



Bangladesh, Cambodia, Laos, and Vietnam Work Plan

FY 2018

Project Year 7

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ENVISION is a global project led by RTI International in partnership with CBM International, The Carter Center, Fred Hollows Foundation, Helen Keller International, IMA World Health, Light for the World, Sightsavers, and World Vision. ENVISION is funded by the U.S. Agency for International Development under cooperative agreement No. AID-OAA-A-11-00048. The period of performance for ENVISION is September 30, 2011, through September 30, 2019.

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ENVISION Project Overview

The US Agency for International Development (USAID)'s ENVISION project (2011–2019) is designed to support the vision of the World Health Organization (WHO) and its member states by targeting the control and elimination of seven neglected tropical diseases (NTDs), including lymphatic filariasis (LF), onchocerciasis (OV), schistosomiasis (SCH), three soil-transmitted helminths (STH; roundworm, whipworm, and hookworm), and trachoma. ENVISION's goal is to strengthen NTD programming at global and country levels and support ministries of health (MOHs) to achieve their NTD control and elimination goals.

At the global level, ENVISION—in close coordination and collaboration with WHO, USAID, and other stakeholders—contributes to several technical areas in support of global NTD control and elimination goals, including the following:

- Drug and diagnostics procurement, where global donation programs are unavailable
- Capacity strengthening
- Management and implementation of ENVISION's Technical Assistance Facility (TAF)
- Disease mapping
- NTD policy and technical guideline development
- NTD monitoring and evaluation (M&E).

At the country level, ENVISION provides support to national NTD programs by providing strategic technical and financial assistance for a comprehensive package of NTD interventions, including the following:

- Strategic annual and multi-year planning
- Advocacy
- Social mobilization and health education
- Capacity strengthening
- Baseline disease mapping
- Preventive chemotherapy (PC) or mass drug administration (MDA)
- Drug and commodity supply management and procurement
- Program supervision
- M&E, including disease-specific assessments (DSAs) and surveillance.

In Bangladesh, Cambodia, Laos, and Vietnam, ENVISION project activities are implemented by RTI International and Fred Hollows Foundation.

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ACRONYMS LIST

ALB	Albendazole
CDC	United States Centers for Disease Control and Prevention
CMPE	Center for Malariology, Parasitology and Entomology (Laos)
CNM	Center for Malaria Control, Parasitology and Entomology (Cambodia)
CNTD	Centre for Neglected Tropical Diseases, Liverpool
CWW	Children Without Worms
DEC	Diethylcarbamazine Citrate
DSA	Disease-Specific Assessment
END in Asia	End Neglected Tropical Diseases in Asia
EU	Evaluation Units
FOG	Fixed Obligation Grant
FY	Fiscal Year
GSK	GlaxoSmithKline
GTMP	Global Trachoma Mapping Project
ICT	Immunochromatographic Test
IDRC	International Development Research Centre (Canada)
J&J	Johnson & Johnson
LF	Lymphatic Filariasis
M&E	Monitoring and Evaluation
MDA	Mass Drug Administration
MEB	Mebendazole
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 of Malariology, Parasitology and Entomology (Vietnam)
NIO	National Institute of Ophthalmology (Vietnam)
NPEH	National Program for Eye Health (Cambodia)
NTD	Neglected Tropical Disease
PC	Preventive Chemotherapy
PZQ	Praziquantel
SAC	School-Age Children
SCH	Schistosomiasis
STH	Soil-Transmitted Helminthiasis
STTA	Short-Term Technical Assistance
TAF	Technical Assistance Facility
TAS	Transmission Assessment Survey
TF	Trachomatous Inflammation–Follicular
TT	Trachomatous Trichiasis
UK	United Kingdom
US	United States
USAID	United States Agency for International Development
WASH	Water, Sanitation, and Hygiene
WCBA	Women of Childbearing Age

WHO
WPRO
ZTH

World Health Organization
Western Pacific Regional Office
Zithromax

COUNTRY OVERVIEW

1) General Country Background

The US Agency for International Development (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 from 2011 to September 2015. The project's technical and operational support enabled the countries to move toward their elimination and control goals for the five targeted preventive chemotherapy (PC) NTDs.

These countries were added to the ENVISION project portfolio on October 1, 2015. ENVISION's objective in these countries is to ensure that national programs have the capacity to obtain validation of elimination of lymphatic filariasis (LF), trachoma, and schistosomiasis (SCH) as public health problems, as well as to maintain a sustainable control program for soil-transmitted helminths (STH).

ENVISION support for LF and trachoma focuses on assisting the national trachoma and LF programs in these four countries to submit validation dossiers to the World Health Organization (WHO), as well as to determine how ongoing post-elimination surveillance can most feasibly be implemented. In addition, because WHO's goal for SCH in Cambodia and Laos is elimination as a public health problem, ENVISION supported strategic planning in fiscal years 2016 (FY16) and 2017 (FY17) to ensure that these two countries have appropriate measures in place to sustain mass drug administration (MDA) gains through improved water, sanitation, and hygiene (WASH) measures and intensified animal and human surveillance.

ENVISION works with the MOH in each of these countries to provide tools and resources that assist their NTD programs to collect and compile data to be included in dossiers for LF and trachoma, and appropriately plan program activities. ENVISION also helps to address identified funding gaps, and works closely with WHO country offices to ensure that the programs have the resources to meet their targets.

2) Bangladesh

a) Administrative Structure – Bangladesh

Bangladesh is divided into seven divisions and 64 districts. In 2016, the population was 156 million people, with an average of 2 million people per district. The districts are further divided into sub-districts (*upazilas*), clusters of villages (*unions*), and villages (*mouzas*). The National Filariasis Elimination and Soil-Transmitted Helminthiasis Control Program sits within the Disease Control Unit of the Directorate General of Health Services, Ministry of Health and Family Welfare (MOHFW) in Bangladesh and is responsible for the overall design and management of national efforts to respond to these two diseases. The program also works with the research, drug control and logistics, the national health database, and other support functions of the MOHFW as needed.

b) NTD Program Partners – Bangladesh

The Centre for Neglected Tropical Diseases (CNTD), Liverpool School of Tropical Medicine, supports LF MDA and morbidity management and disability prevention (MMDP) activities, including transmission assessment survey (TAS) training and implementation. In 2018, it plans to support LF TAS and some MMDP activities.

The U.S. Centers for Disease Control and Prevention (CDC) supported operational research in Bangladesh to determine optimal post-treatment surveillance methodologies for LF from February 2014 to March 2017.

Children Without Worms (CWW) works with the MOHFW, providing technical assistance at the central level to design an STH elimination as a public health problem strategy, plan and implement the school deworming program, collect data, and identify ways to better incorporate water and sanitation activities into the deworming activities. With funding from CWW, 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 M&E indicators to track program performance.

WHO also supports the MOHFW with donations of albendazole (ALB) from GlaxoSmithKline (GSK) and mebendazole (MEB) from Johnson & Johnson (J&J) to conduct STH MDA.

Table 1a: Non-ENVISION NTD partners working in Bangladesh, donor support, and summarized activities

Partner	Location (Regions/States)	Activities	List other donors supporting these partners/ activities
MOHFW	Central level/all endemic areas	-Deworming week for STH -MMDP activities -Few STH activities carried out by doctors	CNTD
CNTD	Central level	Provides funding and technical assistance on LF activities throughout the country	Funded by the UK Department for International Development
CDC	Dhaka, 1 endemic, 1 non-endemic district	-Operational research on post-MDA surveillance and molecular xenomonitoring	USAID
WHO	Central level	-Donation of ALB and MEB	GSK, J&J
CWW	Central level	-Technical assistance to MOHFW to design and implement an STH elimination as a public health problem strategy	J&J
RTI	Central level	-STH data system assessment	CWW

c) Bangladesh National NTD Program Overview and ENVISION Support

Lymphatic filariasis

Bangladesh is currently under post-MDA surveillance for all 19 endemic districts and is expected to validate elimination of LF as a public health problem by 2021. Approximately 34 million people in Bangladesh are at risk of LF caused by *Wuchereria bancrofti* and transmitted by *Culex quinquefasciatus*. A total of 19 districts were declared endemic based on historical and/or empirical evidence, including the presence of a large number 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 five rounds of MDA with ALB and DEC, and 18 out of the 19 had met the criteria for stopping MDA. Rangpur district failed TAS1, implemented two more rounds of MDA, and passed TAS1 in November 2016. The country has prepared its LF pre-dossier with technical support provided by the ENVISION project in FY16 and FY17 and will incorporate future TAS results as they are completed and available.

Soil-Transmitted Helminths

All 64 districts in Bangladesh are endemic for STH. The MOHFW conducts school-based deworming twice a year. In FY17, ENVISION provided resources and guidance to the MOHFW to set up its integrated NTD database. The MOHFW is compiling all the historical information for both LF and STH and will start data entry in September 2017.

Proposed ENVISION support in FY18:

There are no planned LF or STH activities in Bangladesh for FY18 under ENVISION. RTI will continue communicating with the MOHFW and will provide technical assistance as necessary to support their integrated database inputs and LF dossier development.

d) Snapshot of NTD Status in Bangladesh

Table 2a. Snapshot of the expected status of Bangladesh NTD program as of September 30, 2017

		Columns C+D+E=B for each disease			Columns F+G+H=C for each disease				
		MAPPING GAP DETERMINATION			MDA GAP DETERMINATION		MDA ACHIEVEMENT	DSA NEEDS	
A	B	C	D	E	F		G	H	I
Disease	Total No. of Districts in Bangladesh	No. of districts classified as endemic	No. of districts classified as non-endemic	No. of districts in need of initial mapping	No. of districts receiving MDA as of 09/30/17		No. of districts expected to be in need of MDA at any level: MDA not yet started, or has prematurely stopped as of 09/30/17	Expected No. of districts where criteria for stopping district-level MDA have been met as of 09/30/17	No. of districts requiring DSA as of 09/30/17
					USAID-Funded	Others			
BANGLADESH									
Lymphatic filariasis	64	19	45	0	0	0	0	19	Pre-TAS: 0 TAS1: 0 TAS 2: 1 TAS 3: 14
Onchocerciasis		NA	NA	NA	NA	NA	NA	NA	NA

Schistosomiasis		NA	NA	NA	NA	NA	NA	NA	NA
Soil-transmitted helminthiases		64	0	0	0	64	0	0	NA
Trachoma		NA	NA	NA	NA	NA	NA	NA	NA

3) Cambodia

a) Administrative Structure – Cambodia

Cambodia’s population of 15.1 million lives in 24 provinces, 185 administrative districts, and 26 municipalities. The National Center for Parasitology, Entomology and Malaria Control (CNM) within the MOH is the unit directly responsible for organizing the national response for LF, STH, and SCH. The National Program for Eye Health (NPEH) within the MOH is responsible for the elimination of blinding trachoma as well as the management of other eye health issues.

b) NTD Program Partners – Cambodia

Partner support in Cambodia has focused on SCH and STH. WHO provides MEB from J&J for STH MDA for school-age children (SAC), and World Vision provides ALB for preschool-age children (pre-SAC) and women of childbearing age (WCBA). WHO also provides praziquantel (PZQ) for SCH MDA from Merck Serono. In the past, Helen Keller International has provided support for eye health. In September FY16, RTI provided support to the NPEH to check for scarring to determine if the 37-positive trachomatous trichiasis (TT) cases found during surveys in five provinces was caused by *Chlamydia trachomatis*, which were not, and supported the development of the trachoma elimination dossier for the country.

Table 1b. Non-ENVISION NTD partners working in Cambodia, donor support, and summarized activities

Partner	Location (Regions/States)	Activities	Donors supporting these partners/ activities
MOH	All levels	Coordinates partners for drug donations and TT surgeries; funds and conducts MDA for NTDs	World Vision
WHO	Central level	-Technical support and guidance on NTD program activities -Donation of MEB and PZQ	J&J, Merck Serono
World Vision	Central level	ALB donation for pre-SAC and WCBA	None

c) Cambodia National NTD Program Overview and ENVISION Support

Lymphatic Filariasis

WHO validated elimination of LF as a public health problem in Cambodia in 2016, the first in the USAID NTD portfolio. The MOH submitted its LF dossier, developed with support from END in Asia and ENVISION under the Technical Assistance Facility (TAF), to WHO in November 2015; in June 2016, WHO declared that LF is no longer considered a public health problem in Cambodia. The CNM submitted a journal article detailing the success of the program to the *Infectious Diseases of Poverty* journal in May 2017.

Schistosomiasis

SCH, caused by *Schistosoma mekongi*, is endemic in Stung Treng and Kratie provinces along the Mekong River, with 95,143 people at risk in 115 villages. Cambodia has reached the indicator of elimination of SCH as a public health problem (<1% heavy-intensity infections), but regular MDA, routine human and animal surveillance, and activities to increase access to safe water and improved sanitation are necessary to ensure that the disease does not re-emerge. The national program, with support from WHO's WPRO and WHO country offices, is finalizing an SCH elimination strategy 2016–2020, which includes human health, animal health, and WASH activities. This strategy includes results of the FY17 ENVISION-supported consultancy to review the animal component of *S. mekongi* transmission, which concluded that more evidence is needed to determine the role of dogs and buffalos in transmission before proposing mass treatment of animals.

Trachoma

In July 2017, WHO validated Cambodia as having eliminated trachoma as a public health problem. In Cambodia, surveys to determine the prevalence of active trachoma, utilizing the Global Trachoma Mapping Project (GTMP) methodology, were carried out in 14 provinces from June 2014 to March 2015 with USAID support. Trachomatous inflammation–follicular (TF) rates varied from 0% to 0.2%, well under the threshold of 5% recommended by WHO to start antibiotic and environmental interventions. TT rates were also below the 1-in-1,000 threshold necessary to begin surgical interventions; however, five provinces with borderline results (~0.1% TT prevalence in all ages) needed further investigation. In August 2016, with ENVISION support, these TT patients were re-examined and found negative for trachomatous scarring. ENVISION provided support for an expert to assist the MOH prepare the trachoma dossier for validation of elimination.

Proposed ENVISION support in FY18:

There are no planned activities in Cambodia for ENVISION in FY18. RTI will maintain dialogue with the MOH on LF post-validation surveillance research and the SCH elimination strategy 2016-2020.

d) Snapshot of NTD Status in Cambodia

Table 2b. Snapshot of the expected status of Cambodia NTD program as of September 30, 2017

		Columns C+D+E=B for each disease			Columns F+G+H=C for each disease				
		MAPPING GAP DETERMINATION			MDA GAP DETERMINATION		MDA ACHIEVEMENT	DSA NEEDS	
A	B	C	D	E	F		G	H	I
Disease	Total No. of Districts in Cambodia*	No. of districts classified as endemic*	No. of districts classified as non-endemic*	No. of districts in need of initial mapping*	No. of districts* receiving MDA as of 09/30/17		No. of districts expected to be in need of MDA at any level: MDA not yet started, or has prematurely stopped as of 09/30/17*	Expected No. of districts where criteria for stopping district-level MDA have been met as of 09/30/17*	No. of districts requiring DSA as of 09/30/17*
					USAID-funded	Others			
CAMBODIA									
Lymphatic filariasis	25	4**	21	0	0	0	0	4	Pre-TAS: 0 TAS: 0
Onchocerciasis		NA	NA	NA	NA	NA	NA	NA	NA
Schistosomiasis		2	23	0	0	2***	0	0	• SS/SC: 2 (13 sites)
Soil-transmitted helminthiasis		25	0	0	0	25	0	0	0
Trachoma		0	25	0	0	0	0	0	NA

• SS = sentinel site; SC = spot check

* The administrative unit used in Cambodia is province. LF was declared eliminated as a public health problem in June 2016.

**There are 4 provinces endemic with LF, out of a total of 18 districts. These 18 districts were grouped into 6 implementation units by the MOH.

***Have reached criteria to stop but will continue to conduct MDA until sanitation and animal health measures are implemented to interrupt transmission.

4) Laos

a) Administrative Structure – Laos

Laos, with a population of 6.8 million, is divided administratively into 18 provinces, 148 districts, and 8,704 villages. In 2012, the Directorate of Communicable Disease Control 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 Center for Ophthalmology, which is responsible for implementing trachoma activities. The CMPE works closely with the Ministry of Education and Sport to implement school-based STH MDA.

b) NTD Program Partners – Laos

FHI 360 is providing financial support for a national NTD stakeholder meeting; LF, SCH, and STH MDA implementation; STH refresher training; and LF, SCH, and STH sentinel and spot check site data collection; and TAS1 with funding from the M.A.C. Foundation. WHO supports the donation of drugs for

LF, SCH, and STH MDA and provides technical assistance to the central level. RTI provided support to the central level on the development of an SCH elimination strategy and the development of the trachoma elimination dossier. Canada’s International Development Research Centre (IDRC) provides support for SCH research, data review, and research on animal contribution to SCH transmission.

Table 1c. NON-ENVISION NTD partners working in Laos, donor support, and summarized activities

Partner	Location (Regions/States)	Activities	Donors supporting these partners/ activities
MOH	Central level/all endemic areas	-MOH supports some meetings/ trainings and MDA costs	FHI 360, WHO
FHI 360	Central level, endemic provinces	-LF, STH, and SCH MDA and related M&E activities	M.A.C. Foundation
WHO	National	-ALB, DEC, PZQ, and MEB donations -Technical assistance	GSK/J&J/Merck
IDRC	Central level	SCH research and data review	Government of Canada

c) Laos National NTD Program Overview and ENVISION Support

Lymphatic Filariasis

Laos has completed MDA for LF and will conduct TAS1 in the one endemic province in September 2017. Laos is endemic for LF—caused by *W. bancrofti*—with approximately 140,000 people at risk. Following Mf mapping in Phouvong District in Attapeu Province in 2007, the first round of LF MDA with ALB and DEC was launched there in 2008. In 2009, antigenaemia (Ag) mapping identified four more endemic districts, and the MDA program was extended to cover all five districts in Attapeu in 2010. In 2011, MDA activities were cancelled due to lack of funding to procure the necessary drugs and cover operational costs. In 2012, the program was re-launched with support from the Asian Development Bank, and MDA continued with END in Asia support in 2014 and 2015. Pre-TAS was conducted in October/November 2016, and results were below the WHO-recommended cutoff (<2% Ag). CMPE continued to implement MDA in Attapeu province through February 2017 with support from FHI 360 and the M.A.C. Foundation. RTI provided technical assistance to the MOH for initial TAS training February 27–March 2, 2017, including completion of the survey sample builder, and TAS on-the-job training and supervision, in coordination with the CDC, in September. TAS1 is scheduled to be completed in September 2017.

Proposed ENVISION support in FY18:

Activity 1. STTA - LF Pre-Dossier Development: RTI will fund short-term technical assistance by an LF expert to assist Laos to develop its pre-dossier.

Schistosomiasis

SCH, caused by *Schistosoma mekongi*, is endemic in two districts (Khong and Moulapamok) in Champasak Province along the Mekong River, with more than 112,000 people at risk. Animal hosts—dogs and potentially buffalo—could be involved in the transmission cycle. Laos reached the indicator of elimination of SCH as a public health problem (<1% heavy-intensity infections), but regular MDA, routine human and animal surveillance, and activities to increase access to safe water and improved sanitation are necessary to ensure that the disease does not re-emerge. WASH activities are a critical part of the elimination strategy: more than half of the population (58.1%) of Laos do not have access to safe drinking water, and 41.6% do not have access to safe sanitation facilities. In FY16 and FY17, ENVISION supported a consultant to work with WHO and the ministries responsible for human health, animal health, and sanitation in Laos to finalize a 2016–2020 SCH elimination strategy.

Trachoma

In July 2017, WHO validated Laos as having eliminated trachoma as a public health problem. In 2013–2014, Laos carried out surveys, using the GTMP methodology, in 16 provinces suspected of having ever harbored trachoma, including most of the country’s rural population. Survey results showed that the TF prevalence was <5% (range 0.2%–2.2%); the TT prevalence was zero in 13 provinces and too low (0.6%, 0.6%, and 0.12%) to warrant TT programs in the other three provinces that were surveyed. Through the health system, people identified with clinical signs of trachoma are offered tetracycline treatment or, in the case of TT, surgery. ENVISION provided support for an expert to assist the MOH prepare the trachoma dossier for validation of elimination.

Proposed ENVISION support in FY18:

Activity 2. Trachoma Elimination Celebration: After validation of elimination of trachoma as a public health problem by the WHO, a half-day celebration meeting to mark the achievement will be held in Laos for approximately 80 participants in November 2017. In addition to Government of Laos representatives, USAID Headquarters and Mission staff, USAID regional office staff, the US Ambassador, the WHO country office representative, and WHO WPRO staff will be invited to participate.

d) Snapshot of NTD Status in Laos

Table 2c. Snapshot of the expected status of Laos NTD program as of September 30, 2017

		Columns C+D+E=B for each disease			Columns F+G+H=C for each disease				
		MAPPING GAP DETERMINATION			MDA GAP DETERMINATION		MDA ACHIEVEMENT	DSA NEEDS	
A	B	C	D	E	F		G	H	I
Disease	Total No. of Provinces in Laos	No. of provinces classified as endemic	No. of provinces classified as non-endemic	No. of provinces in need of initial mapping	No. of provinces receiving MDA as of 09/30/17		No. of provinces expected to be in need of MDA at any level: MDA not yet started, or has prematurely stopped as of 09/30/17	Expected No. of provinces where criteria for stopping district-level MDA have been met as of 09/30/17	No. of provinces requiring DSA as of 09/30/17
					USAID-funded	Others			
LAOS									
Lymphatic filariasis	17	1	16	0	0	0	0	0	Pre-TAS: 0 TAS: 0*
Onchocerciasis		NA	NA	NA	NA	NA	NA	NA	NA
Schistosomiasis		1	16	0	0	1	0	0	0
Soil-transmitted helminthiasis		17	0	0	0	17	0	0	SS:4
Trachoma		0	17	0	0	0	0	0	0

• SS = sentinel site
* TAS1 in September 2017.

5) Vietnam

a) Administrative Structure – Vietnam

Vietnam has an estimated population of 89.6 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 includes multiple diseases. The National Institute for Malariology, Parasitology and Entomology (NIMPE) is responsible for the LF elimination program as well as STH control activities. The National Institute of Ophthalmology (NIO) is responsible for the provision of eye health care, including trachoma elimination.

b) NTD Program Partners – Vietnam

Vietnam receives technical and financial support for the NTD program from WHO, World Vision Australia, Save the Children, Evidence Action, and the Sabin Institute. In addition to these partners, Fred Hollows Foundation (FHF) has funding to support TT surgeries and will be included in their next agreement that will be developed during 2018. FHF also, with ENVISION funding, assisted the NIO to conduct trachoma surveys in Ha Giang province in April 2017 and plan for the trachoma MDA. For the

2017 trachoma MDA, Vietnam received donated Zithromax® (ZTH) from the International Trachoma Initiative in three districts of Ha Giang province and MDA was conducted in July 2017.

Table 1d. Non-ENVISION NTD partners working in Vietnam, donor support and summarized activities

Partner	Location (Regions/States)	Activities	Donors supporting these partners
MOH	All levels	-Technical oversight of LF, STH, and trachoma activities and some financial support for STH MDA	World Vision Australia, Save the Children, Sabin Institute
WHO	Central level	-Provides direct technical assistance to the MOH in strategic planning, capacity building, and ALB and MEB donation	J&J
World Vision Australia	Central level	-Supplies drugs for STH MDA and funding for pilot STH activities for pre-SAC and WCBA	Private donations
Save the Children	Central level	-Limited support for STH for WCBA and pre-SAC	Private donations
East Meets West Foundation	Provincial level	-MDA in four provinces for STH prevalence	Abu Dhabi foundation
Evidence Action	Central level	-Technical assistance to East Meets West Foundation and central-level NIMPE	Abu Dhabi foundation
Sabin Institute	Provincial level	-Trained health staff on the care for lymphedema patients in the north	AbbVie foundation
FHF	Central and Provincial levels	-Eye care and prevention of blindness activities	Australian Government

c) Vietnam National NTD Program Overview

Lymphatic Filariasis

Vietnam is finalizing its LF dossier for submission to WHO for validation in 2018. Vietnam has four LF-endemic districts—from *W. bancrofti*—in the south and two LF-endemic districts—from *B. malayi*—in the north. MDA with ALB and DEC was started in 2003 and implemented for five years, stopping in 2008. The program achieved high treatment coverage rates, ranging from 78% to 95%. Post-MDA Mf rates were 0% in sentinel and spot check sites in all districts, which prompted the program to conduct population-based cluster surveys in each district to stop MDA in 2010–2011, using immunochromatographic tests (ICTs) in *W. bancrofti* districts and Mf in *B. malayi* districts. In 2013, post-MDA surveillance surveys following the WHO TAS methodology were implemented in four evaluation units (EUs), using ICTs in two EUs and Brugia Rapid tests in two EUs. Bin Luc, Phu Cu, and Bac Ai were each separate EUs, whereas Khanh Vinh, Dien Khanh, and Ninh Hoa were combined into a provincial-level EU (Khanh Hoa). No positive cases were found in any EU. In 2015, TAS3 were implemented in the

same four EUs and also found no positive cases. The CDC and RTI (with USAID's MMDP Project funding) piloted the WHO LF MMDP Toolkit's Direct Inspection Protocol in Vietnam to evaluate the quality of the MMDP minimum package being offered in designated health facilities. This provided the Government of Vietnam with information to help complete the LF draft dossier, and identified an additional three districts with potential ongoing transmission requiring surveys, which were carried out in April 2017. The surveys did not identify any positive cases and the LF dossier was finalized with this information with support from RTI.

Proposed ENVISION support in FY18:

Activity 1. LF dossier translation: RTI will support translation of the LF dossier so that NIMPE can submit it to the MOH.

Activity 2. LF Elimination Celebration: RTI will work closely with NIMPE to organize a half-day declaration of LF elimination celebration following the WHO announcement. Representatives from USAID Washington, the USAID Mission, the WHO country office, and WHO WPRO will be invited to this event.

Trachoma

Vietnam has a draft trachoma pre-dossier, and requires one round of trachoma MDA in two districts of Ha Giang province in December 2017, followed by a trachoma impact survey prior to finalizing the dossier. Vietnam has been combating trachoma since the 1950s and was one of the first countries to benefit from Pfizer's ZTH donation. In 2014, surveys following GTMP methodology were conducted in nine provinces (11 EUs). The results indicated TF prevalence was less than 5% in every EU; however, in one EU there was one cluster with 10.9% TF prevalence in Ha Giang province. Additional district-level surveys in all districts of Ha Giang Province were recommended. ENVISION partner FHF supported survey implementation in the five EUs in Ha Giang (excluding the seven villages receiving MDA). Results of the surveys identified two districts, Meo Vac and Dong Van, that had TF prevalence between 5%–9.9% and require one round of MDA, which will be conducted in FY18 with ENVISION support.

The estimated TT backlog of surveyed provinces is 1,596. TT surgeries are conducted at the provincial hospitals and records kept at the provincial health offices. The NIO is collecting the provincial level data through calls and email to determine if other provinces need to implement TT surgery. RTI and FHF will work with the NIO to calculate the TT backlog for the entire country once the provincial level data are available.

Proposed ENVISION support in FY18:

Activity 3. MDA in Dong Van and Meo Vac Districts: Based on the April 2017 trachoma survey results, two districts in Ha Giang Province will receive one round of trachoma MDA in December 2017. The NIO will support a fixed-point community-based MDA in Meo Vac and Dong Van districts, with a total population of 157,707. Two NIO staff will travel to each district to conduct a two-day orientation and training on trachoma MDA. The orientation and training participants will include one provincial eye health officer, one district officer, two commune health workers per commune. After finishing the training, the two trained commune health workers in each commune will organize a one-day training on Trachoma MDA for village health volunteers. Upon completing the orientation and training, the teams will conduct community-based trachoma MDA over the course of two days, in the two targeted districts. Loud speakers in all the villages will be used to announce the MDA, both before and during the activity. No print materials are required. Once a team completes the MDA in their coverage area, they will submit reports to their assigned commune health workers for collation and submission to the district, provincial, and national levels.

Activity 4. Trachoma Impact Survey in Lung Ho Commune: The objective is to conduct a trachoma impact survey in the seven villages of Lung Ho commune, Yen Minh district, Ha Giang Province to assess progress toward the elimination of trachoma in Vietnam after the July 2017 MDA. The sample size will be 70 children aged 1–9 years to be sampled from 40 households in seven clusters (seven villages). It is estimated it will take three days to complete the work in each cluster given the remote mountainous region. Data will be collected using android devices, submitted and stored on a secured cloud-based server maintained by Tropical Data, and prevalence estimates for TT in adults aged 15 years and older and TF in children 1–9 years will be reported. The NIO, with support from Tropical Data if required, will analyze the data and provide a summary report to FHF and RTI after completing the surveys.

Activity 5. Trachoma Impact Survey in Dong Van and Meo Vac Districts: Six months after completing the trachoma MDA, the NIO will conduct trachoma impact surveys in Dong Van and Meo Vac districts. These two districts comprise one EU. The sample size will be 224 children aged 1–9 years to be sampled from 40 households in 24 clusters. It is estimated it will take 2.5 days to complete the work in each cluster. Data will be collected using android devices, submitted and stored on a secure cloud-based server maintained by Tropical Data, and prevalence estimates for TT in adults aged 15 years and older and TF in children 1–9 years will be reported. The NIO, with support from Tropical Data if required, will analyze the data and provide a summary report to FHF and RTI after completing the surveys.

Activity 6. Trachoma Pre-Dossier Development: RTI and FHF will work with the NIO to incorporate the results of the FY18 trachoma activities and TT backlog into the trachoma pre-dossier. RTI’s Trachoma Focal Point will provide technical assistance and oversight to this activity.

d) Snapshot of NTD Status in Vietnam

Table 2d. Snapshot of the expected status of Vietnam NTD program as of September 30, 2017

		Columns C+D+E=B for each disease			Columns F+G+H=C for each disease				
		MAPPING GAP DETERMINATION			MDA GAP DETERMINATION		MDA ACHIEVEMENT	DSA NEEDS	
A	B	C	D	E	F		G	H	I
Disease	Total No. of districts in Vietnam	No. of districts classified as endemic	No. of districts classified as non-endemic	No. of districts in need of initial mapping	No. of districts receiving MDA as of 09/30/17		No. of districts expected to be in need of MDA at any level: MDA not yet started, or has prematurely stopped as of 09/30/17	Expected No. of districts where criteria for stopping district-level MDA have been met as of 09/30/17	No. of districts requiring DSA as of 09/30/17
					USAID-Funded	Others			
VIETNAM									
Lymphatic filariasis	63*	6*	589*	0	0	0	0	6*	Pre-TAS: 0 Mini-TAS: 0
Onchocerciasis		NA	NA	NA	NA	NA	NA	NA	NA
Schistosomiasis		NA	NA	NA	NA	NA	NA	NA	NA
Soil-transmitted helminths		53	10	0	0	36	17	0	0
Trachoma		1**	62	0	0	0	0	8	0

* Implementation unit for LF is the district, whereas for trachoma and STH it is the province. Column B shows the number of provinces in country.

** Community-based MDA has been proposed in two districts (Meo Vac and Dong Van) and one commune (Lung Ho), all in Ha Giang Province for FY18.

APPENDIX 1: Work Plan Timeline

FY18 Activities
Management Support
Technical Assistance to MOHs in Bangladesh, Cambodia, Laos, and Vietnam
Project Assistance
Laos
1. STTA – LF pre-dossier preparation
2. Trachoma Elimination Celebration
Vietnam
1. LF dossier translation
2. LF Elimination Celebration
3. Trachoma MDA in Meo Vac and Dong Van - FHF
4. Trachoma Impact Survey – Lung Ho Commune - FHF
5. Trachoma Impact Survey – Meo Vac and Dong Van - FHF
6. Trachoma pre-dossier development

APPENIDX 2. Table of USAID-supported Regions and Districts in FY18

(PLEASE NOTE: All “activity” column heads in this table are illustrative activities.” Please populate column heads with activities that apply to your country programs)

	Region	Health Districts	Mapping (list disease(s))	Baseline sentinel sites (list disease(s))	MDA					DSA (list type: TAS 2, TSS, etc.)				
					LF	OV	SCH	STH	TRA	LF	OV	SCH	STH	TRA
1	Vietnam Ha Giang	Meo Vac							X					TIS
2		Dong Van							X					TIS
3		Yen Minh – Lung Ho Commune												