

# Mozambique Work Plan

**FY 2024**

**Program Year 6**

**October 2023–September 2024**



This report is made possible by the generous support of the American People through the United States Agency for International Development (USAID). The contents are the responsibility of Act to End NTDs | East, led by RTI International in partnership with The Carter Center, Fred Hollows Foundation, Light for the World, Sightsavers, Results for Development, Save the Children, and WI-HER under cooperative agreement No. 7200AA18CA00040 and do not necessarily reflect the views of USAID or the United States Government.

## **ACT | EAST PROGRAM OVERVIEW**

The U.S. Agency for International Development (USAID) 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 provides governments critical support to create sustainable platforms for NTD services within robust and resilient health systems. The Act | East Program is implemented by a consortium of partners, led by RTI International and including The Carter Center; Fred Hollows Foundation (FHF); Light for the World (LFTW); Results for Development (R4D); Save the Children; Sightsavers; and WI-HER.

In Mozambique, Act | East Program activities are implemented by RTI International.

## TABLE OF CONTENTS

ACRONYMS LIST .....	4
NARRATIVE.....	5
1. NATIONAL NTD PROGRAM OVERVIEW AND SUPPORT .....	5
2. INTERMEDIATE RESULT 1 (IR1) PLANNED ACTIVITIES: LF, TRACHOMA, OV .....	5
3. IR2 SUSTAINABILITY AND HSS STRATEGY ACTIVITIES .....	10
4. IR3 PLANNED ACTIVITIES: SCH, STH .....	10

## ACRONYMS LIST

Act   East	Act to End Neglected Tropical Diseases   East
AFRO	WHO Africa Regional Office
ALB	Albendazole
CDD	Community Drug Distributor
DNSP	<i>Direction Nationale de la Santé Publique</i> (National Public Health Directorate)
DSA	Disease-Specific Assessment
ELISA	Enzyme-linked immunosorbent assay
EU	Evaluation Unit
FTS	Filariasis Test Strip
FY	Fiscal Year
HMIS	Health Management Information System
HSS	Health Systems Strengthening
IEC	Information, Education, and Communication
INS	<i>Instituto Nacional de Saúde</i> (National Institute of Health)
IR	Intermediate Result
ITI	International Trachoma Initiative
ITN	Insecticide Treated Net
IVM	Ivermectin
JAP	Joint Application Package
LF	Lymphatic Filariasis
M&E	Monitoring and Evaluation
MDA	Mass Drug Administration
MERLA	Monitoring, Evaluation, Research, Learning, and Adaptation
MISAU	<i>Ministério de Saúde</i> (Ministry of Health)
NSC	National Steering Committee
NTD	Neglected Tropical Disease
OV	Onchocerciasis
Q	Quarter
RTI	RTI International
SCH	Schistosomiasis
STH	Soil-Transmitted Helminths
TAS	Transmission Assessment Survey
TEMF	Trachoma Elimination Monitoring Form
TEO	Tetracycline Eye Ointment
TF	Trachomatous Inflammation–Follicular
TIS	Trachoma Impact Survey
TSS	Trachoma Surveillance Survey
TT	Trachomatous Trichiasis
USAID	United States Agency for International Development
WHO	World Health Organization

# NARRATIVE

## 1. NATIONAL NTD PROGRAM OVERVIEW AND SUPPORT

Mozambique is divided into 161 districts<sup>1</sup> across 11 provinces, with an estimated 2024 population of 33.2 million (projected from the 2017 census). Currently, 19 districts are endemic for trachoma (above the Trachomatous Inflammation–Follicular [TF] elimination threshold of  $\geq 5\%$ ), 52 require mass drug administration (MDA) for lymphatic filariasis (LF), 154 for schistosomiasis (SCH), and 153 for soil-transmitted helminths (STHs). Mapping has been completed for all five neglected tropical diseases (NTDs) that are treatable through preventive chemotherapy, although uncertainty remains about the hypo-endemic status of onchocerciasis (OV) in some districts.

Under the coordination of the National Directorate of Public Health, each province is responsible for planning and coordinating NTD activities in each implementation unit. The provincial representatives coordinate activities at the provincial level, act as an intermediary body between the district and national levels, and report to both provincial and national bodies.

At the central level, the *Ministério de Saúde* (Ministry of Health [MISAU]) is organized into two arms: (1) the National Directorate of Public Health, under which the National NTD Program operates; and (2) the National Directorate of Medical Assistance, within which is the Ophthalmology Department. Under both arms, the provincial and district directorates of health operate throughout the country. The National NTD Program and the Ophthalmology Department collaborate closely. The National NTD Program maintains responsibility for managing MDA campaigns for trachoma, LF, SCH, and STH. The National Directorate of Medical Assistance manages LF morbidity (hydrocele surgery and lymphedema management), and the Ophthalmology Department manages trichiasis surgeries. Disease-Specific Assessments (DSAs) for all NTDs are led by the National NTD Program, except for trachoma impact surveys (TIS), trachoma surveillance surveys (TSS), and trachomatous trichiasis (TT)-only surveys, which are managed in coordination with the Ophthalmology Department. In 2019, MISAU restructured, combining the National NTD Program with the National Non-Communicable Disease Program.

Operational research is typically handled by the *Instituto Nacional de Saúde* (National Institute of Health [INS]), which also sits in MISAU at the national level. The INS manages, regulates, and supervises activities related to the generation of scientific evidence to support better health and well-being. The public health department uses INS teams to implement public health evaluations.

## 2. INTERMEDIATE RESULT 1 (IR1) PLANNED ACTIVITIES: LF, TRACHOMA, OV

### Lymphatic Filariasis

In FY24, Act | East will provide support to MISAU for the following LF activities.

- **LF MDA:** In FY24, MISAU will implement re-MDA in 35 districts in Nampula, Niassa, Sofala, and Zambézia Provinces with Act | East support. One of these districts will implement a co-administered LF and trachoma MDA, described below. Thirty-four of these districts failed pre-TAS in December 2021, and one failed TAS1 in November 2022. This is the second re-MDA round for the 35 districts, after which they will be eligible for re-pre-TAS in FY25. The remaining 17 districts considered

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<sup>1</sup> At the start of ENVISION support in fiscal year 2013 (FY13), Mozambique was composed of 142 districts. Redistricting in the provinces of Maputo, Manica, Nampula, Tete, and Zambézia in 2015, and further redistricting in Gaza Province in 2019, resulted in the current demarcation of 161 districts.

endemic are in Cabo Delgado; 8 are eligible for pre-TAS, and 9 require MDA. Of the remaining nine districts that require MDA, six are in insecure areas of Cabo Delgado. If security improves and there are available funds, Act | East will explore opportunities to support these MDA and pre-TAS later in FY24.

Act | East will continue to support fixed-point and door-to-door distribution strategies, with each distribution team composed of two drug distributors who will distribute the drugs and complete the tally sheets, and one mobilizer, who is often a community leader, who will sensitize the households about MDA in advance of treatment.

Act | East's Mozambique team, composed by the Act | East Chief of Party; Program Officer; and Monitoring, Evaluation, Research, Learning, and Adaptation (MERLA) staff is part of the national- and provincial-level supervision. This central supervision team will participate in the review of supervision tools, completion of reports, and daily calculation of subdistrict coverage. As part of routine supervision, the team will also assess the knowledge level of community volunteers and the quality of television and radio broadcasts through observation. The data officer will work closely with the district statistician in reviewing the data and the drug stock sent by the district supervisors.

To strengthen MDA, during planning, MISAU with Act | East support will collect community level population data to ensure sufficient human resources for distribution and prepare daily coverage reporting forms. The daily coverage reporting form is an Excel-based tool that will allow provincial- and central-level supervisors to track daily coverage and tailor treatment strategies based on results. The district level data manager will receive the summary tally sheets from district supervisors overseeing distribution teams and will enter these data into the tool daily. The data manager will send the file to the NTD focal points at the provincial and central levels. Provincial- and central-level teams will review the information available and make decisions on how to improve MDA in specific underperforming subdistricts.

In the past, the NTD Program used to advise 1 Community Drug Distributor (CDD) to treat 500 people per day. Act | East has increased support to the NTD Program for staffing over the past two years, with 1 CDD treating 350 people and 1 district supervisor overseeing 4 treatment teams instead of 5.

During the training, district supervisors will formulate a distribution map and supervisory plan in collaboration with the CDDs. This map will serve as a reference for the supervisors to coordinate their supervision visits with the distribution schedule of each community. The central-level supervisor will compare the district summary report with the report received from CDD supervisors to ensure data quality and accuracy. This is also an opportunity to review inventory reports and triangulate that information with treatment data.

Act | East will document the success and challenges of these MDA strengthening approaches through an after-action review (AAR) 1 month after MDA.

- **Mass drug co-administration to treat LF and trachoma:** Recent studies have demonstrated that ivermectin (IVM), albendazole (ALB), and Zithromax® can be safely administered together at one

time during standard MDA.<sup>2,3</sup> Triple drug combination strategies for MDA may save money, increase compliance in targeted communities, and reduce the level-of-effort burden placed on the local health workforce. In FY24, MISAU will pilot the distribution of all three drugs at one time during MDA in Monguical District, Nampula. The goal of this pilot, which will include increased supervision and an extra training day, will be to best understand how to programmatically roll out the co-administration approach in multiple districts in FY25. This initiative will take place in Q4 of FY24.

- **LF TAS3:** MISAU will implement TAS3 in six districts (three Evaluation Units [EUs]) in Niassa Province with Act | East support. All EUs have a population less than 500,000 and will be conducted in communities through RTI's electronic data capture system. MISAU will procure filariasis test strips (FTS) through the World Health Organization (WHO).
- **Training for LF DSAs:** Training will be held in Niassa Province for 2 days in Q3. Participants will include the District Laboratory Technician, NTDs District Focal Point, mobilizers, and the District Medical Chief. The first day will be a theoretical session, while on the second day teams will practice and carry out a simulation in a nearby community. The exercise will focus on how to organize the population, use FTS, and upload data in the smartphone. Trainers are experienced professionals who have participated in several surveys and are part of INS. Trainers will use Act | East's on-the-job training materials, including our post-test.
- **LF Dossier:** For the past two years, colleagues at MISAU have been working on the LF dossier with support from Act | East, progressively filling out the Excel file as data becomes available. The NTD Program teams are gathering information from narrative reports and the MISAU strategic plan to complete the narrative file. The data is currently stored on Google Drive and on the computer of the MISAU M&E Manager, who has contacted the national data storage department to save all NTD data.

In FY24, MISAU representatives, Act | East, and WHO's NTD focal point will review the LF data that will be included in the LF dossier Excel file during a 2-day meeting. Participants will check the data quality and sources, and make LF projections. In contrast to previous years, teams will pay more attention to morbidity data, which is difficult to track at the health facilities' register forms level. The central team will communicate with the provincial directorate to make sure that all the morbidity cases are recorded. A team composed of Act | East's MERLA and Program Officer, and the MISAU Data Manager and Coordinator will be assigned to start drafting a section for the narrative. A consistent narrative and Excel draft will be due by the end of FY24. The dossier file will be managed by the NTD Coordinator and Data Manager and saved on Google Drive; it will be periodically backed up to an external hard drive by the data manager.

- **LF and OV Elimination Committee Meeting:** MISAU will hold a 3-day workshop in Maputo for local and international OV and LF experts, supported by Act | East. As Mozambique borders countries endemic for OV, RTI will invite the OV Program Managers of Malawi and Tanzania, and partners like the END Fund to attend. The purpose of this meeting is to discuss the OV and LF situation in Mozambique, review existing data, identify difficulties encountered, exchange information with endemic and bordering countries, and develop a clear plan for the coming years in terms of

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<sup>2</sup> McPherson, S., Tafese, G., Behaksra, S. W., Solomon, H., Olijira, B., Miecha, H.,...Gadisa, E. (2023). Safety of integrated mass drug administration of azithromycin, albendazole and ivermectin versus standard treatment regimens: a cluster-randomised trial in Ethiopia. *EClinical Medicine*, 59(101984). <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10154979>

<sup>3</sup> John, L. N., Bjerum, C., Millat Martinez, P., Likia, R., Silus, L., Wali, C.,...Marks, M. (2020). *Clinical Infectious Diseases*, ciaa1202. <https://pubmed.ncbi.nlm.nih.gov/32818264>

activities. Representatives from WHO Geneva, WHO Africa Regional Office (AFRO), Act | East, the faculty of medicine, National Health Institute, and Parasitology Laboratory will attend the meeting. This will be the first meeting of its kind to be held in Mozambique.

### **Aligning Mutually Beneficial Interventions for USAID-Supported Malaria and LF Programs**

The global programs to eliminate both malaria and LF have numerous synergy opportunities, such as the use of insecticide treated nets (ITN) and indoor residual spraying, for the mutual benefit of both diseases. Within Mozambique, malaria programs, such as the USAID-supported Malaria Capacity Strengthening (MCAPS) Program (2022–2027), have not been well integrated with similar LF elimination efforts in co-endemic communities. Combining these disease control efforts may lead to greater uptake of both interventions in communities and provide cost savings. This is particularly important where prevalence is high for both diseases. It may also incentivize greater coordination between USAID projects within the country.

**Design, pilot, and evaluate MDA and MDA supervision with malaria interventions:** In Q1 of FY24, Act | East will meet with the malaria program to explore the implementation of a joint LF and malaria intervention in one co-endemic pilot district. Act | East will seek USAID approval for the selected intervention(s) following this meeting. Possible interventions could include the following:

- During pre-MDA census, joint malaria/LF clinical teams conduct point-of-care malaria detection and treatment, together with LF patient estimates.
- During MDA, the drug distribution teams conduct house-to-house distribution of both IVM and ALB, along with ITNs. Information, education, and communication (IEC) materials will demonstrate how adherence to bed nets can prevent both malaria and morbidity associated with LF. Teams will use specially created joint NTD/malaria reporting forms. Supervision will be conducted jointly.
- Conducting a joint coverage survey to measure the uptake of both interventions, accuracy of malaria diagnosis, and LF morbidity patient line-listing. Additional questions will be built into the coverage survey to measure the impact of joint IEC materials.
- Holding focus group discussions with the district health workforce concerning the benefits or detriments to either program through such an approach.
- Carrying out a cost-benefit analysis between LF interventions alone, malaria interventions alone, and both interventions coordinated together.

### **Trachoma**

In FY24, Act | East will provide support for the following trachoma activities.

- **Trachoma MDA:** MISAU, with Act | East support, will implement re-MDA in four districts: three in Manica Province (Guro, Macossa, and Tambara), and one in Nampula Province (Iha de Mogincual). One of these districts will implement a co-administered LF and trachoma MDA, described above.

As with the approach for LF MDA, Act | East will support MISAU to use an increased ratio of CDDs, distribution maps and supervisory plans, and daily coverage reporting. The MDA strengthening approaches will be reviewed through an AAR one month after MDA.

- **Trachoma Dossier:** Files are saved in Google Drive and are regularly reviewed. The Excel-based dossier file contains all available data. The file is regularly updated by the NTD Program Data Manager and the Act | East MERLA Manager. Data on morbidity cases is updated by Sightsavers and the medical assistance department's focal point, who is responsible for managing TT surgeries. Act | East support to quarterly dossier review meetings will continue in FY24, including financial and technical support for two, 2-day, in-person workshops outside Maputo. Participants will include representatives from MISAU, Act | East, WHO, and other trachoma partners. The remaining two meetings will be conducted virtually or combined with another planned meeting, such as the NTD Steering Committee Meeting.

### Onchocerciasis

In FY24, Act | East will provide support for the following OV activities.

- **OV MDA:** MISAU, with Act | East support, will implement MDA in four districts: Lago and Sanga in Niassa Province and Milange and Morrumbala in Zambézia Province. MISAU will continue to implement fixed-point and door-to-door MDA, with each distribution team composed of two drug distributors who will distribute the drugs and complete the tally sheets, and a mobilizer, who is often a community leader, who will sensitize the households in advance of treatment. Supervision will be as described for the trachoma and LF campaigns.
- **Second stage sample processing:** INS will process the 9,000 second-line village samples collected during OV elimination mapping that have not yet been analyzed, with Act | East support. Currently, all samples are stored at INS in a refrigerator at a temperature of -80 degrees Celsius. Findings will indicate whether these three districts are endemic above the treatment threshold.
- **OV diagnostic training:** A capacity building session, facilitated by WHO AFRO OV experts, will take place in-person at a selected laboratory to ensure that the technicians have the knowledge to carry out ELISA analysis. The trainers will assess the laboratory's ability to carry out the analysis.
- **National desk review:** An OV desk review will be done with the use of topographic maps of the scale 1:100,000 to 200,000, or the appropriate mapping software, with updated shape files for identifying ecological areas supporting the breeding of OV *Simulium* vectors. In these areas, potential riverine breeding sites will be identified for prospection and, later, OV elimination mapping if required. A literature review will also be done to strengthen and point the desk review to where the potential for evidence of the disease exists. Act | East will present the report and data from the desk review to the National Technical Committee to decide where interventions are required.

### 3. IR2 SUSTAINABILITY AND HSS STRATEGY ACTIVITIES

#### a. Improving Core NTD Program Functions

##### Data Security and Management

In FY24, the Act | East M&E Officer will continue having ad hoc sessions with MISAU staff and assist them in safeguarding NTD files and using the HMIS. Data and archiving processes and file organization will be discussed regularly during the biweekly technical staff meetings.

##### Drug Management

In FY24, Act | East will support the following:

- **JAP & TEMF workshop:** Historically, the NTD Program's JAP has had issues, in terms of data quality and timeliness of submission. For FY24, teams from the central level, including the Data Manager, National Coordinator, and technical managers, in collaboration with Act | East staff and WHO Mozambique staff, will meet for three days to complete five files: Epidemiological Data Reporting Form, Joint Reporting Form, work plan, Joint Request for Selected Medicines, and TEMF in March 2024 (Q2), one month before JAP submission. Participants will be broken up into groups, each responsible for one file. Each file will be presented to the audience for feedback.
- **Capacity Building, WHO SOPs for NTD medicines:** Act | East's Chief of Party is a trainer on WHO's SOPs for NTD medicines. Therefore, he will take advantage of virtual and face-to-face technical meetings, as well as steering committee meetings, to provide ongoing guidance to NTD Program teams and partners involved in drug management procedures. All the SOPs will be translated into Portuguese. The attendees will include the central NTD team, RTI team, WHO NTD focal point, and partners involved with NTDs. There will be practical simulation sessions, accompanied by pre- and post-tests.
- **Coordination of shipments:** Act | East will support MISAU to coordinate shipments of NTD medicines for LF, OV, and trachoma MDA.
- **Inventory reporting:** Act | East will support MISAU to do a bi-annual review of the inventory reporting to support accurate drug forecasting and quantification. Timing of the review will be coordinated with the timing of the JAP submission.

#### b. Achieving Sustainability: Mainstreaming & Health Systems Strengthening

Act | East HSS support will continue to focus on providing technical assistance, as follows:

- Technical support to MISAU in the form of staff time for M&E, supply chain, and strategic planning activities.
- Providing support for Steering Committee Meetings.

### 4. IR3 PLANNED ACTIVITIES: SCH, STH

#### SCH

USAID does not support SCH MDA or surveys in Mozambique.

#### STH

USAID does not support STH MDA in Mozambique.