Completing the WHO Joint Application Package for NTDs

Speakers:
Dr. Aya Yajima, Technical Officer, World Health Organization
Mr. Alexei Mikhailov, Data Manager, World Health Organization
Dr. Uzoma Nwankwo, Medical Officer, Federal Ministry of Health, Nigeria
Getting Started

- Webinar technology orientation
- Access to slides and recording of the webinar
- We want your feedback!

Upcoming NTD webinars
- Safe Drugs and Safe MDA Programs - Managing Adverse Events and SAEs for Neglected Tropical Diseases: August 13
ENVISION is a five-year project (2011-2016) funded by USAID


Supports national NTD control programs in 14 countries, with 5 more countries to be added in 2015

Website: www.NTDenvision.org, Twitter: @RTIfightsNTDs
Objectives

1. Learn how to apply for WHO-donated medicines for NTDs targeted by preventive chemotherapy (PC) and report results to WHO using the Joint Application Package.

2. Understand the importance of submitting a complete Joint Application Package in time to ensure timely arrival of medicines in country and facilitate effective programme implementation.

3. Appreciate how Nigeria used the Tool for Integrated Planning and Costing and Integrated NTD Database to strengthen data management and reporting and submit the Joint Application Package to WHO.
Dr. Aya Yajima

- Technical officer in the Department of Control of Neglected Tropical Diseases at World Health Organization (WHO)

- Monitoring national NTD programmes, coordinating tool development for integrated and coordinated planning, M&E at global level, including
  - the Joint Application Package
  - Tool for Integrated Planning and Costing (TIPAC)
Alexei Mikhailov

- Data Manager in the Department of Control of Neglected Tropical Diseases at WHO

- Responsible for collection, analysis and presentation/visualisation of data related to PC

- Data management tool development: PCT online databank, WHO Global Health Observatory for NTDs, Joint Application Package, NTD national database.
Dr. Uzoma Nwankwo

- Medical Officer and Health Economist with the Nigerian Federal Ministry of Health NTD Control Program, Assistant Coordinator of Nigeria’s M&E team

- Heads NTD Zonal Office in South-South Nigeria, responsible for monitoring and supportive supervision of NTD activities in six Nigerian States

- Facilitates WHO-organized M&E workshops, provides technical support

- Member of two WHO Strategic and Technical Advisory Group (STAG) Global Expert Working Groups; on M&E for Preventive Chemotherapy NTDs and; Investment for Impact (IfI) on the economics, financing and socioeconomic impact of Neglected Tropical Diseases control.
Completing the WHO Joint Application Package for NTDs
## Donation of PC medicines through WHO

<table>
<thead>
<tr>
<th>Medicine</th>
<th>Disease</th>
<th>Donor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Albendazole (ALB)</td>
<td>LF, STH</td>
<td>GSK</td>
</tr>
<tr>
<td>Mebendazole (MBD)</td>
<td>STH</td>
<td>Johnson and Johnson</td>
</tr>
<tr>
<td>DEC</td>
<td>LF</td>
<td>Eisai Co. Ltd.</td>
</tr>
<tr>
<td>Praziquantel (PZQ)</td>
<td>Schistosomiasis</td>
<td>The Merck Group</td>
</tr>
</tbody>
</table>

Application is submitted to WHO using Joint Application Package (JAP)

<table>
<thead>
<tr>
<th>Medicine</th>
<th>Disease</th>
<th>Donor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ivermectin (IVM)</td>
<td>LF, Onchocerciasis</td>
<td>The Merck Group</td>
</tr>
</tbody>
</table>

- Application is forwarded to the Mectizan Donation Programme (MDP) using Joint Application Package (JAP)
Number of PC medicines donated through WHO, 2012-2015

Source: WHO 2015, unpublished
Question

How many forms does the JAP include?
Joint Application Package (JAP)

- A tool designed to facilitate integrated **planning, implementation, M&E and reporting** of preventive chemotherapy interventions. It includes:
  - Joint Request for Selected PC Medicines (ALB, MEB, PZQ, DEC)
  - Joint Reporting Form (ALB, MEB, PZQ, DEC, IVM)
  - PC Epidemiological Data Reporting Form
  - Annual work plan (*optional*)
Joint PC process at global level

World Health Organization

Review

- Joint Request for Selected PC Medicines
- Joint Reporting Form
- PC Epidemiological Data Reporting Form

ORDER

GSK, Eisai, J&J, Merck KGaA

SHIPMENT

ALE, DEC, MBD, PZQ

National programme

ORDER

MDP, IVM

ORDER

National programme
Joint PC process at global level

1. National programme to WHO CO
2. WHO CO to WHO RO
3. Pre-review by WHO RO
4. JAP returned to national programme for revision

World Health Organization

National programme

- Joint Request for Selected PC Medicines
- Joint Reporting Form
- PC Epidemiological Data Reporting Form

2 weeks
Joint PC process at global level

5. WHO RO submits JAP to assigned reviewer
6. JAP returned with comments
   ....
7. WHO HQ places order

Review

World Health Organization

2 weeks

National programme

• Joint Request for Selected PC Medicines
• Joint Reporting Form
• PC Epidemiological Data Reporting Form
Joint PC process at global level

ORDER

GSK Eisai J&J Merck KGaA

SHIPMENT

ALE DEC MBD PZQ

World Health Organization

6-8 months

National programme

MDP IVM
Joint PC process at global level

- World Health Organization

**Joint Request for Selected PC Medicines**
- Joint Reporting Form
- PC Epidemiological Data Reporting Form

**ORDER**
- GSK
- Eisai
- J&J
- Merck KGaA
- ALB
- DEC
- MBD
- PZQ

**SHIPMENT**
- 6-8 months
- 2 weeks

**National programme**
- MDP
- IVM

**SHIPMENT**
- ORDER

**ORDER**
- 2 weeks

**SHIPMENT**
Joint Application Package (JAP)

Submission deadline is **15 August 2015** (at latest)

- Request for the following year and Report for the previous year. (e.g. now Request for 2016 and Report on 2014 treatment)

- The forms do not necessarily need to be submitted all together. You can submit whichever form as soon as they are completed.

- Requests can be accepted all year round. Countries are encouraged not to wait for the deadline of 15 August (>> more timely delivery of medicines)
Back-planning the timing of JAP submission is the key to ensure timely arrival of medicines.
Related recommendations from the NTD Strategic and Technical Advisory Group (STAG) meeting, May 2015

Countries should establish **internal data submission deadlines** prior to 15 August at national and sub-national level to improve timeliness and completeness of JAP.

- Villages should submit data **within 1 week** of MDA completion.
- Districts should submit data to the national level **within one month** of MDA completion.

Countries should monitor drug usage and inventory at national and sub-national levels. **Drugs remaining in stock and in the pipeline** should also be reported in the JAP.
## Requesting medicines - JRSM

### Joint request for selected PC medicines

As part of global efforts to accelerate expansion of preventive chemotherapy (PC) for control and elimination of lymphatic filariasis, schistosomiasis and soil-transmitted helminthiases, the World Health Organization (WHO) facilitates the supply of albendazole 400 mg tablets (GSK) to national lymphatic filariasis elimination programmes and national soil-transmitted helminth control programmes; diethylcarbamazine citrate 100 mg tablets (Bavis) to national lymphatic filariasis elimination programmes; mebendazole 500 mg tablets (JUI) for national soil-transmitted helminth control programmes; and praziquantel 600 mg tablets (Merck KGaA) for school-age children to national schistosomiasis control programmes. WHO also collaborates to supply levamisole 5 mg tablets (Merck) for onchocerciasis and lymphatic filariasis donation programmes.

This Excel-based tool is designed to assist countries in quantifying the number of tablets of relevant PC medicines required to reach the planned target population and districts for the year of request. Output of the tool is a joint request for PC medicines, which can be printed, signed and submitted to WHO to request these medicines.

### Structure of the application (worksheets):

- **INTRO**: This worksheet includes guidelines on how to complete the joint request for selected PC medicines and information about the status of PC for endemic diseases in the country.
- **COUNTRY_INFO**: This worksheet includes information about administrative structure of the country, population by age group, status of endemicity for each disease, population requiring PC and planned interventions.
- **DEC, ALT, MBD, P/O and TNM**: These worksheets include information about endemic districts targeted for treatment with specified PC medicines, treatment plan, and number of tablets required and requested.
- **SUMMARY**: This worksheet includes summary of number of tablets requested, information about stock, and dates for submission of requested medicines. Before generating the report (run macros) please select the medicine for which the report is needed. Follow the same logic to see the number of people to be treated for specific diseases. This worksheet should be printed and submitted as a joint request for selected PC medicines (see the instruction for submission in the SUMMARY worksheet).

### Instruction for data entry

Most of the cells in the above-mentioned worksheets include formula that are calculated automatically according to the treatment policy, recommended by WHO for each disease. See the link [http://www.who.int/neglected_diseases/preventive_chemotherapy/pct_manual/en/index.html](http://www.who.int/neglected_diseases/preventive_chemotherapy/pct_manual/en/index.html)

Please enter your data into the cells according to their column code:

- White - cell is not protected. Please enter the value of the requested indicator.
- Yellow - cell is protected and includes name of indicator. No data entry required.
- Orange - cell is not protected and includes a drop-down menu. Please select the value from the drop-down list.
- Green - cell is not protected and includes formula. Please change the value only if your data are different from those that are calculated automatically.
- Blue - cell is protected and includes formula. No data entry required.

### Country data

#### COUNTRY

- **Year for request of medicines**
- **Is country endemic for lymphatic filariasis (LF)?**
- **Is country endemic for onchocerciasis (ONCHO)?**
- **Is country endemic for soil-transmitted helminthiases (STH)?**
- **Is country endemic for schistosomiasis (SC)?**
- **How many administrative units in the country?**

If demographical data at the second administrative level are not available by age group, please enter the proportion (%) of population by age group in the country. If data are available, please leave those cells blank.

<table>
<thead>
<tr>
<th>Age group</th>
<th>Preschool-age children (PASAC) - aged 1-4 years</th>
<th>School-age children (SAC) - aged 5-14 years</th>
<th>Adults - aged 15 years and older</th>
</tr>
</thead>
<tbody>
<tr>
<td># of people</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of tablets</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Information on PC medicines requested to WHO

<table>
<thead>
<tr>
<th>PC medicine</th>
<th>Number of tablets</th>
<th>Required</th>
<th>In stock</th>
<th>In pipeline</th>
<th>Requested</th>
<th>Total number of bottles</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Number of people to be treated with donated medicine (see User Guide for details)

<table>
<thead>
<tr>
<th>Disease</th>
<th>Round 1</th>
<th>Round 2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Information on planned PC interventions

<table>
<thead>
<tr>
<th>PC medicine</th>
<th>Planned date of the 1st round of PC</th>
<th>Planned date of the 2nd round of PC</th>
<th>Data by which the medicines should arrive to the national warehouse</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Information on PC medicines for treatment of population not targeted with current donation through WHO

<table>
<thead>
<tr>
<th>PC medicine</th>
<th>Age group</th>
<th># of people</th>
<th># of tablets</th>
<th>Specify source</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Generate report

[Generate report]
Countries are invited to express their 2016 national needs for the following medicines:

- **LF**: ALB and DEC/IVM
- **SCH**: PZQ
- **STH**: ALB or MEB
- **ONCHO**: IVM

Countries should express their needs including the supply already secured from sources other than WHO.

- This is to improve coordination among all other donors/partners
**Requesting medicines – JRSM**

**Additional note on PZQ and ALB/MBD**

- PZQ for schistosomiasis and ALB/MBD for STH are currently donated **only for SAC**.

- However, countries that are willing to include **other age groups** in the target population of preventive chemotherapy interventions against schistosomiasis and STH, are invited to express the relevant drug needs in the PZQ and ALB/MBD tab of the JRSM.

- Such request should be entered in the Summary tab to help estimate global drug needs in view of increased availability of medicines in the near future.

<table>
<thead>
<tr>
<th>PC medicine</th>
<th>Age group</th>
<th># of people</th>
<th># of tablets</th>
<th>Specify source</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Albendazole for STH</td>
<td>PreSAC</td>
<td>100,000</td>
<td>100,000</td>
<td>UNICEF</td>
<td>Requested</td>
</tr>
<tr>
<td>Praziquantel</td>
<td>Adults</td>
<td>50,000</td>
<td>150,000</td>
<td>WHO</td>
<td>Required</td>
</tr>
</tbody>
</table>
By entering the population and endemicity status of each disease in each district, JRSM will auto-estimate the number of tablets (and bottles) required in each district and in the country in total.

JRSM help coordinates between the LF programme and STH programmes to ensure the requests of ALB for LF and STH do not overlap in the areas where both diseases are endemic.
Reporting on treatment - JRF
JRF should be used to report on any preventive chemotherapy intervention implemented in 2014

- including the use of DEC, ALB, MEB or PZQ
- including treatment data regardless of the source of the medicines (WHO or other partners or direct purchasing)
- by sub-national level (e.g. district) for the ENTIRE COUNTRY

JRF auto-calculates the number of people treated and geographical/programme/national coverage for each specific disease

- taking into account co-endemicity of multiple diseases in a district
- help identify the areas where unnecessary multiple treatment using the same medicine has been delivered due to poor coordination across multiple disease programmes
Reported data will be uploaded on the WHO PCT Databank and Global Health Observatory.
Epidemiological Data Reporting Form (EPIRF) should report:

- new mapping data completed recently
- Survey results (e.g. sentinel surveys)
- Results of LF transmission assessment surveys (TAS)
- morbidity-related data

The data will be used:
- to monitor progress of the national programmes by WHO
- to re-estimate the population requiring preventive chemotherapy
Useful tips working with JAP
Use the latest version of the Forms by downloading them from the WHO website

http://www.who.int/neglected_diseases/preventive_chemotherapy/reporting/en/
Training material

- **Joint Request for Selected PC Medicines (JRSM)** – designed to assist countries in quantifying the number of tablets of the relevant medicines required to reach the planned target population and districts in a coordinated and integrated manner against multiple diseases during the year for which medicines are requested.

- **Joint Reporting Form (JRF)** – designed to assist countries in reporting annual progress on integrated and coordinated distribution of medicines across diseases in the reporting year in a standardized format.

- **PC Epidemiological Data Reporting Form (EPIRF)** – designed to standardize national reporting of epidemiological data on lymphatic filariasis, onchocerciasis, soil-transmitted helminthiases and schistosomiasis. National authorities are encouraged to complete this form and submit it to WHO on a yearly basis, together with the JRF.

All donations are subject to review and/or availability of medicines. In addition, use of donated medicines must be adequately reported to WHO upon completion of treatment activities.

Submission of the Joint Application Package
The reports generated in the JRSM and in the JRF (SUMMARY worksheets) must be printed and signed by the NTD coordinator or a Ministry of Health representative to formally endorse the country’s request for these medicines and the reported annual progress of the national programme(s). The date of signature must also be included. Once signatures have been obtained, the scanned copies of the two worksheets, together with the full Excel versions of the JRSM, the JRF and the EPIRF can be jointly submitted to WHO.
Make sure that macros are enabled when files are opened

- **ALWAYS** save files in macro enabling formats - *.xls* or *.xlsm*
Click the ‘Generate new forms’ button on INTRO worksheet to generate necessary rows

**COUNTRY INFORMATION**

Administrative structure, population by age group, status of endemicity and planned interventions

<table>
<thead>
<tr>
<th>Country administrative structure</th>
<th>Population</th>
<th>Endemicity</th>
<th>Population requiring PC</th>
<th>Number of treatment rounds planned for the year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Country Name</td>
<td>Total</td>
<td>PreSAC</td>
<td>SAC</td>
<td>Adults</td>
</tr>
<tr>
<td>COUNTRY_NAME</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>COUNTRY_NAME</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>COUNTRY_NAME</td>
<td>0</td>
<td>0</td>
<td>0</td>
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</tr>
<tr>
<td>COUNTRY_NAME</td>
<td>0</td>
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<tr>
<td>COUNTRY_NAME</td>
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<td>0</td>
<td>0</td>
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<td>0</td>
</tr>
<tr>
<td>COUNTRY_NAME</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>COUNTRY_NAME</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**Country data**

**COUNTRY**

- **Year for request of the medicine**: 2016
- **Is country endemic for lymphatic filariasis (LF)**? Endemic
- **Is country endemic for onchocerciasis (ONCHO)**? Endemic but PC is not required
- **Is country endemic for soil-transmitted helminthiases (STH)**? Endemic
- **Is country endemic for schistosomiasis (SCH)**? Endemic
- **How many administrative units in the country?**: 10

If demographic data at the second administrative level are not available by age group, please enter the proportion (%) of population by age group in the country. If data are available, please leave these cells blank.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Proportion (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preschool-age children (PreSAC) - aged 1-4 years</td>
<td>12.40%</td>
</tr>
<tr>
<td>School-age children (SAC) - aged 5-14 years</td>
<td>25.80%</td>
</tr>
<tr>
<td>Adults - aged 15 years and older</td>
<td>50.80%</td>
</tr>
</tbody>
</table>

[Generate new forms]
Use "Paste special" option when coping data from other sources

- If you wish to copy data from other sources (e.g. previous year Forms), use “Paste special” option and select “Values” instead of direct copy-and-paste. It will keep original formatting.
  - Highlight the cells to which you wish to copy the data from other sources
  - Right-click > click "Paste special" > select "Paste values"
Fill all fields which are requiring entry

- The endemicity levels should ideally match with the number of planned treatment rounds as recommended by WHO
  - If not, an explanation should be provided in the “Additional information” section (in the SHIPMENT worksheet in JRSM or in the SUMMARY worksheet in JRF, e.g. “highly endemic with STH, but only 1 round or no treatment round is planned due to lack of funds”)

- All the dates: planned MDA/campaign dates, dates that the medicines are expected to arrive MoH’s warehouse

- Consignee full address, full name/title(phone/email) of the contact person.
Once completed, generate SUMMARY

- When respective worksheets are completed with all information, go to the SUMMARY worksheet and generate reports:
  - In JRSM, select the type of medicines requested and targeted diseases, and click ‘Generate report’ button
  - In JRF, click ‘Generate report’ button

- Put your name and e-signature before submitting. Alternatively, scanned version of signed SUMMARY worksheets, in addition to electronic version, will be accepted.
Completing JAP helps manage flow of medicines, the major component of PC programme

**Step 1**
- Annual work planning
- Drug forecast
- Drug request (including treatment planning)
- Drug supply

**Step 2**
- Drug distribution (PC) &
- Its related work (survey, M&E)

**Step 3**
- Treatment reporting
Tool for Integrated Planning and Costing (TIPAC) and the Integrated NTD Database

Neglected Tropical Disease Control Program

Tool for Integrated Planning and Costing (TIPAC)

Macros must be enabled to start using the tool.

If the "Enter TIPAC" button does not work, refer to the help menu or visit http://office.microsoft.com for instructions.

World Health Organization

The Tool for Integrated Planning and Costing was made possible by the generous support of the American People with funding from the United States Agency for International Development (USAID) and the Neglected Tropical Disease Control Program, led by RTI International, under Cooperative Agreement No. GHD-A-05-00004-01. The author’s views expressed in this publication do not necessarily reflect the views of USAID or the United States government.

Version 3.0 November 2012

Total costs*

<table>
<thead>
<tr>
<th>Districts</th>
<th>Total</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug logistics</td>
<td>585,612</td>
<td>1%</td>
</tr>
<tr>
<td>MDA drug distribution</td>
<td>50,203,169</td>
<td>45%</td>
</tr>
<tr>
<td>MDA registration</td>
<td>3,850,800</td>
<td>2%</td>
</tr>
<tr>
<td>MDA training</td>
<td>36,956,079</td>
<td>32%</td>
</tr>
<tr>
<td>SAE Medications</td>
<td>5,836,660</td>
<td>5%</td>
</tr>
<tr>
<td>Mapping</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Monitoring and evaluation</td>
<td>2,771,968</td>
<td>2%</td>
</tr>
<tr>
<td>Office Equipment</td>
<td>543,000</td>
<td>1%</td>
</tr>
<tr>
<td>Supervision</td>
<td>350,346</td>
<td>0%</td>
</tr>
<tr>
<td>Social mobilization</td>
<td>30,205,000</td>
<td>27%</td>
</tr>
<tr>
<td>Strategic planning</td>
<td>5,986,666</td>
<td>1%</td>
</tr>
</tbody>
</table>

* Total costs include all costs related to the implementation of the Neglected Tropical Diseases Control Program, including MDA drug distribution, MDA registration, MDA training, SAE Medications, Monitoring and Evaluation, Office Equipment, Supervision, Social Mobilization, Strategic Planning, and Drug Logistics.
Completing the WHO Joint Application Package for NTDs: Nigeria’s experience

Dr. Uzoma Nwankwo, Medical Officer, Federal Ministry of Health, Nigeria
Objectives

- Overview of the Burden of NTDs in Nigeria and volume of national drug need
- Timelines for completion of the JAP
- Experience completing the JAP
- Quick overview of TIPAC and Integrated NTD Database
- Implementation process for the TIPAC and Database; The Nigerian experience
- Benefits of completing the JAP with the TIPAC and Database
What is the disease burden in Nigeria?

<table>
<thead>
<tr>
<th>NTD</th>
<th>Pop.targeted (2016)</th>
<th>No. Endemic LGA out of 774</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lymphatic Filariasis</td>
<td>122,846,383</td>
<td>543</td>
</tr>
<tr>
<td>Onchocerciasis</td>
<td>36,229,908</td>
<td>475</td>
</tr>
<tr>
<td>Schistosomiasis</td>
<td>25,596,349</td>
<td>635</td>
</tr>
<tr>
<td>Soil Transmitted Helminthiasis</td>
<td>30,157,578</td>
<td>428</td>
</tr>
<tr>
<td>Trachoma</td>
<td>8,675,865</td>
<td>122</td>
</tr>
</tbody>
</table>

*Total 2015 UK Population is about 64 Million*
Nigeria’s share of global NTD Burden

Greatest no of intestinal helminths infections in Africa and is 4th globally (35m)

1st in LF (120m) in Africa and 3rd for oncho (38m)

The greatest number of Schisto cases worldwide (43m)

19.6 million people at risk of trachoma

The 4th largest number of new cases of Leprosy in Africa (5,000 new cases annually)

Nigeria carries 25% of Africa’s NTDs burden

Courtesy: FMOH
Preventive Chemotherapy Intervention for the elimination of Lymphatic Filariasis in Nigeria

LGA PC (IVM+ALB) Intervention status
- PC required and Commenced
- PC required but not commenced
- Not Endemic
- Transmission Interrupted, PC stopped
- Not Mapped

@NTDnigeria
PC Medicine request cycle

1. PC
2. Download and fill the JAP
3. Complete Drug Inventory
4. Submit to WHO
5. Retrieve Treatment Report
Time requirement

• This depends on the country
Timelines

• Jan……2014 Data received & 2015 MDA plans commence
• Feb
• Mar……Start compiling 2014 treatments into the Database
• Apr
• May……2015 drugs arrive
• Jun……2015 MDA commence
• Jul……Generate & submit JAP for 2016 from TIPAC and Database
• Aug
• Sep........Conclude 2015 1st round treatment
• Oct
• Nov……2015 2nd round treatments
• Dec……2015 Sub-National reports received.
It is serious business to correctly estimate drug need!

- Millions of tablets
- Cost hundreds of millions of US dollars annually

It is even more important to keep record of distributions and treatments administered for

- Accountability of donated medicines
- Monitor progress towards elimination
How big is this data?

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2015</th>
<th>2016 (projected)</th>
</tr>
</thead>
<tbody>
<tr>
<td>IVM</td>
<td>169,788,976</td>
<td>263,123,139</td>
<td>304,653,368</td>
</tr>
<tr>
<td>ALB</td>
<td>39,639,444</td>
<td>83,283,834</td>
<td>97,436,408</td>
</tr>
<tr>
<td>PZQ</td>
<td>33,312,778</td>
<td>47,505,310</td>
<td>86,238,831</td>
</tr>
<tr>
<td>MEB</td>
<td>5,503,348</td>
<td>20,833,929</td>
<td>18,468,794</td>
</tr>
</tbody>
</table>
• It can be challenging to organize this volume of data.
• And to meet the reporting obligations.
WHO JAP

• Annually countries complete the JAP
  - Joint Request for Selected Medicines
  - Epidemiological Reporting Form
  - Joint Reporting Form
  - Annual Work Plan

• Template harmonises all disease needs into a single form
• Reduction in drug need for integrated Programs
Typical Drug Request and Treatment Report Obligations

- Drug estimation and reports of utilization are ‘add-on’ responsibilities
- Consumes a significant proportion of time:

Personnel:

4 Data Managers
2 M&E Supervisors &
3 Program Managers

Time: ?Man hours
WHO developed & recommended tools (TIPAC & Integrated NTD Database)

- Technical tools exist to support completion of the JAP
- One dedicated individual required
What is the TIPAC & Integrated NTD Database

**TIPAC:**
- Excel based tool
- Useful for planning: Estimating drug need and costs associated with implementation
- Benefit: Generates JRSM, Annual Work Plan

**Integrated NTD Database:**
- Access based tool
- Repository of program data for data storage, analysis and use:
  - Demography
  - Disease distribution
  - Survey
  - Interventions (including NTD MDA treatments)
- Benefit: Generates JRF, Epidemiological Reporting Form, and other WHO forms
The TIPAC generates the WHO Joint Request for Selected Medicines & Annual work plan (optional)

The Integrated NTD Database generates the Joint Request Form & Epidemiological Reporting Form
Before TIPAC Implementation

- Previously **vertical independent Programmes**
- Programmes did not have sufficient opportunity to collaborate and share information
- New organisational structure
- An NTD M&E team was recently constituted at the time to enhance collaboration. TIPAC implementation was one 1st joint task.
Process of implementation of TIPAC

- Identification of **the right people** to sit around the table
  - PMs, DMs, Finance, budgets, Planning Reps
- **Introduce** the TIPAC
  - What it is and What it isn’t: A planning tool, not a budgeting tool nor a database
- All parties/stakeholders **agree on source and reference documents**
  - demography info, costing, and exchange rates.
- **Populate** the various modules
- **Debriefing session** was held to show work done; and list gaps and propose a way forward (Train regional managers to use TIPAC for their Programme Planning)
- **Submitted** to WHO Nigeria’s JRSM using the TIPAC in August 2013

Output
- Generation of a populated 2014 Joint Request Form for Selected PC Medicines (JRSM)
- Annual Work Plan
Why do we still use the TIPAC to generate the JRSM?

• Initial meticulous data entry process
• All entered data remain stored in the tool for use in coming years

• The TIPAC has helped save weeks of staff time previously devoted to drug reapplications
TIPAC: Benefits

- Vertical Programmes had to sit together for planning session.
- Collaboration between Programme was better and we averred duplicate activities, saving costs.
- Joint planning presented an opportunity for knowledge sharing between Programmes which in turn facilitated collaboration.
- Nigeria’s has consistently submitted request in WHO’s approved format and on time.
- We can now clearly prevent multiple requisition of drugs for same population, saving millions in USD for Pharma.
Before Database Implementation

Data Storage

• No previous NTD focused database existed
• NTD data held separately by various Programs with its associated data sharing bottlenecks
• Some instance of data storage with MS word processor; data on personal PC

Data Reporting

• Reports from sub-national levels reach the FMOH in various differing formats
• Besides a few common indicators, different states reported on what they considered relevant
Process of implementation of the Integrated NTD Database

- Pilot tested in Nigeria
- Full training and Implementation
- Implementation was in phases
1. Trainings: WHO Program Managers Training

Participants: National and State (Sub-National) Program Managers
2. Multiple Data Entry Sessions

Data Managers supervised by Program Managers
3. Debrief, validation & consensus on source data

Final Data in the Data Base is validated by Program Managers and accessed as appropriate
Process of implementation of the Integrated NTD Database

- Implementation was in phases:
  1. Initial general training
  2. Several data entry sessions supported by a technical Consultant.
  3. Validation of data by Program Managers
  4. Consensus on source of authentic & most reliable data
  5. An ongoing update (quarterly)
Data entry process for historical and new data

- Retrieval from archives
- Form by Form data entry
- Bulk Importing
- Data in the TIPAC and the Integrated Database can be put to good use!

(Merci @ThisWormyWorld)
Benefits of using the Integrated NTD Database

• **One repository** of NTD Data now exists at the FMOH
• Easy to **analyse** data across various Programmes, assess **trends** and take cross cutting **decisions**
• Joint Reporting Form for PC Medicines (**JRF**) and other WHO forms
• We can **generate custom summary reports** from the Database to serve any purpose
• We have established a **clear reporting channel** through which data gets into the Database
• A lot more **standardization of sub-national reporting templates** has also occurred
• States that have implemented the Database now have the **option to store sub-district level data**
Recommended for national programs submitting the WHO Joint Application Package

- Good to begin the Process **early** ahead of August 15 deadline.
- Set sub-national reporting timelines
- Use **WHO forms downloaded** from the WHO/NTD/PCT website
- Forms not difficult to complete

- Option to use the TIPAC and Integrated NTD Database will ease subsequent process of completing JAP
Conclusion

• Use of tools like the TIPAC and Integrated NTD Database have had positive impact on the quality of work of the Nigerian M&E Team
  • Hours of staff time is freed for other activities
  • Facilitates submission of Joint Application Package to WHO
    • **Integrated** request and reporting across PC NTDs
    • **Complete** with required data
    • **Timely**
Acknowledgements
Thank you
What challenges have you faced in completing the forms on time? How have you overcome or do you suggest to overcome the challenges?

Questions?
Links

- Joint Application Package to facilitate planning, requesting PC medicines and reporting (JAP)
  - English: http://www.who.int/neglected_diseases/preventive_chemotherapy/reporting/en/
  - French: http://www.who.int/neglected_diseases/preventive_chemotherapy/reporting/fr/
  - Spanish: http://www.who.int/neglected_diseases/preventive_chemotherapy/reporting/es/

- Frequently Asked Questions - English
  http://www.who.int/neglected_diseases/preventive_chemotherapy/reporting/FAQ/en/

- Direct link to the User Guide - English
  http://apps.who.int/iris/bitstream/10665/83962/1/9789241505499_eng.pdf

- Direct link to the video tutorial “What is preventive chemotherapy?” - English, 12 minutes
  http://terrance.who.int/mediacentre/training/WHO-TRA_Joint_Forms_tutorial1_31MAY2013.mp4

- Direct link to the video tutorial “How to fill JRSM” - English, 39 minutes
  http://terrance.who.int/mediacentre/training/WHO-TRA_Joint_Forms_tutorial2_03JUN2013.mp4

- Direct link to the video tutorial “How to fill JRF” - English, 53 minutes
  http://terrance.who.int/mediacentre/training/WHO-TRA_Joint_Forms_tutorial3_03JUN2013.mp4


- Direct link to the Tool for Integrated Planning and Costing (TIPAC) -
  http://apps.who.int/neglected_diseases/ntddata/tipac/


- WHO/NTD Global Health Observatory (data on 11 NTDs with dynamic maps and reports) -
  http://www.who.int/gho/neglected_diseases/en/
Webinar Wrap-Up

- Webinar slides and an archived recording of the webinar will be made available on the ENVISION website at www.NTDenvision.org

- How did we do? We want your feedback! Click here to complete a brief evaluation of today’s webinar.

Thank you!

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