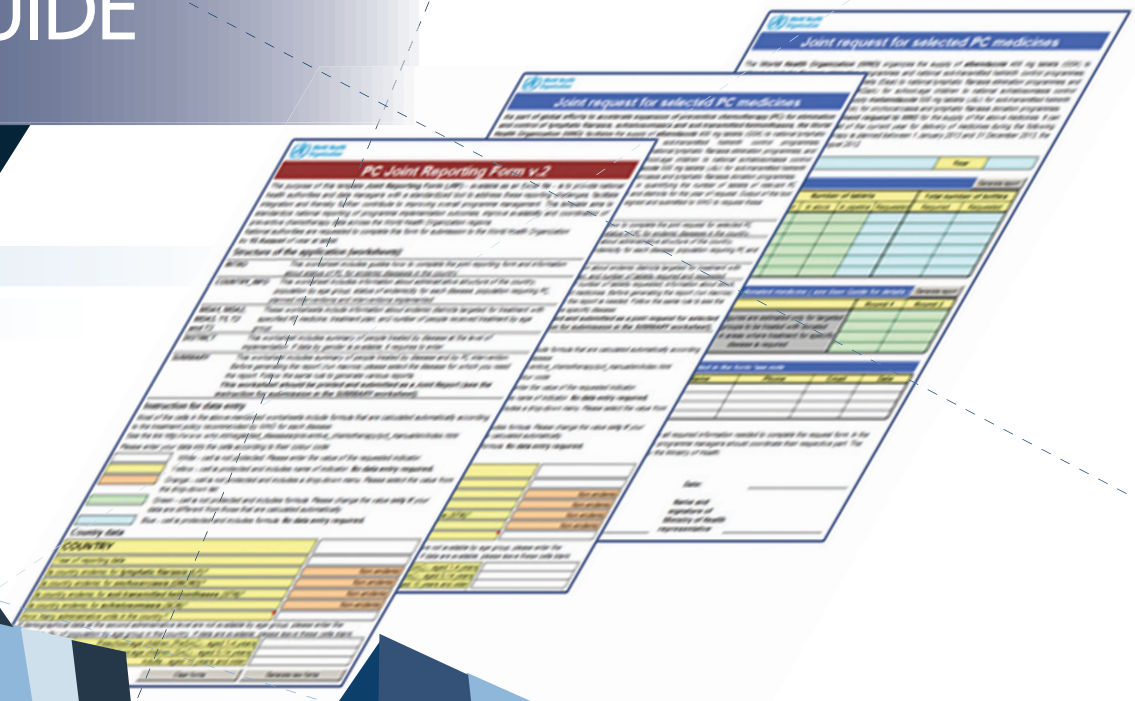
JOINT REQUEST FOR SELECTED PREVENTIVE CHEMOTHERAPY MEDICINES

AND

JOINT REPORTING FORM

A USER GUIDE



World Health Organization

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BACKGROUND

What is preventive chemotherapy?

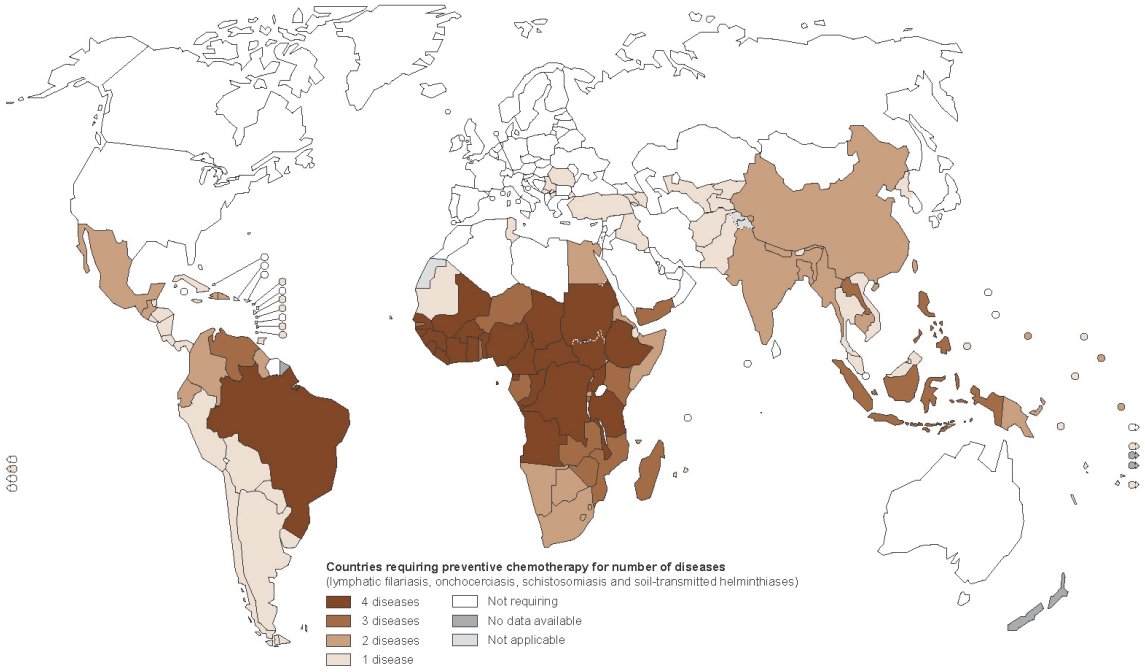
Preventive chemotherapy (PC) is defined as the single administration of quality-assured medicines, either alone or in combination, for use as a public-health tool against selected neglected tropical diseases (NTDs). The World Health Organization (WHO) recommends preventive chemotherapy as one of the key public-health interventions against five NTDs: lymphatic filariasis, onchocerciasis, soil-transmitted helminthiases, schistosomiasis and blinding trachoma. The aim of preventive chemotherapy is to control morbidity in populations at risk of infection or illness and eventually to eliminate some of these diseases, alongside other interventions such as management of chronic cases and disability, control of vectors and their intermediate hosts, veterinary public health, and provision of safe water, sanitation and hygiene[1]. The WHO roadmap targets implementation of preventive chemotherapy interventions with high coverage to ensure that the goals set for these five diseases are reached by 2020 and that selected regional and sub-regional milestones are achieved by 2015[2].

Delivery of preventive chemotherapy interventions requires a rational decision-making process to optimize the use and management of resources. Interventions are therefore planned and implemented in an integrated and coordinated manner where appropriate to maximize programme efficiencies, increase cost effectiveness, raise the visibility of otherwise neglected diseases, improve the acceptability of interventions in affected populations, and enhance ancillary and synergic impacts while reducing the risk of drug resistance. In areas where multiple diseases targeted by preventive chemotherapy are transmitted in the same geographical area in the implementation level (*Figure 1*), integrated and coordinated interventions are delivered to treat these diseases simultaneously. The decision to integrate activities is based on optimization criteria such as cost-effectiveness, enhanced impacts, political advantage, logistic convenience, timing and safety.

[1] *Sustaining the drive to overcome the global impact of neglected tropical diseases. second WHO report on neglected tropical diseases.* . Geneva, World Health Organization, 2013. (http://www.who.int/iris/bitstream/10665/77950/1/9789241564540_eng.pdf).

[2] *Accelerating work to overcome the global impact of neglected tropical diseases. a roadmap for implementation*. Geneva, World Health Organization, 2012. (http://www.who.int/neglected_diseases/NTD_RoadMap_2012_Fullversion.pdf).

Figure 1 Distribution of countries requiring preventive chemotherapy by number of diseases, 2011



Population requiring preventive chemotherapy

In principle, the recommended age group targeted for preventive chemotherapy and the frequency of the intervention are defined according to the risk of infection in each implementation area or unit (e.g. districts, provinces). The level of risk is determined by the prevalence of infection in a sample population of each disease in an implementation unit (*Table 1*).

Table 1 Recommended frequency and population targeted for preventive chemotherapy by disease

Disease	Prevalence threshold	Age group targeted for treatment	Frequency of treatment
Lymphatic filariasis	Prevalence of infection ≥1%	Total population	Once a year
Onchocerciasis	Prevalence of infection ≥40% or Prevalence of palpable nodules ≥20%	Total population	Once a year
Schistosomiasis	≥50% by parasitological methods (intestinal and urinary schistosomiasis) or ≥30% by questionnaire for visible haematuria (urinary schistosomiasis)	SAC and at-risk adults	Once a year
	≥10% but <50% by parasitological methods (intestinal and urinary schistosomiasis) or <30% by questionnaire for visible haematuria (urinary schistosomiasis)	SAC and at-risk adults	Once every 2 years
	<10% by parasitological methods (intestinal and urinary schistosomiasis)	SAC	
Soil-transmitted helminthiases (STH)	Prevalence of any STH infection ≥50%	PreSAC and SAC	Twice a year
	Prevalence of any STH infection ≥20% but <50%	PreSAC and SAC	Once a year

Adults (aged 15 years and older); PreSAC, preschool-age children (aged 1-4 years); SAC, school-age children (aged 5–14 years)

The population requiring preventive chemotherapy is estimated accordingly for each implementation unit and updated annually based on latest epidemiological and demographical information (*Table 2*).

Table 2 Estimates of the population requiring preventive chemotherapy annually by disease

Lymphatic filariasis	Total population living in endemic districts
Onchocerciasis	Total population living in endemic districts
Schistosomiasis	In high-risk areas: total population of SAC and adults In moderate-risk areas: 1/2 of SAC population and 1/3 of adult population* In low-risk areas: 1/3 of SAC population*
Soil-transmitted helminthiases	Total population of PreSAC and SAC living in endemic districts

* For details of estimations, including assumptions applied, see: Schistosomiasis: population requiring preventive chemotherapy and number of people treated in 2010. *Weekly Epidemiological Record*, 2012, 4:37–44; also available at http://www.who.int/wer/2012/wer8704.pdf; accessed March 2013.

Recommended medicines for use in preventive chemotherapy

The selection of anthelminthic medicines recommended by WHO for use in public-health programmes is designed to control and eliminate helminth infections by reducing associated morbidity and transmission. Many of these medicines are broad-spectrum, allowing several diseases to be tackled simultaneously. Preventive chemotherapy interventions should therefore target the optimal, coordinated use of available medicines rather than specific forms of helminthiasis. Coordinated procurement of medicines against multiple diseases is therefore recommended based on the status of co-endemicity of diseases in each implementation unit. Where operationally feasible, WHO recommends the integrated delivery of combinations of preventive medicines to target multiple diseases. Eligibility for treatment differs by medicine. *Table 3* lists the medicines and the target age groups currently recommended by WHO for treatment of lymphatic filariasis, onchocerciasis, schistosomiasis and soil-transmitted helminthiasis either alone or in combination, in the context of preventive chemotherapy interventions.

Table 3 Recommended medicines and age groups targeted for preventive chemotherapy by disease and type of intervention

Diseases treated	Medicines used	Age groups targeted for preventive chemotherapy	Type of preventive chemotherapy (i.e. relevant worksheet in JRF)
Lymphatic filariasis, onchocerciasis and soil-transmitted helminthiases	Ivermectin and Albendazole	SAC and adults	MDA1
Lymphatic filariasis and soil-transmitted helminthiases	Diethylcarbamazine citrate and Albendazole	PreSAC (aged 2 years and older), SAC and adults	MDA2
Onchocerciasis	Ivermectin	SAC and adults	MDA3
Soil-transmitted helminthiases and schistosomiasis	Praziquantel and Albendazole or Mebendazole	SAC	T1
Schistosomiasis	Praziquantel	SAC and adults	T2
Soil-transmitted helminthiases	Albendazole or Mebendazole	PreSAC and SAC	T3

Adults (aged 15 years and older); PreSAC, preschool-age children (aged 1–4 years); SAC, school-age children (aged 5–14 years).

Table 4 lists the estimated number of tablets of each recommended medicine that are required for preventive chemotherapy treatment of individuals of the target age groups.

Table 4 Average number of tablets used for estimating individual preventive chemotherapy

Medicine	Average number of tablets
Ivermectin 3mg	2.8
Albendazole 400mg and Mebendazole 500mg	1
Diethylcarbamazine citrate 100mg	2.5
Praziquantel 600mg	2.5

Preventive chemotherapy medicines donated through WHO

As part of the global efforts to accelerate expansion of preventive chemotherapy for control and elimination of lymphatic filariasis, schistosomiasis and soil-transmitted helminthiases, WHO facilitates the supply of:

- Diethylcarbamazine citrate 100 mg tablets (Eisai) for the population requiring PC for lymphatic filariasis
- Albendazole 400 mg tablets (GlaxoSmithKline) for the population requiring PC for lymphatic filariasis
- Albendazole 400 mg tablets (GlaxoSmithKline) for school-age children requiring PC for soil-transmitted helminthiases
- Mebendazole 500 mg tablets (Johnson&Johnson) for school-age children requiring PC for soil-transmitted helminthiases
- Praziquantel 600 mg tablets (Merck KGaA) for school-age children requiring PC for schistosomiasis

The above medicines can be donated to the relevant national control and elimination programmes of countries requiring preventive chemotherapy. WHO also collaborates to supply Ivermectin 3 mg tablets (Merck & Co., Inc.) to onchocerciasis and lymphatic filariasis elimination programmes.

The Joint Application Package: introduction to the forms

A set of three joint forms has been developed with the aim of facilitating the process of applying for the medicines mentioned above, reporting on their use and planning for their distribution. The forms are "joint" because they can be used to apply for, report on, and plan for distribution of all medicines donated through WHO; they constitute a Joint Application Package and should be submitted together. As a matter of rule, the package should be submitted by 15 August of year *x* (e.g. 2013), and include information on planned activities and request for medicines to be used in year *x+1* (i.e. 2014), together with the report on preventive chemotherapy interventions conducted in year *x-1* (i.e. 2012).
The Joint Application Package is made of three forms:

- The **Joint Request for Selected PC Medicines (JRSM)**: this form (in Excel format) should be used to apply for: diethylcarbamazine citrate (DEC), albendazole,

mebendazole, and praziquantel to be used in the year following the year of application. It can also be used to apply for ivermectin, even though it is recommended that applications should also be submitted to the Mectizan Donation Program (MDP) by using the forms developed by MDP to this effect. On the contrary, the forms cannot be used to apply for azithromycin for trachoma or triclabendazole for fascioliasis and paragonimiasis, and the relevant forms and channels should be used instead.

Three different versions of the JRSM are currently available:

- Version 1: for countries requiring preventive chemotherapy for **lymphatic filariasis**, **onchocerciasis**, **schistosomiasis** and **soil-transmitted helminthiases**;
- Version 2: for countries requiring preventive chemotherapy for **lymphatic filariasis**, **schistosomiasis** and **soil-transmitted helminthiases**;
- Version 3: for countries requiring preventive chemotherapy for **soil-transmitted helminthiases** only.

Each version of the JRSM contains a **SUMMARY worksheet** that should be signed, scanned and submitted together with the full Excel version of the JRSM.

- The **Joint Reporting Form (JRF)**: this form (in Excel format) should be used to report on any preventive chemotherapy interventions carried out in the year before that of submission and entailing the use of: diethylcarbamazine citrate (DEC), albendazole, mebendazole, praziquantel and ivermectin, no matter whether such medicines were donated through WHO or not. Countries should also keep on reporting on interventions based on ivermectin to the MDP, by using the forms developed by MDP to this effect. Reporting on interventions using azithromycin and triclabendazole should continue through the usual channels.

  Three different versions of the JRF are currently available:

  - Version 1: for countries requiring preventive chemotherapy for **lymphatic filariasis**, **onchocerciasis**, **schistosomiasis** and **soil-transmitted helminthiases**;
  - Version 2: for countries requiring preventive chemotherapy for **lymphatic filariasis**, **schistosomiasis** and **soil-transmitted helminthiases**;
  - Version 3: for countries requiring preventive chemotherapy for **soil-transmitted helminthiases** only.

  Each version of the JRF contains a **SUMMARY worksheet** that should be signed, scanned and submitted together with the full Excel version of the JRF.

- The **annual work plan**: it is a table (in Excel format) meant to provide information on the key preventive chemotherapy and collateral activities planned by Ministries of Health against lymphatic filariasis, onchocerciasis, schistosomiasis and soil-transmitted helminthiasis in the year of use of the requested medicines.

Who should complete the forms?

The national NTD coordinator is the most indicated person to compile all the required information needed to complete the Joint Forms. In the absence of such a coordinator, programme managers for each of the targeted diseases should coordinate their respective parts in the Joint Forms.

For instructions on submitting the forms, see 'HOW TO SUBMIT THE JOINT FORMS'.

What can these Joint Forms do for national programmes?

The **Joint Request for Selected PC Medicines** is designed to assist countries in quantifying the number of tablets of the relevant medicines required to reach the planned target population and districts in a coordinated and integrated manner against multiple diseases for the year of request. The output of the tool is a 2-page summary worksheet of the Joint Request for Selected PC Medicines, which can be printed, signed, scanned and submitted to WHO together with the full version of the form in order to apply for medicines.

Particularly, the tool is able to:

- avoid double entry of data in multiple request forms for different medicines;
- harmonize coordinated requests for medicines from multiple disease programmes;
- minimize miscalculation of the quantity of tablets requested through auto-estimation with pre-filled formula;

Similarly, the **Joint Reporting Form** is designed to assist countries in reporting annual progress on integrated and coordinated distribution of medicines across diseases in the reporting year. Whereas the whole workbook serves as a Joint Reporting Form for submission to WHO with the Joint Request for Selected PC Medicines and Annual Work Plan, the summary worksheet automatically estimates the number of people who received integrated PC interventions as well as disease-specific treatment; such summary worksheet should be printed, signed, scanned and submitted to WHO together with the full version of the form.

The tool is particularly able to:

- reduce the amount of data entry, particularly of demographic data, from the second year of its use onwards;
- standardize the national data set used to request medicines and for reporting, such as demographic and epidemiological data, across different disease-specific programmes throughout the country;
- facilitate integrated delivery of preventive chemotherapy interventions across multiple diseases, and thus contribute to improving overall programme management.

The **Annual Work Plan** 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. It 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.

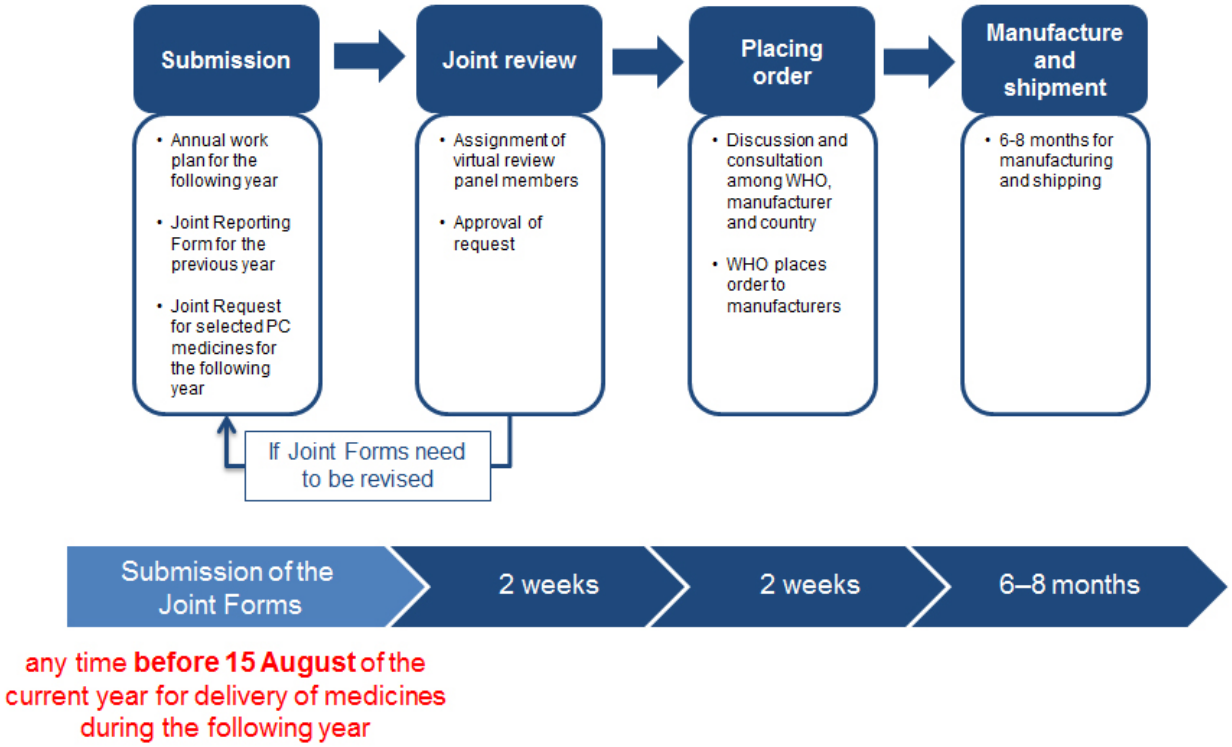
What happens once the forms have been filled and submitted?

For instructions on submitting the forms, see 'HOW TO SUBMIT THE JOINT FORMS'.

Once the two forms (the Joint Request for Selected PC Medicines and the Joint Reporting Form) and the Annual Work Plan have been submitted to WHO via e-mail, they are deposited in their respective country folders on a web-based platform (*Figure 2*). The national NTD programme coordinator (or disease-specific programme managers in the absence of such a coordinator) has access privileges to the relevant country folder. Until Regional joint review mechanisms are established, a Joint Virtual Review Panel (JVRP) is responsible for reviewing the forms submitted and providing advice and recommendations on national requests for medicines through the web-based platform. All communications, including notifications and inquiries, from countries, reviewers and the WHO secretariat are recorded in the country folder.

Review and approval of requests for medicines are expected to take a **maximum of 2 weeks**. Once approved, WHO will place an order for the requested medicines with the relevant manufacturers. When the order is placed, the requested medicines are manufactured and shipped to requesting countries **within 6–8 months**. Ministries of Health of applicant countries should consider this timeline and submit the forms well in advance of the starting date of the planned preventive chemotherapy intervention. In order to receive the medicines at country level in the year for which drugs are requested (i.e. the year in which implementation of preventive chemotherapy is planned), the forms MUST be submitted **at the latest by 15 August** of the year before the year of implementation (e.g. at the latest by 15 August 2013 for implementation in 2014).

Figure 2 Timeline for completing the process



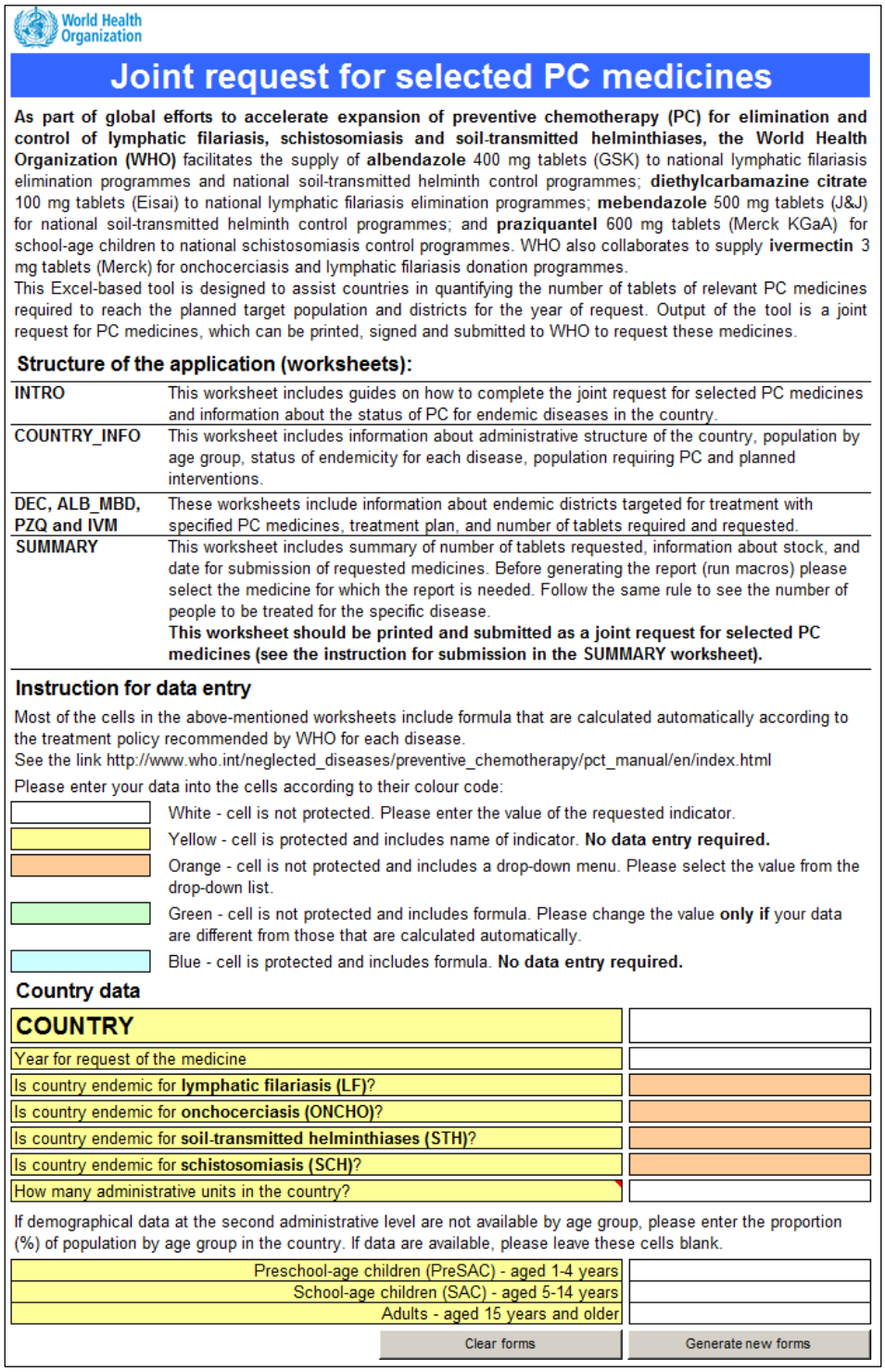
JOINT REQUEST FOR SELECTED PC MEDICINES

INTRO

Open the Excel file named "WHO_JRSM_PC.xls".

Click the tab marked "INTRO" on the bottom toolbar to open the worksheet.

The screen should appear as shown in the image (right).



World Health Organization

Joint request for selected PC medicines

As part of global efforts to accelerate expansion of preventive chemotherapy (PC) for elimination and control of lymphatic filariasis, schistosomiasis and soil-transmitted helminthiases, the World Health Organization (WHO) facilitates the supply of **albendazole** 400 mg tablets (GSK) to national lymphatic filariasis elimination programmes and national soil-transmitted helminth control programmes; **diethylcarbamazine citrate** 100 mg tablets (Eisai) to national lymphatic filariasis elimination programmes; **mebendazole** 500 mg tablets (J&J) for national soil-transmitted helminth control programmes; and **praziquantel** 600 mg tablets (Merck KGaA) for school-age children to national schistosomiasis control programmes. WHO also collaborates to supply **ivermectin** 3 mg tablets (Merck) for onchocerciasis and lymphatic filariasis donation programmes.
This Excel-based tool is designed to assist countries in quantifying the number of tablets of relevant PC medicines required to reach the planned target population and districts for the year of request. Output of the tool is a joint request for PC medicines, which can be printed, signed and submitted to WHO to request these medicines.

Structure of the application (worksheets):

INTRO	This worksheet includes guides on how to complete the joint request for selected PC medicines and information about the status of PC for endemic diseases in the country.
COUNTRY_INFO	This worksheet includes information about administrative structure of the country, population by age group, status of endemicity for each disease, population requiring PC and planned interventions.
DEC, ALB_MBD, PZQ and IVM	These worksheets include information about endemic districts targeted for treatment with specified PC medicines, treatment plan, and number of tablets required and requested.
SUMMARY	This worksheet includes summary of number of tablets requested, information about stock, and date for submission of requested medicines. Before generating the report (run macros) please select the medicine for which the report is needed. Follow the same rule to see the number of people to be treated for the specific disease. **This worksheet should be printed and submitted as a joint request for selected PC medicines (see the instruction for submission in the SUMMARY worksheet).**

Instruction for data entry

Most of the cells in the above-mentioned worksheets include formula that are calculated automatically according to the treatment policy recommended by WHO for each disease.
See the link http://www.who.int/neglected_diseases/preventive_chemotherapy/pct_manual/en/index.html

Please enter your data into the cells according to their colour code:

- White - cell is not protected. Please enter the value of the requested indicator.
- Yellow - cell is protected and includes name of indicator. **No data entry required.**
- Orange - cell is not protected and includes a drop-down menu. Please select the value from the drop-down list.
- Green - cell is not protected and includes formula. Please change the value **only if** your data are different from those that are calculated automatically.
- Blue - cell is protected and includes formula. **No data entry required.**

Country data

COUNTRY	
Year for request of the medicine	
Is country endemic for **lymphatic filariasis (LF)**?	
Is country endemic for **onchocerciasis (ONCHO)**?	
Is country endemic for **soil-transmitted helminthiases (STH)**?	
Is country endemic for **schistosomiasis (SCH)**?	
How many administrative units in the country?	

If demographical data at the second administrative level are not available by age group, please enter the proportion (%) of population by age group in the country. If data are available, please leave these cells blank.

Preschool-age children (PreSAC) - aged 1-4 years	
School-age children (SAC) - aged 5-14 years	
Adults - aged 15 years and older	

Clear forms | Generate new forms

1. Structure of the form (worksheets)

INTRO	This worksheet includes guides on how to complete the joint request for selected PC medicines and information about the status of PC for endemic diseases in the country.
COUNTRY_INFO	This worksheet includes information about administrative structure of the country, population by age group, status of endemicity for each disease, population requiring PC and planned interventions.
DEC, ALB_MBD, PZQ and IVM	These worksheets include information about endemic districts targeted for treatment with specified PC medicines, treatment plan, and number of tablets required and requested.
SUMMARY	This worksheet includes summary of number of tablets requested, information about stock, and date for submission of requested medicines. Before generating the report (run macros) please select the medicine for which the report is needed. Follow the same rule to see the number of people to be treated for the specific disease.

PC, preventive chemotherapy

2. Instructions for data entry

Most of the cells in the above-mentioned worksheets are inter-linked and include formula that automatically perform calculations, according to the treatment policy recommended by WHO for each disease.

Please enter your data into the cells according to their colour code:

White - cell is not protected. Please enter the value of the requested indicator.

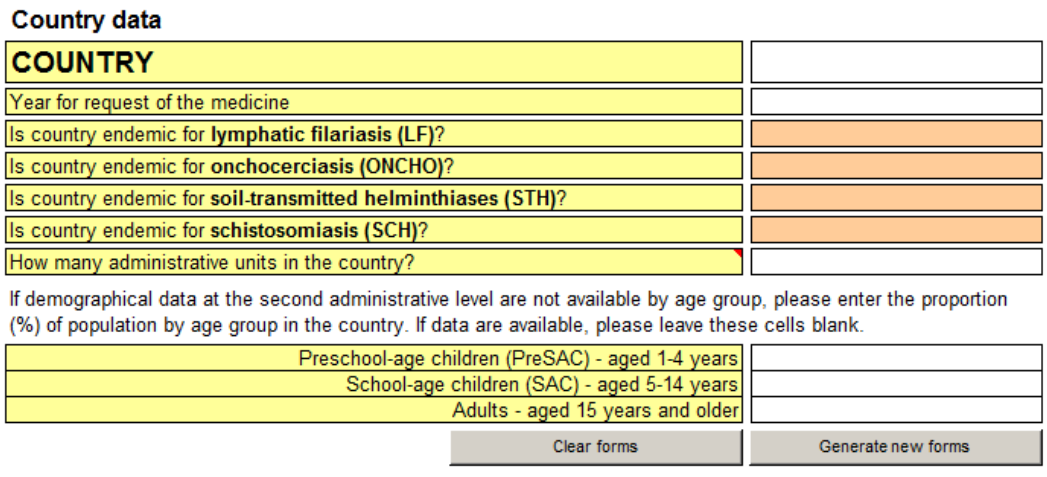
Yellow - cell is protected and includes name of indicator. **No data entry required.**

Orange - cell is not protected and includes a drop-down menu. Please select the value from the drop-down list.

Green - cell is not protected and includes formula. Please change the value **only if** your data are different from those that are calculated automatically.

Blue - cell is protected and includes formula. **No data entry required.**

3. Country data



- **Country**
  Enter the name of your country.

- **Year for request of the medicines**
  Enter the year for which this request for medicines is being made.

- **Is country endemic for LF/ONCHO/STH/SCH?**
  Place the cursor and click on the orange cells. A drop-down icon will appear on the edge of the cells. Select the appropriate endemicity status for your country from the drop-down list corresponding to the following cells:
  - Lymphatic filariasis
  - Onchocerciasis
  - Soil-transmitted helminthiases
  - Schistosomiasis

- **How many administrative units in the country?**
  Enter the number of administrative units in the country at the implementation level of PC (national, subnational or district). This action will generate the exact number of rows in subsequent worksheets of this eTool into which data for each of the administrative units can be entered. If no figure is entered in this cell, no action will be possible in the subsequent worksheets.

  Note: If the exact number of rows needed is not known, enter a slightly higher number of units to avoid deletion of data already entered should extra rows be required later.

- **Preschool-age children/School-age children/Adults**
  Enter the appropriate demographic information in the following white cells, as follows:
  - proportion of preschool-age children (1–4 years) in your country (e.g. 12 %)
  - proportion of school-age children (5–14 years) in your country (e.g. 25%)
  - proportion of adults (15 years and older) in your country (e.g. 60%)

  Check to ensure that this total does not exceed 100%. Demographic data are available from the national census bureau or the United Population database (accessible on line at http://www.un.org/popin/) or provided per request to pctdata@who.int.

  Note: If data disaggregated by age group are available at the level targeted for implementation of PC, keep these cells blank.

- **Clear forms/Generate new forms**
  Place the cursor on the tab “Generate forms” and click to automatically create forms with some pre-filled information in the subsequent worksheets. If an error has been made and the data need to be re-entered, click on the “Clear forms” tab to delete the information in this worksheet and re-start the process of entering data.

Once these steps are completed, some cells in the subsequent worksheet will be pre-filled as a consequence of the information on this page.

For demonstration purposes we will be using the data from a fictitious country, Murkonia.

Country data

COUNTRY	**Murkonia**
Year for request of the medicine	2013
Is country endemic for **lymphatic filariasis (LF)**?	Endemic
Is country endemic for **onchocerciasis (ONCHO)**?	Endemic
Is country endemic for **soil-transmitted helminthiases (STH)**?	Endemic
Is country endemic for **schistosomiasis (SCH)**?	Endemic
How many administrative units in the country?	25

If demographical data at the second administrative level are not available by age group, please enter the proportion (%) of population by age group in the country. If data are available, please leave these cells blank.

Preschool-age children (PreSAC) - aged 1-4 years	12.00%
School-age children (SAC) - aged 5-14 years	25.00%
Adults - aged 15 years and older	60.00%

Clear forms | Generate new forms

COUNTRY_INFO

This worksheet includes the following key information:

Columns

1. **Country administrative structure**
   - Country
   - Province/State
   - District
2. **Population**
   - Total
   - PreSAC: preschool-age children (1 to 4 years of age inclusive)
   - SAC: school-age children (5 to 14 years of age inclusive)
   - Adults (15 years of age and older)
3. **Endemicity**
   - LF, ONCHO, STH, SCH
4. **Population requiring preventive chemotherapy**
   - LF, ONCHO, STH, SCH
5. **Number of treatment rounds planned for the year**
   - LF, ONCHO, STH, SCH

Row 'Total'

1. Country administrative structure

- **Country**
  Confirm that the column 'Country' has the name of the country automatically filled as entered in the INTRO worksheet.

- **Province/State**
  Enter the names of all the first administrative level units (usually state or province) in the country in the column 'Province/State'.

- **District**
  Enter the names of all the second administrative level units (usually district) in the country in the column 'District'.

  Note: If the whole country is selected as implementation unit , there is no need to enter information for lower administrative levels. Similarly, if the implementation level is province or state, leave the cells blank in the column 'District'.

2. Population

- **Total**

  Enter the total population corresponding to each administrative unit at the level targeted for PC implementation in the country in the column 'Total'.

- **PreSAC, SAC, Adults**

  If data on population for each administrative unit at the level targeted for PC implementation are available by age, enter them in the columns 'PreSAC', 'SAC' and 'Adults' under the heading 'Population'.

  Note: If you have entered the proportion (%) of different age group categories in the worksheet 'INTRO', the total population by age-group category is automatically calculated in the columns 'PreSAC', 'SAC' and 'Adults'.

Country administrative structure			Population			
Country	Province/State	District	Total	PreSAC	SAC	Adults
Murkonia	Province South	Astori	89,530	10,744	22,383	53,718
Murkonia	Province South	Brodsi	354,934	42,592	88,734	212,960
Murkonia	Province South	Conichi	235,955	28,315	58,989	141,573
Murkonia	Province South	Druna	135,251	16,230	33,813	81,151
Murkonia	Province South	Elona	133,316	15,998	33,329	79,990
Murkonia	Province South	Flora	61,638	7,397	15,410	36,983

3. Endemicity (LF, ONCHO, STH, SCH)

Place the cursor on each orange cell to reveal the drop-down arrow. Click on the arrow to reveal the list of options corresponding to the status of endemicity of each disease. Select the endemicity code for each disease in each of the administrative units according to the coding in *Table 5*.

Table 5: Coding for status of endemicity for diseases targeted for preventive chemotherapy

For LF and ONCHO	For STH	For SCH
0 = non-endemic	0 = non-endemic	0 = non-endemic
1 = endemic *	1 = low prevalence (<20%)	**1 = low prevalence (<10%) ***
	2 = moderate prevalence (≥20–<50%) *	**2 = moderate prevalence (≥10–<50%) ***
	3 = high prevalence (≥50%) *	**3 = high prevalence (≥50%) ***
4 = status unknown	4 = status unknown	4 = status unknown
99 = endemic, MDA stopped	5 = endemic, prevalence unknown	5 = endemic, prevalence unknown

MDA, mass drug administration

* Preventive chemotherapy is recommended

Note: Countries should apply for PC medicines to be used in the implementation units where preventive chemotherapy is recommended. However, the Joint Request for Selected PC Medicines also allows requesting medicines for the implementation units where STH and SCH are endemic, but prevalence is unknown (code 5). Codes 0, 4 and 99 do not allow requesting PC medicines.

Note: Data can be entered manually using the drop-down list or be copied from an existing database into the white cells.

4. Population requiring PC (LF, ONCHO, STH, SCH)

When the status of endemicity at the district level is entered, the number of individuals requiring treatment for each of the diseases, in the columns 'LF', 'ONCHO', 'STH' and 'SCH' under the heading 'Population requiring PC', will be calculated automatically based on epidemiological data (*Table 2*).

Programme Managers can use these estimates to plan treatment for the next year based on available recourses.

	Endemicity				Population requiring PC			
District	LF	Oncho	STH	SCH	LF	Oncho	STH	SCH
Astori	1	1	0	2	89,530	89,530	0	21,935
Brodsi	1	0	2	2	354,934	0	131,326	86,959
Conichi	1	0	3	2	235,955	0	87,303	57,809
Druna	1	0	2	2	135,251	0	50,043	33,136
Elona	1	1	2	3	133,316	133,316	49,327	113,319
Flora	1	1	2	3	61,638	61,638	22,806	52,392

5. Number of treatment rounds planned for the year

The orange rows in the columns 'LF', 'ONCHO', 'STH' and 'SCH' under the heading 'Number of treatment rounds planned for the year' should be filled to indicate the number of treatment rounds planned for the year for which the medicines are requested.

Note: Sometimes resources are insufficient to implement the required treatment plan and target all diseases. In this case the plan will need to be adjusted according to available resources.

Using the drop-down arrow for each cell, select the treatment rounds planned on the basis of resources available to implement preventive chemotherapy in each of the administrative units. Select options as:

- 0 for no treatment
- 1 for one round of treatment per year
- 2 for two rounds of treatment per year

Row 'Total'

The total of the sub-national level figures is automatically calculated in the row 'Total' of this worksheet for the indicator 'Population' and 'Population requiring PC', respectively. When all the population data for the administrative units are entered, the information in the row 'Total' represents the total figures at national level for each population indicator.

9,263,803	1,111,656	2,315,951	5,558,282					5,741,359	4,333,669	2,092,825	5,228,893
Population				Endemicity				Population requiring PC			
Total	PreSAC	SAC	Adults	LF	Oncho	STH	SCH	LF	Oncho	STH	SCH

DEC (diethylcarbamazine citrate)

This worksheet is used to compute the quantity of diethylcarbamazine citrate (DEC) 100mg tablets required for implementing preventive chemotherapy in the year for which the medicines are requested. It is generated for countries only where lymphatic filariasis is endemic but onchocerciasis is non-endemic, based on information entered in the worksheets INTRO and COUNTRY_INFO.

A large part of this worksheet is automatically filled, based on the information entered in the INTRO and COUNTRY_INFO worksheets. The only data to be entered manually on this form (if available) are **'Remaining in stock'** under the heading **'Diethylcarbamazine citrate (DEC)'**.

1. **Country administrative structure**

- **Country**
- **Province/State**
- **District**

Note: The names of the administrative units have been automatically generated based on the information entered in the COUNTRY_INFO worksheet.

2. **Population requiring treatment with DEC**

- **PreSAC**
- **SAC**
- **Adults**
- **Total**

Note: The population requiring treatment for preventive chemotherapy with DEC has been automatically generated based on the information entered in the INTRO and COUNTRY_INFO worksheets, specifically:

- population data for each implementation unit and by age group
- endemicity code for LF by implementation unit

3. **Treatment plan – LF**

The number of treatment rounds planned for the year for LF by the implementation level, entered in the worksheet COUNTRY_INFO, is presented in the column 'Treatment plan – LF'.

4. Target population – LF

The population targeted for treatment of LF in the year for request has been automatically generated based on the information entered into the COUNTRY_INFO worksheet, specifically:

- population data by the implementation level and by age group
- number of treatment rounds planned for the year for LF at the implementation level

5. Diethylcarbamazine citrate (DEC)

- **Total required**

  The total number of DEC tablets required to cover the population targeted for treatment of LF in the year of request (see iv. Target population – LF, above) is automatically calculated, based on the target population and the average number of tablets to be administered per person, which is 2.5 tablets for DEC.

- **Remaining in stock**

  Place the cursor on the yellow title cell "Remaining in stock" to reveal the instructions for entering information in this column. Enter the number of DEC tablets remaining in stock at each administrative unit based on information that is available. Leave the cell blank if this information is not available.

- **Tablets to be procured**
- **Bottle (100 mg) 1000 tablets**

  "Bottles (100 mg) 1000 tablets" is defined as the number of bottles containing 1000 tablets (100 mg) required for shipment to fulfil the number of tablets to be procured. The information in the columns "Tablets to be procured" and "Bottles (100 mg) 1000 tablets" will be calculated automatically according to the number of DEC tablets that remain in stock at PC implementation level.

  Note: For countries in which onchocerciasis is endemic , the DEC worksheet will remain empty and no action will be required or possible on any cells. Default information will be automatically updated in column 'Treatment plan' as 'Treat with IVM'. This is because DEC is not administered in countries where onchocerciasis is known to be present.

Row 'Total'

The total of the sub-national level figures is automatically calculated in the row 'Total' of this worksheet for each numerical indicator. When all the population data for the administrative units are entered, therefore, the information in the row 'Total' represents the total figures at national level of each population indicator.

The example for Murkonia is presented below.

Diethylcarbamazine citrate (DEC)

Administrative structure, eligible population by age group, treatment plan and information about tablets

TOTAL			0	0	0	0		0	0	0	0	0
Country administrative structure			Population requiring treatment with DEC				Treatment plan	Target population	Diethylcarbamazine citrate (DEC)			
Country	Province/State	District	PreSAC	SAC	Adults	Total	LF	LF	Total required	Remaining in stock	Tablets to be procured	Bottle (100 mg) 1000 tablets
			0	0	0	0	Treat with IVM	0	0		0	0
			0	0	0	0	Treat with IVM	0	0		0	0
			0	0	0	0	Treat with IVM	0	0		0	0
			0	0	0	0	Treat with IVM	0	0		0	0
			0	0	0	0	Treat with IVM	0	0		0	0

ALB_MBD (albendazole/mebendazole)

This worksheet is used to compute the quantity of albendazole (ALB) 400 mg and/or mebendazole (MBD) 500 mg tablets required for implementing preventive chemotherapy in the year for which the medicines are requested. This worksheet is generated only when the country is endemic for LF and/or STH, based on the information entered in the worksheets INTRO and COUNTRY_INFO. Requests for ALB for treatment by the STH programme will take into consideration requests that will be made for the LF programme, which also uses ALB.

A large part of this worksheet is automatically filled, based on the information entered into the INTRO and COUNTRY_INFO worksheets. The only data to be entered manually on this form (if available) are:

- **'Target population – STH (ALB) – Other'**
- **'Target population – STH (MBD) – Other'**
- **'Albendazole – Remaining in stock (LF)'**
- **'Albendazole – Remaining in stock (STH)'**
- **'Mebendazole – Remaining in stock'**

1. Country administrative structure

- **Country**
- **Province/State**
- **District**

Note: The names of the administrative units have been automatically generated based on the information entered in the COUNTRY_INFO worksheet.

2. Population requiring treatment with ALB/MBD

- **PreSAC**
- **SAC**
- **Adults**
- **Total**

Note: The population requiring treatment for preventive chemotherapy with DEC has been automatically generated based on the information entered in the INTRO and COUNTRY_INFO worksheets, specifically:

- population data by the implementation unit and by age group
- endemicity code for STH by implementation unit

3. Treatment plan – LF, STH

The numbers of treatment rounds planned for the year by the implementation level, entered in the worksheet COUNTRY_INFO, are presented for LF and STH in the columns 'Treatment plan - LF' and 'Treatment plan - STH', respectively.

Box: Example of coordinated treatment with ALB for LF and STH in Murkonia

In Murkonia, LF, ONCHO, STH and SCH are all endemic.

The LF and ONCHO programmes are going to treat all endemic areas with IVM in 2013.
For soil-transmitted helminthiases (STH):

- If prevalence is low (endemicity code 1), they are not going to target this district.
- If prevalence is moderate (endemicity code 2), then 1 round of treatment will be required.
- If prevalence is high (endemicity code 3), they will implement 2 rounds of treatment.

In districts where LF is endemic and the prevalence of any STH is high:

- 1 round of treatment with ALB is required for LF, targeting all the eligible population living in the district (i.e. SAC and adults).
- 2 rounds of treatment with ALB or MBD are required to treat STH in the same district, targeting PreSAC and SAC living in the district.

In this case, all SAC and adults in the district targeted for treatment should receive 1 round of ALB administered through the LF programme. But the PreSAC in the district, who are not targeted for treatment with IVM, will require 2 rounds of treatment with ALB through STH programme because they will note be treated through the LF programme.

The Table below shows the integrated preventive chemotherapy interventions required for LF and STH in countries where **onchocerciasis is present**.

Disease	STH not endemic or STH prevalence is low	STH prevalence is moderate	STH prevalence is high
LF endemic	1 round through LF programme to SAC and adults	- 1 round through LF programme to SAC and adults - 1 round through STH programme to PreSAC	- 1st round through LF programme to SAC and adults - 2nd round through STH programme to SAC - 2 rounds through STH programme to PreSAC
LF not endemic	No treatment required	1 round through STH programme to PreSAC and SAC	2 rounds through STH programme to PreSAC and SAC

The Table below shows the integrated preventive chemotherapy interventions required for LF and STH in countries where **onchocerciasis is not present**.

Disease	STH not endemic or STH prevalence is low	STH prevalence is moderate	STH prevalence is high
LF endemic	1 round through LF programme to PreSAC, SAC and adults	1 round through LF programme to PreSAC, SAC and adults	- 1st round through LF programme to PreSAC, SAC and adults - 2nd round through STH programme to PreSAC and SAC
LF not endemic	No treatment required	1 round through STH programme to PreSAC and SAC	2 rounds through STH programme to PreSAC and SAC

4. People covered by PELF with ALB

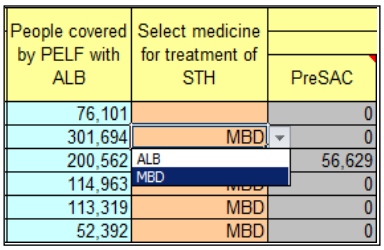
The target population for LF treatment is reflected in the column 'People covered by PELF with ALB', based on the information entered in the worksheets 'INTRO' and 'COUNTRY_INFO'.

The example for Murkonia is presented below.

Country administrative structure			Population requiring treatment with ALB/MBD			Treatment plan		People covered by PELF with ALB
Country	Province/State	District	PreSAC	SAC	Total	LF	STH	
Murkonia	Province South	Astori	10,744	22,383	33,126	1	0	76,101
Murkonia	Province South	Brodsi	42,592	88,734	131,326	1	1	301,694
Murkonia	Province South	Conichi	28,315	58,989	87,303	1	2	200,562
Murkonia	Province South	Druna	16,230	33,813	50,043	1	1	114,963
Murkonia	Province South	Elona	15,998	33,329	49,327	1	1	113,319
Murkonia	Province South	Flora	7,397	15,410	22,806	1	1	52,392

5. Select medicine for treatment of STH

Place the cursor in the orange cell and click to show the drop-down arrow for options ALB or MBD. Select the type of medicine planned to be used in each of the administrative units requiring PC for STH.



6. Target population – STH (ALB), STH (MBD)

- **PreSAC**
- **SAC**

The population targeted for treatment of STH in the year for request has been automatically generated for PreSAC and SAC, respectively, based on the information entered into the COUNTRY_INFO worksheet, specifically:

- population data by the implementation unit and by age group
- endemicity code for LF and STH by implementation unit
- treatment plan for LF and STH by the implementation unit
- selected medicine for treatment of STH by the implementation unit

- **Other**

Insert the number of individuals aged 15 years and older who may require treatment in each administrative unit (for example, women of childbearing age), if any.

- **Total**

The total population targeted for treatment of STH in the year of request is automatically calculated by the implementation unit (i.e. 'PreSAC' + 'SAC' + 'Other').

Note: The column 'PreSAC' is shaded grey because the donation of ALB tablets (by GSK) and of MBD tablets (by J&J) currently does not target this age group.

Completing the actions 1–4 above will result in an interface appearing as presented below.

Target population							
STH (ALB)				STH (MBD)			
PreSAC	SAC	Other	Total	PreSAC	SAC	Other	Total
0	0		0	0	0		0
0	0		0	42,592	0		42,592
56,629	58,989		115,618	0	0		0
0	0		0	16,230	0		16,230
0	0		0	15,998	0		15,998
0	0		0	7,397	0		7,397

7. Albendazole (ALB)

- **Remaining in stock (LF)**
  Place the cursor on the yellow title cell 'Remaining in stock (LF)' to reveal the instructions for entering information in this column. Enter the number of ALB tablets remaining in stock for LF treatment at each administrative unit if the information is available. Leave the cell blank if this information is not available.

- **Tablets to be procured (LF)**
  The information in the column 'Tablets to be procured (LF)' will be calculated automatically as the target population for LF treatment multiplied by the average number of ALB tablets to be administered for treatment of LF per person, which is 1 tablet (400 mg), minus the number of remaining ALB tablets in stock for LF, by PC implementation level.

- **Bottle (400 mg) 200 tablets (LF)**
  'Bottles (400 mg) 200 tablets' is defined as the number of bottles containing 200 tablets (400 mg) required for shipment to fulfil the number of tablets to be procured. The information in this column will be automatically calculated according to the number of ALB tablets to be procured for LF treatment that remain in stock at PC implementation level.

- **Remaining in stock (STH)**
  Place the cursor on the yellow title cell 'Remaining in stock (STH)' to reveal the instructions for entering information in this column. Enter the number of ALB tablets remaining in stock for STH at each administrative unit if the information is available. Leave the cell blank if this information is not available.

- **Tablets to be procured for SAC (STH)**
  The information in the column 'Tablets to be procured (STH)' will be calculated automatically as the 'Target population – STH (ALB) – SAC' multiplied by the average number of ALB tablets to be administered for treatment of STH per person, which is 1

tablet (400 mg), minus the number of remaining ALB tablets in stock for STH, by PC implementation level.

- **Bottle (400 mg) 200 tablets (STH)**

'Bottles (400 mg) 200 tablets' is defined as the number of bottles containing 200 tablets (400 mg) required for shipment to fulfil the number of tablets to be procured. The information in this column will be calculated automatically according to the number of ALB tablets to be procured for STH that remain in stock at PC implementation level.

The number of tablets to be procured for LF treatment and the number of tablets to be procured for SAC through the STH programme are presented separately because they are two different programmes and they may have different recipients for the medicines.

Albendazole (ALB)						Mebendazole (MBD)		
Remaining in stock (LF)	Tablets to be procured (LF)	Bottle (400 mg) 200 tablets (LF)	Remaining in stock (STH)	Tablets to be procured for SAC (STH)	Bottle (400 mg) 200 tablets (STH)	Remaining in stock	Tablets to be procured for SAC	Bottles (500 mg) 150 tablets
	76,101	381		0	0		0	0
	301,694	1,509		0	0		0	0
	200,562	1,003		58,989	295		0	0
	114,963	575		0	0		0	0
	113,319	567		0	0		0	0
	52,392	262		0	0		0	0

8. Mebendazole (MBD)

- **Remaining in stock**

Place the cursor on the yellow title cell 'Remaining in stock' to reveal the instructions for entering information in this column. Enter the number of MBD tablets remaining in stock for STH treatment at each administrative unit if the information is available. Where this information is not available, the cell should be left blank.

- **Tablets to be procured for SAC**

The information in the column 'Tablets to be procured (STH)' will be calculated automatically as the 'Target population – STH (MBD) – SAC' multiplied by the average number of MBD tablets to be administered for treatment of STH per person, which is 1 tablet (500 mg), minus the number of remaining MBD tablets in stock for STH, at PC implementation level.

- **Bottle (500 mg) 150 tablets**

'Bottles (500 mg) 150 tablets' is defined as the number of bottle containing 150 tablets (500 mg) required for shipment to fulfil the number of tablets to be procured. The information in this column will be calculated automatically according to the number of MBD tablets to be procured for STH that remain in stock at PC implementation level.

Note: For countries in which LF and STH are not endemic, the ALB_MBD worksheet will remain empty and no action will be required or possible on any cells.

Row 'Total'

The total of the sub-national level figures is automatically calculated in the row 'Total' of this worksheet for each numerical indicator. When all the population data for the administrative units are entered, therefore, the information in row 'Total' represents the total figures at national level of each population indicator.

PZQ (praziquantel)

This worksheet is used to compute the quantity of praziquantel (PZQ) 600mg tablets required for implementing preventive chemotherapy in the year for which the medicines are requested. This worksheet is generated only when the country is endemic for schistosomiasis, based on the information entered in the worksheets INTRO and COUNTRY_INFO.

A large part of this worksheet is automatically filled, based on the information entered in the INTRO and COUNTRY_INFO worksheets. The only data to be entered manually on this form (if available) are:

- **'Treatment plan - All SAC targeted?'**
- **'Target population – SAC at lower level'**
- **'Praziquantel (PZQ) – Remaining at stock'**

1. Country administrative structure

- **Country**
- **Province/State**
- **District**

Note: The names of the administrative units have been generated automatically based on the information entered into the COUNTRY_INFO worksheet.

2. Population requiring treatment with PZQ

- **PreSAC**
- **SAC**
- **Adults**
- **Total**

Note: The population requiring treatment for preventive chemotherapy with PZQ has been generated automatically based on the information entered in the INTRO and COUNTRY_INFO worksheets, specifically:

- population data by the implementation unit and by age group
- endemicity code for SCH by implementation unit

3. Treatment plan – SCH

The number of treatment rounds planned for the year for SCH by the implementation level, entered in the worksheet COUNTRY_INFO, is presented in the column 'Treatment plan'.
If the plan is to treat the entire SAC population in the implementation unit, select 'Yes' in 'Treatment plan'- 'All SAC targeted?'.

4. Target population – SCH

- **SAC**
- **SAC at lower level**
- **Adults**
- **Total**

The population targeted for treatment of SCH in the year of request has been generated automatically based on the information entered into the COUNTRY_INFO worksheet, specifically:

- population data by the implementation unit and by age group
- endemicity code for SCH by implementation unit
- number of treatment rounds planned for the year for SCH in the implementation unit

If PC is implemented in focal areas in the implementation unit, adjust the number of SAC targeted by entering the exact number in the cell 'Target population' – 'SAC at lower level'. The amount of PZQ tablets will be estimated only for those SAC and not for the targeted SAC population shown in 'Target population' – 'SAC'

Note: The column 'Adults' is shaded grey because the donation of PZQ tablets (by Merck KGaA) currently does not target this age group.

Target population			
SAC	SAC at lower level	Adults	Total
0		0	0

5. Praziquantel (PZQ)

- **SAC**
- **Adults**

Total number of PZQ tablets required to cover the population targeted for treatment of SCH in the year of request (see 'Target population – SCH', above) for each age group is calculated automatically based on the target population and the average number of PZQ tablets to be administered per person, which is 2.5 tablets for SAC and 3 tablets for Adults.
Note: The column 'Adults' is shaded grey because the donation of PZQ tablets (by Merck KGaA.) currently does not target this age group.

- **Total required for SAC**

This column reflects the total number of PZQ tablets required to cover the SAC population targeted for treatment of SCH, which is the current target population of WHO's PZQ donation, in the year of request.

- **Remaining in stock**

Place the cursor on the yellow title cell 'Remaining in stock' to reveal the instructions for entering information in this column. Enter the number of PZQ tablets remaining in stock at

each administrative unit based on the information that is available. Leave the cell blank if this information is not available.

- **Tablets to be procured**
- **Bottle (600 mg) 1000 tablets**

Praziquantel (PZQ)					
SAC	Adults	Total required for SAC	Remaining in stock	Tablets to be procured	Bottle (600 mg) 1000 tablets
55,956	32,231	55,956		55,956	56
221,834	127,776	221,834		221,834	222
147,472	84,944	147,472		147,472	148
84,532	48,690	84,532		84,532	85
83,323	239,969	83,323		83,323	84
38,524	110,948	38,524		38,524	39

'Bottles (600 mg) 1000 tablets' is defined as the number of bottles containing 1000 tablets (600 mg) required for shipment to fulfil the number of tablets to be procured. The information in the columns 'Tablets to be procured' and 'Bottles (600 mg) 1000 tablets' will be calculated automatically according to the number of PZQ tablets that remain in stock at PC implementation level.

Note: For countries in which SCH is not endemic, the PZQ worksheet will remain empty and no action will be required or possible on any cells.

Row 'Total'

The total of the sub-national level figures is calculated automatically in the row 'Total' of this worksheet for each numerical indicator. When all the population data for the administrative units are entered, therefore, the information in the row 'Total' represents the total figures at national level of each population indicator.

IVM (ivermectin)

This worksheet is used to compute the quantity of ivermectin (IVM) 3mg tablets requested for implementing preventive chemotherapy in the year for which the medicines are requested. It is generated only when the country is endemic for ONCHO or LF/ONCHO, based on information entered in the worksheets INTRO and COUNTRY_INFO.

A large part of this worksheet is filled automatically based on the information entered in the INTRO and COUNTRY_INFO worksheets. The only data to be entered manually on this form (if available) are **'Target population – Onchocerciasis – Village'** and **'Remaining in stock'** under the heading **'Ivermectin (IVM)'**.

1. **Country administrative structure**

- **Country**
- **Province/State**
- **District**

Note: The names of the administrative units have been generated automatically based on the information entered into the COUNTRY_INFO worksheet.

2. **Population requiring treatment with IVM**

- **SAC**
- **Adults**
- **Total**

Note: The population requiring treatment for preventive chemotherapy with IVM has been generated automatically based on the information entered in the INTRO and COUNTRY_INFO worksheets, specifically:
- population data by the implementation unit and by age group
- endemicity code for LF and/or ONCHO by implementation unit

3. **Treatment plan – LF, ONCHO**

The number of treatment rounds planned for the year for LF and ONCHO by the implementation unit, entered in the worksheet COUNTRY_INFO, is presented in the column 'Treatment plan – LF, ONCHO'.

4. **Target population – LF**

This column presents the target population for treatment of LF in the year of request, based on the information in column 'Population requiring treatment with IVM' and

'Treatment plan – LF' in the same worksheet. This information is used to compare the target population for LF and that for ONCHO since both treatments administer the same medicine, IVM.

5. Target population – ONCHO

- **district**

  The population targeted for treatment of ONCHO in the year of request have been generated automatically based on the information in the same worksheet:
  - total population requiring treatment with IVM by the implementation unit
  - treatment plan for ONCHO

- **village**

  In case the implementation level for treatment of onchocerciasis is village instead of province/state/district, please specify the population of targeted villages in each implementation level entered in the worksheet COUNY_INFO.

- **Total**

  The population targeted for treatment of ONCHO in the year of request have been generated automatically as follows:
  - If the column 'village' under the heading 'Target population – ONCHO' contains data, the population targeted for treatment of ONCHO is equal to the data in the column 'village'.
  - If the column 'village' under the heading 'Target population – ONCHO' is left blank, the population targeted for treatment of ONCHO is equal to the data in the column 'district'.

6. Ivermectin (IVM)

- **LF only**

  This column reflects the number of IVM tablets required for treatment of LF alone in the implementation level where treatment is planned only for LF, based on the the average number of IVM tablets to be administered per person, which is 2.8 tablets.

- **Onchocerciasis only**

  This column reflects the number of IVM tablets required for treatment of onchocerciasis alone in the implementation level where treatment is planned only for onchocerciasis, based on the the average number of IVM tablets to be administered per person, which is 2.8 tablets.

- **LF + Onchocerciasis**

  This column reflects the number of IVM tablets required for integrated treatment of LF and onchocerciasis in the implementation level where treatment is planned both for LF and onchocerciasis. This information is calculated by the highest of the target population for LF and the total target population for onchocerciasis multiplied by the average number of IVM tablets to be administered per person, which is 2.8 tablets.

- **Total required**
  This column reflects the sum of the information in the following columns, by the implementation level:
  - Ivermectin (IVM) – LF only
  - Ivermectin (IVM) – ONCHO only
  - Ivermectin (IVM) – LF + ONCHO

- **Remaining in stock**
  Place cursor on yellow title cell "Remaining in stock" to reveal the instructions for entering information in this column. Enter the number of IVM tablets remaining in stock at each administrative unit based on information that is available. Leave the cell blank if this information is not available.

- **Tablets to be procured**
- **Bottle (3mg) 500 tablets**

  "Bottles (3mg) 500 tablets" is defined as the number of bottle containing 500 tablets (3mg) required for shipment to fulfil the number of tablets to be procured. The information in columns "Tablets to be procured" and "Bottles (3mg) 500 tablets" will be calculated automatically according to the number of IVM tablets that remain in stock at PC implementation level.

The example is presented below.

Treatment plan		Target population				Ivermectin (IVM)						
LF	Oncho	LF	Oncho			LF only	Oncho only	LF+Oncho	Total required	Remaining in stock	Tablets to be procured	Bottles (3mg) 500 tablets
			district	village	total							
1	1	76,101	76,101		76,101	0	0	213,081	213,081	10,000	203,081	427
1	0	301,694	0		0	844,743	0	0	844,743	2,000	842,743	1,690
1	0	200,562	0		0	561,573	0	0	561,573	200	561,373	1,124
1	0	114,963	0		0	321,897	0	0	321,897	3,000	318,897	644
1	1	113,319	113,319		113,319	0	0	317,292	317,292	4,000	313,292	635
1	1	52,392	52,392		52,392	0	0	146,698	146,698	500	146,198	294

Note: For countries that are not endemic for onchocerciasis, the IVM worksheet will remain empty and no action will be required or possible on all the cells.

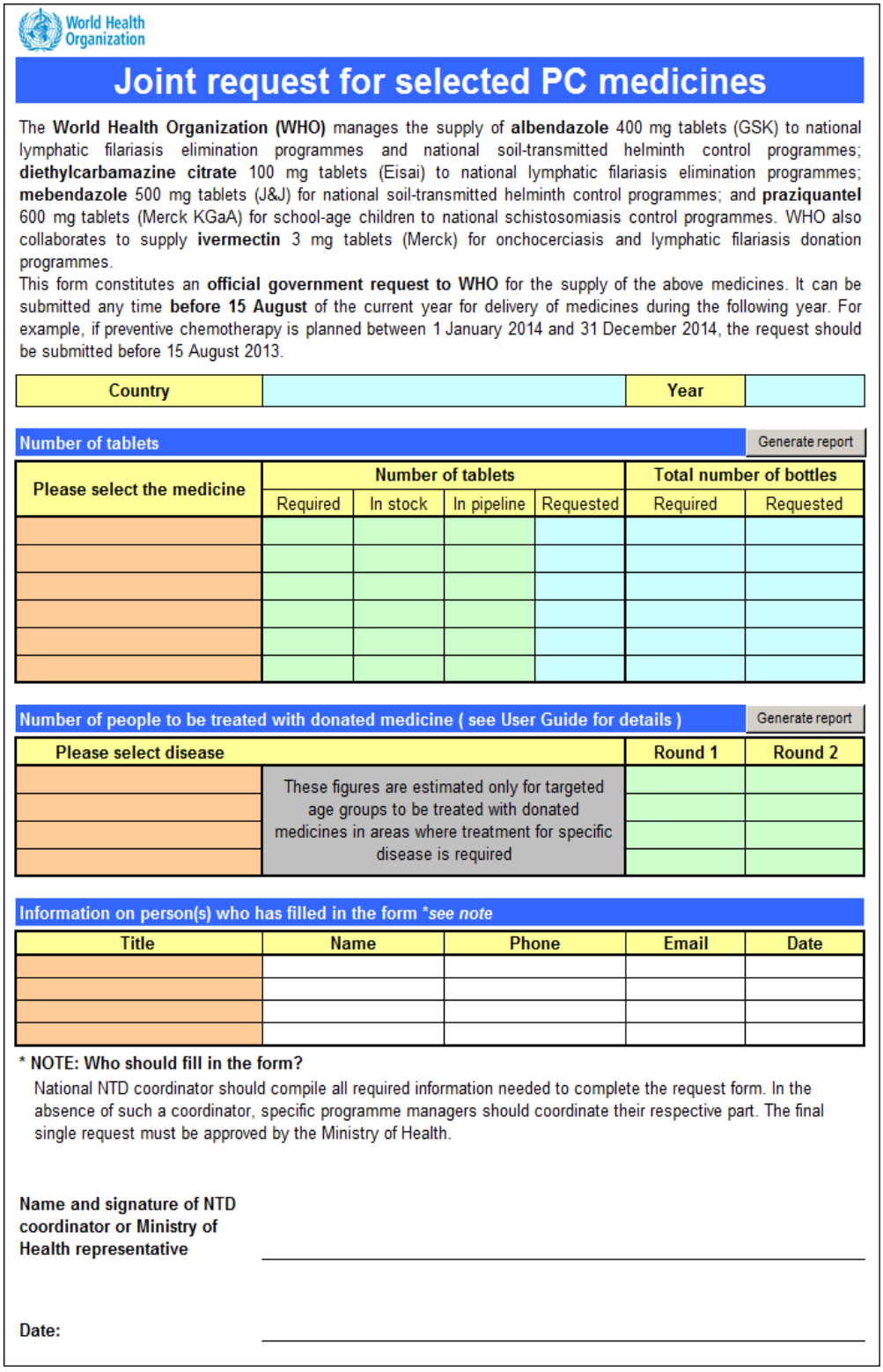
Row 'Total'

The total of the sub-national level figures is calculated automatically in the row 'Total' of this worksheet for each numerical indicator of this worksheet. When all the data population for the administrative units are entered, therefore, the information in row 'Total' represents the total figures at national level of each population indicator.

SUMMARY

This worksheet constitutes an official government request to WHO for the supply of selected preventive chemotherapy medicines. The form should be completed by the national NTD control coordinator in the Ministry of Health or, in their absence, by disease-specific focal points for each relevant part. The final request must be approved by the Ministry of Health.

This screen constitutes page 1 of the Joint request for selected PC medicines. It shows core summary information of a country's request for the donated medicines. The screen shot should appears as current image.



World Health Organization

Joint request for selected PC medicines

The **World Health Organization (WHO)** manages the supply of **albendazole** 400 mg tablets (GSK) to national lymphatic filariasis elimination programmes and national soil-transmitted helminth control programmes; **diethylcarbamazine citrate** 100 mg tablets (Eisai) to national lymphatic filariasis elimination programmes; **mebendazole** 500 mg tablets (J&J) for national soil-transmitted helminth control programmes; and **praziquantel** 600 mg tablets (Merck KGaA) for school-age children to national schistosomiasis control programmes. WHO also collaborates to supply **ivermectin** 3 mg tablets (Merck) for onchocerciasis and lymphatic filariasis donation programmes.

This form constitutes an **official government request to WHO** for the supply of the above medicines. It can be submitted any time **before 15 August** of the current year for delivery of medicines during the following year. For example, if preventive chemotherapy is planned between 1 January 2014 and 31 December 2014, the request should be submitted before 15 August 2013.

Country		Year	

Number of tablets — Generate report

Please select the medicine	Number of tablets				Total number of bottles	
	Required	In stock	In pipeline	Requested	Required	Requested

Number of people to be treated with donated medicine (see User Guide for details) — Generate report

Please select disease		Round 1	Round 2
	These figures are estimated only for targeted age groups to be treated with donated medicines in areas where treatment for specific disease is required		

Information on person(s) who has filled in the form *see note*

Title	Name	Phone	Email	Date

* NOTE: Who should fill in the form?

National NTD coordinator should compile all required information needed to complete the request form. In the absence of such a coordinator, specific programme managers should coordinate their respective part. The final single request must be approved by the Ministry of Health.

Name and signature of NTD coordinator or Ministry of Health representative _____

Date: _____

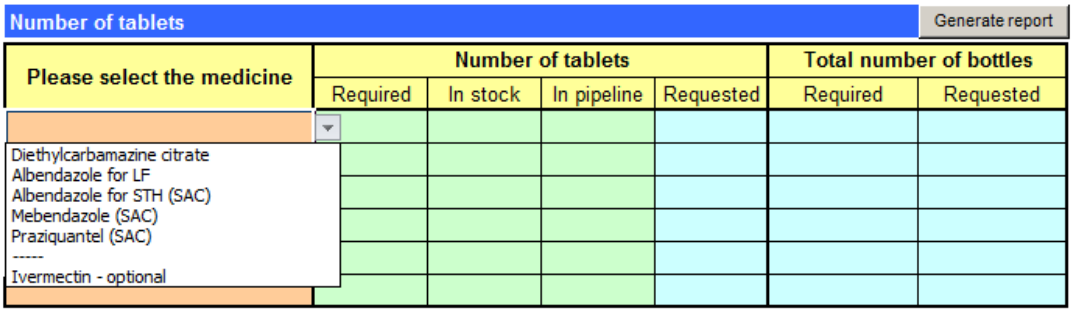
1. **Country**
2. **Year**

Confirm that the columns 'Country' and 'Year' have been automatically filled with the name of the country and the year for which this request for medicines is being made as entered in the INTRO worksheet.

3. **Number of tablets**

➢ **Please select the medicine**

Under the table 'Number of tablets', place the cursor on the orange cell and click to reveal a drop-down arrow and menu from which to select the medicine for which a request is being made. Select the relevant medicine(s) for your country. Presently, selection is possible for all medicines currently used for preventive chemotherapy except azithromycin (for blinding trachoma elimination).



If an error is made and the selection needs to be changed, place the cursor over the cell and press the delete button to erase the entry.

➢ **Generate report**

When all requested medicines are listed place the cursor on the grey button marked "Generate report". Click this button to run macros that automatically compute the information for the number of tablets required and the number of bottles to be requested for each of the selected medicines. The output will appear as in the figure below.

Number of tablets — Generate report

Please select the medicine	Number of tablets				Total number of bottles	
	Required	In stock	In pipeline	Requested	Required	Requested
Albendazole for LF	4,880,155			4,880,155	24,408	24,408
Albendazole for STH (SAC)	1,860,796			1,860,796	9,310	9,310
Mebendazole (SAC)						
Praziquantel (SAC)	4,524,176			4,524,176	4,535	4,535
Ivermectin - optional	13,706,434	19,700		13,686,734	27,421	27,381

- **Number of tablets**

  - **Required**
    The required number of tablets of medicine to cover the target population in the year for request for medicines in the entire country will be calculated automatically for each of the medicines selected in the column 'Please select the medicine', based on the information entered in the worksheet INTRO, COUNTRY_INFO and medicine-specific worksheets.

  - **In stock**
    The number of tablet of medicine in stock to cover the target population in the year of request of medicines in the entire country will be calculated automatically for each of the medicines selected in column 'Please select the medicine', based on the information entered in the worksheet INTRO, COUNTRY_INFO and medicine-specific worksheets.

  - **In pipeline**
    In the column "In pipeline", please enter the information on the number of tablets that have been requested previously (from any source) and have been approved for the country to receive but have not yet arrived in the country (i.e. they are not yet 'in stock'). These medicines should be entered here in order to avoid duplicating the request.

    Note: The above three columns '**Required'**, **'In stock'** and **'In pipeline'** are all green fields that are editable, unlike the green cells in the other worksheets. Some countries may not have detailed epidemiologic data to enter to pre-calculate the number of tablets needed or the number of people to be treated. A programme manager can therefore enter a rough estimation of the drugs needed and the Joint Virtual Review Panel will consider this information prior to approving or declining the request for donated medicines.

    Note: If errors have been made, the information can be deleted from the cells and re-generated using the "Generate report" command.

  - **Requested**
    Based on the information that appeared and/or was entered in the columns '**Required'**, **'In stock'** and **'In pipeline'**, the number of tablets of medicines to be requested for the entire country in this eTool is calculated automatically in the column 'Requested'.

- **Total number of bottles**

  - **Required**
  - **Requested**

  The total number of bottles required and requested are calculated automatically in these columns according to the number of tablets contained in a bottle that are currently used in the donation of medicines relevant in this eTool.

4. Number of people to be treated with donated medicines

- **Please select disease**
  Under the column "Please select disease" under the heading 'Number of people to be treated with donated medicines', place the cursor on the orange cell and click to reveal a drop-down arrow. Select the diseases for which a request is to be made. Select the medicines relevant for your country. Presently, selection is possible for all diseases currently targeted by preventive chemotherapy except blinding trachoma.

- **Round 1, 2**
  When all diseases present in the country are listed, place the cursor on the grey button marked "Generate report". Click this button to run macros to automatically compute the number of people to be treated by the donated medicines for each of the diseases. The number of people to be treated in each round of treatment is generated based on the information that was entered earlier in the worksheets.

The output will appear as in the figure below.

Number of people to be treated with donated medicine (see User Guide for details)			Generate report
Please select disease		**Round 1**	**Round 2**
Lymphatic filariasis	These figures are estimated only for targeted age groups to be treated with donated medicine in areas where treatment for specific disease is required	4,880,155	
Onchocerciasis		2,507,570	
Schistosomiasis		1,809,670	
Soil-transmitted helminthiases		2,022,702	1,273,432

5. Information on person(s) who has filled in the form

- **Title**
- **Name**
- **Phone**
- **Email**
- **Date**

Under the subject row 'Information on person(s) who has filled in the form', place the cursor on the orange cell to reveal the drop-down menu of options for persons who should be involved in filling this form. Select the appropriate title of the officers who have provided the information used in this eTool for the year of the request that is being

submitted. Enter their names, current telephone contact, email address and the date for which this information is valid.

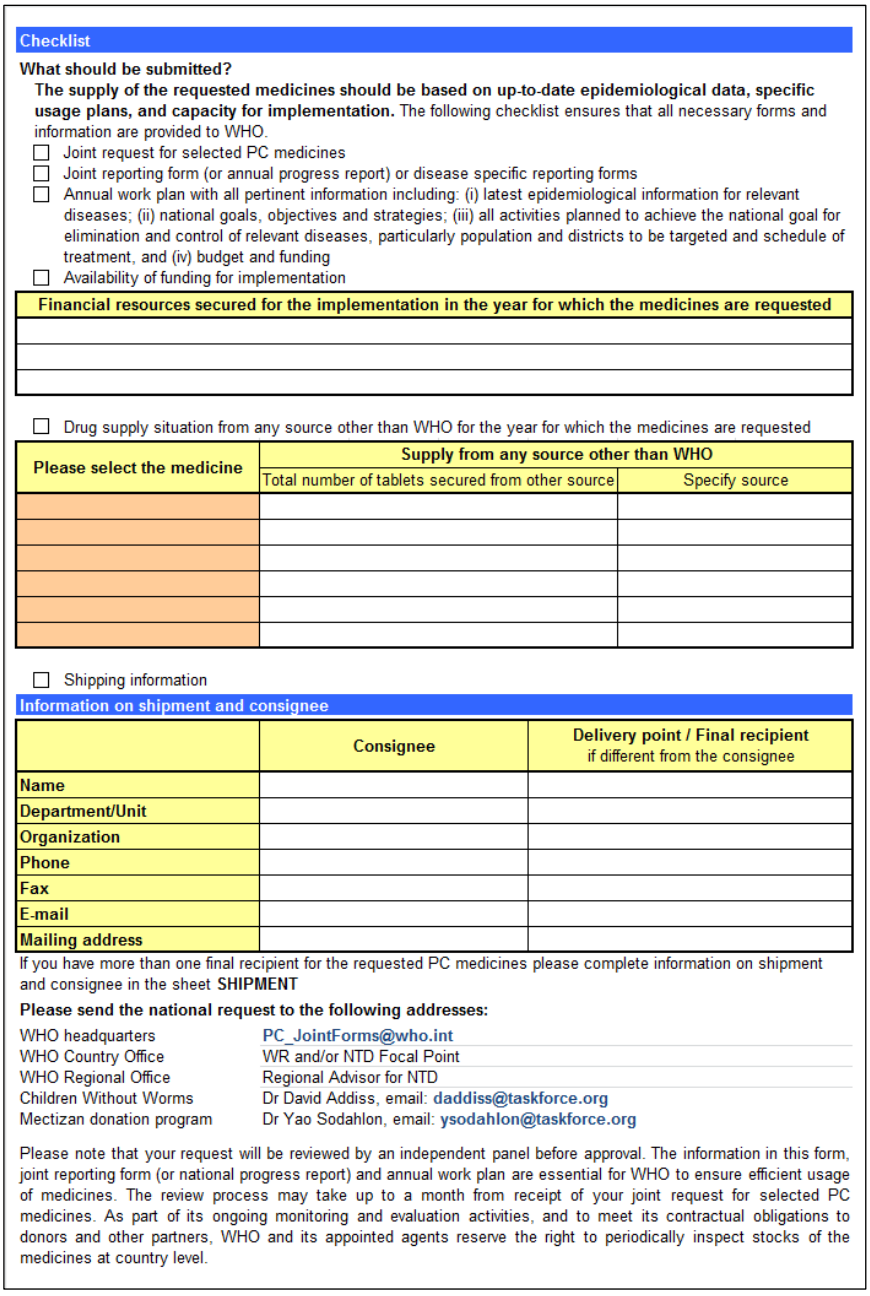
- **Name and signature of NTD coordinator or on behalf of disease specific-programme managers**
- **Date**
- **Name and signature of Ministry of Health representative**

The next section of the form to be completed is for signature by the national authority in the Ministry of Health authorizing the request to be formally submitted for the country. The signature of the NTD coordinator or Ministry of Health representative is required to enact formal authorization of the request.

Note: This section should only be completed by hand after the second page of the summary has been filled with the required information.

This screen constitutes page 2 of the Joint request for selected PC medicines. It contains a section with a checklist for supporting documentation and a section for key information, which must be provided in order to ensure correct shipment and timely delivery of requested medicines.

The screen should appear as the image (right)..



Checklist

What should be submitted?

The supply of the requested medicines should be based on up-to-date epidemiological data, specific usage plans, and capacity for implementation. The following checklist ensures that all necessary forms and information are provided to WHO.

- ☐ Joint request for selected PC medicines
- ☐ Joint reporting form (or annual progress report) or disease specific reporting forms
- ☐ Annual work plan with all pertinent information including: (i) latest epidemiological information for relevant diseases; (ii) national goals, objectives and strategies; (iii) all activities planned to achieve the national goal for elimination and control of relevant diseases, particularly population and districts to be targeted and schedule of treatment, and (iv) budget and funding
- ☐ Availability of funding for implementation

Financial resources secured for the implementation in the year for which the medicines are requested

☐ Drug supply situation from any source other than WHO for the year for which the medicines are requested

Please select the medicine	Supply from any source other than WHO	
	Total number of tablets secured from other source	Specify source

☐ Shipping information

Information on shipment and consignee

	Consignee	Delivery point / Final recipient if different from the consignee
Name		
Department/Unit		
Organization		
Phone		
Fax		
E-mail		
Mailing address		

If you have more than one final recipient for the requested PC medicines please complete information on shipment and consignee in the sheet **SHIPMENT**

Please send the national request to the following addresses:

WHO headquarters	PC_JointForms@who.int
WHO Country Office	WR and/or NTD Focal Point
WHO Regional Office	Regional Advisor for NTD
Children Without Worms	Dr David Addiss, email: daddiss@taskforce.org
Mectizan donation program	Dr Yao Sodahlon, email: ysodahlon@taskforce.org

Please note that your request will be reviewed by an independent panel before approval. The information in this form, joint reporting form (or national progress report) and annual work plan are essential for WHO to ensure efficient usage of medicines. The review process may take up to a month from receipt of your joint request for selected PC medicines. As part of its ongoing monitoring and evaluation activities, and to meet its contractual obligations to donors and other partners, WHO and its appointed agents reserve the right to periodically inspect stocks of the medicines at country level.

6. Checklist

- **What should be submitted?**
- **Financial resources secured for implementation in the year for which the medicines are requested**

There are three documents that should be submitted electronically as a package

This includes:

i. Joint request for selected PC medicines
ii. Joint reporting form (or annual national progress report) or disease-specific reporting forms
iii. Annual work plan

Using the cursor, click to tick each of the checklist boxes to indicate that the information and required documents above have been obtained and will be submitted along with the request for medicines.

- **Availability of funding for implementation**

Provide information about funding for implementation by filling the relevant table.

- **Please select the medicine**
- **Supply from any source other than WHO**

Place the cursor on the orange cell to reveal a drop-down list from which to select the sources of medicines supplied for preventive chemotherapy (apart from that which is provided to the country through WHO) for the year for which the medicines are requested. Using the cursor, click to check the box to confirm that this information has been provided.

7. Information on shipment and consignee

- **Consignee**
- **Delivery point / Final recipient**

Provide the shipping information in the section under the blue subject row 'Information on shipment and consignee'.

If you have more than one delivery point/final recipient for the requested PC medicines, complete the information on shipment and consignee in the worksheet 'SHIPMENT'.

- **Please send the national request**

See the Chapter 'HOW to SUBMIT THE REQUEST?' in this User Guide.

SHIPMENT

The delivery of the different types of donated medicines to recipient countries may not occur all at the same time. As such, there could be more than one consignee or recipient for the medicines requested. In such cases, complete the information on shipment and consignee in the worksheet SHIPMENT.

In this worksheet you should add information about the dates of planned PC interventions. It will help facilitate the shipment because the delivery of medicines may take up to 9 months from date of submission of Joint request for selected PC medicine.

Under the table 'Information on planned PC interventions', place the cursor on the orange cell and click to reveal a drop-down arrow and menu from which to select the medicine for which a request is being made. Select the relevant medicine(s) for your country. Then place the cursor on the orange cell and click to reveal a drop-down arrow and menu from which to select the month and year for the first and second rounds of PC interventions.

Information on planned PC interventions

Please select the medicine	Please select a date (M&Y) for the **1st round of PC intervention**		Please select a date (M&Y) for the **2nd round of PC intervention**	

Information on shipment and consignee

	Consignee	**Delivery point / Final recipient** if different from the consignee
Name		
Department/Unit		
Organization		
Phone		
Fax		
E-mail		
Mailing address		

Additional information can be provided at the bottom of the page.

Additional information

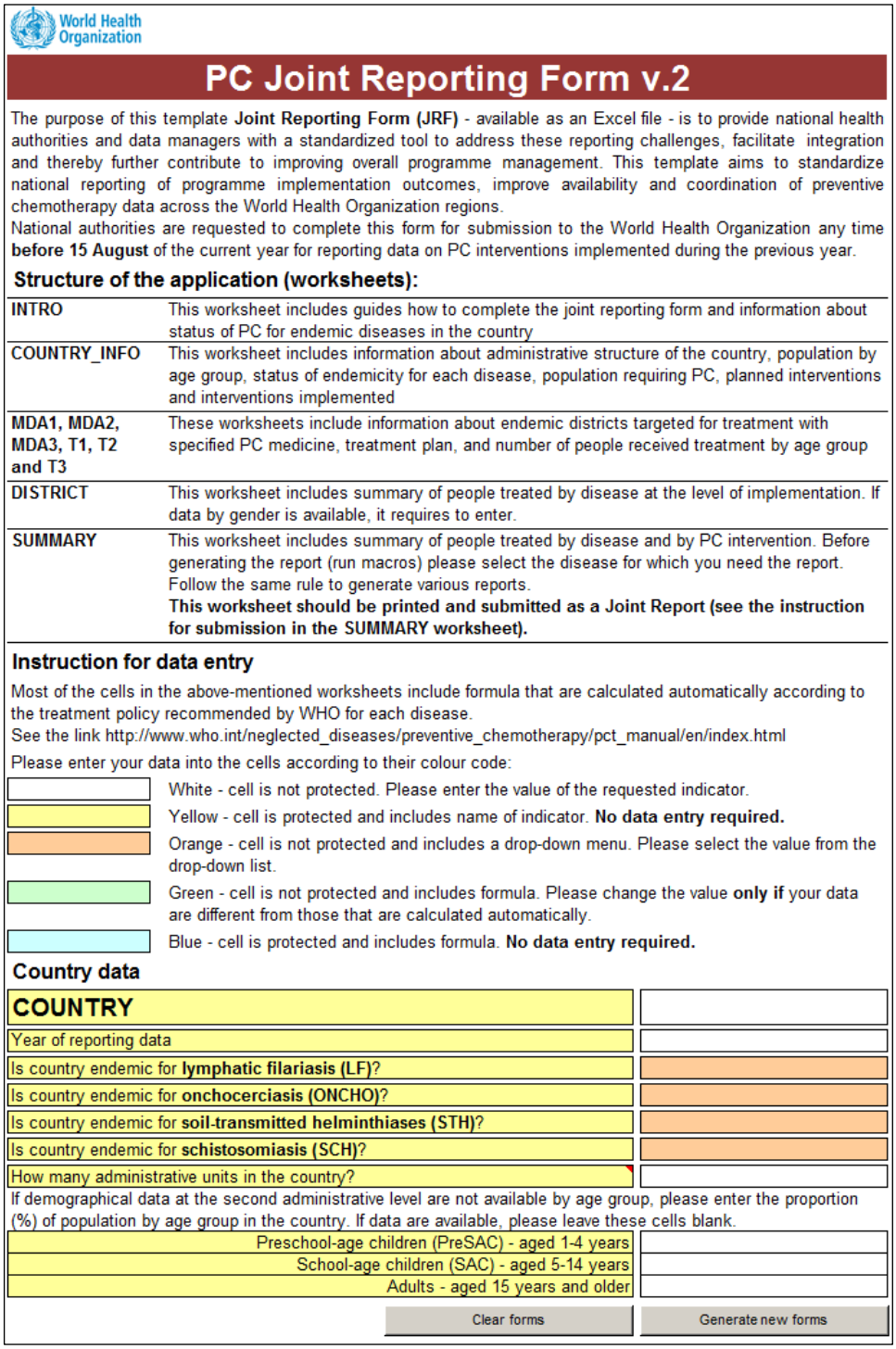
JOINT REPORTING FORM

INTRO

Open the Excel file named "WHO_JRF_PC.xls".

Click the tab marked "INTRO" on the bottom toolbar to open the worksheet.

The screen should appear as shown in the image (right).



World Health Organization

PC Joint Reporting Form v.2

The purpose of this template **Joint Reporting Form (JRF)** - available as an Excel file - is to provide national health authorities and data managers with a standardized tool to address these reporting challenges, facilitate integration and thereby further contribute to improving overall programme management. This template aims to standardize national reporting of programme implementation outcomes, improve availability and coordination of preventive chemotherapy data across the World Health Organization regions.
National authorities are requested to complete this form for submission to the World Health Organization any time **before 15 August** of the current year for reporting data on PC interventions implemented during the previous year.

Structure of the application (worksheets):

INTRO	This worksheet includes guides how to complete the joint reporting form and information about status of PC for endemic diseases in the country
COUNTRY_INFO	This worksheet includes information about administrative structure of the country, population by age group, status of endemicity for each disease, population requiring PC, planned interventions and interventions implemented
MDA1, MDA2, MDA3, T1, T2 and T3	These worksheets include information about endemic districts targeted for treatment with specified PC medicine, treatment plan, and number of people received treatment by age group
DISTRICT	This worksheet includes summary of people treated by disease at the level of implementation. If data by gender is available, it requires to enter.
SUMMARY	This worksheet includes summary of people treated by disease and by PC intervention. Before generating the report (run macros) please select the disease for which you need the report. Follow the same rule to generate various reports. **This worksheet should be printed and submitted as a Joint Report (see the instruction for submission in the SUMMARY worksheet).**

Instruction for data entry

Most of the cells in the above-mentioned worksheets include formula that are calculated automatically according to the treatment policy recommended by WHO for each disease.
See the link http://www.who.int/neglected_diseases/preventive_chemotherapy/pct_manual/en/index.html

Please enter your data into the cells according to their colour code:

- White - cell is not protected. Please enter the value of the requested indicator.
- Yellow - cell is protected and includes name of indicator. **No data entry required.**
- Orange - cell is not protected and includes a drop-down menu. Please select the value from the drop-down list.
- Green - cell is not protected and includes formula. Please change the value **only if** your data are different from those that are calculated automatically.
- Blue - cell is protected and includes formula. **No data entry required.**

Country data

COUNTRY	
Year of reporting data	
Is country endemic for **lymphatic filariasis (LF)**?	
Is country endemic for **onchocerciasis (ONCHO)**?	
Is country endemic for **soil-transmitted helminthiases (STH)**?	
Is country endemic for **schistosomiasis (SCH)**?	
How many administrative units in the country?	

If demographical data at the second administrative level are not available by age group, please enter the proportion (%) of population by age group in the country. If data are available, please leave these cells blank.

Preschool-age children (PreSAC) - aged 1-4 years	
School-age children (SAC) - aged 5-14 years	
Adults - aged 15 years and older	

Clear forms | Generate new forms

1. Structure of the application (worksheets)

INTRO	This worksheet includes guides on how to complete the joint reporting form and information about status of PC for endemic diseases in the country.
COUNTRY_INFO	This worksheet includes information about administrative structure of the country, population by age group, status of endemicity for each disease, population requiring PC, planned interventions and interventions implemented.
MDA1, MDA2, MDA3, T1, T2 and T3	These worksheets include information about endemic districts targeted for treatment with specified PC medicines, treatment plan, and number of people who received treatment by age group.
DISTRICT	This worksheet includes summary of people treated by disease at the level of implementation. If data by gender is available, it requires to enter.
SUMMARY	This worksheet includes summary of people treated by disease and by PC intervention. Before generating the report (run macros) please select the disease for which you need the report. Follow the same rule to generate various reports.

2. Instruction for data entry

Most of the cells in the above-mentioned worksheets are inter-linked and include formulae that automatically perform calculations, according to the treatment policy recommended by WHO for each disease.

Please enter your data into the cells according to their colour code:

White - cell is not protected. Please enter the value of the requested indicator.

Yellow - cell is protected and includes name of indicator. **No data entry required.**

Orange - cell is not protected and includes a drop-down menu. Please select the value from the drop-down list.

Green - cell is not protected and includes formula. Please change the value **only if** your data are different from those that are calculated automatically.

Blue - cell is protected and includes formula. **No data entry required.**

3. Country data

Country data

COUNTRY	
Year of reporting data	
Is country endemic for **lymphatic filariasis (LF)**?	
Is country endemic for **onchocerciasis (ONCHO)**?	
Is country endemic for **soil-transmitted helminthiases (STH)**?	
Is country endemic for **schistosomiasis (SCH)**?	
How many administrative units in the country?	

If demographical data at the second administrative level are not available by age group, please enter the proportion (%) of population by age group in the country. If data are available, please leave these cells blank.

Preschool-age children (PreSAC) - aged 1-4 years	
School-age children (SAC) - aged 5-14 years	
Adults - aged 15 years and older	

Clear forms | Generate new forms

- **Country**
  Enter the name of your country.

- **Year for reporting data**
  Enter the year for which the implementation and epidemiological data are being reported in these forms.

- **Is country endemic for LF/ONCHO/STH/SCH?**
  Place the cursor and click on the orange cells. A drop-down icon will appear on the edge of the cells. Select the appropriate endemicity status for your country from the drop-down list corresponding to the following cells:
    - Lymphatic filariasis
    - Onchocerciasis
    - Soil-transmitted helminthiases
    - Schistosomiasis

- **How many administrative units in the country?**
  Enter the number of administrative units in the country at the implementation level of PC (national, subnational or district). This action will generate the exact number of rows in subsequent worksheets of this eTool into which data for each of the administrative units can be entered. If no figure is entered in this cell, no action will be possible in the subsequent worksheets.

  Note: If the exact number of rows that will be needed is not known or if the number of administrative units is expected to increase later in the year, enter a slightly higher number of units to avoid deleting data that have already been entered should extra rows be required later.

- **Preschool-age children/School-age children/Adults**
  Enter the appropriate demographic information in the white cells as follows:
    - proportion of preschool-age children (1–4 years) in your country (e.g. 12%)
    - proportion of school-age children (5–14 years) in your country (e.g. 25%)
    - proportion of adults (15 years and older) in your country (e.g. 60%)

  Check to ensure that the total does not exceed 100%. Demographic data are available from the national census bureau or the database of the United Nations Population Information Network (accessible on line at http://www.un.org/popin/) or provided per request to pctdata@who.int

  Note: If data disaggregated by age group are available by implementation unit, keep these cells blank.

- **Clear forms/Generate new forms**

Place the cursor on the tab marked “Generate forms” and click to automatically create forms with some pre-filled information in the subsequent worksheets. If an error has been made and the data need to be re-entered, click on the “Clear forms” tab to delete information in this worksheet and re-start the process.

Once all these steps are done, this page is considered complete. Some cells in the subsequent worksheet will be pre-filled as a consequence of the information entered on this page.

For demonstration purposes we will be using the data from a fictitious country, Murkonia.

Country data

COUNTRY	**Murkonia**
Year of reporting data	2012
Is country endemic for **lymphatic filariasis (LF)**?	Endemic
Is country endemic for **onchocerciasis (ONCHO)**?	Endemic
Is country endemic for **soil-transmitted helminthiases (STH)**?	Endemic
Is country endemic for **schistosomiasis (SCH)**?	Endemic
How many administrative units in the country?	25

If demographical data at the second administrative level are not available by age group, please enter the proportion (%) of population by age group in the country. If data are available, please leave these cells blank.

Preschool-age children (PreSAC) - aged 1-4 years	12.00%
School-age children (SAC) - aged 5-14 years	25.00%
Adults - aged 15 years and older	60.00%

Clear forms | Generate new forms

COUNTRY_INFO

This worksheet includes the following key information:

Columns

1. **Country administrative structure**
   - Country
   - Province/State
   - District
2. **Population**
   - Total
   - PreSAC: preschool-age children (1 to 4 years of age inclusive)
   - SAC: school-age children (5 to 14 years of age inclusive)
   - Adults (15 years of age and older)
3. **Endemicity**
   - LF, ONCHO, STH, SCH
4. **Population requiring preventive chemotherapy**
   - LF, ONCHO, STH, SCH
5. **Number of treatment rounds planned for the year**
   - LF, ONCHO, STH, SCH
6. **PC implemented**
   - ROUND 1, 2
   - Recommended strategy

Row 'Total'

1. Country administrative structure

- **Country**
  Confirm that the column 'Country' has the name of the country automatically filled in as entered in the INTRO worksheet.

- **Province/State**
  Enter the names of all the first administrative level units (usually state or province) in the country in the column 'Province/State'.

- **District**
  Enter the names of all the second administrative level units (usually district) in the country in the column 'District'.

  Note: If the whole country is selected as implementation unit , there is no need to enter information for lower administrative levels. Similarly, if the implementation level is province or state, leave the cells blank in the column 'District'.

2. Population

- **Total**
  Enter the total population corresponding to each administrative unit at the level targeted for PC implementation in the country in the column 'Total'.

- **PreSAC, SAC, Adults**
  If data on population for each administrative unit at the level targeted for PC implementation are available by age, enter them in the columns 'PreSAC', 'SAC' and 'Adults' under the heading 'Population'.
  Note: If you have entered the proportion (%) of different age group categories in the worksheet 'INTRO', the total population by age-group category is automatically calculated in the columns 'PreSAC', 'SAC' and 'Adults'.

Country administrative structure			Population			
Country	Province/State	District	Total	PreSAC	SAC	Adults
Murkonia	Province South	Astori	89,530	10,744	22,383	53,718
Murkonia	Province South	Brodsi	354,934	42,592	88,734	212,960
Murkonia	Province South	Conichi	235,955	28,315	58,989	141,573
Murkonia	Province South	Druna	135,251	16,230	33,813	81,151
Murkonia	Province South	Elona	133,316	15,998	33,329	79,990
Murkonia	Province South	Flora	61,638	7,397	15,410	36,983

3. Endemicity (LF, ONCHO, STH, SCH)

Place the cursor on each orange cell to reveal the drop-down arrow. Click on the arrow to reveal the list of options corresponding to the status of endemicity of each disease. Select the endemicity code for each disease in each of the administrative units according to the coding in *Table 5*.

Note: Data can be entered manually using the drop-down list or be copied from an existing database into the white cells.

4. Population requiring PC (LF, ONCHO, STH, SCH)

	Endemicity				Population requiring PC			
District	LF	Oncho	STH	SCH	LF	Oncho	STH	SCH
Astori	1	1	0	2	89,530	89,530	0	21,935
Brodsi	1	0	2	2	354,934	0	131,326	86,959
Conichi	1	0	3	2	235,955	0	87,303	57,809
Druna	1	0	2	2	135,251	0	50,043	33,136
Elona	1	1	2	3	133,316	133,316	49,327	113,319
Flora	1	1	2	3	61,638	61,638	22,806	52,392

When the status of endemicity at the district level is entered, the number of individuals requiring treatment for each of the diseases, in the columns 'LF', 'ONCHO', 'STH' and 'SCH' under the heading 'Population requiring PC, will be calculated automatically based on epidemiological data (*Table 2*).

5. Number of treatment rounds planned for the year

The orange rows in the columns 'LF', 'ONCHO', 'STH' and 'SCH' under the heading 'Number of treatment rounds planned for the year' should be filled to indicate the number of treatment rounds planned in the year for which the medicines are requested.

Note: Sometimes, even in countries where the disease is endemic, there are insufficient resources to implement the entire treatment plan and it will need to be adjusted according to the available resources.

Using the drop-down arrow for each cell, select the treatment rounds planned based on the resources available to implement preventive chemotherapy in each of the administrative units. Select options as:

- 0 for no treatment
- 1 for one round of treatment per year
- 2 for two rounds of treatment per year

6. PC implemented

➢ ROUND 1, 2

Using the drop-down arrow for each cell, select the type of preventive chemotherapy implemented in each round (i.e. Round 1 and Round 2) in the reporting year in each of the administrative units (i.e. MDA1, MDA2, MDA3, T1, T2, T3) according to the combination of medicines delivered. Select options according to *Table 3*.

Country administrative structure			Endemicity				Population requiring PC				Number of treatment rounds planned for the year				PC implemented		Click to see the recommended strategy	
Country	Province/State	District	LF	Oncho	STH	SCH	LF	Oncho	STH	SCH	LF	Oncho	STH	SCH	ROUND 1	ROUND2	Recommended strategy	
Murkonia	Province South	Astori	1	1	0	2	89,530	89,530	0	21,935	1	1	0	1	MDA1 (IVM+ALB)	T2 (PZQ)	MDA 1	T2
Murkonia	Province South	Brodsi	1	0	2	2	354,934	0	131,326	86,959	1	0	1	1	MDA1 (IVM+ALB)	T2 (PZQ)	MDA 1	T2
Murkonia	Province South	Conichi	1	0	3	2	235,955	0	87,303	57,809	1	0	2	1	MDA1 (IVM+ALB)	T1 (PZQ+ALB/MBD)	MDA 1	T1
Murkonia	Province South	Druna	1	0	2	2	135,251	0	50,043	33,136	1	0	1	1	MDA1 (IVM+ALB)	T2 (PZQ)	MDA 1	T2
Murkonia	Province South	Elona	1	1	2	3	133,316	133,316	49,327	113,319	1	1	1	1	MDA1 (IVM+ALB)	T2 (PZQ)	MDA 1	T2
Murkonia	Province South	Flora	1	1	2	3	61,638	61,638	22,806	52,392	1	1	1	1	MDA1 (IVM+ALB)	T2 (PZQ)	MDA 1	T2

7. Recommended strategy

By clicking the button 'Recommended strategy', the type of preventive chemotherapy recommended in each implementation unit will be presented for each round based on the status of endemicity of targeted diseases. This option could be considered as a reference for planning of PC interventions.

Row 'Total'

The total of the sub-national level figures is automatically calculated in the row 'Total' of this worksheet for the indicator 'Population' and 'Population requiring PC', respectively. When all the population data for the administrative units are entered, the information in the row 'Total' represents the total figures at national level for each population indicator.

9,263,803	1,111,656	2,315,951	5,558,282					5,741,359	4,333,669	2,092,825	5,228,893
Population				**Endemicity**				**Population requiring PC**			
Total	PreSAC	SAC	Adults	LF	Oncho	STH	SCH	LF	Oncho	STH	SCH

MDA1 – IVM and ALB

This worksheet is used to report the number of people treated with MDA1 (IVM and ALB) in the reporting year. It is generated only when the country is co-endemic for LF and onchocerciasis, based on the information entered in the worksheets INTRO and COUNTRY_INFO.

A large part of this worksheet is filled automatically based on the information entered in the INTRO and COUNTRY_INFO worksheets. The only data to be entered manually on this form (if available) are **'Date'** and **'Population treated'**.

1. **Country administrative structure**

- **Country**
- **Province/State**
- **District**

Note: The names of the administrative units have been generated automatically based on the information entered into the COUNTRY_INFO worksheet.

2. **PC implemented**

This column is filled automatically with the type of PC implemented (MDA1) in the reporting year based on the information entered into the COUNTRY_INFO worksheet.

3. **Date**

Enter the date when PC was implemented in each implementation unit in the reporting year (e.g. April, June-July, 1-11 November).

4. **Population targeted for MDA1**

- **SAC**
- **Adults**
- **Total**

Click the button 'Run MDA1 macro' located above the heading 'PC implemented' to automatically populate the column 'Population targeted for MDA1 (SAC, Adults, Total), based on the following information entered in the INTRO and COUNTRY_INFO worksheets:

- population data by the implementation unit and by age group
- number of treatment rounds implemented in each implementation unit for the reporting year

Note: The columns 'SAC' and 'Adults' are coloured green. If the estimated population to be targeted is different from the actual population targeted in your country or in particular implementation areas, please change the values accordingly.

5. Population treated

- **SAC**
- **Adults**
- **Total**

Enter the number of people treated (i.e. the number of people who ingested the relevant medicine/s) by age group for each implementation unit. If this information is not available by age group, leave the columns 'SAC' and 'Adults' blank and enter 'Total' number of people treated only. In such case click the button 'Estimate by age group' which will run a macro to estimate the number of people treated by age group based on population data entered in the INTRO and COUNTRY_INFO worksheets.

6. Programme coverage (%)

- **SAC**
- **Adults**
- **Total**

When you enter the information in the column 'Population treated', the column 'Programme coverage (%)' automatically estimates programme coverage as a percentage. Programme coverage for each implementation unit is calculated by the following equation:

$$\text{Programme coverage} = \frac{\text{Number of people who were reported to have ingested the medicine(s)}}{\text{Targeted population}}$$

Note: If the column 'Population treated' has been populated by age group, programme coverage is estimated by age group as well as for total population. If the column 'Population treated' has been populated only for total population, programme coverage is estimated for total population only.

The example for Murkonia is presented below.

			PC implemented	Date	Population targeted for MDA 1			Population treated			Programme coverage (%)		
Country	Province/State	District			SAC	Adults	Total	SAC	Adults	Total	SAC	Adults	Total
Murkonia	Province South	Astori	MDA1 (IVM+ALB)	February	22,383	53,718	76,101	21,000	51,000	72,000	93.82	94.94	94.61
Murkonia	Province South	Brodsi	MDA1 (IVM+ALB)	February	88,734	212,960	301,694	67,000	178,000	245,000	75.51	83.58	81.21
Murkonia	Province South	Conichi	MDA1 (IVM+ALB)	February	58,989	141,573	200,562	55,000	128,000	183,000	93.24	90.41	91.24
Murkonia	Province South	Druna	MDA1 (IVM+ALB)	February	33,813	81,151	114,963	32,000	80,000	112,000	94.64	98.58	97.42
Murkonia	Province South	Elona	MDA1 (IVM+ALB)	February	33,329	79,990	113,319	31,500	77,400	108,900	94.51	96.76	96.10
Murkonia	Province South	Flora	MDA1 (IVM+ALB)	February	15,410	36,983	52,392	13,000	32,000	45,000	84.36	86.53	85.89

MDA2 – DEC and ALB

This worksheet is used to report the number of people treated with MDA2 (DEC and ALB) in the reporting year. It is generated only when the country is endemic for LF but not endemic for onchocerciasis, based on information entered in the worksheets INTRO and COUNTRY_INFO.

A large part of this worksheet is filled automatically based on the information entered in the INTRO and COUNTRY_INFO worksheets. The only data to be entered manually on this form (if available) are **'Date'** and **'Population treated'**.

1. **Country administrative structure**

- **Country**
- **Province/State**
- **District**

Note: The names of the administrative units have been generated automatically based on the information entered into the COUNTRY_INFO worksheet.

2. **PC implemented**

This column is filled automatically with the type of PC implemented (MDA2) in the reporting year based on the information entered into the COUNTRY_INFO worksheet.

3. **Date**

Enter the date when PC was implemented in each implementation unit in the reporting year (e.g. April, June-July, 1-11 November).

4. **Population targeted for MDA2**

- **PreSAC**
- **SAC**
- **Adults**
- **Total**

Click the button 'Run MDA2 macro' located above the heading 'PC implemented' to automatically populate the column 'Population targeted for MDA2 (PreSAC, SAC, Adults, Total), based on the following information entered in the INTRO and COUNTRY_INFO worksheets:

- population data by the implementation unit and by age group
- number of treatment rounds implemented in each implementation unit for the reporting year

Note: The columns 'PreSAC', 'SAC' and 'Adults' are coloured green, If the estimated population to be targeted is different from the actual population targeted in your country or in particular implementation areas, please change the values accordingly.

5. Population treated

- **PreSAC**
- **SAC**
- **Adults**
- **Total**

Enter the number of people treated (i.e. the number of people who ingested the relevant medicine/s) by age group per implementation unit. If this information is not available by age group, leave the columns 'PreSAC', 'SAC' and 'Adults' blank and enter 'Total' number of people treated only. In such case click the button 'Estimate by age group' which will run a macro to estimate the number of people treated by age group based on population data entered in the INTRO and COUNTRY_INFO worksheets.

6. Programme coverage (%)

- **PreSAC**
- **SAC**
- **Adults**
- **Total**

When you enter the information in the column 'Population treated', the column 'Programme coverage (%)' automatically estimates programme coverage as a percentage. Programme coverage for each implementation unit is calculated by the following equation:

$$\text{Programme coverage} = \frac{\text{Number of people who were reported to have ingested the medicine(s)}}{\text{Targeted population}}$$

Note: If the column 'Population treated' has been populated by age group, programme coverage is estimated by age group as well as for total population. If the column 'Population treated' has been populated only for total population, programme coverage is estimated for total population only.

MDA3 – IVM

This worksheet is used to report the number of people treated with MDA3 (IVM) in the reporting year. It is generated only when the country is endemic for ONCHO, based on information entered in the worksheets INTRO and COUNTRY_INFO.

A large part of this worksheet is filled automatically based on the information entered in the INTRO and COUNTRY_INFO worksheets. The only data to be entered manually on this form (if available) are **'Date'** and **'Population treated'**.

1. **Country administrative structure**

- **Country**
- **Province/State**
- **District**

Note: The names of the administrative units have been generated automatically based on the information entered into the COUNTRY_INFO worksheet.

2. **PC implemented**

This column is automatically filled with the type of PC implemented (MDA3) in the reporting year, based on the information entered into the COUNTRY_INFO worksheet.

3. **Date**

Enter the date when PC was implemented in each implementation unit in the reporting year (e.g. April, June-July, 1-11 November).

4. **Population targeted for MDA3**

- **SAC**
- **Adults**
- **Total**

Click the button 'Run MDA3 macro' located above the heading 'PC implemented' to automatically populate the column 'Population targeted for MDA3 (SAC, Adults, Total), based on the following information entered in the INTRO and COUNTRY_INFO worksheets:

- population data by the implementation unit and by age group
- number of treatment rounds implemented in each implementation unit for the reporting year

Note: The columns 'SAC' and 'Adults' are coloured green. If the estimated population to be targeted is different from the actual population targeted in your country or in particular implementation areas, please change the values accordingly.

5. **Population treated – 1st round**

- **SAC**
- **Adults**
- **Total**

Enter the number of people treated (i.e. the number of people who ingested the relevant medicine/s) by age group per implementation unit. If this information is not available by age group, leave the columns 'SAC' and 'Adults' blank and enter 'Total' number of people treated only. In such case click the button 'Estimate by age group' which will run a macro to estimate the number of people treated by age group based on population data entered in the INTRO and COUNTRY_INFO worksheets.

Note: If in some implementation units 2 rounds of IVM distribution were implemented, enter this information in the subsequent column 'Population treated – 2nd round'.

6. **Population treated – 2nd round**

- **SAC**
- **Adults**
- **Total**

Enter the number of people treated (i.e. the number of people who ingested the relevant medicine/s) in the 2nd round of IVM distribution by age group per implementation unit. If this information is not available by age group, leave the column 'SAC' and 'Adults' blank and enter 'Total' number of people treated only. In such case click the button 'Estimate by age group' which will run a macro to estimate the number of people treated by age group based on population data entered in the INTRO and COUNTRY_INFO worksheets.

Note: If only 1 round of IVM distribution was implemented in the country or implementation unit, leave this column 'Population treated – 2nd round' blank.

7. **Population treated**

- **SAC**
- **Adults**
- **Total**

This column automatically estimates the total number of population who are reported as ingesting medicines in the 1st round and the 2nd round by age group as well as in total for each implementation unit.

8. Programme coverage (%)

- **SAC**
- **Adults**
- **Total**

When you enter the information in the column 'Population treated – 1st round, 2nd rounds', the column 'Programme coverage (%)' automatically estimates programme coverage as a percentage. Programme coverage for each implementation unit is calculated by the following equation:

$$\text{Programme coverage} = \frac{\text{Number of people who were reported to have ingested the medicine(s)}}{\text{Targeted population}}$$

Note: In implementation units where 2 rounds of IVM distribution were reported, programme coverage takes as the numerator the highest value of the population treated in the 1st and 2nd rounds instead of the sum of the population treated in those rounds. This is to avoid double counting of the population who received 2 rounds of treatment.

Note: If the column 'Population treated' has been populated by age group, programme coverage is estimated by age group as well as for total population. If the column 'Population treated' has been populated only for total population, programme coverage is estimated for total population only.

T1 – PZQ and ALB/MBD

This worksheet is used to report the number of people treated with T1 (PZQ and ALB/MBD) in the reporting year. It is generated only when the country is endemic for both schistosomiasis and STH, based on information entered in the worksheets INTRO and COUNTRY_INFO.

A large part of this worksheet is filled automatically based on the information entered in the INTRO and COUNTRY_INFO worksheets. The only data to be entered manually on this form (if available) are **'Medicine'**, **'Date'** and **'Population treated'**.

1. **Country administrative structure**

- **Country**
- **Province/State**
- **District**

Note: The names of the administrative units have been generated automatically based on the information entered into the COUNTRY_INFO worksheet.

2. **PC implemented**

This column is filled automatically with the type of PC implemented (T1) in the reporting year based on the information entered into the COUNTRY_INFO worksheet.

3. **Medicine**

Select the type of medicine (PZQ+ALB or PZQ+MBD) that was administered in each implementation unit.

4. **Date**

Enter the date when PC was implemented in each implementation unit in the reporting year (e.g. April, June-July, 1-11 November).

5. **Population targeted for T1**

- **PreSAC (ALB)**
- **SAC (ALB)**
- **SAC (PZQ)**
- **Adults (PZQ)**
- **Total**

Click the button 'Run T1 macro' located above the heading 'PC implemented' to automatically populate the column 'Population targeted for T1 – (SAC (ALB), SAC (PZQ), and Total), based on the following information entered in the INTRO and COUNTRY_INFO worksheets:

- population data by the implementation unit and by age group
- number of treatment rounds implemented in each implementation unit for the reporting year

Note: The column 'SAC' is coloured green. If the estimated population to be targeted is different from the actual population targeted in your country or in particular implementation areas, please change the values accordingly.

Note: The columns 'PreSAC (ALB)' and 'Adults (PZQ)' are shaded grey because these age groups should be targeted with other types of PC: PreSAC with T3 and Adults with T2.

6. **Population treated**

- **PreSAC**
- **SAC**
- **Adults**
- **Total**

Enter the number of people treated (i.e. the number of people who ingested the relevant medicine/s) by age group per implementation unit. If this information is not available by age group, leave the columns 'PreSAC', 'SAC' and 'Adults' blank and enter 'Total' number of people treated only.

7. **Programme coverage (%)**

- **SAC**
- **Adults**
- **Total**

When you enter the information in the column 'Population treated', the column 'Programme coverage (%)' automatically estimates programme coverage as a percentage.

Programme coverage for each implementation unit is calculated by the following equation:

$$\text{Programme coverage} = \frac{\text{Number of people who were reported to have ingested the medicine(s)}}{\text{Targeted population}}$$

Note: If the column 'Population treated' has been populated by age group, programme coverage is estimated by age group as well as for total population. If the column 'Population treated' has been populated only for total population, programme coverage is estimated for total population only.

T2 –PZQ

This worksheet is used to report the number of people treated with T2 (PZQ) in the reporting year. It is generated only when the country is endemic for schistosomiasis based on information entered in the worksheets INTRO and COUNTRY_INFO.

A large part of this worksheet is filled automatically based on the information entered in the INTRO and COUNTRY_INFO worksheets. The only data to be entered manually on this form (if available) are **'Date'** and **'Population treated'**.

1. **Country administrative structure**

- **Country**
- **Province/State**
- **District**

Note: The names of the administrative units have been generated automatically based on the information entered into the COUNTRY_INFO worksheet.

2. **PC implemented**

This column is automatically filled with the type of PC implemented (T2) in the reporting year, based on the information entered into the COUNTRY_INFO worksheet.

3. **Date**

Enter the date when PC was implemented in each implementation unit in the reporting year (e.g. April, June-July, 1-11 November).

4. **Population targeted for T2**

- **PreSAC**
- **SAC**
- **Adults**
- **Total**

Click the button 'Run T2 macro' located above the heading 'PC implemented' to automatically populate the column 'Population targeted for T2 – (PreSAC, SAC, Adults, Total), based on the following information entered in the INTRO and COUNTRY_INFO worksheets:

- population data by the implementation unit and by age group
- number of treatment rounds implemented in each implementation unit for the reporting year

Note: The columns 'SAC' and 'Adults' are coloured green. If the estimated population to be targeted is different from the actual population targeted in your country or in particular implementation areas, please change the values accordingly.

The column 'PreSAC' is shaded grey because currently WHO does not recommend treatment of PreSAC with PZQ.

5. Population treated

- **PreSAC**
- **SAC**
- **Adults**
- **Total**

Enter the number of people treated (i.e. the number of people who ingested the relevant medicine/s) by age group per implementation unit. If this information is not available by age group, leave the columns 'PreSAC', 'SAC' and 'Adults' blank and enter 'Total' number of people treated only. In such case click the button 'Estimate by age group' which will run a macro to estimate the number of people treated by age group based on population data entered in the INTRO and COUNTRY_INFO worksheets.

Note: The column 'PreSAC' is shaded grey because currently WHO does not recommend treatment of PreSAC with PZQ.

6. Programme coverage (%)

- **PreSAC**
- **SAC**
- **Adults**
- **Total**

When you enter the information in the column 'Population treated', the column 'Programme coverage (%)' automatically estimates programme coverage as a percentage. Programme coverage for each implementation unit is calculated by the following equation:

$$\text{Programme coverage} = \frac{\text{Number of people who were reported to have ingested the medicine(s)}}{\text{Targeted population}}$$

Note: If the column 'Population treated' has been populated by age group, programme coverage is estimated by age group as well as for total population. If the column 'Population treated' has been populated only for total population, programme coverage is estimated for total population only.

The column 'PreSAC' is shaded grey because currently WHO does not recommend treatment of PreSAC with PZQ.

The example for Murkonia is presented below.

T 2 - Praziquantel (PZQ)

Administrative structure, population requiring PC by age group, population treated by age group and coverage

TOTAL			Run T2 macro			772,358		772,358		656,380		656,380		84.98		84.98
			PC implemented	Date	Population targeted for T2				Population treated				Programme coverage (%)			
Country	Province/State	District			PreSAC	SAC	Adults	Total	PreSAC	SAC	Adults	Total	PreSAC	SAC	Adults	Total
Murkonia	Province South	Astori	T2 (PZQ)	March		22,383		22,383		21,000		21,000		93.82		93.82
Murkonia	Province South	Brodsi	T2 (PZQ)	March		88,734		88,734		67,000		67,000		75.51		75.51
Murkonia	Province South	Conichi														
Murkonia	Province South	Druna	T2 (PZQ)	March		33,813		33,813		32,000		32,000		94.64		94.64
Murkonia	Province South	Elona	T2 (PZQ)	March		33,329		33,329		31,600		31,600		94.81		94.81
Murkonia	Province South	Flora	T2 (PZQ)	March		15,410		15,410		12,900		12,900		83.71		83.71
Murkonia	Province West	Genthols	T2 (PZQ)	March		73,669		73,669		57,600		57,600		78.19		78.19
Murkonia	Province West	Hobbat	T2 (PZQ)	March		55,859		55,859		60,300		60,300		107.95		107.95
Murkonia	Province West	Ifilato	T2 (PZQ)	March		36,171		36,171		34,000		34,000		94.00		94.00
Murkonia	Province West	Jenna														
Murkonia	Province Nord	Kora														
Murkonia	Province Nord	Lusson														
Murkonia	Province Nord	Michen														
Murkonia	Province Nord	Nursed														
Murkonia	Province Nord	Opafuril	T2 (PZQ)	March		221,888		221,888		200,000		200,000		90.14		90.14
Murkonia	Province Nord	Pravda														
Murkonia	Province Nord	Rustishal														
Murkonia	Province East	Sotru	T2 (PZQ)	March		24,816		24,816		19,000		19,000		76.56		76.56
Murkonia	Province East	Tribusep	T2 (PZQ)	March		31,339		31,339		24,900		24,900		79.45		79.45
Murkonia	Province East	Utro	T2 (PZQ)	March		30,646		30,646		17,500		17,500		57.10		57.10
Murkonia	Province East	Vesstrik														
Murkonia	Province East	Wolgik	T2 (PZQ)	March		17,840		17,840		12,800		12,800		71.75		71.75
Murkonia	Province East	Xanad														
Murkonia	Province East	Yanduka														
Murkonia	Province East	Zemelya	T2 (PZQ)	March		86,464		86,464		65,780		65,780		76.08		76.08

T3_R1 – ALB or MBD – round 1

This worksheet is used to report the number of people treated with T3 round 1 (ALB or MBD) in the reporting year. It is generated only when the country is endemic for STH based on information entered in the worksheets INTRO and COUNTRY_INFO.

A large part of this worksheet is filled automatically based on the information entered in the INTRO and COUNTRY_INFO worksheets. The only data to be entered manually on this form (if available) are **'Medicine'**, **'Date'** and **'Population treated'**.

1. **Country administrative structure**

- **Country**
- **Province/State**
- **District**

Note: The names of the administrative units have been generated automatically based on the information entered into the COUNTRY_INFO worksheet.

2. **PC implemented**

This column is filled automatically with the type of PC implemented (T3) in the reporting year, based on the information entered into the COUNTRY_INFO worksheet.

3. **Medicine**

Select the type of medicine (ALB or MBD) that was administered in each implementation unit.

4. **Date**

Enter the date when PC was implemented in each implementation unit in the reporting year (e.g. April, June-July, 1-11 November).

5. **Population targeted for T3**

- **PreSAC**
- **SAC**
- **Adults**
- **Total**

Click the button 'Run T3 macro' located above the heading 'PC implemented' to populate the column 'Population targeted for T3 – (PreSAC, SAC, Adults, Total) automatically based on the following information entered in the INTRO and COUNTRY_INFO worksheets:

- population data by the implementation unit and by age group
- number of treatment rounds implemented in each implementation unit for the reporting year

Note: The columns 'PreSAC' and 'SAC' are coloured green. If the estimated population to be targeted is different from the actual population targeted in your country or in particular implementation areas, please change the values accordingly.

Note: The column 'Adults' is shaded grey because this age group is not included in the population requiring PC but some groups (such as women of childbearing age) could be targeted with T3.

6. Population treated

- **PreSAC**
- **SAC**
- **Adults**
- **Total**

Enter the number of people treated (i.e. the number of people who ingested the relevant medicine/s) in the 1st round of ALB/MBD distribution for STH by age group per implementation unit. If this information is not available by age group, leave the column 'PreSAC', 'SAC' and 'Adults' blank and enter 'Total' number of people treated only. In such case click the button 'Estimate by age group' which will run a macro to estimate the number of people treated by age group based on population data entered in the INTRO and COUNTRY_INFO worksheets.

Note: The column 'Adults' is shaded grey because this age group is not included in the population requiring PC but some groups (such as women of childbearing age) could be targeted with T3.

7. Programme coverage (%)

- **PreSAC**
- **SAC**
- **Adults**
- **Total**

When you enter the information in the column 'Population treated', the column 'Programme coverage (%)' automatically estimates programme coverage as a percentage.

Programme coverage for each implementation unit is calculated by the following equation:

$$\text{Programme coverage} = \frac{\text{Number of people who were reported to have ingested the medicine(s)}}{\text{Targeted population}}$$

Note: If the column 'Population treated' has been populated by age group, programme coverage is estimated by age group as well as for total population. If the column 'Population treated' has been populated only for total population, programme coverage is estimated for total population only.

Note: The column 'Adults' is shaded grey because this age group is not included in the population requiring PC but some groups (such as women of childbearing age) could be targeted with T3.

T3_R2 –ALB or MBD – round 2

This worksheet is used to report the number of people treated with T3 round 2 (ALB or MBD) in the reporting year. It is generated only when the country is endemic for STH based on information entered in the worksheets INTRO and COUNTRY_INFO.

A large part of this worksheet is filled automatically based on the information entered in the INTRO and COUNTRY_INFO worksheets. The only data to be entered manually on this form (if available) are **'Medicine'**, **'Date'** and **'Population treated'**.

1. **Country administrative structure**

- **Country**
- **Province/State**
- **District**

Note: The names of the administrative units have been generated automatically based on the information entered into the COUNTRY_INFO worksheet.

2. **PC implemented**

This column is filled automatically with the type of PC implemented (T3) in the reporting year, based on the information entered into the COUNTRY_INFO worksheet.

3. **Medicine**

Select the type of medicine (ALB or MBD) that was administered in each implementation unit.

4. **Date**

Enter the date when PC was implemented in each implementation unit in the reporting year (e.g. April, June-July, 1-11 November).

5. **Population targeted for T3**

- **PreSAC**
- **SAC**
- **Adults**
- **Total**

Click the button 'Run T3 macro' located above the heading 'PC implemented' to populate the column 'Population targeted for T3 – (PreSAC, SAC, Adults, Total) automatically based on the following information entered in the INTRO and COUNTRY_INFO worksheets:

- population data by the implementation unit and by age group
- number of treatment rounds implemented in each implementation unit for the reporting year

Note: The columns 'PreSAC' and 'SAC' are coloured green. If the estimated population to be targeted is different from the actual population targeted in your country or in particular implementation areas, please change the values accordingly.

Note: The column 'Adults' is shaded grey because this age group is not included in the population requiring PC but some groups (such as women of childbearing age) could be targeted with T3.

6. Population treated

- **PreSAC**
- **SAC**
- **Adults**
- **Total**

Enter the number of people treated (i.e. the number of people who ingested the relevant medicine/s) in the 1st round of ALB/MBD distribution for STH by age group per implementation unit. If this information is not available by age group, leave the column 'PreSAC', 'SAC' and 'Adults' blank and enter 'Total' number of people treated only. In such case click the button 'Estimate by age group' which will run a macro to estimate the number of people treated by age group based on population data entered in the INTRO and COUNTRY_INFO worksheets.

Note: The column 'Adults' is shaded grey because this age group is not included in the population requiring PC but some groups (such as women of childbearing age) could be targeted with T3.

7. Programme coverage (%)

- **PreSAC**
- **SAC**
- **Adults**
- **Total**

When you enter the information in the column 'Population treated', the column 'Programme coverage (%)' automatically estimates programme coverage as a percentage.

Programme coverage for each implementation unit is calculated by the following equation:

$$\text{Programme coverage} = \frac{\text{Number of people who were reported to have ingested the medicine(s)}}{\text{Targeted population}}$$

Note: If the column 'Population treated' has been populated by age group, programme coverage is estimated by age group as well as for total population. If the column 'Population treated' has been populated only for total population, programme coverage is estimated for total population only.

Note: The column 'Adults' is shaded grey because this age group is not included in the population requiring PC but some groups (such as women of childbearing age) could be targeted with T3.

DISTRICT

This worksheet is used to present data on the number of people treated for each disease, rather than by the type of preventive chemotherapy intervention, per implementation unit in the reporting year.

A major part of this worksheet is filled automatically, based on the information entered in the worksheets MDA1, MDA2, MDA3, T1, T2, and T3. It summarizes treatment data from all PC interventions and calculates the total population treated by individual disease and coverage. The information presented in the DISTRICT worksheet can also be used to assist the validation process of reported data. The only data to be entered manually on this form are **'Population treated – male/female'** for each disease, if gender-aggregated information is available. Leave this worksheet untouched if the information is not available.

1. **Country administrative structure**

- **Country**
- **Province/State**
- **District**

Note: The names of the administrative units have been generated automatically based on the information entered into the COUNTRY_INFO worksheet.

Lymphatic filariasis

2. **Population requiring PC for LF**

This column is filled automatically with the population requiring PC for LF by implementation unit in the reporting year based on the information entered into the COUNTRY_INFO worksheet.

3. **Population treated for lymphatic filariasis**

- **Male**
- **Female**

Enter the number of males and females who are reported to have ingested the medicines for LF in the reporting year in each implementation unit, if gender-aggregated information is available. Leave these columns blank if the information is not available.

- **Total treated**

This column is populated automatically with the total number of individuals treated for LF by implementation unit based on the information entered in the previous worksheets 'MDA1' or 'MDA2'.

- **Total treated in need of PC**
  This column is populated automatically with the number of individuals treated for LF, taking into account only the targeted age groups and areas requiring PC for the disease.

- **(%)**
  This column automatically populates coverage (%) as the proportion of individuals in need of PC and treated for LF out of population requiring PC for LF.

Onchocerciasis

4. Population requiring PC for ONCHO

This column is filled automatically with the population requiring PC for onchocerciasis by implementation unit in the reporting year, based on the information entered into the COUNTRY_INFO worksheet.

5. Population treated for onchocerciasis

- **Male**
- **Female**

Enter the number of males and females who are reported to have ingested the medicines for onchocerciasis in the reporting year in each implementation unit, if gender-aggregated information is available. Leave these columns blank if the information is not available.

- **Total treated**
  This column is populated automatically with the total number of individuals treated for onchocerciasis by implementation unit, based on the information entered in the previous worksheets 'MDA1' and 'MDA3'. If data on the number of people treated have not been populated by age group in respective worksheets, the numbers in the column 'Total treated' might be underestimated because of possible overlap of different types of PC in the same age group.

- **Total treated in need of PC**
  This column is populated automatically with the number of individuals treated for onchocerciasis, taking into account only the targeted age groups and areas requiring PC for the disease.

- **(%)**
  This column automatically populates coverage (%) as the proportion of individuals in need of PC and treated for onchocerciasis out of the population requiring PC for onchocerciasis.

Soil-transmitted helminthiases

6. Population requiring PC for STH

This column is filled automatically with the population requiring PC for STH by implementation unit in the reporting year, based on the information entered into the COUNTRY_INFO worksheet.

7. Population treated for STH

- **Male**
- **Female**

Enter the number of males and females who are reported to have ingested the medicines for STH in the reporting year in each implementation unit, if gender-aggregated information is available. Leave these columns blank if the information is not available.

- **Total treated**

  This column is automatically populated with the total number of individuals treated for STH by implementation unit, based on the information entered in the previous worksheets 'MDA1' or 'MDA2', 'T1', 'T3_R1' and 'T3_R2'. If data on the number of people treated have not been populated by age group in respective worksheets, the numbers in the column 'Total treated' might be underestimated because of possible overlap of different types of PC in the same age group.

- **Total treated in need of PC**

  This column is automatically populated with the number of individuals treated for STH, taking into account only the targeted age groups and areas requiring PC for the disease.

- **(%)**

  This column populates automatically coverage (%) as the proportion of individuals in need of PC and treated for STH out of population requiring PC for STH.

Schistosomiasis

8. Population requiring PC for SCH

This column is filled automatically with the population requiring PC for SCH by implementation unit in the reporting year, based on the information entered into the COUNTRY_INFO worksheet.

9. Population treated for schistosomiasis

- **Male**
- **Female**

Enter the number of males and females who are reported to have ingested the medicines for SCH in the reporting year in each implementation unit, if gender-aggregated information is available. Leave these columns blank if the information is not available.

- **Total treated**
  This column is populated automatically with the total number of individuals treated for SCH by implementation unit, based on the information entered in the previous worksheets 'T1' and 'T2'. If data on the number of people treated have not been populated by age group in respective worksheets, the numbers in the column 'Total treated' might be underestimated because of possible overlap of different types of PC in the same age group.

- **Total treated in need of PC**
  This column is populated automatically with the number of individuals treated for SCH, taking into account only the targeted age groups and areas requiring PC for the disease.

- **(%)**
  This column automatically populates coverage (%) as the proportion of individuals in need of PC and treated for SCH out of the population requiring PC for SCH.

The example for population treated for STH in Murkonia is presented below. The worksheet calculates the number of people treated for STH provided through MDA1, T1 and T3_R1. If people in the implementation unit receive different types of PC for STH during a reporting year, it takes as the numerator the highest value of the population treated by different PC interventions instead of the sum of the population. This is to avoid double counting of the population who received more than one treatment for STH.

Number of individuals treated

Administrative structure, population treated by age group and gender

TOTAL			2,092,825			3,701,550	1,486,250	71.02
			Population requiring PC for STH	Population treated for STH				
Country	Province/State	District		Male	Female	Total treated	Total treated in need of PC	(%)
Murkonia	Province South	Astori				72,000		
Murkonia	Province South	Brodsi	131,326			245,000	67,000	51.02
Murkonia	Province South	Conichi	87,303			183,000	55,000	63.00
Murkonia	Province South	Druna	50,043			112,000	32,000	63.95
Murkonia	Province South	Elona	49,327			108,900	31,500	63.86
Murkonia	Province South	Flora	22,806			45,000	13,000	57.00
Murkonia	Province West	Genthols						
Murkonia	Province West	Hobbat						
Murkonia	Province West	Ifilato						
Murkonia	Province West	Jenna						
Murkonia	Province Nord	Kora	181,947			380,000	120,000	65.95
Murkonia	Province Nord	Lusson	28,160			56,800	16,800	59.66
Murkonia	Province Nord	Michen	40,322			93,000	30,000	74.40
Murkonia	Province Nord	Nursed	26,301			70,900	25,900	98.47
Murkonia	Province Nord	Opafuril				700,000		
Murkonia	Province Nord	Pravda	71,599			148,000	48,000	67.04
Murkonia	Province Nord	Rustishal	579,749			399,600	376,000	64.86
Murkonia	Province East	Sotru	36,728			73,200	22,000	59.90
Murkonia	Province East	Tribusep	46,381			98,500	25,000	53.90
Murkonia	Province East	Utro						
Murkonia	Province East	Vesstrik	43,921			92,800	25,000	56.92
Murkonia	Province East	Wolgik	26,403			47,950	12,050	45.64
Murkonia	Province East	Xanad						
Murkonia	Province East	Yanduka	542,542			508,000	508,000	93.63
Murkonia	Province East	Zemelya	127,967			266,900	79,000	61.73

SUMMARY

This worksheet summarizes automatically the following indicators at national level:

- Number of people who received treatment (at least once) for the diseases
- Number of people who received PC interventions
- Estimated number of tablets distributed

World Health Organization

PC Joint Reporting Form v.2

Country		Year	

The control of neglected tropical diseases represents a major challenge to those providing healthcare services in the endemic countries. Collection, dissemination, and use of reliable preventive chemotherapy data is critical in improving disease control programme efficiency. Additionally, data integration is an important requisite for improving organizational and operational effectiveness.

The purpose of this template **Joint Reporting Form (JRF)** - available as an Excel file - is to provide national health authorities and data managers with a standardized tool to address these reporting challenges, facilitate integration and thereby further contribute to improving overall programme management. This template aims to standardize national reporting of programme implementation outcomes, improve availability and coordination of preventive chemotherapy data across the World Health Organization regions.

National authorities are requested to complete this form for submission to the World Health Organization any time **before 15 August** of the current year for reporting data on PC interventions implemented during the previous year.

Number of people received treatment (at least once) for the diseases — Generate Report

	PreSAC	SAC	Adults	Total
Lymphatic filariasis				
Onchocerciasis				
Soil-transmitted helminthiases				
Schistosomiasis				

Number of people received PC interventions

	PreSAC	SAC	Adults	Total
MDA 1 (IVM+ALB)	Not eligible			
MDA 2 (DEC+ALB)				
MDA 3 (IVM)	Not eligible			
T 1 (PZQ+ALB/MBD)	Not targeted		Not targeted	
T 2 (PZQ)	Not targeted			
T 3 (ALB/MBD) - round 1			Not targeted	
T 3 (ALB/MBD) - round 2			Not targeted	

Estimated number of tablets distributed

Medicine	IVM	DEC	ALB (LF)	ALB (STH)	MBD	PZQ
Tablets						

Additional information

Name and signature of NTD coordinator or on behalf of disease specific programme managers :

Date:

1. **Country**
2. **Year**

   Confirm that the columns 'Country' and 'Year' have the name of the country and the year of reporting data automatically filled as entered in the INTRO worksheet.

3. **Number of people who received treatment (at least once) for the diseases**

   Click the button 'Generate Report' to automatically populate the total number of people in the country reported to have received treatment at least once for each of the relevant diseases, by age group as well as by total.

4. **Number of people who received PC interventions**

   The total number of people in the country reported to have received different types of PC interventions (i.e. combination of medicines) will be automatically populated by age group as well as by total.

5. **Estimated number of tablets distributed**

   The number of tablets of each medicine reportedly distributed in the country in the reporting year is automatically populated.

6. **Additional information**

   Provide any information to complement data submitted in this Joint Reporting form.

7. **Name and signature of NTD coordinator or Ministry of Health representative**

8. **Date**

   Complete this section with the name and signature of the NTD coordinator. In the absence of such a coordinator, disease-specific programme managers should coordinate their respective part and provide the name and signature to enact formal authorization of the reporting form.

The example for Murkonia is presented below.

World Health Organization

PC Joint Reporting Form v.2

Country	Murkonia	Year	2012

The control of neglected tropical diseases represents a major challenge to those providing healthcare services in the endemic countries. Collection, dissemination, and use of reliable preventive chemotherapy data is critical in improving disease control programme efficiency. Additionally, data integration is an important requisite for improving organizational and operational effectiveness.

The purpose of this template **Joint Reporting Form (JRF)** - available as an Excel file - is to provide national health authorities and data managers with a standardized tool to address these reporting challenges, facilitate integration and thereby further contribute to improving overall programme management. This template aims to standardize national reporting of programme implementation outcomes, improve availability and coordination of preventive chemotherapy data across the World Health Organization regions.

National authorities are requested to complete this form for submission to the World Health Organization any time **before 15 August** of the current year for reporting data on PC interventions implemented during the previous year.

Number of people received treatment (at least once) for the diseases — Generate Report

	Pre SAC	SAC	Adults	Total
Lymphatic filariasis	Not eligible	795,350	1,994,300	**2,789,650**
Onchocerciasis	Not eligible	823,400	2,060,200	**2,883,600**
Soil-transmitted helminthiases	159,900	1,547,350	1,994,300	**3,701,550**
Schistosomiasis	Not targeted	1,625,180		**1,625,180**

Number of people received PC interventions

	Pre SAC	SAC	Adults	Total
MDA 1 (IVM+ALB)	Not eligible	795,350	1,994,300	**2,789,650**
MDA 2 (DEC+ALB)				
MDA 3 (IVM)	Not eligible	28,050	65,900	**93,950**
T 1 (PZQ+ALB/MBD)	Not targeted	968,800	Not targeted	**968,800**
T 2 (PZQ)	Not targeted	656,380		**656,380**
T 3 (ALB/MBD) - round 1	159,900	324,000	Not targeted	**483,900**
T 3 (ALB/MBD) - round 2			Not targeted	

Estimated number of tablets distributed

Medicine	IVM	DEC	ALB (LF)	ALB (STH)	MBD	PZQ
Tablets	8,074,080		2,789,650	1,452,700		4,062,950

Additional information

Name and signature of NTD coordinator or on behalf of disease specific programme managers :

Date:

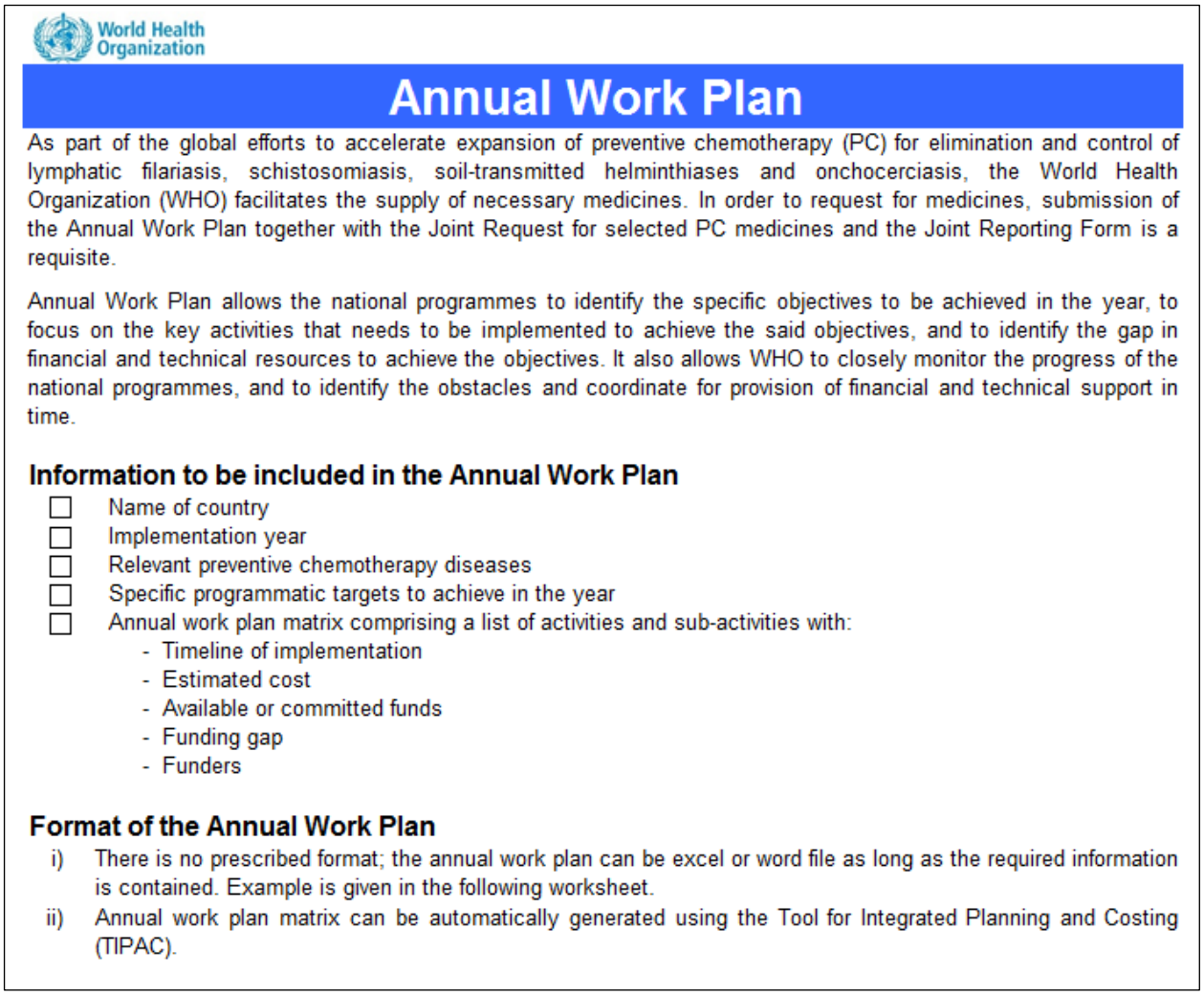
ANNUAL WORK PLAN

INTRO

Open the Excel file named “WHO_AW_PC.xlsx”.

Click the tab marked “INTRO” on the bottom toolbar to open the worksheet.

The screen should appear as shown in the image (below).



World Health Organization

Annual Work Plan

As part of the global efforts to accelerate expansion of preventive chemotherapy (PC) for elimination and control of lymphatic filariasis, schistosomiasis, soil-transmitted helminthiases and onchocerciasis, the World Health Organization (WHO) facilitates the supply of necessary medicines. In order to request for medicines, submission of the Annual Work Plan together with the Joint Request for selected PC medicines and the Joint Reporting Form is a requisite.

Annual Work Plan allows the national programmes to identify the specific objectives to be achieved in the year, to focus on the key activities that needs 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, and to identify the obstacles and coordinate for provision of financial and technical support in time.

Information to be included in the Annual Work Plan

- ☐ Name of country
- ☐ Implementation year
- ☐ Relevant preventive chemotherapy diseases
- ☐ Specific programmatic targets to achieve in the year
- ☐ Annual work plan matrix comprising a list of activities and sub-activities with:
  - Timeline of implementation
  - Estimated cost
  - Available or committed funds
  - Funding gap
  - Funders

Format of the Annual Work Plan

i) There is no prescribed format; the annual work plan can be excel or word file as long as the required information is contained. Example is given in the following worksheet.

ii) Annual work plan matrix can be automatically generated using the Tool for Integrated Planning and Costing (TIPAC).

1. Information to be included in the Annual Work Plan

Make sure that the annual work plan includes the following information:

- **Name of country**
- **Implementation year**
- **Relevant preventive chemotherapy diseases**

- **Specific programmatic targets to achieve in the year**
- **Annual work plan matrix comprising a list of activities and sub-activities with:**
    - Timeline of implementation
    - Estimated cost
    - Available or committed funds
    - Funding gap
    - Funders

2. Format of the Annual Work Plan

Annual work plan can be excel or word file as long as the required information as listed above is contained. However, use of the template given in the subsequent worksheet "ANNUAL_WORKPLAN" is encouraged.

For countries using the Tool for Integrated Planning and Costing (TIPAC), the annual work plan matrix in the annual work plan template is automatically generated using the tool and thus easily copied and pasted into the annual work plan. For more information on TIPAC, please visit WHO/NTD/PCT website
http://www.who.int/neglected_diseases/preventive_chemotherapy

ANNUAL WORK PLAN

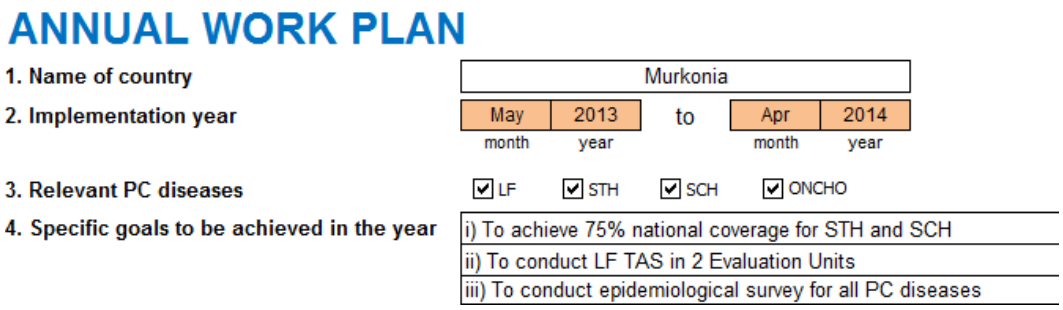
See the worksheet "Example" for an example on how to fill the annual work plan template.

1. **Name of the country**
   Enter the name of your country.

2. **Implementation year**
   Enter the dates (month and year) in which the annual work plan is to be implemented using the dropdown menu.

3. **Relevant PC diseases**
   Tick the diseases that are targeted for PC intervention in your country by ticking the boxes:
   - Lymphatic filariasis
   - Onchocerciasis
   - Soil-transmitted helminthiases
   - Schistosomiasis

4. **Specific goals to be targeted in the year**
   Type manually the specific goals and objectives that your programme wishes to achieve by the end of the implementation year, in order to achieve the goal of the national programme.



5. **Annual work plan matrix**
   Complete the annual work plan matrix by entering the following information:

➢ **Activities and sub-activities**
Enter the name of activities and/or sub-activities your programme plans to implement in the year of implementation under the column "Activities and sub-activities"

➢ **Timeline of implementation**
Timeline of implementation will be prefilled automatically according to data entered in "Implementation year"

Highlight the cell(s) corresponding to the timeline for each activity/sub-activity. The light green cells in the example below indicate that the annual planning meeting and the national stakeholders meeting are planned in May and June 2013, respectively (and the purple cells indicates that annual planning and review, consisting of the annual planning meeting and the national stakeholders meeting, is thus planned in May - June 2013.)

Activities and sub-activities	Timeline for implementation											
	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Annual planning and review												
Annual planning meeting												
National stakeholders meeting												

- **Estimated cost**
  Enter the estimated cost to implement each activity or sub-activity.

- **Available funding**
  Enter the amount of funding available from the national government or partners in order to implement each activity or sub-activity.

- **Funding gap**
  Enter the amount of funding gap still remaining to be filled in order to implement each activity or sub-activity.

- **Funders**
  Enter the name of major funders (e.g. the national government, partners) for each activity or sub-activity.

The example below indicates that organization of the annual planning meeting is estimated to cost US$ 5,300, for which US$ 3,180 is already committed by the national government and thus US$ 2,120 is remaining as funding gap.

Activities and sub-activities	Estimated cost USD	Available funding USD	Funding gap USD	Funders
Annual planning and review	**10,600**	**6,360**	**4,240**	**Government funding**
Annual planning meeting	5,300	3,180	2,120	Government funding
National stakeholders meeting	5,300	3,180	2,120	Government funding

6. Attachment

Tick the box indicating that you are submitting the following forms together with this annual work plan:

- Joint Request for Selected PC Medicines
- Joint Reporting Form

HOW TO SUBMIT THE JOINT FORMS

Actions required for submission of the Joint Application Package:

1. The package of documents to be jointly submitted to WHO electronically (Joint Application Package) is composed of:
   - Full Excel version of the **Joint Request for Selected PC Medicines**
   - Scanned, signed **SUMMARY worksheet** of the Joint Request for Selected PC Medicines
   - Full Excel version of the **Joint Reporting Form**
   - Scanned, signed **SUMMARY worksheet** of the Joint Reporting Form
   - **Annual Work Plan** for the year for which the request is being made

2. The SUMMARY worksheets of the Joint Request Form for Selected PC Medicines and of the Joint Reporting Form must be printed and signed by the NTD coordinator or a Ministry of Health representative to formally endorse the country's request for these medicines and the reported annual progress of the national programme/s. The date of signature must also be included. Once signatures have been obtained, the scanned copies of the two worksheets, together with the full Excel versions of the Forms and the Annual Work Plan can be jointly submitted to WHO.

3. The Joint Application Package must be submitted at the latest by 15 August in order to receive the medicines for delivery the following year. Submission is by email to the following address: **PC_JointForms@who.int**

   The following entities should be included among the addressees:
   - WHO Country Office – WR and/or NTD Focal Point
   - WHO Regional Office – Regional Advisor for NTD
   - Mectizan Donation Program – Dr Yao Sodahlon, email: **ysodahlon@taskforce.org**
   - Children Without Worms – Dr David Addiss, email: **daddiss@taskforce.org**

   Note: The Forms can be submitted **any time before 15 August** of the current year for delivery of medicines the following year. For example, if preventive chemotherapy is planned between 1 January 2014 and 31 December 2014, submit the request before 15 August 2013.

4. Upon submission of electronic copies of the documents, a message confirming receipt (with a reference date and number) will be sent to you. This confirmation reference date and number will be the record through which national control authorities can follow-up the progress of processing the national request.

Preventive Chemotherapy and Transmission Control (PCT)
Department of Control of Neglected Tropical Diseases (NTD)
World Health Organization
20, Avenue Appia
1211 Geneva 27, Switzerland

9 789241 505499

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