



# Togo

## FY2014

## Control of Neglected Tropical Diseases

### Annual Work Plan October 2013 – September 2014

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## **Acronyms and Abbreviations**

ALB – Albendazole

APOC – African Programme for Onchocerciasis Control

CAMEG – Centrale d’Achats des Médicaments Essentiels Génériques et des consommables médicaux

CDC – US Centers for Disease Control and Prevention

CDD – Community Drug Distributor

DISER – Division d’Informations Statistiques, Etudes et Recherche

FEFO – First to Expire, First Out

FHI 360 – Family Health International 360

FOG – Fixed Obligation Grant

GSK – GlaxoSmithKline

HDI – Health & Development, International

IEC – Information, Education and Communication

IVM – Ivermectin

JSI – John Snow International

LF – Lymphatic Filariasis

LLIN – Long-lasting Insecticide-Treated Net

M&E – Monitoring and Evaluation

MDA – Mass Drug Administration

MDP – Mectizan Donation Program

M&E – Monitoring and Evaluation

MOH – Ministry of Health

NOC – National Organizing Committee of the MDA

NTD – Neglected Tropical Diseases

PHU – Peripheral Health Unit

PZQ – Praziquantel

SAC – School-Age Children

SAE – Severe Adverse Event

SCM – Supply Chain Management

SOP – Standard Operating Procedure

STH – Soil-Transmitted Helminths

TAS – Transmission Assessment Survey

TIPAC – Tool for Integrated Planning and Costing

UNICEF – United Nations Children’s Fund

USAID – United States Agency for International Development

WASH – Water, Sanitation and Hygiene

WHO – World Health Organization

## Executive Summary

FY 2014 is the fifth year that integrated control of neglected tropical diseases (NTDs) is being implemented in Togo with USAID funding through Health & Development, International (HDI). In FY 2014, the following activities are planned:

### Support Togo's NTD planning process

- HDI will continue to support the leadership of the Togo Ministry of Health (MOH) in the planning process.

### Mapping

- The prevalence of soil-transmitted helminthes (STH) will be mapped in some areas of Lomé by another partner, Hope Educational Foundation, in 2014. No additional mapping is planned; however, Togo's MOH will independently review existing data to determine whether any additional mapping of schistosomiasis or STH is needed in Lomé region.

### Nationwide mass drug administration (MDA) for schistosomiasis, onchocerciasis, and STH

- All drugs will be distributed through a community-based, house-to-house distribution platform according to disease prevalence as per World Health Organization (WHO) guidelines.
- Training, implementation, and data collection will be coordinated with the distribution of albendazole and vitamin A by the Nutrition Program/UNICEF to children under five years of age.
- April 2014 MDA:
  - Schistosomiasis – Target is 29 of Togo's 40 districts and more than 2.2 million people (nearly 1 million school age children and more than 1.2 million women at high risk):
    - Implementation unit is the peripheral health unit (PHU).
    - In areas with prevalence between 10% and 49%, women will be treated, as they are at high risk of schistosomiasis due to their domestic duties.
  - Onchocerciasis – Target is 32 districts and more than 2.7 million people:
    - Implementation unit is the district.
  - STH – Target is 35 districts and more than 1.5 million school age children and 1.1 million women of child-bearing age:
    - Implementation unit is the district.
    - Women of child-bearing age will be treated, with medication supplied by UNICEF.
  - Praziquantel, ivermectin, and albendazole will be administered simultaneously.
- November 2013 MDA:
  - Onchocerciasis – Target is 11 high-prevalence districts, funded by the MOH of Togo.
  - STH – Target is 4 districts where the prevalence of STH is  $\geq 50\%$ .

### Training

- Training on drug distribution, community education, and serious adverse event (SAE) reporting will target supervisors, trainers, and more than 9,000 community drug distributors.
- Training on supply chain management (SCM) will target more than 700 central, regional, and PHU-level supervisors.
- Feedback and review of previous year's MDA results and challenges are included as part of training.
- Forty-two regional and district accountants will be trained on money management and USAID regulations.

### Community mobilization and information, education and communication (IEC)

- Radio spots, town criers, national media, banners, meetings with local and religious leaders, and flip charts will be used.

### **Supervision**

- Supervision will be a joint effort by MOH and HDI.
- Emphasis on ensuring appropriate treatment packages are delivered in each implementation unit, accurate treatment records at all levels, and careful tracking of drug inventories.

### **Supply Chain Management (SCM)**

- Implementation of recommendations from SCM technical assistance (TA).
- Utilize SCM Standard Operating Procedures (SOPs) to enhance training on SCM.
- The HDI logistics manager and an MOH logistics person will participate in the regional USAID/DELIVER Project training on SCM.

### **Management of SAEs**

- As needed, reporting will continue in accordance with Togo's pharmacovigilance policies, and will include reporting to FHI 360 headquarters, GlaxoSmithKline, and Mectizan Donation Program.

### **Program monitoring and evaluation**

- The program will use the existing monitoring and evaluation framework and will report data to FHI 360/USAID using tools supplied by FHI 360.
- Program assessment will include the results of the FY 2012 coverage survey and the annual program review; findings will be used to revise training and MDA implementation.
- Transition to post-elimination activities:
  - Nationwide surveillance for lymphatic filariasis (LF) will continue, with a focus on borders with neighboring countries.
- Surveillance at sentinel sites for STH and schistosomiasis will be initiated in 2014.
- Data collection will include disaggregation by gender.

### **Dissemination of program successes through peer-reviewed publications**

- The MOH of Togo and HDI personnel will collaborate to write and publish manuscripts describing successes of the program.

### **Short-term technical assistance requests**

- There is a new request for technical assistance for training of HDI personnel on management of Fixed Obligation Grants (FOGs).
- Three TA requests remain from FY2013: onchocerciasis program evaluation, and trainings on the Tool for Integrated Planning and Costing (TIPAC) and SCM.

### **Financial Management**

- Monthly financial reports will be submitted to FHI 360 within 30 days of the end of the reporting period.
- Subgrants to the MOH will be in the form of FOGs, in keeping with guidance from FHI 360 and USAID.
- MOH will receive all flow down financial regulations through the subaward granted to them.
- FHI 360 has direct, view-only access to the financial accounting system and can carry out any inspection or analysis desired at any time.

### **Facilitation of collaboration and coordination between MOH, HDI and other partners**

- HDI will continue to advocate for increased government and donor support of the program.
- Activities are integrated, whenever possible, with other programs and services: the Nutrition Program, UNICEF, Division of Water, Sanitation and Hygiene (WASH), and Sightsavers.
- A stakeholder meeting will be held in early 2014.

### **Proposed plans for additional support to the NTD Program**

- HDI is seeking outside funding to provide trichiasis and hydrocele surgeries to affected individuals in Togo.

## Background

FY 2014 is the fifth year of integrated neglected tropical disease (NTD) control in Togo with USAID funding through Health & Development, International (HDI) and the third year through assistance from FHI 360. Led by the Togo Ministry of Health (MOH), many partners and programs have contributed to the success of Togo's Integrated Program for the Control of NTDs: the United Nations Children Fund (UNICEF), the National Malaria Control Program, the Global Fund, Plan-Togo, the National Nutrition Program, African Programme for Onchocerciasis Control (APOC), Sightsavers, World Health Organization (WHO), US Centers for Disease Control and Prevention (CDC), Mectizan Donation Program, Children Without Worms, IMA World Health, Croix Rouge, and Handicap International. Togo successfully piloted integrated NTD mapping and integrated mass drug administrations (MDAs) in one district starting in 2005 with technical and financial support from the CDC. UNICEF provided albendazole for distribution to women of child-bearing age in 2013, in addition to other contributions in the past.

**Table 1: NTD program in Togo – integrated NTD activities by disease**

Disease	Number of endemic districts (baseline)	Number of non-endemic districts (current)	Number of districts needing mapping *	Number of districts with ongoing MDA		Number of districts needing MDA, but MDA not yet started	Number of districts where MDAs have been stopped
				USAID-funded	Others		
Schistosomiasis	35	5	0	35**	0	0	0
Soil-transmitted helminthes	35	5	0	28	35†	0	0
Lymphatic filariasis	8	40	0	0	0	0	7‡
Onchocerciasis	32	8	0	32	0	0	0
Trachoma	0	40	0	0	0	0	0

\*The five districts of Lomé commune were not mapped because existing data suggest these diseases are neither transmitted nor found frequently enough in Lomé through importation to justify MDA treatments.

\*\*All 35 districts that are endemic for schistosomiasis have ongoing MDAs, but six of those districts (Ave, Golfe, Lacs, Vo, Bas Mono, and Danyi) will not have MDA in 2014 because all endemic areas received treatment in 2013 and they do not have any peripheral health units (PHUs, the implementation unit for schistosomiasis) where the prevalence is  $\geq 50\%$ ; see details regarding PHU-level implementation for praziquantel below (first bullet at end of Background), in the footnote to Table 2, and in Annex 3 (the Togo Disease Workbook for Work Plan FY 2014).

†Children under five years of age are treated with albendazole through UNICEF, and UNICEF supplied albendazole for the treatment of women of child-bearing age.

‡Transmission of lymphatic filariasis was interrupted before USAID support began, and Togo is now in a post-MDA surveillance phase.

Schistosomiasis, onchocerciasis, and soil-transmitted helminths (STH, primarily hookworm) are endemic in Togo (Table 1, Annex 2). Nationwide mapping (excluding Lomé) was conducted for schistosomiasis, trachoma, and STH in 2009. Schistosomiasis and STH are endemic in all 35 districts outside of Lomé. The prevalence of active trachoma is below 1% in all districts. Onchocerciasis is present in 32 districts; MDA with ivermectin has been ongoing for more than fifteen years in some areas, but onchocerciasis persists

in pockets. Through technical assistance, a situation analysis is underway to understand why onchocerciasis prevalence remains high in some areas and to plan a strategy to address this problem.

Eight districts were endemic for lymphatic filariasis (LF), but LF transmission has been interrupted in Togo and the last MDA for LF occurred in 2009. The LF Transmission Assessment Survey (TAS) conducted in March and May 2012 verified that there is no ongoing transmission of LF. The final LF TAS is scheduled for 2015. Post-MDA surveillance for LF continues nationwide.

In 2010, Togo conducted an integrated MDA for schistosomiasis, onchocerciasis, and STH in the northern 15 districts. The 2011 MDA was the first nationwide integrated MDA for NTDs, and it also included distribution of long-lasting insecticide treated bed nets to every household through the National Malaria Program, the Global Fund, and Plan-Togo, and the distribution of albendazole and vitamin A to all children less than five years of age through UNICEF and the National Nutrition Program.

In FY 2012 and FY 2013, Togo implemented nation-wide integrated MDA of praziquantel, albendazole, and ivermectin. As of the writing of this work plan the FY 2013 MDA has just been completed and data are not yet available, but in FY 2012, more than 1.6 million people were treated with praziquantel, 1.3 million school age children (SAC) were treated with albendazole, and more than 2.4 million people were targeted with ivermectin. More than 10,000 people were trained on drug distribution protocols and severe adverse event reporting.

Several unique aspects of Togo's NTD Program must be kept in mind while reading this document:

- Because of the focal nature of schistosomiasis, Togo's MOH chose the peripheral health unit (PHU) as the implementation unit for schistosomiasis.
- In PHUs targeted for MDA with praziquantel every other year (those where the prevalence of schistosomiasis is 10-49%), treatment occurs in the north in even years and in the south in odd years.
- The policy of Togo's NTD program is to treat all school age children with praziquantel every two years in areas where schistosomiasis is present but prevalence is <10%. This treatment occurs concurrently with treatment of middle-prevalence areas, namely, in even years in the north and in odd years in the south.

### **Summary of Activities Accomplished during the Last Year**

- Togo completed MDA for onchocerciasis and STH in high-prevalence districts in December 2012, and targeted an additional 2.5 million people for treatment with ivermectin, 1.8 million people for treatment with praziquantel, and 3.1 million people for treatment with albendazole in May 2013.
- Togo was successful in its efforts to find a donor for albendazole to treat women of childbearing age and protect this vulnerable group from STH. UNICEF is the generous donor providing medication for this target group.
- A coverage validation survey was conducted in November 2012 to validate the reported coverage from the May 2012 MDA. Coverage in all areas met or exceeded WHO recommended levels. Measured coverage in Tandjoaré district was lower than reported for all three medications. Measured coverage for albendazole was lower than reported in all areas surveyed. Coverage with ivermectin was 78.9% in villages with high prevalence of onchocerciasis. Findings from the survey will be used to improve treatment coverage.
- A situation analysis of the onchocerciasis program was initiated but is not yet complete as of the writing of this work plan.

## Goals for the year 2014

Goals for FY 2014 are as follows:

- Togo will implement nationwide MDA for onchocerciasis, schistosomiasis, and STH in April 2014 (see Table 2).
- A second round of MDA for calendar year 2013 will be conducted for onchocerciasis and STH in high prevalence areas in November 2013.
- LF surveillance and morbidity management activities will continue (see Monitoring and Evaluation (M&E) section).
- Continued support will be provided to the MOH for data management, M&E, and supply chain management (SCM).
- Support will also be provided to the MOH to include water, sanitation, and hygiene (WASH) activities in information, education and communication (IEC) as a means of preventing certain NTDs. A flip chart page with WASH messages will be printed and provided to the community drug distributors (CDDs) to augment the NTD and public health messages conveyed (Annex 3).

## Main Activities

HDI will support the MOH with the following essential activities:

### Support Togo NTD Program Planning Process

Togo will be in year three of their five-year (2012-2016) Strategic Plan for NTD control. The MOH has led the planning, management, and implementation of the integrated MDAs in 2011 through 2013. HDI will support the MOH in continuing this leadership in FY 2014 in the following areas:

- The Togo MOH will determine the target geographic regions and populations for MDA and will develop the treatment projections for 2014 using Togo's five-year Strategic Plan, WHO treatment guidelines for NTDs, and population data from the Togo census as well as from enumerations conducted by the CDDs in 2013. The MOH will take the lead on these activities and HDI will provide technical support. HDI has worked with the MOH to generate target population estimates and medication needs and will continue to support the MOH in these areas.
- HDI will assist the MOH in developing the Annual Work Plan through an iterative process of discussing plans and reviewing Work Plan drafts, incorporating incoming data from the field and the most recent MDA in the process.
- Operational micro-planning begins in the months prior to the MDA, first at bi-weekly regional-level meetings and then at central-level meetings; an HDI representative participates in all of the central-level meetings. HDI will continue to work with government on assuring appropriate planning and SCM.
- HDI will work with the MOH to improve the feedback mechanism by which results and lessons learned from the previous year's MDA are conveyed to trainers and trainees at all levels and incorporated into improved practices in the field.

### Mapping

- Hope Educational Foundation will be conducting mapping for STH in a small number of primary schools in Lomé in 2014.



- No additional mapping is planned; however, Togo's MOH will independently review existing data to determine whether any additional mapping of schistosomiasis or STH is needed in Lomé region

### **Scaling up NTD National Program<sup>1</sup>**

- Integrated MDA for NTDs has been implemented on a national scale in Togo since 2011 and will continue at national scale in 2014. All 35 districts where at least one of the target NTDs is prevalent will be treated.
- For schistosomiasis, the target population now includes SAC in areas with prevalence <10% to reach the WHO target of treating children in low prevalence areas twice during their primary school years.
- During FY 2013, a second round of albendazole was implemented for SAC in the four districts where the prevalence of STH is ≥50%. Also in 2013, UNICEF provided albendazole to treat women of child-bearing age during the May 2013 MDA. In FY 2014, women of childbearing age will be treated with albendazole in the four districts in the second round (Nov 2013) and again in the April 2014 MDA.
- Starting in 2014, in areas of moderate prevalence of schistosomiasis (10% - 49% prevalence), Togo will treat adults at high risk of schistosomiasis with PZQ, specifically, women, who are at risk due to their domestic duties.

## **MDA**

### **MDA Strategy**

- Timeline: The national integrated MDA will take place in April 2014 and will occur over four weeks (including all re-visits to houses where residents are initially not home). Microplanning and production of necessary tools will occur in February, community mobilization and IEC will begin in March, and training of trainers and training of drug distributors will occur in March.
- The second round of treatment for calendar year 2013 is scheduled for November 2013; four districts will receive a second round of treatment with albendazole for STH and eleven districts will receive a second round of ivermectin for onchocerciasis. Albendazole for women of childbearing age is being provided by UNICEF. The cost of the second round of ivermectin distribution is paid for by the Togo MOH.
- Target populations: Details of the target populations are given in Table 2. The latest target population calculations use enumeration data from the 2012 MDA.
- Treatment will be according to WHO guidelines, and we now include albendazole for women of childbearing age. Praziquantel is distributed based on the prevalence of schistosomiasis at the PHU level. Albendazole and ivermectin are distributed based on the district-wide prevalence of STH and onchocerciasis, respectively. Treatment for onchocerciasis is distinctive in that ivermectin is distributed to eligible populations only in villages with fewer than 2000 people. This has historically been the Onchocerciasis Control Program's standard procedure, based on a study demonstrating that villages with more than 2000 people receive fewer black fly bites and have a significantly reduced risk of infection with onchocerciasis compared with people living in villages with fewer than 2000 inhabitants.

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<sup>1</sup> The Togo Disease Workbook for Work Plan FY 2014 containing treatment projections for the 2014 MDA is included as an annex to this work plan.

**Table 2: Target districts and estimated target populations for 2014 MDA**

NTD	Age group targeted	Frequency of distribution	Distribution platform(s)	Number of districts or sub-districts	# of people targeted <sup>a</sup>
Schistosomiasis (prev ≥50%)	School age children and adults	Once per year	House-to-house	160 PHUs from 27 districts	522,269 school age children and 940,085 women
Schistosomiasis (prev 10-49%)	School age children and women at risk in their domestic duties	Once every two years	House-to-house	129 PHUs from 16 districts	375,208 school age children and 337,687 women
Schistosomiasis (prev <10%)	School age children only	Once every two years	House-to-house	29 PHUs from 10 districts	64,350
Onchocerciasis	Entire population age 5 years and older	Twice per year	House-to-house	11 districts <sup>b</sup>	904,248
Onchocerciasis	Entire population age 5 years and older	Once per year	House-to-house	21 districts <sup>b</sup>	1,810,750
Soil-transmitted helminths (prev ≥50%)	School age children and women of childbearing age	Twice per year	House-to-house	4 districts	218,968 school age children and 167,876 women
Soil-transmitted helminths (prev 20-50%)	School age children and women of childbearing age	Once per year	House-to-house	24 districts	1,328,813 school age children and 1,018,756 women

<sup>a</sup> Schistosomiasis treatment is implemented at the PHU level, based on the prevalence of schistosomiasis at the PHU level, so the estimated number of people to be treated is equal to the sum of the people in the targeted PHUs. Details on target populations can be found in the Togo Disease Workbook for Work Plan FY 2014, included with this work plan.

<sup>b</sup> In the 32 districts targeted to receive ivermectin, only villages with fewer than 2000 people are treated. Twice yearly treatment is conducted in areas with historically high prevalence of onchocerciasis.

- Geographic targets: In 2010 integrated MDA for onchocerciasis, STH and schistosomiasis was piloted in the three northern regions (Kara, Savanes and Centrale). The integrated MDA became nation-wide in 2011 when the two southern regions (Plateaux and Maritime) were added, and MDA continues to be implemented nation-wide, based on disease prevalence. In 2014, all five regions are targeted. For schistosomiasis, those PHUs which are targeted with praziquantel every other year (prevalence from 10-49%) are treated in even years in the north and odd years in the south.
- Drug distribution platform: Drugs are delivered through community-based, house-to-house distribution for all target populations. The coverage survey conducted in late 2012 indicated that community-based distribution is effective for reaching all age groups, including SAC who attend primary school.
- Praziquantel, ivermectin, and albendazole will be administered together where target populations overlap; all areas targeted with these three drugs have previously received these drugs administered together.

### Training

- Togo utilizes a training-of-trainers approach to train personnel involved in all levels of MDA implementation. More than 10,000 people will be trained (Table 3), and all personnel involved have participated in previous MDAs.

**Table 3: Training Events - New Personnel and Refresher**

Training Group	Topics	Number to be Trained/Retrained			Number Training Days	Location of training(s)
		New trainees	Refresher trainees	Total		
<i>MOH/Ministry of Education at Central Level</i>	Supervision skills; how to train trainers, SCM skills	0	18	18	1	Lomé
<i>Trainers</i>	Supervision skills; how to train trainers, SCM skills	0	105	105	3	Regional Headquarters
<i>Supervisors/PHU nurses</i>	MDA procedures; training of CDDs, SCM skills	0	626	626	3	District Headquarters
<i>CDDs</i>	IEC and drug distribution procedures for NTDs, and IEC for WASH (water, sanitation and hygiene)	0	9,250	9,250	2	PHUs
<i>Accountants</i>	Money management, USAID regulations	0	42	42	2	Lomé

- An annual retraining is held before the April MDA. The National Coordinator for NTD Control, the National Coordinators for the individual NTD programs and the HDI team conduct the training of regional and district supervisors. The regional and district supervisors consist of the regional and district medical directors, the regional NTD Focal Points, and the district NTD Focal Point persons. These supervisors in turn train the level below them, the PHU nurses.
- For the training-of-trainers session for PHU nurses, a nurse from the dispensary of each of the PHUs requiring MDA is trained on the implementation of the MDA at their respective district headquarters. These nurses return to their PHUs and conduct the annual retraining of the CDDs from that PHU on implementation of the MDA. Training for the nurse trainers occurs no more than two weeks before MDA, and training of the CDDs occurs within one week of the MDA. Annual re-training emphasizes the practical aspects of MDA implementation. Training manuals are kept and reused for multiple years, but training curriculum contents are updated annually.
- Most of the CDDs have participated in at least one MDA prior to FY 2014. All CDDs receive a refresher training immediately prior to the April MDA on the correct administration of the drugs. The training of CDDs is the final step of the cascade training for the April MDA. This step includes provision of an individual treatment guideline for each CDD highlighting the drugs that should be distributed in their village(s) and the target population for each of those drugs. Use of the dose poles is also reviewed during the training.
- SCM will be specifically addressed in the training manual and at all levels of the cascade training.
- Training on identification, management, and reporting of adverse events will be included at all levels of the cascade training.

### **Community Mobilization and IEC**

- Radio spots and town criers will advertise the upcoming MDA several weeks prior to its start. National media, banners, and meetings with local and religious leaders will also be used.
- The CDDs engage the local communities and use flip charts to educate target populations about the prevention and treatment of NTDs before and during the MDA. All flip charts have already been produced and are in the field, ready for use.

- New water and sanitation messages will be incorporated into existing flip charts by adding an additional page to the chart (a set of four separate, individually laminated sheets). An example of the proposed flip chart WASH page can be found in Annex 3.
- HDI, in conjunction with the MOH, will produce a success story to share with stakeholders.

### Supervision

- HDI staff will be present at the training of supervisors and will actively participate in supervision during the MDA.
- Primary responsibility for supervision lies with the districts. The PHU nurse is responsible for assuring effective roll-out of the MDA in their PHU. The district supervisors (three per district) visit PHU dispensaries, receive feedback from PHU nurses, visit any problem areas identified by a PHU nurse, and select a subset of CDDs to follow and assess. The regional supervisors visit any problem areas identified by district supervisors and make additional supervisory visits as necessary. HDI and national level supervisors (including those from the Division of Pharmacy, Laboratory, and Technical Equipment, as well as representatives from each of the NTD programs) make spot checks and visit problem areas as needed.
- Supervisors monitor drug inventories during the MDA through communications from CDDs to PHU nurses to district level supervisors. Standardized supervision forms are used by all supervisors. Issues or bottlenecks that arise in terms of drugs or other supplies are addressed within the PHU, if possible (for example, drug shortage for one CDD can be resolved by drawing surplus drugs from another CDD in the same PHU). Larger scale issues can be resolved by having the PHU nurse contact the district supervisor to arrange for inter-PHU movement of drugs or other supplies within the district.
- At the end of the MDA, a team of supervisors travels to each district and collects the treatment reporting forms and all unused drugs after validating quantity of stock remaining against the amount recorded on inventory records. They review forms for consistency and accuracy while in each district and ensure that any errors or omissions are corrected before forwarding the forms to the next level. The supervisory team brings copies of the PHU-level forms to Lomé.
- After data have been entered and analyzed, the supervisors review reported geographic, epidemiologic and programmatic coverage and investigate any unusual findings. Any areas where treatment guidelines were not followed will be contacted through the supervisory chain and, if needed, drug distributors will revisit those areas and correct treatments will be given.

### Supply Chain Management

- Drug requests for ivermectin, praziquantel and albendazole for FY2014 have already been submitted. Drug requests do not account for inventory that may remain after the 2013 MDA; any surplus from the 2013 MDA will be used in 2014 and drug requests for 2015 will be reduced to account for this remaining stock. The Togo MOH continues to work toward conducting drug projections independently.
- Projected drug needs for 2015 will be submitted in April-May 2014, with drugs provided by the same sources as shown in Table 4.

**Table 4: NTD medicines estimated for the year 2014**

Drug	Source of drug	Quantity of drug requested	Date of Application (Month/Year)	Requested delivery date (Month/Year)

Ivermectin	Donation by Merck/Mectizan Donation Program	10,900,000	06/2013	02/2014 for April MDA
Albendazole	Donation by GlaxoSmithKline via WHO (for school age children), Donation by UNICEF (for women of childbearing age)	2,295,346 (school age children) 1,759,766 (women of childbearing age)	06/2013	02/2014 for April and November MDAs
Praziquantel	Purchase through USAID funding	6,686,623	04/2013	02/2014 for April MDA

- As in previous years, drugs will be delivered from Lomé to each region by the MOH. Each district then collects its supply of drugs from the regional warehouse under the direction of the regional focal point person. Each PHU collects its supply of drugs from the district and distributes the drugs to individual CDDs.
- At each step, drugs are dispatched with inventory form stating the name of each drug, the quantity being distributed at that level (district, PHU, or village), the date the drugs are being distributed to that level, and the expiration date. The inventory forms will be updated in FY2014 to include the lot number for each dispatch. The signatures of both the person delivering and the person receiving the order are included at each transfer point. At the end of the MDA the inventory form must be returned to the next level up with an indication of how many doses of each drug were used, along with any unused drugs. SCM and accountability of drugs has been good in Togo, but efforts will be made to cultivate greater expertise within the MOH by identifying a person from the MOH who can participate, along with the HDI-Togo logistics manager, in the regional USAID/DELIVER Project training on SCM.
- Unused drugs are returned to the district level by district transport, and collected by central level vehicles and returned to Lomé; however, ivermectin is stored at the regional level. Unused drugs that can be used in the next MDA are stored at Centrale d'Achats des Medicaments Essentiels Generiques et des consommable medicaux (CAMEG) in Lomé. Damaged drugs are collected and incinerated according to official national procedures.
- In FY 2014, HDI and John Snow International (JSI) will utilize JSI's generic French standard operating procedures (SOPs) to complete the process of customizing SCM SOPs for Togo, and these SOPs will then be used to enhance the SCM component of all training materials.

### **Management of Serious Adverse Events (SAE)**

- All SAEs are reported immediately by the government of Togo to HDI, and HDI will notify the Project Director for END in Africa at FHI 360 Headquarters and appropriate medication donation programs within 24 hours of receipt of the information. Identification, management, and reporting of SAEs are taught at the trainings. The CDD refers the patient immediately to the PHU dispensary. Serious cases are hospitalized at the district hospital. From the dispensary or hospital, the case is reported to the district supervisor and regional supervisor and details of the case are sent by email or fax. This approach is in accordance with Togo's national system of pharmacovigilance. The regional supervisor reports the SAE immediately by phone to the HDI office in Lomé and the MOH.

- Training manuals and guides for drug distributors were edited in 2013 to simplify and clarify instructions to the drug distributors on correct identification, management, and reporting of SAEs. Training materials on SAEs will be further refined in 2014 based on results from the 2013 MDA.

## **Program Monitoring and Evaluation**

### **Monitoring and Evaluation of MDA**

#### **Timeline**

- The program will use the existing M&E framework and tools supplied by FHI 360. The timeline for completion and reporting of the MDA deliverables is shown in the Timeline at the end of this document. The disease and program workbooks will be completed and submitted within 90 days of the last day of the MDA. HDI will continue to work with the Togo MOH on complete and timely submission of M&E deliverables.

#### **Convenience Surveys**

- Convenience surveys of CDDs and the general population are conducted in all districts immediately following the MDA to assess satisfaction with the MDA and any specific successes or failures of implementation from the perspective of the CDDs and general population. Findings are used to amend training and implementation in subsequent treatment rounds.

#### **Data Management**

- Data collection methods utilize the established community registers that are familiar to the CDDs. Treatment and drug inventories from the CDDs are compiled by PHU nurses into PHU-level treatment and drug reporting forms. New tally sheets were developed in 2013 to allow collection of treatment data that can be disaggregated by gender. In 2014, the system for collecting gender-disaggregated data will be reviewed and amended if needed.
- PHU-level data forms are double-entered into a database created by the Division d'Informations Statistiques, Etudes et Recherche (DISER) in the MOH. Data quality is determined by assessment of data uniqueness, accuracy, internal consistency, and completeness. Spot check of data from randomly selected sites is conducted in which the original data sheets are compared with the data files. Data are screened for outliers; outliers are inspected manually and a decision on how to handle each outlier is made individually and using outside data sources if needed. This activity will be led by the HDI statistician seconded to DISER (the division in charge of data management for the program) with back up from the HDI technical lead.

### **Program Assessments and Transition to Post-MDA Elimination Strategy**

#### **Program Assessment**

- In FY2014 Togo would like to establish school-based sentinel sites for parasitological monitoring of STH and schistosomiasis prevalence and worm burden in SAC. In keeping with WHO recommendations for such surveillance, 25 sites would be established across all five regions where the Integrated NTD Program is implemented. Urine and stools samples from 250 SAC would be collected and analyzed for STH and schistosomiasis. Data from these sites will help guide changes in target populations and treatment plans as outlined in WHO guidelines. They will additionally provide the most definitive evidence of the success of the NTD program, which can be used to lobby both within and outside Togo for support to sustain these gains. Sentinel site data obtained in FY2014 will help determine the need for albendazole distribution in FY

2015 for the eight districts which previously received MDA for LF using ivermectin and albendazole but which have received no albendazole since LF treatments stopped in 2009.

#### **Program Review and Feedback to the Community**

- The annual program performance review will be held at the central level in August 2014. This meeting will be informed by the results of the 2014 MDA and surveillance data.
- Drug Management: Results from the 2013 MDA will be used to 1) identify areas where there were drug inventory imbalances, either shortages or surpluses, 2) identify any areas where drug distribution was not in accordance with population targets, and 3) amend training in 2014 to improve any issues identified in #1 and #2. In addition, inconsistencies between drug inventories and treatment records will be investigated by the MOH in collaboration with HDI personnel and supply chain issues will be addressed before the next MDA.
- Population estimates: Programmatic coverage rates are calculated from the treatment data. Areas of low (<85%) or high (>100%) programmatic coverage are examined to determine what may have led to such results. If necessary, adjustments in population estimates will be made when preparing for next year's treatment projections. Results from the 2013 MDA will also be used to verify the names and populations of PHUs that were redistricted since preparation for the 2013 MDA took place (PHUs are periodically merged or split according to local needs).
- Target populations: Irregularities or gaps in treatment algorithms are examined by a joint MOH/HDI team and problem areas are specifically addressed during training prior to subsequent MDAs.
- The Togo MOH feels that an important part of the MDA process is to provide community feedback on the results. Results of the MDA will be disseminated to the communities through religious and traditional community leaders and radio spots. Communities will be able to see how their performance compares with the performance of all other communities in the area. Community response to this feedback will be assessed in the supplemental questions of the coverage survey.

#### **Transition to Post-MDA Elimination Strategy**

- LF is no longer a disease targeted for integrated MDA since Togo stopped MDAs for LF in 2009, however post-MDA surveillance has been implemented. TAS conducted in 2009 and 2012 confirmed that there is no longer transmission of LF in the eight districts that were previously endemic for LF, although it should be noted that there is ongoing MDA with ivermectin for onchocerciasis in these districts. The final TAS is scheduled for 2015, six years after the last MDA for LF.
- HDI continues to support the MOH in implementing post-MDA surveillance for LF as recommended by the WHO. Ongoing LF surveillance includes two distinct activities. For the first component of surveillance, every month at least one laboratory technician in each district (in a total of 46 laboratories) collects thick blood films drawn between 10pm and 3am from patients for the purpose of malaria diagnosis; these same blood films are also examined at the same time for *Wucheria bancrofti* microfilariae. The second surveillance activity is implemented by nurses in 20 peripheral health centers along border areas not served by the above-mentioned laboratories, where the risk of LF transmission is high due to the presence of LF in neighboring countries. The nurses are trained to collect capillary blood on filter papers three times per year from 20 previously untested adults living in their catchment area. These filter paper samples are sent to Lomé where they are tested for Ag Og4C3 specific to *Wucheria bancrofti* by the laboratory of the National Institute of Hygiene.

- Any case of LF identified through these surveillance activities triggers an investigation in the community where the case lives and works. More extensive testing is conducted and confirmed positive cases are treated with albendazole and ivermectin yearly for at least five years. From 2010 to 2012 there has been only one positive case.
- In 2014, discussions will be held with neighboring countries which are beginning to stop MDA for LF, to coordinate and implement synchronized surveillance.
- Morbidity management for lymphedema patients will continue in 2014 utilizing the same approach as in 2013, in which nurses at PHUs train and assist afflicted persons in caring for themselves.
- TA has been initiated to conduct a situation analysis of onchocerciasis control in Togo; the results of this TA should reveal whether Togo is near elimination of onchocerciasis and where and when Togo should change from control activities to primarily surveillance activities. The onchocerciasis program continues to conduct skin snip surveys to track the prevalence of onchocerciasis in pre-determined areas; this work is made possible by support from APOC and Sightsavers.
- In FY2014 Togo would like to establish school-based sentinel sites for parasitological monitoring of STH and schistosomiasis prevalence and worm burden in SAC. Data from these sites will help guide changes in target populations and treatment plans as outlined in WHO guidelines.
- The prevalence of active trachoma is less than 1% in Togo. While trachoma is no longer a target disease for MDA, HDI continues to support IEC on the importance of facial hygiene. Togo has developed a strategic plan for elimination of trachoma, including a schedule for conducting trichiasis surgeries for patients.

#### **Dissemination of Program Successes through Peer-Reviewed Publications**

- Manuscripts describing successes of the program will be written and submitted for publication in peer-reviewed journals. Topics will include:
  - Successes and challenges of large-scale integration of public health activities: Togo's 2011 integrated campaign of MDA for NTDs and distribution of long-lasting insecticide-treated nets and Vitamin A.
  - Results from Togo's 2012 integrated MDA for NTDs and coverage validation survey.
  - Prevalence and burden of STH and its relation to past treatment with ivermectin and albendazole.
  - Findings of a TAS for LF three years after stopping MDA for LF in Togo.

#### **Sustainability issues**

- The main issue affecting sustainability of the gains of the NTD Programme is ensuring future funding for MDAs, through the MOH and its partners. M&E, including impact assessment, are important activities that can help contain the cost of MDAs by identifying when and where MDAs can be stopped.

#### **Unique country features that can affect programme performance**

- There are no features of the NTD landscape in Togo that pose significant and unaddressed threats to NTD Programme performance in Togo.
- There are a handful of areas in Togo that are difficult to reach, either because of poor access across rivers or because the area must be reached by passing first through a neighboring country. However, reported coverage from the MDA in these remote areas is similar to that in the rest of the country.



- LF transmission is ongoing in neighboring countries, which poses a potential risk to maintaining LF elimination in Togo. However, LF surveillance sites are concentrated along border areas and the investigation of the few cases identified in recent years (all of which were imported) has shown conclusively that these cases have not resulted in any transmission in Togo.

## Short term Technical Assistance Request<sup>2</sup>

The only new request for technical assistance in 2014 is for training of HDI personnel on management of Fixed Obligation Grants (FOGs) (item 1 in Table 5). Table 5 also lists technical assistance previously requested that is still pertinent to the program and is either pending or in progress (items 2-4 in Table 5).

**Table 5: Technical Assistance Requests**

Task	Technical skill required	Number of Days required
1. Training for HDI resident director and accountant in Togo on management of FOGs	Knowledge of FOG management	Less than 1 week
2. Training of MOH and HDI personnel on SCM strategies at the regional USAID/DELIVER Project training	Expertise in SCM	One week
3. Conduct a systematic review of onchocerciasis program to confirm three existing areas, and identify new areas, of persistent elevated prevalence of onchocerciasis and to suggest next steps for control in these and other areas, including recommendations for surveillance.	Strong knowledge of onchocerciasis control. Technical assistant should review existing data at the onchocerciasis control program office in Kara and conduct field visits to areas of high prevalence of onchocerciasis to assess factors possibly affecting program effectiveness (such as vector control strategies, or geographic coverage measured through MDA coverage rates, etc.)	To be determined based on recommendations of TA conducted in FY2013
4. Training on the TIPAC – how to complete it, how to use it, how to interpret it	Strong knowledge of the TIPAC workbook, and knowledge of information sources useful for completing the TIPAC.	One week

## Financial Management

- The HDI NTD Program Accountants at Headquarters and in Togo have several years of experience working with funding from USAID and are familiar with the regulations. Every month a field budget is proposed and approved, within the bounds of the approved award budget. On a monthly basis, each budget line is compared against the actual budget, and each accounting entry in Togo is reviewed and approved by Headquarters to ensure compliance with USAID regulations. The Program Manager reviews each month's financial report to again verify that expenses are in accordance with the work plan. Monthly financial reports with program narrative reports are submitted to FHI 360 within 30 days after the end of the reporting period. Based upon recommendations by Deloitte during their most recent visit in January 2013, training was held in March 2013 for the Accountants involved in the integrated MDA, during which the USAID requirements were reviewed.

<sup>2</sup> Contingent on availability of funds and prioritization of requests.

- The MOH will receive subgrants in the form of FOGs. The HDI-Togo team and HDI-headquarters accountant will seek training on FOG management since this is a new requirement in Togo.
- HDI-Togo and HDI-headquarters will continue to work with the MOH to build their capacity in financial systems and management. Specifically, HDI will work with the MOH to develop budgets for each FOG initiated to support NTD activities. The MOH will be expected to produce the deliverables (results or activities) specified in the FOG in order to obtain payment.
- FHI 360 has direct, view-only access to the financial accounting system and can carry out any inspection or analysis desired at any time.

### **Facilitate Collaboration and Coordination**

- HDI will continue to support engagement of the NTD program with other partners and programs. MDAs typically involve the Nutrition Program/UNICEF, and in the future may again involve the Malaria Program or other programs. Coordination of these activities is achieved through weekly or biweekly meetings with all partners who plan to implement field activities at the same time through a shared platform. In addition, key partners are invited to a session of the Work Planning meeting in May each year so that activities can be coordinated most effectively.
- The Togo MOH, through the NTD coordinating body, has been highly effective at coordinating donor support and pooling available resources to achieve MOH goals. In 2011, none of the partners participating in the nationwide integrated MDA had sufficient funds to implement their activities nationwide alone, and only through the leadership and coordination of the MOH was the highly integrated nationwide campaign made possible.
- A stakeholder meeting will be held in early 2014. Attendees will include the Director General for health, the coordinator of each NTD program, the focal point for the Integrated NTD program, the regional director for all six regions in Togo, district directors, the head of the Division of Sanitation and Environmental Health, representatives from the Nutrition Program, the Ministry of Education, the Ministry of Social Action, and other partners (e.g. Malaria Program, Plan Togo, etc.). The goals of the meeting are to inform participants about the objectives, targets, and process of the MDA, outline a general action plan for the campaign, develop detailed work plans for principle activities, and review and refine the budget based on contributions from all partners.
- In FY 2014, HDI, in collaboration with the NTD Program, will continue to advocate for increased commitment from the government and donors in support of the NTD Program by disseminating the achievements of the program and using the program's success to leverage commitment at the annual stakeholders meeting and elsewhere. HDI will specifically advocate for increased direct support from the government of Togo by highlighting that program sustainability is improved when domestic commitment is strong.
- HDI will work with FHI 360, the MOH of Togo, and other partners to document program successes, lessons learnt and best practices through development of manuscripts for publication in peer-reviewed journals.
- The approved Work Plan will be translated into French and disseminated to all stakeholders electronically and will be available at any relevant meetings.
- WASH activities will be coordinated with the NTD program in selected target areas. Specifically, CDDs will be trained on WASH activities, and on how to sensitize and mobilize communities through IEC to effect behavior changes related to sanitation and hygiene. An example of the proposed page for the flip chart can be found in Annex 3.

## **Proposed Plans for Additional Support to National NTD Program** (considered on a case-by case basis)

HDI is seeking funds to provide surgery to the 11 women with trichiasis identified during the HDI trachoma cluster survey in early 2011, and additionally to the estimated 550 other people suffering from trichiasis in the three surveyed districts. Sightsavers is being approached for funding. HDI is also seeking outside funding to provide hydrocele surgeries to affected individuals in Togo.

## **Environmental Monitoring Plan**

This program makes every effort to limit its impact on the environment. Dose poles, laminated flip charts, and village registers are durable and reusable. Reports are circulated electronically whenever feasible. Damaged drugs are collected and incinerated at the central level in line with national policies.

## **Travel Plans**

Two HDI headquarters personnel will travel to Togo for the April 2014 MDA training and/or field work. In addition, one headquarters staff person will attend the August 2014 annual performance review meeting and two headquarters staff personnel will attend the annual work planning session.

## **Staffing**

Dr. Anders Seim is Executive Director of HDI. At headquarters level, Stephanie Richard is the Project Manager for the Togo Integrated Control of NTDs Project, Dr. Rachel Bronzan is the Technical Lead, and Brent Bell is the Accountant. Dr. Gabriel Anthony is the Resident Representative of HDI in Togo for the project, Kokou Emmanuel Abalo is the in-country Accountant, Michel Datagni is the in-country Logistics Manager and Celestin Amlaga is the statistician and data manager (seconded to DISER, the statistical unit in the MOH).

In the MOH in Togo, Dr. Edmond Sognikin is the Focal Point for the NTD Control Programme. Dr. Monique Dorkenoo is Coordinator of the LF Control Program, and Dr. K. Potchoziou Karabou is Coordinator of the Onchocerciasis Control Program.

## Timeline

### Timeline of Major Activities: Togo integrated NTD program Oct 2013 – Sep 2014

2013-2014	MONTH (OCTOBER-SEPTEMBER)											
ACTIVITY	O	N	D	J	F	M	A	M	J	J	A	S
Meeting of National Organizing Committee	X	X	X	X	X	X	X	X	X			
Develop tools for managing/supervising MDA	X	X	X									
Finalize Microplans, Budget, Treatment Plan				X								
Receive medications				X	X							
Revise messages for social mobilization				X								
Produce social mobil. Messages/materials				X								
Distrib. social mobil. materials/messages <sup>1</sup>				X								
Implement social mobilization activities/IEC <sup>2</sup>	X <sup>2</sup>					X <sup>3</sup>	X <sup>3</sup>					
Distributes supplies, medications, and management tools to regions, districts, USPs	X <sup>2</sup>					X <sup>3</sup>						
Revise and print training documents				X	X							
Develop terms of reference for trainings					X							
Training of central, regional, district trainers						X						
Training of PHU nurses						X						
Training of CDDs						X						
Official launch of MDA							X <sup>3</sup>					
MDA		X <sup>2</sup>					X <sup>3</sup>					
Supervision of MDA, all levels		X <sup>2</sup>					X <sup>3</sup>					
Surveillance for adverse effects		X <sup>2</sup>					X <sup>3</sup>					
Convenience surveys of MDA							X <sup>3</sup>					
Tally, synthesize, and validate data at USPs			X <sup>2</sup>					X <sup>3</sup>				
Rapid evaluations of MDA by supervisors								X <sup>3</sup>				
Meetings to summarize results at all levels								X <sup>3</sup>	X <sup>3</sup>			
Collect data, drugs, and financial documents				X <sup>2</sup>					X <sup>3</sup>			
Collect and validate data forms				X <sup>2</sup>					X <sup>3</sup>			
Enter and analyze data at central level				X <sup>2</sup>					X <sup>3</sup>			
M&E – Generate report of MDA				X <sup>2</sup>					X <sup>3</sup>			
M&E – Post-MDA review meeting									X			
M&E – Disseminate results of MDA (including back to the community)				X <sup>2</sup>						X <sup>3</sup>		
LF surveillance	X	X	X	X	X	X	X	X	X	X	X	X
Initiate sentinel site surveillance for STH and schistosomiasis				X								
Stakeholder meeting				X								
Annual performance review meeting												X
Work Planning meeting for FY2015								X				
Finalize drug applications for 2015						P <sup>4</sup>	I <sup>4</sup>	A <sup>4</sup>				
Monthly Financial Reporting	X	X	X	X	X	X	X	X	X	X	X	X
VAT Report							X					
Cost Share Reporting						X						X
Semi-annual reports						X						X

<sup>1</sup> – Town criers, local radio, local TV, press releases

<sup>2</sup> – for November MDA – albendazole and ivermectin in highest prevalence districts

<sup>3</sup> – for April MDA – ivermectin, albendazole and praziquantel nationwide as indicated

<sup>4</sup> – P=praziquantel, I=ivermectin, A=albendazole