OPERATIONAL PLAN 2014 FOR NEGLECTED TROPICAL DISEASES CONTROL

IN BURKINA FASO

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ACRONYMS AND ABBREVIATIONS

BMT	: Biomedical technicians
CDD	: Community drug distributor
CDTI	: Community-Directed Treatment with Ivermectin
CNTD	: Center for Neglected Tropical Diseases
CSPS	: Centre de santé et de promotion sociale
DLM	: Direction de la lutte contre la maladie
DRS	: Direction régionale de la santé
ECD	: Equipe cadre de district
FDC	: Fondation pour le développement communautaire
GSK	: GlaxoSmithKline
HD	: Health District
HI	: Handicap International
HKI	: Helen Keller International
IEC	: Information education communication
ICP	: Infirmiers Chefs de Poste
IDM	: Intensified disease management
ITI	: International Trachoma Initiative
LF	: Lymphatic Filariasis
MDA	: Mass Drug Administration
MDP	: Mectizan Donation Program
MENA	: Ministère de l'education nationale et alphabétisation
NGO	: Non-Governmental Organization
NHIS	: National Health Information System
NTD	: Neglected Tropical Disease
NTDCP	: National Neglected Tropical Disease Control Program
OHA	: Ophthalmological health assistants
OCP	: Onchocerciasis Control Program
PCT	: Preventive chemotherapy
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
SCI	: Schistosomiasis Control Initiative
STH	: Soil-transmitted helminthes
TAS	: Transmission assessment survey
TT	: Trachomatous Trichiasis
USAID	: United States Agency for International Development
WA-WASH	: West African Program of Water and Sanitation
WHO	: World Health Organization
WSA	: Water Sanitation for Africa

Executive Summary

According to the national strategic plan for the control of neglected tropical disease (NTD), adopted by Burkina Faso in January 2013, several activities are implemented and spread over a five-year period. The program supports efforts to control NTDs with financial support from the United States Agency for International Development (USAID) through the End in Africa project, and from other partners such as Sightsavers and Liverpool Center for Neglected Tropical Diseases (CNTD). The targeted NTDs are lymphatic filariasis (LF), schistosomiasis, onchocerciasis, soil-transmitted helminths (STH) and trachoma. Activities included in this work plan are funded by USAID, unless otherwise indicated. There were 63 LF endemic health districts (HDs) at the outset; 16 HDs stopped mass drug administration (MDA) as of 2009, and 47 HDs still have ongoing MDA. In FY14, MDA with ivermectin + albendazole will target 47 HDs for LF in June 2014; 37 of these 47 HDs will be supported with USAID funding, while 10 HDs will be supported with funding from Liverpool CNTD. There are 63 schistosomiasis endemic HDs. Biennial MDA for schistosomiasis with praziquantel (once every two years) will be conducted in April 2014 in the meso-endemic zone, which includes 44 HDs in 9 health regions. Six HDs remain endemic for onchocerciasis; biannual onchocerciasis treatment will be conducted in 4 HDs in the South West region in January and July 2014, and in 2 HDs in the Cascades region (funded by Sightsavers) in May and November 2014. The LF MDA in June 2014 is technically also treatment for STH in these 47 HDs; STH treatment in the remaining 16 HDs that are not being treated for LF will be integrated with schistosomiasis MDA in April 2014. MDA for trachoma will be continued in 5 HDs in May 2014.

To evaluate the program impact and the progress achieved, various monitoring and evaluation activities will be carried out with USAID support. The National Program for the Elimination of Lymphatic Filariasis (PNEFL) will collect data at 4 sentinel sites and 2 spot check sites in Saponé and Pô in the Center South region to determine whether these HDs qualify for Transmission Assessment Surveys (TAS) for LF. PNEFL will also oversee a post-MDA LF surveillance survey in the Cascades and North regions, and in the Orodara HD (9 HDs in total).

As part of the trachoma elimination efforts, azithromycin treatment impact studies will be conducted in 4 HDs. Post-MDA trachoma surveillance surveys will be conducted in the sub-districts of 5 HDs that had stopped MDA in 2009.

Along with the specific activities noted above, other cross-cutting and program support activities will be funded by USAID to contribute to achieving the objectives of the FY14 national work plan. An effort will be made to strengthen program coordination and partnerships between the national program and NTD partners through meetings, workshops, and annual review and distribution reports. In an effort to continue to strengthen MDA performance and improve coverage, trainings will be held for all those involved in MDA activities, MDA will be supervised and monitored at all levels, data collection tools will be revised and produced to take into account information needed for completing workbooks, and integrated review meetings will be held. Social mobilization and sensitization of endemic populations will be enhanced through information, education, and communication (IEC) strategies, meetings, and media campaigns. Additionally, technical assistance will be requested to improve supply chain management at all levels.

Background

The national neglected tropical diseases (NTD) control program, which is housed within the Disease Control Directorate (DLM), includes the preventive chemotherapy (PCT) and intensified disease management (IDM) programs. The PCT programs include the treatment and control of lymphatic filariasis (LF), onchocerciasis, schistosomiasis, trachoma, and soil transmitted helminthiasis (STH).

The LF program began in 2001. There were 63 endemic health districts (HDs) at the outset, based on the mapping completed in 2000. 16 HDs stopped mass drug administration (MDA) as of 2009, and 47 HDs still have ongoing MDA. All of the 47 HDs have received at least 6 rounds of MDA. The HDs in the South West region have received more than 10 rounds of MDA, without a significant reduction in microfilaraemia prevalence (details on page 9). Onchocerciasis control activities have continued in 6 HDs since the Onchocerciasis Control Program (OCP) closed in 2002, and consist of epidemiological surveillance activities and MDA. Schistosomiasis MDAs are being implemented in all 63 HDs and are conducted once every two years. The 63 HDs are divided into two zones: a meso-endemic zone with 44 HDs and a hyper-endemic zone with 19 HDs. The two zones are targeted for MDA in alternate years. Evaluations are currently underway to refocus the treatment strategy[1], as recommended by the World Health Organization (WHO). For trachoma, all 63 HDs were mapped in recent years, and 30 were declared trachoma-endemic. After successive MDA campaigns in the 30 trachoma endemic HDs and following impact studies conducted between 2009 and 2012, 21 HDs stopped azithromycin treatment at the district level, and 9 HDs still have ongoing MDA. The national program received technical assistance through ENVISION TAF in January 2013 to develop a three-year trachoma elimination plan and a national post-MDA surveillance plan for trachoma. It was recommended that HDs that had stopped MDA at the district level for more than two years should conduct a sub-district level evaluation. Therefore, a sub-district evaluation will be conducted in 5 HDs in the Center-East and East regions. All 63 HDs are endemic for STH and are being treated either during the LF MDA or the schistosomiasis MDA.

Implementation of activities began in 2001 with the National LF Elimination Program (PNEFL). Since then, other programs have joined the fight against NTDs, including the National Onchocerciasis Control Program (PNLO), the National Schistosomiasis Control Program (PNLSc), and the National Program for Blindness Prevention (PNPC). The table below shows the current status of the national NTD program.

[1] Schistosomiasis is endemic in all 63 HDs. The 63 HDs are divided into two zones: a meso-endemic zone with 44 HDs, and a hyper-endemic zone with 19 HDs. The two zones are targeted for MDA in alternate years, and this gives rise to a biennial treatment strategy for all the HDs. This strategy was adopted at the beginning of the national schistosomiasis control program funded by Schistosomiasis Control Initiative (SCI) using Bill and Melinda Gates Foundation (BMGF) funds. A review of the latest survey data is planned, and the national strategy will be adjusted accordingly.

Table 1: NTD Program in Burkina Faso

Disease	Number of endemic districts (baseline mapping)	Number of non-endemic districts (current)	Number of districts that need mapping	Number of districts with ongoing MDA		Number of districts that need MDA, but where MDA has not begun	Number of districts where MDAs stopped
				USAID funds	Other		
Schistosomiasis	63	0	0	63	0	0	0
STH	63	0	0	53*	10**	0	0
Lymphatic Filariasis	63	0	0	37	10**	0	16
Onchocerciasis	6	57	9***	4	2	0	0
Trachoma	30	33	0	9****	0	0	21*****

* This number includes 47 HDs treated for STH during the LF MDA. For the 16 HDs where LF MDA has stopped, STH treatment with albendazole is integrated with schistosomiasis MDA and conducted in alternate years where applicable. The 2013 schistosomiasis/STH survey results are under review and the STH treatment strategy may be adjusted.

** MDA in these HDs is supported by Liverpool CNTD.

*** APOC is planning mapping/assessment in these 9 HDs to assess the oncho situation.

**** This includes the Pô HD, where the 2012 impact survey showed that prevalence remained above 10%, thus warranting three additional MDA rounds scheduled to begin in 2014.

***** MDA was stopped at the district level.

Summary of the activities accomplished during FY 2013

In FY13, four MDA campaigns were planned in 63 HDs with financial support from USAID, Sightsavers, Liverpool CNTD, the State, and communities. These included MDAs for LF in 47 HDs, MDAs for schistosomiasis in 20 HDs, MDAs for STH in 52 HDs, MDAs for onchocerciasis in 6 HDs, and MDAs for trachoma (at the district level) in 9 HDs. At the time when this work plan was being prepared, onchocerciasis MDAs were already completed in 6 HDs in the South West and Cascades regions, where 148,205 and 36,005 people were treated, respectively, with ivermectin. Results for other MDAs are not yet available, as most of the activities are currently underway. We expect all MDA results to be available by the end of August 2013.

For monitoring and evaluation, impact assessment surveys were completed in 22 schistosomiasis sentinel sites, 17 LF sentinel and spot-check sites, and 4 HDs for trachoma. In addition, a pre-MDA census was conducted in 4 HDs in the South West region as part of the community directed treatment with ivermectin (CDTI) strategy.

In the area of capacity-building, twenty-six biomedical technicians (BMTs) received training on schistosomiasis diagnosis, thirty-four BMTs received training on LF diagnosis with funding from Liverpool CNTD, twelve investigators received training on data gathering for the trachoma impact study, and eight Ophthalmological Health Assistants (OHAs) received refresher training on Trachomatous Trichiasis (TT) surgery at the Koudougou HD (with HKI's L'Occitane funding). Additionally, forty-seven ICP (Infirmiers Chefs de Poste) workers and 15 ECD (Equipe cadre de district) members received training on household-by-household census techniques for CDTI implementation.

A workshop was conducted in January 2013 to develop a three-year (2014-2016) trachoma elimination plan and a post-MDA trachoma surveillance plan, with technical assistance through ENVISION TAF by the International Trachoma Initiative (ITI) and a trachoma expert from Niger.

Goals for FY2014

The main objectives for FY2014 are included below. Unless otherwise indicated, all activities will be targeted with USAID support:

1. Strengthen coordination and partnerships for NTD control

- Support coordination of the national NTD program in the areas of telephone communications, purchases of consumables and office supplies, and logistics support for national NTD program coordination.
- Hold twice-yearly meetings for the Steering Committee overseeing implementation of the national NTD program. The members include representatives of the Ministry of Health (MOH), the Ministry of Education and Literacy, WHO, HKI, local municipalities and other non-governmental organizations (NGOs), including Sightsavers, Foundation for Community Development (FDC), Handicap International (HI), Water Sanitation of Africa (WSA), West African Program of Water and Sanitation (WA-WASH), Water Aid, and other stakeholders involved in NTD control efforts in Burkina Faso.
- Hold quarterly meetings of the technical working group (HKI, national NTD program and research centers).
- Hold monthly coordination meetings for the national NTD program, involving all national NTD coordination program members.
- Ensure greater NTD program visibility through publications, reports and participation in conferences.
- Hold FY2015 work planning sessions during FY2014.
- Organize and participate in cross-border meetings relating to NTD control activities, particularly for program coordination with Cote d'Ivoire and Ghana.
- Participate in evaluation and operational research activities relating to NTD control.

2. Achieve and maintain coverage for each NTD control sub-program: 80% program coverage for MDA with ivermectin + albendazole, 80% program coverage with praziquantel, 90% with azithromycin + tetracycline ointment and 100% geographic coverage for all NTD treatment campaigns.

- Train trainers, supervisors, supply chain actors and community drug distributors (CDDs) involved in implementing NTD MDAs at the national, regional, district and peripheral health center levels.
- Supply health facilities--Regional Directorates for Health (DRS), HDs, and Centers for Health and Social Hygiene (CSPS)--with medicine, data collection materials, and information, education and communication (IEC) materials.
- Conduct cascade supervision during NTD MDA implementation at all levels, including the national level staff supervising the regional level staff, the regional level staff supervising the

district level staff and the district level staff supervising health center workers, who in turn supervise the CDDs.
- Administer medicine to populations targeted.
- Develop and produce data collection materials.
- Collect data from NTD MDA campaigns at all levels.
- Hold integrated review meetings for NTD campaigns at the regional level.
- Conduct audits of NTD control drug management.

3. Implement monitoring and evaluation and surveillance for all NTD programs in accordance with WHO protocols.
- Conduct data collection at 4 LF sentinel sites.
- Conduct trachoma impact studies in the 4 eligible districts.
- Conduct post-treatment surveillance surveys in connection with LF control.
- Conduct a trachoma prevalence evaluation study at the sub-district level in two HDs (Barsalogho and Kaya) in the Central-North region, where prevalence was just below 10% at baseline mapping.

4. Implement IEC activities to reach the target populations in each endemic zone and improve compliance with MDA campaigns against the five targeted NTDs.
- Organize the official launch of MDA campaigns with the participation of the various partners.
- Conduct NTD advocacy with administrative, political, traditional and religious authorities.
- Organize information and sensitization meetings with communication professionals to increase their knowledge of NTDs and obtain their support in transmitting key messages to the populations.
- Lead media campaigns to raise awareness and provide information before, during, and after NTD MDA campaigns.
- Inform communities in remote areas about MDA activities using town criers.
- Raise community awareness of NTD control activities through community-based organizations.
- Provide IEC materials to health facilities and beneficiaries.

Main activities

Support the national NTD program during the planning process

In accordance with the planning process and following implementation of the FY13 work plan, this work plan is based on Burkina Faso's NTD strategic plan. Several preliminary work sessions were held prior to the work planning meetings to populate and update program databases and workbooks. Updates were entered into the database only after the data was validated at various levels of the health system, including the HDs, health regions and the national coordination program..

Updating this database and drafting periodic reports in accordance with the template helped identify the shortcomings, accomplishments and progress of each program. Next steps for each program were based on that foundation and WHO protocols, and thus provided the basis for FY14 planning.

Mapping

All mapping has already been conducted at the national level and for the diseases in question.

Scaling up the NTD national program

In FY14, about 10.8 million people will be targeted for the LF MDA in 47 districts. Transmission assessment surveys (TAS) will be implemented in 14 districts; and post-MDA surveillance for LF will target 13 districts. The schistosomiasis MDA will target 3.38 million children and high risk adults in 44 HDs. For STH, the MDA will target 4.9 million children in 58 HDs. For trachoma, the MDA will target 1.17 million people in 5 HDs; and 4 other HDs that have received 3 rounds of MDA will qualify for impact studies. Post-endemic surveillance for trachoma will begin in 21 HDs. CDTI for onchocerciasis will be conducted in the endemic villages in 6 HDs, targeting 0.8 million people.

Mass Drug Administration

MDA strategies

The drug distribution strategies for the target populations are as follows:

Distribution of ivermectin + albendazole for LF, onchocerciasis and STH: community-based distribution is carried out annually, using community volunteers (community health workers or other resource people within the community). Two distributors are used at each distribution site for a period of at least six days; this period may be extended if the targets are not reached. Tablets are administered to the populations door-to-door in villages, sectors, health centers, barracks and schools, and field-to-field in farming hamlets. To increase drug acceptance among urban populations, the distributors in those areas are health workers. This reduces the number of cases of individuals who may refuse/be reluctant to take drugs. The LF MDA will be conducted in June 2014.

In the South West and Cascades regions, two rounds of MDA are conducted for both LF and onchocerciasis as recommended by the Global Alliance for the Elimination of LF (GAELF), due to persistent high LF prevalence and microfilaria density. MDA for those diseases has been ongoing in those regions since 2001. Although post-MDA coverage validation surveys conducted at various stages using WHO protocols have shown that the epidemiological coverage results have been acceptable (i.e. >65%), data collection for microfilaraemia in sentinel and spot check sites have consistently shown mf prevalence >1%. It is believed that this is mainly due to population migration across the border with neighboring countries, as records show many people were absent during previous MDA campaigns. . Efforts will be made to improve cross-border coordination with neighboring countries to improve the situation. In the South West region, MDA will be conducted in January and July 2014; and in the Cascades region, it will be conducted in May and November 2014.

Distribution of praziquantel for schistosomiasis: Health workers distribute tablets at each site, village or sector. These health workers/distributors are always accompanied by community volunteers or community health workers. The latter are considered guides and organizers; they help ensure that the largest possible number of people in the target population receive treatment. Since many side effects were noted at the start of the program, the decision was made to assign health workers to distribute the drugs. The drugs are distributed door-to-door within the communities and at agencies and schools, and field-to-field in farming hamlets. When the program began in Burkina Faso, the regimen adopted by the MOH for schistosomiasis was to treat at-risk populations once every two years. Starting in 2014, the results from the 2013 impact evaluation will be reviewed and

the treatment strategies will be adjusted according to WHO recommendations. The schistosomiasis MDA is scheduled for April 2014 and will last six days.

Distribution of azithromycin + 1% tetracycline ointment for trachoma: the distribution strategy is the same as the strategy used with the schistosomiasis treatment campaign. The trachoma MDA will involve a single round in May 2014 and will last six days.

Table 2: Targeted districts and estimated target population for the FY2014 MDA

NTD	Age group targeted	Frequency of Distribution per year	Distribution platforms	Number of districts	# of persons targeted
Schistosomiasis[a]	5-14	Once	Door-to-door, Health centers, Distribution point in schools and communities	44	3,924,104
	5 -14 years and adults over 15	Once		1	89,101
Onchocerciasis	Over 5	Twice	Door-to-door, Health centers, Distribution point in schools and communities	6[b]	818,306
Lymphatic filariasis	Over 5	Once (twice in the South West)	Door-to-door, Health centers, Specific groups	47[c]	10,842,959
STH	5-14	Once	Door-to-door, Health centers, Specific groups	58[d]	4,922,381
Trachoma	Entire population	Once	Door-to-door,, Health centers, Specific groups	5	1,168,942

[a] For schistosomiasis, a group of experts will meet in July/August 2013 to review the results of the recent impact studies and to develop the strategy for schistosomiasis treatment in the future. The MDA projection in this table may therefore be revised, and the workbooks will be revised accordingly.

[b] CDTI for oncho in 2 HDs in the Cascades region is supported by Sightsavers.

[c] This includes 10 HDs supported by Liverpool CNTD. Four HDs in the South West region are treated twice a year.

[d] This includes 10 HDs supported by Liverpool CNTD.

Training

A series of trainings/refresher trainings are held annually at all levels of the health system before the targeted NTD treatment campaigns begin. These training sessions are organized as follows:

- **Training/refresher training of trainers at the central level:** This session is held in Ouagadougou and targets team members of the country's 13 regional health directorates. It provides an opportunity to discuss the updated implementation guidelines. Regional participants include: regional health directors, heads of regional disease control departments and the health region's pharmacist. All members of the NTD Control Program (NTDCP) coordination participate in this session as trainers or facilitators. The training lasts two days and involves 58 people, including 16 from the central level.

- **Training of trainers for self-monitoring of CDTI:** This training will be organized for the first time in the capital of the South West region. The training targets 16 members of the regional teams and district management teams. It will last four days. They, in turn, will train 47 CSPS health workers on CDTI self-monitoring. The final objective of this capacity-building is to enable the actors involved in distribution to improve monitoring and validate the results obtained during distributions themselves so that they can achieve better outcomes and provide feedback to populations in beneficiary areas. This strategy will be implemented in the Cascades with technical support from the WHO African Program for Onchocerciasis Control (APOC) and financial support from Sightsavers.

- **Training/refresher training of trainers at the regional level:** This session is organized in the capital of each health region and brings together the managers of the district health management teams. Participants expected to attend this session include: the districts' chief medical officers, pharmacy managers, finance managers/officers, NTD data management officers and IEC officers. A total of four members are targeted for each district and regional directorate. This integrated session incorporates content related to PCT for the five NTDs. During this session, a three-person national coordination team will provide support to ensure that the guidelines are taken into account. A total of 183 members of the district and regional teams will benefit from the training/refresher training on campaign implementation.

- **Training/refresher training of nurses at the health district level on campaign implementation:** This training/refresher training is held for the head nurses of CSPS. It is held at the head offices of the 63 HDs within the 13 health regions. The training is integrated and incorporates PCT procedures for the five NTDs. A total of 183 trainers and 3,192 participants will be involved in this session. The beneficiaries (head nurses, ICPs) will, in turn, train CDDs in each health area.

- **Training/refresher training for CDDs and community health workers in CSPS on campaign implementation:** The training sessions are integrated and incorporate the content of the community health worker trainings on the distribution of ivermectin + albendazole, praziquantel and azithromycin. Health workers are responsible for distributing praziquantel and azithromycin. Community distributors provide support and help mobilize the community.

MDAs for LF, onchocerciasis and STH: Distribution in rural areas follows community directives: tablets are distributed by volunteer CDDs. The CDDs are identified according to the following criteria: they should be local, able to read and write, have good knowledge of the community, be well accepted and respected by local people, and agree to work voluntarily. Gender is also taken into account when selecting CDDs to ensure that women are selected as CDDs in many cases.

CDDs receive two days' training. Day 1 focuses on theoretical training and discussion of the diseases; and Day 2 is dedicated to practicing and roll-playing the delivery of key messages to the population. A total of 24,896 distributors will be trained.

MDAs for schistosomiasis and trachoma: The national program has decided that drugs for these two diseases be distributed only by health workers, due to the potential for side effects. The health workers (drug distributors) do not live in these communities and are not familiar with the local population. Community health workers (CHW) who live at the various sites and are familiar with the local population and the location of the targeted families are therefore needed to assist health

workers as guides and as mobilizers and organizers for the campaign. To ensure better compliance and thus higher coverage among these populations, the CHWs will be responsible for providing information and mobilizing the communities. Thus, 8,502 CHWs[2] will be trained as assistants as explained above; in addition, 1,840 health workers will be trained for the schisto MDA and 818 health workers for the trachoma MDA.

Table 3: Trainings – new and refresher

Training group	Topics	Number to be trained			Number of days of training	Training location
		New	Refresher	Total		
Ministry of Health/Ministry of Education at the central level	MDA implementation	0	47	47	2	Central
Supervisors	MDA implementation	0	1,744	1,744	2	Regional District
Supply chain manager	NTD drug management	70	0	70	5 days/session	Central level (2 sessions)
Distributors	MDA implementation	0	30,216	30,216	2	CSPS
Other (Regional staff and ECD members)	CDTI self-monitoring	16	0	16	4	Southwest DRS
Other (ICP)	CDTI self-monitoring	47	0	47	2	Southwest districts
Ophthalmological investigators	Trachoma impact studies	0	15	15	2	District

Community mobilization and IEC

Communication activities have been planned to ensure greater compliance among the populations, decision makers and leaders with NTD control activities. They include:

- Conducting advocacy in support of NTD control efforts with administrative, political, traditional and religious authorities. One-day advocacy and social mobilization meetings will be conducted in regional and district capital towns. The political and administrative authorities, traditional and religious leaders, and leaders of community-based organizations and civil society will take part.
- Holding two information sessions with media representatives on NTDs and drug side effects
- Organizing the MOH's annual launch of the MDA campaigns
- Conducting behavioral change communication activities for NTD control efforts (including media campaigns and engaging town criers)
- Developing and producing IEC materials (including posters, flyers, banners, bibs, and caps).

Supervision

MDA implementation guides at each level are developed and updated annually. These guides are provided to the program staff (health workers and CDDs) at the national, regional and district levels.

[2] There are 8,502 villages/sites. One CHW per village/site needs to be trained to assist health workers.

Supervision is conducted in cascade from the central level to the community level to monitor the implementation of the national guides and correct discrepancies. Supervision will include verification to ensure strict compliance with national protocols and WHO guidelines.

- The central level will establish a pool of supervisors who will travel to the health regions and distribution sites. National supervisors will visit a sample of health centers to ensure that the activity is properly implemented.
- Members of the DRS teams will also form supervisory sub-teams that will visit all HDs involved in MDA. During the distribution period, the DRS teams will visit outlying health centers and community distributors in the villages.
- The District Health Management Teams (ECD) will follow pre-determined supervision routes covering all health facilities; each team will cover one or more routes, depending on their supervision schedule. Supervisors will observe all health facility teams along the defined route with regard to the conduct of campaigns and compliance with MDA implementation guides. During these visits, the supervisors will assess the performance of some distributors.
- ICPs will supervise the CDDs. The nurses will assess the area for which they are responsible using the distribution route previously established and assigned to the distributors. This on-site supervision, which will begin the first day of distribution, will help to identify problems related to reluctance or refusal by community members to take any treatment and ensure that data collection forms are completed properly. Supervision also provides an opportunity to resupply the CDDs in the event of drug stock-outs.

The following specific points are assessed during supervisory visits at all levels of supervision:

- The existence and composition of the program and supervision team.
- Established supervision routes[3].
- Status of drug distribution with regard to the target populations, and whether the national NTD guides are followed.
- Communication activities are carried out.
- Discussions are held with regional, district and health center program staff to assess their knowledge of national NTD guides and to ensure effective implementation of activities (including ensuring use of the correct calculation method, defining target for each campaign, managing cases of refusal/reluctance and managing side effects).

Supply chain management

When the NTD drugs arrive in the country, transit formalities are handled by the forwarding agent of the MOH, who is responsible for delivering them to the central warehouses. The various levels of the health system (regions, districts, health facilities and villages) must receive necessary supplies. Given the logistical problems experienced during previous MDAs (including lack of availability of suitable warehouses, lack of supply trucks, and delays in receiving drug supplies), the following steps will be taken to improve the drug management system:

- Rent warehouses for NTD drug storage at the central level for a two-month period prior to MDAs.[4]

[3] As part of the supervision activities at each level, supervisors travel along certain routes. These routes are pre-determined to reduce travel costs and increase efficiency.

- Rent trucks as needed to supply the intermediary and peripheral levels with drugs, registers, dose-poles and IEC materials.
- Allocate the necessary resources (including fuel, handling and mission expenses, road taxes, etc.) to the HD and DRS to resupply the peripheral health facilities with drugs.
- Allocate the necessary resources to conduct drug management audits in order to avoid possible expirations.

The plan for transporting NTD drugs to distribution sites includes the following steps:

- Developing distribution inventory schedules prior to supplying drugs.
- Organizing the process for transporting drugs from warehouses to the regions.
- Arranging for DRS pharmacy drug supplies to reach HDs.
- Supplying drugs to health facilities at the end of training sessions or meetings with the ICPs to prepare for MDA campaign implementation.

The following actions will be taken during MDAs to improve drug management and monitoring at all levels of the health system and increase pharmacy managers' involvement in drug management and monitoring:

- Involve pharmacists and pharmacy assistants in NTD control activities at all levels.
- Train pharmacists and assistants on how to use drug inventory management tools for each medication.
- Encourage health officials at each level to determine or calculate the average number of tablets used for each drug to treat an individual during the MDA, thereby allowing more efficient stock management.
- Prepare and issue notifications regarding remaining drug stocks (including quantity, batch and expiry date) before audits.
- Send remaining drug stocks to the DRS after the MDA.
- Submit drug requests to donors at least eight months before planned campaigns begin.

There is a generic medicines and medical supplies purchasing center (CAMEG) with sections at the regional level. However, not all sections have sufficient storage capacity for NTD drug supplies.

[4] This is a short-term solution for FY2014. The MoH is currently constructing an MoH central store to warehouse NTD drugs in the future. For the time being, the central drug purchasing agent (CAMEG) will not accept drugs that it does not sell. In addition, drugs are normally received just prior to MDA; the CAMEG system is not set up to deal with this type of demand. This is why it was decided to rent temporary storage.

Table 4: NTD Medicines Estimated for FY2014

Drug	Drug source (aid program, USAID funding source or government procurement)	Quantity of drug requested	Request date (month/year)	Required delivery date (month/year)
IVM	MDP/Merck	28,722,500	09/2013	03/2014
ALB	GlaxoSmithKline (GSK)	11,283,700	09/2013	03/2014
ALB (STH)	GSK	363,350	05/2013	12/2013
PZQ	USAID	10,077,564	05/2013	12/2013
Zithromax syrup/btle 30	International Trachoma Initiative (ITI)/Pfizer	2,059,909	04/2013	04/2014
Zithromax tablets		2,774,011	04/2013	04/2014
Tetracycline eye ointment	Government	45,776	04/2013	04/2014

Management of serious adverse events (SAEs)

The Director General of Pharmacies, Medicines and Laboratories (DGPML) heads a pharmaco-vigilance committee. All information relating to cases of adverse events is collected, analyzed and disseminated systematically during the campaign. Standard forms for reporting SAEs are available in all HDs. SAE cases are referred to medical centers with surgical units, regional hospitals, or university hospitals, for treatment by a physician. The SAE notification forms are completed and sent to higher levels within 24 hours.

A budget line will be allocated to the NTDCP coordination for management of SAE cases in FY14. Information about the occurrence of SAEs and their management are included in information and messages disseminated before, during and after the campaigns. An information meeting to raise awareness among media representatives will be scheduled before MDA campaigns to ensure that the populations are well-informed and to reduce the spread of rumors. If an SAE results in an investigation, within 72 hours of the conclusion of the investigation, the MOH will inform WHO and relevant pharmaceutical companies using standard reporting procedures, and HKI will inform FHI 360 and USAID via email.

Program Monitoring and Evaluation

MDA Monitoring and Evaluation

Monitoring and evaluation of NTD control efforts is conducted to ensure that program objectives are met. Data collection, analysis and transmission are critical components of monitoring and evaluation.

The following are available to facilitate data collection on program activities:

- Validated protocols for data collection.
- Data collection materials.
- Common health information data system (national health information system-NHIS).

To assess the quality of and validate the data, supervisory site visits and review meetings on the MDA will be held. In addition, the reports will be subject to detailed analysis at all reporting levels to identify poor performance in carrying out NTD control activities.

Program assessments and transition to the post-MDA elimination strategy
The following monitoring and evaluation activities will be carried out based on the implementation level or stage of each NTD sub-program:

- **LF TAS survey:** Depending on the pre-TAS results, TAS will be conducted in 7 HDs in 2 health regions: Boucle du Mouhoun (3 HDs) and Centre-Nord (4 HDs).

- **Data collection at LF sentinel or pre-TAS sites:** In accordance with WHO LF elimination guidelines, pre-TAS will be conducted in 4 sentinel sites and 2 spot check sites in FY2014. These sentinel sites are located in Saponé and Pô HDs in the Center-South region, which have all received more than 6 rounds of treatment.

- **LF post-MDA surveillance survey:** In accordance with WHO protocol, post-MDA surveys are required in the eligible HDs at least two years after MDA was stopped. The objective is to determine post-MDA prevalence; this is also part of the elimination certification process. The surveys will be conducted in 4 evaluation units (EU) for 9 HDs of the Cascades region (3 HDs), North region (5 HDs) and the Orodara HD.

- **Trachoma post-MDA surveillance survey:** Twenty-two out of the 30 initial endemic HDs were included in an impact study following three MDA rounds. Of those 22 HDs, twenty-one HDs showed TF prevalence below 10%. Post-MDA surveillance activities have been scheduled in these 21 HDs, to be implemented gradually starting in FY2014. This will include the 5 HDs where MDAs were stopped as of 2009. Data collection in these districts will be carried out in five sub-districts, in accordance with the program protocol.

- **Trachoma impact studies:** Four HDs received three rounds of treatment in FY2013 (Banfora, Do, Léna, and Boulmiougou). Impact studies will be conducted in these HDs in FY2014. The results will be used to determine whether MDA should be stopped.

- **Assessment of onchocerciasis treatment coverage:** Onchocerciasis coverage validation surveys are a component of the CDTI strategy in connection with the paradigm shift from control to elimination. These will be conducted in 4 HDs in the South West region.

The activity reports will be transmitted to FHI360 and USAID in accordance with the template and the reporting schedule. The main indicators to be addressed include:

- Program and epidemiological coverage by MDA campaign.
- Geographic coverage for each campaign.
- Populations treated during each campaign.

- IEC activity targets.
- The extent of adverse events.
- Monitoring and evaluation activities conducted.

The program coordination will specifically focus on capitalizing on best practices and lessons learned, and will disseminate information about national program activities through publications, reports and presentations at international conferences.

Program Sustainability

A national surveillance system exists that includes the NTDs. NTD information is reported through the health information system. Disease reporting is recorded in the data collection tools that take into account the five NTDs.

The sustainability of the NTD program achievements may be affected by:

- Withdrawal/reduction of the government's budget line.
- Lack of proper integration in implementation of NTD control activities.
- Lack/inadequacy of personnel (number and quality).
- Turnover and absence in capacity-building.

To ensure the sustainability of the NTD program, ongoing advocacy will be conducted with the national government authorities to increase the budget line allocated to NTDs and to create a consultative framework through regular meetings with NTD stakeholders and partners to develop further NTD partnerships. NTD control activities are planned jointly by the MoH, HKI and other partners. Each directorate within the MOH has a strategic plan as well as operational plans, for which they request support from USAID. The Directorate of Administration and Finance (DAF) of the MOH takes part in preparating the annual budget for NTD control in Burkina Faso, and helps identify financial gaps . This allows the DAF to propose adjustments to budget lines to address any gaps. Also, the Director of DAF has been participating in GAELF meetings since 2009, and is aware of the NTD problems. Additional resources for capacity-building and operational research will be mobilized to improve the coordination teams' performance and ability to achieve program objectives.

Characteristics specific to Burkina Faso that may affect program performance

- **Lymphatic filariasis**

The persistence of high LF prevalence and microfilarial density after six MDAs in the South-West, Center-South and Center-West regions (Sapouy and Léo) and East may affect achievement of the program objectives. This may be explained by very high baseline prevalence, migration flows along the borders and certain socio-cultural practices. In addition, the socio-political context in the sub-region has resulted in refugee flows from neighboring countries. The situation requires:

- On-going treatment of individuals who were not treated during the MDA.
- Annual supervision by health workers of implementation of the on-going treatment strategy in the targeted regions.
- Operational research.
- Strengthened cross-border cooperation (with Ghana, Mali, and Cote d'Ivoire).

- **Onchocerciasis**

In general, problems with access in certain areas (Cascades and the South West), population dispersal (South West) and cross-border movement (Cascades and the South West) result in low treatment coverage and thus, have a negative impact on program performance.

The situation requires:

- close supervision of activities, particularly CDTI
- strengthened cross-border cooperation (with Ghana, Mali, and Cote d'Ivoire)

- **Trachoma**

Many HDs have achieved prevalence levels low enough to stop MDA. However, there is no protocol for implementing post-MDA surveillance surveys. Capacity-building is required to develop a survey protocol.

- **Schistosomiasis**

The coverage rates reported during the MDAs over the last three years were above 100% in certain districts. Due to a historical decision on the national treatment strategies, Burkina Faso does not exactly follow the strategies recommended in the WHO guidelines. The nationwide sentinel site survey has just been carried out, and it was decided that an expert committee, comprising national expertise, national program staff, and experts from WHO, HKI and other partners, will review the results and situation in Burkina Faso to decide future treatment strategies for the country that will be aligned with the new objectives. The expert committee's recommendations will be sent to the partners for future action.

- **Drug management**

NTD pharmacy logistics does not have appropriate software to manage drug stocks. This prevents optimal management of these stocks, which can cause delays in drug expiry notifications and loss of time.

Request for short-term technical assistance

Table 5: Technical assistance requests

N°	Tasks	Technical skills required	Number of days required
1	Support to develop a trachoma post-MDA surveillance survey	Experts in implementing trachoma surveillance plan, with experience in countries with advanced trachoma elimination programs	5 days
2	Support to acquire software for managing NTD drug stocks and training on use of software	Experts with expertise in drug management logistics and in trachoma drug management software	14 days
3	Support to build capacity for program coordination to improve supply chain management of NTD drugs via: - training NTD drug managers in implementing standard operating procedures - supplying NTD drugs to the facilities (DRS and HD)	Experts in drug supply chain management	5 days
4	Support to investigate the persistence of microfilaraemia in two DRS (South West and East)	NTD experts with expertise in NTD investigations, expected from existing NTD partner organizations in Burkina Faso	-
5	Training for the NTDCP and HKI teams on TIPAC	Experts with experience doing TIPAC training	5 days

Support in developing a post-MDA trachoma surveillance survey: The blindness prevention program has reached a level where 21 of the 30 endemic HDs have stopped MDA at district level. According to WHO protocol, post-MDA surveillance needs to be undertaken at the sub-district level in those HDs. As such, it is necessary to develop a survey protocol that accounts for the context in Burkina Faso. Two francophone experts from ITI and CDC/Atlanta will be required to support a six-member team from the national NTD program in developing this protocol. This working session will last 5 days and take place in a location to be specified.

Support to acquire software for managing NTD drug stocks and training in software use: The NTD pharmaceutical management team does not have the appropriate software to manage NTD drug stocks, occasioning delays in alerts about drug expiration and lost time. Support is requested from

JSI/FHI360 and ITI to assist in acquiring the software and training stock managers in its use . This whole process is estimated to take 14 days.

Support for building capacity for program coordination in supply chain management of NTD drugs: Frequent health agent rotations and inadequate stock tracking are among the challenges that have been identified in the area of NTD drug management. To solve these problems, a five-day training session is planned for 70 agents in the health districts and regions. TA is requested from JSI and FHI360 to provide training on supply chain management.

Support in investigating the causes of microfilaraemia persistence in two DRS (South West and East): Given the slow reduction in microfilaraemia prevalence in the South-West region (where epidemiological coverage has been above 65%) after 10 rounds of MDA, there is a need to investigate which factors in the communities and HDs are contributing to the weak reduction in LF prevalence. This investigation will be done with the support of experts from WHO, Liverpool CNTD, HKI, FHI360 and the MoH. The results will help to define the MDA strategies in the region and to accelerate the elimination of LF.

Training for the NTDCP and HKI teams on TIPAC: This training session was initially included as part of the FY13 plan and will be executed in FY14. The training is intended for 12 members of the national NTDCP and HKI teams and will last for 5 days.

Financial Management

According to the USAID regulations, the fixed obligation grant (FOG) has been introduced to better manage and monitor USAID NTD funds. Following the introduction of the FOG, training sessions were held across the country for managers and advanced account managers at the DRS and the HDs . These sessions were designed to provide all actors with consistent information and to ensure that the procedures are implemented effectively. The following was agreed for the first year of FOG implementation:

- The DLM of the MOH sends HKI detailed regional budgets following their validation by the national NTD technical coordination committee, as well as the terms of reference for each activity and the funding requests.
- For each campaign, a FOG agreement is signed between the regional director of the appropriate DRS and the country director of HKI.
- When the FOG agreement is signed, a disbursement request is submitted to HKI's finance and accounting department. This department then issues a check payable to the DRS. The DRS representatives sign a discharge to confirm receipt of the check.
- During the campaigns, HKI conducts monitoring/supervision in the field to ensure that the activities are implemented. Each DRS has 45 days following completion of the activities to submit deliverables to HKI. The DRS and district managers have been trained in using this guide.
- When the deliverables are received, HKI's NTD team and the financial assistant verify them and prepare a summary expense sheet by item and by DRS before archiving them. A monthly financial report is also prepared. This report provides the following information: the total amount allocated by major budget item, total expenses for the period covered, and all deliverables received or expected.

- The financial managers and their colleagues at the central and regional levels have been trained on FOG principles.
- In addition to financial support from USAID, other contributions help to achieve the program objectives. Additional donors include:
    - The government of Burkina Faso (200,000,000 CFA francs) for program implementation support. In addition, the government covers the salaries of government workers, logistics and office costs.
    - Sightsavers (approximately 64,317,407 CFA francs) in the Cascades region for implementation of the NTD project (oncho and trachoma) for the 2012-2014 period.
    - Liverpool CNTD: approximately 80 million CFA francs for the LF MDAs and monitoring and evaluation in certain HDs.
    - HKI (L'Occitane): Approximately 131,191,000 CFA francs for trichiasis surgery in the Koudougou and Sapouy HDs for the 2013-2014 period.
    - CDC Atlanta: Approximately 13,000,000 CFA francs for integrated impact studies in Dô HD for trachoma, LF and schistosomiasis.

Facilitating collaboration and coordination

Implementation of the following activities will help to develop partnerships and improve coordination of the NTD program:

- Advocacy in support of maintaining and increasing allocations in the government budget lines allocated to NTD control efforts. The Administrative and Finance Department of the MOH has been informed of and updated on these activities and has committed to maintaining and increasing funding for NTD control.
- Efforts to strengthen the Steering Committee, is a current NTD program priority. A system of permanent consultation with the technical and financial partners (HKI, Sightsavers, Foundation for Community development-FDC, Handicap International-HI, Light for the World, Better Life Foundation, Water Aid, and government ministries, such as the Ministry of National Education (MENA) and the Ministry of Water and Sanitation) has thus been established.
- The NTD control committee will meet quarterly, chaired by the Director of Disease Control and with the participation of WHO, HKI, Sightsavers, the community health directorate, FDC and other NTD control stakeholders.
- To ensure better performance and appropriate treatment coverage in the cross-border areas with Cote d'Ivoire and Ghana, a cross-border meeting will be organized with support from USAID and the WHO. It will provide an opportunity to exchange strategies and mechanisms for resolving persistent LF prevalence in certain HDs.

Proposed plans to provide additional support to the NTD program (to be analyzed on a case-by-case basis)

This involves building partnerships with:

- Liverpool CNTD: to manage LF complications and to monitor and assess integrated LF/schistosomiasis survey sites.
- Sightsavers: to implement the SAFE strategy in the Cascades and North regions.
- HKI: to perform TT surgery in the Center West region.

- MENA: to develop the school health project.
- Ministry of Water and Sanitation: to improve access to drinking water and promote hygiene and sanitation.
- Advocacy with other stakeholders (including the Ministry of Water and Sanitation and local municipalities) on NTD control efforts.

Environmental monitoring plan

In accordance with the available national plan, arrangements will be made to ensure strict compliance with the environmental monitoring requirements. Specifically, waste generated by MDA campaigns will be destroyed according to the procedures sanctioned by DGPML's national pharmaceutical waste management program. All other events of international scope will be addressed in accordance with the provisions of the International Health Regulations (IHR).

Travel plans FY14

1. Support the participation of a member of the NTDCP team at GET2020 in Geneva.
2. Support participation of a member of the NTDCP team at the eighth meeting of GAELF.
3. Provide support to enable three members of the NTDCP and HKI to attend the WHO/AFRO annual regional NTD coordinators meeting.
4. Provide support to enable one or two members of the NTDCP to present publications at the annual meeting of the American Society for Tropical Medicine and Hygiene (ASTMH).
5. Support travel of HKI headquarter/regional office staffs (NYC/London) to Ouagadougou for program supervision, training, publications and FY15 work planning.

Staffing

National NTD team:

National NTDCP coordination includes the PCT and IDM programs. In connection with the PCT, four programs are operational, with program coordinators responsible for each component. One national NTD coordinator is responsible for implementing the NTD master plan. The team is composed of the following:

- A national NTD coordinator.
- A PNEFL coordinator.
- A PNLSc coordinator.
- A PNLO coordinator.
- A PNPC coordinator in charge of the trachoma component.

The coordinators are supported by technical teams composed of 11 technical assistants.

On a cross-component basis, this includes:

- A financial manager, assisted by six financial assistants.
- A pharmaceutical logistics manager.
- A database manager and an IEC staff person.

HKI NTD team:

- An NTD Program Coordinator, who serves as an intermediary between the national NTDCP team and HKI. He oversees the application of procedures, planning and implementation of the project's various activities. This person reports to the HKI Deputy Country Director on progress in implementing the activities. The Deputy Country Director provides technical supervision on implementation in accordance with the provisions of the FHI360 agreement.
- An NTD Program Assistant, who supports the program coordinator in carrying out the responsibilities listed above.
- A Financial Assistant, who handles finance and budget matters, monitors implementation of project budgets and verifies the deliverables submitted.

This core group receives support from the Country Director, Deputy Country Director, Finance Manager and other office staff members.

Activity Timeline

ACTIVITIES	IMPLEMENTATION PERIOD											
	2013			2014								
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	Jul	Aug	Sep
1. Strengthen coordination and partnerships for NTD control												
Support coordination of the national NTD program in the areas of telephone communication, purchases of consumables and office supplies and acquisition of coordination logistics												
Hold a half-yearly meeting for the End NTDs in Africa project implementation steering committee (Ministry of Health, WHO, HKI, implementation steering committee meeting, MENA, local municipalities and other NGOs, including Sightsavers, FDC, Handicap International, WSA, WA-WASH, Water Aid and other stakeholders involved in NTD control efforts in Burkina Faso)												
Hold a quarterly meeting for the technical work group (HKI + national NTD program)												
Hold a monthly coordination meeting for the national NTD program involving all members of the national coordination												
Organize an annual review of the NTD program with partners												
Ensure greater visibility for the NTD program (including publications, reports and participation in conferences)												
Hold workshops to develop the FY2015 action plan												
Participate in cross-border meetings in connection with NTD control activities												
Organize an annual framework for exchanges among the NTD program and research centers												
Participate in evaluation and research activities in connection with NTD control activities												

ACTIVITIES	IMPLEMENTATION PERIOD											
	2013			2014								
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	Jul	Aug	Sep
2. Achieve program coverage for each NTD control program: 80% program coverage for the ivermectin + albendazole MDA; 80% program coverage with praziquantel; 90% with azithromycin + tetracycline ointment; and 100% geographic coverage for all NTD treatment campaigns.												
Train the trainers, supervisors, supply chain actors and community distributors involved in implementation of NTD MDAs at all levels of the health system.												
Supply health facilities (DRS-HD-CSPS) with drugs, data collection materials and IEC												
Supervise the actors during implementation of NTD campaigns at all levels												
Administer drugs to the populations targeted by the distributors during NTD campaigns												
Develop and produce data gathering tools												
Collect data from NTD MDA campaigns at all levels												
Hold integrated review meetings for NTD campaigns at the regional level												
Train members of the NTD coordination and HKI on TIPAC												
3. Implement monitoring and evaluation activities and surveillance for the elimination of LF and trachoma, and control of onchocerciasis, schistosomiasis and STHs, using WHO protocols.												
Conduct data gathering at LF and schistosomiasis sentinel sites using the system recommended by the WHO.												
Conduct post-treatment NTD surveillance surveys in connection with LF and trachoma elimination efforts												
Conduct a trachoma prevalence evaluation survey in the Central-North region where prevalence was close to 10% during baseline mapping.												

ACTIVITIES	IMPLEMENTATION PERIOD											
	2013			2014								
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	Jul	Aug	Sep
4. Reach the target populations in each endemic zone through IEC activities to achieve greater adherence to MDA campaigns against the five NTDs targeted by the NTD program.												
Organize the official launch of MDA campaigns with partners' participation												
Conduct MDA advocacy with administrative, political, traditional and religious authorities												
Organize information and awareness-raising meetings with communications professionals to increase their knowledge of NTDs and obtain their support in transmitting key messages to the populations												
Conduct media campaigns to raise awareness and provide information before, during, and after NTD MDA campaigns												
Inform communities in remote areas about MDA activities using town criers												
Create awareness in communities about NTD control efforts												
Provide IEC materials to health facilities and beneficiaries												