

Meeting Report

Western Pacific Regional Training on Integrated Neglected Tropical Disease Programme Management



19–23 January 2015
Manila, Philippines



WESTERN PACIFIC REGIONAL TRAINING ON INTEGRATED NEGLECTED TROPICAL DISEASE PROGRAMME MANAGEMENT

Manila, Philippines, 19 - 23 January 2015

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE WESTERN PACIFIC

English only

REPORT

WESTERN PACIFIC REGIONAL TRAINING ON
INTEGRATED NEGLECTED TROPICAL DISEASE PROGRAMME MANAGEMENT

Convened by:

WORLD HEALTH ORGANIZATION
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NOTE

The views expressed in this report are those of the participants of the Western Pacific Regional Training on Integrated Neglected Tropical Disease Programme Management and do not necessarily reflect the policies of the conveners.

This report has been prepared by the World Health Organization Regional Office for the Western Pacific for Member States in the Region and for those who participated in the Western Pacific Regional Training on Integrated Neglected Tropical Disease Programme Management in Manila, Philippines from 19 to 23 January 2015.

CONTENTS

ACRONYMS

EXECUTIVE SUMMARY

1. INTRODUCTION	1
2. CURRICULUM AND PROCEEDINGS	2
3. EVALUATION.....	3
4. COURSE EVALUATIONS BY PARTICIPANTS.....	4
5. ASSESSMENT DISCUSSIONS AMONG FACILITATORS.....	5
ANNEXES	7

Annex 1. Agenda

Annex 2. List of participants, temporary advisers, observers and secretariat

ACRONYMS

FBT	Food-borne trematodiasis
JAP	joint application package
LF	Lymphatic filariasis
NGO	nongovernmental organization
NTD	neglected tropical diseases
PC	Preventive chemotherapy
STH	Soil-transmitted helminthiasis
WHO	World Health Organization

EXECUTIVE SUMMARY

Neglected tropical diseases (NTDs) affect more than one billion people worldwide, with the poorest suffering the greatest toll. NTDs can be effectively controlled, and some can be eliminated.

Sixty four resolutions on individual or small groups of NTDs were endorsed by the World Health Assembly between 1949 and 2013. Resolution WHA66.12, endorsed in May 2013, brought all of these diseases under one umbrella and emphasized the need to eliminate many of these diseases. Resolution WHA66.12 urges Member States to implement appropriate interventions in order to reach the 2020 targets against 17 NTDs set out in *Accelerating work to overcome the global impact of neglected tropical diseases – A roadmap for implementation*, published by WHO in 2012.

Thirteen out of 17 NTDs in the Global NTD Roadmap are public health issues in the Western Pacific Region and occur either as a single disease or in combination. The *Regional Action Plan for Neglected Tropical Diseases in the Western Pacific Region (2012–2016)*, which was endorsed by the Regional Committee in 2012, is aligned with the World Health Assembly resolution and addresses 11 NTDs (excluding dengue and rabies which are included in separate regional plans).

Although some Member States have made remarkable progress in NTD control and elimination, the current trajectory of NTD interventions will not be adequate to reach the 2020 targets, thus there is a need to rapidly scale up NTD programmes.

Capacity strengthening is recognized as an important requirement for the advancement of NTD programmes (Resolution WHA66.12). The need for capacity strengthening was reaffirmed at the seventh meeting of the WHO Strategic and Technical Advisory Group for Neglected Tropical Diseases and the 14th meeting of the Western Pacific Regional Programme Review Group on Neglected Tropical Diseases in 2014.

WHO headquarters has developed training on integrated NTD programme management and provided funding to the Regional Office for the Western Pacific to conduct the training. In 2014, the training was conducted in the WHO Regional Offices for Africa (specifically Ethiopia and Nigeria) and the Eastern Mediterranean.

The training was designed to strengthen national capacities and promote the implementation of integrated NTD programme management at national and subnational levels. Through this capacity strengthening, with an emphasis on scaling up preventive chemotherapy against NTDs, efforts to reach targets set in the Regional Action Plan have been enhanced.

The Western Pacific Regional Training on Integrated Neglected Tropical Disease Programme Management was able to train 26 nominees from 19 National NTD programmes.

This training was the first of its kind on integrated NTD programme management and has long been needed in the Region. The training became a venue to discuss and adapt to integrated NTD programme management.

1. INTRODUCTION

Neglected tropical diseases (NTDs) have a significant negative impact on health and economies throughout the Western Pacific Region. Approximately 100 million people in the Region are at risk of infection from at least one NTDs. Many NTDs – such as lymphatic filariasis (LF), blinding trachoma, leprosy, schistosomiasis, and yaws – are targeted for elimination in the Region in the next 10 years. Others – such as soil-transmitted helminthiases (STH) and foodborne trematodiases (FBT) – rely on interventions to control morbidity while longer-term intersectoral measures to control transmission are scaled up.

Many countries and areas in the Region have been making remarkable progress in the control and elimination of NTDs, particularly towards elimination of LF by 2020. However, as LF elimination programmes successfully scale down in these countries, increased efforts are required to smoothly transition to the control of other NTDs such as STH, trachoma, schistosomiasis, FBT and yaws, in an integrated and coordinated manner to avoid losing the considerable benefits gained through LF programmes.

Consequently, a request for training of national NTD programme managers was initiated by the Western Pacific Regional Office to which WHO headquarters responded with mobilization of financial resources to support implementation of the Western Pacific Regional Training on Integrated Neglected Tropical Disease Programme Management. A 2-day facilitators meeting was held by the Malaria, other Vectorborne and Parasitic Diseases (MVP) unit to finalize the regional adaptation of the generic training materials to a Regional context, with technical support and input from Regional Office staff members in various technical units.

WHO conducted the Western Pacific Regional Training on Integrated Neglected Tropical Disease Programme Management from 19 to 23 January 2015, which focused on managerial issues, in particular the organization, implementation and evaluation of preventive chemotherapy (PC) and its integration with existing health services. The first three courses took place in the WHO African Region. Training was conducted at the WHO Regional Office in Manila and included FBT, the first WHO training on integrated NTD programme management to include this NTD.

A pre-course meeting was held from 16 to 17 January 2015 to review course content and adapt training materials and modules to ensure training was relevant to issues facing national NTD programme managers in the Western Pacific Region. This included the development of training materials and modules on FBT and STH, specifically *Strongyloides stercoralis*.

The Western Pacific Regional Training on Integrated Neglected Tropical Disease Programme Management is an interactive five-day training to provide NTD programme managers with the knowledge and skills necessary to manage an integrated control and elimination programme for preventive chemotherapy for NTDs. The training was developed over a period of seven years by international experts on NTDs and national NTD programme management. The development process was led by WHO and included WHO regional offices and many nongovernmental organizations (NGOs). After being piloted, the training was finalized in December 2013 and has since been implemented multiple times.

Objectives

The objectives of the training are:

- (1) to build capacity among national NTD programme managers on integrated programme management; and
- (2) to develop workplans for NTD programme managers to roll out national NTD training in their countries, where relevant.

2. CURRICULUM AND PROCEEDINGS

Western Pacific Regional Training on Integrated Neglected Tropical Disease Programme Management has six modules:

- (1) Introduction to targeted NTDs;
- (2) NTD strategies;
- (3) Setting up an integrated NTD programme;
- (4) Integrated NTD programme management;
- (5) NTD drug management; and
- (6) Monitoring and Evaluation.

The modules for the Western Pacific Regional training were modified from previous training courses conducted in 2014 in the WHO African and Eastern Mediterranean Regions. The modifications were discussed during the pre-course meeting to tailor the training to the needs of the NTD programme managers from Member States in the Region. This included the development of training materials and modules on FBT and STH, specifically *Strongyloides stercoralis*.

The first module presented an introduction to targeted NTDs in the Region. Facilitators from WHO provided an overview of NTDs and the epidemiology of control and elimination of NTDs, for which a strategy exists, as well as tools and the availability of safe and effective drugs to enable implementation of large-scale PC. NTDs that can be eliminated or controlled by PC in the Region are blinding trachoma, FBT, LF, schistosomiasis, STH and yaws.

Participants were re-introduced to the relevant NTD strategies: (1) PC, (2) morbidity management, (3) water, sanitation and hygiene, and (4) integrated vector management. National NTD programme managers were encouraged to coordinate intersectoral and complementary approaches to eliminate or control NTDs.

The third module was introduced with group work and a presentation on situation analysis and provided participants with knowledge on how to set up an integrated NTD programme.

Participants were provided with templates and instructions on developing national NTD plans of action. The participants worked in groups on developing NTD plans of action. The tool for integrated planning and costing (TIPAC) was shared by partners from RTI international. Dr Francesco Rio from WHO headquarters NTD Department advised participants on how to build consensus through stakeholder meetings and mobilize resources. Dr Muth Sinoun, NTD programme manager for Cambodia and a member of the Western Pacific Regional Programme Review Group on NTDs, provided concrete examples for conducting stakeholders meetings and mobilizing resources. To complement the learning experience of the participants, a computer laboratory was set up in the training venue where participants could learn more about: (1) the WHO PC database; (2) the Global Health Observatory; and (3) the NTD toolbox. Facilitators were available to guide the participants in the computer laboratory.

NTD programme managers from Cambodia, the Philippines and Vanuatu shared their experiences in implementing and scaling up NTD programmes, planning effective advocacy and community sensitization and social mobilization. The participants also presented various advocacy materials from their national NTD programmes.

The fifth module covered NTD Drug Management. A practical session on the new joint application package (JAP) was conducted by Dr Aya Yajima and Dr Nino Dayanghirang. This was the first time that NTD programme managers in the Region were formally trained on using the JAP to report and request PC medicines. The safety of PC campaigns are a priority in the Region. Role playing was conducted among the participants to share experiences among participants on how to manage adverse events during a PC campaign.

The final module was on monitoring and evaluation. WHO and partners from RTI gave presentations on: (1) database, (2) measuring NTD programme performance, (3) evaluating NTD programme impact, (4) monitoring and evaluation plans, and (5) monitoring drug efficacy.

3. EVALUATION

Participants were given a 30-question, multiple choice pre-test at the beginning of the first day of training, and a 30-question, multiple choice post-test covering the same concepts after all training sessions. The tests administered during this course measured an increase in the average score for participants from 67% to 79%.

Although there were eight questions which the majority of participants answered incorrectly on the pre-test, on the post-test only one question was answered incorrectly by the majority of participants. The questions that continued to give participants the most difficulty in the post-test focused on defining monitoring and evaluation and on how far in advance PC medicines must be ordered – perhaps informing areas of focus in future trainings.

4. COURSE EVALUATIONS BY PARTICIPANTS

Participants completed evaluations which rated each training session based on content and facilitation of the session on a scale of 1–4, with 4 being the best. They also provided hand-written comments. With participants rating training materials from each session between 3.2 and 4.0, scores were on the higher end, with little variability.

Participants rated the materials for the following sessions/modules most favorably (with an average rating of 3.9 or higher):

- completing a situation analysis;
- the national NTD Master Plan;
- building consensus: stakeholder meetings and resource mobilization; and
- planning effective advocacy.

The participants rated overall relevance of the course and content at 3.9 and the effectiveness of the course in matching their in-service needs as 3.9.

In the written response section on the evaluations, participants noted several aspects they liked most about the course:

- the package of information and resources available to support NTD programme scale-up; and
- group work, particularly on developing a National NTD Plan of Action and planning effective advocacy.

When asked how the course could be improved, most indicated that they would have liked to have had:

- more time for the mapping session;
- more time spent on drug surveillance;
- additional information on foodborne trematodiasis;
- a database training and short EPI information training with practical applications;
- used different countries for each exercise; and
- training by country, according to language.

5. ASSESSMENT DISCUSSIONS AMONG FACILITATORS

After the first two days of training, all facilitators briefly met to share their thoughts on the training, focusing on what was working well and what could be improved for the following day, as well as for future implementations of the course. Facilitators also participated in one closing discussion on the final day of the training with a similar purpose. Below are the most frequently shared comments by facilitators during these meetings.

Successes

- There was strong interaction among facilitators and participants.
- An adequate number of participants allowed more interaction.
- An encouraging atmosphere was created for sharing across country programmes.
- The training presented a good opportunity to introduce tools that were new to some countries, have participants begin working to implement them and to give participants knowledge on where to go for additional post-training assistance.

Time management

- Plan less time for presentations and more time for discussion and activities.
- Practice stricter time management, but still allow flexibility for important discussions.
- Minimize side discussions as much as possible to allow more time on training content.

Activities and exercises

- Provide more guidance and time for activities.
- Simplify activity templates.
- Have each participant work individually on activities related to their own country, rather than picking one country from the Region for participants from multiple countries to work on.

Pre-training preparation

- Participants were more advanced on some topics and needed additional information on others. Conducting a needs assessment before the training to understand where to focus time would be very beneficial.
- Ask participants to come prepared to complete relevant activities using their own plans and data.
- Allow facilitators to have more time to prepare and become familiar with their presentations.

WHO WPR Regional Training on Integrated NTD Programme Management
19-23 January 2015, Manila, Philippines

Monday, 19 January 2015

Moderators: Dr Eva Christophel (morning), Dr Francesco Rio (afternoon)

		Registration			
		Welcome address by RD	10:30-10:40	Dr Mark Jacobs	
		Opening remarks	10:45-10:50	Dr Eva Christophel and Dr Francesco Rio	
		Self introductions: participants and facilitators	10:50-11:00		
		Coffee break and group photo	11:00-11:30		
		Course overview	11:30-11:40	Dr Pamela Mbabazi	
		Pre-test	11:40-12:10	Dr Peter Odermatt	
		Lunch	12:10-13:00		
1	Introduction to targeted NTDs	1.1 Overview of NTDs in the WP Region and globally	13:00-13:30	Dr Eswara A Padmasiri and Dr Pamela Mbabazi	
		1.2 Epidemiology of control/elimination of PC NTDs: LF, STH, Schisto, FBT, Trachoma and Yaws	13:30-14:50	Dr Peter Odermatt, Dr Andreas Mueller and Dr Lasse Vestergaard	
		Coffee break	14:50-15:00		
2	NTD Strategies	2.1 Overview of NTD control and elimination strategies	15:00-15:45	Dr Marco Albonico	
		2.2 Preventive Chemotherapy Strategy	15:45-16:30	Dr Aya Yajima	
		2.3 Morbidity Management	16:30-17:30	Dr TK Suma, Dr Andreas Mueller and Dr Peter Odermatt	

Tuesday, 20 January 2015

Moderators: Dr Peter Odermatt (morning), Dr Marco Albonico (afternoon)

2	NTD Strategies (continued)	Water, Sanitation and Hygiene	8:30-9:30	Dr Alexander von Hildebrand
		2.4 Integrated Vector Management	9:30-10:45	Dr Rabi Abeyasinghe
3		Coffee break	10:45-11:00	
		3.1 Group presentation on Situation Analysis	11:00-12:15	Dr Marco Albonico
		Lunch	12:15-13:15	
		3.3 The National NTD Plan of Action	13:15-14:30	Dr Eswara A Padmasiri and Dr Sinoun Muth
		3.4 Tool for Integrated Planning and Costing (TIPAC) Overview	14:30-15:15	Ms Kaleigh Robinson
		Coffee break	15:15-15:30	
		3.5 Building consensus: Stakeholder Meetings and Resource Mobilization	15:30-16:15	Dr Francesco Rio and Dr Sinoun Muth
		3.6 Group Work on Developing national NTD Plan of Action	16:15-18:00	Dr Eswara A Padmasiri and Dr Sinoun Muth

Note that session 3.2 will be omitted but materials will still be provided.

Wednesday, 21 January 2015

Moderators: Dr TK Suma (morning), Dr Shizhu Li (afternoon)

		3.6	Group Plan of Action presentations	8:30-9:30	Dr Eswara A Padmasiri
			Toolkit overview (PCT database, Global Observatory, Hardcopy manuals, NTD toolbox)	9:30-10:00	Dr. Pamela Mbabazi
4	(continued) Integrated NTDP Management	4.2	Implementation Platforms and Scaling Up	10:00-10:30	Dr Sinuon Muth
			Coffee break	10:30-10:45	
		4.3	Planning Effective Advocacy	10:45-12:00	Dr Francesco Rio and Dr Leda Hernandez
		4.4	Community Sensitization and Social Mobilization	12:00-12:45	Dr Francesco Rio, Dr. Fasihah Taleo and Dr. Sinuon Muth
			Lunch	12:45-13:45	
			Open Q&A session	13:45-14:30	
			Coffee Break	14:30-14:45	

Note that session 4.1 will be omitted but materials will still be provided.

Thursday, 22 January 2015

Moderators: Dr Margaret Baker (morning), Dr Peter Odermatt (afternoon)

5	5.1	Medicines for preventive chemotherapy: planning, applying, managing and reporting	8:30-9:15	Dr Aya Yajima
	5.2	Practical session: Joint Application Package 1	9:15-10:30	Dr Nino Dayanghirang and Dr Aya Yajima
		Coffee break	10:30-10:45	
	5.2	Practical session: Joint Application Package 2	10:45-11:45	Dr Nino Dayanghirang and Dr Aya Yajima
		Lunch	11:45-12:45	
	5.3	PC Safety	12:45-13:45	Dr Marco Albonico and Dr Kim Uhjin
		Role play	13:45-14:15	Dr Marco Albonico and Dr Kim Uhjin
	5.4	Management of AE/SAE and Surveillance	14:15-15:15	Dr Marco Albonico and Dr Kim Uhjin
		Coffee Break	15:15-15:30	
	6	6.1	Introduction to M&E	15:30-16:00
	6.4	Database Overview	16:00-16:30	Dr Pamela Mbabazi

Friday, 23 January 2015

Moderators: Ms Amy Doherty (morning), Dr Fransesco Rio (afternoon)

6	Monitoring & Evaluation	6.2	Measuring NTDP Performance (Process)	8:30-10:00	Dr Margaret Baker
			Coffee break	10:00-10:15	
		6.3	Evaluating NTDP Impact	10:15-11:15	Dr Vincent Belizario
		6.5	Monitoring drug efficacy	11:15-11:45	Dr Marco Albonico
			Post-test	11:45-12:15	Dr Peter Odermatt
			Lunch	12:15-13:15	
		6.6	Development of a M&E Plan	13:15-13:45	Dr Vincent Belizario
			Training: national and regional needs plus discussion	13:45-14:15	Dr Peter Odermatt
			General discussion	14:15-14:30	Dr Eva Christophel and Dr Eswara A Padmasiri
			Post-test score presentation	14:30-14:45	Ms Kaleigh Robinson
			Closing	14:45-15:00	Dr Eva Christophel
			Coffee break	15:00-15:15	

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