



Bangladesh, Cambodia, Laos, and Vietnam Work Plan

FY 2019

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ENVISION PROJECT OVERVIEW

The United States Agency for International Development (USAID) 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. Fred Hollows Foundation (FHF) also provides support for trachoma activities in Vietnam.

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ACRONYMS LIST

Ag	Antigenaemia
ALB	Albendazole
CDC	US Centers for Disease Control and Prevention
CMPE	Center for Malariology, Parasitology and Entomology (Laos)
CNM	National Center for Parasitology, Entomology and Malaria Control (Cambodia)
CNTD	Centre for Neglected Tropical Diseases (at the Liverpool School of Tropical Medicine)
CWW	Children Without Worms
DCDC	Directorate of Communicable Disease Control (Laos)
DEC	Diethylcarbamazine
DSA	Disease-Specific Assessment
END in Asia	End Neglected Tropical Diseases in Asia
EU	Evaluation Unit
FHF	Fred Hollows Foundation
FOG	Fixed Obligation Grant
FY	Fiscal Year
GSK	GlaxoSmithKline
GTMP	Global Trachoma Mapping Project
HQ	Headquarters
ICT	Immunochromatographic Test
IDRC	International Development Research Centre (Canada)
ITI	International Trachoma Initiative
J&J	Johnson & Johnson
LF	Lymphatic Filariasis
MAC	Margaret A. Cargill
M&E	Monitoring and Evaluation
MDA	Mass Drug Administration
MEB	Mebendazole
Mf	Microfilaraemia
MMDP	Morbidity Management and Disability Prevention
MOH	Ministry of Health
MOHFW	Ministry of Health and Family Welfare (Bangladesh)
N/A	Not Applicable
NIMPE	National Institute of Malariology, Parasitology and Entomology (Vietnam)
NPEH	National Program for Eye Health (Cambodia)
NTD	Neglected Tropical Disease
pre-SAC	Preschool Age Children
PZQ	Praziquantel
Q	Quarter
SAC	School-Age Children
SC	Spot Check
SCH	Schistosomiasis
SS	Sentinel Site
STH	Soil-Transmitted Helminths
STTA	Short-Term Technical Assistance
TAF	Technical Assistance Facility
TAS	Transmission Assessment Survey

TF	Trachomatous Inflammation–Follicular
TIS	Trachoma Impact Survey
TRA	Trachoma Rapid Assessment
TT	Trachomatous Trichiasis
USAID	US Agency for International Development
VNIO	Vietnam National Institute of Ophthalmology
WASH	Water, Sanitation, and Hygiene
WCBA	Women of Childbearing Age
WHO	World Health Organization
WPRO	Western Pacific Regional Office
ZTH	Zithromax®

COUNTRY OVERVIEW

1) General Background

The US 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 from October 2010 to September 2015. The project's technical and operational support enabled the countries to move toward their elimination and control goals for USAID's targeted preventive chemotherapy NTDs.

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

ENVISION's support for LF and trachoma focuses on assisting the national LF and trachoma programs in these four countries to submit validation dossiers to the World Health Organization (WHO) and determining how ongoing post-validation elimination surveillance can be most feasibly implemented. In addition, because WHO's goal for SCH in Cambodia and Laos is to eliminate it 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 animal and human surveillance.

ENVISION works with the MOH in each of these aforementioned countries to provide the tools and resources that are needed to assist their NTD programs with collecting and compiling data to be included in dossiers for LF and trachoma and to 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 that they need to meet their targets.

RTI International does not have offices in these countries; short-term technical assistance (STTA) is provided by Headquarters (HQ) staff, ENVISION's Southeast Asia Regional NTD Manager based in Jakarta, Indonesia, and Fred Hollows Foundation (FHF) staff in Vietnam.

2) Bangladesh

a) Administrative Structure—Bangladesh

Bangladesh is divided into seven divisions and 64 districts. In 2018, the estimated population was 164 million people, with an average of 2.5 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 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 program also works with the MOHFW's research, drug control and logistics, the national health database, and other support functions as needed.

b) NTD Program Partners—Bangladesh

The Centre for Neglected Tropical Diseases (CNTD) at the 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 2019, CNTD plans to support LF TAS and some MMDP activities.

The US Centers for Disease Control and Prevention (CDC) supported operational research in Bangladesh to determine optimal post-treatment surveillance methodologies for LF from February 2014 through March 2017. Staff collected data from health facilities in one endemic and one non-endemic district, as well as from a migrant clinic in Dhaka. The findings from the three-year observation period 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 (CWW) provided technical and financial assistance to the national MOHFW to design a strategy to eliminate STH as a public health problem. CWW staff also work with the MOHFW to plan and implement a deworming program at schools, collect data, and identify ways to better incorporate water and sanitation activities into the deworming activities. With funding from CWW, in FY17, RTI (non-ENVISION staff) 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 (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 is a list of the non-ENVISION partners that are conducting activities in Bangladesh.

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

Partner	Location (Regions/States)	Activities	In FY18, was USAID providing direct financial support to this partner through ENVISION?	List other donors supporting these partners/ activities
MOHFW	Central level/all endemic areas	- LF MMDP activities; deworming week for STH; some STH activities carried out by doctors	No	CNTD
CNTD	Central level	Provides funding and technical assistance for LF activities throughout the country	No	Funded by the UK Department for International Development

Partner	Location (Regions/States)	Activities	In FY18, was USAID providing direct financial support to this partner through ENVISION?	List other donors supporting these partners/ activities
CDC	Dhaka, 1 endemic, 1 non-endemic district	-Operational research on post-MDA surveillance and molecular xenomonitoring	No	USAID
WHO	Central level	-Donation of ALB and MEB	No	GSK and J&J
CWW	Central level	-Technical assistance to MOHFW to design and implement STH elimination as a public health problem strategy	No	J&J

c) Bangladesh National NTD Program Overview

Lymphatic Filariasis

Bangladesh is currently under post-MDA surveillance for all 19 endemic districts and is expected to implement the final TAS3 in 2020.

Approximately 38 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 in Bangladesh had completed at least five 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 2017, 13 districts in Bangladesh had passed TAS3. The country has prepared its LF pre-dossier with technical support provided by ENVISION during FY16 and FY17 and will incorporate future TAS and MMDP results as they are completed and available.

Soil-Transmitted Helminths

All 64 districts in Bangladesh are endemic above the treatment threshold for STH. The MOHFW conducts school-based deworming twice a year. The 2017-2021 STH National Strategic Plan aims to eliminate STH as a public health problem.

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 LF and STH and is maintaining the database. RTI is prepared to provide additional technical assistance to the MOHFW if needed.

d) Snapshot of NTD Status in Bangladesh

Table 2a. Snapshot of the expected status of Bangladesh NTD program as of September 30, 2018

		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 09/30/18		No. of districts expected to be in need of MDA at any level: MDA not yet started, or has prematurely stopped as of 09/30/18	Expected No. of districts where criteria for stopping district-level MDA have been met as of 09/30/18	No. of districts requiring DSA as of 09/30/18
					USAID-Funded	Others			
BANGLADESH									
Lymphatic filariasis	64	19	45	0	0	0	0	19	Pre-TAS: 0 TAS1: 0 TAS2: 1 TAS3: 5
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

e) Proposed ENVISION support to Bangladesh in FY19

Activity 1: Pre-service Curricula Development: The MOHFW has requested support to develop NTD-specific pre-service curricula modules to be incorporated into the curriculum of university medical schools for doctors, nurses and medical technicians. ENVISION will hire a consultant to work with the MOHFW to develop the initial drafts of modules as well as develop a plan for how these would be implemented and incorporated into the higher education system.

3) Cambodia

a) Administrative Structure – Cambodia

Cambodia's population of 15.2 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 that is 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 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 provided support for eye health. In September FY16, RTI provided support to the NPEH to check for scarring to determine whether the 37-positive trachomatous trichiasis (TT) cases identified during surveys in five provinces were caused by *Chlamydia trachomatis*. RTI also supported the development of the trachoma and LF elimination dossiers for Cambodia.

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

Partner	Location (Regions/States)	Activities	In FY18, was USAID providing direct financial support to this partner through ENVISION?	Donors supporting these partners/ activities
MOH	All levels	– Coordinates partners for drug donations and TT surgeries; funds and conducts MDA for NTDs	No	World Vision
WHO	Central level	– Technical support and guidance on NTD program activities – Donation of MEB and PZQ	No	J&J and Merck Serono
World Vision	Central level	– ALB donation for pre-SAC and WCBA	No	None

c) Cambodia National NTD Program Overview

Lymphatic Filariasis

WHO validated the elimination of LF as a public health problem in Cambodia in June 2016, the first in the USAID NTD portfolio. The CNM developed the validation dossier with technical support from END in Asia and ENVISION. ENVISION worked closely with CNM to publish a journal article detailing the success of the Cambodia LF program in February 2018 in *Infectious Diseases of Poverty*.

Schistosomiasis

SCH, caused by *Schistosoma mekongi*, is endemic in Stung Treng and Kratie provinces along the Mekong River, with more than 95,000 people at risk in 114 villages. Cambodia has reached the indicator of elimination of SCH as a public health problem (less than 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. WHO's Western Pacific Regional Office (WPRO) and WHO country offices finalized the SCH elimination strategy for 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. As discussed in the findings of the review, more evidence is needed to determine the role of dogs and buffaloes in transmission before proposing mass treatment of animals.

Trachoma

During July 2017, WHO validated Cambodia as having eliminated trachoma as a public health problem. In Cambodia, NPEH, with financial and technical support from USAID, carried out surveys to determine the prevalence of active trachoma, utilizing the Global Trachoma Mapping Project (GTMP) methodology, in 14 provinces from June 2014 to March 2015. Trachomatous inflammation–follicular (TF) rates varied from 0.0% to 0.2%, percentages that are well under the threshold of 5.0% 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 (approximately 0.1% TT prevalence in all ages) needed more investigation. In August 2016, with ENVISION support, NPEH re-examined these TT patients, who were found to be negative for trachomatous scarring. ENVISION also provided support for an expert to assist the MOH in preparing the trachoma dossier for validation of elimination.

d) Snapshot of NTD Status in Cambodia

Table 2b. Snapshot of the expected status of Cambodia NTD program as of September 30, 2018

		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 09/30/18		No. of districts expected to be in need of MDA at any level: MDA not yet started, or has prematurely stopped as of 09/30/18*	Expected No. of districts where criteria for stopping district-level MDA have been met as of 09/30/18*	No. of districts requiring DSA as of 09/30/18*
					USAID-funded	Others			
CAMBODIA									
Lymphatic filariasis	24	4**	20	0	0	0	0	4	Pre-TAS: 0 TAS: 0
Onchocerciasis		NA	NA	NA	NA	NA	NA	NA	NA
Schistosomiasis		2	22	0	0	2***	0	0	SS/SC: 2**** (13 sites)
Soil-transmitted helminthiases		24	0	0	0	0	24	0	0
Trachoma		0	24*****	0	0	0	0	0	NA

* The administrative unit used in Cambodia is a province.

** LF was declared eliminated as a public health problem in June 2016.

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

**** SS = sentinel site; SC = spot check.

***** Trachoma was declared eliminated as a public health problem in July 2017.

e) Proposed ENVISION support to Cambodia in FY19

There are no planned activities in Cambodia for FY19 under ENVISION. ENVISION will continue to facilitate the implementation of operational research, to be supported by CDC and the Task Force for Global Health, to determine most feasible post-validation surveillance methodologies to use in Cambodia.

4) Laos

a) Administrative Structure – Laos

Laos, with a population of 6.8 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.

b) NTD Program Partners – Laos

FHI 360, with Margaret A. Cargill (MAC) Foundation funding, is currently 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. During 2017, FHI 360, with funding from the MAC Foundation, supported TAS1. This funding will end in February 2019. WHO supports the donation of drugs for SCH and STH MDA and provides technical assistance to the central level. 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	In FY18, was USAID providing direct financial support to this partner through ENVISION?	Donors supporting these partners/ activities
MOH	Central level/all endemic areas	<ul style="list-style-type: none"> – Supports donations of MEB and PZQ – Supports some meetings, training sessions, and MDA costs 	No	FHI 360 and WHO

FHI 360	Central level and endemic provinces	<ul style="list-style-type: none"> – Support national-level NTD planning, MDA implementation and training – Supports LF, STH, and SCH M&E activities 	No	MAC Foundation
IDRC	Central level	<ul style="list-style-type: none"> – SCH research 	No	Canada Government
WHO	National	<ul style="list-style-type: none"> – Supports donations of PZQ and MEB – Provides technical assistance – Supports the MMDP survey in Attapue Province 	No	GSK, J&J, and Merck

c) Laos National NTD Program Overview

Lymphatic Filariasis

Laos has completed MDA and the one endemic province, Attapue, passed TAS1 in October 2017. DCDC, with support from WHO, is currently collecting data on the number of lymphedema and hydrocele patients nationwide. The country is on track to submit the LF elimination dossier by 2022.

Laos is endemic for LF—caused by *W. bancrofti*—with approximately 140,000 people at risk. Following rapid assessment surveys and Mf mapping from 2002 through 2007, only the Phouvong District in Attapue Province in 2007 was found endemic. The first round of LF MDA with ALB and DEC was launched there in 2008. In 2009, antigenaemia (Ag) mapping conducted in Laos identified four more endemic districts, and the MDA program was extended to cover all five districts in Attapue in 2010. CMPE conducted Pre-TAS in October and November 2016; results were below the WHO-recommended cutoff (<2% Ag). CMPE continued to implement MDA in the Attapue Province through February 2017 with support from FHI 360 and the M.A.C. Foundation. During 2017, RTI provided technical assistance to the MOH for initial TAS training, TAS on-the-job training, and TAS supervision. CMPE completed TAS1 in October 2017 in Attapue 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.

ENVISION supported an LF dossier workshop in March 2018. After the workshop, an ENVISION-supported consultant developed a draft LF dossier. WHO is currently supporting an MMDP survey in Attapue Province and is providing technical assistance for the design of a national MMDP survey covering the other provinces in Laos. WHO will also fund TAS2 in late 2019 and may require additional technical assistance to conduct the refresher training.

Schistosomiasis

SCH, caused by *Schistosoma mekongi*, is endemic in the Khong and Moulapamok Districts in Champasak Province along the Mekong River, with more than 112,000 people at risk. Animal hosts—dogs and potentially buffaloes—could be involved in the transmission cycle. Laos reached the indicator of

elimination of SCH as a public health problem (less than 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 component of the elimination strategy: more than half of the population (58.1%) of Laos does not have access to safe drinking water, and 41.6% of the population does not have access to safe sanitation facilities. During 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 SCH elimination strategy 2016-2020.

Trachoma

In July 2017, WHO validated Laos as having eliminated trachoma as a public health problem. During 2013 and 2014, the National Ophthalmology Center, with technical and financial support from USAID, 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 to prepare the trachoma dossier for validation of elimination. In January 2018, after WHO validated the elimination of trachoma as a public health problem, the MOH held a half-day celebration to mark the achievement in Vientiane, Laos. The event was officiated by the Minister of Health and was attended by approximately 100 participants, including Laos government officials, representatives from the WHO regional and country offices, the US Ambassador to Laos, and USAID Laos staff. A permanent sign commemorating the achievement was also placed outside of the MOH in Vientiane, Laos, in May 2018.

d) Snapshot of NTD Status in Laos

Table 2c. Snapshot of the expected status of Laos NTD program as of September 30, 2018

		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 09/30/18		No. of provinces expected to be in need of MDA at any level: MDA not yet started, or has prematurely stopped as of 09/30/18	Expected No. of provinces where criteria for stopping district-level MDA have been met as of 09/30/18	No. of provinces requiring DSA as of 09/30/18
					USAID-funded	Others			
LAOS									
Lymphatic filariasis	17	1	16	0	0	0	0	0	Pre-TAS: 0 TAS2: 1*
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

* TAS2 in December 2019.

** SS = sentinel site.

*** Trachoma was declared eliminated as a public health problem in July 2017.

e) Proposed ENVISION support to Laos in FY19

Activity 1. LF Pre-Dossier Development: RTI will continue to provide technical assistance to the DCDC and CMPE to update the LF pre-dossier. A meeting for approximately 20 participants (DCDC, CMPE, WHO, and Attepué representatives) is proposed for November 2018 to incorporate the results from the WHO-supported MMDP survey in Attapue Province and to solicit critical information, especially regarding the early mapping, which is currently missing from the draft dossier. Additionally, this opportunity will be used to finalize plans and organize an additional MMDP survey (a standard questionnaire) to collect information about chronic patients from all the health centers in the other 16 provinces in the country. Once all responses have been collected and analyzed, RTI and CMPE will include the results in the draft dossier. ENVISION’s Southeast Asia Regional NTD Manager, with support from WHO, will attend and lead the meeting. Participants will meet for two days in Vientiane, Laos, to review the draft dossier, provide updated information about the identified gaps, and incorporate results from the MMDP survey.

5) Vietnam

a) Administrative Structure – Vietnam

Vietnam has an estimated population of 93 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 Vietnam National Institute of Ophthalmology (VNIO) is responsible for the provision of eye health care, including trachoma elimination.

b) NTD Program Partners – Vietnam

Vietnam has received technical and financial support for the NTD program from WHO, World Vision Australia, Save the Children, Evidence Action, and the Sabin Institute. The Sabin institute also provided training for health staff in the north on lymphedema care. In addition to these partners, FHF has funding to support TT surgeries should the VNIO request additional support. FHF, with ENVISION funding, assisted the VNIO to conduct trachoma surveys in Ha Giang Province in April 2017. In July 2017, the VNIO and FHF implemented weight-based trachoma MDA, an anomaly in trachoma programming, in seven villages in the Lung Ho commune of Yen Minh district in Ha Giang Province by using Pfizer Vietnam donated Zithromax® (ZTH). Despite the complex topography in the Lung Ho commune, the MDA reached 1,856 people out of a total population of 2,350 (79%).

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

Partner	Location (Regions/States)	Activities	In FY18, was USAID providing direct financial support to this partner through ENVISION?	Donors supporting these partners and activities
MOH	All levels	<ul style="list-style-type: none"> – Supports donations of MEB and PZQ – Provides technical oversight of STH and trachoma activities – Provides some financial support for STH MDA 	No	World Vision Australia, Save the Children, Evidence Action and the Sabin Institute
WHO	Central level	<ul style="list-style-type: none"> – Supports donation of MEB and PZQ – Provides direct technical assistance to the MOH for strategic planning, and capacity building 	No	J&J

World Vision Australia	Central level	<ul style="list-style-type: none"> - Supports donations of MEB and PZQ - Supplies drugs for STH MDA and funding for pilot STH activities for pre-SAC and WCBA 	No	Private donations
Save the Children	Central level	<ul style="list-style-type: none"> - Supports donations of MEB and PZQ - Provides limited support for STH for WCBA and pre-SAC 	No	Private donations
Evidence Action	Central level	<ul style="list-style-type: none"> - Supports donations of MEB and PZQ - Provides technical assistance to central-level NIMPE 	No	Abu Dhabi Foundation
FHF	Central and provincial levels	<ul style="list-style-type: none"> - Supports donations of MEB and PZQ - Supports eye care and prevention of blindness activities 	No	Australian Government

c) Vietnam National NTD Program Overview

Lymphatic Filariasis

Vietnam finalized its LF dossier and submitted it to WHO for validation in August 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 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 TAS, 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 Direct Inspection Protocol 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 draft dossier and identified three more districts with potential ongoing transmission that required mini-transmission assessment surveys, which were carried out by NIMPE, with technical and financial support from RTI, in April 2017. The surveys did not identify any positive cases and RTI HQ staff helped NIMPE finalize the LF dossier with this information.

Trachoma

RTI has supported VNIO to develop a draft trachoma pre-dossier. There is still one round of trachoma MDA required in two districts of Ha Giang Province, followed by a trachoma impact survey and trachoma surveillance survey, as well as confirmation of trachoma status in an additional 30 districts of 11 provinces before finalizing the dossier. Formal dossier submission to WHO is tentatively planned for 2021. Vietnam has been combating trachoma since the 1950s and was one of the first countries to benefit from Pfizer’s ZTH donation; however, the gains made against the disease have not been well documented. Based on the recommendations of an ENVISION-supported consultant in 2013, baseline surveys were not required, but trachoma impact surveys were recommended to document Vietnam’s

progress toward elimination. In 2014, VNIO, with technical and financial support from USAID, conducted the surveys following GTMP methodology in nine provinces (11 EUs). The results indicated that TF prevalence was less than 5.0% in every EU; however, in one EU, there was one cluster with 10.9% TF prevalence.

Further investigations of this cluster by VNIO and WHO resulted in recommendations to conduct additional district-level surveys in all districts in Ha Giang Province, as well as in the five provinces bordering China. WHO also recommended community-level MDA for three years in the seven villages comprising the cluster. ENVISION partner FHF issued a FOG to the VNIO to conduct the initial round of MDA in the seven villages in July 2017; 1,875 people out of 2,350 (79.8%) received treatment. 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 total of 511 children were examined). After consultation between VNIO and WHO, it was determined that additional intervention is not required; therefore, VNIO will conduct a trachoma surveillance survey in the villages in February 2020.

FHF also supported VNIO to implement surveys in the five EUs in Ha Giang Province (excluding the seven villages receiving MDA). Results of the surveys identified the Meo Vac District and Dong Van District as having a TF prevalence of 5.1% and required one round of MDA, which was planned to be conducted in FY18 with ENVISION support. However, in 2017, the Drug Authority of Vietnam updated its policies regarding drug importation, including drug donations; therefore, the Pfizer-donated ZTH has not been accessed to date. FHF and RTI are working with ITI and the VNIO to identify a solution for procuring the drugs necessary to conduct MDA. Once MDA is complete, VNIO will conduct trachoma impact surveys in these two districts and update the dossier accordingly.

In May 2018, staff from VNIO and RTI organized a workshop to develop a trachoma elimination plan for Vietnam. Attending the workshop were the Ha Giang Provincial Health Officer and representatives from VNIO, FHF, RTI, WHO Geneva, WHO Vietnam, and MOH. 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. In addition, FHF and RTI will continue to work with the VNIO to obtain additional data about WASH indicators in 30 districts identified as having uncertain endemicity and eight districts that had received treatment but did not conduct a trachoma impact assessment.

TT surgeries are conducted at the provincial hospitals and paper records maintained at the provincial health offices. The provinces submit the paper report of TT surgery information annually to the VNIO. RTI and FHF are working with the VNIO to calculate the TT backlog for the entire country once the provincial level data are updated and adjusted according to 15+ age group.

d) Snapshot of NTD Status in Vietnam

Table 2d. Snapshot of the expected status of Vietnam NTD program as of September 30, 2018

		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	No. of districts classified	No. of districts in need	No. of districts receiving MDA as of 09/30/18	No. of districts expected to be in need of MDA at any level: MDA	Expected No. of districts where criteria for stopping district-	No. of districts requiring DSA

		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
		as endemic	as non-endemic	of initial mapping	USAID-Funded	Others	not yet started, or has prematurely stopped as of 09/30/18	level MDA have been met as of 09/30/18	as of 09/30/18
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		63	0	0	0	39**	24	0	0
Trachoma		33***	532*	30***	2	0	0	31*	New baseline: 3*** TIS: 2

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

** The VNIO requested medicine for 39 provinces in 2018. The VNIO is using current stock for treatments because the drug import restrictions are affecting all drug donation programs in Vietnam.

*** Sixty-three districts in 20 provinces had evidence of ≥5% TF prevalence from 2000 through 2005. In 2018, 30 out of the 63 districts were identified during a Trachoma Elimination Plan meeting as having uncertain endemicity. A “new baseline” survey will be conducted in 3 districts at highest risk of having ongoing transmission (i.e., Khoai Chau District [Hung Yen Province], Lac Son District [Hoa Binh Province], and Na Ri District [Bac Can Province]) in FY19 to determine endemicity.

e) Proposed ENVISION support to Vietnam in FY19:

Activity 1. LF Elimination Celebration: RTI will support NIMPE to organize a half-day celebration to mark the achievement of LF elimination that will occur after WHO’s announcement. Representatives from USAID Washington, the USAID Mission, the WHO country office, and WHO WPRO will be invited to this event, which will take place in March 2019. Approximately 100 participants from NIMPE, MOH, and provincial health offices will be invited to attend the celebration. NIMPE will also develop information packets, a book about the history of LF in Vietnam, and a short video with interviews from medical professionals and those affected by lymphedema and hydrocele. Additionally, after WHO develops and disseminates the formal announcement, RTI’s communication team will issue a press release, develop talking points that key speakers may use during the event; post announcements on ENVISION’s website and social media channels about the celebration; and provide tweets during the event. Finally, they will leverage their platforms to increase visibility of the event and of Vietnam’s accomplishment of LF elimination.

Activity 2: Advocacy for Sustainability: To maintain the momentum that the LF elimination celebration will generate around NTDs, RTI staff will work with NIMPE to finalize advocacy messages that the USAID Vietnam representatives and the Ambassador will use during the event and during any high-level discussions they may have with health officials. The messages will use LF elimination as an opportunity

to advocate for sustained MMDP work and surveillance activities post-elimination and to support continued STH control activities.

Trachoma

Activity 3. MDA in Meo Vac District and Dong Van District: Based on the April 2017 trachoma surveillance survey results, two districts in Ha Giang Province (i.e., Meo Vac District and Dong Van District) will receive one round of trachoma MDA in FY19.

The VNIO will support a fixed-point community-based MDA in Meo Vac District and Dong Van District, which have a total population of 157,707.

Activity 4. New Baseline Survey in 3 Districts: After the district-by-district analysis was conducted during the trachoma elimination workshop in May 2018, the attendees selected three districts that should conduct new baseline surveys. These three districts had the highest last known prevalence out of the 30 districts identified with uncertain endemicity. The VNIO will conduct a population-based prevalence survey in these districts that follows Tropical Data's methodology. Each district will comprise one EU. VNIO staff will use the two-stage cluster sampling to identify the clusters, with a sample size of approximately 1,225 children aged 1–9 years per EU. The survey teams will then examine members of selected households as follows: children (1–9 years) for TF and adults (15 years and older) for TT. It is estimated to take approximately 2.5 days to complete one cluster. The list of villages and populations is being prepared at the time of work planning; therefore, 24 clusters per EU are estimated for budgeting purposes, based on the 2017 surveys conducted in Ha Giang Province.

Activity 5. FHF Supervision: FHF staff will work closely with the VNIO and RTI via e-mails, telephone calls, and site visits to prepare for MDA and the all trachoma surveys. The following five site visits are planned for FHF staff:

1. December 2018, to finalize logistics for MDA in Meo Vac District and Dong Van District.
2. December 2018, to finalize logistics for and supervise the new baseline surveys in three districts of three separate provinces.
3. March 2019, to supervise visits during the MDA in Meo Vac District and Dong Van District.
4. April 2019, to discuss findings of the new baseline surveys.

Activity 6. Trachoma Pre-Dossier Development: RTI and FHF staff will work with the VNIO to incorporate the results of the FY18 and FY19 trachoma activities and collection of economic improvement and WASH indicators and TT backlog estimation into the trachoma pre-dossier.

APPENDIX 2: Work Plan Timeline

FY19 Activities
Management Support
Technical assistance to MOHs in Bangladesh, Cambodia, Laos, and Vietnam
Project Assistance
Bangladesh
1. Pre-service Curricula Modules
Laos
1. LF pre-dossier update meeting following MMDP survey
Vietnam
1. LF Elimination Celebration
2. Trachoma MDA in Meo Vac and Dong Van – FHF
3. New baseline survey in 3 districts (FHF)
5. FHF supervision
6. Trachoma pre-dossier development following each activity

