



# ASCEND

Accelerating Sustainable Control and Elimination of Neglected Tropical Diseases



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## KNOWLEDGE AND LEARNING REPORT FOR SUPPORT TOWARDS COSTING OF THE SOUTH SUDAN NTD MASTER PLAN (2021-2025)

August 2021

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## **CONTENTS**

<b>1. Introduction</b>	<b>2</b>
<b>2. Overview</b>	<b>2</b>
<b>3. Objective</b>	<b>2</b>
<b>4. Scope of Work</b>	<b>3</b>
<b>5. Deliverables</b>	<b>3</b>
<b>6. The Process</b>	<b>3</b>
6.1 Inception Phase	3
<b>7. Inception Report</b>	<b>4</b>
<b>8. Mapping Stakeholders</b>	<b>4</b>
<b>9. Costing Approach and Data Needs</b>	<b>4</b>
<b>10. Achievements</b>	<b>5</b>
10.1 Deliverables	5
<b>11. Lessons Learnt and Limitations within the Costing Exercise</b>	<b>5</b>
<b>12. Gaps in the NTD Master Plan 2021 – 2025 Narrative Report</b>	<b>5</b>
<b>13. Challenges of the Costing Exercise</b>	<b>5</b>
<b>14. Lessons Learnt</b>	<b>6</b>
<b>15. Recommendations</b>	<b>7</b>

## 1. Introduction

Neglected tropical diseases affect over 1 billion of the marginalized and poorest populations living in tropical environments and areas where geographical access is a major challenge. 40 % of these are from the WHO AFRO region. Despite having cost-effective interventions that are good investments and that can fast track country progress towards achievement of universal health coverage and social protection; some countries continue to grapple with the NTDs burden. Comprehensive multi-year plans for control and elimination of NTDs are therefore essential strategic documents that can; guide effective planning, prioritisation, budgeting, implementation, and review of NTD interventions in endemic countries.

The fourth generation of the NTD Master plans 2021 – 2025 provides guidance on the prevention, control and where feasible elimination and eradication of Neglected Tropical Diseases (NTDs). The country guidance aligns with the NTD roadmap 'Ending the Neglect to attain the Sustainable Development Goals, A road map for neglected tropical diseases 2021-2030'. The main purpose of this strategic document is to be used as a tool by government to align, coordinate and harmonise NTD interventions across partners and stakeholders to enable joint and complementary investments to NTD programming in endemic countries. When costed, the master plans will provide an advocacy tool that can be used in increasing prioritization of NTDs in; health sector plans, budgets, and expenditures by increasing both government and external funders focus on NTDs.

## 2. Overview

The overall purpose of this ASCEND Lot 1 technical assistance (TA) is to support costing of the Neglected Tropical Diseases (NTDs) master plan in South Sudan 2021 - 2025. The process of developing the NTD Master plan document started in August 2020, through TA from WHO.

The main purpose of reviewing and updating the NTD master plan is to ensure that the document guides NTD programme implementation in line with WHO roadmap 2030. Additionally, effective implementation requires estimation of the resources required, a rapid analysis of resource available and developing resource gap to enable identify priorities and resource mobilisation efforts that can support implementation and realisation of the goals and targets outlined in the NTD Master Plan.

## 3. Objective

The general objective was to support the costing of the Neglected Tropical Diseases (NTDs) master plan 2021 – 2025 for South Sudan (SS), Ministry of Health (MoH).

Specific objectives included the following;

- Develop an inception report outlining the costing methodology for costing the S. Sudan NTD master plan.
- Make a presentation on the existing costing approaches to draw consensus on the approach most applicable for the South Sudan case.
- Working closely with the county team to develop costing assumptions to be used in the costing of the master plan.
- Cost the South Sudan NTD master plan narrative report
- Develop a costed South Sudan NTD Master Plan draft report

## 4. Scope of Work

The scope of work was not limited to the objectives agreed and as per the terms of reference provided by the client.

In this assignment, the consultant used participatory approaches that fully engaged the MoH, ASCEND Team and other relevant stakeholders working in NTD programming in South Sudan. This assignment entailed the following tasks:

- Developing a costing methodology to use and provide a clear rationale of using the proposed methodology – inception report.
- Conducting a virtual workshop on the costing tools – approaches and tools for NTD such are TIPAC, One Health tool NTD module and ABC methodology to build the capacity and understanding of the ministry of health (MoH)/national NTD programme staff.
- Using workshop to build consensus on the utility of the costing data and methodology that will be used for the NTD Master Plan/Strategy process
- In collaboration with MoH staff, ensure national ownership of the process:
  - Develop the costing framework and template.
  - Cost the NTD master plan and develop costing assumptions.
  - Share preliminary NTD master plan costing report for validation.
  - Develop the financing section of the NTD master plan.
  - Contribute to the NTD master plan knowledge and learning gaps.
- Work with the National program to ensure timelines for various costing activities are adhered to.

## 5. Deliverables

- Inception report with a clear methodology and rationale of the approach, including the role of the MoH staff in owning the process.
- Workshop reports with agreed-upon costing methodology and assumptions
- Detailed report on costed NTD master plan with all the costs captured provided in an excel template.
- Clear, detailed analysis and concise NTD financing section to be embedded within the NTD master plan.

## 6. The Process

### 6.1 Inception Phase

In this phase, an in-depth review of the NTD mater plan was conducted. The inception phase was characterized by an inception meeting with the NTD MoH team and key partners to take them through a summary of the overall goals and activities of the assignment, including the specific objectives, activities, and deliverables. This phase was implemented through the leadership of the MoH NTD focal person and ASCEND team. In this phase, information was gathered to develop and get a sense of the general direction relating to;

- costing of the NTD masterplan in the entire master planning process
- understand the current NTD situation in South Sudan
- Implication on the future of NTD programming (Prospective analysis),
- Provide sensitive themes and proposed priorities to be included in the master plan whose costing was needed.

The main action for the consulting team was to:

1. Hold and participate in the NTD master plan costing inception meeting (virtual/Physical)
2. Capture the initial thoughts for consideration in the development of the costing approach/ framework.
3. Agree on the key stakeholders, and sectors needed for costing of the master plan.
4. Strengthen the capacity of the South Sudan NTD program team and IPs on relevance of costing strategic plans and their utility.

## 7. Inception Report

The Inception Report (IR) outlined the methodology and work plan for the assignment. It was a working document for the TA Team, the MoH NTD Department and ASCEND team. It outlined the key steps from inception to finalization of the costing exercise and was used as a guiding document to the NTD masterplan development steering committee, and the lead consultant. The IR provided details of the NTD data required, overall approach and methodology that was going to be used after building consensus with; the South Sudan (SS) NTD team, partners, and other stakeholders. The IR clarified the main stakeholders on their interest and involvement in the process; and outlined how the process was organized and when each of the key steps will take place.

## 8. Mapping Stakeholders

The first step involved identifying stakeholders playing in NTD programing in South Sudan and the role they would play in costing the master plan. The second step involved prioritising the listed stakeholders as mentioned in step one. This assessed the level of influence and interest of every stakeholder and the potential data they could provide for costing purposes. Some of the partners and stakeholders identified in South Sudan include ENDFUND, WHO/ESPEN, Carter Center among other partners. Despite some of the representatives engaging in the costing exercise, some were not able to provide the data that was required.

## 9. Costing Approach and Data Needs

The costing combined both the TIPAC costing tool and the Activity-based Costing (ABC) costing tool. The Tool for Integrated Planning and Costing (TIPAC) is a Microsoft excel program that helps users to 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, we added Kalazar/Leishmaniasis. TIPAC, however is heavily reliant on known mapping, endemicity level and targeted population for at least the baseline year.

TIPAC covers and costs any number of neglected tropical diseases (NTDs) that are of interest to the South Sudan national program. TIPAC allows for specific cost linkages, detailed analysis, and drug acquisition for the WHO-defined NTDs. They include the five NTDs targeted for control and/or elimination through a preventative chemotherapy (PC) strategy using Mass Drug Administration (MDA). The five targeted NTDs which are also specific to the tool 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. In this case, the specific NTDs of focus are the 5 PC NTDs and an additional NTD (Leishmaniasis (Kalazar)). For all the overlapping activities including mapping, WASH activities, strengthening diagnostics, vector control and management amongst others, the ABC tool was used to cost the activities that are not necessarily disease specific but cut across the NTDs.

The One health tool that was not used in our case is used in developing resources required in implementing national health sector strategic plans in low- and middle-income countries (LMICs). The tool facilitates integrated planning and strengthening of health systems. There exists an NTD module since the tool uses a modular approach, allowing for program specific as well as health system component costing. For purposes of SS, the One health NTD module was not applied, given that it required extensive inputs. The outputs from the



tool itself are aggregated and may not aid in the decision-making process around resources required for specific interventions that may need prioritisation.

## 10. Achievements

### 10.1 Deliverables

- Detailed costs of interventions by strategic pillars and objectives
- A Draft Costed South Sudan NTD Master Plan
- Identification of gaps in the main narrative NTD master Plan report that will need to be updated to align with the costing report

## 11. Lessons Learnt and Limitations within the Costing Exercise

The costing exercise focused majorly on the five-preventive chemotherapy (PC) NTDs (Lymphatic filariasis (Filarial elephantiasis), schistosomiasis (bilharzia), soil-transmitted helminthes (STH), onchocerciasis (river blindness) and Trachoma. One additional NTD that is controlled through case management was also included in the detailed costing exercise – Leishmaniasis. Due to inadequate funding of the other 13 NTDs, yet to be mapped or fully mapped particularly case management NTDs, these were not costed using the TIPAC tool. However, activity-based costing was used to develop the costs of interventions using an integrated approach especially for WASH, BCC and KAPS interventions. Most of the activities costed within the strategic pillars are cross cutting interventions that affect all the 19 NTDs.

## 12. Gaps in the NTD Master Plan 2021 – 2025 Narrative Report

The costing exercise was guided by the four strategic pillars developed within the master plan. Strategic areas, objectives and activities of the master plan had already been developed. However, during the costing exercise we discovered a few gaps within the NTD master plan report. These include:

- Lack of estimates of the target population, prevalence of diseases per county for treatment per disease. This data was however, provided during the data collection phase of the costing exercise which will be added as an annexure in the costing report.
- Strategic pillar 4 was incomplete and did not have any interventions. This was discussed and included. Detailed activities that would enable achievement of the strategic objectives and strategic areas. During the costing exercise we included a few activities needed in the NTD Master plan narrative report.
- There is no elaborate plan on programme management and Monitoring and Evaluation of the Master plan.
- There is minimal information on current resources available for NTDs across the various funding streams, and thus the costing report lacks information on the financial gap analysis.
- Information data on target population, target counties and medical interventions has not been concisely captured in the narrative master plan report
- There is need to build a lot of capacity on costing of the NTD master plan to ensure future estimates are estimated close to actual resources required and that these costs form part of the annual financial request for the next five years of the plan
- Information on NTDs is scattered within the disease focal experts, IPs, and Ministry of Health. There is no system where this data is aggregated for purposes of planning and decision-making

## 13. Challenges of the Costing Exercise

- Data availability was the main obstacle that the team faced as they had to rely on MOH focal points, ASCEND and its implementing partners (IPs) to provide data for the whole country. There exists no database within the Ministry of health where this data can be extracted from. More specifically on endemicity, prevalence and the target population for treatment.

- There is minimal information on unit costs data. No costing exercise had been conducted before in respect to the previous NTD master plans in South Sudan. As such there is no existing country literature to refer to. The costing also relied on budgets from IPs which are often over estimated and not actuals.
- There still exists several counties where mapping and prevalence of one or more of the PC NTDs is unknown. Insufficient data may have contributed to low-cost projections for the target population for interventions. Although costing for the mapping has been done, there are no estimates provided to be used as base figures for interventions that will be costed.
- There was also limited information on the costs of purchase of drugs and distribution within the country, partly due to an over-reliance on partners and donors to purchase NTD drugs on behalf of the country.
- Unlike the other 4 PC NTDs which are governed under the Department of NTD (LF, Oncho, SCH, trachoma), Soil-transmitted Helminths (STH) is covered under immunization in primary healthcare section. There is therefore limited information from donors/NTD department on the interventions/ activities required for STH elimination.
- Data provided on prevalence rates and endemicity had a few inconsistencies, thus the implementing unit (IU) level work plans provided by ASCEND was used. This had the most recently updated information.
- Activities on vector control, monitoring and evaluation and programme management have not been costed in this costed component.
- The items costed on the TIPAC were generally service delivery activities and medical interventions for the 5 PC NTDs and Leishmaniasis. The other activities that were non-medical interventions and generally covering all NTDs were costed within the ABC tool.
- The TIPAC tool is designed for disease specific interventions or activities with known prevalence and targeted population for at least one year. This was, however, not the case with the activities outlined in the master plan as they focus on all NTDs.

## 14. Lessons Learnt

- South Sudan has 19 NTDs which are all considered endemic in one or more counties. The costing scope for the NTD master plan only focused on PC-NTDs and Leishmaniasis. There is, however, a need to include costs associated with the other CM-NTDs due to unexpected outbreaks that are continually experienced.
- Data on prevalence, endemicity and targeted population for treatment is typically found with the implementing partners. There are some inconsistencies in terms of prevalence and endemicity across the regions.
- The targeted population for MMDP is lower compared to the endemic level. This may need to be reviewed.
- Most implementing partners have not implemented SCH/STH, and therefore information relating to SCH/STH is insufficient. For instance, activities information is unavailable as well as cost per treatment for these diseases in South Sudan.
- South Sudan heavily relies on donors for purchase of PC-NTD drugs. There is very little information available on the actual expenses the country would incur in the event there was reduced funding levels from donors for NTD drugs, which may lead to drug stock-outs.
- Integrating most activities would ensure more is done with less resources, although this would require adequate human resources. Currently, the NTD department at the Ministry of Health is overwhelmed with the 19 diseases. Integrating activities for different NTDs may require time and human capacity



## 15. Recommendations

- Prioritise mapping of all diseases and establish prevalence, this will aid in reviewing and updating of the costs associated with delivery as new target populations may have been uncovered.
- Costing process is guided by the strategic focus areas or pillars, objectives and activities outlined within the NTD master plan. Therefore, a sound and robust country NTD master plan would better guide the costing exercise. It also reduces data gaps as most of the information may be extracted from the plan itself.
- The development of the master plan had gaps in terms of interventions areas for implementation, while the costing team working with the country team has address the major gaps there is needed to comprehensively review the masterplan to include all high impact intervention needed to address NTDs in South Sudan.
- Include vector control, monitoring and evaluation component including programme management in the narrative as well as the costed report.
- Disease experts may need to explore gaps that were not addressed during costing, especially on service delivery interventions.
- As mapping continues to be conducted within the country there is need for increased target population for MDA, MMDP that need to be taken into account.
- WHO/ESPEN need to review and provide detailed guidance on the costing process to ensure the resource component is well articulated by countries in the NTD master plan. More so for countries which have data limitations, and those receiving in kind support for commodities. It would be important for the costs of the commodities be estimated even when they are donated. Consensus will need to be reached on the pricing of the commodities that countries use in costing drugs.

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