World Health Organization

Frequently asked questions on the "Joint Application Package for PC" (2022 Update)

Planning, requesting medicines and reporting

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Contents

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“The goals of the survey and the expanded FAQ are to increase user understanding of the JAP, including how it is used, who reviews it, and the process and timing for WHO approval and delivery of medicines donated by pharmaceutical companies.”

Abbreviations and acronyms

ALB: albendazole

AWP: annual work plan

CSO: Civil Society Organizations

EPIRF: Epidemiological Reporting Form

ESPEN: Expanded Special Project for Elimination of Neglected Tropical Diseases

EU: evaluation unit

FTS: filariasis test strip

ITI: International Trachoma Initiative

IVM: ivermectin

JAP: Joint Application Package

JRF: Joint Reporting Form

JRSM: Joint Reporting Form for Selected PC Medicines

LF: lymphatic filariasis

M&E: monitoring and evaluation

MDA: mass drug administration

MDT: multidrug therapy

MEB: mebendazole

MoH: Ministry of Health or equivalent

NTD: neglected tropical disease

NTDP: neglected tropical disease programme

ONCHO: onchocerciasis

PC: preventive chemotherapy

PTS: post-transmission surveillance

PZQ: praziquantel

RO: WHO Regional Office

RPRG: Regional Programme Review Group

SAC: school-aged children

SCH: schistosomiasis

SOP: standard operating procedure

STH: soil-transmitted helminthiases

TAS: transmission assessment survey

WHO: World Health Organization

WRA: women of reproductive age

ZTH: azithromycin

1 Introduction

The World Health Organization (WHO) has updated its frequently asked questions (FAQ) on the "PC Joint Application Package" (JAP) in response to global stakeholder participation in a survey of outstanding questions from users about the JAP. The FAQ consolidate the new questions from neglected tropical disease (NTD) programme managers, pharmacists, monitoring and evaluation (M&E) officers, implementing partners, and pharmaceutical and financial donors, to provide a comprehensive list of responses.

The FAQ complement the Standard operating procedures for supply chain management of health products for neglected tropical diseases amenable to preventive chemotherapy (1), the accompanying OpenWHO training course (2) and the JAP guidance (3). Further resources including the latest JAP (version 4) forms are downloadable from the WHO/NTD website (4). At this point, the JAP is used to request medicine and treatments for lymphatic filariasis (LF), onchocerciasis (ONCHO), schistosomiasis (SCH) and soil-transmitted helminthiases (STH) only.

The goals of the survey and the expanded FAQ are to increase user understanding of the JAP, including how it is used, who reviews it, and the process and timing for WHO approval and delivery of medicines donated by pharmaceutical companies. Accurate and timely submission is crucial to ensure that donated treatments are available in the correct quantities for targeted populations and arrive on time for implementation of PC campaigns in countries where these diseases are endemic.

The FAQ are divided into five sections: general questions on the JAP; and specific questions on each of the four forms within the JAP, namely the Joint Request for Selected PC Medicines (JRSM), the PC Joint Reporting Form (JRF), the PC Epidemiological Data Reporting Form (EPIRF) and the Annual Work Plan (AWP).

Answers to each question raised were considered by members of the JAP Working Group, a subgroup of the NTD Supply Chain Forum, with participants from WHO, the United States Agency for International Development, The Task Force for Global Health and Merck KGaA.

Any questions not listed in this document can be submitted by email to pctdata@who.int. Answers should be provided within 1-2 working days. The team will update the FAQ periodically as the JAP is updated and more questions are submitted.

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2 Frequently asked questions

2.1 The "PC Joint Application Package"(JAP): general questions

Q1 **Is there a deadline for the JAP submission, and what is the lead time for medicines to arrive?**

There is no fixed deadline for submission of the JAP. To ensure the medicines are delivered on time, the JAP must be submitted at least 9 months before the first date of MDA planned in the calendar year of the request. For example, if a country plans to conduct two MDA rounds in May and October 2024, the request should be submitted by August 2023. This lead time is required for reviewing and approval of the request, placing orders, manufacturing PC medicines and shipment to the country.

Some countries that have specific procedures requiring more time should apply earlier, taking into consideration the required additional time, for example, pre-shipment inspection.

See SOPs on green lighting and customs clearance (https://www.who.int/publications/i/item/9789240049581) for more details.

Q2 **Can the Minister of Education (or other relevant stakeholders) request medication for SAC outside the JAP?**

The MoH is WHO's primary counterpart, and the education ministry should work with MoH to input their requirements and report what they received and distributed in the JAP.

Q3 **Even if requests are submitted on time, can delays occur in delivering the medicines?**

Timely submission is only one step of the supply chain management cycle; delays can happen at any time. Additional important steps for country action relate not only to timely submission but also to submitting good-quality, complete information on the JAP and responding promptly when clarification or additional information is requested during the review process.

Q4 Is a JAP express process possible? What are the requirements for initiating a quick supply process (airfreight)?

WHO does not have an express process, but it may be possible for small shipments under exceptional circumstances.

Q5 Can the template be adapted depending on the level of disease management (e.g., the lower level: community)?

Subdistrict (community) data for focal diseases such as ONCHO and SCH can be included in the JAP and should be aggregated to the implementation (district) level.

Q6 What happens if the medicines expire?

WHO expects countries to manage their donated medicines appropriately to prevent expiry before distribution. However, should medicines expire, the relevant Waste Management SOP should be consulted. Any expired medication should be reported on the JRF and properly disposed of to reconcile stock numbers and availability.

Q7 Why does LF have a TAS eligibility form requirement to obtain FTS associated with surveys reported in EPIRF, but not as part of the JAP process?

The EPIRF, which is used to report TAS, is part of the JAP application whenever the country conducts surveys and submits results to WHO. However, because of the special nature of this request there is a special TAS eligibility and planning form to aggregate epidemiological and MDA data at EU level.

Details on TAS.

Q8 Can districts that were previously treated and stopped treatment retreat if the disease re-emerges?

Yes, if the threshold of infection prevalence warrants MDA and depending on the type of disease. Data documenting a recrudescence of disease should be included in the EPIRF to support the application for additional medicines.

Q9 If a country has no funding for MDA, what should they do?

It is essential that countries secure funding for MDA either internally or externally before submitting the JAP for medicine requests to WHO. WHO will not approve requests where funding for implementation is not secured.

Q10 Are the medicines requested based on country plans or WHO treatment plans?

Medicine requests from endemic countries are based on country plans, which are based on the endemicity of the diseases and the population requiring interventions. Countries normally base their plans on achieving the NTD road map 2030 goals set by WHO.

Q11 What resources (human, material and financial) are required to carry out the JAP application process?

The details of the JAP application process are described in the SOPs and training materials WHO strongly encourages countries to hold a planning meeting at least 2 months before submitting the JAP to identify and collect all the necessary data so that a complete JAP is submitted. This will reduce the need for WHO follow-up and expedite JAP approval. It is also recommended that the NTDP include M&E officers, pharmacists, logisticians and implementing partners at this meeting to support the JAP preparation effort. Most costs are related to the participants' level of effort and an informal planning meeting.

Q12 Can mebendazole (500 mg) be administered in areas with an endemicity level of 1 (low prevalence) and be reported in the JRF?

MDA for STH is administered depending on the level of endemicity, which also determines the frequency of treatment. Please refer to WHO guidelines on STH PC .However, all treatments done should be reported on the JRF.

Q13 What are the top 3–5 reasons for delays in JAP approval, and how can countries preempt these issues?

The main reasons for delayed JAP approval are:

- late submission;
- incomplete or poor-quality JAP submission, particularly related to remaining balances available in the country;
- delay in providing feedback when WHO reviewers send questions; and
- not indicating the availability of operational funds for distribution.

Q14 Can WHO support financial gaps for the annual Programme Plan? What if a funder is not yet identified?

WHO does not support programme implementation costs in general. It is the responsibility of the MoH to seek funding internally using domestic financing or from external donors and implementing partners.

Q15 Is there a way for the system to verify and check for errors before making the submission?

The JAP forms each provide a validation button to check several issues. Be sure to click the VALIDATE button and then make any needed corrections before moving on to the next form. This will ensure a complete JAP is submitted, reducing the need for WHO follow-up and potential delays in approving the application.

Q16 Can WHO provide technical assistance to validate the reports?

Yes, WHO can provide technical assistance when requested.

Q17 Is a JAP express process possible? What are the requirements for initiating a quick supply process (airfreight)?

As long as the JRF is submitted with the proper authorization of the NTD programme manager who officially signed the JAP, it is acceptable to WHO.

Q18 How long does it take from submission to review and approval of a country's JAP?

The process of JAP approval takes a minimum of 2-3 weeks if the forms and data are complete and of good quality. A complete and accurate JAP (with supporting forms such as the JRSM and JRF) will be reviewed and approved by the WHO RO (in consultation with WHO/HQ and the RPRG). However, if missing or inaccurate information is noted by WHO or the RPRG, the approval will take as long as needed until all satisfactory clarifications from the requesting country are received. It is important for the country to submit timely responses to WHO enquiries to avoid delays in the approval of medicines.

Q19 How can I prevent delays in getting the joint request accepted?

See the answer above. Submitting on time is only one step of the supply chain management cycle, and delays can happen at any time along the chain. Additional important steps for country action are related not only to timely submission but also to submitting good quality and complete information on the JAP and responding promptly when asked clarification questions or for additional information during the review process.

Q20 Does the submission timeline change considering country-specific contexts like conflict setting or socio-political crisis?

WHO advises countries with challenging situations to submit the application as early as possible, taking into consideration that it might take more time for some of the supply chain processes than that for stable countries.

Q21 How can the MoH work with WHO when there are challenges in the accuracy of the census for the medicine?

WHO accepts official figures from the MoH, which the country uses for planning purposes either from national census data with projections or from other data that the MoH uses for all its official planning purposes. WHO is always available to help clarify the issues and provide technical assistance requested by the country.

Q22 What are the key responsibilities of implementing partners? How should stakeholders (non-ministry) participate in completing the JAP?

WHO advises the MoH to work together with all NTD stakeholders in the country in planning and preparing the JAP. Implementing partners can frequently assist with helping to identify the data to be collected, support planning meetings to gather and identify missing JAP information and assist with reviewing previous JAP processes. Implementers can also help in addressing the questions that WHO asks during follow-up. Their role may be both technical and financial in assisting with JAP preparation, depending on the needs of the NTDP, which should be leading the JAP process. Also, implementing partners can confirm whether or not donor funding is available for MDA implementation.

Q23 Can any representative of the ministry submit the JAP, or should it be a designated person known to the WHO country office?

The JAP can be submitted by the MoH NTD programme manager or designated person by the NTD programme manager or relevant authority within MoH.

Q24 Who should normally lead the JAP process?

The MoH of endemic countries, specifically the NTDP, is responsible for leading the preparation, application submission and response to all follow-up queries from WHO. Any delays in responding to questions or missing information will result in delayed medicine shipments and potentially delayed MDA. It is valuable to have multiple contributors to the JAP, including M&E officers, pharmacists, logisticians and implementing partners supporting the NTD programme.

Q25 How does one ask WHO questions on the JAP process?

You can contact your NTD Regional Advisor or, if within the African Region, contact ESPEN. You can also submit your question using this email address: PC_JointForms@who.int

However, it is very important first to check the SOPs and training materials using these links.
https://www.who.int/teams/control-of-neglected-tropical-diseases/interventions/strategies/preventive-chemotherapy/joint-application-package

https://www.who.int/publications/i/item/9789240049581

https://openwho.org/courses/NTDs-supply-chain-management

Q26 How does WHO collate the treatment data from the previous year and calculate the available medicines in the country?

WHO uses previous treatment data and the quantity of medicine shipped to the country to calculate the theoretical balance of medicine available in the country. However, countries should report the available medicine balance at hand when completing the application. They should also include any expired, damaged or lost medicines in order to reconcile the total stock shipped to the country.

Q27 Is the JAP process obligatory for every country?

Yes, countries wishing to receive NTD medicines for diseases requiring MDA through WHO free of charge must follow the JAP process.

Q28 What is the step-by-step process involved in completing the Joint Application?

This process is outlined in the WHO SOPs and accompanying JAP training materials .

Additional resources are also available on the WHO website.

The first step is for countries to hold a planning meeting at least 2 months before submitting the JAP to gather all the necessary data and identify and gather additional data for the application so that a complete JAP is submitted.

The NTDP, M&E officers, pharmacists, logisticians and implementing partners should also attend this meeting to support the JAP preparation effort. The next steps are to complete the JAP forms and determine the amount of medicine and finally to verify completion of the checklist indicated in each form, which should be signed with the correct authority within the MoH and submitted to WHO.

Q29 Which level of health care facility in a country should submit this form (central/regional/district?)

District-level data are the lowest level of data used in the JAP, and they are aggregated to the national level. However, for some focal diseases where district-wide prevalence is not applicable, subdistrict level information can be provided manually (e.g., for ONCHO and SCH).

Q30 What population figures should be used when completing the application?

Up-to-date population figures reflecting the situation should be used, provided they are approved by the MoH.

If the country has no recent data, WHO will accept old data as long as they are projected for the current year correctly and are accepted by the country and used for official planning. However, if data or census data collected by community drug distributors are available, they are also acceptable as long as the country officially uses them for implementation.

Q31 Will non-PC medicines (e.g., MDT for leprosy) also be included in the scope of the JAP?

At this point, the JAP is used to request medicine and treatments for LF, ONCHO, SCH and STH only.

Q32 Can implementing partners be included as a larger part of the process? We answer to donors about performance on treatment goals and yet are not copied on communications about drug supply.

WHO cannot mandate the inclusion of implementing partners in the JAP completion process; however, WHO strongly encourages a planning meeting with multiple contributors to the JAP, including M&E officers, pharmacists, logisticians and implementing partners supporting the NTDP.

This meeting should occur 2 months before the planned submission of the JAP in order to gather all the data necessary to complete the application. WHO includes implementing partners in email communications to follow up on the JAP submission, and they are encouraged to support NTDPs with gathering the necessary information, but NTDPs must lead this process. The JAP is the responsibility of the NTDP, and the NTDP must respond to all queries.

Q33 Which stakeholders are required and at what level?

WHO strongly encourages having a national JAP planning meeting with multiple contributors, including M&E officers, pharmacists, logisticians and implementing partners supporting the NTDP.

This meeting should occur 2 months before the planned submission of the JAP in order to gather all necessary data for a complete application. However, if applicable, and depending on the size of the country, subnational JAP planning, which will be reviewed and compiled at national level, is also possible.

Q34 If several implementing partners support the country, will they all be involved in the JAP planning process?

WHO believes that if it is manageable, all implementing partners supporting MDA should be engaged in the JAP process.

One partner should not represent the interests of other partners and their donors.

Q35 **Who is the responsible party for bearing transportation/ customs clearance costs pertaining to the delivery of medicines at the consignee address?**

Each pharmaceutical donor handles this slightly differently.

For ALB, PZQ and MEB, the relevant pharmaceutical companies provide funds to DHL to support relevant customs clearance costs, with WHO typically being the consignee.

Where possible, fee waivers should be sought.

For IVM, the Mectizan Donation Program pays its own third-party consignees and clearing agents. For ZTH, Pfizer and ITI have Memorandums of Understanding with each NTDP specifying that the NTDP will be responsible for all clearance and transport fees once the medicines arrive at the port or airport. For DEC, Eisai only guarantees delivery to the port of entry. Clearance costs are the responsibility of the MoH.

Q36 **Can the JAP be linked to the WHO NTD SOP course for filling in the JAP to support country teams even if one is not taking the full course?**

The JAP cannot be amended currently to include the SOP course links. The links and training courses are found here.

https://www.who.int/teams/control-of-neglected-tropical-diseases/interventions/strategies/preventive-chemotherapy/joint-application-package

https://www.who.int/publications/i/item/9789240049581

https://openwho.org/courses/NTDs-supply-chain-management

2.2 The Joint Request for Selected PC Medicines (JRSM)

Q37 **How is medicine allocation for adults decided?**

For STH and SCH, adult allocation is reviewed and decided on a case-by-case basis, depending on the disease epidemiology and the country's target of elimination of transmission. For all other diseases, the JSRM calculates it automatically.

Q38 **Is it possible to approve the JRSM with some errors?**

No, the JRSM cannot be approved with errors. Version 4.0 has a robust new function to help you validate your data and reduce errors before submission. Be sure to click VALIDATE on the form to ensure all data are correctly included.

Q39 When there are rolling MDAs throughout the year, how do you report the multiple MDA dates on the JRSM form (e.g., LF MDAs that occur in February for one district, June for another district and then November for the last district)?

To ensure the medicines are delivered on time, the request for PC medicines must be submitted at least 9 months before the first date of MDA planned in the calendar year of the request. For example, if a country plans to conduct two MDA rounds in May and October 2024, the request should be submitted by August 2023.

In the form, you should provide the first MDA date for single-treatment intervention. WHO uses that date to deliver all the medicines for the year on time.

For a disease that requires multiple treatments of an individual in a year due to high prevalence, you should provide the first month of the first campaign and the first month of the second campaign for each implementation unit.

Q40 How do you assure that inventory numbers in the JRSM are actually accurate?

WHO reviews the JRF of the previous year against the approved tablets shipped to verify that the reported inventory balance is accurate or not. If the inventory is not roughly accurate, the country will be required to provide additional information to validate the reported inventory.

Q41 Is it important for changes in the consignee to be provided to WHO well in advance of the shipment?

Yes, it is important to notify changes to WHO because the wrong consignee data will delay clearance and will be time-consuming to rectify once the shipment has arrived.

Q42 For SCH quantification, some countries may have different treatment strategies (e.g., some treat a particular percentage in an endemic area based on the endemicity among SAC, whereas others treat all SAC in the endemic district). Can the JRSM be approved based on each country's unique situation?

Yes. To speed up the approval process, it is advisable to put justifications in the "Additional info" of the SHIPMENT sheet. All such requests outside of the standard donation will require special review by WHO before they can be approved.

Please refer also to the JAP guidance: https://www.who.int/teams/control-of-neglected-tropical-diseases/interventions/strategies/preventive-chemotherapy/joint-application-package/version4

Q43 If a parent district is divided into several smaller districts or reallocated to another province, how is the endemicity allocated? How do you inform WHO of the change and will it affect the JRSM approval process?

You should immediately inform WHO of this type of change. The WHO disease-specific focal point will advise how to determine the endemicity status of this combined/split district. The requested quantity of medicine will be changed accordingly.

Q44 How are decisions made that result in differences between the medicine requested by a country and the decision on the number of tablets that will be allocated?

The requested quantity must be in line with the disease epidemiology, existing stock in the country and the country's capacity to distribute it, particularly the availability of funds for implementation. If the requested quantity is bigger or smaller than what the country can do, then the requested quantity must be adjusted to align with these requirements. Treatment history is also considered during review.

Q45 What happens if the JRSM is submitted but inaccuracies are identified before approval? Can the requestors recall the JRSM before it is reviewed and approved?

Yes, you can send an updated JRSM. This will save time for all concerned parties and facilitate faster approval.

Q46 Does WHO check new JRSM requests against submitted EPIRF forms? Does a change in treatment strategy in a given district that is reflected on the JRSM form need to be validated by data in the EPIRF before approval?

In completing the JRSM, the country must use the latest EPIRF data to update the endemicity level of the district in JRSM, which determines the treatment strategy.

If the epidemiological data come out after submission of the JRSM, you should immediately inform the WHO Data Responsible Officer at the Regional Office level through the WHO Country Office and get his/her advice on the changes.

Q47 What if the request is late due to delays in completing MDA?

WHO recommends still counting back 9 months from the date when the medicines are needed for the timing of the request, even if the current year's MDA is delayed. It is suggested that you use the data from the previous year for calculation purposes, assuming the latest supply will be fully distributed. Also, indicate when this year's MDA is planned. Notify the WHO Country Office and Data Responsible Officer of this plan, to avoid having your medicines request reduced.

If MDA is not implemented as planned during the implementation year, the JRF should be submitted with complete data provided in COUNTRY_INFO and a written explanation of the reasons included in the additional information box in the SUMMARY worksheet.

Q48 Do programmes have an opportunity to submit the JRSM twice in the year? How often will this form be submitted?

It is not advisable to submit JRSM twice a year.

If the country does not have data for the second round, WHO suggests using the data from the previous year.

It is mandatory to submit the Request on time (for the first round), 9 months before the medicines are needed.

Q49 The current JRSM does not consider some age groups/risk groups (adults, WRA, etc.). Why does WHO not include these groups in JRSM? Do countries make a separate request to WHO for donated medicines for those groups?

Some specific groups are not yet included in JRSM because the WHO-facilitated donation programme does not yet cover them. However, it is advisable to express the full need of all age groups in the "Additional info" box of the Shipment tab. In the recent release of the JAP v.4.0 these groups are included for planning. Please refer also to the JAP guidance.

Q50 Under normal circumstances, who is responsible for approving the JRSM?

A complete and accurate JAP (with required supporting forms, such as the JRSM and JRF) will be reviewed and approved by the WHO RO (in consultation with WHO/HQ and the RPRG), within a maximum of 2–3 weeks.

However, if missing or inaccurate information is noted by WHO or the RPRG, the approval will take as long as needed until all satisfactory clarifications from the requesting country are received.

Q51 Who normally submits the JRSM to WHO?

The reports generated in the JRSM and in the JRF (SUMMARY worksheets) must be printed and signed by the NTD programme manager or a designated MoH representative to formally endorse the country's request for these medicines and the reported annual progress of the national programme(s).

Note: without authorized signature, the form cannot be approved by WHO.

Q52 Why are there delays in approving the JRSM after submitting the form?

A complete and accurate JRSM (with supporting forms) will be reviewed and approved by the WHO RO (in consultation with WHO/HQ and the RPRG), in a maximum of 2-3 weeks. However, if missing or inaccurate information is noted by WHO or the RPRG, the approval will take as long as needed until all satisfactory clarifications from the requesting country are received.

Submitting the form on time is only one step of the supply chain management cycle, and delays can happen at any time along the chain. Additional important steps for country action are related not only to timely submission but also to submitting good quality and complete information on the JAP and responding promptly when clarification questions or additional information is asked during the review process.

Q53 Is the process of preparing the JRSM based on any scientific or standard guidelines?

Yes, the JRSM forms are based on standard WHO guidelines, which are based on scientific evidence.

The JRSM forms collect information on treatment history and current needs based on evidence collected, as well as stock-on-hand data, all towards the purpose of ensuring the country receives the medicines it needs to treat its populations at risk.

The decision-making process follows the current WHO treatment guidelines on determining eligibility. Please refer also to the JAP guidance.

Q54 How does one determine the percentage of populations to be treated on the JRSM for the different age groups?

The percentage of populations to be treated is provided by the MoH and comes from the national census data or other data that the MoH uses for all its official planning purposes.

If the country has no recent data, WHO will accept old data as long as they are projected for the current year correctly and are accepted by the country and used for official planning. However, if data or census data collected by community drug distributors are available, they are also acceptable as long as the country officially uses them for implementation.

Q55 What is the method for calculating medicine requests for schistosomiasis?

2.5 tablets are used on average to treat SAC and 3 tablets for adults.

Q56 How do the formulas work in the JRSM? What are the calculations in place?

The forms have specific formulas to assist with calculating how much medicine is needed based on population size and age.

However, the quality of the calculation is only as good as the quality of the data included on the form. It is important to provide complete information for each section. Do not submit an incomplete application. Allow your programme enough time before submission to gather the necessary information.

2.3 The PC Joint Reporting Form (JRF)

Q57 Can the reported number of tablets used in the JRF be linked to the inventory management process of the respective country?

When a final and validated report is submitted to WHO, data on the number of tablets distributed and wasted are loaded into the medicine inventory database established at WHO/HQ, providing access to all ROs. The database also includes the number of tablets shipped to the countries for each implementation year.

Q58 Does the JRF take into account the AWP data?

No, the AWP is not taken into account on the JRF form.

The AWP allows national programmes to identify the specific objectives to be achieved in the year, to focus on the key activities that need to be implemented to achieve the said objectives, and to identify the gap in financial and technical resources to achieve the objectives. It also allows WHO to closely monitor the progress of the national programmes, to identify obstacles, and to coordinate provision of financial and technical support on time.

Q59 Treatment coverage of populations sometimes exceeds 100% in certain endemic districts due to population differences from national CSO. How can this be addressed in the JRF?

Such discrepancies are common in many countries.

All districts where coverage rates exceed 100% can be identified (highlighted) when running the VALIDATION macro.

Differences of less than 10% are usually accepted by the reviewing team. If discrepancies are higher, further clarification and corrections from a respective country are required.

The review team can also run a cross-check test to see demographical data reported in previous years to identify potential data errors.

Q60 How can I enter subdistrict level data for SCH only?

Entering SCH data at subdistrict level should be done manually, by replacing auto-calculated values in the COUNTRY_INFO worksheet.

Q61 What is the reasoning behind calculating the treatment coverage with both the adult and SAC population without providing medicine for both populations?

National coverage for schistosomiasis is calculated based on the population requiring PC for SCH as a denominator, where both age groups (SAC and adults at risk) requiring treatment are included.

According to the new SCH guidelines, the population requiring PC for the disease will still be estimated based on data at the subdistrict (focal) level for both age groups. For adults, the average number of tablets is higher. PZQ donations for adults will be evaluated on a case-by-case basis, based partly on the availability of medicines.

Q62 Can the joint reporting form be submitted more than once a year (when there are multiple rounds of treatment)?

During the implementation year, the Form can be partially completed after each MDA round, when treatment data become available.

The final Report should be ready (submitted) within 3 months after the last round was implemented.

Q63 Are there any preconditions for the approval of JRF?

Data reported in JRF should be in line with the latest available demographic and epidemiological data.

Treatment data should be self-validated by running VALIDATION macros to avoid any technical errors and to identify potential data paradoxes. When submitted, the review team runs several tests to validate data and, after completion, can recommend it for approval or further revision.

Q64 Can the JAP be approved without having the JRF?

The JAP, in particular the JRSM, will not be approved without submission of the final version of the JRF.

If MDA was not implemented as planned during the implementation year, the JRF should be submitted with complete data provided in COUNTRY_INFO and a written explanation of the reasons in the additional information box in the SUMMARY worksheet.

Q65 If the Programme receives medicines from other agencies, how is it reported?

In the JRF, countries should provide data on all people who received MDA during the implementation year, irrespective of the source of the medicines. The section on medicine inventory in the JRF should be updated accordingly. However, in the JRSM v.4.0, there is an indicator (SUMMARY worksheet) where the source of the medicines should be provided for each type of medicine, by targeted age group.

Q66 If the JRF is not submitted on time, what impact will it have on MDA implementation?

If the JRF is not submitted on time (within 3 months after the last implementation round), it may delay approval of the request for medicines required for the next implementation year. As a result, the requested medicines may arrive in the country after the planned MDA date. The JRF should be submitted before or together with the request for the next implementation year.

Q67 What challenges do countries face with producing the JRF form as it can take a substantial amount of time for WHO to receive it in some cases?

Countries may have several challenges in producing the JRF, including collecting treatment data from communities, schools and health facilities. Validating, collating, compiling and aggregating data at various levels of the health system takes time. Data collection is also mostly paper-based, which increases delays and is subject to human errors.

Challenges can arise if an NTDP begins filling out the JAP and each individual form without planning and gathering the required information, which may need to be gathered from different locations, such as stock-on-hand or recent MDA data. Then, if an incomplete JAP is submitted, it will trigger several follow-up emails from WHO to complete the application.

It frequently takes an NTDP several weeks to months to gather the missing information, delaying JAP approval and shipment of medicines.

WHO strongly encourages countries to hold a planning meeting at least 2 months before submitting the JAP to gather all necessary data and to identify and gather additional information needed for the application so that a complete JAP is submitted the first time. This will reduce the need for WHO follow-up and expedite JAP approval.

It is also recommended that the NTDP include M&E officers, pharmacists, logisticians, the local WHO NPO and implementing partners at this meeting to support the JAP preparation effort.

Q68 How to report on cross border populations treated?

All treated populations are to be reported annually regardless of their geographical status. All people who have received treatment should be reported at the point where the medicines were provided. Because of this, we will accept that programme coverage may exceed 100% (by up to 10%) in these situations.

2.4 The PC Epidemiological Data Reporting Form (EPIRF)

Q69 Why do the latest EPIRF data lead to the discontinuation of treatment in areas previously under treatment?

Epidemiological data provided in the EPIRF are analyzed according to the disease-specific guidelines. Depending on impact prevalence data (after several MDA rounds) the strategy can be revised to reduce the frequency of treatment or to move to the post-MDA surveillance stage.

Q70 What happens if inaccuracies are noted during the review of EPIRF?

In such case the Form will be returned to the respective country with detailed feedback for further corrections and re-submission.

Q71 How often and at what time of the year will this form be submitted?

The EPIRF is a part of the JAP and should be submitted annually together with the other Forms. If epidemiological surveys have not been conducted during the reported year, the submitted form should remain blank.

Q72 Will a missing epidemiological report prevent a country from receiving treatments?

No, treatments will be provided according to the baseline prevalence or after an impact survey is implemented.

Changes in epidemiological data should be submitted in the EPIRF form.

Q73 Is it possible to fill in the EPIRF form online?

No, an online function is not available currently.

Q74 How do WHO guidelines change for late submission of the EPIRF?

There are no guidelines for late submission of any of the JAP forms.

WHO looks at supply and demand to assess if a late submission can be rushed to the country as long as it will not affect the approved shipments of the countries that provided their JAP on time.

Q75 Do countries that have eliminated specific NTDs need to submit EPIRF for those NTDs?

Yes, these countries should plan/conduct a survey following the WHO elimination M&E guidelines for each specific disease until WHO has validated that the disease has been eliminated as a public health problem.

After the validation of elimination, the country should submit the EPIRF for that disease once it has conducted post-validation surveys or other assessments in order to monitor for disease recrudescence.

Q76 How is the security of EPIRF data ensured?

WHO is the custodian of Member States' data and will not share them with a third party without the consent of the MoH.

All data reported in JAP are shared according to the WHO data sharing policy.

Q77 What type of data are presented in the EPIRF?

The EPIRF collects epidemiological indicators on each disease, including information on treatment, lymphoedema, serology and intensity of infection based on survey work completed to date. The EPIRF template.

Q78 Is it possible to update the form to reflect the diagnostic tool used for SCH/STH surveys?

Yes, the new version of EPIRF form includes the type of diagnostic tools used for STH and SCH. https://www.who.int/teams/control-of-neglected-tropical-diseases/interventions/strategies/preventive-chemotherapy/joint-application-package/version4

Q79 Which diseases are covered by the EPIRF?

The EPIRF standardized tool is used for the following PC diseases; LF, ONCHO, STH and SCH.

Q80 **On the ONCHO tab, survey type is pre-defined as mapping, phase 1A, Phase 1B, PTS. Which WHO guidance document does this align with as it does not correspond with WHO Guidelines for stopping mass drug administration and verifying elimination of human onchocerciasis? https://www.who.int/publications/i/item/9789241510011**

The EPIRF form gives several options for survey work, depending on the methodology used in that locale.

These include MF skin snip, serology, PCR in black flies and crab infestation.

Fill out the cells according to the methodology used. Be sure to click VALIDATE on the form to ensure all data are correctly included.

Q81 **Can black fly breeding site assessment data for ONCHO be reported via the EPIRF?**

Yes, the EPIRF form gives the option to include black fly breeding site assessment data in addition to MF skin snip, serology and crab infestation.

Fill out the cells according to the methodology used. Be sure to click VALIDATE on the form to ensure all data are correctly included.

2.5 The Annual Work Plan (AWP)

Q82 **Is the work plan part of the overall NTD master plan?**

No, the AWP is part of the annual JAP submission to support the request for PC medicines.

Q83 **What is the purpose of the annual work plan (AWP)?**

The AWP allows national programmes to identify the specific objectives to be achieved in the year, to focus on the key activities that need to be implemented to achieve those objectives, and to identify the gap in financial and technical resources to achieve the objectives.

The AWP also allows WHO to closely monitor the progress of the national programmes, and to identify the obstacles and coordinate for provision of financial and technical support in time.

Q84 If activities that were not in the original AWP receive support, should the form be resubmitted?

Yes, if additional activities are supported, resulting in the need for more medicines, the Form should be updated and re-submitted.

Q85 Who is responsible for developing the work plan?

The NTD National Team under the MoH is responsible for developing the work plan.

Q86 Are there links to self-tutorials or guides on completing the AWP?

There is no specific guide available on how to complete the AWP.

However, the Form includes a separate worksheet "EXAMPLE" with an example of correctly completed data.

Q87 Is the AWP required with the JAP submission and can you use your own format?

No, the AWP is optional to submit with the JAP using the WHO form. In fact, it will be beneficial for the country to use.

Q88 Does the table need to be completed for each disease?

Yes, if used by the country, all tables for each applicable disease in a country should be completed.

If left incomplete, WHO may need to follow up to receive that information, potentially delaying approval of the JAP and receipt of the medicines.

Q89 Can the form be completed by subdistrict, community, or state level?

District-level data are the lowest level of data that WHO uses in the JAP, and they are aggregated to the national level. However, for some focal diseases where district-wide prevalence is not applicable, subdistrict-level information can be provided manually (e.g., for ONCHO and SCH).

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