



# ASCEND

Accelerating Sustainable Control and Elimination of Neglected Tropical Diseases



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## COSTING REPORT FOR THE SOUTH SUDAN MASTERPLAN

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## 1. Costing Report for the South Sudan NTD Master Plan 2021 - 2025

A country-led and country-owned costed NTD master plan process that is inclusive and engages all the partners and stakeholders promotes effective planning, alignment, and harmonisation of NTD efforts. This part of the South Sudan NTD master plan 2021 – 2025, reviews the strategic pillars, objectives, and activities, uses cost of inputs, and explicitly establishes resource outlay required to implement the plan on annual basis, as well as priority activities outlined by the NTD programme management team in the country, across partners and stakeholders.

### 1.1 Introduction

The proposed NTD Master Plan (2021-2025) governs the prevention, control and, where feasible, elimination and eradication of neglected tropical diseases. It aligns with the NTD Roadmap *'Ending the neglect to attain the Sustainable Development Goals A road map for neglected tropical diseases 2021–2030'*<sup>1</sup>. The aim of the master plan is to be a tool for the government to plan for all NTD programmes in the country and promote alignment across partners and stakeholders for a joint and complementary support to the country, as well as accelerate progress towards the prevention, control, elimination, and eradication of all relevant NTDs in endemic countries. Developing NTD master plans if effected well and operationalised provides all partners working on NTDs in the African region with a harmonized tool that will facilitate joint support to countries.

Information on the cost of providing health care services is becoming increasingly important. This chapter presents cost estimates of providing health care services under the strategic Plan. The costs are based on data derived from programme-specific strategic targets, published documents on unit costs, and interviews with key experts in health-related fields. The disease specific data was processed in the TIPAC Model to generate the overall costing estimates. The process of estimating resources is a critical component towards sustainable financing of Neglected Tropic Diseases (NTDs) and is used as a tool for resource mobilization on the funding gap needed to implement the interventions outlined in the South Sudan NTD master plan ultimately, the end goal is to support the realization of the goals and objectives.

This chapter describes in detail the level of resource requirements for the strategic plan period 2021-2025, the available resources and the gap between what is anticipated and what is required. In the first section, cost estimates are tabulated to incorporate views as well as build consensus on the health sector, NTD programmes and its components. Overall, this information on costs, resources available, and the financing gap is expected to assist stakeholders to develop realistic annual health budgets without which annual operational plans cannot be designed or implemented in a more effective way.

The results will help health program implementers, policy makers, and funders by generating evidence to support advocacy efforts for NTD services and resource mobilization, to improve NTD resource allocation, planning, budgeting, monitoring, review, and to help improve NTD programme delivery performance. The information from the analyses will be important for developing investment cases and for facilitating the calculation of the health and economic impact of NTD interventions.

### 1.2 Costing Methodology

Costing is a process of determining in monetary terms, the value of inputs that are required to generate a particular output. It involves estimating the quantity of inputs required by an activity/programme. Costing may also be described as a quantitative process, which involves estimating both operational (recurrent) costs and capital costs of a programme. The process ensures that the value of resources required to deliver services are cost effective and affordable.

Sustainability is a complex concept that is defined as meeting the needs of the present generation without compromising the ability of future generations to meet their own needs. Therefore, can systems remain diverse and self-sustain indefinitely? Costing is one step towards answering this critical question at program level.

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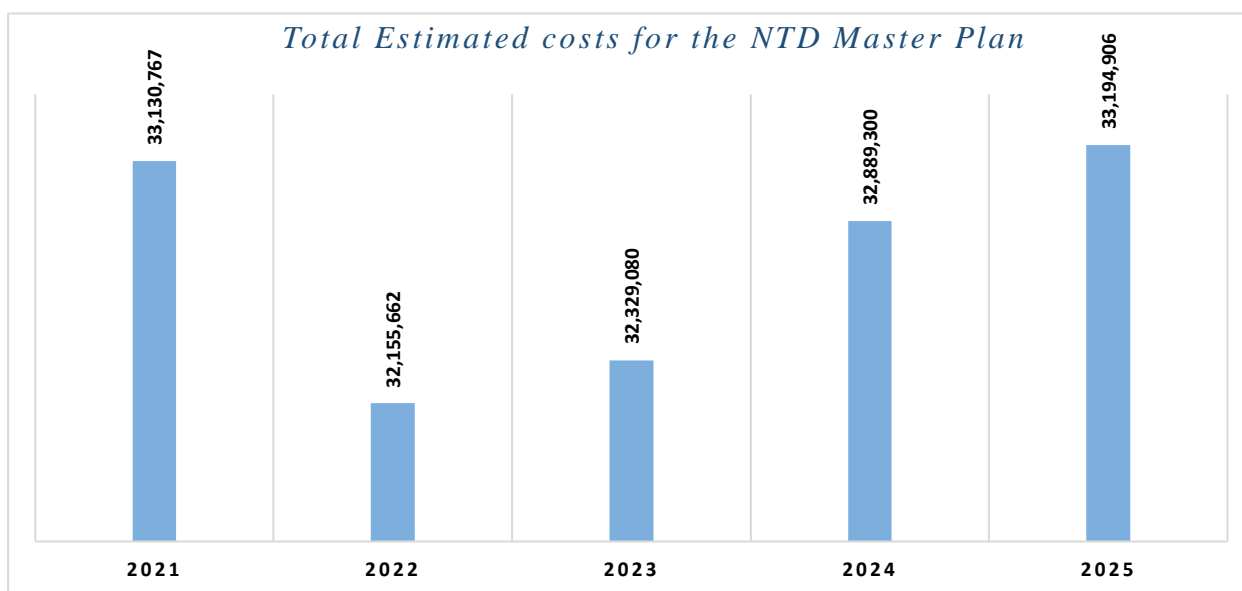
<sup>1</sup>WHO, Ending the neglect to attain the Sustainable Development Goals: a road map for neglected tropical diseases 2021-2030. Available at [https://www.who.int/neglected\\_diseases/Revised-Draft-NTD-Roadmap-23Apr2020.pdf](https://www.who.int/neglected_diseases/Revised-Draft-NTD-Roadmap-23Apr2020.pdf). Accessed on July 21, 2020.

The costing approach that was used here combined both the TIPAC costing tool and the ABC costing tool. The Tool for Integrated Planning and Costing (TIPAC) is a Microsoft excel program that helps users accurately estimate the costs and funding gaps of public health programs. The Neglected Tropical Disease (NTD) TIPAC can be used to effectively plan and coordinate future program resources. TIPAC mainly focuses on 5 Preventative Chemotherapy (PC) NTDs namely, Lymphatic Filariasis (LF), Trachoma, Schistosomiasis (SCH), Onchocerciasis and soil-transmitted helminths (STH). However, depending on the endemicity of disease in a country, other NTDs/ disaster management strategy may be added to the tool. In the case of South Sudan, Kalazar/Leishmaniasis was added. TIPAC tool is heavily reliant on known mapping, endemicity level and targeted population for at least the initial year. For some of the other NTDs, this was not available.

TIPAC tool covers and costs any number of neglected tropical diseases (NTDs) that are of interest to a country. TIPAC allows for specific cost linkage, detailed analysis, and drug acquisition from WHO-defined NTDs and other partners. The TIPAC tool in the case of South Sudan was used to analyse 5 PC-NTDs targeted for control and/or elimination through a preventative chemotherapy (PC) strategy using Mass Drug Administration (MDA). The 5 PC-NTDs include: lymphatic filariasis (LF), onchocerciasis (Oncho), schistosomiasis (SCH), soil-transmitted helminthiasis (STH), and trachoma. Other NTDs, such as those addressed through innovative and intensified disease management or vector management and neglected zoonotic diseases, can also be included based on the needs and disease endemicity although for most of them mapping is yet to be completed. In addition to the 5 PC NTDs, Leishmaniasis (Kalazar) was also included in the TIPAC tool analysis. For all the overlapping activities including mapping, WASH activities, strengthening diagnostics, vector control and management amongst others, the ABC tool was used to cost these activities, which are not disease specific but integrated across all the NTDs.

### 1.3 Total Resource Requirements (2021 – 2025)

The cost estimates show that, the NTD Department of Health in South Sudan, and other key stakeholders require an investment of US \$ **163** million for NTDs over the 5-year plan period. These costs include the cost of implementing activities within the strategic pillars. These activities are cross cutting across all the NTDs that are endemic in South Sudan. In addition, the cost includes the additional cost that arise with donated drugs including cost of freight, storage, packing, clearing and delivery to initial warehouse.



**Figure 1: Total Estimated costs for the South Sudan NTD master plan 2021- 2025**

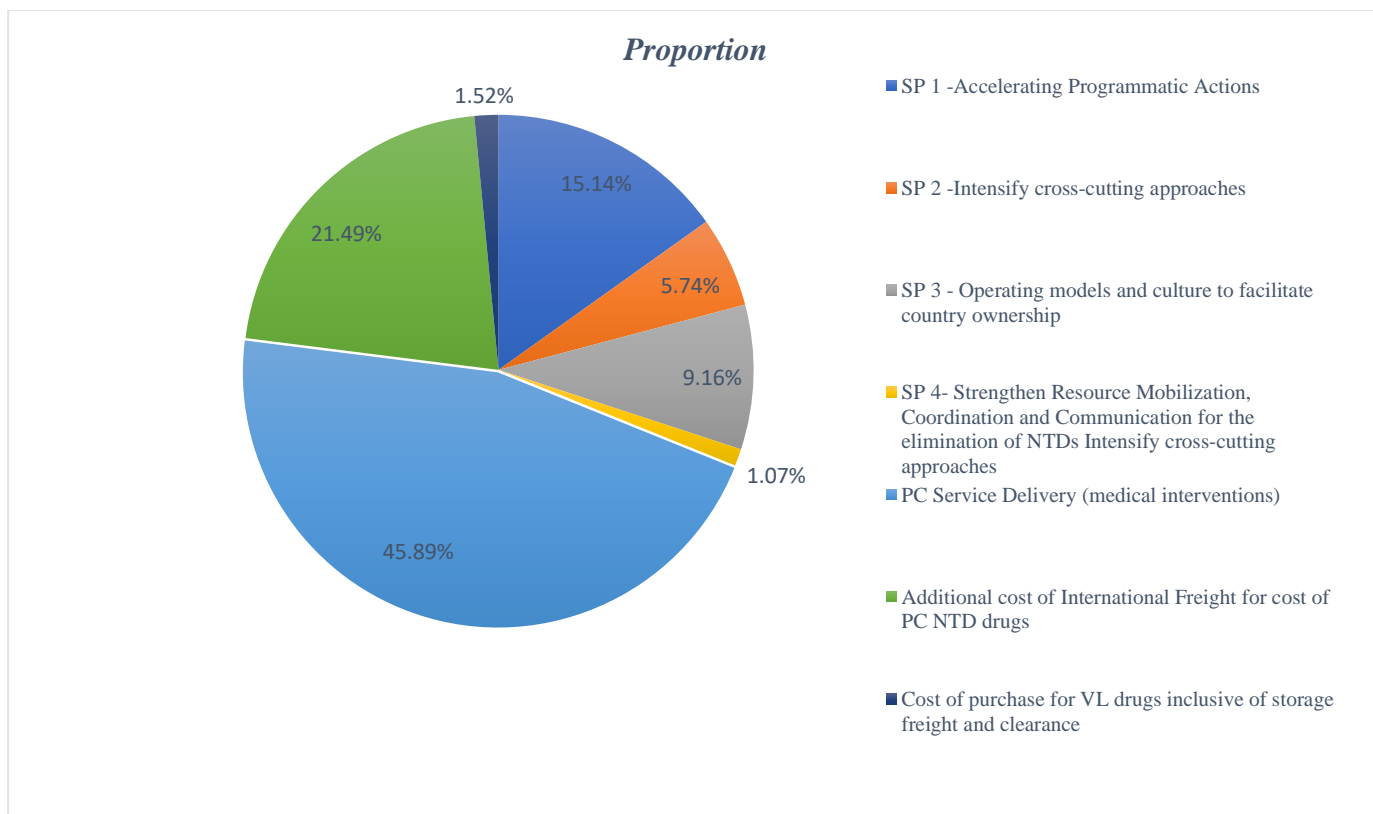
Table 1 shows the total resource requirements by strategic pillars for the five-year period of the plan, service delivery, PC-NTDs and VL drugs including freight and storage. Analysis of the cost requirements shows that 45.89% percent of the funds will be required to cater for PC Service delivery interventions. These service delivery interventions include Mass Drug administration (MDA) for LF, ONCHO and Trachoma, MMDP costs for LF and Trachoma, ONCHO elimination mapping, SCH sentinel surveillance sites amongst others. We used

cost per treatment for an annual integrated LF and ONCHO MDA at \$ 0.76 and \$ 0.85 for trachoma. The cost drivers for MDA including training of community drugs distributors and supervisors, transportation and storage costs for drugs, payment of community drugs distributors and sensitization of the community. These costs estimates are derived from IPs who have implemented these activities in South Sudan as well as other sources such as published costs.

**Table 1: Resource requirements by strategic area (s) and service delivery in US \$**

SUMMARY	2021	2022	2023	2024	2025	TOTAL	Proportion
SP 1 -Accelerating Programmatic Actions	6,507,608	4,698,838	4,571,513	4,508,678	4,494,658	24,780,795	15.14%
SP 2 -Intensify cross-cutting approaches	1,759,798	2,041,468	1,920,058	1,972,718	1,703,298	9,397,338	5.74%
SP 3 - Operating models and culture to facilitate country ownership	2,991,773	3,037,873	2,986,773	2,986,773	2,986,773	14,989,963	9.16%
SP 4- Strengthen Resource Mobilization, Coordination and Communication for the elimination of NTDs Intensify cross-cutting approaches	326,015	414,600	336,015	338,015	341,615	1,756,260	1.07%
PC Service Delivery (medical interventions)	14,328,458	14,665,479	15,012,610	15,370,156	15,738,428	75,115,130	45.89%
Additional cost of International Freight for cost of PC NTD drugs	6,624,836	6,823,581	7,028,288	7,239,137	7,456,311	35,172,153	21.49%
Cost of purchase for VL drugs inclusive of storage freight and clearance	592,279	473,823	473,823	473,823	473,823	2,487,571	1.52%
<b>Total</b>	<b>33,130,767</b>	<b>32,155,662</b>	<b>32,329,080</b>	<b>32,889,300</b>	<b>33,194,906</b>	<b>163,699,210</b>	<b>100%</b>

As for MMDP we costed hydrocele surgeries at \$120 with cost drivers being training and payment of surgeons, case finders, community mobilization and post-operative care; Lymphoedema management at \$ 35 with cost drivers being training of nurses/ care givers, self-care kits, community mobilization and transmission assessment surveys. For trichiasis surgeries they were costed at \$110 with cost drivers being training and payment of surgeons and case finders, consumables, surgical audit and one baseline survey. It is important to note that SCH and STH MDAs were not included in this cost but were included Strategic pillar 2. This is attributable to unavailability of cost estimates that can be used since most IPs have not implemented MDAs for these diseases. In addition, SCH in South Sudan is implemented within the immunization department and not NTD department. As for the international freight for cost of the donated drugs we costed the first mile at 15% of the cost of donated drugs which account for 21.49% of the total costs. This cost for service delivery could increase with increased mapping and targeted elimination which in turn increases the target population for treatment. The main cost driver for the service delivery interventions is the mass drug administration. The strategic pillar on Accelerating Programmatic Actions for all NTDs endemic in South Sudan for an effective response account for 15.14%. (See figure 1 below.)



**Figure 2: Proportion of cost by Strategic Pillar and Service Delivery Interventions**

### 1.4 Five Year NTD Service Delivery Interventions from TIPAC

South Sudan focus is to conduct annual Mass Drug Administration (MDA) to ensure they at least reach the targeted population. Where feasible the MOH is looking into conducting an integrated MDA for LF, ONCHO, Trachoma and SCH. However, in this costing we have only integrated MDA for LF and ONCHO which was what has been previously done. Cost per treatment was used against the target population and the endemicity within the counties as mentioned above.

**Table 2: Resource requirements for Service Delivery Interventions in US \$**

Activity	2021	2022	2023	2024	2025	TOTAL
Total	14,328,458	14,665,479	15,012,610	15,370,156	15,738,428	75,115,130
ALL PC NTDS						
Strategic planning	32,170	32,170	32,170	32,170	32,170	160,850
Mapping of PC NTDS in unknown prevalence states	462,420	462,420	462,420	462,420	462,420	2,312,100
Build capacity & set up NTD surveillance systems including pharmacovigilance assessments/surveillance of MDA SAEs	35,200	36,256	37,344	38,464	39,618	186,882
MDA policy development	130,690	130,690	130,690	130,690	130,690	653,450
SCH						
Sentinel surveillance sites for SCH	64,539	64,539	64,539	64,539	64,539	322,695
LF AND ONCHO						
Conduct Integrated MDA for LF & ONCHO	7,029,878	7,240,775	7,457,998	7,681,738	7,912,190	37,322,579

Activity	2021	2022	2023	2024	2025	TOTAL
MMDP- Lymphodema management	112,500	112,500	112,500	112,500	112,500	562,500
MMDP- Hydrocele surgeries	300,000	300,000	300,000	300,000	300,000	1,500,000
ONCHO Elimination Mapping	935,480	935,480	935,480	935,480	935,480	4,677,400
TRACHOMA						
MDA TRACHOMA	4,168,958	4,294,026	4,422,847	4,555,533	4,692,199	22,133,562
Trachomatous trichiasis (TT) Surgeries	928,000	928,000	928,000	928,000	928,000	4,640,000
LEISH/KALAZAR						
Training for Diagnosis and Treatment of Leishmaniasis	128,623	128,623	128,623	128,623	128,623	643,113

Figure 3 represents some of the service delivery interventions that will require a larger percentage of the resources for implementation.

As per the medical interventions for the PC NTDs, analysis of the cost requirements shows that 52% percent of the funds will be required to cater for an integrated MDA for LF and ONCHO. The cost drivers for this being training and payment of Community Drug Distributors (CDDs), drug distribution within the PAYAMs and community mobilisations and sensitisation and transmission assessment surveys for LF and ONCHO after 3 rounds of MDA and impact surveys for Trachoma.

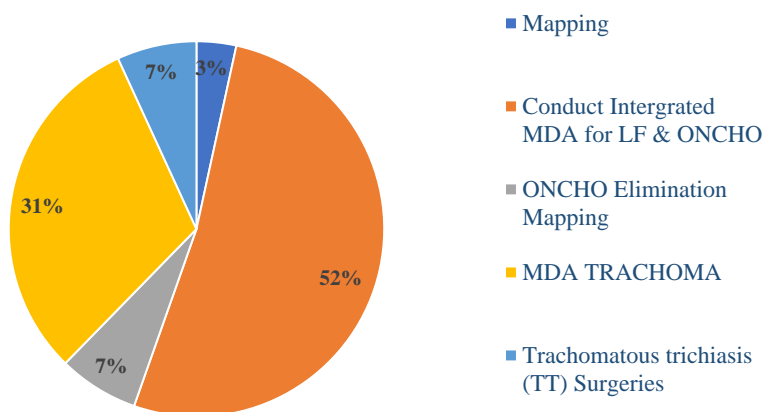
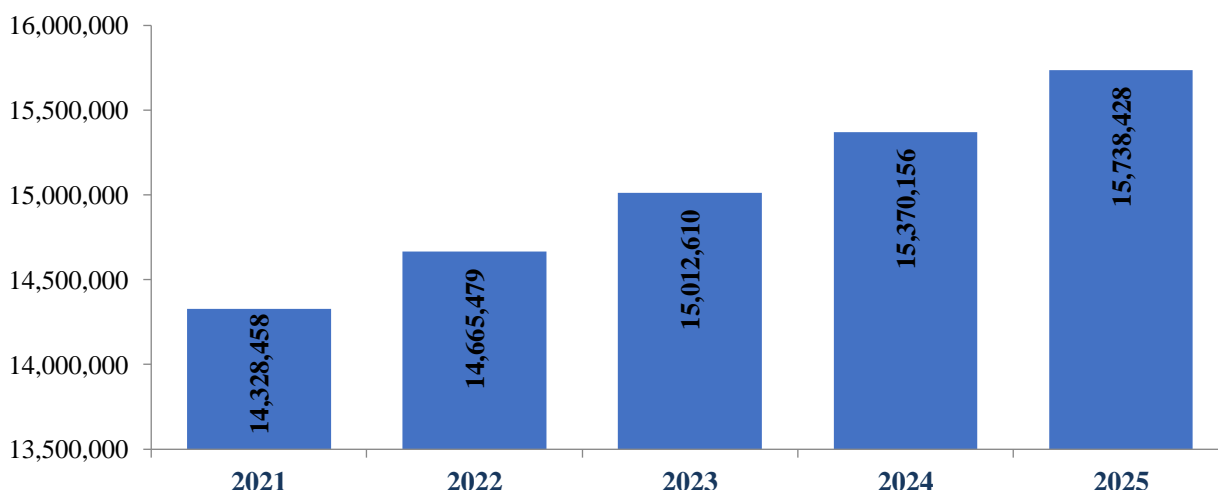


Figure 3: Cost of Service prioritised service delivery interventions

Figure 4: Cost of Implementing Service Delivery Interventions in USD



### 1.5 Forecasting and Quantification of PC-NTDs Drugs and Leishmaniasis

The following is the estimated quantity of drugs needed for the 5-year period for the current targeted population. In South Sudan these drugs have been previously purchased by the donors on behalf of the country.

**Table 3: Forecasting and Quantification of PC-NTD Drugs**

	DRUG	2021	2022	2023	2024	2025	Total
1	IVM – Ivermectin 3mg tablets, each	25,899,553	26,676,540	27,476,836	28,301,141	29,150,175	137,504,246
2	ALB - Albendazole 400mg tablets (with IVM or DEC), each	7,473,773	7,697,986	7,928,926	8,166,793	8,411,797	39,679,275
3	ALB 400mg /MBD 500mg tablets (alone or with PZQ), each	698,274	719,222	740,799	763,023	785,913	3,707,231
4	PZQ – Praziquantel 600mg tablets, each	10,337,066	10,647,178	10,966,593	11,295,591	11,634,459	54,880,886
5	TEO - Tetracycline eye ointment, tube	245,233	252,590	260,167	267,973	276,012	1,301,974
6	ZMAX POS 200mg/5ml bottle	367,849	378,885	390,251	401,959	414,018	1,952,961
7	Zmax - Zithromax 250mg tablets, each	11,035,476	11,366,540	11,707,537	12,058,763	12,420,526	58,588,842

### 1.6 Cost of Drugs

There is very scanty information on purchase of the PC NTD drugs within South Sudan. Currently, the country heavily relies on WHO-ESPEN for these drugs which are donated by pharmaceutical companies, except for STH high risk adults target population. However, in the event the country would require purchasing drugs within the 5-year period of implementing the master plan, the country would require at least 234 million dollars for these drugs. However, this has not been included in the resource requirements for the NTD master plan, and instead, the analysis included the additional expenses incurred for international freight at 15% for first mile logistics. The additional cost for international freight was estimated at 15% of the cost of purchasing drugs requiring resources amounting to USD 104 million as presented in table 5.

**Table 4: Cost of Purchasing Drugs for PC-NTDs in US \$**

COST FOR PC NTD DRUGS (In US \$)	2021	2022	2023	2024	2025	Total
IVM – Ivermectin 3mg tablets, each	38,849,330	40,014,810	41,215,254	42,451,712	43,725,263	206,256,369
ALB - Albendazole 400mg tablets (with IVM or DEC), each	149,475	153,960	158,579	163,336	168,236	793,586
ALB 400mg /MBD 500mg tablets (alone or with PZQ), each	13,965	14,384	14,816	15,260	15,718	74,145
PZQ – Praziquantel 600mg tablets, each	1,147,414	1,181,837	1,217,292	1,253,811	1,291,425	6,091,778
TEO - Tetracycline eye ointment, tube	20,477	21,091	21,724	22,376	23,047	108,715
ZMAX POS 200mg/5ml bottle	306,418	315,611	325,079	334,832	344,877	1,626,817



COST FOR PC NTD DRUGS (In US \$)	2021	2022	2023	2024	2025	Total
Zmax - Zithromax 250mg tablets, each	3,678,492	3,788,847	3,902,512	4,019,588	4,140,175	19,529,614
Total cost of Drugs	44,165,573	45,490,540	46,855,256	48,260,914	49,708,741	234,481,023

**Table 5: Additional cost for Drug Logistics for PC-NTDs in US \$**

COST FOR PC NTD DRUGS	2021	2022	2023	2024	2025	Total
IVM – Ivermectin 3mg tablets, each	5,827,399.49	6,002,221.47	6,182,288.11	6,367,756.76	6,558,789.46	30,938,455.29
ALB - Albendazole 400mg tablets (with IVM or DEC), each	22,421.32	23,093.96	23,786.78	24,500.38	25,235.39	119,037.83
ALB 400mg /MBD 500mg tablets (alone or with PZQ), each	2,094.82	2,157.67	2,222.40	2,289.07	2,357.74	11,121.69
PZQ – Praziquantel 600mg tablets, each	172,112.15	177,275.51	182,593.78	188,071.59	193,713.74	913,766.76
TEO - Tetracycline eye ointment, tube	3,071.54	3,163.69	3,258.60	3,356.36	3,457.05	16,307.23
ZMAX POS 200mg/5ml bottle	45,962.76	47,341.64	48,761.89	50,224.75	51,731.49	244,022.52
Zmax - Zithromax 250mg tablets, each	551,773.81	568,327.02	585,376.83	602,938.14	621,026.28	2,929,442.08
Total cost of Drugs	6,624,835.88	6,823,580.95	7,028,288.38	7,239,137.03	7,456,311.15	35,172,153.39

**1.7 Cost of VL Drugs**

**Table 6: Cost of VL Drugs**

SOUTH SUDAN, PROJECTED ANNUAL REQUIREMENTS OF VL DRUGS AND DIAGNOSTICS INCLUDING BUFFER STOCK, 2021-2025								
Product description	Strength	Buffer Stock*	2021	2022	2023	2024	2025	Total
Rapid diagnostic test (RDT)	rK39 test [Biorad]	3,750	15,000	15,000	15,000	15,000	15,000	78,750
Direct agglutination test (DAT)	DAT vial	30	120	120	120	120	120	630
Sodium stibogluconate (SSG)	SSG, 100mg/ml, 30ml vial	3,060	12,240	12,240	12,240	12,240	12,240	64,260

**SOUTH SUDAN, PROJECTED ANNUAL REQUIREMENTS OF VL DRUGS AND DIAGNOSTICS INCLUDING BUFFER STOCK, 2021-2025**

Paromomycin (PM)	PM, 375mg/ml, 2ml amp	7,320	29,280	29,280	29,280	29,280	29,280	153,720
Amphotericin B, Liposomal*	Ambisome 50mg vial	2,370	9,480	9,480	9,480	9,480	9,480	49,770

\*Buffer stock is equivalent to 3 months of stock; \*Amphotericin B is currently donated by Gilead through WHO

**Table 7: South Sudan projected annual Costs of VL Drugs and Diagnostics including Buffer stocks, 2021 - 2025**

ESTIMATED COSTS IN USD								
Product description	Unit Cost (In US \$)	Buffer Stock	2021	2022	2023	2024	2025	Total
Rapid diagnostic test (RDT)	\$ 3.42	12,810	51,240	51,240	51,240	51,240	51,240	269,010
Direct agglutination test (DAT)	\$ 56.12	1,684	6,734	6,734	6,734	6,734	6,734	35,356
Sodium stibogluconate (SSG)	\$ 7.87	24,079	96,317	96,317	96,317	96,317	96,317	505,662
Paromomycin (PM)	\$1.54	11,252	45,009	45,009	45,009	45,009	45,009	236,298
Amphotericin B, Liposomal	\$ 16.00	37,920	151,680	151,680	151,680	151,680	151,680	796,320
Additional cost of freight, storage, and clearance (35%)	0.35	30,711	122,843	122,843	122,843	122,843	122,843	644,926
Total Cost for VL Drugs including Freight and Storage		118,456	473,823	473,823	473,823	473,823	473,823	2,487,572

### 1.8 Activity-Based Costing for Strategic Pillars for all Neglected Tropical Diseases

**Activity-based costing (ABC)** is a method of allocating costs to products and services based on each intervention and activity with an aim of achieving set goals /results. It focuses on the bottom-up approach. ABC is generally used as a tool for planning and control. All costs of activities are traced to the product or service for which the activities are performed. Direct labor and materials are relatively easy to trace directly to products, but it is more difficult to directly allocate indirect costs to products. Where products use common resources differently, some sort of weighting is needed in the cost allocation process.

In ABC, each of the **activities** require **inputs**, such as labor, conference hall etc. These inputs are required in certain **quantities**, and with certain **frequencies**. The summation of the **product** of the **unit cost**, the **quantity**, and the **frequency** of the input that will give the **total input cost**. Unit cost refers to value of resources to provide a *service to one unit/person* (client or a patient). In activity-based costing all the ingredients to provide a service to one person are clearly defined. The quantity of each input (ingredient) in the provision of the service is required. The cost price of a unit of the input is also required for calculation of the unit cost.

The ABC costing method was used to estimate the resources required for the strategic objectives, strategic areas, and activities within the master plan. The scope for these strategic objectives and areas costed in the ABC is for all the 19 NTDs that are endemic in South Sudan. The objectives are more aligned within integrating of NTD activities, interventions, mapping, trainings, surveys, meetings with the aim of reaching the goal for elimination by 2030.

### 1.9 SP 1- Accelerating Programmatic Actions

From the analysis in Table 8, a substantial number of resources will be required to accelerate progress from confirmation of a disease to mapping, screening and transform NTD surveillance into a core intervention. Currently, there are areas where the endemicity level of the different PC and CM NTDs is unknown. Mapping of all diseases is eminent for elimination of each of the NTDs, the cost drivers include baseline surveys, capacity building on disease surveillance.

Under Strategic objective 1, the key strategic area is ensuring Universal Health Coverage through the Leave No one Behind agenda and completing country-wide mapping of NTDs and implement surveillance mechanisms accounting for the highest costs as shown in table 9. There is a huge gap in mapping the prevalence of CM and PC NTDs in most of the counties within South Sudan. This may result in underestimated costs of the service delivery interventions.

**Table 8: Cost for Strategic Pillar 1 differentiated by objectives (in US \$)**

Strategic Objectives	Year 1	Year 2	Year 3	Year 4	Year 5	Total	Proportion
Strategic objective 1: Accelerate progress from confirmation of a disease to mapping, screening and transform NTD surveillance into a core intervention	5,715,193	3,824,693	3,824,693	3,824,693	3,824,693	21,013,465	84.8%
Strategic objective 1 accounts for the bulk of the cost which is because of cost of mapping for Case management NTDs, carrying out surveys for WASH and KAPs to enhance current strategies, morbidity mapping where there are gaps and reviewing the current NTD prevalence maps. These activities require consultants, meetings, hiring short term personnel, transport, and logistics.							
Strategic objective 2: Prioritize and strengthen monitoring and evaluation to track progress and decision making towards the 2030 goals	226,235	193,465	193,465	152,065	139,225	904,455	3.6%
Strategic objective 3: Ensure timely effective supply chain management of quality assured NTD Medicines and other products up to the last mile	129,115	119,115	119,115	119,115	119,115	605,575	2.4%
Strategic objective 4: Strengthen advocacy, visibility, and profile of NTDs for the elimination interventions at all levels as “best buys”	239,775	312,310	230,510	209,075	209,075	1,200,745	4.8%
Strategic objective 5: Promote operational research and	197,290	249,255	203,730	203,730	202,550	1,056,555	4.3%

Strategic Objectives	Year 1	Year 2	Year 3	Year 4	Year 5	Total	Proportion
innovation as fundamental enablers of programmatic progress							
<b>Grand Total</b>	<b>6,507,608</b>	<b>4,698,838</b>	<b>4,571,513</b>	<b>4,508,678</b>	<b>4,494,658</b>	<b>24,780,795</b>	<b>100%</b>

**Table 9: Cost of other strategic areas under Pillar 1 (in US \$)**

Strategic Areas (SA)	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Total	Proportion
Incorporate NTDs into the school curriculum and in health promotion activities of WASH interventions	24,520	127,755	45,955	24,520	24,520	247,270	1.0%
Advocate for opportunities for funded operational research	197,290	249,255	203,730	203,730	202,550	1,056,555	4.3%
Complete country-wide mapping of NTDs and implement surveillance mechanisms	1,771,070	1,411,070	1,411,070	1,411,070	1,411,070	7,414,850	29.9%
This strategic area is under strategic objective one above with the same cost drivers. Hiring short term personnel, consultants, conducting training, organizing meetings and logistics for mapping.							
Develop a Marketing Strategy for NTD Elimination Programming in South Sudan	152,950	151,950	151,950	151,950	151,950	760,750	3.1%
Ensure Universal health coverage) (i.e., Improve ‘Leave no one behind’ strategy)	3,944,123	2,413,623	2,413,623	2,413,623	2,413,623	13,598,615	54.9%
This is a strategic area under Strategic Objective 1 above: costed activities include active surveillance and coverage surveys, training of Boma teams to leverage for NTD interventions, establishing a database for morbidity and disabilities to plan for MMDP, creating an LNOB feedback system. These activities require meetings, training costs, mobilization, transport, and consultants.							
Establish milestone targets (M&E framework) per NTD (national targets; state-specific targets)	34,100	34,100	34,100	34,100	34,100	170,500	0.7%
Reinforce/Strengthen national NTD taskforce	62,305	32,605	32,605	32,605	32,605	192,725	0.8%
Strengthen centralized NTD reporting database (integrated to the DHIS2)	192,135	159,365	159,365	117,965	105,125	733,955	3.0%
Strengthen the NTD supply chain Management (integrated into the overall MoH Supply Chain System).	129,115	119,115	119,115	119,115	119,115	605,575	2.4%
<b>Grand Total</b>	<b>6,507,608</b>	<b>4,698,838</b>	<b>4,571,513</b>	<b>4,508,678</b>	<b>4,494,658</b>	<b>24,780,795</b>	<b>100%</b>

### 1.10 SP 2- Intensify cross-cutting approaches

Integration of NTD activities is integral and a key feature in the delivery approach that is adopted in this master plan, to ensure effective utilization of resources including Mass Drug Administration, WASH, Knowledge Attitude and Practices (KAPS) and Behavior Change Communication (BCC) for the NTDS.

Under strategic objective 2; Strengthening identified platforms with similar delivery strategies and interventions (MDAs, skin NTDs, Morbidity management, SBCC, WASH etc.) for integrated delivery approaches will consume the principal share of resources at 65.09% under pillar 2, with cost drivers being MDAs for SCH and STH, development of IEC materials and capacity building.

To ease NTD service delivery in South Sudan, the Country aims at integrating the NTD activities within the Boma Health Initiatives and the PAYAMS. This will be achieved through Strategic objective 2 under mainstreaming delivery platforms within the national health system which will account for 23.17% of the cost under strategic pillar 2. This is demonstrated in table 10 and 11.

**Table 10: Cost of Strategic Pillar 2 differentiated by objectives (in US \$)**

Strategic Objectives	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Total	Proportion
Strategic Objective 1: Strengthen identified platforms with similar delivery strategies and interventions (MDAs, skin NTDs, Morbidity management, BCC, WASH etc) for integrated approaches across NTDS	1,239,613	1,265,003	1,217,073	1,211,583	1,183,113	6,116,383	65.1%
Objective one accounts for the bulk of the cost due to cost of integrated MDA for SCH and STH are costed here. The activity costs including conducting mapping for MDA, training, and payment of CDDs, drug distribution, advocacy and mobilization of the community, coverage surveys and developing reporting tools and protocols for MDA.							
Strategic Objective 2: Mainstream delivery platforms within the national health system	432,420	447,750	432,420	432,420	432,420	2,177,430	23.17%
Under this objective the main cost activity is integrating NTDs to Boma Health Initiatives through training leaders, CDDs, PAYAMS leaders, teachers and supervisors and development of IEC & feedback tools.							
Strategic Objective 3: Strengthen multi-sectoral coordination, collaboration, cooperation and foster partnerships in the prevention, treatment, and care of patients with NTDs at all levels of health care	23,260	81,410	23,260	81,410	23,260	232,600	2.48%
Strategic Objective 4: Strengthen capacity to implement NTD programme and resource mobilization, including the integration of NTD plan of	64,505	247,305	247,305	247,305	64,505	870,925	9.27%

Strategic Objectives	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Total	Proportion
action into the financial plans at all spheres							
Grand Total	1,759,798	2,041,468	1,920,058	1,972,718	1,703,298	9,397,338	100.0%

**Table 11: Cost of other strategic areas in Pillar 2 (in US \$)**

Strategic Areas	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Total	%
Build Capacity at various levels to implement NTD programme		182,800	182,800	182,800	-	548,400	5.84%
Conduct Integrated MDA including -per- year treatments as appropriate	1,122,543	1,110,063	1,110,063	1,110,063	1,081,593	5,534,323	58.89%
The costs drivers are as stated under strategic objective 1 above on conducting an Integrated MDA for STH and SCH.							
Engagement with the private sector, WASH, and other stakeholders	62,005	62,005	62,005	62,005	62,005	310,025	3.30%
Enhance intersectoral collaboration at all levels	17,980	76,130	17,980	76,130	17,980	206,200	2.19%
Established NTD coordination platform	5,280	5,280	5,280	5,280	5,280	26,400	0.28%
Incorporate NTD plans into National MOH annual plan	2,500	2,500	2,500	2,500	2,500	12,500	0.13%
Integrate NTDs into BHI	432,420	432,420	432,420	432,420	432,420	2,162,100	23.01%
This strategic area is as stated under strategic objective 2 above.							
Integrated WASH/BCC	117,070	154,940	107,010	101,520	101,520	582,060	6.19%
Integrated supply chain management	-	15,330	-	-	-	15,330	0.16%
Grand Total	1,759,798	2,041,468	1,920,058	1,972,718	1,703,298	9,397,338	100

### 1.11 SP 3- Operating models and culture to facilitate country ownership

Under Pillar 3 as shown in in Table 12, Strategic objective 2 accounts for the highest cost at 74.98% with the aim to empower local government and authorities in Social, Behavioral Change and building support for NTD interventions. The cost drivers would include setting up monitoring systems within local governments, sensitization of local & religious leaders and empowering local government and authorities through capacity building. In addition to local government, the country aims at promoting and strengthening leadership at national government with dedicated funding accounting for 21.2%. This is key to ensure the government is also contributing funds towards NTD service delivery and elimination.

**Table 12: Cost of Strategic Pillar 3 differentiated by strategic objectives (in US \$)**

Strategic Objectives	Year 1	Year 2	Year 3	Year 4	Year 5	Total	Proportion
Strategic Objective 1: Promote and strengthen country ownership and leadership through organizational structures at national and local government with dedicated funding	626,448	672,548	626,448	626,448	626,448	3,178,338	21.20%

Strategic Objectives	Year 1	Year 2	Year 3	Year 4	Year 5	Total	Proportion
Cost drivers include mapping of stakeholders, meeting of stakeholders, review meetings, policy engagement meetings, hire NTD county level focal persons, NTD & WASH integration							
Strategic Objective 2: Empower local government and authorities in social mobilization, behavioural change and building local support for NTD interventions	2,248,040	2,248,040	2,248,040	2,248,040	2,248,040	11,240,200	74.98%
Cost drivers include Set up monitoring system for integrated NTD, sensitization of religious leaders, empower local government and authorities. The activity costs include trainings, meetings, logistics							
Strategic Objective 3: Promote youth engagement to influence positive change and norms in favour of the national NTD programmes	10,430	10,430	10,430	10,430	10,430	52,150	0.35%
Strategic Objective 4: Ensure donors, implementing partners and disease experts align their strategies and plans with the National NTD Plans	79,600	79,600	74,600	74,600	74,600	383,000	2.56%
Strategic Objective 5: Ensure development and review of integrated multi-year strategic plans and gender-sensitive annual operational plans for the control, elimination, and eradication of targeted NTDs at national and sub-national levels	27,255	27,255	27,255	27,255	27,255	136,275	0.91%
<b>Grand Total</b>	<b>2,991,773</b>	<b>3,037,873</b>	<b>2,986,773</b>	<b>2,986,773</b>	<b>2,986,773</b>	<b>14,989,963</b>	<b>100%</b>

**Table 13: Cost of other strategic areas in pillar 3 (in US \$)**

Strategic Areas	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Total	Proportion
Conducting annual programme planning meeting	6,280	6,280	6,280	6,280	6,280	31,400	0.2%
Engagement of religious based organization/communities and private sector in fight against NTDs	6,855	6,855	6,855	6,855	6,855	34,275	0.2%
Establish and strengthening NTD structure at all levels	80,550	80,550	80,550	80,550	80,550	402,750	2.7%

Strategic Areas	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Total	Proportion
Formation of elimination committees (TAGs); SCH/STH, Trachoma, CMs NTDs	8,420	8,420	8,420	8,420	8,420	42,100	0.3%
Improve communication and coordination at all levels	71,180	71,180	66,180	66,180	66,180	340,900	2.3%
Increase political engagement with NTDs & WASH stakeholders to increase domestic resources for NTDs and targeting WASH investments to endemic counties	5,275	5,275	5,275	5,275	5,275	26,375	0.2%
Increase/ Improve gender representation in NTD programming and implementation	20,975	20,975	20,975	20,975	20,975	104,875	0.7%
Integration of NTDs programme with BHI and school programme	2,241,185	2,241,185	2,241,185	2,241,185	2,241,185	11,205,925	74.8%
Strengthen State-level NTD coordination mechanism.	79,323	79,323	79,323	79,323	79,323	396,613	2.6%
Strengthen linkages & enhance integration with other MoH departments as well as key ministries and the WASH sector.	461,300	507,400	461,300	461,300	461,300	2,352,600	15.7%
Strengthening collaboration with youth orgs and NGOs working with youths	10,430	10,430	10,430	10,430	10,430	52,150	0.3%
<b>Grand Total</b>	<b>2,991,773</b>	<b>3,037,873</b>	<b>2,986,773</b>	<b>2,986,773</b>	<b>2,986,773</b>	<b>14,989,963</b>	<b>100.0%</b>

**1.12 SP 4- Strengthen Resource Mobilization, Coordination & Communication for the elimination of NTDs**

The strategic objective on promoting community involvement and ownership of the program for optimal use of available resources will consume the largest share of the resources needed at USD 1.2 million largely driven the program’s need to involve community at Payam level or Boma. This will allow for community involvement



and awareness creation of NTDs at the grass-root level. The cost drivers include production of IEC materials for advocacy, media sensitization, reviewing of behavior change strategies and sensitization of CM NTDs.

**Table 14: Cost of Strategic Pillar 4 differentiated by objectives**

Strategic Objectives	Year 1	Year 2	Year 3	Year 4	Year 5	Total	Proportion
Strategic Objective 1: Promote community involvement and ownership of the program for optimal use of available resources	99,570	99,570	99,570	99,570	99,570	497,850	28.3%
Strategic Objective 2: Promote improved communication and awareness at the community level for a successful elimination of the endemic NTDs.	226,445	315,030	236,445	238,445	242,045	1,258,410	71.7%
The main cost drivers under this pillar being review the behaviour change strategies, develop advocacy tools for CM NTDs and sensitization of the tools, media sensitization, and orientation meetings with community leaders.							
<b>Grand Total</b>	<b>326,015</b>	<b>414,600</b>	<b>336,015</b>	<b>338,015</b>	<b>341,615</b>	<b>1,756,260</b>	<b>100%</b>

**Table 15: Cost of Strategic areas in Pillar 4 (US \$)**

Strategic Areas	Year 1	Year 2	Year 3	Year 4	Year 5	Total	proportion
Improve behavioral change communication on NTDs prevention control and elimination	226,445	315,030	236,445	238,445	242,045	1,258,410	71.65%
This strategic area is under strategic objective two accounting for the highest cost. The cost inputs for these include meetings costs, hiring consultants, transport, and logistics.							
Integrate and link the NTD program plans with the health and other related government sectors financial and budgetary mechanisms at the national level	99,570	99,570	99,570	99,570	99,570	497,850	28.35%
<b>Grand Total</b>	<b>326,015</b>	<b>414,600</b>	<b>336,015</b>	<b>338,015</b>	<b>341,615</b>	<b>1,756,260</b>	<b>100%</b>

### 1.13 Financial Gap Analysis

The difference between the resource requirements and projected resource available/commitments provides a measure of the gap in funding which exists if the master plan is to be fully implemented. The identification of the funding gap enables the estimation of the additional funds that need to be mobilized to support the implementation of the priority interventions.

In South Sudan, the NTD program is over reliant on external financing from development partners and other stakeholders. ASCEND conducted a NTD resource mapping assessment. There is no resource mapping document that provide projected resources availability and commitment towards NTD funding both domestic and external. Limitations exit on data availability and the ability to estimate the resource gap for the master plan.

Although it is important to note that most of the development partners would consider funding activities such as hydrocele surgeries. Despite efforts being made to track resources from other partners, data was not easily available and accessible. Attempts were made to conduct a resource gap analysis using the existing data.

## **1.14 Strategies to ensure available resources are increased and sustained**

### **1.14.1 Strategies to mobilize resources from new sources.**

- Conduct stakeholder mapping and a resource mapping for NTDs for identification of areas of support  
Identification of potential donors both bilateral and multi-lateral.
- Engage and advocate with partner governments, donor partners and other stakeholders to increase visibility and funding resources to support the implementation of the NTD master plan 2021 – 2025 in control and elimination of NTDs
- Develop resource mobilization and advocacy strategy for NTDs

### **1.14.2 Strategies to ensure efficiency in resource utilization.**

- Detailed planning for utilization of the allocated resources (SWOT analysis)
- Develop and Implementation annual plans with clear timelines aligned to the NTD master plan 2021 - 2025
- Track progress of strategic objectives, outcomes, and overall impact of the plan
- Ensure continuous monitoring and periodic evaluation through mid and end-term evaluation of the NTD master plan 2021 – 2025, conduct mid and end-term evaluation for corrective action and learning
- Establishment of partner engagement and accountability framework

## ANNEXES

These annexes represent strategic pillars 1 to 4 combined with the strategic areas as well as the different activities under each pillar.

### ANNEX A: STRATEGIC PILLAR 1

Strategic Objectives & Areas	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Total
Strategic objective 1: Accelerate progress from confirmation of a disease to mapping, screening and transform NTD surveillance into a core intervention	5,715,193	3,824,693	3,824,693	3,824,693	3,824,693	21,013,465
Complete country-wide mapping of NTDs and implement surveillance mechanisms	1,771,070	1,411,070	1,411,070	1,411,070	1,411,070	7,414,850
Ensure Universal health coverage) (i.e., Improve 'Leave no one behind' strategy)	3,944,123	2,413,623	2,413,623	2,413,623	2,413,623	13,598,615
Strategic objective 2: Prioritize and strengthen monitoring and evaluation to track progress and decision making towards the 2030 goals	226,235	193,465	193,465	152,065	139,225	904,455
Establish milestone targets (M&E framework) per NTD (national targets; state-specific targets)	34,100	34,100	34,100	34,100	34,100	170,500
Strengthen centralized NTD reporting database (integrated to the DHIS2)	192,135	159,365	159,365	117,965	105,125	733,955
Strategic objective 3: Ensure timely effective supply chain management of quality assured NTD Medicines and other products up to the last mile	129,115	119,115	119,115	119,115	119,115	605,575
Strengthen the NTD supply chain Management (integrated into the overall MoH Supply Chain System).	129,115	119,115	119,115	119,115	119,115	605,575
Strategic objective 4: Strengthen advocacy, visibility, and profile of NTDs for the elimination interventions at all levels as "best buys"	239,775	312,310	230,510	209,075	209,075	1,200,745
Incorporate NTDs into the school curriculum and in health promotion activities of WASH interventions	24,520	127,755	45,955	24,520	24,520	247,270
Develop a Marketing Strategy for NTD Elimination Programming in South Sudan	152,950	151,950	151,950	151,950	151,950	760,750
Reinforce/Strengthen national NTD taskforce	62,305	32,605	32,605	32,605	32,605	192,725
Strategic objective 5: Promote operational research and innovation as fundamental enablers of programmatic progress	197,290	249,255	203,730	203,730	202,550	1,056,555
Advocate for opportunities for funded operational research	197,290	249,255	203,730	203,730	202,550	1,056,555
<b>Grand Total</b>	<b>6,507,608</b>	<b>4,698,838</b>	<b>4,571,513</b>	<b>4,508,678</b>	<b>4,494,658</b>	<b>24,780,795</b>

## ANNEX B: STRATEGIC PILLAR 2

Strategic Objectives & Areas	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Total
Strategic Objective 1: Strengthen identified platforms with similar delivery strategies and interventions (MDAs, skin NTDs, Morbidity management, SBCC, WASH etc.) for integrated approaches across NTDs	1,239,613	1,265,003	1,217,073	1,211,583	1,183,113	6,116,383
Conduct Integrated MDA including twice-per- year treatments as appropriate	1,122,543	1,110,063	1,110,063	1,110,063	1,081,593	5,534,323
Integrated WASH/BCC	117,070	154,940	107,010	101,520	101,520	582,060
Strategic Objective 2: Mainstream delivery platforms within the national health system	432,420	447,750	432,420	432,420	432,420	2,177,430
Strategic Objective 3: Strengthen multi-sectoral coordination, collaboration, cooperation and foster partnerships in the prevention, treatment, and care of patients with NTDs at all levels of health care	23,260	81,410	23,260	81,410	23,260	232,600

## ANNEX C: STRATEGIC PILLAR 3

Strategic Objectives & Areas	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Total
Strategic Objective 1: Promote and strengthen country ownership and leadership through organizational structures at national and local government with dedicated funding	626,448	672,548	626,448	626,448	626,448	3,178,338
Establish and strengthening NTD structure at all levels	80,550	80,550	80,550	80,550	80,550	402,750
Increase political engagement with NTDs & WASH stakeholders to increase domestic resources for NTDs and targeting WASH investments to endemic counties	5,275	5,275	5,275	5,275	5,275	26,375
Strengthen State-level NTD coordination mechanism.	79,323	79,323	79,323	79,323	79,323	396,613
Strengthen linkages & enhance integration with other MoH departments as well as key ministries and the WASH sector	461,300	507,400	461,300	461,300	461,300	2,352,600
Strategic Objective 2: Empower local government and authorities in social mobilization, behavioural change and building local support for NTD interventions	2,248,040	2,248,040	2,248,040	2,248,040	2,248,040	11,240,200
Engagement of religious based organization/communities and private sector in fight against NTDs	6,855	6,855	6,855	6,855	6,855	34,275

Strategic Objectives & Areas	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Total
Integration of NTDs programme with BHI and school programme	2,241,185	2,241,185	2,241,185	2,241,185	2,241,185	11,205,925
Strategic Objective 3: Promote youth engagement to influence positive change and norms in favour of the national NTD programmes	10,430	10,430	10,430	10,430	10,430	52,150
Establish sustainable initiatives for youth in NTD programming	No cost	No cost	No cost	No cost	No cost	No cost
Strengthening collaboration with youth orgs and NGOs working with youths	10,430	10,430	10,430	10,430	10,430	52,150
Strategic Objective 4: Ensure donors, implementing partners and disease experts align their strategies and plans with the National NTD Plans	79,600	79,600	74,600	74,600	74,600	383,000
Formation of elimination committees (TAGs); SCH/STH, Trachoma, CMs NTDs	8,420	8,420	8,420	8,420	8,420	42,100
Improve communication and coordination at all levels	71,180	71,180	66,180	66,180	66,180	340,900
Strategic Objective 5: Ensure development and review of integrated multi-year strategic plans and gender-sensitive annual operational plans for the control, elimination, and eradication of targeted NTDs at national and sub-national levels	27,255	27,255	27,255	27,255	27,255	136,275
Conducting annual programme planning meeting	6,280	6,280	6,280	6,280	6,280	31,400
Increase/ Improve gender representation in NTD programming and implementation	20,975	20,975	20,975	20,975	20,975	104,875
<b>Grand Total</b>	<b>2,991,773</b>	<b>3,037,873</b>	<b>2,986,773</b>	<b>2,986,773</b>	<b>2,986,773</b>	<b>14,989,963</b>

## ANNEX D: STRATEGIC PILLAR 4

Strategic Objectives & Areas	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Total
Strategic Objective 1: Promote community involvement and ownership of the program for optimal use of available resources	99,570	99,570	99,570	99,570	99,570	497,850
Integrate and link the NTD program plans with the health and other related government sectors financial and budgetary mechanisms at the national level	99,570	99,570	99,570	99,570	99,570	497,850
Strategic Objective 2: Promote improved communication and awareness at the community level for a successful elimination of the endemic NTDs.	226,445	315,030	236,445	238,445	242,045	1,258,410
Improve behavioral change communication on NTDs prevention control and elimination	226,445	315,030	236,445	238,445	242,045	1,258,410
<b>Grand Total</b>	<b>326,015</b>	<b>414,600</b>	<b>336,015</b>	<b>338,015</b>	<b>341,615</b>	<b>1,756,260</b>

## ANNEX E: TOTAL TARGET POPULATION PROJECTION FOR 5 YEARS

The target population for Year 1 is as estimated and provided within the South Sudan IU work plan for the country as per mapping and prevalence of each disease. As for 2022 to 2025 target populations this is estimated within the TIPAC with an assumption of the estimated growth of the population at 3%.

Disease	# of endemic county level	Target group	Target population				
			FY2021	FY2022	FY2023	FY2024	FY2025
LF	50	≥ 5 years	7,473,773	7,697,986	7,928,926	8,166,793	8,411,797
		Lymphoedema cases	2,500	2,500	2,500	2,500	2,500
		Hydrocele cases	2,500	2,500	2,500	2,500	2,500
Oncho 1	46	≥ 5 years	6,859,330	7,065,110	7,277,063	7,495,375	7,720,237
SCH	65	School aged	3,127,264	3,221,082	3,317,714	3,417,246	3,519,763
		High risk adults	839,635	864,824	890,769	917,492	945,017
STH Round 1	6	Pre-school age	214,715	221,156	227,791	234,625	241,663
		School aged	483,559	498,066	513,008	528,398	544,250
Trachoma	33	< 6 months	122,616	126,295	130,084	133,986	138,006
		6-59 months	1,103,548	1,136,654	1,170,754	1,205,876	1,242,053
		≥ 5 years	3,678,492	3,788,847	3,902,512	4,019,588	4,140,175
		Surgeries	8,400	8,400	8,400	8,400	8,400
Leishmaniasis	40	Drug Administration	2,500	2,575	2,652	2,732	2,814
		Diagnostics	2,500	2,575	2,652	2,732	2,814

## ANNEX F: TARGET COUNTY SUMMARY

Disease	Target group	Number of county level targeted				
		FY2021	FY2022	FY2023	FY2024	FY2025
LF	≥ 5 years	50	50	50	50	50
	Lymphoedema cases	50	50	50	50	50
	Hydrocele cases	50	50	50	50	50
Oncho 1	≥ 5 years	46	46	46	46	46
Oncho 2	≥ 5 years	0	0	0	0	0

SCH	School aged	67	67	67	67	67
	High risk adults	5	5	5	5	5
STH Round 1	Pre-school age	6	6	6	6	6
	School aged	6	6	6	6	6
	High-risk adults	6	6	6	6	6
STH Round 2		0	0	0	0	0
Trachoma	< 6 months	26	26	26	26	26
	6-59 months	26	26	26	26	26
	≥ 5 years	26	26	26	26	26
	Surgeries	20	20	20	20	20
Leishmaniasis	Drug Administration	40	40	40	40	40
	Diagnostics	40	40	40	40	40

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