WORKSHOP ON MASTER PLANS FOR NATIONAL NEGLECTED TROPICAL DISEASES PROGRAMME IN THE AFRICAN REGION

Harare, Zimbabwe
19 - 23 March 2012
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Designed and Printed in AFRO,
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<tr>
<td>AFRO</td>
<td>World Health Organization Regional Office for Africa</td>
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<td>APOC</td>
<td>African Programme for Onchocerciasis Control</td>
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<td>DPC</td>
<td>Disease Prevention and Control Officer</td>
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<td>DRC</td>
<td>Democratic Republic of Congo</td>
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<td>ESA</td>
<td>East and Southern Africa</td>
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<td>GNNTD</td>
<td>Global Network for Neglected Tropical Diseases</td>
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<td>GSK</td>
<td>GlaxoSmithKline</td>
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<td>IDM</td>
<td>Innovative and Intensified Disease Management</td>
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<td>IST</td>
<td>Intercountry Support Team</td>
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<td>ITI</td>
<td>International Trachoma Initiative</td>
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<td>MDA</td>
<td>Mass Drug Administration</td>
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<td>NPO</td>
<td>National Professional Officer</td>
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<td>NTD</td>
<td>Neglected Tropical disease</td>
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<td>PCT</td>
<td>Preventive Chemotherapy</td>
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<td>PHC</td>
<td>Primary Health Care</td>
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<td>RTI</td>
<td>Research Triangle Institute</td>
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<td>WHO</td>
<td>World Health Organization</td>
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1. BACKGROUND

Today there exists a strong and new momentum toward the control or elimination of neglected tropical diseases (NTD), which has translated into an increase in political commitment and funding for NTDs at the global, regional and country levels, as well as extraordinary commitments from pharmaceutical industry, governments, international organizations and not-for profit organizations. This provides a landmark for a rapid scaling-up of NTD interventions in the African Region. However, effective and sustainable NTD programmes require integrated and multi-year country plans.

WHO is promoting this integrated approach for the control or elimination of NTDs. In this regard, WHO/AFRO NTD programme developed a guide for preparing country multi-year strategic plans (also called NTD Master Plans) that incorporate a package of interventions build around mass drug administration (MDA), intensified disease management (IDM), community diseases surveillance and integrated budget estimations. The master plan is articulated around four strategic priorities (strengthening of government ownership, coordination and partnership; enhancement of planning for results, resource mobilization and financial sustainability of national NTD programmes; scaling-up access to interventions, treatments and service delivery capacities; and enhancement of NTD monitoring, evaluation, surveillance and operational research) and has different platforms to (i) harmonize planning and management for integrated interventions against the major NTDs, (ii) integrate budgeting, (iii) joint advocacy and coordination, and (iv) conduct operational research. NTD Master Plans are based on extensive situation analyses and aim to enhance synergies among the various disease-specific NTD initiatives. In addition, the NTD Master Plans consolidates the costing and financing requirements for effective NTD programme delivery and includes scenarios and strategies for financial sustainability, which links to the health sector budgeting / planning cycles and encourages multisectoral linkages and collaboration.

In 2010, WHO / AFRO organized training workshops to elaborate their NTD master plans. The first workshop was held on 2-5 November 2010 in Harare, Zimbabwe for Anglophone countries, and the second from 16 to 19 November 2010 in Douala, Cameroon for Francophone countries. Technical support were also provided to countries.

Following this initial wave of support from AFRO, countries developed draft national NTD Master Plans and budgets. AFRO/NTD reviewed these drafts and produced Master Plan Assessment Reports. However, by September 2011, only 25 country master plans were drafted. All these plans were incomplete with several missing data and inappropriate costing.

Although all targeted countries revised their NTD Master Plans, the quality and level of completeness of these plans differ. In order to validate and recommend the plans for approval, there was a need to review the country plans and budgets. The current plans in many countries also lack rationalized multi-year budgets, as there has not been a standard tool that could lead to such budgets.
The new thrust that NTD Master Plan brings includes the following:

- Ensures that the strategies in the plan are sufficiently comprehensive (includes both preventive chemotherapy (PCT) and case-management NTDs, and that they align with regional and global priorities, targets and goals.
- Plans by national strategic priorities rather than by disease or initiative.
- Integrates and consolidates activities with other health interventions and within the NTD programme to solve shared problems.
- Evaluates the costs and financing of the NTD Programme Master Plan in order to ensure financial sustainability and links the NTD programme to health sector planning and financing mechanisms.
- Provides a strong basis for country Annual NTD Work Plans.

In order to accelerate the finalization of Country NTD Plans, two workshops were scheduled. The first one for Anglophone countries was held in Harare from 19 to 23 March 2012, and the second workshop for Francophone countries will be held in Ouagadougou from 16 to 20 April 2012.

2. PARTICIPATING COUNTRIES

A total of 13 countries participated in the Harare workshop:

- Ethiopia
- Ghana
- Kenya
- Liberia
- Malawi
- Mozambique
- Nigeria
- Rwanda
- Sierra Leone
- Tanzania (Mainland and Zanzibar)
- Zambia
- Uganda
- Zimbabwe

Each country was represented by 4 participants: 3 from the Ministry of Health (i.e. the National NTD Coordinator, one Focal Person for PCT-NTDs and one Focal Person for IDM-NTDs) and 1 from the WHO Country Office (the NTD/NPO or DPC).

In addition, there were representatives from APOC, NTD partners (GNNTD, RTI, ITI, Sightsavers) and World Bank.

3. WORKSHOP OBJECTIVES

3.1. Objectives

The main objectives of the workshop are:

a) To review and produce an advanced final draft of national NTD Master Plans;

b) To finalize the resource requirements and funding gaps analyses for NTD programmes;

c) To enable peer review and share lessons regarding the NTD Multi-Year Plans.

d) To produce 4 page summary of each country NTD Master Plans.

3.2. Expected outcomes

- All countries NTD Master Plans complete.
- Country NTD resource requirements and funding gaps finalized.
- Country NTD Strategy Briefs produced.
4. HIGHLIGHTS OF THE OPENING SESSION

Official opening
The WHO Representative in Zimbabwe, Dr Custodia Mandlhate, officially opened the workshop. She welcomed all participants and called for a one-minute silence for our fallen colleague, Dr Likezo Mubila. Dr Mandlhate urged countries to take advantage of the current momentum for NTD to push for elimination of NTDs from Africa. She encouraged countries to come up with high quality NTD Master Plans that will attract funding and enable the delivery of the expected results. Moreover, countries should increase their commitment to NTDs. She hoped that all country plans will after this workshop, be ready for submission to Partners for funding. She wished participants a fruitful workshop.

Keynote address by the IST Coordinator
Dr Oladapo Walker presented the current situation of NTDs in the African Region, and the progress made. He highlighted the critical importance of integrating NTDs and mainstreaming them into the PHC system. There is a need to decentralize NTD activities to the district level. Partnership is key to successful NTD programme. The national Governments must continue to invest and show commitment to NTD control. He further reminded participants of the importance of integrated vector management, development of districts micro plans from the national Master plans, involvement of other sectors such as Agriculture, the Local Government Areas, encouragement of volunteerism, and identification of local technical experts. Finally, he commended the generous support to countries by some drug donors and stressed on the importance of judicious use of resources from Partners.

Comments by partners' representative
The representative of GNNTD, Ms Wangechi Thuo briefed the house on the role of GNNTD which includes resources mobilization and awareness creation on NTDs to raise funds for the programme. The organization focuses on the 7 commonest NTDs. In the new future, the NTD envoy will be announced and this will help to raise awareness at country level. GNNTD is also working to put the NTDs on the G8 and G20 agenda.

Comments by the World Bank
Speaking on behalf of the World Bank, Dr Chris Lovelace stressed the importance of linkages with people to make 2020 goal realizable. He referred to the recent London declaration and the inference of the World Bank in reference to the NTDs as “Neglected people rather than Neglected Diseases”. He said the World Bank plays a role in health system strengthening.
5. WORKSHOP METHOD AND ELEMENTS OF THE MASTER PLANS

The workshop was arranged in Plenary sessions and Country working groups.

5.1. Plenary sessions

Several plenary sessions were organized in order to allow the presentation of key issues of the workshop country groups to guide participants in the finalization of master plans, and to provide feedbacks from facilitators reviews and assessments (Cf. workshop agenda in Annex 1).

In total 9 technical presentations were made, with the following highlights.

1. Overview of NTD programme in the WHO African region and Afro Strategy: NTDs have high burden and co-endemicity in Africa. AFRO region NTD Vision is “Africa free of NTDs”. Need to scale up interventions and to target the 4 big Countries: Nigeria, Ethiopia, DRC and Tanzania to drastically reduce NTD burden in Africa. The movement for NTD control in Africa is to move from GOOD to GREAT through development of strong Master Plans. Need to complete mapping of NTD in AFRO region and scale up MDA. Launch of Coordination Framework in June 2012. Improve collaboration among coordination platforms. Need for strong national NTD programme and in-country coordination mechanism, integrated implementation, integrated data collection, regular review of implementation. Development of real time Data entry for countries. AFRO NTD has created Regional Hub with strong country presence and support for NTDs by ISTs.


3. Guide to develop NTD Master Plans and Method of work: The master plan has 4 components: situational analysis, NTD Strategic agenda, operational framework and programme costing. Need to include all donors and funds to determine available resources and funding gaps.

4. NTD programme costing and gap analysis: A new tool was developed and there is a need to transfer data from the old to this new tool. Useful tool for micro-planning.

5. Funding opportunities for NTD programmes: The way forward for the World Bank for NTD control is using Health System strengthening to eliminate the seven preventable NTDs in Africa. Funding for NTDs is through Health Systems Strengthening. Renewed commitment by partners and also new partnership for NTDs. Pharmaceutical companies (Pfizer, GSK, Merck & Co, Johnson and Johnson and Merck-KGaA) have committed to provide all the drugs required to fight these diseases. Increase of financial and technical resources. Major concern however is how to link these resources with those who need them most. Strengthening community health systems will ensure regular delivery of drugs by community health workers and therefore elimination of NTDs at the community level. Importance of health system strengthening to improve health outcomes. Need for countries to integrate NTD control into their health strategies to demonstrate ownership. Shift of World Bank support from financing inputs to financing results.

6. Expected outputs of country groups from ‘Situation analysis’.

7. Expected outputs of country groups from ‘NTD strategy agenda’.

8. Expected outputs of country groups from ‘Operational framework’.
5.2. Country working groups

Following the plenary sessions, country participants worked in groups on the different sections of their national master plans, assisted by facilitators. The allocation of countries to facilitators is summarized in Annex 2.

5.3. Elements of the Master Plans

The master plan is articulated around 4 parts (Situation analysis, NTD strategic agenda, Operational framework, Budget estimates) and has different platforms to: (i) harmonize planning and management for intervention approaches of 10 major NTDs, (ii) integrate budget, (iii) joint advocacy and coordination, and (iv) research.

PART 1. SITUATION ANALYSIS

The objectives of the group work were to provide the situation analysis on:

- **Country profile**: critical factors to understand NTD distribution and their control.
- **Health system**: service delivery, health workforce, information, medical product/vaccines/technologies, health financing, leadership & governance, intersectorial collaboration.
- **NTDs occurring in the country**: current status of NTD endemicity and current control interventions.

PART 2: NTD STRATEGIC AGENDA

The objective of this session was to define the overall vision, mission and goals of the program including the major programme focus and milestones. This is built around the four (4) regional strategy priorities and objectives for NTD control:

1. Strengthen Government, Ownership, Coordination and Partnership
2. Enhance Planning for results, resource mobilization and financial sustainability of National NTD programmes
3. Scale-up Access to Interventions, Treatment and Service Delivery capacities
4. Enhance NTD Monitoring, Evaluation, Surveillance and Operational research

PART 3: OPERATIONAL FRAMEWORK

This part is an essential component of the master plan where should clearly be explained:

- (i) how the programme outcomes will be attained,
- (ii) how country will operate in practice to implement the planned activities,
- (iii) what the country’s capacity needs are,
- (iv) how resources will be mobilized,
- (v) how to deal with potential risks, and
- (v) how the sustainability of the programme achievements will be ensured.

BUDGET AND ESTIMATES

The budget should be comprehensive, concise, cost-effective, accurate and persuasive to stakeholders. The old new and new Costing Tools were presented and discussed, and it was recommended to countries to use the old costing tool and revise the reviewed budget to align with the master plan.

Review of previous Budgets and the Way Forward were presented.
Major findings included:

(i) lack of comprehensiveness of budgets,
(ii) key activities not related with strategic objectives and priorities,
(iii) poor linkage between master plan and budget,
(iv) inappropriate use of costing tool,
(v) repetitions in budget line,
(vi) some activities not costed,
(vii) information on partners contribution missing.

The following way forward was recommended:

(i) relate activities to Strategic Objectives,
(ii) emphasize on key activities,
(iii) use activities reflected in master plan to further revise the budget.

5.4. Facilitators Reviews/Assessments and Feedbacks

At the end of each day, from Day 0 to Day 5, Facilitators and WHO Secretariat met to review the day’s event, to share update on the progress of group works, to identify the challenges, to revise the following day agenda where necessary, and to address country specific concerns.

Feedbacks were then provided to countries the following day at the plenary session.

Major concerns and challenges identified:
- Lack of required number of participants for 2 countries.
- Master plan not following the WHO guidelines.
- Frequent changes of MoH staff working on the document.
- Poor costing tool and gap analysis.
- Missing data.

Main recommendations:
- Request for additional participants.
- Extra facilitators assigned to countries with weak plan.
- Concensus on the indicators in master plans.
- Use of ‘districts’ as the implementation unit.

The highlights of Facilitators Assessment of Day 5 are summarized below:

• Evaluation of Country performance: The facilitators categorized countries performance in this workshop into 3 according to whether the plan, budget and brief were (i) complete, (ii) middle or (iii) weak. Only one country has a weak score and therefore requires close support.

• Meeting organization: Timing was too short and a suggestion was made to refine the Ouagadougou agenda to allow countries more time. Time too short for budgeting.

• Lessons for Ouagadougou: Further ask countries to review their plans before the meeting. It was noted that some francophone countries have no master plan drafts so far; e.g. Guinea Bissau and Gabon.
6. CONCLUSION / CLOSING SESSION

The workshop provided an opportunity to exchange country experiences and to finalize national master plans for integrated control control or elimination of NTDs. The main deliverables of the workshop were finalized NTD master plans, budget and Country briefs.

- A total of 14 master plans were produced.
- Sixty-seven participants attended the workshop, including 36 Ministry of health staff, 12 WHO officers DPC or NPO, 6 partner representatives, 5 facilitators and 8 WHO staff from HQ and regional office.
- There was a strong commitment from all country participants where some had worked late into the night to finalize.
- Of the 13 participating countries, Kenya had already launched its master plan. Therefore, Kenyan experiences with launch of Master Plan was presented.

Remarks by the WHO/AFRO NTD Programme Manager

Dr. Adiele Onyeze gave reminded that a major component of addressing the health needs of our populations, is improving the health of those living in communities that are often forgotten. He felt it was a privilege to work in an area to help the most underprivileged and that controlling and eliminating NTDs would enrich everyone’s life. He defined the commitment of the participants during this workshop as “fantastic” and asked all to keep the Harare experience burning and apply same spirit to the country NTD activities. From AFRO’s perceptive, he committed to continue working even stronger and harder in a timely manner to provide the highest quality of work. He thanked the strong support from the partners for providing funding and technical support for this meeting. He informed that AFRO planned to launch RPRG for schistosomiasis, STH and one for the overall PCT disease group in June 25-27 during a high-level meeting on NTDs in Accra, Ghana. This would be followed by an NTD programme managers meeting from 28-30 June. This meeting will also agree on the forum to convene the leadership of all NTD partners at a later date. He said the Master plans were high quality and ready to be shared with any partner. These plans, he said, would help steer the program, no matter who the partner was as, this was about systematic NTD control. Dr. Onyeze thanked the WHO Zimbabwe country office Dr C. Mandlhate, and the government of Zimbabwe for their support and hosting of the workshop. He also thanked Dr. Walker, IST Coordinator for East and Southern Africa who he said would be leaving for Ouagadougou shortly.

Closing Remarks by the WHO/IST Coordinator

The official closing speech was given by Dr. Oladapo Walker who appreciated those who had worked late into the night to produce the documents. He quoted the World Bank statement that there were no neglected diseases, just neglected people, noting his belief in equity and breaking the vicious cycle of ignorance, poverty and disease. He commented that the WHO country specific approach was to focus on the marginalized populations. He reminded all that the master plan was good but so were the annual plans which needed to be sharp, this was the reason that WHO was pushing for the finalization of the plans in the workshop so that teams had time to focus on the high impact activities. He challenged all to ensure that the plans will help the poor people in the inner cities and rural areas. He asked countries to build capacity at the national, state and community levels. He also noted the importance of collecting good quality data and appealed to all to build capacity in surveillance. He noted the importance of excelling in this programme, citing failure of the polio program after a high level resulting in epidemics all over Africa. He reminded all that funds for NTDs were coming and we must all go for excellent performance. He challenged all to transfer the excellent work to excellent results. He thanked the government of Zimbabwe for their hosting and welcomed all to Ouagadougou, his new station.
7. RECOMMENDED NEXT STEPS

Based on the discussions held during the workshop, the following Next Steps were recommended for moving the NTD control agenda forward. These are grouped for the different stakeholders/partners as follows.

7.1. Next Steps for WHO

1. Write an official letter requesting MOHs endorsement of finalized plans by April 1st, 2012. This will be helpful as some budgets are heavy and ministers of health will be cautious to sign off.
2. Provide guidelines for establishment of national coordination framework to all countries.
3. Provide technical support and build capacity of countries to use the new WHO planning and costing tool.
4. Provide guidelines for annual work planning at country level.
5. Convene NTD partners forum.
6. Support countries to launch NTD master plans.
7. Develop guidelines for country team accessing World Bank funds for NTD control.
8. Facilitate initiation of resource mobilization for immediate implementation of NTD master plans.
9. Provide support to countries to organize national planning meetings.

7.2. Next Steps for Countries

1. Countries should write a report of the workshop and include endorsement of the master plan as a next step.
2. Submit finalized master plan document to Minister of Health for endorsement.
3. Print and disseminate NTD master plan to relevant stakeholders.
4. Submit completed and signed NTD master Plans to WHO by April 30th, 2012.
5. Launch NTD master plan.
7. Develop annual work plan using new planning and costing tool.

7.3. Next Steps for Development Partners

1. The World Bank to develop an NTD communication strategy package:
   a. World Bank to send letter of clarification to ministries of finance and health on definition of health system strengthening and how NTDs fit in.
2. Collaborate with WHO including to:
   a. support countries in the implementation of NTD master plans beginning with the launch;
   b. facilitate development of guidelines for annual work planning at the country level;
   c. support countries in the development of annual work plans using new planning and costing tool;
   d. participation in NTD partners forum;
   e. other identified areas of need.
### ANNEXE 1. Programme of the Workshop

<table>
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<tr>
<th>Date</th>
<th>Timing</th>
<th>Sessions</th>
<th>Activity</th>
<th>Responsible</th>
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<tbody>
<tr>
<td><strong>Day 1</strong></td>
<td>09.00 - 09.30</td>
<td>Registration and Briefing</td>
<td>Registration of participants</td>
<td>IST/ESA/NTD</td>
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<tr>
<td>09.30 - 10.00</td>
<td>Opening session</td>
<td>Keynote address by IST Coordinator</td>
<td>Dr. O. Walker, WHO/IST Coordinator</td>
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<td>Comments by Partners’ Representative</td>
<td>Ms Wangechi Thuo, GNNTD</td>
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<td></td>
<td>Comments by The World Bank Representative</td>
<td>Dr. C. Lovelace, The World Bank</td>
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<td>Official opening by the WHO Representative</td>
<td>Dr. C. Mandilhat, WHO Representative</td>
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<td>Administrative and security briefing</td>
<td>Dr. G. Kathurima</td>
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<td>10.00 - 10.30</td>
<td>Group Photo and Coffee Break</td>
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<tr>
<td>10.30 - 10.40</td>
<td>Setting the Stage</td>
<td>Introduction of participants</td>
<td>All Participants</td>
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<tr>
<td>10.40 - 10.50</td>
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<td>Overview of NTD Programme in the WHO African region and AFRO Strategy</td>
<td>Dr. A. Onyeze</td>
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<td>10.50 - 11.00</td>
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<td>Objectives and expected results of the workshop</td>
<td>Dr. Tchuem Tchuente</td>
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<td>11.00 - 11.30</td>
<td></td>
<td>Guide to develop NTD Master Plans and Method of work</td>
<td>Dr. Garba</td>
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<tr>
<td>11.30 - 12.00</td>
<td></td>
<td>NTD programme costing and gap analysis</td>
<td>Dr. Yajima Aya</td>
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<td>12.00 - 12.30</td>
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<td>Funding opportunities for NTD programmes</td>
<td>Dr. C. Lovelace, The World Bank</td>
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<tr>
<td>12.30 - 13.00</td>
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<td>General discussion</td>
<td>Dr. Tchuem Tchuente</td>
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<td>13.00 - 14.00</td>
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<td>Lunch</td>
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<tr>
<td>14.00 - 14.30</td>
<td></td>
<td>Expected outputs of country groups</td>
<td>Dr. Tchuem Tchuente</td>
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<tr>
<td>14.30 - 17.00</td>
<td></td>
<td>Group work</td>
<td>All Participants</td>
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<td>17.00 hours</td>
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<td><strong>End of Day</strong></td>
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<tr>
<td><strong>Day 2</strong></td>
<td>08.00 - 10.00</td>
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<td>Plenary session: assessment of country progress</td>
<td>Dr. Tchuem Tchuente</td>
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<tr>
<td>10.00 - 10.30</td>
<td>Part 2: NTD Strategic Agenda</td>
<td>Coffee Break</td>
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<tr>
<td>10.30 - 11.00</td>
<td></td>
<td>Expected outputs of country groups</td>
<td>Dr. Garba</td>
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<td>11.00 - 13.00</td>
<td></td>
<td>Group work</td>
<td>All Participants</td>
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<td>13.00 - 14.00</td>
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<td>Lunch</td>
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<td>14.00 - 14.30</td>
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<td>Expected outputs of country groups</td>
<td>Dr. Diarra</td>
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<td>14.30 - 17.00</td>
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<td>Group work</td>
<td>All Participants</td>
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<td>17.00 hours</td>
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<td><strong>Day 3</strong></td>
<td>08.00 - 10.00</td>
<td>Part 3: Operational framework</td>
<td>Group work (continuous)</td>
<td>All Participants</td>
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<td>10.00 - 10.30</td>
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<td>Coffee Break</td>
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<td>10.30 - 13.00</td>
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<td>Group work (continuous)</td>
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<td>13.00 - 14.00</td>
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<td>Lunch</td>
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<td>14.00 - 15.00</td>
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<td>Group work (continuous)</td>
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<td>15.00 - 17.00</td>
<td></td>
<td>Plenary session: assessment of country progress</td>
<td>Dr. Tchuem Tchuente</td>
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<td>17.00 hours</td>
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<td><strong>End of Day</strong></td>
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<td><strong>Day 4</strong></td>
<td>08.00 - 08.30</td>
<td>NTD Programme Costing and Budget</td>
<td>Expected outputs of country groups</td>
<td>Dr. Yajima Aya</td>
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<tr>
<td>08.30 - 10.00</td>
<td></td>
<td>Group work</td>
<td>All Participants</td>
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<tr>
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<tr>
<td>10.30 - 13.00</td>
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<td>Group work (continuous)</td>
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<tr>
<td>13.00 - 14.00</td>
<td></td>
<td>Lunch</td>
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<td>14.00 - 15.00</td>
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<td>Group work (continuous)</td>
<td>All Participants</td>
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<tr>
<td>15.00 - 17.00</td>
<td></td>
<td>Plenary session: assessment of country progress</td>
<td>Dr. Tchuem Tchuente</td>
<td></td>
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<tr>
<td>17.00 hours</td>
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<td><strong>End of Day</strong></td>
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<tr>
<td><strong>Day 5</strong></td>
<td>08.00 - 08.15</td>
<td>NTD Country MYSP briefs</td>
<td>Expected outputs of country groups</td>
<td>Dr. Tchuem Tchuente</td>
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<tr>
<td>08.15 - 10.00</td>
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<td>Group work (continuous)</td>
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<td>Lunch</td>
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<td>14.00 - 15.00</td>
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<td>Group work (continuous)</td>
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<td>15.00 - 16.00</td>
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<td>Plenary session: assessment of country progress</td>
<td>Dr. Tchuem Tchuente</td>
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<tr>
<td>16.00 - 17.00</td>
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<td>General discussions</td>
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<td><strong>Conclusion of the workshop</strong></td>
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ANNEXE 2. Assignment of Facilitators to Countries

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<tr>
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<td>Dr G. Fobi and Dr A. Garba</td>
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<tr>
<td>Ghana</td>
<td>3 + 1 NPO/DPC</td>
<td>Dr A. Diarra</td>
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<td>Kenya</td>
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<td>Dr A. Diarra</td>
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<tr>
<td>Liberia</td>
<td>3 + 1 NPO/DPC</td>
<td>Dr L. Diawara and Dr A. Garba</td>
</tr>
<tr>
<td>Malawi</td>
<td>3 + 1 NPO/DPC</td>
<td>Dr J. Mwansa</td>
</tr>
<tr>
<td>Mozambique</td>
<td>3 + 1 NPO/DPC</td>
<td>Dr L. Diawara and Dr A. Garba</td>
</tr>
<tr>
<td>Nigeria</td>
<td>3 + 1 NPO/DPC</td>
<td>Dr A. Ngozi and Dr G. Fobi</td>
</tr>
<tr>
<td>Rwanda</td>
<td>2 + 1 NPO/DPC</td>
<td>Dr A. Garba</td>
</tr>
<tr>
<td>Sierra Leone</td>
<td>3 + 1 NPO/DPC</td>
<td>Dr L. Diawara and Dr A. Garba</td>
</tr>
<tr>
<td>Tanzania-Mainland</td>
<td>3 + 1 NPO/DPC</td>
<td>Dr U. Mwingira and Prof Tchuem Tchuenté</td>
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<tr>
<td>Tanzania-Zanzibar</td>
<td>2</td>
<td>Prof Tchuem Tchuenté</td>
</tr>
<tr>
<td>Uganda</td>
<td>2 + 1 NPO/DPC</td>
<td>Dr M. Nanyunja, Dr G. Matwale and Dr A. Diarra</td>
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<tr>
<td>Zambia</td>
<td>3 + 1 NPO/DPC</td>
<td>Dr G. Matwale</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>3 + 1 NPO/DPC</td>
<td>Dr Chukwu Okoronkwo</td>
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For Data: Mr Kinvi assisted all Countries

For Budget and FGAT: Dr A. Yajima and Ms K. Zoerhoff assisted all Countries

Rapporteurs of the workshop: Dr Ngozi Njepuome
Ms Irene Wangechi Thuo

Chair of the workshop: Prof Louis-Albert Tchuem Tchuem Tchuenté
ANNEXE 3. List of Participants

COUNTRY PARTICIPANTS

Ethiopia

Mr Ahmed Demma Feyisso, Public Health Emergency Expert, MoH, MOU, Oromia Regional Health Bureau, Ethiopia, A.A. Nifas Silk Sub City Jemo, House No. 23, Tel: 251-911-388-652, e-mail: ahmeddemma@yahoo.com

Mr Kadu Meribo Burika, NTD Focal Person, MoH, Sub-City, Lidata, GPO 21718/1000, Addis Ababa, Tel: 251-911-152-926, e-mail: 251-115-159-615 meribokadu@yahoo.com

Mr Abayengo A. Ababolgu, Project Monitoring & Coordination-Case Team Leader, MoH, P.O. Box 1234, Addis Ababa, Tel: 251-912-705-541, e-mail: awelmeti@yahoo.com

Ghana

Dr Nana-Kwadwo Biritwum, NTD Programme Manager, GHS/MoH, Ghana Health Services, Box MB-190, Accra, Tel: 233-208-232-286, Mob: 233-302-226-739, e-mail: nanakwadwo.biritwum@ghsmai.org

Dr Edwin Ampadu, Programme Manager-Buruli Ulcer, GHS/MoH, Disease Control Department, PHD, P.O. Box KB493, Korle BU, Accra, Tel: 233-208-167962, Mob: 233-302-686-336, e-mail: ghanbu@4u.com.gh or yaatui@yahoo.com

Dr Bright Alomatu, Biologist, MoH, NTD Program, Box MB190, Accra, Tel: 233-243-331-642, e-mail: balomat@yahoo.com bright.alomatu@ghsmail.org

Kenya

Dr Dorcas Nabwire Alusala, National NTD Coordinator, MoH, P.O. Box 20750-00202, KNH Grounds, Nairobi, Mob: 254-733-261-675, e-mail: dalusala@yahoo.com

Dr Dunstan Mukoko, LF Coordinator, MoH, Division of Vector-Borne Diseases & NTDs, Ministry of Public Health, P.O. Box 20750 Nairobi 00202, Tel: 254-202-724-302, Mob: 254-722-348-188, 254-202-725-737, e-mail: dunstan.mukoko29@gmail.com

Liberia

Dr Catherine Thomas Cooper, Programme Director, Leprosy & TB Control, MoH, PO Box 10-1240, 1000 Monrovia 10, Liberia, Tel: 231-886-557-066, e-mail: cthomascooper@yahoo.com

Malawi

Mr Samuel K. Jemu, National Schisto&STH,HAT Manager, MoH, P.O. Box 30377, Capital City, Lilongwe 3, Tel: 265-175-2434, 265-111-200-544, Mob: 265-887-5803, 265-175-2434, e-mail: samuel.jemu@yahoo.com

Mr Square Z. Mkwanda, LF/NTD Coordinator, MoH, Community Health Sciences Unit (CHSU), P/Bag 65, Lilongwe, Tel: 265-1-750-896, Mob: 265-888-854-425, 265-175-6916, e-mail: smkwanda@yahoo.com

Mr Leonard R. Mawaya, Programme Manager (Leprosy & Skin Diseas Control), MoH, Community Health Sciences Unit (CHSU), P/Bag 65, Lilongwe, Tel: 265-888-544-485, Mob: 265-1-789400, 265-752-485, e-mail: mawayaleonard@yahoo.co.uk

Mozambique

Dr Amiel N. Olga, LF/NTD Programme Manager, MoH, Robati Carlos Street, No. 51,Maputo, Mob: 258-827-395-150, 258-213-326-164, e-mail: olgaamel@yahoo.com.br or oamil@misau.gov.mz

Dr Ana Tiago Chingueleze, Nurse, MoH, Bairro Cumbeza, Celula Ba, Casa Nr 103, District Meracuene, Tel: 258-824-463-560, Mob: 258-32 61 64, e-mail: tiagoana93@yahoo.com.br

Dr Ramos B. Mboane, MoH, Lichinga City, Province of Nassa, Tel: 258-824-030-437, e-mail: rmmboane@gmail.com

Dr Ricardo Thompson, Researcher, MoH, Ministry of Health, P.O. Box 264, Maputo, Tel: 258-823-060-036, Mob: 258-821-431-103
Nigeria

Mrs Ifeoma N. Anagbogu, Innovative Disease Management, MoH, MGEP/HAT Office, Dept of Public Health, FMOH Federal Secretariat Phase 3, Abuja, Tel: +234-8034-085-607, e-mail: ifechuba@yahoo.co.uk

Dr Yisa A. Saka, National Coordinator/NTD MoH, Federal Ministry of Health, Federal Secretariat Abuja, Room 909, 9th Floor, Abuja, Tel: 234-803-302-9387, e-mail: yisaasaka@yahoo.com

Dr Obiageli Nebe, Preventive Chemotherapy, MoH, NTDS Division, Dept. of Public Health FMOH, Abuja, Tel: 234-803-306-0036, e-mail: nebeoj@yahoo.com

Rwanda

Dr Noella Umulisa, NTD Research Specialist, MoH, P. O. Box 2514, Kigali, Tel: 250-788-539-836, e-mail: nmulisa@gmail.com

Dr Ireenee Umulisa, Director NTD Unit, MoH, Rwanda, Kigali, NYANGENGE, Tel: 250-885-89300, e-mail: umulisa5@gmail.com

Sierra Leone

Dr Santigie Sesay, Progamme Manager-Onchocersiasis, MoH, Ministry of Health & Sanitation 4th Floor, Youyi Building, New England Ville, Freetown, Tel: 232-766-04658, e-mail: sanniesay@gmail.com

Mr Abdulai Conteh, Public Health Officer/NTD, MoH, Ministry of Health & Sanitation 4th Floor, Youyi Building, New England Ville, Freetown, Tel: 232-766-01498, e-mail: abdulconteh2020@yahoo.com

Mr Amara Moiba, Public Health Officer/NTD Focal Point, MoH, Ministry of Health & Sanitation, 21 Moiba Drive, Kaimsay,Koidu City, Kono District, Sierra Leone, Tel: 232-76-602-853, e-mail: AmaraSahrMoiba@gmail.com

Tanzania

Dr Andreas Nshala, NTD-M&E, MoH, P.O. Box 9083, Dar-es-Salaam, Tel: 255-746-429-447, Mob: 255-222-121-376, e-mail: andreas.nshala@gmail.com

Mr Bernard Kilembe, NTD Finance Planning & Administration, MoH, P.O. Box 9083, Dar-es-Salaam, Tel: +255-22-2121376, Mob: +255-22-2121376, e-mail: bckilembe@gmail.com benard.kelembe@ntd.go.tz

Dr Khalfan Mohammed, NTD Programme Manager, MoH -Zanzibar, Ministry of Health & Social Welfare, P.O. Box 263, Zanzibar, Tel: 255-777-432-370, e-mail: kamsharjy@hotmail.com or kamsharjy@live.co.uk

Mr Iddi Simba Khamis, Assistant NTD Prog. Manager/M&E MoH -Zanzibar, Ministry of Health & Social Welfare, P.O. Box 263, Zanzibar, Tel: 255-242-234-512, e-mail: mwinsimba@gmail.com

Uganda

Dr Edridah Tukahebwa, Entomologist, MoH, Vector Control Division, P.O. Box 1661, Kampala, Tel: 256-414-251-927, Mob: 256-414-253-044, e-mail: edmuheki@gmail.com

Dr Dawson Mbulamberi, NTD Control Manager, MoH, P.O. Box 7272, Kampala, Tel: 256-772-508-919, Mob: 256-414-231-584, e-mail: mbulamberidawson@yahoo.com

Zambia

Dr Mutale Nsakashalo-Senkwe, NTD/NCD Specialist, MoH P.O. Box 30205, Ndeke House, Lusaka, Mob: 260-977-229233, e-mail: drnsakasenkwe@yahoo.co.uk

Dr Mulenga Kwanga Muma, National Eye Health Care Coordinator, MoH, P.O. Box 30205, Ndeke House, Lusaka, Tel: 260-978-731074, Mob: 260-211-253344, e-mail: mkmuma@yahoo.com

Dr Emmanuel M. Makasa, NCD/NTD Assistant, MoH, P.O. Box 50616 RW, Lusaka, Tel: 260-968-886-929, Mob: 260-955-455-987, 260-211-251-660, e-mail: emakasa@yahoo.co.uk
Zimbabwe

**Dr Nicholas Midzi**, NTD/STH Focal Person, MoH, National Institute of Health Research, Schistosomiasis and STH, Box CY 573, Causeway, Harare, Tel: 263-4-253975, Mob: 263-772-876-604, 263-4-253979, e-mail: nicholasmidzi@yahoo.com

**Dr Portia Manangazira**, Director EDC, MoH, Ministry of Health & Child Welfare, 4th Floor, Kaguvi Building, Cnr 4th/Central Avenue, Harare, Tel: 263-4-798-554/60, e-mail: pmanangazira@yahoo.com

**Dr Ponesai Nyika**, MoH, Ministry of Health & Child Welfare, Mvuma District Hospital, P O Box Mvuma, Tel: 263-772-281-033, e-mail: drnyika@yahoo.com

**FACILITATORS**

**Nigeria**

**Dr Chukwu Okoronkwo**, National Onchoerciasis Control Programme Officer, MoH, Federal Ministry of Health, Federal Secretariat Complex, National Onchoerciasis Control Programme, Room 909, 9th Floor, Abuja, Tel: 234-803-361-9894, e-mail: chukoro_christ@yahoo.co.uk or chukwu@gmail.com

**Dr Anthonia Ngozi Njepuome**, NTD Programme Manager, Regia Resources International Ltd, Abuja, Tel: 234-805-601-0207, e-mail: ongnejep@yahoo.com

**Tanzania**

**Dr Upendo John Mwingira**, National NTD Coordinator, MoH, Ministry of Health & Social Welfare, P. O. Box 9083, Dar-es-Salaam, Tel: 255-713-262-865 or +255-222-650-124, Mob: +255-22-2121376, e-mail: umwingira@yahoo.com or umwingira@gmail.com or umwingira@nimr.or.tz

**Uganda**

**Mr Gabriel K. Matwale**, LF Programme Manager, MoH, Ministry of Health, Vector Control Division, Plot 15 Bombo Road, P. O. Box 1661, Kampala, Tel: 256-772-487-431, Mob: 265-414-346-885, e-mail: gkmatwale@yahoo.com

**Zambia**

**Dr James Mwansa**, Microbiologist, MoH, University Teaching Hospital, 35 Mungulube Road, Northmead, P. O. Box 36421, Lusaka, Tel: 260-955-459-201, e-mail: mwansaaj@gmail.com

**PARTNERS**

**Burkina Faso**

**Dr Grace Fobi**, Chief of Sustainable Drug Distribution, APOC, African Programme for Onchoerciasis Control, 01 B.P. 549, Ouagadougou 01, Tel: 226-503-42953-60, Mob: 226-765-097-88 or 226-503-42875/503-43647, e-mail: fobig@oncho.afro.who.int

**Ethiopia**

**Dr Teshome Gebre Kanno**, Regional Representative for Africa, ITI, International Trachoma Initiative/TFGH Task Force for Global Health, Addis Ababa, Mob: 251-91-1203524, e-mail: tgebre@taskforce.org

**Kenya**

**Mr James Christopher Lovelace**, Senior Health Advisor, The World Bank, African Region, World Bank Kenya Country Office, P O Box 30577-00100, Nairobi, Tel: 254-20-322-6409, Mob: 254-20-322-6382, e-mail: jlovelace@worldbank.org

**Malawi**

**Mr Bright Chiwaula**, Senior Programme Manager, SightSavers, P/Bag A197, Lilongwe, Tel: 265-758-210, Mob: 265-995-462-670 or 265-1-750-450, e-mail: BChiwaula@sightsavers.org
U.S.A.

**Katie Zoerhoff**, RTI, RTI Internation 701, 13th Street, NW, Washington, DC 20005-3967, Mob: +1 202 974 7892, e-mail: kzoerhoff@rti.org

**Ms Irene Wangechi Thuo**, Programme Officer, GNNTD, Global Network for Neglected Tropical Diseases, (GNNTD) Sabin Vaccine Institute, 2000 Pennsylvania Ave NW, Suite 7100, Washington DC, 20006, Mob: +1 202-842-7689, e-mail: Wangechi.Thuo@Sabin.org

**DPCs/NPOs**

**Ethiopia**

**Dr Abate Mulugeta Beshah**, NPO/NTD/Leishmaniasis, W.H.O, UNECA Compound, Addis Ababa, Tel: 251-1-155-34777, Mob: 251-9-114-01001 or 251-1-15514037, e-mail: abatem@et.afro.who.int

**Ghana**

**Dr Sally-Ann Ohene**, DPC, W.H.O, 29 Volta St, Airport Residential Area, Accra, Ghana, Tel: +233-243-377-620, Mob: 233-302-763-920, e-mail: ohenes@gh.afro.who.int

**Kenya**

**Dr Joyce Onsongo**, DPC, W.H.O, PO Box 45335-00100, Nairobi, Tel: 254-271-7902, Mob: 254-734-750-529, e-mail: onsongoj@ke.afro.who.int

**Liberia**

**Mr Ukam Oyene**, APOC Technical Officer, W.H.O, Sekou Toure Avenue, Monrovia, Liberia, Tel: 231-886-475-320, Mob: 47-241-31823, e-mail: oyeneu@lr.afro.who.int

**Malawi**

**Dr Kelias Msyamboza**, DPC, W.H.O, ADL House, City Centre, PO Box 30390, Lilongwe 3, Tel: 265-1-772-755-450, GPN: 36605, Mob: 265-888-301-305 or 265-1-772-350, e-mail: msyambozak@mw.afro.who.int

**Mozambique**

**Dr Sebastio Nkunku**, DPC, W.H.O, Mozambique Country Office Rua Pereira Marinho 280, P.O. Box 377, Maputo, Tel: 258-214-91991, GPN:36803, Mob: 258-82-7277834, e-mail: nkunkus@mz.afro.who.int

**Nigeria**

**Dr Emmanuel Musa**, DPC, WHO, 1620A Maitama Sule Street, Off Yakubu Gowon Crescent, Asokora, Abuja, Nigeria, Tel: 234-803-535-548-70, e-mail: musae@ng.afro.who.int

**Rwanda**

**Dr André Rusanganwa**, DPC, W.H.O, PO Box 13224, Boulevard de l"Umuganda, Kigali, Tel: 250-788-518-8376, e-mail: rusanganwaa@rw.afro.who.int

**Tanzania**

**Dr Alphoncina Nanai**, NTD/NPO, W.H.O, Luthuli Road, P. O. Box 9292, Dar-es-Salaam, Tel: 255-222-113-005, Mob: 255-754-270-608 or 255-222-211-3180, e-mail: nanaia@tz.afro.who.int or alphomnanai@yahoo.co.uk

**Uganda**

**Dr Miriam Nanyunja**, DPC, W.H.O, 60 Prince Charles Drive, P.O. Box 24578, Kampala, Tel: 256-313-335-500, Mob: +256-414-335-569, e-mail: nanyunjam@ug.afro.who.int

**Zambia**

**Dr Peter Songolo**, DPC, W.H.O, Plot 1906,Cnr Andrew Mwenya/Beit Rds, UN Annex Bldg, P O 32346, Rhodes Park, Lusaka, Zambia, Tel: 260-211-255-322/336, Mob: 260-977-386-600, e-mail: songolop@zm.afro.who.int

**Zimbabwe**

**Dr Lincoln Charimari**, DPC, W.H.O, 86 Enterprise Road, Highlands, P.O. Box BE 773, Belvedere, Harare, Tel: 263-4-788220, Mob: 263-746-167, e-mail: charimari@zw.afro.who.int
THE WHO SECRETARIAT

Brazzaville

Dr Adiele Onyeze, NTD Programme Manager, W.H.O, WHO Regional Office, Cite du Djoue, P.O. Boz 06, Djoue, Brazzaville, Tel: 242-588-8179, GPN:39161, Mob: 242-0577-10296, e-mail: onyezea@afro.who.int

Burkina Faso

Dr Amadou Garba, PCT NTD Focal Person/Consultant, WHO/IST/WA, WHO-AFRO/IST/WA, Avenue de l’Independence No. 158, Ouagadougou, Burkina Faso, Tel: 226-50306565 or 226-50332541, e-mail: garbaa@bf.afro.who.int

Gabon

Dr Abdoulaye. Diara, HAT/NTD Focal Person, W.H.O, WHO/IST Central Africa, BP 820, Libreville Tel:251-913-658-427, e-mail: diarraa@ga.afro.who.int

Geneva

Dr Aya Yajima, Technical Officer/HTM/NTD/PCT, W.H.O/HQ, 12 Chemin Taverney, 1218 Le Grand Saconnex, Switzerland, Tel: 41-799-944-7035, Mob: 941-227-914-777, e-mail: yajimaa@who.int

Senegal

Dr Lamine Diawara, NPO/MTN, W.H.O, Recherche en Santé Bureau de la Représentation de l’OMS au Sénégal, BP 4039 , Tel: 221-338-695-939 GPN32809, Mob: 221-766-830-318 or 221-33-820-4314, e-mail: diawaral@sn.afro.who.int or elddiawara@gmail.com

Zimbabwe

Prof. Louis-Albert Tchuem Tchuenté, PCT NTD Focal Person/Consultant, WHO/IST/ESA, Inter-Country Support Team/ESA, 86 Enterprise Road, P.O. Box BE 773, Belvedere, Harare, Tel: +263-779-772-200, e-mail: tchuemtchuentel@zw.afro.who.int

Mr Ekoue Kinvi, Data Management Officer, W.H.O Inter-Country Support Team/ESA 86 Enterprise Road, P.O. Box BE 773, Belvedere, Harare, Tel: 263-4-253724-30, GPN: 38053, Mob: 263-773-448-951 or 263-746167/867, e-mail: kinviee@zw.afro.who.int kinvieb@yahoo.fr

Mrs Jesca Maswera, NTD Assistant, W.H.O, Inter-Country Support Team/ESA 86 Enterprise Road, P.O. Box BE 773, Belvedere, Harare, Tel: 263-4-253724-30, GPN: 38161, Mob: 263-746167/867, e-mail: masweraj@zw.afro.who.int
PHOTORAMA: NTD Master Plan Workshop, Harare, 19-23 March 2012