

Ethiopia Work Plan

FY 2020

Program Year 2

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Act | East PROGRAM OVERVIEW

The U.S. Agency for International Development Act to End Neglected Tropical Diseases (NTDs) | East Program supports national NTD programs in reaching World Health Organization goals for NTD control and elimination through proven, cost-effective public health interventions. The Act to End NTDs | East (Act | East) Program also provides critical support to countries on their journey to self-reliance, helping them create sustainable programming for NTD control within robust and resilient health systems. The Act | East Program is being implemented by a consortium of partners, led by RTI International and including The Carter Center; Fred Hollows Foundation; IMA World Health; Light for the World; Results for Development (R4D); Save the Children; Sightsavers; and Women Influencing Health, Education, and Rule of Law (WI-HER).

In Ethiopia, Act | East program activities are implemented by RTI International, Fred Hollows Foundation, and Light for the World.

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ACRONYMS LIST

ALB	Albendazole
ASCEND	Accelerating Sustainable Control and Elimination of NTDs
DFID	Department for International Development (U.K.)
DHIS2	District Health Information System-2
DSA	Disease-Specific Assessment
END Fund	End Neglected Tropical Diseases Fund
EPHI	Ethiopian Public Health Institute
EPSA	Ethiopian Pharmaceutical and Supplies Agency
DFD	Distribution and Fleet Management Directorate
FAA	Fixed-Amount Award
FHF	Fred Hollows Foundation
FMD	Forecasting and Market Shipping Directorate
MOH	Ministry of Health
FY	Fiscal Year
HMIS	Health Management Information System
HSS	Health System Strengthening
IR	Intermediate Result
IVM	Ivermectin
LF	Lymphatic Filariasis
LFTW	Light for the World
WIMD	Warehouse and Inventory Management Directorate
M&E	Monitoring and Evaluation
MDA	Mass Drug Administration
MEB	Mebendazole
MOH	Ministry of Health
NGO	Non-Governmental Organization
NTD	Neglected Tropical Disease
OV	Onchocerciasis
PC	Preventive Chemotherapy
PZQ	Praziquantel
RHB	Regional Health Bureau
SAFE	Surgery–Antibiotics–Facial Cleanliness–Environmental Improvements
SCH	Schistosomiasis
SNNP	Southern Nations, Nationalities, and Peoples’ Region
STH	Soil-Transmitted Helminths
TAS	Transmission Assessment Survey
TIS	Trachoma Impact Survey
TSS	Trachoma Surveillance Survey
TT	Trachomatous Trichiasis
WIMD	Warehouse Inventory and Management Directorate
USAID	United States Agency for International Development
WHO	World Health Organization
ZTH	Zithromax®

NARRATIVE

1. NATIONAL NTD PROGRAM OVERVIEW

The Ministry of Health (MOH) is the coordinating body for health initiatives across all nine regions in Ethiopia. Housed within the MOH is the Disease Prevention and Control Directorate, which oversees the Neglected Tropical Diseases (NTD) team, among other programs. In June 2013, Ethiopia's National Master Plan for NTDs (2013–2015) was officially launched. This Master Plan was updated in 2018 (to cover 2016–2020) and provided the impetus for the inclusion of NTDs into the 2016–2020 Health Sector Transformation Plan. The MOH focuses on nine priority NTDs (lymphatic filariasis [LF], onchocerciasis [OV], trachoma, soil-transmitted helminths [STH], schistosomiasis [SCH], podoconiosis, dracunculiasis, leishmaniasis, and scabies) of which trachoma, LF, and OV are targeted for elimination. Ethiopia has seen a scale-up of NTD activities since the development of the Master Plan, including the establishment of the national NTD team. Currently, the team is composed of a team leader and 11 experts in specific diseases, of whom 8 are salaried MOH employees and 4 are secondments supported by partners.

Decentralization of the health care delivery system is a primary strategy of the national health policy and NTD Master Plan. In line with this, the MOH oversees the direction and coordination of health programs at the national level, while the regional health bureaus (RHBs) ensure implementation and coordination of programs at the regional level. RHBs follow the general initiatives and direction of the MOH, but also prioritize health activities and initiatives based on regional needs. RHBs have developed their own regional NTD master plans within the national framework to complement the National NTD Master Plan and other key NTD documents, such as regional trachoma action plans. The RHBs are responsible for ensuring the successful rollout of NTD activities and accurate data collection and reporting before submission to the MOH.

The MOH and RHBs conduct various health initiatives through tertiary, secondary, and primary health care provision levels. The primary level focuses on community engagement and is where most hands-on implementation takes place within the NTD program. The primary level is divided into primary health care units, the Health Extension Program, and the Health Development Army. Primary health care units are district- (woreda-) level medical clinics, and on average, each woreda contains five and provides services to an estimated 25,000 people. Additionally, there is one health post and two health extension workers per sub-district (kebele), which fall below the primary health care unit and health centers. Health extension workers are government-salaried, trained, community-based health workers who oversee the volunteer Health Development Army.

For NTD control and elimination, health care workers at the community level play a necessary role in community ownership and access to preventive chemotherapy (PC) NTD interventions. Health extension workers manage mass drug administration (MDA) registration and supervision, as well as administer azithromycin. Health Development Army members administer albendazole (ALB) and ivermectin (IVM), and they assist with general MDA organization. Mebendazole (MEB) and praziquantel (PZQ) are distributed by teachers via school-based distribution, except in woredas with high-risk groups or a prevalence over 50%. In these woredas, the health extension workers lead community-wide distribution, which is complementary to school-based deworming.

In addition to the structures mentioned above, the Ethiopian Public Health Institute (EPHI) is a government entity that focuses on health initiatives and research. It has conducted NTD mapping and assists with DSAs. Specifically, EPHI completed the LF, STH, and SCH mapping for most of the country in

2014. The MOH mandated in 2018 that all coverage assessments and DSAs involve an independent research organization, separate from the organizations that implemented the MDA. Currently the MOH has selected four universities and one research institute to focus on specific regions across Ethiopia: Arbaminch University, Jimma University, Mekele University, University of Gondar, and the Armauer Hansen Research Institute.

In FY18, the MOH circulated an integrated MDA (IMDA) annual calendar to the RHBs and implementing partners to plan and implement integration. The integrated NTD strategy aims to scale up access to NTD interventions, streamline NTD trainings for frontline health workers, avoid duplication of efforts, improve drug supply chain management, and harmonize monitoring and evaluation (M&E) activities. The MOH has created IMDA steering committees within each region. These committees are co-chaired by the RHB NTD focal person and an implementing partner. The committees specifically coordinate the required finances among all partners within a given region. For example, in Beneshangul-Gumuz RTI provides sufficient funding to the RHB to address OV, LF and trachoma in two zones while the Carter Center provides funding for OV MDA in the one zone it supports. The STH/SCH pooled fund provides funding for STH/SCH across all three zones. In this way, all of the PC-NTD MDA requirements within the region are addressed. Act | East is strongly represented on these steering committees with RTI chairing committees together with the Gambella and Beneshangul-Gumuz RHBs, FHF chairing with the Oromia RHB, and LFTW chairing with the Tigray RHB.

Partners

The MOH leadership, donors, and implementing partners recognize that coordinated efforts lead to more substantial progress toward NTD control and elimination. Given the relatively large number of NTD partners in Ethiopia, a brief overview of their support is summarized in Table 1.

A continuing partnership worth noting that between RTI and the Office of the United Nations High Commissioner for Refugees and the Ethiopian Agency for Refugee and Returnee Affairs. This collaboration implements NTD programs in refugee camps in Gambella and Beneshangul-Gumuz regions. Further detailed in the individual disease sections of this report, this partnership has enabled the mapping, treatment, and subsequent impact surveys of NTDs, resulting in the treatment of hundreds of thousands of refugees.

2. INTERMEDIATE RESULTS (IR)1 PLANNED ACTIVITIES: LF, TRACHOMA, OV

Lymphatic Filariasis

In FY20, Act | East will continue to provide support to the Ethiopian LF program for MDA, surveys, and dossier development. Specific activities are detailed below.

- **LF MDA:** Act | East will support MDA in 10 woredas. The breakdown of support to the regions and by partner is as follows:
 - **Beneshangul-Gumuz:** RTI will support the Beneshangul-Gumuz RHB to conduct re-MDA in three woredas and four refugee camps.
 - **Oromia:** LFTW will support the Oromia RHB to conduct MDA in five woredas of Western Oromia. FHF will support one woreda in Eastern Oromia.
 - **Tigray:** LFTW will support the Tigray RHB to conduct MDA in one woreda.
- **LF Pre-TAS:** Act | East will support pre-TAS in 5 woredas in Beneshangul-Gumuz and 6 in Oromia via FAA support to the EPHI. All 11 of these woredas have had five rounds of treatment. Nine of the woredas had >65% coverage for all five rounds. Two of the woredas targeted in

Beneshangul-Gumuz did not achieve 65% coverage for the first MDA round. They also both did not receive the second round of MDA until more than a year and a half later.

- **LF TAs:** Assuming the above woredas pass pre-TAS, Act | East also will support TAs in all 11 woredas. Electronic data capture, with either RTI's systems or EPHI's, will be used throughout both the pre-TAS and the TAS. It is important to note that proactive investigative measures, such as coverage evaluation surveys, in the three districts that failed pre-TAS would be put into place ideally in FY20 after re-MDA. However, constraints in the FY20 budget will not make this possible.
- Ongoing LF elimination dossier development: LF dossier development has not yet begun in Ethiopia. MDA and LF morbidity data, complete up to 2018, are currently stored in the District Health Information System (DHIS) 2 NTD database at the MOH.

Trachoma

In FY20, Act | East will continue to provide support to the trachoma program through MDA, surveys, and dossier development. Specific activities are detailed below.

- **Trachoma MDA:** In FY20, Act | East will support MDA in 116 woredas. This represents only 39% of the original 298 woredas targeted by the project, with nearly 23% (68 woredas) having already achieved the criteria to stop MDA and the remaining woredas eligible for TIS in FY20. The support will include funding for regional- and district-level training; social mobilization; drug transportation; and management, including reverse supply chain, drug distribution, and supervision. The breakdown of support to the regions and by partner is as follows:
 - **Beneshangul-Gumuz:** RTI will support the Beneshangul-Gumuz RHB to conduct MDA in two woredas, both of which are Re-MDA
 - **Gambella:** RTI will support the Gambella RHB to conduct MDA in nine woredas, all of which are RE-MDA.
 - **Oromia:** LFTW will support the Oromia RHB to conduct MDA in 24 woredas of Western Oromia, while FHF will support the Oromia RHB to conduct MDA in 63 woredas in Central and Eastern Oromia. 15 out of these 87 woredas are Re-MDA resulting from the FY19 TIS/TSS and 2 are Re-MDA resulting from their second TIS in FY18 which required three additional rounds of MDA.
 - **Tigray:** LFTW will support the Tigray RHB to conduct MDA in 18 woredas. 9 out of these 18 woredas will be Re-MDA.

For all 37 re-MDAs, RTI will hold the aforementioned post-TIS investigations and conduct appropriate mitigative actions, which might include increased supervision, more tailored social mobilization efforts, and 'real time' MDA rapid coverage surveys.

- **Trachoma impact and surveillance surveys:** Act | East will support the MOH to conduct TIS in 103 woredas and 7 camps (combined into 3 EUs) for a total of 106 EUs and TSS in 14 woredas and 2 camps (2 EUs) for a total of 16 EUs. All of the woredas targeted for TIS have conducted the minimum required number of rounds with strong coverage. Act | East will use WHO's simplified trachoma grading system to identify and register trachoma cases and employ WHO's Tropical Data service. It is important to note that the MOH has mandated that, regardless of population size, each district should stand as its own evaluation unit. Combining smaller woredas into one

evaluation unit is not permissible, as the MOH feels this practice does not provide enough granularity for actionable data. The breakdown of support to the regions and by partner is as follows.

- **Beneshangul-Gumuz:** RTI will support the Beneshangul-Gumuz RHB to conduct TISs in two woredas and TSSs in seven woredas and two refugee camps.
- **Gambella:** RTI will support the Gambella RHB to conduct TISs in three woredas and seven refugee camps.
- **Oromia:** LFTW will support the Oromia RHB to conduct TISs in five woredas in Western Oromia. FHF will support 81 TISs and 7 TSSs in Central and Eastern Oromia.
- **Tigray:** LFTW will support the Tigray RHB to conduct TISs in 12 woredas in Tigray.
- **TIS/TSS team training (graders and recorders):** To conduct the TIS and TSS in FY20, Act | East will support three TIS trainings, each of which will train 20 graders and 20 recorders in each of the three regions conducting surveys. RTI will work together with the MOH, RHB, and partners to organize the training, including identifying certified instructors and providing quality training materials. A certified recorder and grader trainer will provide the training based on the Tropical Data methodology.
- **Ongoing trachoma elimination dossier development:** The National Trachoma Task Force, chaired by the MOH, has begun a series of discussions focusing on trachoma dossier preparation and the post-elimination transition best practices created by the International Coalition for Trachoma Control. While many years likely remain before Ethiopia submits its dossier, the MOH recognizes there are clear steps to be taken now to ensure that validation of elimination of trachoma in the most endemic country in the world moves forward in an organized way. To that end, the MOH has entered all of the historical MDA treatment information, including survey results from Tropical Data and updated TT surgery progress, into the DHIS2 NTD database. Act | East partners will continue to contribute to this process in their role on the National Trachoma Task Force.

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In FY20, Act | East will support the following OV activities:

- **OV MDA:** In FY20, Act | East will support OV MDA in 81 woredas. It is important to note that these districts traditionally have received biannual treatment. However, due to budget constraints, the Act | East program will only support one round of treatment. The breakdown of support to the regions and by partner is as follows:
 - **Beneshangul-Gumuz:** RTI will support the Beneshangul-Gumuz RHB to conduct one round of OV MDA in 14 woredas and five refugee camps.
 - **Oromia:** LFTW will support the Oromia RHB to conduct one round of MDA in 67 woredas of Western Oromia.
- **OV impact monitoring surveys:** In FY20, OV impact monitoring surveys are needed in 58 woredas within Act | East-supported areas. However, due to budget constraints, Act | East will not be able to support these activities in FY20. If support for these surveys is sourced from another donor, RTI and LFTW staff may lend staff time to assist EPHI, if requested by the MOH.

3. SUSTAINABILITY STRATEGY ACTIVITIES (IR2 AND IR3)

Drug Management

Currently, NTD drugs are integrated into the country's supply chain system to create a more sustainable program. The clearance, storage, and distribution of NTD drugs and supplies are undertaken by the Ethiopian Pharmaceuticals Supplies Agency (EPSA, formerly PFSA) based on the demand of the regions. Drug needs for PC NTDs (Zithromax[®] tablets and powder for oral suspension, IVM, PZQ, MEB, ALB and tetracycline eye ointment) are forecasted and drugs are requested using WHO's Joint Application Package from different pharmaceutical manufacturers, while the Zithromax forecasting and application package is managed by the International Trachoma Initiative. The ACCELERATE and ASCEND projects have engaged an M&E secondment who will be tasked with ensuring that the Joint Application Package and Trachoma Elimination Monitoring Form are of high quality and submitted on time. Therefore, Act | East will not provide support for this in FY20.

In FY20, RTI's EPSA mentor will continue to conduct quarterly assessments specifically focusing on reverse supply chain issues for NTDs as a part of his general duties. He will conduct this analysis during his regular supervisory visits and compose strategies to address any shortcomings found. (*See EPSA Mentoring in Mainstream section below*)

Prevention of Serious Adverse Events (SAEs) and maximizing harm reduction remains a major concern for both the MOH and Act| East. In FY19, ENVISION supported implementation of the new dosing guidelines for Zithromax which included revising the MDA training materials and creating new dose poles. ENVISION partners also participated in an MDA safety assessment commissioned by ITI and led by Dr. David Addis from the Task Force for Global Health. The assessment team met with the MOH, the Food, Medicine and Health Care Administration and Control Authority, and several implementing partners within the country. Recommendations for improving MDA safety included:

Recommendations for safeguarding MDA safety include:

- Delivering clear messages at the point of Zithromax[®] administration regarding appropriate use of POS and not forcing children to take Zithromax[®]
- Strengthened pre-MDA program planning and preparedness, which focus on key safety behavior and messages, intensified supervision, crowd control, and SAE management
- Improved training for MDA safety, including a revised section on safety in the MOH integrated NTD training manual. Increased attention to training at the sub-zonal levels, emphasizing 1) role-playing and problem-solving; and 2) building skills to manage crowds, convey safety messages to volunteers and participants, and properly administer Zithromax[®] using new dosing guidelines
- Monitoring and evaluation of safety practices and messaging during MDA, as well as assessment of 1) incidence and risk factors for choking and 2) the effectiveness of strategies to prevent SAEs
- Operational research to optimize MDA safety
- Improved management, reporting, and investigation of SAEs through clarification and shared understanding of responsibilities of all stakeholders; strengthened capacity of District Health Offices in SAE reporting; and more widespread awareness and use of the FMHACA "yellow" SAE reporting form and the MOH SAE reporting guidelines.
- Establishing more opportunities for shared learning among stakeholders through formal and informal meetings and communication on MDA safety at all levels.

In addition to requiring the new dosing guidance across the country, the MOH has also embraced these MDA recommendations. It has encouraged implementing partners to incorporate indicators measuring MDA safety into routine supportive supervision and coverage surveys and has placed greater emphasis on MDA safety in the integrated NTD training manuals via inserts.

Mainstreaming and Health System Strengthening (HSS) Activities (IR2)

In FY19, Act | East completed a desk review for HSS and NTDs in Ethiopia. The desk review identified that significant progress has been made in various aspects of HSS for NTDs. For example, in 2017, the Children Investment Fund Foundation (CIFF) commissioned Dalberg Global Development Advisors (Dalberg) to conduct an NTD sustainability assessment. The Dalberg report's findings indicated that Ethiopia's NTD programming had made notable progress toward sustainability by, for example, having strong government buy-in and ownership of the program and having existing NTD policies and guidelines that were already aligned with national health policies. The report also identified program sustainability gaps among which were individuals trained on NTDs not fully understanding and internalizing the information they had received and translating these skills into their work effectively. The report recommended that the MOH set up a mentoring program to follow up with trainees. The MOH has since implemented this recommendation and now has a mentorship program which includes a manual designed for self-directed learning, a Facebook group for peer support and personal development sessions via phone calls between mentors and mentees.

Recent discussions with the MOH and ASCEND Lot 1 have confirmed that other HSS-related and gender assessments have been conducted. In FY20, Act | East Ethiopia will focus on completing the process of hiring an in-country HSS advisor.

Taking the above into account, Act | East has revised previously submitted HSS activities and proposes to focus on the following:

Stakeholder engagement and consensus building: The Act | East chief of party and HSS advisor will identify key influencing stakeholders from civil society and the private and public sectors (including non-health stakeholders) who can shape policy, operational capacity, and financing to sustain NTD programming. They will conduct a series of sensitization and buy-in meetings to familiarize counterparts with USAID's sustainability objectives and build understanding of major sustainability challenges. As mentioned above, there are also other types of assessments conducted by ASCEND and WHO that are relevant for health system strengthening. This activity is therefore critical as it will enable Act | East to take into account existing assessment reports and input of all stakeholders in the development of a national NTD sustainability plan.

Gender training: Act | East's sub-partner, WI-Her will provide a three-day training on gender integration into NTD programming, service delivery and the budget cycle. Participants targeted include MOH NTD staff, other line ministries involved in NTDs such as the Ministry of Water and Hygiene, RHB staff from each of the regions in Ethiopia, and implementing partners.

Drafting of a national sustainability plan: Act | East will support a five-day meeting to review the findings of previously conducted HSS and gender assessments and use them to draft a national NTD sustainability plan.

On the first day of the meeting, MOH, ASCEND Lot 1, WHO and other key stakeholders will review and discuss findings of previously conducted HSS and gender assessments. The agenda will include a

validation exercise during which participants will confirm that the findings from each of the assessments are accurate, receive updates on the status of implementation of recommendations from the various assessments, and conduct a prioritization exercise to determine the key areas of focus to be included in a national NTD sustainability plan.

For the following four days, participants will focus on the development of a national NTD sustainability plan that will address the areas prioritized during day one. It is expected that this draft national NTD sustainability plan will also take into account activities that the MOH is already implementing based on the findings of the 2017 Dalberg assessment. The national NTD sustainability plan will also include gender-specific actions that will identify how to integrate gender into national policies and programs, as well as Act | East activities, in order to reach national objectives and Act | East Program goals.

It should also be noted that Act | East anticipates providing technical assistance to the MOH through STTA to conduct further analysis on improving domestic resource mobilization. The scope of work for this STTA will be better defined during this five-day meeting. Act | East will have discussion with USAID further into fiscal year once the scope of work is better understood.

Regional Health Bureau NTD Mentors: Act | East will continue to support mentors in the regional health bureaus of Gambella and Beneshangul-Gumuz. These mentors will work with the Infectious Disease Directors and NTD focal persons in each region, both of whom are new as of 2019 to implement the MOH's IMDA plan. The mentors will capacitate their mentees by:

- Collaborating to create the FY20 IMDA distribution plan for the region. FY20 is the first year the IMDA steering committees will be in place. The mentor and mentee will need to work with the implementing partners in the region to coordinate MDA timing and ensure that the different funding mechanisms used by the various partners are harmonized for integrated implementation.
- Conducting the IMDA training together with the mentee at all levels via the cascaded approach. As per the findings of the END Fund-supported IMDA assessment, the mentor will train the mentee to measure knowledge retention of the health workers via randomized, cost neutral key informant interviews both during the trainings and during the MDAs.
- Training mentees how to conduct supportive supervision using the methods stressed in the IMDA training manual which include a modified supervisory coverage tool for implementation by the sub-woreda health workers. The mentor will also train the mentees on the importance of MDA safety using observational safety assessments which RTI will pilot for the first time this year. This will be a cost-neutral opportunity integrated into the existing supportive supervision support.
- Teach the mentee how to compile and write reports by using both the IMDA registration summary forms and liaising with the HMIS focal person to ensure NTD-related indicators are properly entered.

Like the EPSA mentoring strategy, the success of this plan depends on the RHBs retaining the individuals in the positions mentioned

Planned Activities (SCH, STH, Post-Validation/Verification Surveillance)

Schistosomiasis and Soil-Transmitted Helminths

In FY20, Act | East will support the following STH and SCH activity:

- All Act | East support will focus specifically on the trachoma, OV, and LF MDA and DSA needs within the targeted woredas. However, as discussed above, by supporting the integrated training as well as integrated supportive supervision of MDA, Act | East will also contribute to the STH and SCH MDA where there is co-endemicity. Accordingly, Act | East will provide support to STH MDA in 100 woredas and SCH MDA in 53 woredas.

