three support/monitoring visits of HKI Headquarters as part of the implementation of the project.

V-Staffing

During FY'13, the following positions at Helen Keller International's office in Burkina Faso will be supported by the End in Africa project:

- A Project Coordinator, who acts as an intermediary between the Ministry of Health NTD coordinating team and HKI. He/she ensures the implementation of procedures, planning and implementation of various activities under the project. He/she reports to the Director on the progress of the implementation of activities. The latter provides technical advice on the implementation of activities in accordance with the provisions of the agreement with FHI360.
- An Assistant to the Coordinator supports the latter in carrying out the responsibilities listed above.
- A Financial Assistant in charge of financial and budget aspects. He/she monitors the implementation of the project budgets, verify and validate expenditures.

Other positions within HKI, which provide support to the project and to the Project Coordinator, the Assistant to the Coordinator and the Finance Assistant are the HKI-Burkina Faso Country Director, the Deputy Country Director, the Finance Manager, and other supporting office staff.

VII-Environmental Monitoring Plan

Arrangements will be made for strict compliance to the environmental monitoring plan set forth by the National NTD Control Program of the Government of Burkina Faso. Specifically,

program coordination will arrange for the destruction of waste arising from the implementation of MDA campaigns through the following process: stock of drugs are taken after each MDA including information on their expiration dates; remaining drugs are sent to the pharmacy department of the health district where an inventory assessment is conducted by the pharmacist; if expired drugs are located, a provincial committee (district pharmacist, member from the police force, and a member of the administrative authority such as the High Commissioner) meet to proceed with the destruction of expired drugs. A mechanism for monitoring serious adverse events is established within the Ministry of Health. An annual Supplemental Initial Environmental Examination (SIEE) will be submitted annually as per the FHI360 and HKI grant agreement.

The national guide for pharmaceutical waste management developed by DGPML will serve as a basis for management. Any other event of international significance will possibly be managed in accordance with International Health Regulations (IHRs).

VIII- Timeline

See timeline below.

ACTIVITIES	IMPLEMENTATION PERIOD											
	2012			2013								
	O	N	D	J	F	M	A	M	J	JU	A	S
1. Strengthen coordination and partnership for NTDs control through the establishment of a functional steering committee and regular consultation framework												
Support the operation of the national NTDs program coordination in the area of telecommunication, purchase of office consumables and equipment, support for the national NTD program logistics.			■			■			■		■	
Hold a biannual meeting of End NTDs in Africa project implementation steering committee (Ministry of Health (MOH), HKI, local governments, other NGOs: Sightsavers, FDC, HI, other stakeholders involved in the fight against NTDs in Burkina Faso)	■			■			■			■		
Hold a quarterly meeting of the Technical Working Group (HKI +WHO, Sightsavers, and national NTDs program.		■			■			■			■	
Hold an annual review of the NTDs program with partners.										■		
Develop or review agreements and memoranda of understanding with stakeholders in NTDs control (MOH, Ministry of Basic Education and Literacy, WHO, HKI, Sightsavers, HI, and FDC, and other partner NGOs).	■	■	■									
Disseminate the NTDs quarterly and annual program activity reports.			■			■			■			■
Hold workshops to develop the action plan FY 2014.									■			
Organize an official ceremony for the launch of the national strategic plan to fight NTDs.		■										
Hold two workshops (one for LF, one for trachoma) to develop national strategies to address morbidity management.					■	■						

Drug application for all programs for FY 2014													
2. Achieve and maintain program coverage for each drug package: 80% for MDA of ivermectin + albendazole, 80% with praziquantel, and at least 90% with azithromycin + tetracycline ointment. Maintain 100% geographic coverage for LF, oncho, schistosomiasis and STH, and 90% geographical coverage for trachoma (100% depending on ITI drug approval)													
Train trainers, supervisors, and community distributors involved in the implementation of MDA activities against NTDs at all levels of the health system.													
Supply health facilities (DRS, HDs, and CSPS) with drugs and data collection materials.													
Supervise stakeholders on the implementation of MDA campaigns at all levels.													
Administer drugs to target population through community distributors during the MDA campaigns.													
Reproduce data collection tools.													
Collect data on mass drug administration campaigns at all levels.													
Hold integrated review meetings on MDA campaigns at regional level.													
3. Implement M&E activities and surveillance for the elimination of lymphatic filariasis, the fight against onchocerciasis, intestinal worms, schistosomiasis and elimination of trachoma using WHO protocols.													
Train biomedical technicians in diagnosis and surveillance of NTDs targeted by the project on the diagnosis of LF.													
Train biomedical technicians in diagnosis and surveillance of NTDs targeted by the project on the diagnosis of Schistosomiasis and STH.													
Collect data in lymphatic filariasis and schistosomiasis sentinel sites according to the methodology recommended by the WHO.													

Assess the programmatic coverage of NTDs campaigns for target diseases.													
Conduct surveys on impact and cessation of treatment in eligible districts (Table 1).													
Conduct epidemiological surveys in the basins of health districts endemic for onchocerciasis in the Southwest region.													
Assess the level of schistosomiasis endemicity in health districts in the Center region with no sentinel sites.													
Train managers of Statistical Information and Epidemiological Surveillance Centers (CISSE) in Health Regional Directorates (DRS)/districts on the use of joint WHO Form for the M&E of NTDs programs.													
Train the members of the NTD program coordination on the use of the tool "TIPAC" (formerly FGAT) for better planning and assessment of the NTD program.													
4. Cover the target population in each endemic area with information Education and Communication (IEC) activities to promote better adherence to mass drug administration campaigns against the 5 NTDs targeted by the NTD program.													
Develop an integrated communication plan (ICP) on NTDs to cover all aspects of communication for the fight against NTDs.													
Organize the official launch of MDA campaigns with the involvement of different partners.													
Conduct advocacy for NTDs with administrative, political, traditional, and religious authorities.													
Organize information and awareness meetings with media people to improve their knowledge of NTDs and encourage their support in delivering key messages to people.													
Conduct media campaigns for awareness and information before and during mass drug administration campaigns against NTDs.													
Inform and raise awareness among communities of the most peripheral levels													

on MDA activities using town criers.												
Provide information, education, and communication materials for health facilities and beneficiaries.												