# **Bangladesh Work Plan**

FY 2021 Program Year 3

October 2020-September 2021







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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).

# COVID-19 PANDEMIC IMPACT ON ACT TO END NTDs | EAST (ACT | EAST) ACTIVITIES AND WORK PLANS

Act | East recognizes the impact that the coronavirus disease 2019 (COVID-19) pandemic has had on all programs. On April 1, 2020, the World Health Organization (WHO) issued interim guidance to neglected tropical disease (NTD) programs recommending that almost all in-person activities be postponed until further notice. With the support of USAID, Act | East stopped all activities that matched the criteria outlined in WHO's interim guidance.

On July 27, 2020, WHO issued further interim guidance on assessing whether NTD activities could restart safely. Alongside this, Act | East, in collaboration with Act | West and USAID, developed activity restart guidance and resource documents to support each country in safely implementing activities while adapting to the COVID-19 challenge and adhering to global guidance.

The timeline to restart activities will be context-specific, varying by country, region, and activity, and is subject to changes in COVID-19 dynamics. For the sake of brevity, all amendments to activity design to account for COVID-19 have not been listed in each country's work plans.

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#### **ACRONYMS LIST**

ALB Albendazole

ASCEND Accelerating Sustainable Control and Elimination of NTDs

BGD Bangladesh

CIPRB Center for Injury Prevention and Research Bangladesh

CNTD Centre for Neglected Tropical Diseases

COVID-19 Coronavirus Disease 2019

CY Calendar Year
DEC Diethylcarbamazine

DGHS Directorate General of Health Services

DIP Direct Inspection Protocol

IR Intermediate Result LF Lymphatic Filariasis

MDA Mass Drug Administration

Mf Microfilaremia

MMDP Morbidity Management and Disability Prevention

MOHFW Ministry of Health and Family Welfare

NTD Neglected Tropical Disease
STH Soil-Transmitted Helminths
TAS Transmission Assessment Survey

USAID United States Agency for International Development

WHO World Health Organization

#### **BANGLADESH**

#### 1. NATIONAL NTD PROGRAM OVERVIEW AND SUPPORT

#### **Administrative Structure**

Bangladesh (BGD) is divided into 8 divisions and 64 districts, with an estimated population of 170 million people, and an average of 2.6 million people per district. The districts are further divided into subdistricts (upazilas), clusters of villages (unions), and villages (mouzas). The National Filariasis Elimination, Soil-Transmitted Helminthiases (STH) Control Program, and Little Doctor Programme are based in the Disease Control Unit of the Directorate General of Health Services (DGHS), Ministry of Health and Family Welfare (MOHFW), and are responsible for the overall design and management of national efforts to respond to lymphatic filariasis (LF) and STH. The national program works with the MOHFW's research unit, drug control and logistics departments, and the national health database to coordinate neglected tropical disease (NTD) programming in Bangladesh.

#### 2. INTERMEDIATE RESULT (IR) 1 PLANNED ACTIVITIES: LF

#### **Program Context**

Bangladesh is currently under post- Mass Drug Administration (MDA) LF surveillance for its 19 endemic districts and is expected to implement a final Transmission Assessment Survey (TAS) 3 in one district in 2020.

Approximately 33.3 million people in Bangladesh were considered at risk of LF caused by *Wuchereria bancrofti* and transmitted by *Culex quinquefasciatus* from baseline mapping. Nineteen districts were declared endemic based on historical and/or empirical evidence, including the presence of people affected with clinical disease and/or high prevalence of microfilaremia (Mf) observed in epidemiological surveys. By 2014, all 19 districts had completed at least five rounds of MDA with albendazole (ALB) and diethylcarbamazine (DEC), and 18 out of the 19 had passed TAS1 and met the criteria for stopping MDA. By the end of 2018, these 18 districts had passed TAS3. The remaining district, Rangpur, passed TAS1 in November 2016 and TAS2 in October 2018. The final survey, TAS3, will be funded and implemented by MOHFW once schools have reopened in the country. Rangpur, which is divided into two evaluation units is eligible to conduct TAS3 in October 2020.

#### FY21 Activity: LF Direct Inspection Protocol (DIP) Implementation

The Act to End NTDs | East (Act | East) Program will support implementation of a DIP survey of health facilities providing lymphedema management and hydrocele surgeries to meet the national goal of validating LF elimination in 2021. MOHFW will strategically implement the DIP survey of health facilities with technical support from the Centre for Injury Prevention and Research Bangladesh (CIPRB).

CIPRB will undertake facility-based surveys to assess the quality of lymphedema services and provide recommendations on actions needed to strengthen these services where needed. The surveys will be completed electronically and be captured in a data system managed by the Act | East. CIPRB will work closely with the MOHFW and district health systems to coordinate logistics, human resources, training, survey implementation, data quality assurance, and communication. The methodology and protocol of the proposed implementation of DIP survey were discussed during a workshop hosted by the Filariasis Elimination Program, DGHS, on January 27–28, 2020. Representatives from the U. S. Agency for International Development (USAID) Washington, RTI International, CIPRB, Centre for Neglected Tropical Diseases (CNTD), Accelerating Sustainable Control and Elimination of NTDs (ASCEND), and other regional

and national experts attended the workshop. Prioritization of site selection was the primary objective of the January 2020 workshop. Site selection was stratified based on level of endemicity, which allowed weighting of endemic districts. A virtual meeting was held on May 13, 2020, to discuss the sampling strategy in accordance with the WHO requirements.

The MOHFW is requesting that the DIP survey be implemented in FY21 Quarter (Q)1, pending assessment of the COVID-19 situation in Bangladesh.

#### **FY21 Activity: LF Dossier Development Support**

The Government of Bangladesh will implement the DIP with CIPRB and conduct its final LF survey with CNTD in late calendar year 2020 (CY20), depending on the COVID-19 situation in the country at that time. Act | East will provide technical support to finalize the dossier for submission to WHO. Act | East will support regional consultant to (1) review all national data, (2) incorporate new Morbidity Management and Disability Prevention (MMDP) and DIP assessment data, and (3) draft a narrative section on the DIP activity.

#### **FY21 Activity: National Program Technical Support**

Act | East will support a consultancy for technical and project management assistance to the national program in FY21, including coordination of the implementation of the DIP by CIPRB, coordination of LF dossier development, and coordination of Act | East contributions to celebrate the expected 2021 validation of LF elimination in Bangladesh.

#### **Host Government and Partner Supported Activities**

All NTD activities in Bangladesh are implemented directly by the MOHFW or conducted under direct guidance of the MOHFW.

### **APPENDIX. BANGLADESH ENDEMICITY MAP**

