

# Bangladesh, Laos and Vietnam Work Plan

FY 2020

Program Year 2

October 2019–September 2020



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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 Vietnam, Act | East Program activities are implemented by Fred Hollows Foundation.

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## ACRONYMS LIST

ALB	Albendazole
ASCEND	Accelerating Sustainable Control and Elimination of NTDs
BGD	Bangladesh
CDC	U.S. Centers for Disease Control and Prevention
CMPE	Center for Parasitology, Malariology and Entomology (Laos)
CNTD	Centre for Neglected Tropical Diseases at Liverpool School of Tropical Medicine
DCDC	Directorate of Communicable Disease Control (Laos)
DEC	Diethylcarbamazine
DFAT	Department of Foreign Affairs and Trade (Australia)
DFID	Department for International Development (UK)
DIP	Direct Inspection Protocol
END in Asia	End Neglected Tropical Diseases in Asia
FAA	Fixed Amount Award
FHF	Fred Hollows Foundation
FY	Fiscal Year
HSS	Health Systems Strengthening
IR	Intermediate Result
LAO	Laos
LF	Lymphatic Filariasis
MAC Foundation	Margaret A. Cargill Foundation
MEB	Mebendazole
MDA	Mass Drug Administration
Mf	Microfilaria
MMDP	Morbidity Management and Disability Prevention
MOH	Ministry of Health
MOHFW	Ministry of Health and Family Welfare (Bangladesh)
NGO	Non-governmental Organization
NIMPE	National Institute for Malariology, Parasitology and Entomology (Vietnam)
NTD	Neglected Tropical Disease
PVS	Post-validation Surveillance
Q	Quarter
SCH	Schistosomiasis
SHARE	Strengthening Health Applying Research Evidence
STH	Soil-Transmitted Helminths
TAS	Transmission Assessment Survey
TIS	Trachoma Impact Survey
TF	Trachomatous Inflammation–Follicular
TSS	Trachoma Surveillance Survey
TT	Trachomatous Trichiasis
USAID	United States Agency for International Development
VNM	Vietnam
VNIO	Vietnam National Institute of Ophthalmology
WASH	Water, Sanitation, and Hygiene
WHO	World Health Organization
WI-HER	Women Influencing Health, Education, and Rule of Law

## NARRATIVE

From October 2010 to September 2015, the U.S. Agency for International Development's (USAID's) End Neglected Tropical Diseases in Asia (END in Asia) project supported the ministries of health (MOHs) in Bangladesh, Cambodia, Laos, and Vietnam to enhance their neglected tropical disease (NTD) programs' efforts. END in Asia's technical and operational support enabled the countries to move toward their elimination and control goals for the targeted preventive chemotherapy NTDs. With the conclusion of END in Asia, these countries were added to RTI's ENVISION project portfolio on October 1, 2015.

ENVISION's objectives in these counties were twofold: (1) to ensure that national programs obtain validation that lymphatic filariasis (LF) and trachoma have been eliminated as public health problems, and (2) to maintain a sustainable control program for schistosomiasis (SCH) and soil transmitted helminths (STH). In addition, because one of the World Health Organization's (WHO's) goals in Cambodia and Laos is to eliminate SCH as a public health problem, ENVISION supported country-specific SCH strategic planning during fiscal years 2016 (FY16) and 2017 (FY17). The aim of this effort was to ensure that Cambodia and Laos have appropriate measures in place to sustain mass drug administration (MDA) gains through improved water, sanitation, and hygiene (WASH) measures and intensified surveillance of possible animal and human transmission.

Act to End NTDs | East will support the national NTD programs in Bangladesh (BGD), Laos (LAO), and Vietnam (VNM). The program activities will focus on the following:

- Providing technical assistance and supervisory support to MOHs to implement the last rounds of treatment and conduct disease-specific assessments;
- Providing technical assistance to MOHs to develop high-quality elimination dossiers for submission to WHO for validation;
- Determining how ongoing post-validation elimination surveillance can be most feasibly implemented; and
- Mainstreaming technical capacity, domestic financing for NTD programming, and other related capacities developed or achieved during USAID-funded NTD programs into the existing health system and other platforms.

These areas of focus will ensure that surveillance, laboratory capacity, and local technical expertise remain to support STH and SCH programs once LF and trachoma achieve validation.

Act | East works with the MOH in these countries to provide the required tools and resources to assist NTD programs with collecting and compiling data to be included in dossiers for LF and trachoma and to appropriately plan program activities. Act | East also helps to address identified funding gaps and works closely with WHO country and regional offices to ensure that the programs have or plan for and mobilize the resources that they need to meet their targets.

Act | East does not have offices in these countries. Short-term technical assistance is provided by Headquarters staff; Act | East's Asia Regional NTD Manager based in Jakarta, Indonesia; and Fred Hollows Foundation (FHF) staff in Vietnam. ~~Labor to support the activities has been included in the labor and country management budget lines of the country work plan.~~

## BANGLADESH

### 1. NATIONAL NTD PROGRAM OVERVIEW—BANGLADESH

#### Administrative Structure

Bangladesh is divided into 7 divisions and 64 districts, with an estimated population of 169 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 and Soil-Transmitted Helminthiases Control Program is based in the Disease Control Unit of the Directorate General of Health Services, Ministry of Health and Family Welfare (MOHFW) and is responsible for the overall design and management of national efforts to respond to LF and STH. The national program works with the MOHFW's research, drug control and logistics, the national health database, and other support functions as needed.

#### NTD Program Partners

The Centre for Neglected Tropical Diseases (CNTD) at the Liverpool School of Tropical Medicine supported LF MDA, transmission assessment survey (TAS) training and implementation, and morbidity management and disability prevention (MMDP) activities. These activities included conducting morbidity burden assessments, training health workers to undertake patient searching, assisting in hydrocelectomy surgery, training health workers in lymphoedema management, and, conducting a Direct Inspection Protocol (DIP) assessment in eight districts. CNTD, with funding from the United Kingdom Department for International Development (DFID), plans to support the remaining TAS3 in September 2020, and the DFID-funded Accelerating Sustainable Control and Elimination of NTDs (ASCEND) project will continue to support MMDP activities, also beginning in FY20.

The U.S. Centers for Disease Control and Prevention (CDC) supported operational research in Bangladesh, from February 2014 through March 2017, to determine optimal post-treatment surveillance methodologies for LF. Staff collected data from health facilities in one endemic and one non-endemic district, as well as from a migrant clinic in Dhaka. The research findings showed that antibody prevalence remained constant, but antigen prevalence decreased. Although health facility-based surveillance was found to be feasible on a small scale, the research team advised that it would be difficult to implement throughout all endemic districts. Therefore, the team recommended exploring integration with ongoing surveillance platforms instead.

Staff at Children Without Worms provided technical and financial assistance to the national MOHFW to design a strategy to eliminate STH as a public health problem. Children Without Worms staff also work with the MOHFW to plan and implement the government-funded deworming program at schools, collect data, and identify ways to better incorporate water and sanitation activities into deworming activities.

WHO also supports the MOHFW with donations of mebendazole (MEB) from Johnson & Johnson to conduct STH MDA.

Bangladesh introduced the District Health Information System 2 in 2010 and received support in 2016 from the European Union-funded Strengthening Health Applying Research Evidence (SHARE) project and International Center for Diarrheal Disease Research, Bangladesh, to build capacity of health managers to collect, validate, analyze, and present aggregated, district-level statistical data using the system.

## 2. INTERMEDIATE RESULT 1 (IR1) PLANNED ACTIVITIES—BANGLADESH

### Bangladesh National NTD Program Overview

#### LF

Bangladesh is currently under post-MDA surveillance for all 19 endemic districts and is expected to implement a final TAS3 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 microfilaria (Mf) observed in epidemiological surveys. By 2014, all 19 districts had completed at least 5 rounds of MDA with ALB and diethylcarbamazine (DEC), and 18 out of the 19 had passed TAS1 and therefore met the criteria for stopping MDA. Rangpur District failed TAS1 in 2014, implemented two more rounds of MDA, and passed TAS1 in November 2016. By the end of 2018, 18 districts had passed TAS3.

~~In FY18 and FY19 ENVISION provided remote and in-person technical assistance on updating the draft LF dossier. In FY19, ENVISION planned to support development of a pre-service curriculum on NTDs for medical professional schools; however, after a review of existing materials, the MOHFW determined that the materials on LF were sufficient and developing a new curriculum was not necessary.~~

**BGD FY20 activity 1: LF dossier development support:** Bangladesh prepared its LF pre-dossier ~~with technical support from a consultant funded under ENVISION~~ in FY16 and FY17 and continued to receive support from ~~ENVISION's LF Focal Point~~ in FY18 and FY19 as the country incorporated new data into the draft. Government of Bangladesh will support its final TAS3 (one district divided into two evaluation units) from September to October 2020 and will require technical support to finalize its dossier for submission in November 2020 in order to meet the WHO goal of validating LF elimination in the country by December 2020. In FY20, Act | East will support a regional consultant to review data updated from 2017 onwards, incorporate new MMDP and DIP assessment data (see the proposed FY20 activity on DIP below), and draft a narrative section on the DIP activity. The consultant will help incorporate new MMDP data and review to ensure the dossier meets WHO criteria throughout. This work will take place ahead of MOHFW in submitting the draft to WHO Southeast Asia Regional Office for informal review in August 2020. ~~Act | East will support the consultant's labor and travel costs for one week in Bangladesh and up to one additional week in his home country to review and finalize the document.~~

**BGD FY20 activity 2: LF DIP implementation (FAA):** The MOHFW is requesting financial support to implement a DIP survey of health facilities providing lymphedema management and hydrocele surgeries to meet its goal of validating LF elimination in 2020. The MOHFW has requested support ~~for an in-country technical consultant to coordinate a consultative meeting of key government and non-governmental organization (NGO) stakeholders in October 2019~~ to review the DIP protocol, incorporate tools to evaluate hydrocele services, and plan the implementation of the DIP. ~~The technical consultant would also oversee and provide supervisory support for the district health officials and NGO staff undertaking the assessment in health facilities. In November 2019, the~~The agreed-upon DIP protocol will be piloted in a few health facilities to ensure its appropriateness before it is scaled to the remaining health facilities between January and June 2020. These results, along with the results of the final TAS3 in Rangpur District ~~(which was not funded by Act | East)~~, will be the final inputs into the dossier ahead of validation. ~~This funding will be administered through a Fixed Amount Award (FAA) to the National Filariasis Elimination Program of the MOHFW. DFID, through its ASCEND East project, is likely to fund remaining MMDP gaps when ASCEND East begins implementation in Bangladesh in 2020.~~

**Host government and partner-supported activities:** All activities will be implemented with support of or directly by the MOHFW. ~~Specifically, MOHFW will support staff time to undertake the DIP assessment staff costs and participant per diem for the consultative workshop to coordinate the DIP plan.~~

### 3. SUSTAINABILITY STRATEGY ACTIVITIES—BANGLADESH

#### Data Security and Management

In FY17, Children Without Worms and RTI completed a two-phased assessment of the STH MDA reporting system to help the MOHFW implement standardized tools to evaluate data quality and reported coverage and to strengthen the program’s use of monitoring and evaluation indicators to track program performance. Some of the recommendations included encouraging a culture of data quality and developing a feedback mechanism for those collecting the data so they take ownership of it. Additional recommendations included building training capacity at the national level, establishing standards for data collection and accountability, and improving data storage. LF data are also stored with the MOHFW.

Bangladesh introduced DHIS2 in 2010 and scaled up training for district health managers with support from the European Union-funded SHARE project in 2016.

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#### Drug Management

Bangladesh has reached stop-MDA criteria for LF and receives support from WHO and Johnson & Johnson for mebendazole donations.

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

For all three countries in this portfolio, the HSS team will conduct rapid assessments of the health system that implement and interact with NTD programs in FY20. Based on the results of the rapid assessments, the HSS team will recommend that the program disseminate as best practices, in technical briefs or media-focused articles, documented programmatic strengths or challenges overcome.

#### Planned Activities: SCH, STH, Post-validation Surveillance (PVS) (IR3)

No IR3 activities planned in Bangladesh in FY20.

## LAOS

### 1. NATIONAL NTD PROGRAM OVERVIEW—LAOS

#### Administrative Structure

Laos, with a population of 6.9 million, is divided administratively into 17 provinces and 1 prefecture, with 148 districts and 10,781 villages. In 2012, the Directorate of Communicable Disease Control (DCDC) within the MOH was established to provide direct oversight of the Center for Malariology, Parasitology and Entomology (CMPE), which is responsible for implementing the LF and SCH programs, and the National Ophthalmology Center, which is responsible for implementing trachoma activities. The CMPE works closely with the Ministry of Education and Sport to implement school-based STH MDA.



### NTD Program Partners

In FY20, FHI360, with Margaret A. Cargill (MAC) Foundation funding, will fund an annual NTD stakeholder meeting and support programming for control of STH (sentinel and spot check surveys, refresher training for teachers, and supervision during MDA) and SCH (MDA, sentinel and spot checks surveys, and supervision). During 2017, FHI 360, with funding from the MAC Foundation, supported TAS1 in Attapeu Province. WHO Western Pacific Regional Office (WPRO) will support the 2019 TAS2 survey, scheduled for the end of 2019 (FY20 Quarter [Q]1) and provides technical assistance to the central level. WHO supports the donation of drugs for SCH and STH MDA. Canada's International Development Research Centre provides support for SCH research, data review, and research on animal contribution to SCH transmission.

In FY19, Laos was included in the U.S. Government's Tier 3 list of countries not fully compliant with the minimum standards outlined in the Trafficking Victims Protection Act, which limited activities funded by the U.S. Government in FY19. In June 2019, Laos was moved from Tier 3 to the Tier 2 watch list; this status is not expected to impact FY20 activities.

## 2. IR1 PLANNED ACTIVITIES—LAOS

### Laos National NTD Program Overview

#### LF

Laos has completed MDA in its one LF-endemic province, Attapeu, which passed TAS1 in October 2017. WHO will support TAS2 in Attapeu in 2019 (FY20 Q1). DCDC and CMPE will implement the survey.

Laos is endemic for LF—caused by *Wuchereria bancrofti*—with approximately 140,000 people identified at risk at baseline mapping. Following rapid assessment surveys and Mf mapping from 2002 through 2007, only Phouvong District in Attapeu Province in 2007 was found endemic. The first round of LF MDA with ALB and DEC was conducted in 2008. In 2009, antigenemia mapping identified four more endemic districts, all in Attapeu, and the MDA program was extended to cover all five districts in 2010. CMPE conducted pre-TAS1 in October and November 2016; results were below the WHO-recommended cutoff for treatment (<2% antigenemia). CMPE continued to implement MDA in the Attapeu Province through February 2017 with support from FHI 360 and the ~~MAC-Margaret A. Cargill (MAC)~~ Foundation. During 2017, ~~under ENVISION,~~ USAID funded technical assistance for the MOH for initial TAS training, TAS on-the-job training, and TAS supervision. CMPE completed TAS1 in October 2017 in Attapeu Province. The survey included a total of 34 schools (target 34) and tested samples from 1,833 children (target 1,532); zero positive cases were found.

**LAO FY20 activity 1: TAS2 report-writing:** WHO will fund TAS2 in calendar year 2019/FY20 and ~~has requested-Act | East Asia Regional Advisor Jim Johnson to will~~ provide technical assistance to DCDC, CMPE, and ~~WHO~~ to write the survey report and update the pre-dossier ~~with the results. The Act | East Southeast Asia FY20 budget will directly cover staff labor and travel-related expenses for one regional trip related to this activity.~~

#### Trachoma

In July 2017, WHO validated Laos as having eliminated trachoma as a public health problem. A permanent sign commemorating the achievement sits outside of the MOH in Vientiane, Laos, in May 2018.

**Host government and partner-supported activities:** All activities will be implemented in partnership with the DCDC and CMPE, who will provide strategic leadership and country guidance, and human resources.

**LF dossier status:** In FY18 and FY19, USAID ~~under ENVISION~~ provided technical and financial support for pre-dossier development. A March 2018 workshop initiated the process. ~~An ENVISION-supported~~ technical consultant produced a draft dossier, and continued technical assistance from regional staff has kept the draft dossier updated with current data. The draft is currently under review by the RTI LF Technical Focal Point. DCDC, with support from WHO, continues to collect data on the number of lymphedema and hydrocele patients nationwide in FY18 and FY19. The country is on track to submit the LF elimination dossier by 2022.

### 3. SUSTAINABILITY STRATEGY ACTIVITIES—LAOS

#### Data Security and Management

LF data are stored by the MOH in its own data management system and shared with WHO as back-up. The data are up to date in the current data files associated with the draft LF dossier. RTI staff have reviewed these files and maintain a copy.

Commented [A2]: Is this potentially sensitive?

#### Drug Management

Laos reached stop-MDA criteria for LF in 2017, and WHO validated elimination of trachoma in Laos in 2017. Laos also reached the indicator of elimination of SCH as a public health problem (less than 1% heavy-intensity infections).

#### Mainstreaming and HSS Activities (IR2)

For all three countries in this portfolio, the HSS team will conduct rapid assessments of the health system that implement and interact with NTD programs in FY20. Based on the results of the rapid assessments, the HSS team will recommend that the program disseminate as best practices, in technical briefs or media-focused articles, documented programmatic strengths or challenges overcome.

#### Planned Activities: SCH, STH, PVS (IR3)

No IR3 activities planned in Laos in FY20.

## VIETNAM

### 1. NATIONAL NTD PROGRAM OVERVIEW—VIETNAM

#### Administrative Structure

Vietnam has an estimated population of 95 million. The country is divided into 63 provinces, 595 districts, and 9,050 communes. Within the MOH, the Department of Preventive Medicine is responsible for coordinating and managing the National NTD Program, which manages responses to multiple diseases. The National Institute for Malariology, Parasitology and Entomology (NIMPE) is responsible for the LF elimination program and STH control activities. The Vietnam National Institute of Ophthalmology (VNIO) is responsible for the provision of eye health care, including programs aiming to eliminate trachoma.

## NTD Program Partners

The VNIO was previously known as the National Trachoma Institute and was formed 50 years ago. The VNIO is currently the highest technical support center for eye care in the country and is also the primary technical consultation agency for the MOH for eye-care-related policies. The VNIO is the technical lead for trachoma elimination in the country, responsible for rolling out the trachoma elimination program and achieving trachoma elimination on behalf of the MOH. The VNIO is also responsible for establishing and managing the trachoma surveillance system to ensure ongoing management of new incidence of trachomatous trichiasis (TT) and trachomatous inflammation–follicular (TF) and ensure long-term sustainability of trachoma elimination. TT surgeries are conducted at the provincial hospitals, and paper records of the surgeries are maintained at the provincial health offices.

Vietnam has received technical and financial support for its NTD program from WHO, World Vision Australia, Save the Children, Evidence Action, and the Sabin Vaccine Institute.

Fred Hollows Foundation is the Act | East in-country implementing partner for trachoma in Vietnam.

## 2. IR1 PLANNED ACTIVITIES— VIETNAM

### LF

LF elimination was validated by WHO in 2018. Vietnam finalized its LF dossier and submitted it to WHO in August 2018. Four districts in Vietnam were endemic for LF caused by *Wuchereria bancrofti* in the south and two districts endemic for LF caused by *Brugia malayi* in the north. MDA with ALB and DEC started in 2003 and was implemented for five years, stopping in 2008. The program achieved high treatment coverage rates, ranging from 78% to 95%. All districts passed three consecutive LF prevalence surveys, finding zero positives in TAS3 in 2015. The NIMPE, CDC, Helen Keller International, and RTI (with USAID’s MMDP Project funding) piloted the WHO LF MMDP Toolkit’s DIP in Vietnam to evaluate the quality of the MMDP minimum package being offered at designated health facilities. This protocol provided the Government of Vietnam with information to help complete the LF dossier and identified three more districts with potential ongoing transmission that required mini-TASs, which were carried out by NIMPE, with technical and financial support from RTI and CDC, in April 2017. The surveys did not identify any positive cases, and RTI HQ staff helped NIMPE finalize the LF dossier with this information. In January 2019, ENVISION hosted an LF elimination celebration with NIMPE. There are no LF activities proposed for FY20.

### Trachoma

Although recent trachoma surveys found low prevalence rates for both TF and TT in Vietnam, there are still some localized areas where active trachoma remains a public health problem, with approximately 160,000 people living in areas at risk of trachoma (out of a total country population of more than 95 million people).

In 2014, to assist in assessing progress towards elimination, USAID collaborated with VNIO to survey 24 districts thought to have previously been endemic as part of the GTMP. One cluster of Yen Minh District, Lung Ho Commune (Ha Giang Province) had unusually high TF prevalence. Impact and hotspot surveys between 2014 and 2016 identified seven “hot spot” villages in this commune with TF > 5%. TT was not found to be a public health concern in any village. One round of MDA was undertaken by the VNIO, through a fixed obligation grant from ENVISION partner FHF, in these hot spot areas in July 2017. In February 2018, the VNIO conducted a trachoma impact assessment. After the one round of MDA, TF prevalence among children aged 1–9 years old dropped to 2.2%. A trachoma surveillance survey (TSS) is planned for February 2020.

Additional surveys were undertaken in selected districts of Ha Giang Province in April 2017, finding active trachoma to be a public health concern in Meo Vac and Dong Van Districts, with TF prevalence of 5.1%. TT was not found to be a public health concern in either district. The two districts have a combined population of approximately 160,000. One round of MDA was planned in December 2018; however, in 2017, the Drug Authority of Vietnam updated its policies regarding drug importation, including drug donations. This update resulted in procurement delays of Pfizer-donated Zithromax®. The MDA has been rescheduled for October 2019 and will be supported by FHF with the Australian Department of Foreign Affairs and Trade (DFAT) funding. DFAT has procured drugs for this MDA. Act | East and FHF will provide technical support to the VNIO throughout the MDA planning and implementation process to ensure high-quality implementation. Direct supervision during the MDA will be provided by Fred Hollows Foundation, with remote support during training provided by Act | East. Conversations in advance of this MDA training have reinforced the expectation that VNIO will adhere to height-based dosing guidelines and SAE management. Act | East provided update guidelines for trachoma MDAs, and these materials were translated into Vietnamese. A follow-up impact survey will be undertaken in April 2020, followed by a TSS in April 2022.

In March 2019, baseline surveys were also undertaken in three districts: Khoai Chau (Hung Yen Province), Lac Son (Hoa Binh Province), and Na Ri (Bac Kan Province). TT and TF prevalence in these districts were below the WHO threshold for trachoma intervention. These three districts had been selected for surveying as they were considered most likely to have active trachoma based on the 2014 prevalence data. Guidance from the May 2018 Trachoma Elimination Planning Meeting indicated that further surveys in other districts will not be required, and the remainder of Vietnam is now classified as non-endemic or no longer suspected endemic for trachoma.

Vietnam has already begun to prepare its dossier with technical support provided by ENVISION during FY18 and FY19. In May 2018, staff from the VNIO and RTI organized a workshop to develop a trachoma elimination plan for Vietnam. The Ha Giang Provincial Health Officer and representatives from the VNIO, FHF, RTI, WHO Geneva, WHO Vietnam, and MOH attended the workshop. Participants undertook a line-by-line analysis of the draft dossier data annex and developed a detailed plan of action items and next steps, along with timelines. Future trachoma impact survey (TIS) and TSS results will be incorporated as they are completed and available. Act | East (RTI and FHF) will continue to provide technical and coordination support to the VNIO until the dossier is submitted in September 2022, and trachoma elimination in Vietnam is validated.

**VNM FY20 activity 1: TSS in focal areas of Lung Ho Commune (FAA):** In accordance with WHO guidance, a TSS will be undertaken in focal areas (“hot spot” villages) of Lung Ho Commune (Yen Minh District, Ha Giang Province) in February 2020, two years after the impact survey in these villages. The survey protocol will replicate that used for the TIS in 2018. A two-day refresher training will be provided to supervisors, graders, and recorders from Ha Giang Provincial Hospital, using Tropical Data training materials. Supervisors, graders, and recorders who will be required for the next activity, *VNM FY20 activity 3: TIS in Meo Vac and Dong Van Districts*, will be trained simultaneously to reduce training costs. Staff from the VNIO Community Eye Health Department will coordinate with Ha Giang Eye Hospital to supervise the survey. During the survey period, one supervisor from Ha Giang Eye Hospital who was trained by a Global Trachoma Mapping Project trainer in March 2017 will supervise the data collection process. The survey will be led by the VNIO, which also will provide ongoing support to supervisors throughout the survey. All TT or TF cases identified will be provided with a referral and followed up in future outreach campaigns that will be conducted by Ha Giang Eye Hospital. Data will be collected using Android devices, then submitted and stored on a secured cloud-based server maintained by Tropical

Data. Prevalence estimates for TT in adults aged 15 and older and TF in children aged 1–9 years by evaluation unit will be reported. Technical support and supervision will also be provided by FHF.

**VNM FY20 activity 2: TIS in Meo Vac and Dong Van Districts (FAA):** The TIS will be undertaken in Meo Vac and Dong Van Districts six months after MDA (May 2020) to determine TF and TT prevalence. The survey will follow Tropical Data guidelines, and technical support will be sought from Tropical Data for planning sample size, cluster selection, data collection, and analysis. All TT or TF cases will be provided with a referral and followed up in future outreach campaigns conducted by Ha Giang Eye Hospital. Training, supervision, and data collection will follow the same protocols as the TSS activity above.

#### **Summary of Partner Supervision Activities Proposed in FY20**

FHF staff will work closely with the VNIO and RTI via e-mails, telephone calls, and site visits to prepare for MDA and for all trachoma surveys. The following site visits are planned for FHF staff:

1. October 2019: to support preparation, training, and supervision of MDA (with financial support from DFAT)
2. November 2019: to work on required documents for governmental approval and other administration agreements with the VNIO for the Act | East Program
3. February 2020: to finalize logistics for TIS and supervise TIS in Lung Ho Commune
4. May and June 2020: to finalize and supervise the TSS in Meo Vac and Dong Van Districts
5. July 2020: to discuss findings of TSS and prepare the national technical meeting review planned in August 2020

**Host government and partner-supported activities:** All activities in this work plan will be implemented in partnership with the MOH, which will provide staffing and where possible, transport, through provincial hospitals. DFAT will support the trachoma MDA in Meo Vac and Dong Van Districts in Q1 FY20. FHF is currently working with the VNIO to procure azithromycin and tetracycline in Vietnam, funded by DFAT. Training and distribution will be led by VNIO. Two VNIO staff will travel to each district to conduct a two-day orientation and training with one Provincial Eye Health Officer, one District Officer, and two commune health workers per commune. The two trained commune health workers in each commune will organize a one-day training session about trachoma MDA for village health volunteers. The teams will then conduct community-based trachoma MDA in the districts over two days. Loudspeakers and radio messages will be used to announce the MDA in all villages, before and during the activity. No print materials are required. VNIO will submit MDA reports to assigned commune health workers for collation and then distributed to the respective district, provincial, and national levels. Coverage will be monitored continuously throughout the MDA period.

### **3. SUSTAINABILITY STRATEGY ACTIVITIES— VIETNAM**

#### **Data Security and Management**

Given there are no other NTDs prevalent in Vietnam, and trachoma is very close to elimination, integration of NTD data into national health management information systems and strengthening national data storage and security are not a priority.

#### **Drug Management**

MDA planned in FY19 was significantly adversely affected by challenges importing Zithromax® into Vietnam. This problem has now been mitigated by securing financial support from DFAT, which will

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support procurement and distribution of azithromycin for Meo Vac and Dong Van Districts, which will take place in October 2019.

MDA will be aligned to International Coalition for Trachoma Control preferred-practice guidelines. Revised dosing guidelines have been used throughout training and implementation and have been used for procurement planning. During MDA training for supervisors, team leaders, and distributors, key safety messages will be highlighted.

Safety monitoring and adverse event and serious adverse event management and reporting will also be covered during training and supported by FHF, the VNIO ,and the MOH throughout implementation.

**Mainstreaming and HSS Activities (IR2)**

For all three countries in this portfolio, the HSS team will conduct rapid assessments of the health system that implement and interact with NTD programs in FY20. Based on the results of the rapid assessments, the HSS team will recommend that the program disseminate as best practices, in technical briefs or media-focused articles, documented programmatic strengths or challenges overcome.

**Planned Activities: SCH, STH, PVS (IR3)**

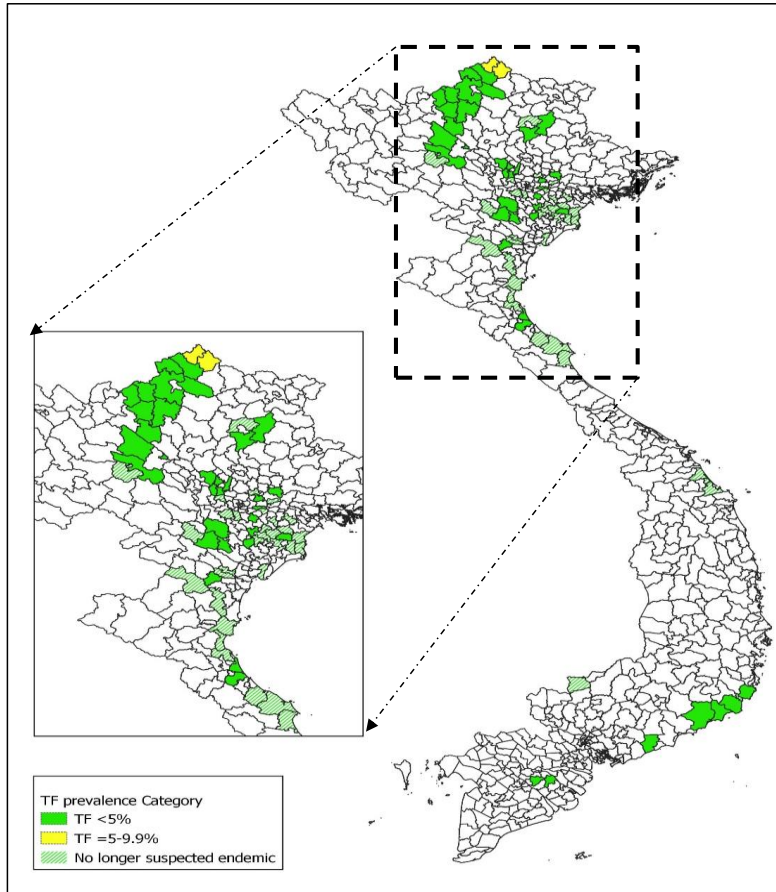
No IR3 activities planned in Vietnam in FY20.

**APPENDIX 1: ACTIVITIES**

FY20 Activities
Laos (RTI): TAS2 analysis
Bangladesh (RTI): LF DIP workshop
Bangladesh (RTI): LF DIP implementation (FAA)
Vietnam (FHF): TSS in focal areas of Lung Ho commune (FAA)
Vietnam (FHF): TIS in Meo Vac and Dong Van districts (FAA)
Vietnam (FHF): Supervision of TSS in focal areas of Lung Ho commune
Vietnam (RTI): Supervision of TIS in Meo Vac and Dong Van districts
Bangladesh (RTI): LF dossier development support
Bangladesh (RTI): STTA for LF DIP workshop and implementation
Bangladesh (RTI): STTA for LF dossier development support
Laos (RTI): STTA for TAS2 analysis

## APPENDIX 2: MAPS

Vietnam TF prevalence as of July 2019



**Commented [A4]:** This map came from ITI, so do we think it is ok?



