

## WORKSHOP ON MASTER PLANS FOR NATIONAL NEGLECTED TROPICAL DISEASES PROGRAMME IN THE AFRICAN REGION



**Harare, Zimbabwe**  
**19 - 23 March 2012**

## **World Health Organization, 2012**

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## ABBREVIATIONS

AFRO	World Health Organization Regional Office for Africa
APOC	African Programme for Onchocerciasis Control
DPC	Disease Prevention and Control Officer
DRC	Democratic Republic of Congo
ESA	East and Southern Africa
GNNTD	Global Network for Neglected Tropical Diseases
GSK	GlaxoSmithKline
IDM	Innovative and Intensified Disease Management
IST	Intercountry Support Team
ITI	International Trachoma Initiative
MDA	Mass Drug Administration
NPO	National Professional Officer
NTD	Neglected Tropical disease
PCT	Preventive Chemotherapy
PHC	Primary Health Care
RTI	Research Triangle Institute
WHO	World Health Organization



## 1. BACKGROUND

Today there exists a strong and new momentum toward the control or elimination of neglected tropical diseases (NTD), which has translated into an increase in political commitment and funding for NTDs at the global, regional and country levels, as well as extraordinary commitments from pharmaceutical industry, governments, international organizations and not-for profit organizations. This provides a landmark for a rapid scaling-up of NTD interventions in the African Region. However, effective and sustainable NTD programmes require integrated and multi-year country plans.

WHO is promoting this integrated approach for the control or elimination of NTDs. In this regard, WHO/AFRO NTD programme developed a guide for preparing country multi-year strategic plans (also called NTD Master Plans) that incorporate a package of interventions build around mass drug administration (MDA), intensified disease management (IDM), community diseases surveillance and integrated budget estimations. The master plan is articulated around four strategic priorities (strengthening of government ownership, coordination and partnership; enhancement of planning for results, resource mobilization and financial sustainability of national NTD programmes; scaling-up access to interventions, treatments and service delivery capacities; and enhancement of NTD monitoring, evaluation, surveillance and operational research) and has different platforms to (i) harmonize planning and management for integrated interventions against the major NTDs, (ii) integrate budgeting, (iii) joint advocacy and coordination, and (iv) conduct operational research. NTD Master Plans are based on extensive situation analyses and aim to enhance synergies among the various disease-specific NTD initiatives. In addition, the NTD Master Plans consolidates the costing and financing requirements for effective NTD programme delivery and includes scenarios and strategies for financial sustainability, which links to the health sector budgeting / planning cycles and encourages multisectoral linkages and collaboration.

In 2010, WHO / AFRO organized training workshops to elaborate their NTD master plans. The first workshop was held on 2-5 November 2010 in Harare, Zimbabwe for Anglophone countries, and the second from 16 to 19 November 2010 in Douala, Cameroon for Francophone countries. Technical support were also provided to countries.

Following this initial wave of support from AFRO, countries developed draft national NTD Master Plans and budgets. AFRO/NTD reviewed these drafts and produced Master Plan Assessment Reports. However, by September 2011, only 25 country master plans were drafted. All these plans were incomplete with several missing data and inappropriate costing.

Although all targeted countries revised their NTD Master Plans, the quality and level of completeness of these plans differ. In order to validate and recommend the plans for approval, there was a need to review the country plans and budgets. The current plans in many countries also lack rationalized multi-year budgets, as there has not been a standard tool that could lead to such budgets.



The new thrust that NTD Master Plan brings includes the following:

- Ensures that the strategies in the plan are sufficiently comprehensive (includes both preventive chemotherapy (PCT) and case-management NTDs, and that they align with regional and global priorities, targets and goals.
- Plans by national strategic priorities rather than by disease or initiative.
- Integrates and consolidates activities with other health interventions and within the NTD programme to solve shared problems.
- Evaluates the costs and financing of the NTD Programme Master Plan in order to ensure financial sustainability and links the NTD programme to health sector planning and financing mechanisms.
- Provides a strong basis for country Annual NTD Work Plans.

In order to accelerate the finalization of Country NTD Plans, two workshops were scheduled. The first one for Anglophone countries was held in Harare from 19 to 23 March 2012, and the second workshop for Francophone countries will be held in Ouagadougou from 16 to 20 April 2012.

## 2. PARTICIPATING COUNTRIES

A total of 13 countries participated in the Harare workshop:

- Ethiopia
- Ghana
- Kenya
- Liberia
- Malawi
- Mozambique
- Nigeria
- Rwanda
- Sierra Leone
- Tanzania (Mainland and Zanzibar)
- Zambia
- Uganda
- Zimbabwe



Each country was represented by 4 participants: 3 from the Ministry of Health (i.e. the National NTD Coordinator, one Focal Person for PCT-NTDs and one Focal Person for IDM-NTDs) and 1 from the WHO Country Office (the NTD/NPO or DPC).

In addition, there were representatives from APOC, NTD partners (GNNTD, RTI, ITI, Sightsavers) and World Bank.

## 3. WORKSHOP OBJECTIVES

### 3.1. Objectives

The main objectives of the workshop are:

- a) To review and produce an advanced final draft of national NTD Master Plans;
- b) To finalize the resource requirements and funding gaps analyses for NTD programmes;
- c) To enable peer review and share lessons regarding the NTD Multi-Year Plans.
- d) To produce produce 4 page summary of each country NTD Master Plans.

### 3.2. Expected outcomes

- All countries NTD Master Plans complete.
- Country NTD resource requirements and funding gags finalized.
- Country NTD Strategy Briefs produced.

## 4. HIGHLIGHTS OF THE OPENING SESSION



Dr Custodia Mandlhate, WHO Representative



Dr Oladapo Walker, WHO/AFRO/IST Coordinator



Dr Chris Lovelace, World Bank



Ms Wangechi Thuo, Global Network



Prof Louis-Albert Tchuem Tchuente,  
WHO/AFRO/IST/ESA, Chair of the Workshop

### Official opening

The WHO Representative in Zimbabwe, Dr Custodia Mandlhate, officially opened the workshop. She welcomed all participants and called for a one-minute silence for our fallen colleague, Dr Likezo Mubila. Dr Mandlhate urged countries to take advantage of the current momentum for NTD to push for elimination of NTDs from Africa. She encouraged countries to come up with high quality NTD Master Plans that will attract funding and enable the delivery of the expected results. Moreover, countries should increase their commitment to NTDs. She hoped that all country plans will after this workshop, be ready for submission to Partners for funding. She wished participants a fruitful workshop.

### Keynote address by the IST Coordinator

Dr Oladapo Walker presented the current situation of NTDs in the African Region, and the progress made. He highlighted the critical importance of integrating NTDs and mainstreaming them into the PHC system. There is a need to decentralize NTD activities to the district level. Partnership is key to successful NTD programme. The national Governments must continue to invest and show commitment to NTD control. He further reminded participants of the importance of integrated vector management, development of districts micro plans from the national Master plans, involvement of other sectors such as Agriculture, the Local Government Areas, encouragement of volunteerism, and identification of local technical experts. Finally, he commended the generous support to countries by some drug donors and stressed on the importance of judicious use of resources from Partners.

### Comments by partners' representative

The representative of GNNTD, Ms Wangechi Thuo briefed the house on the role of GNNTD which includes resources mobilization and awareness creation on NTDs to raise funds for the programme. The organization focuses on the 7 commonest NTDs. In the new future, the NTD envoy will be announced and this will help to raise awareness at country level. GNNTD is also working to put the NTDs on the G8 and G20 agenda.

### Comments by the World Bank

Speaking on behalf of the World Bank, Dr Chris Lovelace stressed the importance of linkages with people to make 2020 goal realizable. He referred to the recent London declaration and the inference of the World Bank in reference to the NTDs as "Neglected people rather than Neglected Diseases". He said the World Bank plays a role in health system strengthening.

## 5. WORKSHOP METHOD AND ELEMENTS OF THE MASTER PLANS

The workshop was arranged in Plenary sessions and Country working groups.

### 5.1. Plenary sessions

Several plenary sessions were organized in order to allow the presentation of key issues of the workshop country groups to guide participants in the finalization of master plans, and to provide feedbacks from facilitators reviews and assessments (Cf. workshop agenda in Annex 1).

In total 9 technical presentations were made, with the following highlights.

**1. Overview of NTD programme in the WHO African region and Afro Strategy:** NTDs have high burden and co-endemicity in Africa. AFRO region NTD Vision is “Africa free of NTDs”. Need to scale up interventions and to target the 4 big Countries: Nigeria, Ethiopia, DRC and Tanzania to drastically reduce NTD burden in Africa. The movement for NTD control in Africa is to move from GOOD to GREAT through development of strong Master Plans. Need to complete mapping of NTD in AFRO region and scale up MDA. Launch of Coordination Framework in June 2012. Improve collaboration among coordination platforms. Need for strong national NTD programme and in-country coordination mechanism, integrated implementation, integrated data collection, regular review of implementation. Development of real time Data entry for countries. AFRO NTD has created Regional Hub with strong country presence and support for NTDs by ISTs.

**2. Objectives and expected results of workshop:** All country NTD Master plan finalized. Resources requirement and funding gaps. Country NTD Strategy Briefs produced.

**3. Guide to develop NTD Master Plans and Method of work:** The master plan has 4 components: situational analysis, NTD Strategic agenda, operational framework and programme costing. Need to include all donors and funds to determine available resources and funding gaps.

**4. NTD programme costing and gap analysis:** A new tool was developed and there is a need to transfer data from the old to this new tool. Useful tool for micro-planning.

**5. Funding opportunities for NTD programmes:** The way forward for the World Bank for NTD control is using Health System strengthening to eliminate the seven preventable NTDs in Africa. Funding for NTDs is through Health Systems Strengthening. Renewed commitment by partners and also new partnership for NTDs. Pharmaceutical companies (Pfizer, GSK, Merck & Co, Johnson and Johnson and Merck-KGaA) have committed to provide all the drugs required to fight these diseases. Increase of financial and technical resources. Major concern however is how to link these resources with those who need them most. Strengthening community health systems will ensure regular delivery of drugs by community health workers and therefore elimination of NTDs at the community level. Importance of health system strengthening to improve health outcomes. Need for countries to integrate NTD control into their health strategies to demonstrate ownership. Shift of World Bank support from financing inputs to financing results.

**6. Expected outputs of country groups from ‘Situation analysis’.**

**7. Expected outputs of country groups from ‘NTD strategy agenda’.**

**8. Expected outputs of country groups from ‘Operational framework’.**



## 5.2. Country working groups

Following the plenary sessions, country participants worked in groups on the different sections of their national master plans, assisted by facilitators. The allocation of countries to Facilitators is summarized in Annex 2.

## 5.3. Elements of the Master Plans

The master plan is articulated around 4 parts (Situation analysis, NTD strategic agenda, Operational framework, Budget estimates) and has different platforms to: (i) harmonize planning and management for intervention approaches of 10 major NTDs, (ii) integrate budget, (iii) joint advocacy and coordination, and (iv) research.

### PART 1. SITUATION ANALYSIS

The objectives of the group work were to provide the situation analysis on:

- **Country profile:** critical factors to understand NTD distribution and their control.
- **Health system:** service delivery, health workforce, information, medical product/vaccines/technologies, health financing, leadership & governance, intersectorial collaboration.
- **NTDs occurring in the country:** current status of NTD endemicity and current control interventions.

### PART 2: NTD STRATEGIC AGENDA

The objective of this session was to define the overall vision, mission and goals of the program including the major programme focus and milestones. This is built around the four (4) regional strategy priorities and objectives for NTD control:

1. Strengthen Government, Ownership, Coordination and Partnership
2. Enhance Planning for results, resource mobilization and financial sustainability of National NTD programmes
3. Scale-up Access to Interventions, Treatment and Service Delivery capacities
4. Enhance NTD Monitoring, Evaluation, Surveillance and Operational research

### PART 3: OPERATIONAL FRAMEWORK

This part is an essential component of the master plan where should clearly be explained:

- (i) how the programme outcomes will be attained,
- (ii) how country will operate in practice to implement the planned activities,
- (iii) what the country's capacity needs are,
- (iii) how resources will be mobilized,
- (iv) how to deal with potential risks, and
- (v) how the sustainability of the programme achievements will be ensured.

### BUDGET AND ESTIMATES

The budget should be comprehensive, concise, cost-effective, accurate and persuasive to stakeholders.

The old new and new Costing Tools were presented and discussed, and it was recommended to countries to use the old costing tool and revise the reviewed budget to align with the master plan.

Review of previous Budgets and the Way Forward were presented.

Major findings included:

- (i) lack of comprehensiveness of budgets,
- (ii) key activities not related with strategic objectives and priorities,
- (iii) poor linkage between master plan and budget,
- (iv) inappropriate use of costing tool,
- (v) repetitions in budget line,
- (vi) some activities not costed,
- (vii) information on partners contribution missing.

The following way forward was recommended:

- (i) relate activities to Strategic Objectives,
- (ii) emphasize on key activities,
- (iii) use activities reflected in master plan to further revise the budget.

## 5.4. Facilitators Reviews/Assessments and Feedbacks

At the end of each day, from Day 0 to Day 5, Facilitators and WHO Secretariat met to review the day's event, to share update on the progress of group works, to identify the challenges, to revise the following day agenda where necessary, and to address country specific concerns.

Feedbacks were then provided to countries the following day at the plenary session.

### Major concerns and challenges identified:

- Lack of required number of participants for 2 countries.
- Master plan not following the WHO guidelines.
- Frequent changes of MoH staff working on the document.
- Poor costing tool and gap analysis.
- Missing data.

### Main recommendations:

- Request for additional participants.
- Extra facilitators assigned to countries with weak plan.
- Consensus on the indicators in master plans.
- Use of 'districts' as the implementation unit.

The highlights of Facilitators Assessment of Day 5 are summarized below:

- **Evaluation of Country performance:** The facilitators categorized countries performance in this workshop into 3 according to whether the plan, budget and brief were (i) complete, (ii) middle or (iii) weak. Only one country has a weak score and therefore requires close support.
- **Meeting organization:** Timing was too short and a suggestion was made to refine the Ouagadougou agenda to allow countries more time. Time too short for budgeting.
- **Lessons for Ouagadougou:** Further ask countries to review their plans before the meeting. It was noted that some francophone countries have no master plan drafts so far; e.g. Guinea Bissau and Gabon.

## 6. CONCLUSION / CLOSING SESSION

The workshop provided an opportunity to exchange country experiences and to finalize national master plans for integrated control or elimination of NTDs. The main deliverables of the workshop were finalized NTD master plans, budget and Country briefs.

- A total of 14 master plans were produced.
- Sixty-seven participants attended the workshop, including 36 Ministry of health staff, 12 WHO officers DPC or NPO, 6 partner representatives, 5 facilitators and 8 WHO staff from HQ and regional office.
- There was a strong commitment from all country participants where some had worked late into the night to finalize.
- Of the 13 participating countries, Kenya had already launched its master plan. Therefore, Kenyan experiences with launch of Master Plan was presented.



### Remarks by the WHO/AFRO NTD Programme Manager

Dr. Adiele Onyeze gave reminded that a major component of addressing the health needs of our populations, is improving the health of those living in communities that are often forgotten. He felt it was a privilege to work in an area to help the most underprivileged and that controlling and eliminating NTDs would enrich everyone's life. He defined the commitment of the participants during this workshop as "fantastic" and asked all to keep the Harare experience burning and apply same spirit to the country NTD activities.

From AFRO's perceptive, he committed to continue working even stronger and harder in a timely manner to provide the highest quality of work. He thanked the strong support from the partners for providing funding and technical support for this meeting. He informed that AFRO planned to launch RPRG for schistosomiasis, STH and one for the overall PCT disease group in June 25-27 during a high-level meeting on NTDs in Accra, Ghana. This would be followed by an NTD programme managers meeting from 28-30 June. This meeting will also agree on the forum to convene the leadership of all NTD partners at a later date. He said the Master plans were high quality and ready to be shared with any partner. These plans, he said, would help steer the program, no matter who the partner was as, this was about systematic NTD control. Dr. Onyeze thanked the WHO Zimbabwe country office Dr C. Mandlhate, and the government of Zimbabwe for their support and hosting of the workshop. He also thanked Dr. Walker, IST Coordinator for East and Southern Africa who he said would be leaving for Ouagadougou shortly.



### Closing Remarks by the WHO/IST Coordinator

The official closing speech was given by Dr. Oladapo Walker who appreciated those who had worked late into the night to produce the documents. He quoted the World Bank statement that there were no neglected diseases, just neglected people, noting his belief in equity and breaking the vicious cycle of ignorance, poverty and disease. He commented that the WHO country specific approach was to focus on the marginalized populations. He reminded all that the master plan was good but so were the annual plans which needed to be sharp, this was the reason that WHO was pushing for the finalization of the plans in the workshop so that teams had time to focus on the high impact activities. He challenged all to ensure that the plans will help the poor people in the inner cities and rural areas. He asked countries to build capacity at the national, state and community levels. He also noted the importance of collecting good quality data and appealed to all to build capacity in surveillance. He noted the importance of excelling in this programme, citing failure of the polio program after a high level resulting in epidemics all over Africa. He reminded all that funds for NTDs were coming and we must all go for excellent performance. He challenged all to transfer the excellent work to excellent results. He thanked the government of Zimbabwe for their hosting and welcomed all to Ouagadougou, his new station.

## 7. RECOMMENDED NEXT STEPS

Based on the discussions held during the workshop, the following Next Steps were recommended for moving the NTD control agenda forward. These are grouped for the different stakeholders/partners as follows.

### 7.1. Next Steps for WHO

1. Write an official letter requesting MOHs endorsement of finalized plans by April 1st, 2012. This will be helpful as some budgets are heavy and ministers of health will be cautious to sign off.
2. Provide guidelines for establishment of national coordination framework to all countries.
3. Provide technical support and build capacity of countries to use the new WHO planning and costing tool.
4. Provide guidelines for annual work planning at country level.
5. Convene NTD partners forum.
6. Support countries to launch NTD master plans.
7. Develop guidelines for country team accessing World Bank funds for NTD control.
8. Facilitate initiation of resource mobilization for immediate implementation of NTD master plans.
9. Provide support to countries to organize national planning meetings.

### 7.2. Next Steps for Countries

1. Countries should write a report of the workshop and include endorsement of the master plan as a next step.
2. Submit finalized master plan document to Minister of Health for endorsement.
3. Print and disseminate NTD master plan to relevant stakeholders.
4. Submit completed and signed NTD master Plans to WHO by April 30th, 2012.
5. Launch NTD master plan.
6. Establish national coordination framework.
7. Develop annual work plan using new planning and costing tool.
8. Sensitization of in country World Bank for NTD partnership.

### 7.3. Next Steps for Development Partners

1. The World Bank to develop an NTD communication strategy package:
  - a. World Bank to send letter of clarification to ministries of finance and health on definition of health system strengthening and how NTDs fit in.
2. Collaborate with WHO including to:
  - a. support countries in the implementation of NTD master plans beginning with the launch;
  - b. facilitate development of guidelines for annual work planning at the country level;
  - c. support countries in the development of annual work plans using new planning and costing tool;
  - d. participation in NTD partners forum;
  - e. other identified areas of need.



## ANNEXE 1. Programme of the Workshop

Date	Timing	Sessions	Activity	Responsible
Day 1	09.00 - 09.30	Registration and Briefing	Registration of participants	IST/ESA/NTD
	09.30 - 10.00	Opening session	Keynote address by IST Coordinator	Dr O. Walker WHO/IST Coordinator
			Comments by Partners' Representative	Ms Wangechi Thuo, GNNTD
			Comments by The World Bank Representative	Dr C. Lovelace The World Bank
			Official opening by the WHO Representative	Dr. C. Mandlhate WHO Representative
			Administrative and security briefing	Dr G. Kathurima
	10.00 - 10.30		Group Photo and Coffee Break	
	10.30 - 10.40	Setting the Stage	Introduction of participants	All Participants
	10.40 - 10.50		Overview of NTD Programme in the WHO African region and AFRO Strategy	Dr A. Onyeze
	10.50 - 11.00		Objectives and expected results of the workshop	Dr Tchuem Tchuente
	11.00 - 11.30		Guide to develop NTD Master Plans and Method of work	Dr Garba
	11.30 - 12.00		NTD programme costing and gap analysis	Dr Yajima Aya
	12.00 - 12.30		Funding opportunities for NTD programmes	Dr C. Lovelace The World Bank
	12.30 - 13.00		General discussion	Dr Tchuem Tchuente
	13.00 - 14.00			Lunch
	14.00 - 14.30	Part 1: Situation Analysis	Expected outputs of country groups	Dr Tchuem Tchuente
	14.30 - 17.00		Group work	All Participants
17.00 hours	End of Day			
Day 2	08.00 - 10.00	Part 1: Situation Analysis	Plenary session: assessment of country progress	Dr Tchuem Tchuente
	10.00 - 10.30		Coffee Break	
	10.30 - 11.00	Part 2: NTD Strategic Agenda	Expected outputs of country groups	Dr Garba
	11.00 - 13.00		Group work	All Participants
	13.00 - 14.00		Lunch	
	14.00 - 14.30	Part 3: Operational framework	Expected outputs of country groups	Dr Diarra
	14.30 - 17.00		Group work	All Participants
17.00 hours	End of Day			
Day 3	08.00 - 10.00		Part 3: Operational framework	Group work (continuous)
	10.00 - 10.30	Coffee Break		
	10.30 - 13.00	Group work (continuous)		All Participants
	13.00 - 14.00	Lunch		
	14.00 - 15.00	Group work (continuous)		All Participants
	15.00 - 17.00	Plenary session: assessment of country progress		Dr Tchuem Tchuente
	17.00 hours	End of Day		
Day 4	08.00 - 08.30	NTD Programme Costing and Budget	Expected outputs of country groups	Dr Yajima Aya
	08.30 - 10.00		Group work	All Participants
	10.00 - 10.30		Coffee Break	
	10.30 - 13.00		Group work (continuous)	All Participants
	13.00 - 14.00		Lunch	
	14.00 - 15.00		Group work (continuous)	All Participants
	15.00 - 17.00		Plenary session: assessment of country progress	Dr Tchuem Tchuente
	17.00 hours		End of Day	
Day 5	08.00 - 08.15	NTD Country MYSP briefs	Expected outputs of country groups	Dr Tchuem Tchuente
	08.15 - 10.00		Group work	All Participants
	10.00 - 10.30		Coffee Break	
	10.30 - 13.00		Group work (continuous)	All Participants
	13.00 - 14.00		Lunch	
	14.00 - 15.00	Group work (continuous)	All Participants	
	15.00 - 16.00	Plenary session: assessment of country progress	Dr Tchuem Tchuente	
	16.00 - 17.00	Closing	General discussions	Dr Tchuem Tchuente
17.00 hours	Conclusion of the workshop			

## ANNEXE 2. Assignment of Facilitators to Countries

<b>Countries</b>	<b>Number Participants</b>	<b>Facilitators / WHO</b>
Ethiopia	3 + 1 NPO/DPC	Dr G. Fobi and Dr A.Garba
Ghana	3 + 1 NPO/DPC	Dr A. Diarra
Kenya	2 + 1 NPO/DPC	Dr A. Diarra
Liberia	3 + 1 NPO/DPC	Dr L. Diawara and Dr A. Garba
Malawi	3 + 1 NPO/DPC	Dr J. Mwansa
Mozambique	3 + 1 NPO/DPC	Dr L. Diawara and Dr A. Garba
Nigeria	3 + 1 NPO/DPC	Dr A. Ngozi and Dr G. Fobi
Rwanda	2 + 1 NPO/DPC	Dr A. Garba
Sierra Leone	3 + 1 NPO/DPC	Dr L. Diawara and Dr A. Garba
Tanzania-Mainland	3 + 1 NPO/DPC	Dr U. Mwingira and Prof Tchuem Tchuente
Tanzania-Zanzibar	2	Prof Tchuem Tchuente
Uganda	2 + 1 NPO/DPC	Dr M. Nanyunja, Dr G. Matwale and Dr A. Diarra
Zambia	3 + 1 NPO/DPC	Dr G. Matwale
Zimbabwe	3 + 1 NPO/DPC	Dr Chukwu Okoronkwo

**For Data:** Mr Kinvi assisted all Countries

**For Budget and FGAT:** Dr A. Yajima and Ms K. Zoerhoff assisted all Countries

**Rapporteurs of the workshop:** Dr Ngozi Njebuome  
Ms Irene Wangechi Thuo

**Chair of the workshop:** Prof Louis-Albert Tchuem Tchuenté

## ANNEXE 3. List of Participants

### COUNTRY PARTICIPANTS

#### Ethiopia

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