



Validating Elimination of Trachoma and Lymphatic Filariasis

Lessons Learned for Dossier Development

CONTEXT

In the late 1990s, the World Health Assembly (WHA) adopted resolutions targeting the global elimination of lymphatic filariasis (LF) and trachoma as public health problems. Tremendous progress has been made: 7 historically endemic countries have eliminated LF and 9 countries have eliminated trachoma.^{1,2}

To achieve elimination of a public health problem, Member States must follow a standardized five-step process established by the World Health Organization (WHO) in 2016/2017 to summarize their achievements in a dossier, as shown in **Figure 1**.

Since 2014, USAID has been supporting Ministries of Health (MOH) in the preparation (Step 1) and submission (Step 2) of dossiers. USAID's ENVISION project has supported the development of draft dossiers for LF in 7 countries and trachoma in 9 countries.

Our experience has taught us that it's never too early to

- ◆ begin compiling data,
- ◆ strategize how to fill remaining data gaps, and
- ◆ draft select narrative dossier sections.

This brief highlights best practices for preparing dossiers and some common challenges. It uses examples from successful dossier preparation in ENVISION-supported countries.

GLOBAL ELIMINATION

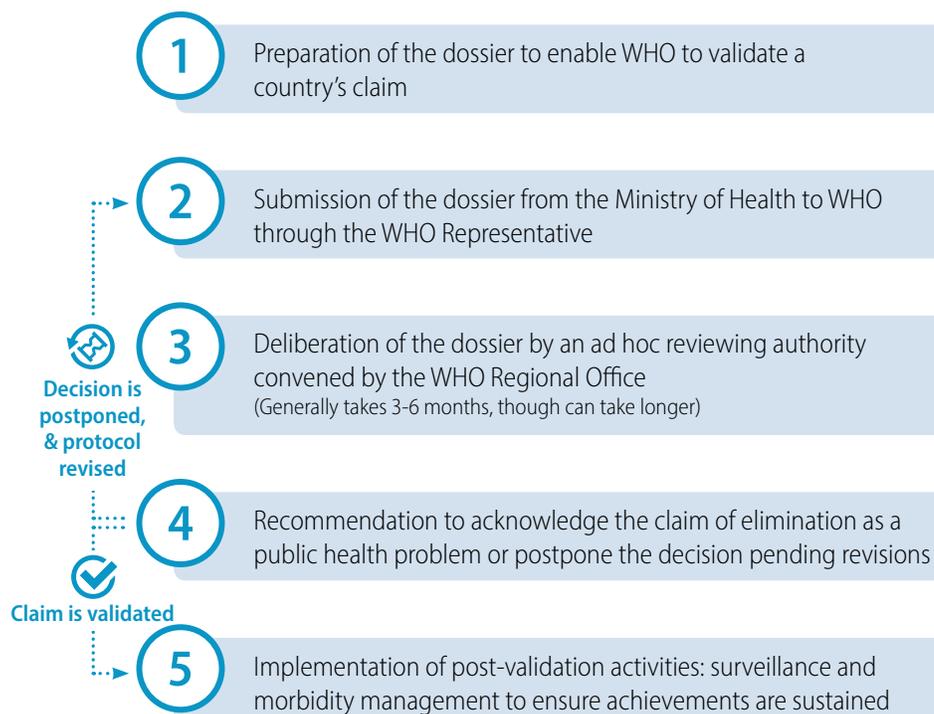


DATA MONITORING





Figure 1. Dossier Development Process for Validation of Elimination as a Public Health Problem



CHALLENGES

Preparing a dossier to support a claim of elimination of a public health problem involves gathering, synthesizing, and summarizing data. Consequently, some common challenges involve:

- ◆ **Human resource management:** Dossier preparation needs a champion and requires time and effort.
- ◆ **Partnerships:** Partner roles and responsibilities must be thoughtfully coordinated to ensure MOH personnel have ownership over dossier development.
- ◆ **Personnel changes:** Historical knowledge can be lost with changes in MOH personnel.
- ◆ **Data security and archiving:** Data can be lost if not archived and stored correctly, e.g. due to natural disasters.
- ◆ **Data review:** Compiling, reviewing, and cleaning historical data can be time-consuming, particularly for decades-long programs.
- ◆ **Data gathering:** Gathering certain types of data can be more challenging than others, especially when data must be obtained from outside trachoma or LF programs—such as facial washing and environmental change data for trachoma elimination. Also, gathering data can be much more challenging in decentralized countries, because lower-level data might not be available at national level.
- ◆ **Data gaps:** If data gaps are identified, national programs need time to clarify or gather more data. Sometimes, districts previously classified as non-endemic based on an absence of clinical cases or no historic evidence of transmission may need to undergo further investigation. If these are found to be endemic, there could be a significant delay in dossier submission and validation.

TECHNICAL APPROACH

The process of preparing a dossier is unique for each country and depends on the size of the LF/trachoma burden, the duration of LF/trachoma program implementation, MOH human resource capacity, MOH personnel championing the document, and status of data archiving. Dossier preparation can take between 1 to 10 years depending on how early a country begins, the quality of data storage, and internal MOH processes.

Developing a draft dossier can involve some or all of the approaches below, depending on country context.

Options for Dossier Development

OPTION 1



MINISTRY OF HEALTH WORKING GROUP

- ◆ The MOH establishes a working group to prepare the dossier narrative and data.
- ◆ A 1-day or half-day meeting may be hosted with relevant government officials and partners at the beginning of the dossier development process to outline achievements and next steps. Follow-up meetings may be held annually.

OPTION 2



DOSSIER WORKSHOPS

- ◆ MOH personnel and partners host a 1- to 3-day workshop to introduce each section of the dossier and review the data needed to begin drafting the narrative dossier sections.
- ◆ A consultant or working groups continues the process of drafting the dossier.

OPTION 3



CONSULTANT

- ◆ A consultant is hired by the MOH to develop the draft dossier.
- ◆ Typically, the consultant spends 2 weeks in-country gathering data and collaborating with MOH personnel, and 1 to 2 weeks drafting the dossier.
- ◆ MOH personnel review and update the draft dossier on an annual basis until it is ready for submission to WHO.



We have compiled the following list of lessons learned from ENVISION's experience supporting elimination validation efforts and dossier development for trachoma in 9 countries and LF in 7 countries.

Although each dossier preparation process is unique, **the following list of lessons and real-world examples from ENVISION-supported countries may help others respond to common challenges.**

1 START EARLY

It's never too soon to start developing country dossiers. The process of gathering, reviewing, and cleaning historical data—sometimes dating back more than 20 years—can be unwieldy. If the dossier process is started too late, staff turnover can mean loss of key historical knowledge. Most importantly, if data gaps are found, national programs need time to fill them.

- ◆ **Integrate Activities.** To save time and resources, identify opportunities to integrate dossier preparation discussions into NTD program meetings or annual reviews. Take advantage of opportunities to inform key decision makers about the dossier preparation process.
- ◆ **Be holistic.** Elimination of both LF and trachoma requires national programs to address aspects of morbidity and disability. Early dossier preparation can be a good reminder of all the required elements and may help garner the political will to start or advance these activities.



2 ALLOCATE RESOURCES

Preparing a dossier requires resources, a champion, time, and effort to carry the process through to completion.

- ◆ **Identify a champion.** Determine who will lead the dossier preparation process to ensure it moves forward. The champion could be a consultant, MOH personnel, or a key partner. Key stakeholders, including the NTD Program Director, can help this champion be successful by providing local context and connections with technical experts, as needed.
- ◆ **Think longer term.** The dossier preparation process is very useful for long-term planning for surveys and surveillance efforts. Countries are using this process to map the way forward and plan for the resources that will be required after elimination is achieved.



LYMPHATIC FILARIASIS (LF)

Country Example:

PHILIPPINES

- ◆ The Philippines leveraged their annual program implementation review meetings to highlight dossier data needs and ask provinces to provide updated data.
- ◆ As a highly decentralized country, the Philippines took a thoughtful approach to confirming national data accuracy with lower jurisdictions.
- ◆ Data collection, review, and confirmation started in 2014 to avoid long delays in finalizing the data.

LAOS

- ◆ Laotian MOH staff – with support from USAID, RTI, WHO, FHI 360, and a consultant – planned a 3-day workshop to introduce the dossier preparation process and the data needed to begin drafting the narrative sections.
- ◆ The workshop also provided an opportunity to advocate for and develop a cost-effective patient estimation strategy.



TRACHOMA

Country Example:

TANZANIA

- ◆ Trachoma dossier preparation began in Tanzania in 2015 with collating all historical MDA and survey data since 1999.
- ◆ Once all historical data was compiled, the program and partners organized a series of dossier narrative writing workshops featuring previous program leadership to provide historical context.

UGANDA

- ◆ The Ugandan WHO NTD focal point championed dossier development by highlighting the need for timely preparation of the dossier as a requirement for the formal WHO validation of elimination process.
- ◆ Uganda's NTD program included "dossier development" as a fixed agenda item for all trachoma meetings to enable discussion and advocated for resources commitment by program partners.
- ◆ A dossier task team of MOH staff and partners was formulated, and a series of dossier writing workshops resulted in the completion of draft narrative and data templates.



3 FILL DATA GAPS

Additional work is needed when data gaps are identified, especially where new guidance is available or where mapping results are unclear. The earlier the national program starts to think through the process, the sooner it can backtrack to take the necessary measures to clarify the data or gather more data.

4 INVOLVE THE WORLD HEALTH ORGANIZATION

Early dossier preparation allows national programs to get feedback from WHO prior to official submission. Receiving WHO guidance early can help ensure that the final dossier includes the quality data needed to obtain elimination validation. This also helps WHO plan for their review process.

- ◆ **Request an informal review.** Prior to formal dossier submission, obtain feedback from WHO in the form of an informal review.
- ◆ **Prepare to provide a prompt response.** Be ready to respond quickly to questions from WHO as they review the dossier. This involves keeping data organized and having technical experts available to respond to questions.

5 COORDINATE ANNOUNCEMENT

LF/trachoma elimination is an important opportunity to celebrate national achievements and global NTD progress. Ahead of pending eliminations, develop content, photos, blogs, and stories to cover the various activities that led to elimination success. Collaborative effort across the WHO Regional Office, WHO Geneva, and partners is needed to coordinate timing and activities for the announcement. A social media kit for press and partners can be used to amplify the success.



LYMPHATIC FILARIASIS (LF)

Country Example:

BANGLADESH

- ◆ In Bangladesh, dossier development started in 2014, which brought issues of suspected endemic districts to the attention of the MOH.
- ◆ Funding was obtained for remapping to confirm that these were not endemic districts.

VIETNAM

- ◆ The WHO Regional Dossier Review Group had some clarifying questions following initial submission. The Vietnam MOH responded within two days. This prevented a delay in the Dossier Review Group's decision and announcement of validation from WHO.

VIETNAM

- ◆ In collaboration, the Vietnam MOH and ENVISION gathered stories, photos, and video documenting the impact of LF elimination in the country. Through a coordinated effort led by the MOH with WHO, USAID, and ENVISION, press releases and media pieces were developed.



TRACHOMA

Country Example:

NEPAL

- ◆ After completion of draft dossier documents, informal reviews by WHO provided further guidance that districts that had baseline surveys with Trachomatous Trichiasis (TT) >0.2% and Trachomatous Inflammation-Follicular (TF) <5% needed further TT-only surveys.
- ◆ ENVISION, WHO and Nepal Netra Jyoti Sangh provided support to undertake TT-only surveys in 12 districts.
- ◆ Dossier documents were updated after the surveys and then submitted to WHO for the formal review process.

NEPAL

- ◆ The WHO Country Office NTD focal point was involved in the planning and preparation of the dossier document. This facilitated communication and coordination with the WHO Regional Office before and after submission of dossier.
- ◆ WHO Geneva Medical Officer for Trachoma provided informal review of the draft dossier and recommended additional surveys.

NEPAL

- ◆ The Nepal MOH coordinated with ENVISION to gather photos and interviews during the last trachoma surveys. The MOH coordinated with WHO, USAID, and ENVISION to publish press releases and media articles to celebrate validation of elimination of trachoma. An event was held in Kathmandu mark the occasion.



SOURCES

1. WHO Lymphatic Filariasis Fact Sheet: <https://www.who.int/news-room/fact-sheets/detail/lymphatic-filariasis>
2. WHO Trachoma Fact Sheet: <https://www.who.int/en/news-room/fact-sheets/detail/trachoma>
3. Validation of elimination of trachoma as a public health problem: https://www.who.int/neglected_diseases/resources/who_htm_ntd_2016.8/en/
4. Validation of elimination of lymphatic filariasis as a public health problem: https://www.who.int/lymphatic_filariasis/resources/9789241511957/en/

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WHAT YOU CAN DO

Ready to kick off the dossier preparation process? Apply the lessons above and start with these priorities:

Ensure that the historical data are in a secure place and backed up regularly.

Familiarize yourself with the WHO dossier requirements documentation for trachoma³ and LF⁴.



Start compiling the dossier data file and select narrative sections as soon as possible, piece by piece.

Don't wait until you've nearly reached elimination.

Visit www.ntdtoolbox.org to review ENVISION job aids for dossier preparation.

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