

Evaluation of the WHO Neglected Tropical Diseases Programme Volume 2: Annexes

Corporate evaluation
commissioned by the
WHO Evaluation Office

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**World Health
Organization**



Report by TDV Global Inc.

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The analysis and recommendations of this report are those of the independent evaluation team and do not necessarily reflect the views of the World Health Organization. This is an independent publication by the WHO Evaluation Office.

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Annex A: Terms of Reference

Evaluation of the Neglected Tropical Diseases Programme, with a special focus on the current neglected tropical diseases roadmap for implementation

Terms of Reference

Rationale

1. Neglected tropical diseases (NTD) cause immense human suffering and death. They pose a devastating obstacle to health for millions of people and remain a serious impediment to poverty reduction and socioeconomic development.¹ Through a coordinated and integrated approach adopted since 2007, control, elimination and even eradication of these diseases has been shown to be feasible.
2. Efforts to combat NTDs crystalized in the 2011 roadmap for implementation² and) resolution WHA66.12³ adopted by the Sixty-sixth World Health Assembly in May 2013.
3. The 12th General Programme of Work 2014-2019 established NTDs as a priority programme area, with the goal to achieve “*Increased and sustained access to essential medicines for neglected tropical diseases*”. Two outcome indicators would help monitoring programme achievement: (a) the number of Member States certified for eradication of dracunculiasis, from a baseline of 183 countries in 2014 to an expected target of 194 countries in 2019; and (b) the number of Member States having achieved the recommended target coverage of population-at-risk of lymphatic filariasis, schistosomiasis and soil-transmitted helminthiasis through regular anthelmintic preventive chemotherapy, from a baseline of 25 countries in 2012 to an expected target of 100 (2020).
4. The 13th General Programme of Work recognizes that neglected tropical diseases continue to pose a major public health challenge in many countries and considers that a massive, focused effort is still needed to eradicate such diseases. As both the 12th General Programme of Work and the “NTD roadmap for implementation” arrive at an end, the evaluation of WHO’s efforts in combatting NTDs comes at a crucial juncture.
5. Framed as a formative evaluation, this exercise will serve as a powerful tool to reflect on lessons learned and inform the operationalization of the strategy of WHO and its partners in the global combat against NTDs. The evaluation will document successes, challenges and gaps and will provide lessons learned and recommendations for the final years of the roadmap implementation phase until 2020, as well as useful input for the elaboration of the next strategic instrument aimed at addressing the remaining toll of NTDs.
6. The evaluation of the WHO NTD Programme is a corporate priority of the 2018-2019 evaluation workplan, approved by the 142nd session of the Executive Board in January 2018.⁴

¹ http://www.who.int/neglected_diseases/about/en/

² http://apps.who.int/iris/bitstream/10665/70809/1/WHO_HTM_NTD_2012.1_eng.pdf?ua=1

³ WHA66.12 Neglected Tropical Diseases, May 2013

⁴ http://www.who.int/neglected_diseases/mediacentre/WHA_66.12_Eng.pdf?ua=1

⁴ <http://www.who.int/about/evaluation/workplan/en/>

Purpose

7. The purpose of the evaluation is to assess the accomplishments of the NTD programme as well as the lessons learned throughout implementation at the three levels of the organization. The ultimate goal is to provide lessons learned to the upcoming WHO efforts in the combat against NTD. The purpose of the evaluation can be specified as follows:
 - a. To document successes, challenges and gaps of the NTD programme during the biennia 2014-2015 and 2016-2017 with a particular focus on the roadmap for implementation
 - b. To provide lessons learnt and strategic recommendations to the design and operationalization of the next steps addressing the remaining toll of NTDs in the context of the 13 General Programme of Work (2019-2023).

Objectives and expected use

8. All evaluations meet accountability and learning objectives. Given the character of this evaluation as a formative exercise, its principal objective is to provide useful recommendations based on the lessons learned in overcoming the challenges faced by WHO in the implementation of the NTD programme in the context of the 12th General Programme of Work, in order to help maximize WHO's effectiveness and provide a sound basis for the design of the follow up strategies in the combat against NTDs.
9. The 12th General Programme of work envisaged the elimination or eradication of selected Neglected tropical diseases among its leadership priorities. This goal was further specified in the programme budgets through the following outcomes "1.4. Increased and sustained access to essential medicines for neglected tropical diseases" (in 2014-2015) and "1.4, Increased and sustained access to neglected tropical disease control interventions" in 2016-2017. These outcomes were complemented with two identical outputs for the two relevant biennia: "1.4.1. Implementation and monitoring of the WHO roadmap for NTDs facilitated" and "1.4.2. Implementation and monitoring of NTDs control interventions facilitated by evidence-based technical guidelines and technical support".
10. The evaluation will inform on the level of achievement of the programme, in terms of its expected outcomes and outputs; looking specifically at the expected deliverables at the three levels of the organization as they were specified in the respective programmes budgets corresponding to the 2014-2015 and 2016-2017 biennia.
11. The learning drawn from this evaluation will be useful for the WHO Secretariat, including Its Headquarters, Regional Offices and Country Offices involved in addressing NTDs, to frame, plan and operationalize its continued contribution to this major public health issue.
12. The evaluation will also provide useful input to Member States and other partners involved in the roadmap implementation in terms of planning and design their own contribution and their engagement modalities with WHO's efforts.

Target audience

13. The principal target audience of this evaluation are WHO NTD Programme, senior management at headquarters and in regional offices, and Heads of WHO Country Offices involved in NTDs. Additionally, the Scientific Technical Advisory Group (STAG) for Neglected Tropical Diseases, as the principal advisory group to WHO for the control of NTDs, as well as other regional programme committees on NTDs committees, such as the Expanded special project for elimination of NTDs (ESPEN) and others), are also direct target audiences of the evaluation, as are relevant Member States and non-State actors in official relations with WHO involved in the implementation of the roadmap.

Scope and focus

14. The evaluation will mainly consider the relevance, effectiveness and efficiency of the WHO Secretariat contribution, including the contribution of headquarters, regional offices and country offices to actions against NTDs. It will also consider the effectiveness of its engagement strategies and partnerships to address NTDs under the framework of the 12th General Programme of Work and the roadmap for implementation. The evaluation will focus on WHO's contribution during 2014-2015 and 2016-2017 biennia.
15. The evaluation will not assess impact as attribution of changes in the NTD burden cannot be attributed to WHO alone, considering the nature of its response, the evidence base available and the number of actors in the health sector. However, the evaluation will assess the relevance and effectiveness of WHO's contribution to address the needs of vulnerable populations, including the poor and marginalized, women and the elderly.

Evaluation questions

16. High-level evaluation questions are as follows⁵:

EQ 1. How relevant was the WHO Secretariat's programme to increase and sustain access to essential medicines and control interventions for NTDs?

EQ2 Which were the main results of the WHO Secretariat, at its three levels, in terms of increasing and sustaining access to essential medicines and control interventions for NTDs?

More specifically, which were the main results related to:

- 2.1. the implementation and monitoring of the NTD roadmap for implementation 2012-2020?
- 2.2. the implementation and monitoring of NTD control interventions facilitated by technical guidelines.

EQ3: Which were the main influencing factors that either facilitated or hampered the successful achievement of the outcomes and outputs of the WHO NTD Programme?

- 3.1 How efficient was the WHO Secretariat in delivering its key outputs for the level of costs incurred ?
- 3.2 How could the WHO Secretariat have contributed more effectively to increase and sustain access to essential medicines for NTDs?

EQ4: How did WHO work with others to advance the outcomes and outputs of the WHO NTD Programme?

⁵ Detailed evaluation sub-questions will be developed as part of the evaluation matrix at the inception phase

Approach and deliverables

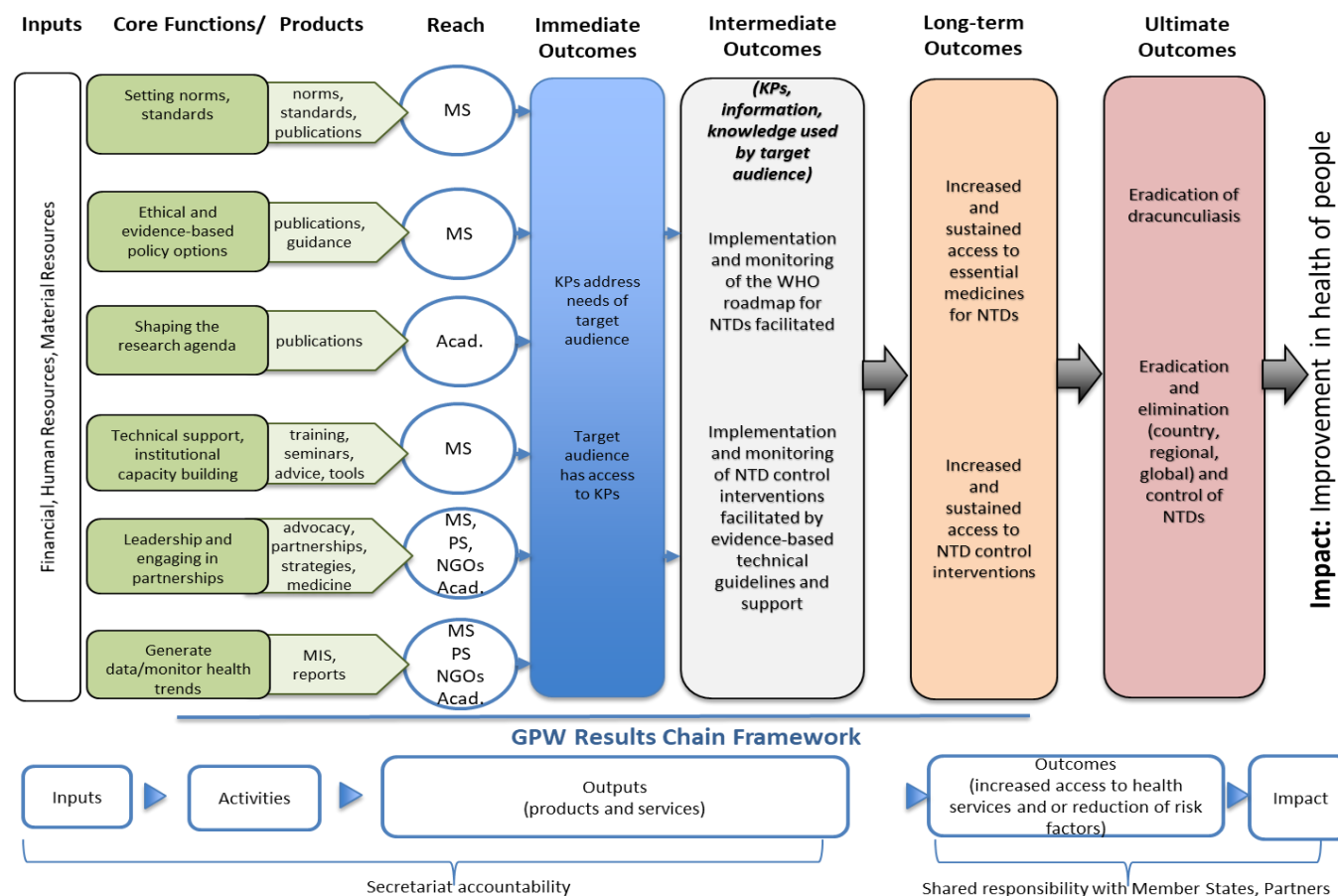
17. The evaluation team at the inception stage will develop an **inception report** which will include a rigorous and transparent methodology to address the evaluation questions in a way that serves the dual objectives of accountability and learning. The evaluation team will also adhere to WHO cross-cutting strategies on gender, equity, vulnerable populations, and human rights and include to the extent possible disaggregated data and analysis.
18. The methodology will demonstrate impartiality and lack of bias by relying on a cross-section of information sources (from various stakeholder groups) and using a mixed methodological approach to ensure triangulation of information through a variety of means. The evaluation will rely mostly on document review and internal and external stakeholder feedback, through interviews and surveys.
19. **The evaluation report** will be based on the quality criteria defined in the WHO Evaluation Practice Handbook. It will present the evidence found through the evaluation in response to all evaluation criteria, questions and issues raised. It should be relevant to decision-making needs, written in a concise, clear and easily understandable language, of high scientific quality and based on the evaluation information without bias.
20. The Evaluation report will include an Executive Summary and evidence-based conclusions and recommendations directly derived from the evaluation findings and addressing all relevant questions and issues of the evaluation.
21. Once approved, the evaluation report will be posted on the WHO Evaluation Office website (www.who.int/about/evaluation/en/).
22. The management response to the evaluation recommendations will be prepared by the NTD Programme senior management and posted on the WHO Evaluation Office website alongside the evaluation report. Dissemination of evaluation results and contribution to organizational learning will be ensured at all levels of the Organization, as appropriate
23. It is expected that the evaluation will start in August/September 2018 and be concluded within 22-24 weeks, by early 2019.

Evaluation management

24. The evaluation will be commissioned and managed by the WHO Evaluation Office. The evaluation team will report to the Evaluation Commissioner through the Evaluation Manager appointed by the WHO Evaluation Office.
25. Given the complexity of this evaluation, and in line with the WHO Evaluation Policy and the WHO Evaluation Practice Handbook, an ad hoc Evaluation Management Group (EMG) will assist the Evaluation Manager in the review of the Terms of Reference, selection of the evaluation team, as well as the review of the inception report and the draft evaluation report.

Annex B: Logic Model for the WHO NTD Programme

The Logic Model slightly deviates from standard nomenclature. No actual outputs were listed by the programme and have been included by the evaluators as “products and services”. The GPW outputs are in fact worded and by their nature short- to medium-term outcomes, but there was a gap between the products and services and the GPW outputs. Hence, for this reason the evaluators developed Immediate Outcomes in line with the Knowledge Translation frameworks and reach, usefulness and use.



Legend: MS – Member State; Acad. – Academia/Research Inst, PS – Private Sector; KP’s – Knowledge Products; MIS – management information system

Annex C: Evaluation Matrix

Evaluation Question	Sub-question	Indicator	Line of Evidence
Criteria 1 Relevance: Extent to which the objectives of the WHO NTD Programme are consistent with needs of beneficiaries, countries, global priorities			
1. To what extent was WHO Secretariat's programme to increase and sustain a) access to essential medicines and b) control interventions relevant? (EQ1 in ToR)	1.1 To what extent was the program designed to address the identified needs?	1.1.i) Consistency of stakeholder needs with WHO NTD Programme activities (research, norms/standards/guidance, policy, technical support for HR, generate data/monitor health trends, leadership), outputs and outcomes	Interview Document Review Survey Case Study
	1.2 To what extent are the needs continuing? What, if any, significant changes have occurred in the NTD environment?	1.2.i) Identification of changes in context that impact stakeholder needs	Interview Document Review Survey Case Study
2. To what extent is the WHO NTD Programme consistent with global priorities and NTD Roadmap?	2.1 To what global priorities is the WHO NTD Programme linked?	2.1.i) Consistency of WHO NTD Programme activities, outputs and outcomes with global priorities 2.1.ii) Consistency of NTD Roadmap with global priorities	Interview Document Review
	2.2 To what NTD Roadmap outcomes is the WHO NTD Programme linked?	2.2.i) Consistency of WHO NTD Programme activities, outputs and outcomes with NTD Roadmap	Interview Document Review
Criteria 2 Effectiveness: Extent to which the programme objectives were achieved or are expected to be achieved.			
3. To what extent were the main results of the WHO Secretariat met, at its three levels, in terms of increasing and	3.1 To what extent have activities been conducted and produced products and services as planned? ⁶ At HQ, RO, and CO?	3.1.i) Extent of provision of essential medicines. 3.1.ii) Extent to which norms, standards and guidelines have been developed, published and disseminated 3.1.iii) Extent to which policy options have been developed, published and disseminated	Interview Document Review Survey Case Study

⁶ Please see section 3.1 for more details on basic bibliometric data that will be collected if available.

Evaluation Question	Sub-question	Indicator	Line of Evidence
sustaining access to essential medicines and control interventions for NTDs? (EQ2 in ToR)		3.1.iv) Extent to which the research publications have been developed, published and disseminated 3.1.v) Extent to which training, seminars/conferences, advice, tools have been provided 3.1.vi) Extent to which advocacy materials, partnerships formed, strategies developed and implemented 3.1.vii) Extent to which there are information systems, surveillance and reports produced monitoring NTDs	
	3.2 To what extent did target audiences access products and services?	3.2.i) Extent WHO NTD Programme knowledge products and services are accessed	Interview Document Review Survey Case Study
	3.3 To what extent did target audiences find products and services useful (timeliness, relevance, appropriate, usable)	3.3.i) Stakeholder perception on the quality of WHO NTD programme products and services (timeliness, relevance, appropriate, usable)	Interview Document Review Survey Case Study
	3.4 To what extent was the implementation and monitoring of the WHO roadmap for NTDs facilitated? (EQ 2.1)	3.4.i) Number of countries in which neglected tropical disease are endemic implementing neglected tropical disease national plans in line with the Roadmap to reduce the burden of neglected tropical diseases (baseline 80/114 in 2015, target 85 in 2017) ⁷ 3.4.ii) How did the WHO NTD Programme facilitate the implementation of the Roadmap? 3.4.iii) Identification of best practices and areas for improvement in NTD Roadmap/programme	WHO Monitoring System/ Document Review Interview Case Study

⁷ Programme Budget 2016-17

Evaluation Question	Sub-question	Indicator	Line of Evidence
	3.5 To what extent was implementation and monitoring of NTD control interventions facilitated by evidence-based technical guidelines and support? (EQ 2.2)	3.5.i) Number of countries in which neglected tropical diseases are endemic that have adopted WHO norms, standards and evidence in diagnosing and treating neglected tropical diseases (baseline 80/114 in 2015, target 84 in 2017) ⁸ 3.5.ii) How did technical guidelines developed by the WHO NTD Programme facilitate control interventions? 3.5.iii) What other support was provided by WHO NTD Programme to facilitate control interventions? 3.5.iii) Identification of best practices and areas for improvement in NTD Roadmap/programme regarding technical support on control interventions	WHO Monitoring System/ Document Review Interview Survey Case Study
	3.6 To what extent is there increased and sustained access to essential medicines for NTDs?	3.6.i) Volume of essential medicines provided, by disease, by region, by year (by donation, by discounted price) 3.6.ii) Future donation commitments / discounted price agreements 3.6.iii) Stakeholders' perspective on extent there is increased and sustained access to essential medicines for NTDs	Interview Document Review Survey Case Study
	3.7 How could the WHO Secretariat have contributed more effectively to increase and sustain access to essential medicines for NTDs? (EQ 3.2)	3.7.i) Identification of best practices and areas for improvement in access to essential medicines for NTDs	Interview Document Review Survey Case Study
	3.8 To what extent is there increased and sustained	3.8.i) Stakeholders' perspectives on extent there is increased and sustained access to NTD control interventions	WHO Monitoring System/Document

⁸ Ibid.

Evaluation Question	Sub-question	Indicator	Line of Evidence
	access to NTD control interventions?	3.8.ii) Identification of best practices and areas for improvement in NTD Roadmap/programme Also see 3.5 and 3.10	Review Interview Survey Case Study
	3.9 To what extent has dracunculiasis been eradicated (as per the long-term outcome)? 3.10 To what extent has there been eradication and elimination and control (at the country, regional, and global level) of NTDs (as per the long-term outcome)?	3.9.i) Number of countries certified for eradication of dracunculiasis (baseline 187/194 in 2015, target 194 in 2019) ⁹ 3.10.i) Number of countries in which diseases are endemic having achieved the recommended target coverage of the population at risk of contracting lymphatic filariasis, schistosomiasis and soil-transmitted helminthiasis (baseline 25/114 in 2012, target 100 in 2020) ¹⁰	WHO Monitoring System/Document Review
4. Which were the main influencing factors that either facilitated or hampered the successful achievement of the outcomes and outputs of the WHO NTD Programme? (EQ3 in ToR)	4.1 What factors (internal/external) either facilitated or hampered the WHO NTD Programme activities, outputs, and outcomes.	4.1.i) Identification of internal/external factors that facilitated or hampered the WHO NTD Programme	Interview Document Review Case Study
5. How did WHO work with others to advance	5.1 Extent to which WHO worked with others to	5.1.i) Identification of coordination structures, governance structures and their operations (country, regional, global)	Interview Document Review

⁹ Programme Budget 2016-17

¹⁰ Ibid.

Evaluation Question	Sub-question	Indicator	Line of Evidence
the outcomes and outputs of the WHO NTD Programme? (EQ 4 in ToR)	advance WHO NTD Programme?	5.1.ii) To what extent do these structures coordinate activities (research, training, policy advice)? Information-sharing (best practices, tools)? Resource mobilization? 5.1.iii) To what extent did WHO NTD Programme work with other programmes/sectors to increase synergy and improve delivery?	Case Study
Criteria 3 Efficiency: How economically resources/inputs are converted to products, services, outputs and results.			
6. How could the WHO Secretariat have contributed more efficiently to delivering key outputs? (EQ 3.1)	6.1 Extent to which outputs and outcomes have been achieved at the lowest cost	6.1.i) Cost of products and services 6.1.ii) Identification of cost saving measures implemented / not implemented 6.1.iii) Budget, versus resources mobilized versus expenditure	Interview Document Review Survey Case Study
Criteria 4 Lessons Learned: Best practices and areas for improvement for future programming			
7. What have been the lessons learned, positive and negative, in the implementation of the WHO NTD Programme?	7.1 Extent to which there have been lessons learned	7.1.i) Identification of lessons learned	Interview Document Review Case Study
Criteria 5 Sustainability: the continuation of benefits from an intervention after assistance is completed			
8. To what extent are the results, including institutional changes, durable over time without continued funding?	8.1 To what extent are the outputs and outcomes from the activities that have occurred likely to be sustained at country level? At regional level? At global level?	8.1.i) Identification of sustained results at country level; regional level; global level	Interview Document Review Survey Case Study

Evaluation Question	Sub-question	Indicator	Line of Evidence
	8.2 What are the organizational and contextual factors that affect the sustainability of the results of the WHO NTD Programme?	8.2.i) Identification of factors, positive and negative, that will affect the sustainability of results of the WHO NTD Programme	Interview Document Review Case study
Criteria 6 Equity: assessing and effectively addressing needs of vulnerable populations			
9. What has been the relevance of WHO's contribution to address the needs of vulnerable populations, including the poor and the marginalized, women and the elderly? (from TOR #15)	9.1 To what extent were vulnerable populations taken into consideration by this programme?	9.1.i) How were different populations reached in this programme? 9.1.ii) Disaggregated data (planned reach).	Interview Document Review Case study
10. What has been the effectiveness of WHO's contribution to address the needs of vulnerable populations, including the poor and the marginalized, women and the elderly?	10.1 To what extent were vulnerable populations served by this programme?	10.1.i) How were different populations served in this programme? 10.1.ii) Disaggregated data (actual reach)	Interview Document Review Survey Case study

Annex D: List of Interviewees

Category	Plan	Actual
WHO HQ	12	12
WHO Regional	24	27
WHO Country Level	13	28
External STAG/RPRG	14	11
External Interviewees: NTD Member States	13	34
External Non-State Actors/Non-Governmental Organizations/Alliances	9	17
External Research Institutes	10	6
External Donors	4	6
External Industry	9	6
TOTAL	104	147 (67 internal and 80 external)

Internal Interviewees: Headquarters

Name	Interview Type
Dr. Bernadette Abela-Ridder	General
Dr. Gautam Biswas	General
Dr. Daniel Dagne	General
Dr. Dirk Engels	General
Dr. Albis Gabrielli	General
Dr. Amadou Garba Djirmay	Schistosomiasis Case Study
Dr. Jonathan King	LF Case Study
Dr. Antonio Montresor	STH Case Study
Dr. John Reeder	General
Dr. Jose Ruiz Postigo	Leishmaniasis Case Study
Dr. Afework Tekle	General
Dr. Raman Velayudhan	General

Internal Interviewees: Regional Level

Name	Region	Interview Type
Dr. Magaran Monzon Bagayoko	AFRO	General
Dr. Alexandre Tiendrebeogo	AFRO	General
Dr. Maria Rebollo Polo	AFRO	General
Dr. Andrew Korkor	AFRO	General
Dr. Abate Beshah	AFRO	General
Dr. Absolom Makoni	AFRO	General
Dr. Honorat Zoure	AFRO	General
Dr. Aimé Adjami Gilles	AFRO	General

Name	Region	Interview Type
Dr. Amir Kello	AFRO	General
Dr. Didier Bakajika	AFRO	LF Case Study
Dr. Luis G. Castellanos	AMRO/PAHO	General
Dr. M.A. Espinal Fuentes	AMRO/PAHO	General
Dr Ana Lucianez	AMRO/PAHO	General
Dr. Ana Morice	AMRO/PAHO	General
Dr. Santiago Nichols	AMRO/PAHO	Peru Case Study
Dr. Hoda Youssef Atta	EMRO	General
Dr. Samar ElFeky	EMRO	General
Ms. Mona Osman	EMRO	General
Dr. Arash Rashidian	EMRO	General
Dr. Nedret Emiroglu	EURO	General
Dr. Elkhani Gasimov	EURO	General
Dr. Gyanendra Gongal	SEARO	General
Dr. Mohamed Jamsheed	SEARO	General
Dr. Zaw Lin	SEARO	General
Dr. Aja Yajima	WPRO	General
Dr. Erwin Cooreman	Global Leprosy Program	General
Dr. Pammaraju	Global Leprosy Program	General

Internal Interviewees: Country Level

Name	Country	Interview Type
Dr. Nzuzi Katondi	AFRO- Angola	General
Dr. Honore Djimrassenger	AFRO- Chad	General
Dr. Edouard Ndinga	AFRO- Congo	Congo Case Study
Dr. Raphael N'Dri N'Goran	AFRO- Côte d'Ivoire	General
Dr. Augustin Kadima Ebeja	AFRO- DRC	General
Dr. Kelias Msyamboza	AFRO- Malawi	General
Dr. Evans Liyosi	AFRO- South Sudan	General
Dr. Anderson Chimusuro	AFRO- Zimbabwe	General
Dr. Romeo Montoya	AMRO- Guatemala	General
Dr. Jean Alexandre	AMRO- Guyana	General
Dr. Miguel Aragon	AMRO- Paraguay	General
Dr. Monica Guardo	AMRO- Peru	Peru Case Study
Dr. Naimullah Safi	EMRO- Afghanistan	General
Dr. Alaa Hasish	EMRO- Egypt	Egypt Case Study
Dr. Sinan Ghazi	EMRO- Iraq	General
Dr. Kakar Qutbuddin	EMRO- Pakistan	General
Dr. Ahmed Thabit	EMRO- Yemen	General
Dr. Henk Bekedam	SEARO- India	India Case Study
Dr. Nicole Seguy	SEARO- India	India Case Study
Dr. Rashmi Shukla	SEARO- India	India Case Study

Name	Country	Interview Type
Dr. Usha	SEARO- Nepal	General
Ms. Merelesita Rainima-Qaniuci	WPRO- Fiji	General
Dr. Thipphavanh Chanthapaseuth	WPRO- Lao	General
Ms. Paola Mikaela Aplay	WPRO- Philippines	Philippines Case Study
Dr. Gawrie Galappaththy	WPRO- Philippines	Philippines Case Study
Ms. Lepaitai Blanche Hansell	WPRO-Samoa	General
Mr. Bob Kenneth de Leon	WPRO- Philippines	Philippines Case Study
Mr. Alex Tanic	WPR- Philippines	Philippines Case Study

External Interviewees: STAG and RPRG

Name	Interview Type
Dr. Ahmed Be-Nazir	General
Prof. Sarah Cleveland	General
Prof. Nilanthi de Silva	General
Dr. Akshay Chandra Dhariwal	General
Prof. Maria G. Guzman	General
Dr. Mwelecele Ntuli Malecela (and incoming Director, WHO NTD Programme)	General
Dr. Anne Moore	General
Dr. Reda Ramzey (EMRO RPRG Chair)	General
Dr. Frank O. Richards Jr	General
Prof. Sheila West	General
Dr. Xiao-Nong Zhou	General

External Interviewees: NTD Member States

Name	Country	Interview Type
Dr. Francois Missamou	AFR- Congo	Congo Case Study
Dr. Aboa Paul Koffi	AFR- Côte d'Ivoire	General
Dr. Naomi-Pitchouna Awaca-Uvon	AFR- DRC	General
Dr. John Chiphwanya	AFR- Malawi	General
Dr. Karen Boyle	AMR- Guyana	General
Dr. Fabu Moses	AMR- Guyana	General
Dr. Ana Pons	AMR- Guatemala	General
Dr. Maria Bazan	AMR- Paraguay	General
Dr. Harvy Honorio	AMR- Peru	Peru Case Study
Dr. Khaled Amer	EMR- Egypt	Egypt Case Study
Dr. Ayat Atef Haggag	EMR- Egypt	Egypt Case Study
Dr. Mona Mohammed Ali Darwish	EMR- Egypt	Egypt Case Study
Dr. Naglaa Hammad Mohamed	EMR- Egypt	Egypt Case Study
Dr. Amal Mohamed Rabiee	EMR- Egypt	Egypt Case Study
Dr. Jehan Al-Badri	EMR- Iraq	General
Dr. Wanwed Rabini, Consultant	EMR- Pakistan	General

Name	Country	Interview Type
Dr. Atef Attaweel	EMR- Syria	General
Dr. Mousab Alhaj	EMR- Sudan	General
Dr. Sami Alhaidari	EMR- Yemen	General
Dr. Nym	SEAR- Bangladesh	General
Dr. Ruman	SEAR- Bangladesh	General
Dr. Bhandari	SEAR- India	India Case Study
Dr. Anil Kumar	SEAR- India	India Case Study
Dr. PK Sen	SEAR- India	India Case Study
Mr. Vikas Sheel	SEAR- India	India Case Study
Dr. Ajie Mulia Avisena	SEAR- Indonesia	General
Dr. Lusy Levina	SEAR- Indonesia	General
Dr. Tiffany Tiara Pakasi	SEAR- Indonesia	General
Ms. Femmy Pical	SEAR- Indonesia	General
Dr. Solihah Widyastuti	SEAR- Indonesia	General
Dr. Phonesavanh	WPR- Lao	General
Dr. Leda Hernandez	WPR- Philippines	Philippines Case Study
Dr. Rubite Julie Mart	WPR- Philippines	Philippines Case Study
Dr. Winston Palasi	WPR- Philippines	Philippines Case Study

External Interviewees: Non-State Actors/Non-Governmental Organizations/Alliances

Name	Organization	Level	Interview Type
Dr. Julie Jacobson	Uniting to Combat NTDs	Global	General
Ms. Ellen Agler	END Fund	Global	General
Ms. Amy Doherty	RTI International	Global	General
Mr. Julien Potet	MSF International	Global	General
Dr. Yao Sodahlon	Task Force for Global Health	Global	General
Dr. Gamal Ezz Elarab	Magrabi Foundation	Country (Egypt)	General
Dr. Omar Safa	Magrabi Foundation	Country (Egypt)	General
Dr. Mohammad Shalaby	Magrabi Foundation	Country (Egypt)	General
Dr. Ahmed Mousa	Nurseem Foundation	Country (Egypt)	General
Ms. Ratwa Ahmed Mousa	Nurseem Foundation	Country (Egypt)	General
Dr. Moustafa Abdullah	World Bank	Country (Yemen)	General
Dr. Dhekra Annuzaili	Imperial College	Country (Yemen)	General
Mr. Amandeep Singh	Global Health Strategies	Country (India)	General
Mr. Rajshree Das	PCI	Country (India)	General
Mr. Ranpal Singh	PCI	Country (India)	General
Dr. Satyabrata Routray	PATH	Country (India)	General
Dr. Amresh Kumar	PATH	Country (India)	General

External Interviewees: Research Institutes

Name	Organization	Interview Type
Dr. Joseph Ndung'u	FIND	STH Case Study
Dr. Wendy Harrison	Schistosomiasis Control Initiative (SCI)	Schistosomiasis Case Study
Dr. Sinuon Muth	RPRG member (Cambodia)	Schistosomiasis Case Study
Dr. Nathalie Strub-Wourgaft	DNDi	Leishmaniasis Case Study
Dr. Patrick Lammie	Task Force for Global Health	General
Dr. Lydia Leanardo	University of Philippines	General

External Interviewees: Donors

Name	Organization	Interview Type
Dr. Delna Ghandhi	DFID	General
Ms. Emily Wainwright	USAID	General
Dr. Katey Einterz Owen	Bill and Melinda Gates Foundation	General
Dr. Kayla Laserson	Bill and Melinda Gates Foundation (India and SEARO)	General
Dr. Will Starbuck	Bill and Melinda Gates Foundation (India and SEARO)	General
Dr. Bhupendra Tripathi	Bill and Melinda Gates Foundation (India and SEARO)	India Case Study

External Interviewees: Industry

Name	Organization	Interview Type
Dr. Takayuki Hida	Eisai	LF Case Study
Dr. Graeme Robertson	Gilead	Leishmaniasis Case Study
Dr. Mark Bradley	GSK	STH Case Study (plus LF)
Dr. Andy Wright	GSK	STH Case Study (plus LF)
Dr. Johannes Waltz	Merck	Schistosomiasis Case Study
Dr. Guillermo Doll	Sanofi	General

Annex E: Document Review List

Documents Reviews for the General Evaluation

Category	Document Name	No. of Documents	Date of Document
WHO NTD	WHA66.12 Neglected Tropical Diseases	1	2013
	Water, Sanitation and Hygiene for accelerating and sustaining progress on NTDs: A Global Strategy, 2015-20	1	2015
	The FAO-OIE-WHO Collaboration Sharing responsibilities and coordinating global activities to address health risks at the animal-human-ecosystems interfaces	1	2010
Strategies	Accelerating Work to Overcome the Global Impact of NTDs: A Roadmap for Implementation	1	2012
	Fourth World Report on NTDs 2017	1	2017
	WPR/RC69/5 – Regional Action Framework for Control and Elimination of NTDs in the Western Pacific	1	2017
	SEARO SEA-CD-250 – Regional Strategic Plan for NTDs 2012-16	1	2012
	SEARO Website - http://www.searo.who.int/entity/vector_borne_tropical_diseases/en/	Various	
PAHO Docs	CD55-15-e PAHO Plan of Action for the Elimination of Neglected Infectious Diseases and Post Elimination Actions 2016-2022	1	July 2016
	CD50.R17-e (2010) Chagas disease Resolution	1	2008-10
	CD50-16-e (2008) Chagas Disease Plan of Action	1	2008-10
	CD48.R12 (2008) Onchocerciasis Plan of Action	1	2008-10
	CD 49.R19 (2009)– Resolution on Elimination of Neglected Diseases	1	2008-10
	CD49/9 (2009) Action Plan on Elimination of NTDs	1	2008-10
Dracunculiasis	Reports of the International Commission for the Certification of Dracunculiasis Eradication	10	1997-2016
	A69/43 69 th HA, Progress Reports	1	2016
	WER 9321	1	May 2018
	WER 9324	1	June 2018
Drugs	Update on the global status of the donation managed by WHO of the medicines for PC	2	Sept 2018 and February 2019
	Update on the global status of implementation of PC	1	Dec 2018
EMRO	EMRO NTD Booklet	1	2018
	ROAD MAP TO ACHIEVING ELIMINATION OF TRACHOMA AS A PUBLIC HEALTH PROBLEM IN THE EASTERN MEDITERRANEAN REGION	1	2016
	EMRO AR PBPA PA1.4 2016-17	1	NA

Category	Document Name	No. of Documents	Date of Document
	EMRO TDR SGS Call for Proposals	1	NA
WPRO	Expert Consultation to accelerate elimination of Asian Schistosomiasis	1	2017
	Informal Consultation on Post-elimination Surveillance of Neglected Tropical Diseases (2017)	1	2017
	Addressing Diseases of Poverty An Initiative to Reduce the Unacceptable Burden of Neglected Tropical Diseases in the Asia Pacific Region	1	2014
	Regional Action Plan for NTD in WP Region 2012-16	1	2012
	WPRO RPRG Meetings	5	2014-18
AFRO	AFRO Meeting 2018 – Training Session 8: Technical and Operational Assistance on NTDs	1	2018
	ESPEN Annual Report 2017	1	2017
	Regional Strategic Plan for NTDs in the African Region 2014-2020	1	2013
	Regional Committee Meeting - Regional Strategy on NTDs in the WHO African Region 2014-2010	1	2013
	Progress Report on the Implementation of the Resolution on NTDs	1	2017
	Recommendations Based on the Meeting of NTD Regional Programme Review Group for Preventive Chemotherapy	5	2014-2017
	Regional Strategic Plan for Neglected Tropical Diseases in the African Regional 2014-2020	1	2013
	ESPEN Evaluation	1	2018
	Summary Report, Action Points and Recommendations of the First Joint Meeting on Preventive Chemotherapy and Case Management NTDs	1	2017
LF	Guideline – Alternative Mass Drug Administration Regimens to Eliminate Lymphatic Filariasis	1	2017
	STAG NTD Reports 2014-2017	4	2014-2017
WHO website	New vector control response seen as game-changer	1	2017
	WHO NTD Website including PC Data Portal	Various	Accessed January 2019
HQ Slide presentation	NTDs and the Development Agenda	1	n.d.
	Principles of NTDs	1	n.d.
	Schistosomiasis AGD	1	n.d.
	Lymphatic Filariasis JDK long	1	n.d.
	Soil-transmitted helminthiasis	1	n.d.
	Strengthening surveillance of Case-Management NTDs	1	n.d.
	G-Finder: Global Funding of Innovation for Neglected Diseases, Policy Cures Research	1	2019

Category	Document Name	No. of Documents	Date of Document
Other Websites	Neglected Tropical Diseases Support Centre https://www.ntdsupport.org/cor-ntd/ntd-connector/term/dolf		Accessed February 2019
	Global Alliance to Eliminate Lymphatic Filariasis (GAELF) https://www.gaelf.org/		Accessed February 2019
	Schistosomiasis Control Initiative https://www.schistosomiasiscontrolinitiative.org/		
	Uniting to Combat NTDs https://unitingtocombatntds.org/		Accessed January 2019
	Update on the global status of implementation of preventive chemotherapy	1	2018
Others	Financing for SDGs: Breaking the Bottlenecks of Investment from Policy to Impact, Concept Note, UN	1	2018
	Email correspondence	1	
	Total	71	Plus websites

Documents Reviewed for the Case Studies

(Note: there can be duplication across the lists as some documents were reviewed for the general evaluation as well as for the country and disease case studies)

Category	Document Name	No. of Documents	Date of Document
Congo	Rapport annuel d'activités 2017	1	2017
	Congo and neglected tropical diseases	1	2016
	WHO website: PC Data Portal	various	Accessed January 2019
	Progress Report on the Implementation of the Resolution of NTDs	1	2017
	Congo NTD Master Plan	1	2018
	Sustainable Development Goal 3	1	
	Rapport Mission Cartographie Oncho Congo	1	2014
	Profil NTD CTP au Congo en fin 2017	1	2017
	Plan d'action PNLO 2018 ESPEN réajusté	1	2018
	Elimination of onchocerciasis and lymphatic filariasis	1	2016
	Expanded Special Project for Elimination of Neglected Tropical Diseases (ESPEN) Portal	1	Accessed January 2019
	Best Practices in Managing NTD Programs	1	
Egypt	WHO Egypt Annual Report 2017	1	2018
	Hepatitis C in Egypt – past, present, and future (International Journal of General Medicine, 20 Dec 2016)	1	2016
	Capacity-building for countries in snail control to eliminate schistosomiasis	1	2018

Category	Document Name	No. of Documents	Date of Document
	Egypt country office highlights World Leprosy Day on social media	1	2018
	Egypt's deworming campaign targets 2 million school-age children	1	2016
	Health care workers trained on leprosy control and treatment	1	2017?
	Launch of third national soil transmitted helminths deworming campaign for school-age children in Egypt	1	2017
	Programme areas	1	n.d.
	Screening campaign aims to eliminate leprosy in Egypt	1	2018
	Vector-borne diseases	1	n.d.
	Egypt leverages domestic funding to eliminate schistosomiasis	1	2016
	Egypt: first country in Eastern Mediterranean region to eliminate lymphatic filariasis	1	2018
	Fighting NTDs in Egypt	1	n.d.
	Deworming campaigns	1	n.d.
	Mapping of Schistosoma mansoni in the Nile Delta, Egypt: Assessment of the prevalence by the circulating cathodic antigen urine assay Acta Trop. 2017 Mar;167:9-17. doi: 10.1016/j.actatropica.2016.11.038. Epub 2016 Dec 11.	1	2016
	Country Cooperation Strategy – at a glance	1	2018
	Health Profile 2015 Egypt	1	2016
	WHO Website: PC Portal	1	
Peru	WHO Peru Country Cooperation Strategy 2014-19	1	2014
	Country Profile: Leishmaniasis	1	2017
Philippines	Informal Consultation on Post-elimination Surveillance of Neglected Tropical Diseases (2017)	1	2017
	Addressing Diseases of Poverty An Initiative to Reduce the Unacceptable Burden of Neglected Tropical Diseases in the Asia Pacific Region	1	2014
	Country Cooperation Strategy - Brief	1	2017
	Department of Health into the Philippine Health Agenda 2016–2022	1	2016
	New approach for strengthening data collection systems using smartphones - Presentation	1	n.d.
	20151228 PHL BMGF MIS proposal_28 December 2015	1	2015
	NTDMIS GRAND PIR	1	2018
	2019-2025 Strategic Plan towards Interruption of SCH Infection Transmission in the Philippines (SCH-CEP Assessment and Strategic Plan v7_WAP)	1	n.d.
	WHA60.13 Control of Leishmaniasis	1	2007

Category	Document Name	No. of Documents	Date of Document
	WHO Website – NTD and Leishmaniasis sites	various	
India	Guidelines for Sparsh Leprosy Awareness Campaign, Government of India	1	2018
	Training Manual for Medical Officers, Leprosy	1	2013
	Revised Operational Guideline, Leprosy Case Detection Campaign	1	2016
	Field Guide for Case Search in Kala-azar Elimination Program, Government of India	1	2017
	First National Accelerated Plan for Kala-azar, Government of India	1	2017
	Kala-azar Outbreak Response Guidelines in India (WHO) Draft June 2017	1	2018
	National Guidelines for Transmission Assessment Survey for District and State Level Health Officials, Government of India	1	2013
	Operational Guidelines on Kala-azar Elimination in India - 2015	1	2015
	National Accelerated Plan for LF 2018	1	2018
	National Roadmap for Kala-azar Elimination	1	2014
Leishmaniasis	Accelerating Work to Overcome the Global Impact of NTDs: A Roadmap for Implementation	1	2012
	Fourth World Report	1	2017
	EMRO NTD Booklet	1	
	6th World Congress on Leishmaniasis: Abstracts Book	1	2017
	WER 9122 Leishmaniasis in high-burden countries: an epidemiological update based on data reported in 2014	1	2014
	WER 9340 Surveillance of Leishmaniasis in the WHO European Region, 2016	1	2017
	WER 9340 Global Leishmaniasis surveillance update 1998-2016	1	2017
	WHO Technical Report Series 949: Control of the Leishmaniases (2010)	1	2010
	WHO-CDS-NTD-IDM-2018.10-eng	1	2017
	Epidemiological Report of the Americas: Leishmaniasis Report 6	1	2018
	Prevention, Diagnosis and Treatment of VL in Kenya: National Guidelines for Health workers,	1	2017
	Guideline for Diagnosis, Treatment and Prevention of Leishmaniasis in Ethiopia	1	2013
	Guidelines for diagnosis, treatment and prevention of visceral leishmaniasis in South Sudan	1	n.d.
	Guide for the Monitoring and Evaluation of Case	1	2015

Category	Document Name	No. of Documents	Date of Document
	Management NTD Control Programmes		
	Manual on the Integrated Management of Five NTDs (for peripheral level health workers)	1	2015
	Guide for Integrated Supervision of Peripheral Health Centre Workers on Case Management of NTDs	1	2015
	Report of Health Workers Training on Diagnosis, Case Management by use of Combination Therapy and Ambisome, Prevention and Control of VL, MOH Kenya	1	2018
	Specialisation Management of Skin NTDs, WHO and UOC	1	
	Manual for case management of cutaneous leishmaniasis in the WHO Eastern Mediterranean Region	1	2014
	SEARO Regional Strategy for Kala-azar 2011-15	1	2011
	Plan of Action for the Elimination of Neglected Infectious Diseases and Post-elimination Actions 2016-2022 (Document CD55/15).	1	2015
	Field Guide for Case Search in Kala-azar Elimination Program, Gol	1	2017
	First National Accelerated Plan for Kala-azar, Gol	1	2017
	Kala-azar Outbreak Response Guidelines in India (WHO) Draft June 2017	1	2018
	Operational Guidelines on Kala-azar Elimination in India - 2015	1	2015
LF	Update on the Global Status of Implementation of Preventive Chemotherapy	1	2019
	Update on the Global Status of the Donation Managed by WHO of the Medicines for Preventive Chemotherapy	1	2019
	Lymphatic filariasis: Progress report 2000–2009 and strategic plan 2010–2020	1	2010
	PAHO 18th Regional LF Elimination Program Managers' Meeting	1	2018
	Integrating NTDs into Global Health and Development: Fourth World Report	1	2017
	Global Programme to Eliminate Lymphatic Filariasis - SEAR Programme Managers Meeting	1	2018
	Eighth Meeting of the Global Alliance to Eliminate LF (GAELF)	1	2014
	Eighth NTD-STAG Global Working Group Meeting on Monitoring and Evaluation of NTDs	1	2017
	Validation of Elimination of Lymphatic Filariasis as a Public Health Problem	1	2017
	Guideline - Alternative MDA Regimens to Eliminate LF	1	2017
	Transmission Assessment Survey	1	

Category	Document Name	No. of Documents	Date of Document
	PC Data Portal	various	
	Global Programme to Eliminate Lymphatic Filariasis (GPELF)	1	
	Fact Sheet On LF	1	
	Way Forward: Acting on Recommendations and Lessons Learnt	1	
	Lymphatic filariasis	1	
	Requesting donated NTD medicines for PC and reporting their use	1	
	Morbidity Management and Disability Prevention	1	
	WHA50.29	1	1997
	Neglected Tropical Diseases: Epidemiology and Global Burden	1	2017
	“Test and not treat” for onchocerciasis control in a loa endemic area	1	2017
Schistosomiasis	Accelerating Work to Overcome the Global Impact of NTDs: A Roadmap for Implementation	1	2012
	WPR/RC69/5 – Regional Action Framework for Control and Elimination of NTDs in the Western Pacific	1	2017
	CD55-15-e PAHO Plan of Action for the Elimination of Neglected Infectious Diseases and Post Elimination Actions 2016-2022	1	July 2016
	EMRO NTD Booklet	1	
	EMRO PBPA PA 1.4 2016-17	1	2017
	Eliminating schistosomiasis via MDAs & improved water sanitation and hygiene (2017) WPRO	1	2017
	Expert Consultation to accelerate elimination of Asian Schistosomiasis, May 2017 (RS/2017/GE/36	1	2017
	Poster: Egypt, Schistosomiasis infographic	1	n.d.
	WER 9249: Schistosomiasis and soil-transmitted helminthiases: number of people treated in 2016	1	2017
	WER 9350 Schistosomiasis and soil-transmitted helminthiases: number of people treated in 2017	1	2018
	SCH-CEP Assessment and Strategic Plan v7_WAP – Philippines	1	n.d.
	Schisto Strategic Plan 2012-20	1	2013
	Seventh meeting of the Working Group on Monitoring NTD Drug Efficacy	1	2018
	AFRO Presentation: 10.6. Schistosomiasis REV AGD	1	2018
	FGS Atlas	1	2017
	FGS Poster	1	2017
STH	Accelerating Work to Overcome the Global Impact of NTDs: A Roadmap for Implementation	1	2012

Category	Document Name	No. of Documents	Date of Document
	School enrolment in Zanzibar linked to children's age and helminth infections Tropical Medicine and International Health Volume 6, number 3, March 2001	1	March 2001
	Extending anthelmintic coverage to non-enrolled school-age children using a simple low cost method Tropical Medicine and International Health Volume 6, number 7	1	July 2001
	Preventive chemotherapy to control STH averted more than 500 000 DALYs in 2015 Trans R Soc Trop Med Hyg 2018; 00; 1-7	1	2018
	Schistosomiasis and soil-transmitted helminthiasis: number of people treated in 2016, 8 DECEMBER 2017, 92th YEAR No 49, 2017, 92, 749–760	1	2017
	Schistosomiasis and soil-transmitted helminthiasis: number of people treated in 2017; 14 DECEMBER 2018, 93th YEAR No 50, 2018, 93, 681–692	1	2018
	Action Against Worms (January 2006, Issue 6)	1	2006
	Action Against Worms (February 2007, Issue 8)	1	2006
	How to add deworming to vitamin A distribution	1	2004
	Helminth control in school-age children: A guide for managers of control programmes	1	2011
	Deworming infants, children and women for better health	1	?
	WHA 54.19 Schistosomiasis and soil-transmitted helminth infections	1	2001
	Seventh meeting of the Working Group on Monitoring of Neglected Tropical Diseases Drug Efficacy Geneva, 26–27 February 2018	1	2018
	Crossing the Billion. Preventive chemotherapy for neglected tropical diseases Lymphatic filariasis, onchocerciasis, schistosomiasis, soil-transmitted helminthiasis and trachoma	1	2017
	Markov model predicts changes in STH prevalence during control activities even with a reduced amount of baseline information	1	2016
	Schistosomiasis and soil-transmitted helminthiasis: number of people treated in 2015 9 DECEMBER 2016, 91th YEAR Nos. 49/50, 2016, 91, 585–600	1	
	Assessing The Epidemiology Of Soil-Transmitted Helminths During A Transmission Assessment Survey In The Global Programme For The Elimination Of Lymphatic Filariasis	1	2015

Category	Document Name	No. of Documents	Date of Document
	Methodological Bias Can Lead the Cochrane Collaboration to Irrelevance in Public Health Decision-Making, PLOS, Neglected Tropical Disease 9 (10), October 22, 2015	1	2015
	Assessment of Anthelmintic Efficacy of Mebendazole in School Children in Six Countries Where Soil-Transmitted Helminths Are Endemic Plos Negl Trop Dis 8(10): e3204	1	2014
	WHO recommends large-scale deworming to improve children's health and nutrition	1	2017
	STH infections https://www.who.int/news-room/fact-sheets/detail/soil-transmitted-helminth-infections	1	Updated Feb 2018
	STH data and statistics https://www.who.int/gho/neglected_diseases/soil_transmitted_helminthiases/en/	1	
	Neglected disease research and development: reaching new heights (G-Finder)	1	2018
	Integrating NTDs into Global Health and Development (4th WHO report on NTDs) https://www.who.int/neglected_diseases/resources/9789241565448/en/	1	2017
	Reaching a Billion: Ending NTD: A gateway to UHC (5th progress report on the London Declaration on NTDs)	1	2018?
	Reaching girls and women of reproductive age with deworming	1	2017
	Preventive Chemotherapy to Control STH infections in at-Risk Population Groups	1	2017
	Investigating the Effectiveness of Current and Modified World Health Organization Guidelines for the Control of Soil-Transmitted Helminth Infections Clinical Infectious Diseases® 2018;66(S4):S253–9	1	2018
	Framework for control and prevention of soil-transmitted helminthiases in the WHO European Region 2016–2020	1	2017
	Total	140	Plus websites

Annex F: WHO Internal Survey Report

WHO Internal Survey Report

Terms / Definitions:

- a. Few: Few is used when less than 20% of participants have responded with similar answers. The sentiment of the response was articulated by these participants but not by other participants.
- b. Some: Some is used when more than 20% but significantly fewer than 50% of participants responded with similar answers.
- c. A Majority: A majority is used when more than 50% but fewer than 75% of the participants responded with similar answers.
- d. Most: Most is used when more than 75% of the participants responded with similar answers.
- e. Vast Majority: Vast majority is used when nearly all participants responded with similar answers, but several had differing views.
- f. Unanimous / Almost All: Unanimous or almost all are used when all participants gave similar answers or when the vast majority of participants gave similar answers and the remaining few declined to comment on the issue in question.

Demographics

Response rate

The WHO Evaluation Office emailed the internal survey on behalf of TDV Global to WHO country, regional and HQ staff. In total, 210 WHO staff were contacted, and the survey received 133 responses giving a response rate of 63.6% and a survey completion rate of 77%.

The internal survey was open for a total of 25 days with two reminder emails and one deadline extension.

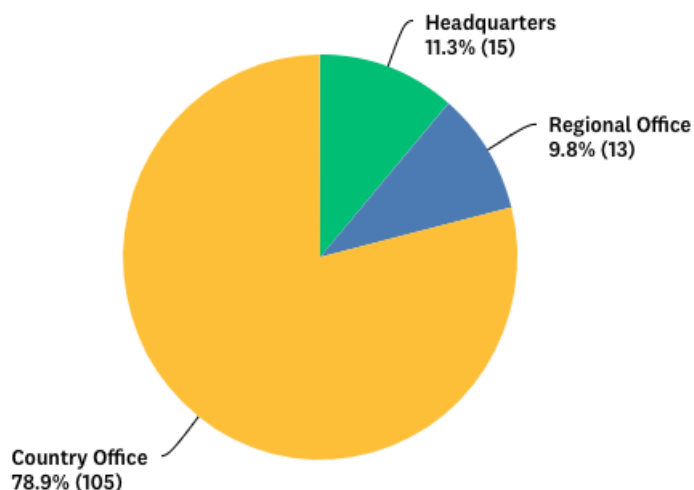
Survey	Date
Open survey	November 20, 2018
Reminder 1	November 30, 2018
Reminder 2 (deadline extension)	December 7, 2018
Close survey	December 14, 2018

WHO level

Q: At what level of WHO do you work?

Most of the WHO staff who responded to the survey were from country offices (78.9% n=105). WHO staff at headquarters made up 11.3% (n=15) of survey respondents and 9.8% (n=13) were from a regional office.

Figure 1: Respondent WHO region

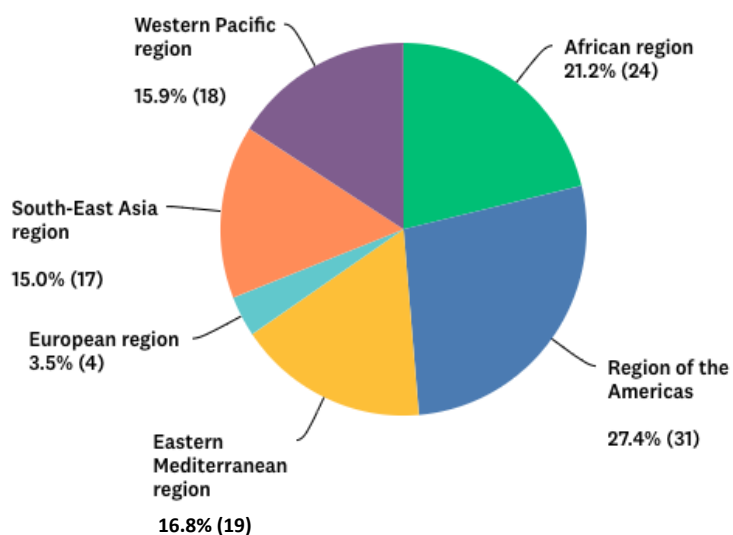


WHO Region

Q: In which WHO region is your country located?

Out of 133 WHO staff, the region of the Americas had the most respondents with 27.4% (n=31), followed by the African region with 21.2% (n=24). The Eastern Mediterranean region (16.8%, n=19) and Western Pacific region (15.9%, n=18) and South-East Asia region (15.0%, n=17) were nearly equal in number of respondents. 3.5% (n=4) of WHO staff were from the European region.

Figure 2: WHO region



Involvement in NTDs at WHO

Q: How long have you been involved in the area of NTDs at WHO?

Over one third (36.2%, n=46) of WHO staff reported having been involved in field of NTD for more than 6 years, while 15% (n=19) have been involved for more than 4 but less than 6 years, 22% (n=28) have been involved for more than 2 but less than 4 years. The number of staff that have been involved with NTDs at WHO for 1 to 2 years (13.4%, n=17) was the same number as those that have worked in the field for less than one year.

Table 1: Years involved in NTD

ANSWER CHOICES	RESPONSES	
▼ Less than one year	13.4%	17
▼ Between 1 year and 2 years	13.4%	17
▼ More than 2 years but less than 4 years	22.0%	28
▼ More than 4 years but less than 6 years	15.0%	19
▼ Greater than 6 years	36.2%	46
TOTAL		127

Findings: Comparison to indicators

Criteria 1: Relevance

1. To what extent was WHO Secretariat's programme to increase and sustain a) access to essential medicines and b) control interventions relevant?

1.1. To what extent was the program designed to address the identified needs?	1.1.i) Consistency of stakeholder needs with WHO NTD Programme activities (research, norms/standards/guidance, policy, technical support for HR, generate data/monitor health trends, leadership), outputs and outcomes (Q4, Q5, Q6)
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Summary Findings

Needs addressed:

- Out of 116 respondents, the majority view was that the WHO NTD Programme *mostly* or *completely* addressed Member States' needs with 72.4% (n=84) at country, 70.7% (n=82) at regional and 66.4% (n=77) at global level.
- The products and services that were highly rated as *mostly* or *completely* addressing Member States' needs were: 1) the **provision of essential medicines** (89.7%, n=104), 2) **norms, standards and guidelines** (87%, n=101), and 3) **policy options** (75%, n=87).
- WHO staff had a similar consensus with **trainings, seminars and conferences** (62.9%, n=73) and **advocacy materials, partnerships and strategies** (61.2%, n=71) which they reported to have been addressed *mostly* or *completely*. 30.2% (n=35) felt that training needs were *somewhat* addressed and 28.4% (n=33) thought advocacy material needs were *somewhat* addressed.
- Over half felt that **research publications** (56.1%, n=65) had addressed MS needs *mostly* or *completely*. Opinions were more split further down the spectrum as 22.4% (n=26) reported that it *somewhat* addressed MS needs and a few (16.4%, n=19) thought it addressed needs *to a minor extent* or *not at all*.
- Over half also reported that the need for **information systems, surveillance and reports** (56.7%, n= 65) had been addressed *mostly* or *completely* and over one third (34.5%, n= 40) felt that it was *somewhat* addressed.
- Just under half (49.2%, n=57) of WHO NTD staff thought that the needs for **operational/implementation research** was *mostly* or *completely* addressed and 30.2% (n=35) thought it was *somewhat* addressed. A few (14.7%, n=17) however thought it was addressed *to a minor extent* or *not at all*.
- Most WHO staff surveyed (83.6%, n=97) thought that the WHO NTD Programme was *mostly* or *completely* designed to increase and sustain access to essential medicines.
- A majority (73.3%, n=131) of respondents felt that the WHO NTD Programme was *mostly* or *completely* designed to increase and sustain access to control interventions, while 20.7% (n=24) reported this was *somewhat* the case.

Survey Question	Findings
Q4: In your opinion, to what extent was the WHO NTD Programme designed to address the needs of Member States at the country, regional, and global level?	<p>Out of 116 respondents, the majority view was that the WHO NTD Programme <i>mostly</i> or <i>completely</i> addressed Member States' needs with 72.4% (n=84) at country, 70.7% (n=82) at regional and 66.4% (n=77) at global level.</p> <p>Nearly a one fifth (19%, n=22) felt that country needs were <i>somewhat</i> met, with 18.1% (n=21) at the regional level, and 19% (n=22) at the global level.</p>

Table 2: Needs of Member States addressed

	1 = NOT AT ALL	2 = TO A MINOR EXTENT	3 = SOMEWHAT	4 = MOSTLY	5 = COMPLETELY	DON'T KNOW / NOT APPLICABLE	TOTAL	WEIGHTED AVERAGE
a) Country level	1.7% 2	6.0% 7	19.0% 22	45.7% 53	26.7% 31	0.9% 1	116	3.90
b) Regional level	0.0% 0	1.7% 2	18.1% 21	44.8% 52	25.9% 30	9.5% 11	116	4.05
c) Global level	0.0% 0	0.9% 1	19.0% 22	37.1% 43	29.3% 34	13.8% 16	116	4.10

Survey Question	Findings
Q5: In your opinion, to what extent did the following products and services of the WHO NTD Programme address the needs Member States related to NTDs?	<p>a) Provision of essential medicines: Most (89.7%, n=104) of WHO staff surveyed, reported this need to be <i>mostly</i> or <i>completely</i> addressed.</p> <p>b) Norms, standards, guidelines developed, published and disseminated: 87% (n=101) respondents felt this was <i>mostly</i> or <i>completely</i> addressed.</p> <p>c) Policy options developed, published and disseminated: 75% (n=87) of WHO NTD staff surveyed felt this was <i>mostly</i> or <i>completely</i> addressed and 19.8% (n=23) reported this was <i>somewhat</i> addressed.</p> <p>d) Research publications developed, published and disseminated: 56.1% (n=65) thought this need to be <i>mostly</i> or <i>completely</i> addressed, one fifth (22.4%, n=26) reported this <i>somewhat</i> addressed MS needs and a few (16.4%, n=19) thought this was addressed <i>to a minor extent</i> or <i>not at all</i>.</p> <p>e) Operational/implementation research identified, supported or advocated: Just under half (49.2%, n=57) of WHO NTD staff felt this need was <i>mostly</i> or <i>completely</i> addressed and 30.2% (n=35) thought it was <i>somewhat</i> addressed. A few 14.7%, n=17) thought this was addressed <i>to a minor extent</i> or <i>not at all</i> addressed.</p> <p>f) Training, seminars, conferences: 62.9% (n=73) of the respondents agreed</p>

	<p>that training needs were <i>mostly</i> or <i>completely</i> addressed. 30.2% (n=35) felt that the needs were <i>somewhat</i> addressed.</p> <p>g) Advocacy materials, partnerships formed, strategies developed: 61.2% (n=71) thought this need to be <i>mostly</i> or <i>completely</i> addressed and 28.4% (n=33) thought this was <i>somewhat</i> addressed.</p> <p>h) Information systems, surveillance and reports produced: 56.7% (n= 65) of WHO NTD staff felt this need was <i>mostly</i> or <i>completely</i> addressed and over one third (34.5%, n= 40) felt that the need was <i>somewhat</i> addressed.</p>
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Table 3: How did the products and services address needs of member States?

	1 = NOT AT ALL	2 = TO A MINOR EXTENT	3 = SOMEWHAT	4 = MOSTLY	5 = COMPLETELY	DON'T KNOW / NOT APPLICABLE	TOTAL
▼ a) provision of essential medicines	0.0% 0	0.9% 1	7.8% 9	44.0% 51	45.7% 53	1.7% 2	116
▼ b) norms, standards and guidelines developed, published and disseminated	0.0% 0	0.9% 1	10.3% 12	53.4% 62	33.6% 39	1.7% 2	116
▼ c) policy options developed, published and disseminated	0.9% 1	1.7% 2	19.8% 23	46.6% 54	28.4% 33	2.6% 3	116
▼ d) research publications developed, published and disseminated	2.6% 3	13.8% 16	22.4% 26	44.0% 51	12.1% 14	5.2% 6	116
▼ e) operations/implementation research identified, supported or advocated	0.9% 1	13.8% 16	30.2% 35	37.1% 43	12.1% 14	6.0% 7	116
▼ f) training, seminars/conferences, advice, tools accessed by stakeholders	0.9% 1	3.4% 4	30.2% 35	40.5% 47	22.4% 26	2.6% 3	116
▼ g) advocacy materials, partnerships formed, strategies developed and implemented (and medicines)	0.0% 0	6.9% 8	28.4% 33	43.1% 50	18.1% 21	3.4% 4	116
▼ h) information systems, surveillance and reports produced monitoring NTDs	0.9% 1	5.2% 6	34.5% 40	41.4% 48	14.7% 17	3.4% 4	116

Survey Question	Findings
6: In your opinion, to what extent do you feel that the WHO NTD Programme was designed to meet the following outcomes:	
6a: increase and sustain access to essential medicines?	83.6% (n=97) of the WHO staff surveyed thought that the WHO NTD Programme was <i>mostly</i> or <i>completely</i> designed to increase and sustain access to essential medicines.
6b: increase and sustain access to control interventions?	73.3% (n=131) of respondents felt that the WHO NTD Programme was <i>mostly</i> or <i>completely</i> designed to increase and sustain access to control interventions, while 20.7% (n=24) reported this was <i>somewhat</i> the case.

Table 4: Extent to which the WHO NTD Programme was designed to meet the following outcomes

	1 = NOT AT ALL	2 = TO A MINOR EXTENT	3 = SOMEWHAT	4 = MOSTLY	5 = COMPLETELY	DON'T KNOW / NOT APPLICABLE	TOTAL	WEIGHTED AVERAGE
▼ a) increase and sustain access to essential medicines?	0.0% 0	0.0% 0	15.5% 18	51.7% 60	31.9% 37	0.9% 1	116	4.17
▼ b) increase and sustain access to control interventions?	0.0% 0	3.4% 4	20.7% 24	46.6% 54	26.7% 31	2.6% 3	116	3.99

1.2 To what extent are the needs continuing? What, if any, significant changes have occurred in the NTD environment?	1.2.i) Identification of changes in context that impact stakeholder needs
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Summary Findings
See findings below.

Survey Question	Findings
Q8: What are the gaps between what the WHO NTD Programme is delivering and the needs of programme beneficiaries?	<p>75 qualitative responses</p> <ul style="list-style-type: none"> • The most frequent comments concerned the need for more financial resources available at country level to support the implementation of NTD interventions. • WHO staff specifically mentioned a lack of capacity at country level with regards to skills, implementation, knowledge of global policies, quality assurance of data and reporting, and developing indicators. • Frequently stated was a weakness in political advocacy from the WHO NTD Programme to the countries and their internal/local levels. It was reported that with this lack of advocacy, countries will lose momentum and decrease resources once an elimination target has been achieved. • Commonly reported gaps included the reach of vulnerable populations. One respondent stated that there are: “no deliberate efforts or resources availed to explore and implement differential strategies to ensure the most marginalized were/are reached.” • Many respondents stated the need for the WHO NTD Programme to integrate into the health care system networks to improve access for beneficiaries. • Also commonly reported was a lack of human resources as a national counterpart is not always available to implement interventions, and if they are available then usually, they are working on multiple other non-NTD health programmes. • The need for operational research was mentioned frequently in order to improve the implementation of control or elimination programs by identifying gaps and challenges at country level • A few mentioned that more work needed to be done to strengthen the post validation surveillance system so that countries could be able to detect, identify, and manage NTD cases in their own territory.

Criteria 2: Effectiveness – Development and Delivery of Products and Services

3. To what extent were the main results of the WHO Secretariat met, at its three levels, in terms of increasing and sustaining access to essential medicines and control interventions for NTDs?

<p>3.1 To what extent have activities been conducted and produced products and services as planned? At HQ, RO, and CO?</p>	<p>3.1.i) Extent of provision of essential medicines. 3.1.ii) Extent to which norms, standards and guidelines have been developed, published and disseminated 3.1.iii) Extent to which policy options have been developed, published and disseminated 3.1.iv) Extent to which the research publications have been developed, published and disseminated 3.1.v) Extent to which training, seminars/conferences, advice, tools have been provided 3.1.vi) Extent to which advocacy materials, partnerships formed, strategies developed and implemented 3.1.vii) Extent to which there are information systems, surveillance and reports produced monitoring NTDs (Q9)</p>
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Summary Findings

Products and services developed:

- WHO NTD staff felt most strongly about the following products and services that were reported to be *mostly* or *completely* developed:
 - Norms, standards and guidelines (84.1% (n=95))
 - Provision of essential medicines (80.8%, n=91)
 - Policy options (75.3%, n=85)
- 63.7% (n=73) reported that **training, seminars, conferences** were *mostly* or *completely* developed and 28.3% (n=32) felt that this service was *somewhat* developed.
- Over half of respondents thought that both **advocacy materials, partnerships and strategies** (57.5%, n=65) and **information systems, surveillance and reports** (54.9%, n=62) were *mostly* or *completely* developed. 32.7% (n=37) felt that this was *somewhat* developed for the former and 38.1% (n=43) felt so for the latter.
- Less than half the NTD staff (48.6%, n=55) reported that **research publications** were *mostly* or *completely* developed and over one third (34.5%, n=39) thought they were developed *somewhat*. 10.6% (n=12) however felt that they were only developed *to a minor extent*.
- A bit more lacking in development was the area of **operational/implementation research**, 35.4% (n=40) thought that they were *somewhat*, followed closely by 32.7% (n=37) who felt this was *mostly* developed. However, 12.4% (n=14) believed that it was developed *to a minor extent* or *not at all* developed.

Survey Question	Findings
<p>Q9: To what extent did the WHO NTD Programme <u>develop</u> the following products and services?</p>	<p>a) Provision of essential medicines: Most (80.8%, n=91) of the WHO NTD staff surveyed reported that this service was <i>mostly</i> or <i>completely</i> developed.</p> <p>b) Norms, standards, guidelines developed, published and disseminated: Most 84.1% (n=95) of respondents felt that norms, standards and guidelines were <i>mostly</i> or <i>completely</i> developed.</p> <p>c) Policy options developed, published and disseminated: 75.3% (n=85) of WHO NTD staff thought that this was <i>mostly</i> or <i>completely</i> developed as planned. One fifth of staff reported that policy options were <i>somewhat</i> (20.4%, n=23) developed.</p> <p>d) Research publications developed, published and disseminated: Less than half the NTD staff (48.6%, n=55) reported that research publications were <i>mostly</i> or <i>completely</i> developed and over one third (34.5%, n=39) thought they were developed <i>somewhat</i>. 10.6% (n=12) however felt that they were only developed <i>to a minor extent</i>.</p> <p>e) Operational/implementation research identified, supported or advocated: A bit more lacking in development was the area of operational/implementation research, 35.4% (n=40) thought that they were <i>somewhat</i>, followed closely by 32.7% (n=37) who felt this was <i>mostly</i> developed. However, 12.4% (n=14) believed that it was developed <i>to a minor extent</i> or <i>not at all</i> developed.</p> <p>f) Training, seminars, conferences 63.7%, n=73) reported that training was <i>mostly</i> or <i>completely</i> developed and 28.3% (n=32) felt that this area was <i>somewhat</i> developed.</p> <p>g) Advocacy materials, partnerships formed, strategies developed: Over half (57.5%, n=65) of the survey respondents thought that this was <i>mostly</i> or <i>completely</i> developed, while 32.7% (n=37) felt that this was <i>somewhat</i> developed.</p> <p>h) Information systems, surveillance and reports produced: Over half (54.9%, n=62) of WHO staff reported that this was <i>mostly</i> or <i>completely</i> developed, while 38.1% (n=43) felt that this was <i>somewhat</i> developed.</p>

Table 5: Extent to which products and services were developed

	1 = NOT AT ALL	2 = TO A MINOR EXTENT	3 = SOMEWHAT	4 = MOSTLY	5 = COMPLETELY	DON'T KNOW / NOT APPLICABLE	TOTAL
▼ a) provision of essential medicines	0.0% 0	1.8% 2	12.4% 14	44.2% 50	36.3% 41	5.3% 6	113
▼ b) norms, standards and guidelines developed, published and disseminated	0.0% 0	0.0% 0	12.4% 14	59.3% 67	24.8% 28	3.5% 4	113
▼ c) policy options developed, published and disseminated	0.0% 0	0.9% 1	20.4% 23	54.9% 62	20.4% 23	3.5% 4	113
▼ d) research publications developed, published and disseminated	0.9% 1	10.6% 12	34.5% 39	39.8% 45	8.8% 10	5.3% 6	113
▼ e) operations/implementation research identified, supported or advocated	0.9% 1	12.4% 14	35.4% 40	32.7% 37	10.6% 12	8.0% 9	113
▼ f) training, seminars/conferences, advice, tools accessed by stakeholders	0.0% 0	2.7% 3	28.3% 32	46.9% 53	17.7% 20	4.4% 5	113
▼ g) advocacy materials, partnerships formed, strategies developed and implemented (and medicines)	0.0% 0	4.4% 5	32.7% 37	46.9% 53	10.6% 12	5.3% 6	113
▼ h) information systems, surveillance and reports produced monitoring NTDs	0.0% 0	3.5% 4	38.1% 43	43.4% 49	11.5% 13	3.5% 4	113

3.2 To what extent did target audiences <u>access</u> products and services?	3.2.i) Extent WHO NTD Programme knowledge products and services are accessed (Q10)
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Summary Findings	
Accessibility <ul style="list-style-type: none"> The highest rated products/services of the WHO NTD Programme that were thought to be <i>mostly</i> or <i>completely</i> accessible to intended recipients were: <ul style="list-style-type: none"> the provision of essential medicines (78.8% (n=89) and norms, standards and guidelines (72.6% (n=82) Policy options were seen as <i>mostly</i> or <i>completely</i> accessible by a majority (64.6%, n=73) and over a quarter (26.5%, n=30) felt that policy options were <i>somewhat</i> accessible to recipients. Slightly over half (52.2%, n=59) of respondents <i>mostly</i> or <i>completely</i> agreed that trainings, seminars and conferences were accessible and 42.5% (n=48) reported they were <i>somewhat</i> accessible to users. Nearly half of survey respondents thought that advocacy materials, partnerships and strategies 49.5% (n=56) were <i>mostly</i> or <i>completely</i> accessible, while 38.9% (n=44) felt that this was <i>somewhat</i> accessible to key stakeholders. 47.8% (n=54) of staff agreed that information systems, surveillance and reports were <i>mostly</i> or <i>completely</i> accessible its users and 41.6% felt that it was <i>somewhat</i> accessible. Respondents mainly reported that research publications (42.5%, n=48) were only <i>somewhat</i> accessible to users. 35.4% (n=40) reported that research publications were <i>mostly</i> or <i>completely</i> accessible and 17.7% (n=20) thought that they were accessible <i>to a minor extent</i>. Operational/implementation research was also thought to be <i>somewhat</i> accessible (47.8%, n=54), and 36.2% (n=41) reported that it was <i>mostly</i> or <i>completely</i> accessible. However, 10.6% (n=12) of NTD staff reported that accessibility to users was <i>to a minor extent</i>. 	

Survey Question	Findings
Q10: In your opinion, to what extent were the following products and services of the WHO NTD programme <u>accessible</u> to its key intended recipients or stakeholders?	<p>a) Provision of essential medicines: Most of the NTD staff (78.8%, n=89) reported that essential medicines were <i>mostly</i> or <i>completely</i> accessible to recipients 16.8% (n=19) felt that they were <i>somewhat</i> accessible.</p> <p>b) Norms, standards, guidelines developed, published and disseminated: 72.6% (n=82) of respondents felt this was <i>mostly</i> or <i>completely</i> accessible to stakeholders, while 23% (n=26) reported that norms, standards and guidelines were <i>somewhat</i> accessible to users.</p> <p>c) Policy options developed, published and disseminated: At 64.6% (n=73) a majority of NTD staff felt that this was <i>mostly</i> or <i>completely</i> accessible and 26.5% (n=30) felt that policy options were <i>somewhat</i> accessible to recipients.</p> <p>d) Research publications developed, published and disseminated: 42.5%</p>

	<p>(n=48) of respondents generally thought that research publications were <i>somewhat</i> accessible to users, and 35.4% (n=40) reported that they were <i>mostly</i> or <i>completely</i> accessible. (17.7%, n=20) thought that they were <i>accessible to a minor extent</i>.</p> <p>e) Operational/implementation research identified, supported or advocated: 47.8% (n=54) felt that operational/implementation research was <i>somewhat</i> accessible to the intended recipients, and 36.2% (n=41) thought it was <i>mostly</i> or <i>completely</i> accessible. However, 10.6% (n=12) of NTD staff reported that accessibility to users was <i>to a minor extent</i>.</p> <p>f) Training, seminars, conferences: 52.2% (n=59) of NTD staff reported that trainings were <i>mostly</i> or <i>completely</i> accessible to its recipients and 42.5% (n=48) reported they were <i>somewhat</i> accessible to users.</p> <p>g) Advocacy materials, partnerships formed, strategies developed: 49.5% (n=56) of the survey respondents thought that this was <i>mostly</i> or <i>completely</i> accessible, while 38.9% (n=44) felt that this was <i>somewhat</i> accessible to key stakeholders.</p> <p>h) Information systems, surveillance and reports produced: 47.8% (n=54) of staff reported that this was <i>mostly</i> or <i>completely</i> accessible its users and 41.6% felt that it was <i>somewhat</i> accessible.</p>
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Table 6: Extent to which products and services were accessible

	1 = NOT AT ALL	2 = TO A MINOR EXTENT	3 = SOMEWHAT	4 = MOSTLY	5 = COMPLETELY	DON'T KNOW / NOT APPLICABLE	TOTAL
▼ a) provision of essential medicines	0.0% 0	0.9% 1	16.8% 19	43.4% 49	35.4% 40	3.5% 4	113
▼ b) norms, standards and guidelines developed, published and disseminated	0.0% 0	1.8% 2	23.0% 26	46.9% 53	25.7% 29	2.7% 3	113
▼ c) policy options developed, published and disseminated	0.0% 0	5.3% 6	26.5% 30	46.9% 53	17.7% 20	3.5% 4	113
▼ d) research publications developed, published and disseminated	0.9% 1	17.7% 20	42.5% 48	27.4% 31	8.0% 9	3.5% 4	113
▼ e) operations/implementation research identified, supported or advocated	0.9% 1	10.6% 12	47.8% 54	27.4% 31	8.8% 10	4.4% 5	113
▼ f) training, seminars/conferences, advice, tools accessed by stakeholders	0.0% 0	2.7% 3	42.5% 48	37.2% 42	15.0% 17	2.7% 3	113
▼ g) advocacy materials, partnerships formed, strategies developed and implemented (and medicines)	0.0% 0	8.0% 9	38.9% 44	38.9% 44	10.6% 12	3.5% 4	113
▼ h) information systems, surveillance and reports produced monitoring NTDs	0.0% 0	7.1% 8	41.6% 47	35.4% 40	12.4% 14	3.5% 4	113

3.3 To what extent did target audiences find products and services <u>useful</u> (timeliness, relevance, appropriate, usable)	3.3.i) Stakeholder perception on the quality of WHO NTD programme products and services (timeliness, relevance, appropriate, usable) (Q11-Q13)
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Summary Findings
<p>Usefulness</p> <ul style="list-style-type: none"> NTD products and services that were generally agreed upon as <i>mostly</i> or <i>completely</i> useful were: <ul style="list-style-type: none"> The provision of essential medicine (89.4%, n=101) Norms, standards and guidelines (85%, n=96) Policy options (78.8%, n=89) Trainings, seminars and conferences (74.3% (n=84) Staff similarly rated as <i>mostly</i> or <i>completely</i> useful: advocacy materials, partnerships and strategies (69%, n=78) and information systems, surveillance and reports (67.2%, n=76). One fifth (n=23) stated that advocacy materials were <i>somewhat</i> useful and one quarter (n=28) thought that information systems were <i>somewhat</i> useful. More than half (54.9% n=62) responded that research publications were <i>mostly</i> or <i>completely</i> useful to recipients while 30.1% (n=34) reported that they were <i>somewhat</i> useful. 53.1% (n=60) felt that operational/implementation research was <i>mostly</i> or <i>completely</i> useful to stakeholders and over one third (34.5% (n=39) felt this was <i>somewhat</i> useful. <p>Use</p> <ul style="list-style-type: none"> The following were generally agreed upon as being used <i>mostly</i> or <i>completely</i> by key recipients: <ul style="list-style-type: none"> The provision of essential medicines (84.9%, n=96) Norms, standards and guidelines (75.2%, n=85) 60.1% (n=68) of survey respondents thought that the NTD policy options were <i>mostly</i> or <i>completely</i> used by beneficiaries and 32.7% (n=37) reported that they were <i>somewhat</i> used. Over two thirds of staff (67.3%, n=76) reported that trainings, seminars and conferences were <i>mostly</i> or <i>completely</i> used by stakeholders and 27.4% (n=31) reported that they were <i>somewhat</i> used. Slightly over half (51.3%, n=58) of surveyed staff agreed that advocacy materials, partnerships and strategies were <i>mostly</i> or <i>completely</i> used by beneficiaries, while over one third (34.5%, n=39) thought that they <i>somewhat</i> used these. Less than half (47.8%, n=54) felt that information systems, surveillance and reports were <i>mostly</i> or <i>completely</i> used by stakeholders, while 38.1% (n=43) felt that they were only <i>somewhat</i> used. NTD staff reported most frequently reported that research publications were only <i>somewhat</i> (40.7%, n=46) used by stakeholders, while one quarter (25.7%, n=29) thought that they were <i>mostly</i> used and 14.2% (n=16) reported its use <i>to a minor extent</i> by stakeholders. Respondents most frequently reported that operational/implementation research was only <i>somewhat</i> (45.1%, n=51) used by stakeholders, while (36.3% (n=41) thought that they were <i>mostly</i> or <i>completely</i> used by stakeholders. <p>Further comments on development, accessibility, usefulness and use:</p>

- NTD staff widely mentioned the need for **adaptability** to the country level with regards to products and services. This was especially true for **translating** documents into Spanish and Portuguese or countries where English is not spoken by professionals.
- Frequent comments also pointed to the need for better **dissemination** of publications, tools as well as information regarding training courses available. Some asked for publications to be disseminated straight to the country office or suggested strengthening the information system.
- Low advocacy was specifically mentioned as an issue. Sustained **advocacy** was reported to be in need to make stakeholders and potential funders aware of the work that's been done
- Also mentioned but to a lesser extent was the gap in guidance for post-validation **surveillance** for diseases and guidelines being unclear for some NTDs (e.g., trachoma, scabies, yaws) or not addressing issues relevant at the country level.

Survey Question	Findings
Q11: In your opinion, to what extent were the following products and services of the WHO NTD programme <u>useful</u> to its key intended recipients or stakeholders?	<p>a) Provision of essential medicines: Almost all 89.4% (n=101) WHO NTD staff reported that the provision of essential medicines was <i>mostly</i> or <i>completely</i> useful to the recipients.</p> <p>b) Norms, standards, guidelines developed, published and disseminated: 85% (n=96) of staff felt these products were <i>mostly</i> or <i>completely</i> useful to users, while 11.5% (n=13) thought they were <i>somewhat</i> useful.</p> <p>c) Policy options developed, published and disseminated: Most of the staff surveyed (78.8%, n=89) felt that the NTD policy options were <i>mostly</i> or <i>completely</i> useful to stakeholders and 15% (n=17) reported that these products were <i>somewhat</i> useful.</p> <p>d) Research publications developed, published and disseminated: 54.9% (n=62) responded that research publications were <i>mostly</i> or <i>completely</i> useful to recipients while 30.1% (n=34) reported that they were <i>somewhat</i> useful.</p> <p>e) Operational/implementation research identified, supported or advocated: 53.1% (n=60) felt that operational/implementation research was <i>mostly</i> or <i>completely</i> useful to stakeholders and over one third (34.5% (n=39) felt this was <i>somewhat</i> useful.</p> <p>f) Training, seminars, conferences: A majority (74.3% (n=84) reported that trainings were <i>mostly</i> or <i>completely</i> useful to recipients and over one fifth (22.1%, n=25) thought that the trainings were <i>somewhat</i> useful.</p> <p>g) Advocacy materials, partnerships formed, strategies developed: 69% (n=78) of survey respondents thought that this was <i>mostly</i> or <i>completely</i> useful to recipients and 20.4% (n=23) felt that this was <i>somewhat</i> useful.</p> <p>h) Information systems, surveillance and reports produced: 67.2% (n=76) of NTD staff felt this was <i>mostly</i> or <i>completely</i> useful to key stakeholders, and</p>

	24.8% (n=28) thought it was <i>somewhat</i> useful to stakeholders.
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Table 7: Extent to which products and services were useful

	1 = NOT AT ALL	2 = TO A MINOR EXTENT	3 = SOMEWHAT	4 = MOSTLY	5 = COMPLETELY	DON'T KNOW / NOT APPLICABLE	TOTAL
▼ a) provision of essential medicines	0.9% 1	0.9% 1	6.2% 7	30.1% 34	59.3% 67	2.7% 3	113
▼ b) norms, standards and guidelines developed, published and disseminated	0.0% 0	1.8% 2	11.5% 13	43.4% 49	41.6% 47	1.8% 2	113
▼ c) policy options developed, published and disseminated	0.0% 0	3.5% 4	15.0% 17	46.9% 53	31.9% 36	2.7% 3	113
▼ d) research publications developed, published and disseminated	0.9% 1	8.0% 9	30.1% 34	36.3% 41	18.6% 21	6.2% 7	113
▼ e) operations/implementation research identified, supported or advocated	0.9% 1	5.3% 6	34.5% 39	33.6% 38	19.5% 22	6.2% 7	113
▼ f) training, seminars/conferences, advice, tools accessed by stakeholders	0.0% 0	1.8% 2	22.1% 25	40.7% 46	33.6% 38	1.8% 2	113
▼ g) advocacy materials, partnerships formed, strategies developed and implemented (and medicines)	0.0% 0	7.1% 8	20.4% 23	38.9% 44	30.1% 34	3.5% 4	113
▼ h) information systems, surveillance and reports produced monitoring NTDs	0.9% 1	4.4% 5	24.8% 28	38.9% 44	28.3% 32	2.7% 3	113

Survey Question	Findings
Q12: In your opinion, to what extent did stakeholders <u>use</u> the following products and services of the WHO NTD Programme?	<p>a) Provision of essential medicines: 84.9% (n=96) reported that the provision of essential medicines was <i>mostly</i> or <i>completely</i> used and 11.5% (n=13) reported this to be <i>somewhat</i> used by beneficiaries.</p> <p>b) Norms, standards, guidelines developed, published and disseminated: Most (75.2%, n=85) of the NTD staff reported that stakeholders used norms, standards and guidelines <i>mostly</i> or <i>completely</i> and 20.4% (n=23) reported that they were <i>somewhat</i> used by stakeholders.</p> <p>c) Policy options developed, published and disseminated: 60.1% (n=68) of survey respondents thought that the NTD policy options were <i>mostly</i> or <i>completely</i> used by beneficiaries and 32.7% (n=37) reported that they were <i>somewhat</i> used.</p> <p>d) Research publications developed, published and disseminated: NTD staff reported most frequently reported that research publications were <i>somewhat</i> (40.7%, n=46) used by stakeholders, while one quarter (25.7%, n=29) thought that they were <i>mostly</i> used and 14.2% (n=16) reported its use <i>to a minor extent</i> by stakeholders.</p> <p>e) Operational/implementation research identified, supported or advocated: NTD staff reported most frequently reported that operational/implementation research was <i>somewhat</i> (45.1%, n=51) used by stakeholders, while (36.3% (n=41) thought that they were <i>mostly</i> or <i>completely</i> used by stakeholders.</p> <p>f) Training, seminars, conferences: Over two thirds of staff (67.3%, n=76) felt that trainings, seminars and conferences were <i>mostly</i> or <i>completely</i> used by stakeholders and 27.4% (n=31) reported that they were <i>somewhat</i> used.</p> <p>g) Advocacy materials, partnerships formed, strategies developed: Slightly over half (51.3%, n=58) of the survey respondents thought that beneficiaries <i>mostly</i> or <i>completely</i> used these, while over one third (34.5%, n=39) thought that beneficiaries <i>somewhat</i> used these.</p> <p>h) Information systems, surveillance and reports produced: Less than half (47.8%, n=54) felt that this was used <i>mostly</i> or <i>completely</i> and 38.1% (n=43) felt that stakeholders used them <i>somewhat</i>.</p>

Table 8: Extent to which products and services were used

	1 = NOT AT ALL	2 = TO A MINOR EXTENT	3 = SOMEWHAT	4 = MOSTLY	5 = COMPLETELY	DON'T KNOW / NOT APPLICABLE	TOTAL
▼ a) provision of essential medicines	0.0% 0	0.0% 0	11.5% 13	33.6% 38	51.3% 58	3.5% 4	113
▼ b) norms, standards and guidelines developed, published and disseminated	0.0% 0	0.9% 1	20.4% 23	45.1% 51	30.1% 34	3.5% 4	113
▼ c) policy options developed, published and disseminated	0.0% 0	2.7% 3	32.7% 37	44.2% 50	15.9% 18	4.4% 5	113
▼ d) research publications developed, published and disseminated	0.0% 0	14.2% 16	40.7% 46	25.7% 29	11.5% 13	8.0% 9	113
▼ e) operations/implementation research identified, supported or advocated	0.9% 1	9.7% 11	45.1% 51	25.7% 29	10.6% 12	8.0% 9	113
▼ f) training, seminars/conferences, advice, tools accessed by stakeholders	0.0% 0	1.8% 2	27.4% 31	49.6% 56	17.7% 20	3.5% 4	113
▼ g) advocacy materials, partnerships formed, strategies developed and implemented (and medicines)	0.0% 0	8.0% 9	34.5% 39	38.9% 44	12.4% 14	6.2% 7	113
▼ h) information systems, surveillance and reports produced monitoring NTDs	0.0% 0	10.6% 12	38.1% 43	33.6% 38	14.2% 16	3.5% 4	113

Criteria 2: Effectiveness – Outcomes

Survey Question	Findings
Q13: If you would like to provide further comments on the development, accessibility, usefulness and use of the products and services of the WHO NTD Programme, please use the space below.	<p>42 qualitative responses</p> <ul style="list-style-type: none"> • NTD staff widely mentioned the need for adaptability to the country level with regards to products and services. This was especially true for translating documents into Spanish and Portuguese or countries where English is not spoken by professionals. • Frequent comments also pointed to the need for better dissemination of publications, tools as well as information regarding training courses available. Some asked for publications to be disseminated straight to the country office or suggested strengthening the information system. • Low advocacy was specifically mentioned as an issue. Sustained advocacy was reported to be in need to make stakeholders and potential funders aware of the work that's been done • Also mentioned but to a lesser extent was the gap in guidance for post-validation surveillance for diseases and guidelines being unclear for some NTDs (e.g., trachoma, scabies, yaws) or not addressing issues relevant at the country level.

3.4 To what extent was the implementation and monitoring of the WHO roadmap for NTDs facilitated?	3.4.ii) How did the WHO NTD Programme facilitate the implementation of the Roadmap? (Q16d)
3.5 To what extent was implementation and monitoring of NTD control interventions facilitated by evidence-based technical guidelines and support?	3.5.ii) How did technical guidelines developed by the WHO NTD Programme facilitate control interventions? (Q16a)
3.6 To what extent is there increased and sustained access to essential medicines for NTDs?	3.6.iii) Stakeholders' perspective on extent there is increased and sustained access to essential medicines for NTDs (Q16b)
3.8 To what extent is there increased and sustained access to NTD control interventions?	3.8.i) Stakeholders' perspectives on extent there is increased and sustained access to NTD control interventions (Q16c)

Summary Findings
<ul style="list-style-type: none"> • Slightly more than half (55.9%, n=61) <i>mostly</i> or <i>completely</i> agreed that the implementation and monitoring of the WHO Roadmap for NTDs was facilitated during 2014-17, while 31.5% (n=34) thought this was <i>somewhat</i> the case. • Evidence-based technical guidelines and support <i>mostly</i> or <i>completely</i> facilitated the implementation and monitoring of NTD control interventions according to 72.5% (n=79) of surveyed staff and (19.3%, n=21) thought this was <i>somewhat</i> true.

- As the highest rated outcome, 75.2% (n=82) felt that global access to essential medicines were increased and sustained *mostly or completely* during 2014-17
- 63.3% (n=69) agreed *mostly or completely* that global access to NTD control interventions were increased and sustained over the period of 2014-17 and nearly a quarter (24.8%, n=27) agreed with this *somewhat*.

Further comments:

- Responses varied and some NTD staff mentioned the implementation and monitoring of the WHO Roadmap has been different from one disease to the other. Several respondents thought that low country office **capacity** and high **turnover** was the reason for low implementation and monitoring.
- Some respondents felt that there continue to be strategic gaps in reaching goals because countries are not clear on what to do and that the Roadmap includes diseases such as taeniasis/cysticercosis, fascioliasis (foodborne trematode) that do not yet have clear guidelines and policies to implement the recommended strategies for their control and/or elimination.
- The lack of sufficient funds for program implementation was also mentioned.

Survey Question	Findings
Q16: In your opinion, as a result of the WHO NTD programme, to what extent:	
a) Has the global implementation and monitoring of NTD control interventions been facilitated by evidence- based technical guidelines and technical support?	72.5% (n=79) agreed with this <i>mostly or completely</i> and (19.3%, n=21) thought this was <i>somewhat</i> the case.
b) Has the global access to essential medicines been increased and sustained over the period of 2014-2017?	75.2% (n=82) agreed with this <i>mostly or completely</i> and 12.8% (n=14) thought this was <i>somewhat</i> the case.
c) Has the global access to neglected tropical disease control interventions been increased and sustained over the period of 2014- 2017?	63.3% (n=69) agreed with this <i>mostly or completely</i> and nearly a quarter (24.8%, n=27) thought this was <i>somewhat</i> the case.
d) Has the Implementation and monitoring of the WHO Roadmap for neglected tropical diseases been facilitated over the period 2014-2017?	55.9% (n=61) agreed with this <i>mostly or completely</i> and 31.5% (n=34) thought this was <i>somewhat</i> the case.

Table 9: Extent of effectiveness of outcomes

	1 = NOT AT ALL	2 = TO A MINOR EXTENT	3 = SOMEWHAT	4 = MOSTLY	5 = COMPLETELY	DON'T KNOW / NOT APPLICABLE	TOTAL
▼ a) Has the global implementation and monitoring of neglected tropical disease control interventions been facilitated by evidence-based technical guidelines and technical support?	0.0% 0	2.8% 3	19.3% 21	53.2% 58	19.3% 21	5.5% 6	109
▼ b) Has the global access to essential medicines been increased and sustained over the period of 2014-2017?	0.0% 0	1.8% 2	12.8% 14	42.2% 46	33.0% 36	10.1% 11	109
▼ c) Has the global access to neglected tropical disease control interventions been increased and sustained over the period of 2014-2017?	0.0% 0	2.8% 3	24.8% 27	45.9% 50	17.4% 19	9.2% 10	109
▼ d) Has the Implementation and monitoring of the WHO Roadmap for neglected tropical diseases been facilitated over the period 2014-2017?	0.9% 1	2.8% 3	31.2% 34	43.1% 47	12.8% 14	9.2% 10	109

Survey Question	Findings
<p>Q17: If you would like to provide further comments on your ratings above, please use the space below.</p>	<p>28 qualitative responses</p> <ul style="list-style-type: none"> • Responses varied and some NTD staff mentioned the implementation and monitoring of the WHO Roadmap has been different from one disease to the other. Several respondents thought that low country office capacity and high turnover was the reason for low implementation and monitoring. • Some respondents felt that there continue to be strategic gaps in reaching goals because countries are not clear on what to do and that the Roadmap includes diseases such as taeniasis/cysticercosis, fascioliasis (foodborne trematode) that do not yet have clear guidelines and policies to implement the recommended strategies for their control and/or elimination. • The lack of sufficient funds for program implementation was also mentioned.

Criteria 3: Efficiency – How economically resources/inputs are converted to products, services, outputs and results

6. How could the WHO Secretariat have contributed more efficiently to delivering key outputs?

6.1 Extent to which outputs and outcomes have been achieved at the lowest cost (Q18, Q19)	6.1.i) Cost of products and services 6.1.ii) Identification of cost saving measures implemented / not implemented 6.1.iii) Budget, versus resources mobilized versus expenditure
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Summary Findings
<ul style="list-style-type: none"> 69.2% (n=74) thought that financial resources at their budget centre had been efficiently managed <i>mostly or completely</i>. 52.4% (n=56) of NTD staff thought that the HR quantity and skill mix was <i>mostly or completely</i> adequate and 29.9% (n=32) thought this was <i>somewhat</i> the case. With regards to delays or limited capacity in terms of providing assistance to countries, some (41.1%, n=44) of NTD staff reported this occurred <i>to a minor extent</i> or <i>not at all</i>. 31.8% (n=34) felt that this was <i>somewhat</i> the case and 21.5% (n=23) thought that this was <i>mostly or completely</i> the case. 67.3% (n=72) agreed that there was <i>mostly or completely</i> adequate coordination and collaboration across the various NTD offices at their org level and 19.6% (n=21) thought this was <i>somewhat</i> the case. Slightly over half (53.3%, n=57) of NTD staff thought that there was <i>mostly or completely</i> adequate coordination and collaboration across the NTD offices involved across <i>other</i> organizational levels. 27.1% (n=29) felt it was <i>somewhat</i> adequate. 60.7% (n=65) reported that the WHO management tools <i>mostly or completely</i> adequate, while a quarter (n=27) thought they were <i>somewhat</i> adequate. 59.8% (n=64) of NTD staff thought that WHO <i>mostly or completely</i> leveraged external aid in support of the WHO NTD Programme, and 19.6% (n= 21) thought that they did so <i>somewhat</i>. 62.6% (n=67) reported that there was <i>mostly or completely</i> adequate coordination and collaboration with partners, and over one fifth (22.4%, n=24) thought this was <i>somewhat</i> adequate. <p>Areas for improvement:</p> <ul style="list-style-type: none"> The most frequently identified area for improvement with regards to efficiency of the programme was human resources at all levels but especially at country level. Staff noted that there are a very limited number of people in the NTD department to implement key activities. The lack of financial resources was often identified by surveyed NTD staff. Many brought up the need to improve communication between the three levels of WHO. Collaboration (intersectoral, partners, NGOs) was also an area that needed improvement but was not mentioned as frequently as the factors above.

Survey Question	Findings
Q18: In your opinion, to what extent:	
a) Have financial resources for the WHO NTD programme at your budget centre been efficiently managed?	69.2% (n=74) thought that financial resources at their budget centre had been efficiently managed <i>mostly</i> or <i>completely</i> and (15%, n=16) thought this was <i>somewhat</i> the case.
b) Were the human resources quantity and skill mix adequate?	52.4% (n=56) of NTD staff thought that the HR quantity and skill mix was <i>mostly</i> or <i>completely</i> adequate and 29.9% (n=32) thought this was <i>somewhat</i> the case.
c) Were there delays or limited capacity in terms of providing assistance to countries?	With regards to delays or limited capacity in terms of providing assistance to countries, some (41.1%, n=44) of NTD staff reported this occurred <i>to a minor extent</i> or <i>not at all</i> . 31.8% (n=34) felt that this was <i>somewhat</i> the case and 21.5% (n=23) thought that this was <i>mostly</i> or <i>completely</i> the case.
d) Was there adequate coordination and collaboration across the various offices involved in NTDs at <i>your</i> organizational level?	67.3% (n=72) agreed that there was <i>mostly</i> or <i>completely</i> adequate coordination and collaboration across the various NTD offices at their org level and 19.6% (n=21) thought this was <i>somewhat</i> the case.
e) Was there adequate coordination and collaboration across the various offices involved in NTDs across <i>other</i> organizational levels?	Slightly over half (53.3%, n=57) of respondents thought that there was <i>mostly</i> or <i>completely</i> adequate coordination and collaboration across the NTD offices involved across <i>other</i> organizational levels. 27.1% (n=29) felt it was <i>somewhat</i> adequate.
f) Were the WHO management tools adequate?	60.7% (n=65) reported that the WHO management tools <i>mostly</i> or <i>completely</i> adequate, while a quarter (n=27) thought they were <i>somewhat</i> adequate.
g) Did WHO leverage external aid in support of the WHO NTD Programme?	59.8% (n=64) of NTD staff thought that WHO <i>mostly</i> or <i>completely</i> leveraged external aid in support of the WHO NTD Programme, and 19.6% (n= 21) thought that they did so <i>somewhat</i> .
h) Was there adequate coordination and collaboration with partners?	62.6% (n=67) reported that there was <i>mostly</i> or <i>completely</i> adequate coordination and collaboration with partners, and over one fifth (22.4%, n=24) thought this was <i>somewhat</i> adequate.

Table 10: Efficiency of WHO NTD Programme

	1 = NOT AT ALL	2 = TO A MINOR EXTENT	3 = SOMEWHAT	4 = MOSTLY	5 = COMPLETELY	DON'T KNOW / NOT APPLICABLE	TOTAL
▼ a) Have financial resources for the WHO NTD programme at your budget centre been efficiently managed?	1.9% 2	3.7% 4	15.0% 16	42.1% 45	27.1% 29	10.3% 11	107
▼ b) Were the human resources quantity and skill mix adequate?	4.7% 5	8.4% 9	29.9% 32	39.3% 42	13.1% 14	4.7% 5	107
▼ c) Were there delays or limited capacity in terms of providing assistance to countries?	14.0% 15	27.1% 29	31.8% 34	19.6% 21	1.9% 2	5.6% 6	107
▼ d) Was there adequate coordination and collaboration across the various offices involved in NTDs at your organizational level?	1.9% 2	5.6% 6	19.6% 21	44.9% 48	22.4% 24	5.6% 6	107
▼ e) Was there adequate coordination and collaboration across the various offices involved in NTDs across other organizational levels?	2.8% 3	10.3% 11	27.1% 29	39.3% 42	14.0% 15	6.5% 7	107

▼ f) Were the WHO management tools adequate?	1.9% 2	4.7% 5	25.2% 27	49.5% 53	11.2% 12	7.5% 8	107
▼ g) Did WHO leverage external aid in support of the NTD programme?	3.7% 4	4.7% 5	19.6% 21	41.1% 44	18.7% 20	12.1% 13	107
▼ h) Was there adequate coordination and collaboration with partners?	0.0% 0	7.5% 8	22.4% 24	46.7% 50	15.9% 17	7.5% 8	107

Survey Question	Findings
Q19: Please identify areas for improvement.	<p>43 qualitative responses</p> <ul style="list-style-type: none"> • The most frequently identified area for improvement with regards to efficiency of the programme was human resources at all levels but especially at country level. Staff noted that there are a very limited number of people in the NTD department to implement key activities. • The lack of financial resources was often identified by surveyed NTD staff. • Many brought up the need to improve communication between the three levels of WHO. • Collaboration (intersectoral, partners, NGOs) was also an area that needed improvement but was not mentioned as frequently as the factors above.

Criteria 4: Lessons Learned – Best practices and areas for improvement for future programming

7. What have been the lessons learned, positive and negative, in the implementation of the Neglected Tropical Diseases Programme?

7.1 Extent to which there have been lessons learned	7.1.i) Identification of lessons learned (Q22, Q23, Q24)
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Summary Findings
<ul style="list-style-type: none"> The vast majority (83.6%, n=87) of surveyed staff reported that the WHO NTD Programme <i>mostly or completely</i> will have made an impact with increasing and sustaining access to essential medicines Most respondents (76.9%, n=80) thought that WHO NTD Programme <i>mostly or completely</i> will have made an impact with increasing and sustaining access to control interventions, and 18.3% (n=19) thought this was somewhat true. <p>Gaps or areas for improvement for WHO NTD Programme:</p> <ul style="list-style-type: none"> The most frequently identified gap/area for improvement was inadequate human resources and funding. For example, NTDs such as cutaneous leishmaniasis and yaws are devoid of funds, which are hampering their control. Some NTD staff also reported the need to increase access to integrated vector control for mosquito borne diseases and diagnostic tests. The need to strengthen the collaboration and coordination with the WASH programme was also mentioned as a high priority and support for action. <p>Best practices:</p> <ul style="list-style-type: none"> Reaching the poor and marginalized with the donation of essential medicines was the most frequently reported best practice of the WHO NTD Programme. Respondents also noted the programme's partnership and collaborations as a strong suit. Capacity building through training activities for national programs was another best practice.

Survey Question	Findings
Q22: In your opinion, to what extent do you feel that the WHO NTD programme will have made an impact with regards to:	
a) increasing and sustaining access to essential medicines?	83.6% (n=87) of surveyed staff reported that the WHO NTD Programme <i>mostly or completely</i> will have made an impact with increasing and sustaining access to essential medicines
b) increasing and sustaining access to	Most respondents (76.9%, n=80) thought that WHO NTD Programme <i>mostly or completely</i> will have made an impact with increasing and sustaining access to control interventions , and 18.3% (n=19) thought this

control interventions?	was somewhat true.
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Table 11: Impact of WHO NTD Programme

	1 = NOT AT ALL	2 = TO A MINOR EXTENT	3 = SOMEWHAT	4 = MOSTLY	5 = COMPLETELY	DON'T KNOW / NOT APPLICABLE	TOTAL
▼ a) increasing and sustaining access to essential medicines?	0.0% 0	1.0% 1	11.5% 12	47.1% 49	36.5% 38	3.8% 4	104
▼ b) increasing and sustaining access to control interventions?	0.0% 0	1.0% 1	18.3% 19	53.8% 56	23.1% 24	3.8% 4	104

Survey Question	Findings
Q23: In your opinion, what are the gaps or areas for improvement within the WHO NTD Programme?	<p>59 qualitative responses</p> <ul style="list-style-type: none"> The most frequently identified gap/area for improvement was inadequate human resources and funding. For example, NTDs such as cutaneous leishmaniasis and yaws are devoid of funds, which are hampering their control. Some NTD staff also reported the need to increase access to integrated vector control for mosquito borne diseases and diagnostic tests. The need to strengthen the collaboration and coordination with the WASH programme was also mentioned as a high priority and support for action.

Survey Question	Findings
Q24: In your opinion, what are the best practices regarding the WHO NTD Programme?	<p>54 qualitative responses</p> <ul style="list-style-type: none"> Reaching the poor and marginalized with the donation of essential medicines was the most frequently reported best practice of the WHO NTD Programme. Respondents also noted the programme's partnership and collaborations as a strong suit. Capacity building through training activities for national programs was another best practice.

Criteria 5: Sustainability – the continuation of benefits from an intervention after assistance is completed

8. To what extent are the results, including institutional changes, durable over time without continued funding?

8.1 To what extent are the outputs and outcomes from the activities that have occurred likely to be sustained at country level? At regional level? At global level?	8.1.i) Identification of sustained results at country level; regional level; global level (Q20 & Q21)
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Summary Findings	
<ul style="list-style-type: none"> WHO NTD staff that were surveyed tended to rate sustainability of results at the country level slightly higher than regional and global level. At country level, a majority (62.3%, n=66) of NTD staff felt that the products and services were <i>mostly</i> or <i>completely</i> likely to be sustainable over time, while 27.4% (n=29) thought this was <i>somewhat</i> the case. At the regional level, over half (55.6%, n=59) reported that the products and services were <i>mostly</i> or <i>completely</i> likely to be durable over time, and 20.8% (n=22) thought this <i>somewhat</i>. 17.9% (n=19) did not know. At the global level, 46.2% (n=49) of respondents felt that products and services were sustainable at the global level <i>mostly</i> or <i>completely</i>, and 27.4% (n=29) <i>did not know</i> and 23.6% (n=25) thought it was somewhat sustainable. <p>Comments on sustainability of products and services:</p> <ul style="list-style-type: none"> The continuation of the WHO NTD Programme outside the support of WHO and donor partners is a concern for many respondents. Some felt that if support stops, many Member States will be unlikely to make products and services sustainable. Note: this contradicts the quantitative data above, but this was the most common theme in the 29 responses. 	
Survey Question	Findings
20: To what extent are the products and services of the WHO NTD Programme likely to be durable over time at:	
20a: Country level?	<p>At country level, 62.3% (n=66) NTD staff felt that the products and services were <i>mostly</i> or <i>completely</i> likely to be sustainable over time, while 27.4% (n=29) thought this was <i>somewhat</i> the case.</p> <p>At the regional level, 55.6% (n=59) of reported that the products and services were <i>mostly</i> or <i>completely</i> likely to be durable over time, and 20.8% (n=22) thought this <i>somewhat</i>. 17.9% (n=19) did not know.</p> <p>At the global level, 46.2% (n=49) of respondents felt that products and services were sustainable at the global level <i>mostly</i> or <i>completely</i>, and 27.4% (n=29) <i>did not know</i> and 23.6% (n=25) thought it was somewhat sustainable.</p>
20b: Regional level?	
20c: Global level?	

Table 12: Sustainability of WHO NTD products and services

	1 = NOT AT ALL	2 = TO A MINOR EXTENT	3 = SOMEWHAT	4 = MOSTLY	5 = COMPLETELY	DON'T KNOW / NOT APPLICABLE	TOTAL
a) Country level	0.0% 0	4.7% 5	27.4% 29	50.0% 53	12.3% 13	5.7% 6	106
b) Regional level	0.0% 0	5.7% 6	20.8% 22	48.1% 51	7.5% 8	17.9% 19	106
c) Global level	0.0% 0	2.8% 3	23.6% 25	35.8% 38	10.4% 11	27.4% 29	106

Survey Question	Findings
Q21: If you would like to provide further comments on your ratings above for the durability of products and services, please use the space below.	<p>29 qualitative responses</p> <ul style="list-style-type: none"> The continuation of the WHO NTD Programme outside the support of WHO and donor partners is a concern for many respondents. Some felt that if support stops, many Member States will be unlikely to make products and services sustainable.

Criteria 6: Equity – Assessing and effectively addressing needs of vulnerable populations

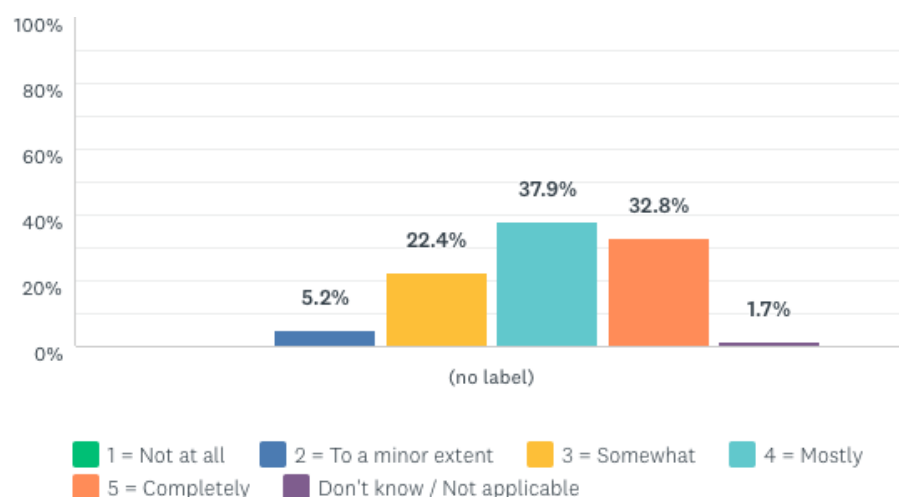
9. What has been the relevance of WHO's contribution to address the needs of vulnerable populations, including the poor and the marginalized, women and the elderly?

9.1 To what extent were vulnerable populations taken into consideration by this programme?	9.1.i) How were different populations reached in this programme? (Q7)
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Summary Findings
<ul style="list-style-type: none"> A majority (70.7%, n=82) of WHO NTD staff reported that vulnerable populations were <i>mostly</i> or <i>completely</i> taken into consideration in the design of the WHO NTD Programme, while 22.4% (n=26) thought this was <i>somewhat</i> the case.

Survey Question	Findings
Q7: To what extent were the needs of vulnerable populations, including the poor and marginalised, women and the elderly, taken into consideration in the design of the WHO NTD Programme?	70.7% (n=82) of WHO NTD staff reported that vulnerable populations were <i>mostly</i> or <i>completely</i> taken into consideration in the design of the WHO NTD Programme, while 22.4% (n=26) thought this was <i>somewhat</i> the case.

Figure 2: Extent to which vulnerable populations were taken into consideration



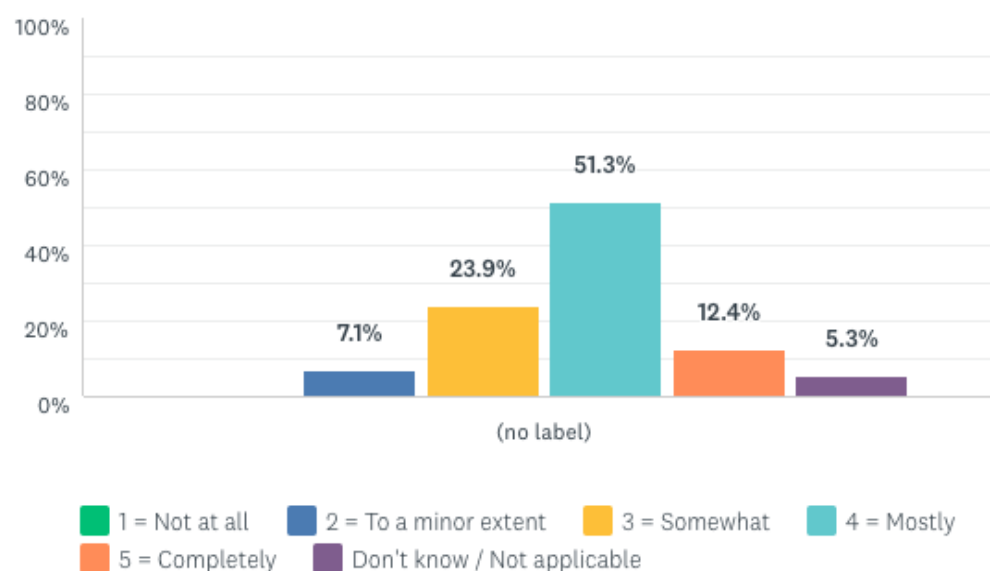
10. What has been the effectiveness of WHO's contribution to address the needs of vulnerable populations, including the poor and the marginalized, women and the elderly?

10.1 To what extent were vulnerable populations served by this programme?	10.1.i) How were different populations served in this programme? (Q14, Q15)
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Summary Findings
<ul style="list-style-type: none"> A majority (63.7%, n=72) reported that vulnerable populations were <i>mostly</i> or <i>completely</i> reached by WHO's products and services and 23.9% (n= 27) thought that they were <i>somewhat</i> reached. <p>Comments on reach to vulnerable populations:</p> <ul style="list-style-type: none"> It was reported that due to security issues and weak health systems such as a lack of access to basic health services, there are still gaps in reaching vulnerable populations. It was also mentioned that more funds are needed at country level as vulnerable populations live in hard to reach areas, which can be costly to reach.

Survey Question	Findings
Q14: To what extent were vulnerable populations, including the poor and marginalised, women and the elderly, <u>reached</u> by the products and services of the WHO NTD Programme?	A majority (63.7%, n=72) reported that vulnerable populations were <i>mostly</i> or <i>completely</i> reached by WHO's products and services and 23.9% (n= 27) thought that they were <i>somewhat</i> reached.

Figure 3: Extent to which vulnerable populations were reached



Survey Question	Findings
Q15: If you would like to provide further comments on the reach of products and services to vulnerable populations, please use the space below.	<p>37 qualitative responses</p> <ul style="list-style-type: none"> • It was reported that due to security issues and weak health systems such as a lack of access to basic health services, there are still gaps in reaching vulnerable populations. • It was also mentioned that more funds are needed at country level as vulnerable populations live in hard to reach areas, which can be costly to reach.

Annex G: WHO External Survey Report

WHO External Survey Report (draft)

Terms / Definitions:

- a. Few: Few is used when less than 20% of participants have responded with similar answers. The sentiment of the response was articulated by these participants but not by other participants.
- b. Some: Some is used when more than 20% but significantly fewer than 50% of participants responded with similar answers.
- c. A Majority: A majority is used when more than 50% but fewer than 75% of the participants responded with similar answers.
- d. Most: Most is used when more than 75% of the participants responded with similar answers.
- e. Vast Majority: Vast majority is used when nearly all participants responded with similar answers, but several had differing views.
- f. Unanimous / Almost All: Unanimous or almost all are used when all participants gave similar answers or when the vast majority of participants gave similar answers and the remaining few declined to comment on the issue in question.

Demographics

Response rate

The WHO Evaluation Office emailed the external survey on behalf of TDV Global to stakeholders including MOH, partners, NGOs, and donors, some of whom also asked to forward the survey to their colleagues familiar with the WHO NTD Programme. External stakeholders who did so were asked to provide the number of recipients that were forwarded the survey; because of this the exact number is difficult to calculate. 640 stakeholders were known to have been contacted and the survey received 277 responses giving a response rate of 43% and a survey completion rate of 66%.

The external survey was open for a total of 25 days with two reminder emails and one deadline extension.

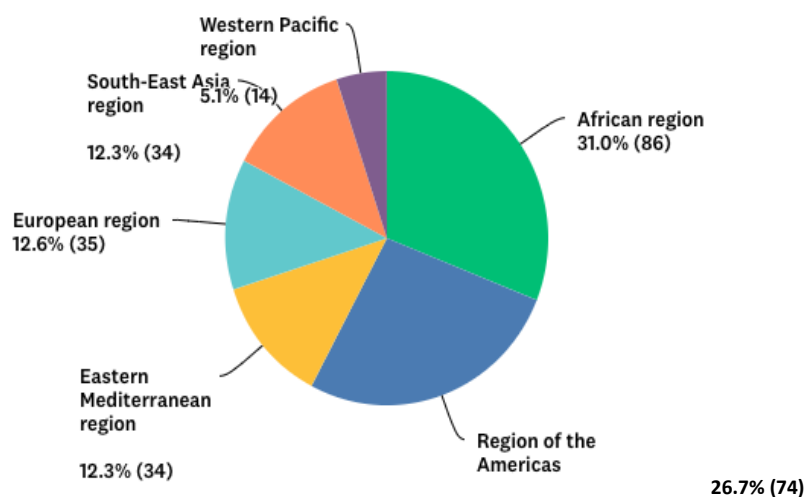
Survey	Date
Open survey	November 20, 2018
Reminder 1	November 30, 2018
Reminder 2 (deadline extension)	December 7, 2018
Close survey	December 14, 2018

Region

Q: In which WHO region is your country located?

Out of 277 respondents, those from the African region made up 31% of the total, while over a quarter were from the Americas. External survey respondents from the Eastern Mediterranean (12.3%), European (12.6%) and South-East Asian regions (12.3%) were nearly equal in numbers, while the Western Pacific region had the lowest rate of respondents at 5.1%.

Figure 1: Respondent WHO region



Work Institution

Q: What type of institution do you work for?

Respondents' work institution indicated that the majority worked at a Ministry of Health (55.2%), followed by some who worked for an NGO (23.8%). The remaining 21% fell into one of the other 10 categories.

Table 1: Type of work institution

ANSWER CHOICES	RESPONSES	
▼ Ministry of Health (MOH)	55.2%	153
▼ Governmental institution (other than MoH)	3.6%	10
▼ Regional Programme Review Group	4.7%	13
▼ Healthcare facility/institution	2.9%	8
▼ Academic institution	10.1%	28
▼ Research Institution/Collaborating Centre/Public health agency/institute	8.3%	23
▼ Non-governmental organization (NGO)	23.8%	66
▼ UN agencies	1.4%	4
▼ Bilateral and multilateral donor agencies	5.4%	15
▼ Philanthropic foundations	4.3%	12
▼ Private sector	2.2%	6
▼ Other (Please specify)	Responses 3.6%	10
Total Respondents: 277		

Involvement in NTDs

Q: How long have you been involved in the area of neglected tropical diseases (NTDs)?

More than half of external survey respondents (65%) reported having been involved in field of NTD for more than 6 years, while 10.8% have been involved for more than 4 but less than 6 years, 13% have been involved for more than 2 but less than 4 years, 9% for 1 to 2 years. Those working in NTD for less than one year had the fewest respondents (2.2%).

Table 2: Years involved in NTD

ANSWER CHOICES	RESPONSES	
▼ Less than one year	2.2%	6
▼ Between 1 year and 2 years	9.0%	25
▼ More than 2 years but less than 4 years	13.0%	36
▼ More than 4 years but less than 6 years	10.8%	30
▼ Greater than 6 years	65.0%	180
TOTAL		277

Awareness of WHO NTD Programme

Q: Are you aware the WHO NTD Programme (particularly work done the in the years 2014-2017)?

When asked about awareness of the WHO NTD Programme, 245 (88.4%) respondents replied in the positive, however, 6.9% were not aware of it and 4.7% were unsure.

Table 3: Awareness of WHO NTD Programme

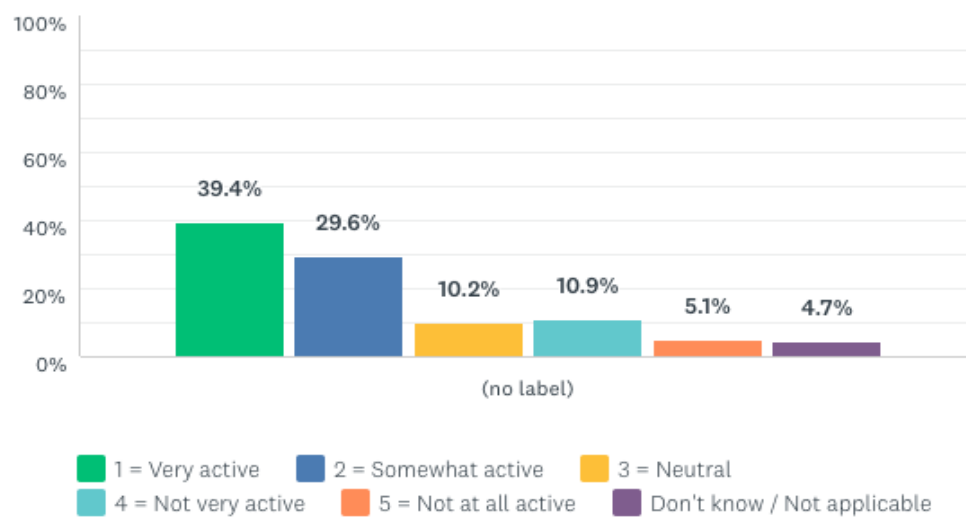
ANSWER CHOICES	RESPONSES	
▼ Yes	88.4%	245
▼ No	6.9%	19
▼ Don't know	4.7%	13
TOTAL		277

Level of engagement with WHO NTD Programme

Q: What was your level of engagement with the WHO NTD Programme from 2014-2017?

The majority of respondents 69% reported being either very active (108) or somewhat active (81) with the WHO NTD Programme during the period of evaluation. Those who responded as having neutral (10.9%) and not very active engagement (10.9%) were similar in rates. 5.1% were not at all active and 4.7% replied as Don't know/Not applicable which could account for those who had retired from their position or changed roles.

Figure 2: Level of engagement with WHO NTD Programme



Findings: comparison to indicators

Criteria 1: Relevance

1. To what extent was WHO Secretariat's programme to increase and sustain a) access to essential medicines and b) control interventions relevant?

1.1. To what extent was the program designed to address the identified needs?	1.1.i) Consistency of stakeholder needs with WHO NTD Programme activities (research, norms/standards/guidance, policy, technical support for HR, generate data/monitor health trends, leadership), outputs and outcomes (Q6, Q7, Q8)
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Summary Findings

Needs addressed:

- More than half of the respondents felt that the WHO NTD Programme addressed beneficiaries' needs *mostly* or *completely* at the country (55.6%, n=128), regional (59.2%, n=136) and global level (59.1%, n=136).
- The majority of respondents reported that needs were *mostly* or *completely* addressed with regards to:
 - the provision of essential medicines (64.4%, n=148),
 - norms, standards, guidelines developed, published and disseminated (65.2%, n=150)
 - policy options developed, published and disseminated (55.2% (n=127)
- Needs for training, seminars, conferences were thought to be *mostly* or *completely* addressed by 49.2% (n=113)
- The need for research publications, and advocacy materials, partnerships, and strategy development reported to be *mostly* addressed by one third (n=76) of stakeholders. However, some (19.1%, n=44) reported that research publications needs were addressed *to a minor extent* or *not at all* addressed.
- Operational/implementation research was not as highly rated in meeting needs as other NTD products and services. The most frequently cited response to whether needs addressed in this area was *somewhat* by 30.4% (n=70) and 37% (n=85) felt this was *mostly* or *completely* addressed. However, 20% (n=46) reported that it was addressed *to a minor extent* or *not at all*.
- The production of information systems, surveillance and reports came up with two modes: 30.9% (n=71) for *somewhat* and 30.9% (n=71) *mostly* addressing this NTD need.
- Slightly more (62.2%, n=143) survey respondents thought that the WHO NTD Programme was *mostly* or *completely* designed to increase and sustain access to essential medicines than the 57% (n=131) who thought that the programme was *mostly* or *completely* designed to increase and sustain access to control interventions.

Survey Question	Findings
Q6: In your opinion, to what extent was the WHO NTD Programme designed to address	Out of 230 respondents, over half felt that the WHO NTD Programme <i>mostly</i> or <i>completely</i> addressed beneficiaries' needs with 55.6% (128) at country, 59.2% (136) at regional and 59.1% (136) at global level.

the needs of programme beneficiaries at the country, regional, and global level?	Nearly a quarter (23.5%, 54) felt that country needs were <i>somewhat</i> met, with 18.3% (42) at the regional level, and 15.7% (36) at the global level.
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Table 4: Needs of beneficiaries addressed

	1 = NOT AT ALL	2 = TO A MINOR EXTENT	3 = SOMEWHAT	4 = MOSTLY	5 = COMPLETELY	DON'T KNOW / NOT APPLICABLE	TOTAL	WEIGHTED AVERAGE
a) Country level	0.0% 0	11.3% 26	23.5% 54	40.4% 93	15.2% 35	9.6% 22	230	3.66
b) Regional level	0.9% 2	7.4% 17	18.3% 42	42.2% 97	17.0% 39	14.3% 33	230	3.78
c) Global level	0.4% 1	6.1% 14	15.7% 36	42.6% 98	16.5% 38	18.7% 43	230	3.84

Survey Question	Findings
Q7: In your opinion, to what extent did the following products and services of the WHO NTD Programme address the needs of programme beneficiaries related to NTDs?	<p>a) Provision of essential medicines: 64.4% (n=148) of stakeholders reported this need to be <i>mostly</i> or <i>completely</i> addressed.</p> <p>b) Norms, standards, guidelines developed, published and disseminated: Nearly two thirds (65.2%, n=150) of respondents felt this was <i>mostly</i> or <i>completely</i> addressed, with one fifth (n=47) reporting that the needs were <i>somewhat</i> addressed.</p> <p>c) Policy options developed, published and disseminated: With 55.2% (n=127), survey respondents felt this was <i>mostly</i> or <i>completely</i> addressed and nearly a quarter (24.3%, n=56) reported this was <i>somewhat</i> addressed.</p> <p>d) Research publications developed, published and disseminated: One third (n=76) of stakeholders reported this to be <i>mostly</i> addressed, followed by a quarter (n=58) that felt this was <i>somewhat</i> addressed. Some reported that it was addressed <i>to a minor extent</i> or <i>not at all</i> addressed (19.1%, n=44).</p> <p>e) Operational/implementation research identified, supported or advocated: The most cited response was <i>somewhat</i> (30.4%, n=70) with regards to NTD operational/implementation research needs being addressed, 37% (n=85) who felt this was <i>mostly</i> or <i>completely</i> addressed. However, 20% (n=46) reported that it was addressed <i>to a minor extent</i> or <i>not at all</i> addressed.</p> <p>f) Training, seminars, conferences: Nearly half (49.2%, n=113) of the</p>

	<p>respondents agreed that training needs were <i>mostly</i> or <i>completely</i> addressed. 28.7% (n=66) felt that the needs were <i>somewhat</i> addressed.</p> <p>g) Advocacy materials, partnerships formed, strategies developed: The most cited response was that this need was <i>mostly</i> addressed according to 32.6% (n=75) of stakeholders. Nearly the same percentage (30.9%, n=71) reported this to be <i>somewhat</i> addressed.</p> <p>h) Information systems, surveillance and reports produced: Responses produced two modes: 30.9% (n=71) for <i>somewhat</i> and 30.9% (n=71) <i>mostly</i> addressing this NTD need.</p>
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Table 5: How did the products and services address needs of beneficiaries?

	1 = NOT AT ALL	2 = TO A MINOR EXTENT	3 = SOMEWHAT	4 = MOSTLY	5 = COMPLETELY	DON'T KNOW / NOT APPLICABLE	TOTAL
▼ a) provision of essential medicines	1.7% 4	3.0% 7	19.6% 45	36.1% 83	28.3% 65	11.3% 26	230
▼ b) norms, standards and guidelines developed, published and disseminated	0.4% 1	6.1% 14	20.4% 47	44.3% 102	20.9% 48	7.8% 18	230
▼ c) policy options developed, published and disseminated	1.7% 4	9.6% 22	24.3% 56	40.4% 93	14.8% 34	9.1% 21	230
▼ d) research publications developed, published and disseminated	4.8% 11	14.3% 33	25.2% 58	33.0% 76	9.6% 22	13.0% 30	230
▼ e) operations/implementation research identified, supported or advocated	4.3% 10	15.7% 36	30.4% 70	28.7% 66	8.3% 19	12.6% 29	230
▼ f) training, seminars/conferences, advice, tools accessed by stakeholders	2.2% 5	11.7% 27	28.7% 66	35.7% 82	13.5% 31	8.3% 19	230
▼ g) advocacy materials, partnerships formed, strategies developed and implemented (and medicines)	3.0% 7	10.4% 24	30.9% 71	32.6% 75	12.6% 29	10.4% 24	230
▼ h) information systems, surveillance and reports produced monitoring NTDs	3.0% 7	11.3% 26	30.9% 71	30.9% 71	15.2% 35	8.7% 20	230

Survey Question	Findings
8: In your opinion, to what extent do you feel that the WHO NTD Programme was designed to meet the following outcomes:	
8a: increase and sustain access to essential medicines?	62.2% (n=143) of survey respondents felt that the WHO NTD Programme was <i>mostly</i> or <i>completely</i> designed to <u>increase and sustain access to essential medicines</u> . One fifth (n=48) reported this to be <i>somewhat</i> true.
8b: increase and sustain access to control interventions?	57% (n=131) of respondents felt that the WHO NTD Programme was <i>mostly</i> or <i>completely</i> designed to increase and sustain access to control interventions, while 27.4% (n=63) reported this was <i>somewhat</i> the case.

Table 6: Extent to which the WHO NTD Programme was designed to meet the following outcomes

	1 = NOT AT ALL	2 = TO A MINOR EXTENT	3 = SOMEWHAT	4 = MOSTLY	5 = COMPLETELY	DON'T KNOW / NOT APPLICABLE	TOTAL
▼ a) increase and sustain access to essential medicines?	2.6% 6	4.8% 11	20.9% 48	38.7% 89	23.5% 54	9.6% 22	230
▼ b) increase and sustain access to control interventions?	1.7% 4	7.0% 16	27.4% 63	42.2% 97	14.8% 34	7.0% 16	230

1.2 To what extent are the needs continuing? What, if any, significant changes have occurred in the NTD environment?	1.2.i) Identification of changes in context that impact stakeholder needs
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Summary Findings
See findings below.

Survey Question	Findings
Q10: What are the gaps between what the WHO NTD Programme is delivering and the needs of programme beneficiaries?	<p>163 qualitative responses</p> <ul style="list-style-type: none"> • Frequent comments highlighted the need for more technical support to improve implementation of NTD country programs. The gaps included NTD knowledge and capacity of health care workers and MOH, and the need to have stronger capacity at country level. • Insufficient funding was commonly reported with the need to: enhance program implementation strategies, support the more neglected of the NTDs such as buruli ulcer and leprosy, and implement interventions among beneficiaries (e.g. MDA and morbidity management) • Issues with NTD medications were also specifically reported such as delays in shipment for MDA, shortage of medication for eligible populations in need (e.g., schistosomiasis, STH and buruli ulcer) and a lack of coverage of essential medicines for beneficiaries in remote locations. • Guidelines were specifically mentioned as a gap on topics such as: global guidelines on schistosomiasis elimination, implementation guidelines on populations at risk beyond school-age children for STH, and guidelines that are applicable to countries and regions outside of sub-Saharan Africa • The importance of morbidity management, the inclusion of WASH, developing/strengthening post-MDA surveillance, vector control and the need for country buy-in were mentioned but not as frequently as the areas listed above

Criteria 2: Effectiveness – Development and Delivery of Products and Services

3. To what extent were the main results of the WHO Secretariat met, at its three levels, in terms of increasing and sustaining access to essential medicines and control interventions for NTDs?

<p>3.1 To what extent have activities been conducted and produced products and services as planned? At HQ, RO, and CO?</p>	<p>3.1.i) Extent of provision of essential medicines. 3.1.ii) Extent to which norms, standards and guidelines have been developed, published and disseminated 3.1.iii) Extent to which policy options have been developed, published and disseminated 3.1.iv) Extent to which the research publications have been developed, published and disseminated 3.1.v) Extent to which training, seminars/conferences, advice, tools have been provided 3.1.vi) Extent to which advocacy materials, partnerships formed, strategies developed and implemented 3.1.vii) Extent to which there are information systems, surveillance and reports produced monitoring NTDs (Q11)</p>
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Summary Findings

Products and services developed:

- The development of norms, standards and guidelines was the highest rated with 61% (n=127) of respondents who agreed that this was *mostly* or *completely* developed, with 24% (n=50) reporting that these products were *somewhat* developed.
- Slightly over half of stakeholders, reported that WHO's provision of essential medicines (54.4%, n=113) and policy options (51%, n=127) were *mostly* or *completely* developed. One quarter reported that both services were *somewhat* developed.
- Just under half (49%, n=102) reported that training, seminars, conferences were *mostly* or *completely* developed and 27.9% (n=58) felt that this area was *somewhat* developed.
- 44.7% (n=93) of the survey respondents thought that WHO's advocacy materials, partnerships and strategies were *mostly* or *completely* developed, while 30.8% (n=64) felt that this was *somewhat* developed.
- Views on research publications and operational/implementation research were very similar across the board, both were reported as not as well developed as other products and services of the WHO NTD Programme. The most common response was that research publications (33.2%, n=69) and operational/implementation research (31.3%, n=65) were reported to be *somewhat* developed. Nearly one fifth felt that both products were developed *to a minor extent* or *not at all*.
- For the development of information systems, surveillance and reports, the most cited response was that this was developed *somewhat* according to 33.2% (n=69) of stakeholders. Nearly the same percentage (33.7%, n=68) reported this to be *mostly* developed.

Survey Question	Findings
<p>Q11: To what extent did the WHO NTD Programme <u>develop</u> the following products and services?</p>	<p>a) Provision of essential medicines: Slightly over half (54.4%, n=113) of stakeholders, reported that this service was <i>mostly</i> or <i>completely</i> developed, followed by a quarter (n=52) who felt this was <i>somewhat</i> developed by the WHO NTD Programme.</p> <p>b) Norms, standards, guidelines developed, published and disseminated: 61% (n=127) of respondents felt this was <i>mostly</i> or <i>completely</i> developed, with 24% (n=50) reporting that these products were <i>somewhat</i> developed.</p> <p>c) Policy options developed, published and disseminated: Only 51% (n=127), survey respondents felt this was <i>mostly</i> or <i>completely</i> developed as planned and 28.4% (n=58) reported that these products were <i>somewhat</i> developed.</p> <p>d) Research publications developed, published and disseminated: The most cited response by one third (n=69) of stakeholders was <i>somewhat</i> with regards to the extent to which research publications and dissemination were developed. 27.4% (n=57) reported that this was <i>mostly</i> developed and some (18.8% (n=39) reported that it was developed <i>to a minor extent</i> or <i>not at all</i>.</p> <p>e) Operational/implementation research identified, supported or advocated: The most cited response was <i>somewhat</i> (31.3%, n=65) with regards to the extent to which NTD operational/implementation research was developed, followed closely by 28.8% (n=60) who felt this was <i>mostly</i> developed. However, 19.7% (n=41) believed that it was developed <i>to a minor extent</i> or <i>not at all</i>.</p> <p>f) Training, seminars, conferences Just under half (49%, n=102) reported that training needs were <i>mostly</i> or <i>completely</i> developed and 27.9% (n=58) felt that this area was <i>somewhat</i> developed.</p> <p>g) Advocacy materials, partnerships formed, strategies developed: Only 44.7% (n=93) of the survey respondents thought that this was <i>mostly</i> or <i>completely</i> developed, while 30.8% (n=64) felt that this was <i>somewhat</i> developed.</p> <p>h) Information systems, surveillance and reports produced: The most cited response agreed that this was developed <i>somewhat</i> according to 33.2% (n=69) of stakeholders. Nearly the same percentage (33.7%, n=68) reported this to be <i>mostly</i> developed.</p>

Table 7: Extent to which products and services were developed

	1 = NOT AT ALL	2 = TO A MINOR EXTENT	3 = SOMEWHAT	4 = MOSTLY	5 = COMPLETELY	DON'T KNOW / NOT APPLICABLE	TOTAL
▼ a) provision of essential medicines	3.4% 7	4.8% 10	25.0% 52	33.2% 69	21.2% 44	12.5% 26	208
▼ b) norms, standards and guidelines developed, published and disseminated	1.4% 3	5.8% 12	24.0% 50	44.2% 92	16.8% 35	7.7% 16	208
▼ c) policy options developed, published and disseminated	2.9% 6	8.7% 18	28.4% 59	37.5% 78	13.5% 28	9.1% 19	208
▼ d) research publications developed, published and disseminated	5.3% 11	13.5% 28	33.2% 69	27.4% 57	8.2% 17	12.5% 26	208
▼ e) operations/implementation research identified, supported or advocated	5.3% 11	14.4% 30	31.3% 65	28.8% 60	8.7% 18	11.5% 24	208
▼ f) training, seminars/conferences, advice, tools accessed by stakeholders	4.3% 9	11.1% 23	27.9% 58	39.9% 83	9.1% 19	7.7% 16	208
▼ g) advocacy materials, partnerships formed, strategies developed and implemented (and medicines)	5.8% 12	10.1% 21	30.8% 64	34.1% 71	10.6% 22	8.7% 18	208
▼ h) information systems, surveillance and reports produced monitoring NTDs	1.9% 4	13.5% 28	33.2% 69	32.7% 68	11.1% 23	7.7% 16	208

3.2 To what extent did target audiences <u>access</u> products and services?	3.2.i) Extent WHO NTD Programme knowledge products and services are accessed (Q12)
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Summary Findings
<ul style="list-style-type: none"> • Norms, standards and guidelines were the highest rated with regards to accessibility, 62% (n=129) of respondents felt they were <i>mostly</i> or <i>completely</i> accessible to them. • With similar views on the extent of development, slightly over half of stakeholders, reported that WHO's provision of essential medicines (55.3%, n=115) and policy options (54.3%, n=113) were <i>mostly</i> or <i>completely</i> accessible. • The accessibility of 1) NTD research publications (43.8%, n=91), 2) advocacy materials, partnerships and strategies (43.8%, n=91) and 3) information systems, surveillance and reports (43.2% (n=90) were all reported at nearly the same rate to be <i>mostly</i> or <i>completely</i> accessible. A few external stakeholders also rated accessibility <i>to a minor extent</i> or <i>not at all</i> for research publications (19.7%, n=41), advocacy materials (21.2%, n=44) and information systems, surveillance and reports (20.6%, n=43). • With regards to: 1) operational/implementation research and 2) training, seminars and conferences, both were both seen to be <i>mostly</i> or <i>completely</i> accessible at the same rate by (39.4% (n=82). Furthermore, 22.6% (n=47) of users reported that accessibility of operational/implementation research was <i>to a minor extent</i> or <i>not at all</i>, and 19.2% (n=40) felt the same about training, seminars and conferences.

Survey Question	Findings
Q12: In your opinion, to what extent were the following products and services of the WHO NTD programme <u>accessible</u> to you?	<p>a) Provision of essential medicines: Slightly over half (55.3%, n=115) of stakeholders, reported that this was <i>mostly</i> or <i>completely</i> accessible to them, 14.4% (n=30) felt this was <i>somewhat</i> accessible. 18.3% (n=38) of respondents either did not know or the question did not apply to them.</p> <p>b) Norms, standards, guidelines developed, published and disseminated: 62% (n=129) of respondents felt this was <i>mostly</i> or <i>completely</i> accessible to them, while 21.6% (n=45) reported that these products were <i>somewhat</i> accessible.</p> <p>c) Policy options developed, published and disseminated: Slightly more than half (54.3%, n=113), survey respondents felt that this was <i>mostly</i> or <i>completely</i> accessible and 22.6% (n=47) reported that these products were <i>somewhat</i> accessible.</p> <p>d) Research publications developed, published and disseminated: 43.8% (n=91) responded that research publications were <i>mostly</i> or <i>completely</i> accessible, while 26.9% (n=56) reported that they were <i>somewhat</i> accessible. Nearly one fifth (19.7%, n=41) found that they were accessible <i>to a minor extent</i> or <i>not at all</i>.</p>

	<p>e) Operational/implementation research identified, supported or advocated: Only 39.4% (n=82) felt that operational/implementation research was <i>mostly</i> or <i>completely</i> accessible to them, while 27.9% (n=58) felt this was <i>somewhat</i> accessible. However, 22.6% (n=47) of users reported that the accessibility in this area was <i>to a minor extent</i> or <i>not at all</i>.</p> <p>f) Training, seminars, conferences: Only 39.4% (n=82) reported that trainings were <i>mostly</i> or <i>completely</i> accessible and nearly one third (32.2%, n=67) felt that this was <i>somewhat</i> accessible. 19.2% (n=40) of users reported that the accessibility in this area was <i>to a minor extent</i> or <i>not at all</i>.</p> <p>g) Advocacy materials, partnerships formed, strategies developed: Only 42.8% (n=89) of the survey respondents thought that this was <i>mostly</i> or <i>completely</i> accessible, while 26.9% (n=56) felt that advocacy materials, partnerships and strategies were <i>somewhat</i> accessible. Over one fifth, (21.2%, n=44) of users reported that the accessibility in this area was <i>to a minor extent</i> or <i>not at all</i>.</p> <p>h) Information systems, surveillance and reports produced: 43.2% (n=90) of external stakeholders thought that this was <i>mostly</i> or <i>completely</i> accessible to them and 29.3% (n=61) felt it was <i>somewhat</i> accessible. One fifth of users (20.6%, n=43) however, felt that the accessibility in this area was <i>to a minor extent</i> or <i>not at all</i>.</p>
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Table 8: Extent to which products and services were accessible

	1 = NOT AT ALL	2 = TO A MINOR EXTENT	3 = SOMEWHAT	4 = MOSTLY	5 = COMPLETELY	DON'T KNOW / NOT APPLICABLE	TOTAL
▼ a) provision of essential medicines	5.3% 11	6.7% 14	14.4% 30	35.1% 73	20.2% 42	18.3% 38	208
▼ b) norms, standards and guidelines developed, published and disseminated	1.9% 4	7.7% 16	21.6% 45	42.8% 89	19.2% 40	6.7% 14	208
▼ c) policy options developed, published and disseminated	3.4% 7	12.0% 25	22.6% 47	36.5% 76	17.8% 37	7.7% 16	208
▼ d) research publications developed, published and disseminated	3.8% 8	15.9% 33	26.9% 56	30.3% 63	13.5% 28	9.6% 20	208
▼ e) operations/implementation research identified, supported or advocated	5.8% 12	16.8% 35	27.9% 58	28.4% 59	11.1% 23	10.1% 21	208
▼ f) training, seminars/conferences, advice, tools accessed by stakeholders	4.8% 10	14.4% 30	32.2% 67	27.4% 57	12.0% 25	9.1% 19	208
▼ g) advocacy materials, partnerships formed, strategies developed and implemented (and medicines)	6.3% 13	14.9% 31	26.9% 56	29.8% 62	13.0% 27	9.1% 19	208
▼ h) information systems, surveillance and reports produced monitoring NTDs	3.8% 8	16.8% 35	29.3% 61	29.3% 61	13.9% 29	6.7% 14	208

3.3 To what extent did target audiences find products and services <u>useful</u> (timeliness, relevance, appropriate, usable)	3.3.i) Stakeholder perception on the <u>quality</u> of WHO NTD programme products and services (timeliness, relevance, appropriate, usable) (Q13-Q16)
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Summary Findings
<ul style="list-style-type: none"> • The extent of NTD products and services' <u>usefulness</u> and <u>use</u> were all fairly similar across respondents, with the exception of trainings, seminars and conferences. Often, the results showed that slightly more respondents tended report usefulness of products and services than those who actually used them. • The provision of essential medicines was reported as being used <i>mostly</i> or <i>completely</i> by 56.3% (n=117) of survey respondents, while 62.5%(n=130) thought they <i>mostly</i> or <i>completely</i> useful. 16.8% (n=35) of respondents either did not know or the question on usefulness and use did not apply to them. • For norms, standards and guidelines, the majority (70.2%, n=146) of respondents used these products <i>mostly</i> or <i>completely</i> and 66.8% (n=139) of respondents felt that they were <i>mostly</i> or <i>completely</i> useful to them • Slightly more than half (55.3%, n=115) of survey respondents used WHO's NTD policy options <i>mostly</i> or <i>completely</i> and similarly, 57.3% (n=119) felt that they were <i>mostly</i> or <i>completely</i> useful. Over one fifth of respondents (23.6%, n=49) somewhat used the policy options and 21.2% (n=44) reported that they were <i>somewhat</i> useful. • WHO NTD research publications were <i>mostly</i> or <i>completely</i> used by 45.2% (n=94) of respondents and 47.6% (n=99) thought that they were <i>mostly</i> or <i>completely</i> useful to them. 28.8% (n=60) <i>somewhat</i> used research publications and 27.4% (n=57) reported that they were <i>somewhat</i> useful to them. • 40.4% (n=84) of respondents <i>mostly</i> or <i>completely</i> used operational/implementation research and 43.7% (n=91) felt that it was <i>mostly</i> or <i>completely</i> useful to them. However, 24.5% (n=51) reported that they only used operational/implementation research <i>to a minor extent</i> or <i>not at all</i>. • 44.7% (n=93) reported that they <i>mostly</i> or <i>completely</i> used the trainings, seminars and conferences and 52.4% (n=109) reported that these were <i>mostly</i> or <i>completely</i> useful to them. 24.1% (n=50) reported only using the services <i>to a minor extent</i> or <i>not at all</i> and 18.3% (n=38) reported trainings, seminars and conferences as useful <i>to a minor extent</i> or <i>not at all</i>. • For advocacy materials, partnerships and strategies, 45.7% (n=95) of the survey respondents used these <i>mostly</i> or <i>completely</i> and slightly more (49.5%, n=103) thought that this was <i>mostly</i> or <i>completely</i> useful. 20.7% (n=43) reported to <i>somewhat</i> use advocacy materials, partnerships and strategies and 21.2% (n=44) felt that this was <i>somewhat</i> useful. • 51.4% (n=107) of respondents reported that they <i>mostly</i> or <i>completely</i> used information systems, surveillance and reports and similarly 52.4% (n=109) reported that they were <i>mostly</i> or <i>completely</i> useful. Nearly one quarter (24.5%, n=51) said they used these <i>somewhat</i> and 21.2% (n=44) felt they were <i>somewhat</i> useful to them. • The most frequent comments on the development, accessibility, usefulness and use of the products and services reported that guidelines, training documents and tools are not disseminated on time or widely which creates a gap in knowledge and accessibility. There were mixed views on the usefulness of documents, with country level advice for yaws, schistosomiasis and trachoma programs to be poor quality and new guidelines for STH, rabies and LF to be very good quality.

- Specifically mentioned was the **availability of essential medicines** as an issue with an insufficient supply PC medicines as well as vaccines to control teniasis/cysticercosis and glucatine injections for leishmaniasis.
- The need for more financial support and quicker disbursement of funds to programs was also stated frequently.
- The majority of survey respondents (58.2%, n=121) reported being *mostly* or *completely* satisfied with the quality of WHO's NTD knowledge products and services and 24% (n=50) were *somewhat* satisfied.

Survey Question	Findings
Q13: In your opinion, to what extent were the following products and services of the WHO NTD programme <u>useful</u> to you?	<p>a) Provision of essential medicines: 62.5%(n=130) of stakeholders, reported that this was <i>mostly</i> or <i>completely</i> useful to them, 9.1% (n=19) felt this was <i>somewhat</i> useful. 16.8% (n=35) of respondents either did not know or the question did not apply to them.</p> <p>b) Norms, standards, guidelines developed, published and disseminated: 66.8% (n=139) of respondents felt these products were <i>mostly</i> or <i>completely</i> useful to them, while 19.2% (n=40) reported that these products were <i>somewhat</i> useful.</p> <p>c) Policy options developed, published and disseminated: Slightly more than half (57.3%, n=119) of survey respondents felt that the NTD policy options were <i>mostly</i> or <i>completely</i> useful to them and 21.2% (n=44) reported that these products were <i>somewhat</i> useful.</p> <p>d) Research publications developed, published and disseminated: 47.6% (n=99) responded that research publications were <i>mostly</i> or <i>completely</i> useful, while 27.4% (n=57) reported that they were <i>somewhat</i> useful.</p> <p>e) Operational/implementation research identified, supported or advocated: 43.7% (n=91) felt that operational/implementation research was <i>mostly</i> or <i>completely</i> useful to them and 26.9% (n=56) felt this was <i>somewhat</i> useful. However, 16.9% (n=35) of users reported that its usefulness was <i>to a minor extent</i> or <i>not at all</i>.</p> <p>f) Training, seminars, conferences: Only 52.4% (n=109) reported that trainings were <i>mostly</i> or <i>completely</i> useful. 18.3% (n=38) of users reported that its usefulness was <i>to a minor extent</i> or <i>not at all</i>.</p> <p>g) Advocacy materials, partnerships formed, strategies developed: Just under half 49.5% (n=103) of the survey respondents thought that this was <i>mostly</i> or <i>completely</i> useful, while 21.2% (n=44) felt that this was <i>somewhat</i> useful. 19.2% (n=40) of users reported that its usefulness was <i>to a minor extent</i> or <i>not at all</i>.</p>

	<p>h) Information systems, surveillance and reports produced: 52.4% (n=109) of respondents felt this was <i>mostly</i> or <i>completely</i> useful to them, while 21.2% (n=44) reported this to be <i>somewhat</i> useful to them.</p>
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Table 9: Extent to which products and services were useful

	1 = NOT AT ALL	2 = TO A MINOR EXTENT	3 = SOMEWHAT	4 = MOSTLY	5 = COMPLETELY	DON'T KNOW / NOT APPLICABLE	TOTAL
▼ a) provision of essential medicines	4.8% 10	6.7% 14	9.1% 19	27.9% 58	34.6% 72	16.8% 35	208
▼ b) norms, standards and guidelines developed, published and disseminated	1.9% 4	4.3% 9	19.2% 40	39.9% 83	26.9% 56	7.7% 16	208
▼ c) policy options developed, published and disseminated	3.4% 7	9.6% 20	21.2% 44	36.1% 75	21.2% 44	8.7% 18	208
▼ d) research publications developed, published and disseminated	3.8% 8	10.1% 21	27.4% 57	26.9% 56	20.7% 43	11.1% 23	208
▼ e) operations/implementation research identified, supported or advocated	6.3% 13	10.6% 22	26.9% 56	26.4% 55	17.3% 36	12.5% 26	208
▼ f) training, seminars/conferences, advice, tools accessed by stakeholders	5.8% 12	12.5% 26	16.3% 34	31.7% 66	20.7% 43	13.0% 27	208
▼ g) advocacy materials, partnerships formed, strategies developed and implemented (and medicines)	9.1% 19	10.1% 21	21.2% 44	32.7% 68	16.8% 35	10.1% 21	208
▼ h) information systems, surveillance and reports produced monitoring NTDs	4.3% 9	12.0% 25	21.2% 44	32.2% 67	20.2% 42	10.1% 21	208

Survey Question	Findings
Q14: In your opinion, to what extent did you <u>use</u> the following products and services of the WHO NTD Programme?	<p>a) Provision of essential medicines: 56.3% (n=117) of stakeholders, reported that they <i>mostly</i> or <i>completely</i> used this, 10.6% (n=22) used this <i>somewhat</i>. 16.8% (n=35) of respondents either did not know or the question did not apply to them.</p> <p>b) Norms, standards, guidelines developed, published and disseminated: 70.2% (n=146) of respondents used these products <i>mostly</i> or <i>completely</i>, while 15.9% (n=33) reported that they <i>somewhat</i> used the norms, standards, and guidelines.</p> <p>c) Policy options developed, published and disseminated: Slightly more than half (55.3%, n=115) of survey respondents used the NTD policy options <i>mostly</i> or <i>completely</i> and 23.6% (n=49) reported that they <i>somewhat</i> used these.</p> <p>d) Research publications developed, published and disseminated: 45.2% (n=94) of survey respondents stated that they used research publications <i>mostly</i> or <i>completely</i>, while 28.8% (n=60) reported that they <i>somewhat</i> used the publications. 17.3% (n=36) reported that they only used them <i>to a minor extent</i> or <i>not at all</i>.</p> <p>e) Operational/implementation research identified, supported or advocated: Only 40.4% (n=84) reported that they <i>mostly</i> or <i>completely</i> used the operational/implementation research and 26.9% (n=56) reported that they <i>somewhat</i> used it. However, 24.5% (n=51) of respondents reported that they used it <i>to a minor extent</i> or <i>not at all</i>.</p> <p>f) Training, seminars, conferences: 44.7% (n=93) reported that they <i>mostly</i> or <i>completely</i> used the trainings. 23.6% (n=49) reported that they <i>somewhat</i> used trainings, seminars and conferences and 24.1% (n=50) reported using them <i>to a minor extent</i> or <i>not at all</i>.</p> <p>g) Advocacy materials, partnerships formed, strategies developed: 45.7% (n=95) of the survey respondents reported that they <i>mostly</i> or <i>completely</i> used these, while 20.7% (n=43) <i>somewhat</i> used these. 25.5% (n=53) of stakeholders reported only using them <i>to a minor extent</i> or <i>not at all</i>.</p> <p>h) Information systems, surveillance and reports produced: 51.4% (n=107) of respondents reported that they <i>mostly</i> or <i>completely</i> used these, while 24.5% (n=51) used them <i>somewhat</i>. 17.3% (n=36) reported that they only used them <i>to a minor extent</i> or <i>not at all</i>.</p>

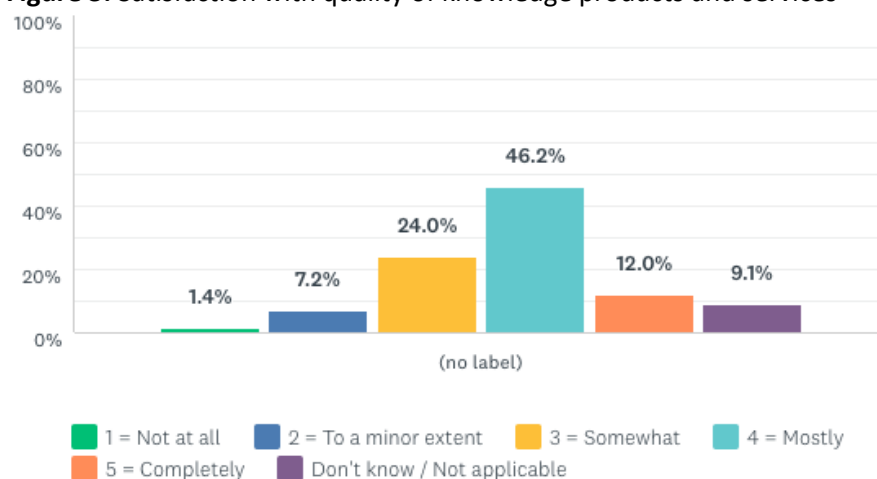
Table 10: Extent to which products and services were used

	1 = NOT AT ALL	2 = TO A MINOR EXTENT	3 = SOMEWHAT	4 = MOSTLY	5 = COMPLETELY	DON'T KNOW / NOT APPLICABLE	TOTAL
▼ a) provision of essential medicines	10.1% 21	6.3% 13	10.6% 22	25.5% 53	30.8% 64	16.8% 35	208
▼ b) norms, standards and guidelines developed, published and disseminated	2.4% 5	5.3% 11	15.9% 33	39.9% 83	30.3% 63	6.3% 13	208
▼ c) policy options developed, published and disseminated	5.8% 12	8.7% 18	23.6% 49	33.2% 69	22.1% 46	6.7% 14	208
▼ d) research publications developed, published and disseminated	8.2% 17	9.1% 19	28.8% 60	27.4% 57	17.8% 37	8.7% 18	208
▼ e) operations/implementation research identified, supported or advocated	12.5% 26	12.0% 25	26.9% 56	25.0% 52	15.4% 32	8.2% 17	208
▼ f) training, seminars/conferences, advice, tools accessed by stakeholders	11.1% 23	13.0% 27	23.6% 49	26.9% 56	17.8% 37	7.7% 16	208
▼ g) advocacy materials, partnerships formed, strategies developed and implemented (and medicines)	11.1% 23	14.4% 30	20.7% 43	27.4% 57	18.3% 38	8.2% 17	208
▼ h) information systems, surveillance and reports produced monitoring NTDs	7.2% 15	10.1% 21	24.5% 51	31.7% 66	19.7% 41	6.7% 14	208

Survey Question	Findings
Q15: If you would like to provide further comments on the development, accessibility, usefulness and use of the products and services of the WHO NTD Programme, please use the space below.	<p>78 qualitative responses</p> <ul style="list-style-type: none"> The most frequent comments reported that guidelines, training documents and tools are not disseminated on time or widely which creates a gap in knowledge and accessibility. There were mixed views on the usefulness of documents, with country level advice for yaws, schistosomiasis and trachoma programs to be poor quality and new guidelines for STH, rabies and LF to be very good quality. Specifically mentioned was the availability of essential medicines as an issue with an insufficient supply PC medicines as well as vaccines to control teniasis/cysticercosis and glucatine injections for leishmaniasis. The need for more financial support and quicker disbursement of funds to programs was also stated frequently.

Survey Question	Findings
Q16: To what extent are you satisfied with the quality of knowledge products and services developed by WHO's NTD Programme from 2014-2017?	58.2% (n=121) of survey respondents reported being <i>mostly</i> or <i>completely</i> satisfied with the quality of WHO's NTD knowledge products and services and 24% (n=50) were <i>somewhat</i> satisfied.

Figure 3: Satisfaction with quality of knowledge products and services



Criteria 2: Effectiveness – Outcomes

3.4 To what extent was the implementation and monitoring of the WHO roadmap for NTDs facilitated?	3.4.ii) How did the WHO NTD Programme facilitate the implementation of the Roadmap? (Q19d)
3.5 To what extent was implementation and monitoring of NTD control interventions facilitated by evidence-based technical guidelines and support?	3.5.ii) How did technical guidelines developed by the WHO NTD Programme facilitate control interventions? (Q19a)
3.6 To what extent is there increased and sustained access to essential medicines for NTDs?	3.6.iii) Stakeholders' perspective on extent there is increased and sustained access to essential medicines for NTDs (Q19b)
3.8 To what extent is there increased and sustained access to NTD control interventions?	3.8.i) Stakeholders' perspectives on extent there is increased and sustained access to NTD control interventions (Q19c)

Summary Findings
<ul style="list-style-type: none"> 43.7% (n=86) <i>mostly or completely</i> agreed that the implementation and monitoring of the WHO Roadmap for NTDs was facilitated, while 30.5% (n=60) thought this was <i>somewhat</i> the case. Evidence-based technical guidelines and support <i>mostly or completely</i> facilitated the implementation and monitoring of NTD control interventions according to 49% (n=97) of surveyed staff and 32.3% (n=64) thought this was <i>somewhat</i> true. As the highest rated outcome, 55.5% (n=111) felt that global access to essential medicines were increased and sustained <i>mostly or completely</i> during 2014-2017 and 28.1% (n=56) thought this was <i>somewhat</i> the case. Half (50.8%, n=101) agreed <i>mostly or completely</i> that global access to NTD control interventions were increased and sustained over the period of 2014-2017 and over one fifth 22.5% (n=45) agreed with this <i>somewhat</i>. Further comments tended to state that the program's effectiveness differs by disease intervention, therefore responses were mixed. For example, within the PC-NTDs, the elimination diseases (trachoma, LF and onchocerciasis) have made significant progress in developing evidence-based targets, treatment guidelines and M&E frameworks; the control diseases (schistosomiasis, STH) have had less progress due to less consensus on targets and the need to identify long-term sustainable programs. WHO was perceived as moving slowly in the progress of control efforts. Respondents also stated that there has been an improvement for PC-NTDs during 2014-2017, however IDM (Intensified Disease Management) still has gaps.

Survey Question	Findings
a) Has the global implementation and monitoring of NTD control interventions been facilitated by evidence- based technical guidelines and technical support?	49% (n=97) agreed with this <i>mostly or completely</i> and (32.3%, n=64) thought this was <i>somewhat</i> the case.
b) Has the global access to essential medicines been increased and sustained over the period of 2014-2017?	55.5% (n=111) agreed with this <i>mostly or completely</i> and 28.1% (n=56) thought this was <i>somewhat</i> the case.
c) Has the global access to neglected tropical disease control interventions been increased and sustained over the period of 2014- 2017?	50.8% (n=101) agreed with this <i>mostly or completely</i> and over one fifth 22.5% (n=45) thought this was <i>somewhat</i> the case.
d) Has the Implementation and monitoring of the WHO Roadmap for neglected tropical diseases been facilitated over the period 2014-2017?	43.7% (n=86) agreed with this <i>mostly or completely</i> and 30.5% (n=60) thought this was <i>somewhat</i> the case.

Table 11: Extent of effectiveness of outcomes

	1 = NOT AT ALL	2 = TO A MINOR EXTENT	3 = SOMEWHAT	4 = MOSTLY	5 = COMPLETELY	DON'T KNOW / NOT APPLICABLE	TOTAL
▼ a) Has the global implementation and monitoring of neglected tropical disease control interventions been facilitated by evidence-based technical guidelines and technical support?	2.0% 4	8.6% 17	32.3% 64	35.9% 71	13.1% 26	8.1% 16	198
▼ b) Has the global access to essential medicines been increased and sustained over the period of 2014-2017?	1.5% 3	7.5% 15	22.5% 45	37.5% 75	18.0% 36	13.0% 26	200
▼ c) Has the global access to neglected tropical disease control interventions been increased and sustained over the period of 2014- 2017?	2.5% 5	9.0% 18	28.1% 56	35.2% 70	15.6% 31	9.5% 19	199
▼ d) Has the Implementation and monitoring of the WHO Roadmap for neglected tropical diseases been facilitated over the period 2014-2017?	3.0% 6	10.7% 21	30.5% 60	33.0% 65	10.7% 21	12.2% 24	197

Survey Question	Findings
Q20: If you would like to provide further comments on your ratings above, please use the space below.	<p>33 qualitative responses</p> <ul style="list-style-type: none"> Overall, responses tended to state that the program's effectiveness differs by disease intervention, therefore responses were mixed. For example, within the PC-NTDs, the elimination diseases (trachoma, LF and onchocerciasis) have made significant progress in developing evidence-based targets, treatment guidelines and M&E frameworks; the control diseases (schistosomiasis, STH) have had less progress due to less consensus on targets and the need to identify long-term sustainable

	<p>programs. WHO was perceived as moving slowly in the progress of control efforts.</p> <ul style="list-style-type: none">• Respondents also stated that there has been an improvement for PC-NTDs during 2014-17, however IDM (Intensified Disease Management) still has gaps.
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Criteria 4: Lessons Learned – Best practices and areas for improvement for future programming

7. What have been the lessons learned, positive and negative, in the implementation of the Neglected Tropical Diseases Programme?

7.1 Extent to which there have been lessons learned	7.1.i) Identification of lessons learned (Q23, Q24, Q25)
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Summary Findings
<ul style="list-style-type: none"> Nearly two thirds (65.1%, n=127) felt that the WHO NTD Programme <i>mostly or completely</i> will have made an impact with regards to increasing and sustaining access to essential medicines and 16.9% (n=33) believe this to be <i>somewhat</i> the case. 60% (n=117) viewed the WHO NTD Programme as having <i>mostly or completely</i> increased and sustained access to control interventions and 23.6% (n=46) reported this to be <i>somewhat</i> the case. Comments on gaps or areas for improvement: elements that fall under capacity building were the most frequent comments about improvements within the WHO NTD Programme. Many reported the need for more training and support for country level staff so that they can be more knowledgeable of NTD program plans, and for more engagement from country offices. Another commonly agreed upon area for improvement was the donation of medicine. Some felt that drug donations via WHO is not as good as other drug donation programmes because of delays and lack of stock. Others wanted better management of drugs such as albendazole and mebendazole for STH. The need for greater political advocacy to government for better appropriation by MS and the sustainability of elimination targets was specifically mentioned. Comments on best practices: the free provision of essential medicines and MDA were most frequently reported as the WHO NTD Programme's best practice. Respondents also mentioned the development of guidelines for country NTD programs as a best practice. Technical support and was also considered a best practice The establishment of ESPEN was specifically mentioned as a best practice for a direct interface with more awareness of problems in African countries.

Survey Question	Findings
Q23: In your opinion, to what extent do you feel that the WHO NTD programme will have made an impact with regards to:	
a) increasing and sustaining access to essential medicines?	65.1% (n=127) felt that the WHO NTD Programme <i>mostly or completely</i> will have made an impact in this area, while 16.9% (n=33) reported this to be <i>somewhat</i> the case.
b) increasing and sustaining access to	60% (n=117) felt that the WHO NTD Programme <i>mostly or completely</i> will have made an impact in this area, while 23.6% (n=46) reported this to be <i>somewhat</i> the case.

control interventions?	
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Table 12: Impact of WHO NTD Programme

	1 = NOT AT ALL	2 = TO A MINOR EXTENT	3 = SOMEWHAT	4 = MOSTLY	5 = COMPLETELY	DON'T KNOW / NOT APPLICABLE	TOTAL
▼ a) increasing and sustaining access to essential medicines?	1.0% 2	6.7% 13	16.9% 33	36.9% 72	28.2% 55	10.3% 20	195
▼ b) increasing and sustaining access to control interventions?	2.1% 4	6.2% 12	23.6% 46	39.5% 77	20.5% 40	8.2% 16	195

Survey Question	Findings
Q24: In your opinion, what are the gaps or areas for improvement within the WHO NTD Programme?	<p>116 qualitative responses</p> <ul style="list-style-type: none"> Elements that fall under capacity building were the most frequent comments about improvements within the WHO NTD Programme. Many reported the need for more training and support for country level staff so that they can be more knowledgeable of NTD program plans, and for more engagement from country offices. Another commonly agreed upon area for improvement was the donation of medicine. Some felt that drug donations via WHO is not as good as other drug donation programmes because of delays and lack of stock. Others wanted better management of drugs such as albendazole and mebendazole for STH. The need for greater political advocacy to government for better appropriation by MS and for the sustainability of elimination targets was specifically mentioned.
Q25: In your opinion, what are the best practices regarding the WHO NTD Programme?	<p>108 qualitative responses</p> <ul style="list-style-type: none"> The free provision of essential medicines and MDA were most frequently reported as the WHO NTD Programme's best practice. Respondents also mentioned the development of guidelines for country NTD programs as a best practice. Technical support and was also considered a best practice

	<ul style="list-style-type: none"> The establishment of ESPEN was specifically mentioned as a best practice for a direct interface with more awareness of problems in African countries.
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Criteria 5: Sustainability – the continuation of benefits from an intervention after assistance is completed

8. To what extent are the results, including institutional changes, durable over time without continued funding?

8.1 To what extent are the outputs and outcomes from the activities that have occurred likely to be sustained at country level? At regional level? At global level?	8.1.i) Identification of sustained results at country level; regional level; global level (Q21 & Q22)
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Summary Findings
<ul style="list-style-type: none"> Responses regarding the sustainability of products and services across the three levels of organization were quite similar, however the trend was generally slightly less sustainability reported at country and regional level compared to the global level. Between 44.8% (n=91) and 49.3% (n=100) of respondents believed that products and services were <i>mostly or completely</i> sustainable across the three levels. Slightly more 31% (n=63) respondents felt that products and services were <i>somewhat</i> sustainable at country level than at regional (24.6%, n=50) and at global level (24.1%, n=49). Slightly more 13.3% (n=27) respondents felt that products and services were sustainable at country level only <i>to a minor extent or not at all</i>, compared to regional (11.8%, n=24) and global level (8.4%, n=17). Frequent comments were about how the sustainability at the country level largely depends on the country's ownership of the NTD program and engagement in it. This was reportedly far from what it should be with high turnover in personnel, and little support from authorities. More collaboration, partnerships and coordination with stakeholders within NTD and other sectors was seen as critical to the sustainability of products and services. Also mentioned but to a lesser extent was the need for WASH to be integrated with the NTD program and that products and services should be in line with SDG and UHC.

Survey Question	Findings
21: To what extent are the products and services of the WHO NTD Programme likely to be durable over time at:	
21a: Country level?	Between 44.8% (n=91) and 49.3% (n=100) believed that products and services were <i>mostly or completely</i> sustainable across the three levels.
21b: Regional level?	
21c: Global level?	Slightly more 31% (n=63) respondents felt that products and services were <i>somewhat</i> sustainable at country level than at regional (24.6%, n=50) and at

	<p>global level (24.1%, n=49).</p> <p>Slightly more 13.3% (n=27) respondents felt that products and services were sustainable at country level only <i>to a minor extent</i> or <i>not at all</i>, compared to regional (11.8%, n=24) and global level (8.4%, n=17).</p>
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Table 13: Sustainability of WHO NTD products and services

	1 = NOT AT ALL	2 = TO A MINOR EXTENT	3 = SOMEWHAT	4 = MOSTLY	5 = COMPLETELY	DON'T KNOW / NOT APPLICABLE	TOTAL
a) Country level	2.0% 4	11.3% 23	31.0% 63	32.5% 66	12.3% 25	10.8% 22	203
b) Regional level	1.5% 3	10.3% 21	24.6% 50	33.5% 68	12.3% 25	17.7% 36	203
c) Global level	1.5% 3	6.9% 14	24.1% 49	35.0% 71	14.3% 29	18.2% 37	203

Survey Question	Findings
Q22: If you would like to provide further comments on your ratings above for the durability of products and services, please use the space below.	<p>47 qualitative responses</p> <ul style="list-style-type: none"> Frequent comments were about how the sustainability at the country level largely depends on the country's ownership of the NTD program and engagement in it. This was reportedly far from what it should be with high turnover in personnel, and little support from authorities. More collaboration, partnerships and coordination with stakeholders within NTD and other sectors was seen as critical to the sustainability of products and services. Also mentioned but to a lesser extent was the need for WASH to be integrated with the NTD program and that products and services should be in line with SDG and UHC.

Criteria 6: Equity – Assessing and effectively addressing needs of vulnerable populations

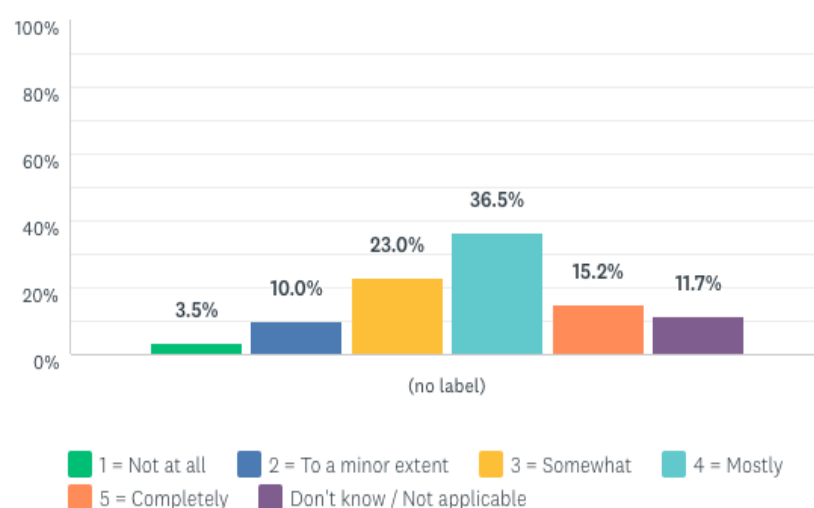
9. What has been the relevance of WHO's contribution to address the needs of vulnerable populations, including the poor and the marginalized, women and the elderly?

9.1 To what extent were vulnerable populations taken into consideration by this programme?	9.1.i) How were different populations reached in this programme? (Q9)
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Summary Findings
<ul style="list-style-type: none"> Slightly more than half (51.7%, n=119) of external survey respondents felt that vulnerable populations were <i>mostly</i> or <i>completely</i> taken into consideration in the design of the WHO NTD Programme, while 23% (n=53) thought this was only <i>somewhat</i> the case. Interestingly, considering this was the target audience, the remaining 13.5% (n=31) (not including Don't know/NA) thought this to a minor extent or not at all.

Survey Question	Findings
Q9: To what extent were the needs of vulnerable populations, including the poor and marginalised, women and the elderly, taken into consideration in the design of the WHO NTD Programme?	<p>Slightly more than half 51.7% (n=119) of external survey respondents felt that vulnerable populations were <i>mostly</i> or <i>completely</i> taken into consideration in the design of the WHO NTD Programme, while 23% (n=53) thought this was only <i>somewhat</i> the case.</p> <p>The remaining 13.5% (n=31) (not including Don't know/NA) thought this to a minor extent or not at all.</p>

Figure 4: Extent to which vulnerable populations were taken into consideration



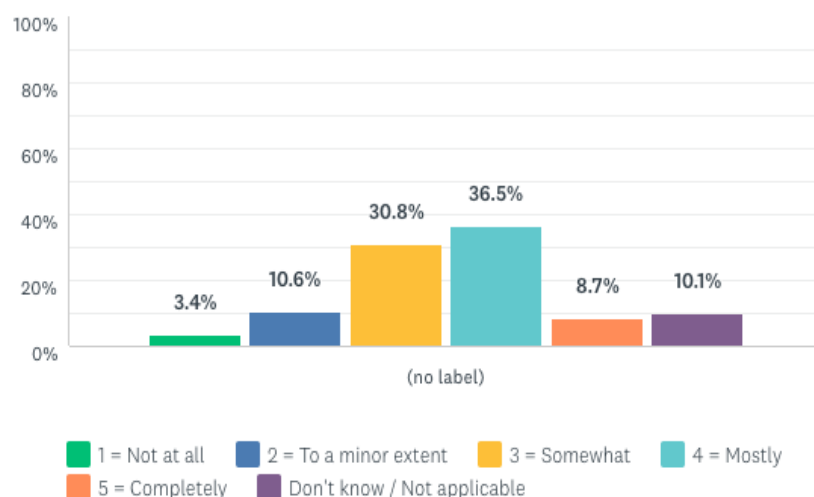
10. What has been the effectiveness of WHO's contribution to address the needs of vulnerable populations, including the poor and the marginalized, women and the elderly?

10.1 To what extent were vulnerable populations served by this programme?	10.1.i) How were different populations served in this programme? (Q17,Q18)
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Summary Findings
<ul style="list-style-type: none"> Less than half (45.2%, n=94) believed that vulnerable populations were <i>mostly or completely</i> reached by WHO's products and services and 30.8% (n= 64) thought that they were <i>somewhat</i> reached. It was frequently reported that it remains a challenge to reach vulnerable populations such as those living in poverty, remote or civil strife areas, refugees, the elderly, women, those with co-morbidities, and disabled individuals. The topic of NTD medicine was mentioned a number of times, with comments pointing to the limited availability of medicines such as the need for pediatric Praziquatel. It was also mentioned that because funds were not released in time to Member States, implementation of NTD activities to reach vulnerable populations was delayed or not covered.

Survey Question	Findings
Q17: To what extent were vulnerable populations, including the poor and marginalised, women and the elderly, <u>reached</u> by the products and services of the WHO NTD Programme?	Less than half (45.2%, n=94) believed that vulnerable populations were <i>mostly or completely</i> reached by WHO's products and services and 30.8% (n= 64) thought that they were <i>somewhat</i> reached.

Figure 5: Extent to which vulnerable populations were reached



Survey Question	Findings
<p>Q18: If you would like to provide further comments on the reach of products and services to vulnerable populations, please use the space below.</p>	<p>64 qualitative responses</p> <ul style="list-style-type: none"> • It was frequently reported that it remains a challenge to reach vulnerable populations such as those living in poverty, remote or civil strife areas, refugees, the elderly, women, those with co-morbidities, and disabled individuals. • The topic of NTD medicine was mentioned a number of times, with comments pointing to the limited availability of medicines such as the need for pediatric Praziquatel. • It was also mentioned that because funds were not released in time to Member States, implementation of NTD activities to reach vulnerable populations was delayed or not covered.

Annex H: :List of Guidelines and Technical Documents 2014-2017

Note that there were discrepancies in the what is presented on the WHO NTD Programme website as technical documents and guidelines, and what was identified by the programme.

#	Disease	Title of technical document/guideline	Number Released 2014-2017
1.	Buruli ulcer	<ul style="list-style-type: none"> Management of Buruli ulcer–HIV coinfection Technical update (2015) Buruli ulcer (Laboratory diagnosis of buruli ulcer: a manual for health care providers, 2014) 	1
2.	Dracunculiasis (guinea-worm disease)	<ul style="list-style-type: none"> Eradication of dracunculiasis: a handbook for international certification teams (2015) 	1
3.	Human African trypanosomiasis	<ul style="list-style-type: none"> Control and surveillance of human African trypanosomiasis: WHO TRS N°984 	1
4.	Leprosy	<ul style="list-style-type: none"> Guidelines for global surveillance of drug resistance in Leprosy (2014) Global Leprosy Strategy 2016–2020: Accelerating towards a leprosy-free world (2016) 	2
5.	Leishmaniasis	<ul style="list-style-type: none"> Accelerated plan for kala-azar elimination (2017) Manual on case management and surveillance of the leishmaniasis in the WHO European Region (2017) Process of validation of elimination of kala-azar as a public health problem in South-East Asia (2016) Framework for action on cutaneous leishmaniasis in the Eastern Mediterranean Region 2014–2018 (2014) Manual for case management of cutaneous leishmaniasis in the WHO Eastern Mediterranean Region (2014) Strategic framework for leishmaniasis control in the WHO European Region 2014–2020 (2014) 	6
6.	Lymphatic filariasis	<ul style="list-style-type: none"> Crossing the Billion: Preventive chemotherapy for neglected tropical diseases Lymphatic filariasis, onchocerciasis, schistosomiasis, soil-transmitted helminthiasis and trachoma (2017) Assessing the epidemiology of soil-transmitted helminths during a transmission assessment survey (TAS) (2015) 	2

#	Disease	Title of technical document/guideline	Number Released 2014-2017
7.	Onchocerciasis	<ul style="list-style-type: none"> • Report of the Second Meeting of the WHO Onchocerciasis Technical Advisory Subgroup (2018) • Report of the 1st Meeting of the WHO Onchocerciasis Technical Advisory Subgroup (2018) • Seventh meeting of the working group on monitoring of neglected tropical diseases drug efficacy - Lymphatic filariasis, onchocerciasis, schistosomiasis and soil-transmitted helminthiasis (2018) • Crossing the Billion. Preventive chemotherapy for neglected tropical diseases - Lymphatic filariasis, onchocerciasis, schistosomiasis, soil-transmitted helminthiasis and trachoma (2017) • Guidelines for stopping mass drug administration and verifying elimination of human onchocerciasis (2016) 	5
8.	Soil-transmitted helminthiasis	<ul style="list-style-type: none"> • Preventive chemotherapy to control soil-transmitted helminth infections in at-risk population groups (2017) 	1 (see also lymphatic filariasis above)
9.	Schistosomiasis	<ul style="list-style-type: none"> • Field use of molluscicides in schistosomiasis control programmes: an operational manual for programme managers. (2015) • Female genital schistosomiasis: A pocket atlas for clinical health-care professionals (2015) 	
10.	Cysticercosis / Taeniasis	<ul style="list-style-type: none"> • Landscape analysis: management of neurocysticercosis with an emphasis on low- and middle-income countries (2015) • Landscape analysis: control of <i>Taenia solium</i> (2015) 	2
11.	Trachoma	<ul style="list-style-type: none"> • Validation of elimination of trachoma as a public health problem (2016) • Trichiasis surgery for trachoma (2015) • World Health Organization. Informal consultation on a tracking system for patients with trachomatous trichiasis. Rollins School of Public Health, Emory University, Atlanta, USA, Wednesday 30 September 2015 (WHO/HTM/NTD/2016.1). Geneva: World Health Organization; 2016. • World Health Organization Strategic and Technical Advisory Group on Neglected Tropical 	2

#	Disease	Title of technical document/guideline	Number Released 2014-2017
		<p>Diseases. Technical consultation on trachoma surveillance. September 11–12, 2014, Task Force for Global Health, Decatur, USA (WHO/HTM/NTD/2015.02). Geneva: World Health Organization; 2015.</p> <ul style="list-style-type: none"> • World Health Organization Strategic and Technical Advisory Group on Neglected Tropical Diseases. Informal consultation on post-validation surveillance for trachoma. October 1-2, 2015, Task Force for Global Health, Decatur, USA. Geneva: World Health Organization; 2016. • World Health Organization. Network of WHO Collaborating Centers for Trachoma: inception meeting report. Decatur, GA, USA, 19-20 February 2015 (WHO/HTM/NTD/2016.3). Geneva: World Health Organization; 2015. • World Health Organization. Network of WHO Collaborating Centers for Trachoma: 2nd meeting report, Decatur, GA, USA, 26 June 2016 (WHO/HTM/NTD/PCT/2017.06). Geneva: World Health Organization; 2017. 	