



Health Systems Strengthening: Ascend contributions towards sustaining progress against NTDS

September 2021

Ascend
West and Central Africa



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Acronyms

BCC	Behaviour Communication Change
CIFF	Children's Investment Fund Foundation
ESPEN	Expanded Special Project for Elimination of Neglected Tropical Diseases
FCDO	UK Foreign Commonwealth Development Office
FMIS	Financial Management Information System
GHS	Ghana Health Service
HMIS	Health Management Information System
HSS	Health Systems Strengthening
IEC	Information, Education, and Communication
LNOB	Leave No One Behind
MDA	Mass Drug Administration
MOH	Ministry of Health
NTD	Neglected Tropical Disease
OPDs	Organizations of Persons with Disabilities
PEA	Political Economy Analysis
PExA	Public Expenditure Analysis
SDG	Sustainable Development Goals
SOPs	Standard Operating Procedures
USAID	United States Agency for International Development

UHC	Universal Health Coverage
WASH	Water Sanitation and Hygiene
WHO	World Health Organization

Introduction

Current global frameworks promote the integration of neglected tropical disease (NTD) programming into wider national health systems as a priority issue to achieve disease elimination and control. **The 4th World Health Organization (WHO) progress report on NTDs** suggests mainstreaming NTD services can enhance progress towards achieving Universal Health Coverage (UHC) and contributes to furthering the **Sustainable Development Goals (SDGs)**¹. Additionally, the WHO 2030 NTD elimination road map targets constitute the narrative of advocating for a shift away from disease-specific programmes towards integrated and cross-cutting programmes which are strengthened in ownership by governments. A sustainability framework for action was designed by WHO which reiterates the messaging that sustainability within NTDs relies on national health systems to accelerate efficient coverage of interventions to eliminate NTDs². Addressing gaps and weakness in health systems is therefore critical to ensure equitable access to NTD services in countries that face the highest burden of disease.

Ascend background

The Ascend West and Central Africa programme is aligned to the above frameworks and is an ambitious integrated NTD programme funded by the UK Foreign Commonwealth Development Office (FCDO). Led by Sightsavers, it is governed by a consortium comprised of the Liverpool School of Tropical Medicine, Mott MacDonald, and the SCI Foundation. Collectively, these organisations have over 100 years' experience working in partnership with national NTD programmes. They provide strategic and technical oversight, working alongside other partners including M&C Saatchi World Services, and in-country implementers.

The programme is providing millions of treatments to prevent, treat, and eliminate up to five NTDs across 13 countries from April 2019 to August 2021. These diseases include intestinal worms, lymphatic filariasis, river blindness, trachoma, and schistosomiasis. Many of the Ascend geographies have endured decades of civil conflict, fragile health systems, and face severe shortages of trained health workers.

FCDO announced in April 2021 that the Ascend programme would be subjected to a severe budget cut which ultimately led to an earlier exit than initially planned - and this early exit had an impact on the progress of HSS activities across Ascend.

Health System Strengthening

The Ascend programme delivers a range of sustainable interventions for the control and elimination of NTDs and works to strengthen relevant building blocks of national health

¹ WHO (2017) Integrating neglected tropical disease into global health and development: fourth WHO report on neglected tropical diseases. Accessed at: https://unitingtocombatntds.org/wp-content/uploads/2017/11/4th_who_ntd_report.pdf

² WHO (2020) A sustainability framework for action against neglected tropical diseases 2021-2030. Ending the neglect to attain the sustainable development goals. Accessed at: <https://www.who.int/publications/i/item/9789240019027>

systems, helping countries to better respond to the health needs of the population. All programme activities are led by Ministry of Health (MOH) partners and are integrated within the health system where possible. In simplistic terms, this means eventually managing disease specific programmes or activities within national health services (for instance treatments, surgeries, or drug administration would be implemented by general health workers in hospitals and health centres). Yet not all NTD activities need to be sustainable, for instance, Mass Drug Administration (MDA) for certain diseases only need to be supported for a limited number of years. Various aspects of NTD programming are still siloed and not well integrated into primary health care as they are difficult to sustain.

HSS activities were tailored to be as context specific as possible to compliment disparities in national health systems and current status of disease elimination objectives. It is recognised that the Ascend programme is limited in its ability to reform health systems entirely in its contribution. As such, prioritisation of activities is key to support activities necessary to improve the NTD programme (prevention, detection, treatment, and surveillance), and to mitigate for disease resurgence.

Methodology

As illustrated in **Figure 1**, this paper explores how the programme has approached the sustainability of NTD interventions within national health systems through a series of critical, tailored activities. Whilst it draws upon successes, challenges, and lessons learned using various tools and approaches within the mainstreaming process, it is not an evaluation of these tools. Information has been captured from existing documentation, including guidance documents, annual reporting mechanisms, in-country documentation, and presentations from within the Ascend programme. The paper has been informed by four interviews with Regional Consultants of Mott MacDonald, an interview with representatives from the Ghana Country Office, oversight from Mott MacDonald and other Technical Advisors on the programme, and data recorded from within the HSS approach documentation.

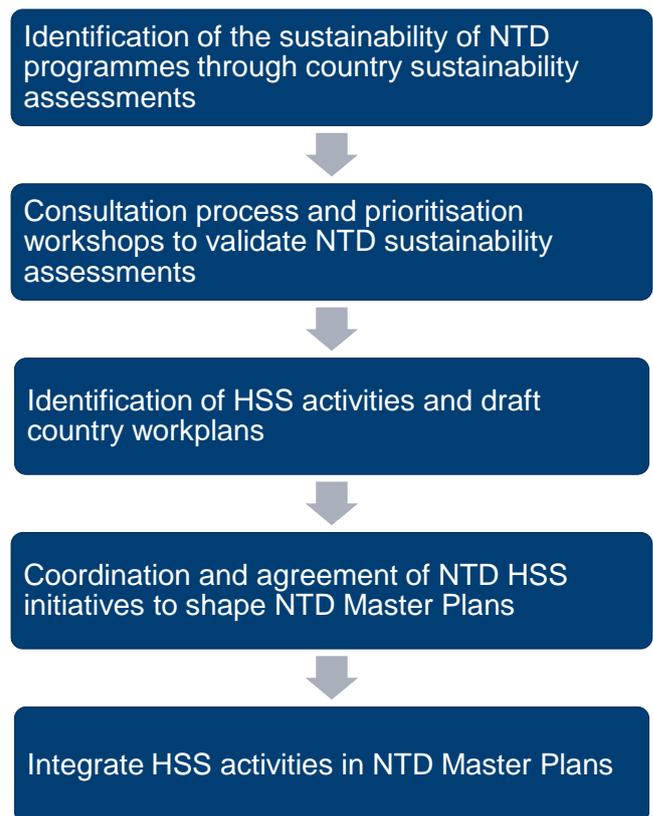


Figure 1 – Mainstreaming HSS process

Mainstreaming process

Health system assessment focusing on NTD sustainability

Country NTD health system sustainability assessments were completed for all Ascend programme countries³. This consisted of merging various components including *Political Economy Analysis* (PEA), based on a specific tool developed, *Public Expenditure Analysis* (PExA), drawn mostly from publicly available documentation, and the **NTD Sustainability Assessment Tool**⁴. The PEA was valuable to explore both opportunities and barriers for sustainability, whilst the PExA provided the basis to collect data across three levels: the national government, the health system, and the NTD programme to assess the allocation of public funding. The latter component, developed by **Dalberg** for **Children's Investment Fund Foundation (CIFF)**, is an excel-based measuring tool to examine the sustainability of NTD programmes. It is functional, easy to use, and is helpful in tracking periodic assessments in specific countries across NTD programmes. The tool defines sustainability to be the level of government ownership of NTD programming and is measured across six sustainability components.

Respectively, these can be mapped to each HSS building block, six components that are indicative of the status of health systems⁵ as **Table 1** indicates.

NTD sustainability component	HSS building blocks
Policy & leadership	Health governance & leadership
Budget	Health financing
Delivery systems	Service delivery and Access to essential medicines
Organisation capacity	Human resources for health
Partnerships	Health governance & leadership
Evaluation and adaptation	Health information systems

Table 1 – NTD Sustainability components/HSS building blocks

The purpose of the tool is to assess the levels of sustainability of programme activities and to use the emerging insights to mitigate and reassess plans going forward. Users respond to a variety of indicators under the various components indicating whether i) the indicator has been achieved, ii) the indicator has partially been achieved, iii) there is intent to achieve the indicator, iv) the indicator has not been achieved, or v) the indicator is not valid for the context being evaluated.

³ Except for Central African Republic

⁴ Dalberg and CIFF (2018) Sustainability assessment tool for NTD control programmes. Accessed at: <https://www.infond.org/resource/sustainability-assessment-tool-ntd-control-programmes>

⁵ WHO (2010) Monitoring the building blocks of health systems: a handbook of indicators and their measurement strategies. Accessed at: https://www.who.int/healthinfo/systems/WHO_MBHSS_2010_full_web.pdf

Once completed, the tool generates scores (between 0-5) within the six sustainability components to reflect upon. The general key for scoring can be found in [Annex 1](#) where a score of **0** is defined as “Government does not recognise or express need for institutionalizing of the component”; a score of **5** is defined as “Government expresses need and has complete ownership and accountability. It independently manages all essential functions. No external support is needed.” Stemming from this, suggested levels of implementation for HSS were recommended for each HSS building block, as visualised in [Annex 2](#).

After analysing the results from the country sustainability assessments across Ascend countries, the core HSS building block area in need of most support in all countries was **Health financing**. Other areas were identified for priority support such as **Health information systems** and **Human resources for health**⁶. The assessments showed that there was a need for health financing across all countries, a need to strengthen human resources for health in all countries, and opportunities for strengthening health information systems. There were also synergies with other partners and programmes including Sightsaver’s **Accelerate** programme, WHO’s **Expanded Special Project for Elimination of Neglected Tropical Diseases** (ESPEN), and **United States Agency for International Development (USAID)’s Act to End** programme (both **Act to End West** and **Act to End East**) who are supporting integration into broader health systems, and where possible, extensive effort has been made to ensure coordination and overlap when collaborating with MOHs. Where possible, cross-cutting and cross-country approaches from other HSS building blocks were addressed, for instance, building upon access to essential medicines through the activities of the Ascend Supply Chain Management team who designed its supply chain capacity assessment tool in line with the Dalberg sustainability assessment tool.

Table 2 below indicates some key reflections from experiences of undertaking the NTD sustainability assessment from the perspective of consultants and country office staff, and shares positives, key lessons learned, and limitations to its usage and effectiveness.

Positives	Key lessons learned	Limitations
It was a great entry point for the programme as it came with a methodology. Everything else that came after emerged from the sustainability assessments which characterised where the country was in its ability to run its own programming	Encouraging broad participation from relevant stakeholders is really important to garner commitment	Although the HSS building blocks map with the NTD sustainability components, a limitation is that there is a need to make analogies still - these do not run parallel which caused misunderstandings for some stakeholders

⁶ Please note that the priority needs in the area of access to essential medicines and supply chain management were addressed through another component of the programme

Positives	Key lessons learned	Limitations
There were a lot of stakeholders, including government departments in finance, planning, policy, and research who hadn't been engaged before on NTDs but had experience other health areas which helped informed the process	Countries undertaking this in Ascend are in different stages of the health system strengthening process. For instance, Nigeria is advanced in its national NTD programme whilst a country like Guinea Bissau needs further support so tailoring context-specific ideas is crucial	The Dalberg tool could be redesigned to enable the nuances of what is happening in countries to come out at the initial stage. It focuses on the capacity of the NTD programme to manage vertically and focusses less on a country's level of integration within the decision-making structure of the health system. If the tool had more sensitivities, conclusions could have been arrived at quicker in the consultation stages
The assessments exposed the nature of NTD programming in places where it hasn't been clear before. For instance, in Guinea Bissau, MOH officials were not entirely aware of the fragility of their state of HSS and became duly informed and aware once the scoring was revealed	The Dalberg tool could be repeated in intervals so that it goes beyond being a snapshot in time and instead is a dynamic source of changing situations (i.e., the arrival of the COVID-19 pandemic is one factor that severely impacted the ability of health systems and may have had implications on scores that countries received	It would be ideal to incorporate feedback from different scales of the NTD programme (i.e., province and regional level) to gather different perspectives although this would take additional time to implement

Table 2 – Reflections on NTD sustainability assessments

Consultation process and prioritisation

The NTD sustainability assessments provided a framework for engagement and conversation with MOHs in terms of shaping dialogue and policy development around the results. It was a useful entry point to create momentum and spark consultation on how HSS should be applied at country level, informed by country teams and their NTD programmes, and helped countries identify priorities that align with the overarching sustainability framework.

Ahead of conducting the HSS sustainability assessments, in July 2019, three workshops held in Accra and Abidjan introduced the forthcoming assessments, to emphasise what tools would be used, to analyse which stakeholders were to be engaged, and to assess the political engagement required to address each HSS building block.

From December 2019 – February 2020, three Regional HSS Prioritisation Workshops were designed and conducted in Abuja, Abidjan, and Guinea Bissau to help validate the NTD

sustainability assessment results. A diverse range of stakeholders were invited to ensure a cohesive approach, so that the HSS work aligned closely to country priorities and other HSS programmes. This included senior MOH staff, donor representatives (WHO, FCDO, World Bank), and Act to End representatives, amongst other country partners. An exercise centred on HSS activity prioritisation was completed during these workshops framed within the HSS building blocks with the intention of establishing Ascend country workplans. Approaches were tailored to each individual county. For instance, in Nigeria the workshop involved asking participants to rank HSS activities (across areas such as service delivery, health workforce, health care financing, and leadership and governance) in order of importance which worked well. Draft workplans were prepared during the workshops and eventually final workplans were completed after wider stakeholder discussions where priority actions were agreed ahead of implementation. This was a systematic process; through engaging and consulting with MOHs on the most integral areas of need, a positive learning outcome emerged centred on achieving progress towards UHC that can be shared amongst future donors/programmes. There was not always total agreement on priority areas, and this needed to be navigated. Following initial discussions, criteria was established to determine which activities should be prioritised:

1. Activities put forward by the MOH in response to their own identified priorities
2. Where these are extensive lists, prioritisation will need to take into account activities which reflect each country situation with regards to the implementation levels, and to help the countries make progress on the levels
3. Contribution to achievement of UHC, including a focus on cross-cutting and cross-country themes to support the Ascend countries to strengthen the health system and contribute to UHC
4. Alignment with the WHO 2030 NTD elimination road map and accompanying NTD Master Plans

Some reflections from the consultation process and prioritisation workshops are shared in **Table 3** from the perspective of consultants and country office staff engaged with this process.

Positives	Key lessons learned	Limitations
<p>In countries such as Cote d'Ivoire and Benin, it was beneficial in breaking down silos and fostering an integrated approach between various stakeholders</p>	<p>HSS needs to be included at the onset of the programme rather than it being developed as a separate process to facilitate ownership. It is important from the very beginning to let the MOH take the lead in and to contextualise the support that is being offered. More in-person gatherings are helpful to engage MOH further</p>	<p>Certain countries had greater expectations of what could be possible, and the prioritisation workshops complied to what was feasible which limited the possibility to meet all the country's expectations</p>

Positives	Key lessons learned	Limitations
The prioritisation workshops were designed as an iterative process – activities were prioritised and fine-tuned after this with the different countries	Additional criteria to hone in on the priority areas were introduced. To save time and to set expectations, all the criteria for prioritisation could be in place at the beginning of the process	During the workshops there was a limit on how many stakeholders could attend (so often only NTD related staff were able to input and not wider stakeholders) which is a potential barrier to wider ownership
It was a very hands-on and participatory exercise . Stakeholders had the possibility to speak their mind so everyone attending was pleased and involved. This was important for ownership. It also facilitated cross-country learning which prompted lively discussion on how to tackle specific issues based on their own experiences	When working with a country that is mostly clear on what it wants to implement (such as Nigeria and Ghana), if there are gaps from Ascend, there is a need to look for partners with similar programmatic focus to further expand on the coverage of the interventions and ensure this is coordinated	Use of multi-languages was needed to enable more participation (for instance, for the Bissau-Guinean stakeholders the usage of Portuguese in the workshop may have been of great help and decisive to allow for their active participation. Country-specific meetings rather than regional may have tailored workshops more closely to requirements of countries
In some countries, the exercise of dialogue helped shift mindsets towards understanding the gravity of ensuring sustainability in the national NTD programme	In Ascend countries that operate in certain regions of the country and not in others (i.e., Nigeria), there is a need to try to suggest priority activities that can be cascaded into other regions where the programme does not operate	It could have been helpful to incorporate the supply chain work conducted by the Supply Chain Management team into the workshops to be more holistic

Table 3 – Reflections on the consultation process

Much can be learnt from both the NTD sustainability assessments and follow up prioritisation processes such as the need to tailor strategies clearly to the context of the country undertaking them to prioritise country specific HSS needs, coordinating carefully with other partners to compliment priorities, and engaging wider stakeholders. This needs to be framed within the WHO 2030 NTD elimination road map which guides towards cross-cutting approaches to move towards NTD elimination. There was also an idea to host multi-sector coordination and intra-sector coordination activities to fortify NTD voices within MOHs, though these were not completed due to early exit of the Ascend programme.

NTD Master Plans

Aligning with the WHO 2030 NTD elimination road map, findings from the HSS sustainability assessment and the HSS prioritisation workshops are consistent in acknowledging that for

UHC to be achieved, there needs to be national health strategies and budgets which emphasise the importance of eliminating NTDs.

Every Ascend country is developing or planning to develop NTD Master Plans. These are strategic national plans with aims to reach the objectives of the WHO 2030 NTD elimination road map and are established to ensure progress is achieved. Ascend took a strategic decision to support in the development of NTD Master Plans to ensure that barriers to elimination were considered in the design and to further enhance long-term sustainability. Ascend country MOHs have been developing these since 2020 and they will map out the next five years of NTD planning (2021-2025), with contributions from WHO and other partners. This is an opportunity to shift away from donor-led approaches and for national governments to have ownership over planning for NTD elimination; Master Plans help foster heightened accountability and promote the integration of programmes into national health systems, critical for ensuring long-term sustainability. Most Ascend countries had existing Master Plans that were revised.

The Ascend team has been in consultation to pinpoint where technical resources can be best placed and deployed to support the development of the NTD Master Plans. This has involved both providing technical support in the development of guidelines for the HSS aspects of the NTD Master Plan, and at the country-level, collaborating with WHO and USAID funded Act to End to merge efforts.

This process included the identification of essential stakeholders (and settings roles for stakeholders), initial discussions merging relevant evidence and data together such as ESPEN NTD Portal information and Health Management Information System (HMIS) indicators, exploring other key stakeholders who will engage with the process (with an aim to be as inclusive as possible), organising outreach meetings as platforms for consultation, and engaging partners such as Organizations of Persons with Disabilities (OPDs) and civil society partners to be involved in the process.

NTD Master Plan guidelines were developed by WHO and the Ascend programme contributed to early drafts of these guidelines with an emphasis on strengthening health systems. Strategic decisions were taken to develop several key policy considerations to help emphasise HSS within the Master Plans and these were embedded into advocacy efforts when facilitating discussion with countries, as shown in **Table 4**.

Key policy considerations	Summary
The Master Plans must ensure NTD elimination is an integral part of the national UHC agenda and health systems strengthening efforts	UHC provides an overarching framework for national health planning. NTD Master Plans should aim to ensure NTD programming is mainstreamed into UHC plans, implementation, and financing
Disability inclusion and gender mainstreaming must be prioritised	Elimination efforts need to be inclusive and acknowledge the barriers for at-risk groups. Therefore, people with disabilities and other at-risk groups should be consulted and participate in the planning and implementation of NTD Master Plans

Key policy considerations	Summary
Scope of NTD programming should be expanded	It is important to enhance the scope of NTD programming, including prioritising rehabilitation services for people with disabilities to improve quality of life
Data systems strengthening is essential	A strengthened data system is necessary to operate NTD data. Supporting the integration of data into routine health information systems and enhancing capacity to collect, store, manage, and use data at different scales through investment and partnerships is needed
Intersectoral linkages and multisectoral action must be strengthened, especially with other MDAs	Reducing poverty, hunger, and improving education quality and gender equality are all SDGs which benefit from increased access to NTD services. Engaging wider Ministries (such as Education) should be encouraged to leverage efforts
NTD Programming during and post health emergencies such as Covid-19 requires deliberate innovations	The COVID-19 pandemic revealed existing disparities in UHC and the further need for robust health systems. NTD Master Plans should take on board lessons learned during the pandemic

Table 4 – Key policy considerations for NTD Master Plans

Ascend is now working with countries that had approved activities for Master Plan support during the Ascend exit period (Ghana, Nigeria, Guinea Bissau, and Cote d'Ivoire). Aside from Ghana, the remaining countries are all currently in the process of producing their Master Plans for 2021-2025. With technical assistance and resources from partners and support from WHO, there is hope that these will soon be completed. Although ongoing, in most cases, NTDs are being incorporated into national health strategic plans and policies but are not manifesting in national health budgets which would have the potential to further secure sustainable NTD activities.

Ghana is the first Ascend country to have finalised its Master Plan and this is soon to be launched. The Ascend Supply Chain Management team also contributed to NTD Master Plan development by assessing and offering guidance to the document. As the first country to finalise the Master Plan, the case study that follows provides reflections on the mainstreaming process in more depth and includes the development of an NTD investment case within Ghana to mobilise additional funding resources.

Case Study: Ghana

Context

Ghana is considered a stable country politically and economically in the sub-Saharan region of Africa. NTDs are considered as a medium priority issue from the Government and there is reasonable buy-in and ownership. Mostly reliant on donor funding and pharmaceutical manufacturers for donation of drugs, salary costs for all staff engaged in NTD service

delivery are covered by the Government. The NTD programme is largely integrated into the Ghana Health Service (GHS) which coordinates all implementation of activities within the structures of the GHS with resources, community awareness, and social mobilisation cascading down the levels sub nationally.

Ghana has made great strides to eradicate guinea worm transmission and trachoma, whilst NTDs such as schistosomiasis remain pervasive. As a large sub-Saharan African nation, there is a positive outlook that it could be one of the first nations to achieve its NTD elimination goals.⁷

NTD Sustainability Assessment

Ghana undertook the Dalberg sustainability assessment in 2019 and it was used as the basis for understanding and informing HSS priority areas for the country HSS workplan. With a process that took over three months, relevant stakeholders from the GHS including individuals with a background in policy, planning, monitoring, and finance, and others including NTD organisations, were brought together to brainstorm and undertake the assessment, which was important to ensure that the MOH were engaged in the process. In future it will be important to continue to connect with wider stakeholders (i.e., those in funding, research, etc.) to ensure buy-in; giving more opportunities to those further afield helps to enrich the discussion. This inevitably would come with an increased cost in travel and accommodation to bring together more stakeholders, so there is a trade-off.

For each NTD sustainability component, the overall sustainability scores are visible in **Figure 2**.

- In terms of **Policy and Leadership** - There is government ownership and buy-in through recognition of NTDs as a medium-term priority issue, and a specific strategy on eliminating NTDs. An NTD strategic masterplan is in place to serve as a guide to elimination which has strong partner support and commitment. However, there are no policies for NTDs, and publicity is minimal. There is cross-sectoral collaboration in place but a lack of indicators to monitor this.
- In terms of **Budgets** - Domestically, NTD programme expenditures are not specifically reported in the national Financial Management Information System (FMIS) despite efforts to secure greater investments by government sources. Externally, various key partners are engaged in Ghana's NTD programme including Sightsavers, FHI360, and the COUNTDOWN consortium where annual budget forecasting occurs. NTDs are not specifically included in budget lines (at national and sub-national levels) and domestic resources are insufficiently allocated to support critical elimination activities. Disease surveillance and other cross cutting activities specifically required for NTDs could benefit from integration into a wider range of health issues.
- In terms of **Delivery Systems** - There are no Standard Operating Procedure (SOP) documents or guidelines on national supply chain capacity systems which the programme needs (assessed by the Ascend Supply Chain Management team) beyond relying on the WHO guidelines. Moreover, whilst there is an advocacy strategy, Information, Education,

⁷ Hotez et al. (2019) Ghana: Accelerating neglected tropical disease control in a setting of economic development. *PLoS Negl Trop Dis* 3(1).

and Communication (IEC) activities need reinforcing to profile the successes of the NTD programme and this will require further funding. There is also a need for further integration into health systems and across sectors – particularly in Water, Sanitation and Hygiene (WASH) where more coordination is needed.

- In terms of **Organization Capacity** - The 2016-2020 Master Plan indicated that further capacity and expertise is required across the existing workforce. Human resource priorities are not always defined for the needs of programme and the programme uses a national strategy of using community-based volunteers for implementation.
- In terms of **Partnerships** - There is a network of NTD partners within Ghana which works in a coordinated way. There is a need though for the public and private sector to create strengthened partnerships. The national health service coordinates effectively with other ministries, agencies, and partners to execute NTD-related activities.
- In terms of **Evaluation and Adaptation** - Whilst some NTDs are monitored and evaluated within the national HMIS (NTD data including MMDP and MDA) which flows from the national level to community level, other generated NTD data such as impact assessments need to be integrated further.

Whilst the sustainability assessment unearthed key gaps and identified priority areas, it also carries certain limitations as a tool in the breadth of detail it garners. Therefore, the programme chose to utilise PEA and PExA to bridge those gaps and to broaden the HSS assessments. Also, the process of engagement could have been expanded to secure buy-in from a wider range of stakeholders. It is also important to place the GHS ahead of any proposed activity (e.g., in Ghana, the GHS oversaw the invitation of participants and approved the contracting of an international consultant to conduct the PEA and PExA, for instance). This allows the GHS to lead whilst the NTD programme can support.

Goal	Federal and regional governments own and are accountable for all aspects of a quality, evidence-based, NTD program					
Component	Component 1: POLICY AND LEADERSHIP	Component 2: BUDGETS	Component 3: DELIVERY SYSTEMS	Component 4: ORGANIZATION CAPACITY	Component 5: PARTNERSHIPS	Component 6: EVALUATION AND ADAPTATION
Primary Outcome	Established political leadership for the NTD program amongst key national and sub-national ministries/departments	Timely availability of funding, and spending, for a high-quality NTD program, through government and external sources	Established systems and processes for federal and regional governments to manage all aspects of implementation of NTD programming	Federal and regional governments have the required staff, with necessary skills and expertise, to conduct a high-quality NTD program	Government is able to create, manage, and support all required internal and external partnerships to provide a high-quality NTD program	Increased effective use of data and learnings at a federal and regional level, to make strategic decisions about the NTD program
Approaches	Approach 1.1: Ensuring government buy-in for an NTD program 4a	Approach 2.1: Mobilizing and disbursing internal resources 1	Approach 3.1: Developing guidelines and Standard Operating Procedures (SOPs) 3	Approach 4.1: Ensuring adequate HR capacity for NTD programs	Approach 5.1: Strengthening systems to identify and contract partners 4b	Approach 6.1: Generating demand to design a clear M&E plan for NTD programming 4c
	Approach 1.2: Fostering support for government ownership 4a	Approach 2.2: Mobilizing external resources 3	Approach 3.2: Owning procurement and supply systems 4c	Approach 4.2: Ensuring suitable skills and expertise to conduct high quality NTD programs 2	Approach 5.2: Managing partnerships across NTD programs and ensuring quality of performance 4c	Approach 6.2: Developing integrated systems and processes for routine monitoring and evaluation 4c
	Approach 1.3: Developing an evidence based NTD policy document 2	Approach 2.3: Strengthening financial management capacity 4b	Approach 3.3: Generating demand for the NTD program 3	Approach 4.3: Coordinating capacity building efforts 1	Approach 5.3: Promoting collaboration and joint operational planning for improved results 4b	Approach 6.3: Using integrated data analysis to promote positive adaptations 4c
	Approach 1.4: Publicizing policy 2		Approach 3.4: Integrating NTD interventions into health systems and across sectors 3			

Figure 2 – Overall sustainability scores for Ghana

Consultation process

Whilst the critical gaps were already known and the results from the assessment were expected, the assessment process provided a basis for discussion and agreement on priority gaps. The assessment helped pinpoint these key areas and frame the subsequent discussion on whether areas identified were actually a priority.

Three members of the GHS attended two regional HSS prioritisation workshops in July 2019 and December 2019 to undertake exercises on HSS activity prioritisation which developed into a national workplan. It was felt that it would have been useful for there to be more attendees so there could have been more ownership. One future idea is to host national level workshops (to have a specific workshop in Ghana) rather than the regional approach which may be a better solution to reach wider stakeholders. There was, however, detailed country prioritisation workshops which followed the regional workshops and included a wider group of stakeholders to review country specific outputs.

Areas such as **inter-sectoral collaboration**, **advocacy**, and the **NTD Master Plan** were a clear priority for the MOH. Having already had an NTD Master Plan in place that was due to expire (2016-2020), the MOH were comfortable that it was urgent for this to be renewed and therefore gave this their full support. There was also strong interest in integrating the HMIS, but this activity was already being funded by other partners (FHI360).

During discussions, no other HSS building block areas were considered a priority from the GHS perspective, and there were not many barriers in agreeing priority actions. The NTD programme expressed a desire to plan an exercise to conduct a mapping analysis of health training and although this was well received with recognition that it was important, it was noted it may not be prioritised by the GHS and can take time to lobby support when there are other urgencies.

NTD Master Plan

The revision of the NTD Master Plan was critical for the NTD programme in Ghana to provide a framework for operation, to guide the NTD programme activities in Ghana, and to align priorities and strategies. It will help drive the NTD elimination agenda, provides a platform for joint planning, enables all partners to work together to harmonise their strengths, and to identify areas that require further support.

The process to develop this comprised of a broad range of stakeholders (officials from finance, WASH, education, etc.) addressing a total of 17 NTDs. Workshops, and technical team meetings were held to review various components, and small group meetings focussed on different NTDs. All stakeholders came together in the validation workshop. With opportunities for all involved to revise the draft, once all were satisfied with the output, this was sent to the GHS for approval. There are plans to launch the newly revised NTD Master Plan towards the latter of 2021.

The cross-cutting targets for the NTD Master Plan can be seen below in [Table 5](#).

Targets	Summary
Integrated approaches	To raise accessibility and availability of NTD interventions and awareness materials, strengthen capacity for data surveillance and management, adopt and implement integrated NTD strategies, enhance the evidence base and knowledge of effectively responding to NTDs, and strengthen the capacity of health workers
Multi-sectoral collaboration	To coordinate platforms at national and subnational levels to strengthen joint planning and NTD implementation, improve the visibility and coverage of WASH and behaviour change communications, to reduce the number of deaths from vector borne NTDs, and to mobilise resources more effectively through a mobilisation sub-committee
Country ownership	To integrate NTDs into national health strategies and plans, report on all endemic NTDs as needed, embed NTD interventions into essential services and budget for this, and to improve upon marketing the NTD programme to wider stakeholders and policy makers to attract future funding for planned activities
Universal health	To ensure strong efforts are made in leaving no one behind, to help protect at-risk population against the economic impact of NTDs, and to integrate NTDs into the primary health care system to track the prevalence of NTDs

Table 5 – Cross-cutting targets of the NTD programme

Throughout this process, there was a lot of enthusiasm from the GHS and other various partners involved and it was recognised as a high priority. There were many key lessons learned from this experience – using a neutral technical expert to tie the work of each stakeholder together was important, the GHS being highly engaged in the process kept the momentum moving along and having a well-established national NTD programme helped align vital activities efficiently. As part of the process for developing the new Master Plan, the content and the implementation of the previous Master Plan was evaluated. This provided valuable lessons which were used to enrich the content of the new version. In addition, the content validation workshop which was included in the development of the new Master Plan greatly enhanced the participation of the NTD stakeholders than in the development of the previous process. Also, contracting an independent consultant to lead the process ensured that different perspectives as well as all the diverse views of the various stakeholders were considered for discussion and inclusion.

NTD investment case

As a result of the prioritisation activities and consultations, one of the critical areas identified was a clear need for an investment case to enhance mobilisation of domestic and external resources centred on the five NTDs that were the focus of the Ascend programme (lymphatic filariasis, onchocerciasis, schistosomiasis, soil transmitted helminths, and trachoma). The NTD programme in Ghana is reliant on external donor funding and there is a need to strengthen domestic resources allocated to NTDs. Whilst the government has long

supported NTDs with a funded national team and regional/district level employees on the programme, operational activities (i.e., day to day costs) are all funded by partners.

The GHS had a strong understanding already that the NTD investment case is needed to drive sustainable growth for the NTD programme so there was acceptance and buy-in. With the help of a Ghana-based Health Economist, and guidance from a range of other stakeholders, the approach involved key informant interviews with approximately 15 relevant stakeholders which were identified by the GHS, a data and existing literature review and other data requests. It was important that the GHS were steering the process and to allow for diverse experience and expertise to be brought together, expanding inputs and ideas. There will be a focus on exploring the finance needed to implement the NTD Master Plan and a form of institutional and context analysis will be conducted to assess routes to domestic funding.

The consultant interacted closely with the GHS and the interviewees to produce a draft document which will emphasise the burden of NTDs in Ghana and makes a compelling argument for how the investment case can be cost-effective and why it is so needed. This draft is now with the MOH.

A validation workshop will follow this step to provide an opportunity for stakeholders to get to grips with what has been produced and to see if there is consensus about next steps – and it will be circulated during the NTD Master Plan launch to maximise publicity simultaneously.

Future considerations in Ghana

Whilst great strides have been made across the NTD programme in Ghana to ensure sustainability, with the phasing out of the Ascend programme, there are future considerations to think about identified through discussions for this learning paper:

- The NTD Master Plan prioritised Behaviour Change Communication (BCC) and proposed to further produce cohesive WASH-NTD BCC materials for implementation which is an area that may need further development going forward as Ascend's technical expertise in this area will not be further utilised.
- Whilst the NTD Master Plan embedded a 'Leave No One Behind' (LNOB) approach into its foundation, this is an area that may require guidance to ensure mitigations against low coverage are in place as other partners are not as experienced in this approach; building the capacity of the GHS to understand who is being left behind from various interventions is vital to achieve NTD elimination.
- There was optimism for the continuation of an intra-country coordinating committee in Ghana in collaboration with the Act to End programme. With fundraising, advocacy, and technical sub-committees, this involves every stakeholder with a view to support Ghana's efforts towards sustainability and NTD elimination. This will require future financial support to operate and there is a need eventually for this committee to be self-financing in the future.
- WASH was emphasised through the process with considerations into inter-sectoral coordination. Through Ascend's WASH-NTD landscape analysis, steps were outlined on coordinating more effectively between NTD-WASH. There were discussions of designing

an accessible web-based platform to merge NTD/WASH data systems to help strengthen evidenced-based decision making, though this is now uncertain.

Key Reflections for Future Programming

The Ascend programme has been a strong catalyst for HSS within its collection of countries and has endorsed the underlying principles of global frameworks such as the WHO 2030 NTD elimination road map through taking steps to propel integration within national health systems. The process undertaken and the tools employed have been effective and beneficial to distinguish critical gaps needed for government ownership, with positive programme outcomes in HSS.

Recognisable themes from Ascend countries across the mainstreaming process as a collective include:

- 1. The need to heighten NTD prioritisation by country governments.** There may need to be greater political will and more policy implementation. Prioritisation should be practical and tailored to the specific endemic NTDs present and the state of pervasiveness; certain NTDs may need to be prioritised through resourcing over others dependent on context. Policies such as adding NTDs to the national register of notifiable diseases, HMIS changing policy to report on further indicators and to raise the profile of NTDs, and heightening awareness from partners and national programmes on the relationship between policies and the development of national budgets are all key ideas to consider.
- 2. Weak data systems.** Data requires integrating into national health information systems to help raise the profile of NTDs and to garner more attention from government. In this sense, it goes beyond disease surveillance and can be used as an advocacy tool to influence investment and policy.
- 3. Dependency on external donors.** There is a need to elevate domestic partnerships to source new funding. However, it is understandable that governments may not prioritise certain activities if there is continuous external funding provided, so integration into national health care systems will require an altering of mindsets.
- 4. Community level programme participation.** The approach to incentivising community volunteers and Community Drug Distributors (CDDs) may need rethinking by MOHs to bolster human resources for health.

With the phasing out of the Ascend programme, a transition strategy will be in place to help ensure the continuation of activities. Closing programme support and transitioning to a new phase of ownership by countries (or with other external support) has been constrained by the early exit of the programme. Yet, strategies are being designed with support from the NTD programmes under each health system pillar with a handover process in mind with governments at the end of August 2021.

Some key suggestions emerged from this mainstreaming process which need reflecting on further:

- **A lot of attention needs to be given to health financing.** There needs to be a mechanism to consolidate more interest for NTDs from a financial perspective. NTD Investment cases may be valuable methods to advocate for funding from domestic and external sources. Communicating the impact of NTDs on the economic wellbeing of specific countries may also spark greater political will.
- **Each country is at different stages in the maturity of their health systems.** Contextualising the reality of country health systems is important. In some countries with a lack of resources and infrastructure, NTDs are not always the priority in line with other health concerns. Nearly 70% of Ascend countries rank in the bottom 20 countries in the latest Human Development Index (HDI) Ranking⁸ indicating the potential strain on national health systems.
- **Collaboration with other partners is critical in order not to overwhelm already weak health systems.** Partners should collaborate to facilitate interaction with governments and to place government at the heart of coordination to ensure alignment in strategy on aspects of integration. Ensuring that priority actions feature in other partner's workplans is important. It is essential from a donor perspective that expectations are aligned so there is not duplication in country or competing interests, as this will be a burden for the MOH where existing structures are not always managed to maximise their usefulness.
- **Engagement and buy-in from governments is vital.** Encouraging broad participation from a range of stakeholders including within the political sphere (Ministries such as finance, planning, policy), WASH leaders, and direction from the MOH is needed to drive forward processes. Considering new ways to increase buy-in may become more vital in a restricted funding landscape.
- **Integration will require a culture shift.** NTD programmes have long existed as stand-alone programmes in countries and inherently may need to be perceived differently to change. HSS could have been treated more as a distinctive part of Ascend's programme and not just an addition. The emergence of the COVID-19 pandemic showed a clear need for more integrated delivery platforms in future NTD programming also.
- **Countries have the tools to conduct self-assessments using the sustainability assessment tools.** This may require further support to complete where more capacity is needed, but doing so could establish a baseline and endline, with improvement being tracked over time. Benefits of this would include a more dynamic approach to realising priorities and more up to date information to work with.

Arguably, without support provided by external partners, NTD services may not be sustained in many of the countries that were supported by Ascend; some country programmes have likely been prioritising and operationalising NTD programme activities due to the incentives of external funding – raising a question whether there is a risk in assuming that integration into national health systems is viable to reaching elimination targets. Yet, many gains that national NTD programmes have made may fade away without a strong national health system pushing forward the WHO 2030 NTD elimination road map; ensuring sustainability and strengthening health systems will be essential to navigate closer to the goal of UHC.

⁸ United Nations Development Programme (2020) Latest Human Development Index Ranking. Accessed at: <http://hdr.undp.org/en/content/latest-human-development-index-ranking>

Annexes

Annex 1 – General key for scoring overall sustainability

B. General key for scoring buttons for overall sustainability	
Overall	Definition
0	Government does not recognize or express need for institutionalization of the component
1	Government has expressed the need for institutional-ization, but no action has been taken
2	Government has a plan in place to start institutionalizing the component but it has not yet been implemented
3	Government understand the need for the component and has taken some steps towards institutionalizing, but efforts are not consistent and continue to require external support
4a	Government expresses a need for the component, and has oversight and accountability for the component, and/or performs tasks independently, but requires external partner to prompt and/or initiate, as demonstrated by progress in the approach
4b	Government expresses a need for the component, and has oversight and accountability for the component, and/or performs tasks independently, but relies on tools developed, maintained and updated by the external partner
4c	Government expresses a need for the component, and has oversight and accountability for the component, and/or performs tasks independently, but requests support from the external partner for emergencies, or other exceptional circumstances
5	Government expresses need, and has complete ownership and accountability. It independently manages all essential functions. No external support is needed

Source: Dalberg and CIFF (2018) Sustainability assessment tool for NTD control programmes. Accessed at: <https://www.infond.org/resource/sustainability-assessment-tool-ntd-control-programmes>

Annex 2 – Country NTD Sustainability rating following assessment

HSS building block	Benin	Burkina Faso	Chad	Cote D'Ivoire	DRC	Ghana	Guinea	Guinea Bissau	Liberia	Niger	Nigeria	Sierra Leone
Health information systems	Level 3	Level 3	Level 2	Level 3	Level 3	Level 3	Level 2	Level 1	Level 2	Level 3	Level 3	Level 3
Human resources for health	Level 1	Level 2	Level 2	Level 2	Level 2	Level 1	Level 1	Level 1	Level 1	Level 2	Level 2	Level 2
Health governance and leadership	Level 3	Level 2	Level 1	Level 2	Level 1	Level 3	Level 2	Level 1	Level 2	Level 2	Level 3	Level 1
Access to essential medicines	Level 3	Level 3	Level 2	Level 3	Level 2	Level 3	Level 2	Level 1	Level 2	Level 2	Level 2	Level 2
Service delivery	Level 3	Level 3	Level 2	Level 2	Level 2	Level 3	Level 2	Level 2	Level 2	Level 2	Level 3	Level 2
Health financing	Level 1	Level 1	Level 1	Level 1	Level 1	Level 1	Level 1	Level 1	Level 1	Level 1	Level 2	Level 1

Table 1 – Suggested levels of implementation for health systems strengthening (HSS)

Key - Level of implementation
Level 1 - Doing no harm/supporting the health system
Level 2 - Developing the health system to support stronger NTD programmes
Level 3 - Developing a strong, integrated and sustainable health system to address NTDs