JOINT REQUEST FOR SELECTED PREVENTIVE CHEMOTHERAPY MEDICINES AND JOINT REPORTING FORM

A USER GUIDE
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 as a public-health problem, 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 (WHO, 2012\(^1\)). The WHO roadmap targets implementation of preventive chemotherapy interventions with high coverage to ensure that the goals set for these six diseases are reached by 2020 and that selected regional and sub-regional milestones are achieved by 2015 (NTD roadmap\(^2\)).

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.

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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 of and population targeted for preventive chemotherapy by disease**

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

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 information (Table 2).

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

<table>
<thead>
<tr>
<th>Disease treated</th>
<th>Medicines used</th>
<th>Age groups targeted for preventive chemotherapy</th>
<th>Type of preventive chemotherapy (i.e., relevant worksheet in JRF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lymphatic filariasis, onchocerciasis and soil-</td>
<td>Ivermectin and Albenzazole</td>
<td>SAC and adults</td>
<td>MDA1</td>
</tr>
<tr>
<td>transmitted helminthiases</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lymphatic filariasis and soil-transmitted helminthiases</td>
<td>Diethylcarbamazine citrate and Albenzazole</td>
<td>PreSAC (aged 2 years and older), SAC and adults</td>
<td>MDA2</td>
</tr>
<tr>
<td>Onchocerciasis</td>
<td>Ivermectin</td>
<td>SAC and adults</td>
<td></td>
</tr>
<tr>
<td>Soil-transmitted helminthiases and schistosomias</td>
<td>Praziquantel or Albendazole or Mebendazole</td>
<td>SAC</td>
<td>T1</td>
</tr>
<tr>
<td>Schistosomias</td>
<td>Praziquantel</td>
<td>SAC and adults</td>
<td>T2</td>
</tr>
<tr>
<td>Soil-transmitted helminthiases</td>
<td>Albenzazole or Mebendazole</td>
<td>PreSAC and SAC</td>
<td>T3</td>
</tr>
</tbody>
</table>


**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 helminth infections and reduce morbidity. 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. Table 3 lists the medicines used in and the age groups targeted for preventive chemotherapy that are currently recommended by WHO for treatment of lymphatic filariasis, soil-transmitted helminthiases, schistosomiasis and onchocerciasis, either alone or in combination, in the context of preventive chemotherapy in public-health settings.

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

<table>
<thead>
<tr>
<th>Diseases treated</th>
<th>Medicines used</th>
<th>Age groups targeted for preventive chemotherapy</th>
<th>Type of preventive chemotherapy (i.e., relevant worksheet in JRF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lymphatic filariasis, onchocerciasis and soil-</td>
<td>Ivermectin and Albenzazole</td>
<td>SAC and adults</td>
<td>MDA1</td>
</tr>
<tr>
<td>transmitted helminthiases</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lymphatic filariasis and soil-transmitted helminthiases</td>
<td>Diethylcarbamazine citrate and Albenzazole</td>
<td>PreSAC (aged 2 years and older), SAC and adults</td>
<td>MDA2</td>
</tr>
<tr>
<td>Onchocerciasian</td>
<td>Ivermectin</td>
<td>SAC and adults</td>
<td></td>
</tr>
<tr>
<td>Soil-transmitted helminthiases and schistosomias</td>
<td>Praziquantel or Albendazole or Mebendazole</td>
<td>SAC</td>
<td>T1</td>
</tr>
<tr>
<td>Schistosomias</td>
<td>Praziquantel</td>
<td>SAC and adults</td>
<td>T2</td>
</tr>
<tr>
<td>Soil-transmitted helminthiases</td>
<td>Albenzazole or Mebendazole</td>
<td>PreSAC and SAC</td>
<td>T3</td>
</tr>
</tbody>
</table>

Adults (aged 15 years and older); PreSAC, preschool-age children (aged 1–4 years); SAC, school-age children (aged 5–14 years).
Eligibility for treatment differs by medicine. *Table 4* lists the estimated number of tablets required for preventive chemotherapy treatment of individuals by age group for each recommended medicine.

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

<table>
<thead>
<tr>
<th>Medicine</th>
<th>Average number of tablets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ivermectin 3mg</td>
<td>2.8</td>
</tr>
<tr>
<td>Albendazole 400mg and Mebendazole 500mg</td>
<td>1</td>
</tr>
<tr>
<td>Diethylcarbamazine citrate 100mg</td>
<td>2.5</td>
</tr>
<tr>
<td>Praziquantel 600mg</td>
<td>2.5</td>
</tr>
</tbody>
</table>

**Preventive chemotherapy medicines donated through WHO**

As part of 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, donated to national lymphatic filariasis elimination programmes
- Albendazole 400 mg tablets (GlaxoSmithKline) for the population requiring PC for lymphatic filariasis, donated to national lymphatic filariasis elimination programmes
- Albendazole 400 mg tablets (GlaxoSmithKline) for school-age children requiring PC for soil-transmitted helminthiases, donated to national soil-transmitted helminthiases control programmes
- Mebendazole 500 mg tablets (Johnson&Johnson) for school-age children requiring PC for soil-transmitted helminthiases, donated to national soil-transmitted helminthiases control programmes
- Praziquantel 600 mg tablets (Merck KGaA) for school-age children requiring PC for schistosomiasis, donated to national schistosomiasis control programmes

WHO also collaborates to supply Ivermectin 3 mg tablets (Merck & Co.) for onchocerciasis and lymphatic filariasis elimination programmes.

**Who should complete the forms?**

The national NTD coordinator should 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 of the Joint Request for Selected PC Medicines, which can be printed, signed and submitted to WHO to request these 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.

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.

What happens once the forms have been filled?

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). Only 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. A Joint Virtual Review Panel (JVRP) reviews the forms submitted and provides 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 takes a maximum of 2 weeks. Once approved, WHO places an order for the medicines requested with relevant manufacturers. When the order is approved, the requested medicines are manufactured and shipped to requesting countries within 6–8 months. The national programme should consider this timeline and
submit the forms well in advance of the starting date of the planned preventive chemotherapy implementation. In order to receive the medicines at country level in the year for request (i.e. the year in which implementation of preventive chemotherapy is planned), the forms MUST be submitted **by 15 August at the latest** 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**

- **Submission**
  - Annual work plan for the following year
  - Joint Reporting Form for the previous year
  - Joint Request for selected PC medicine for the following year

- **Joint review**
  - Assignment of virtual review panel members
  - Approval of request

- **Placing order**
  - Discussion and consultation among WHO, manufacturer and country
  - WHO places order to manufacturers

- **Manufacture and shipment**
  - 6-8 months for manufacturing and shipping

If Joint Applications need to be revised

Submission of the Joint Applications | 2 weeks | 2 weeks | 6-8 months

Any time **before 15th August of the current year for delivery of medicines during the following year**
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).
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 include formulae that are calculated automatically 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**

```plaintext
Country data

<table>
<thead>
<tr>
<th>COUNTRY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year of request of the medicine</td>
</tr>
<tr>
<td>Is country endemic for lymphatic filariasis (LF)?</td>
</tr>
<tr>
<td>Is country endemic for onchocerciasis (ONCHO)?</td>
</tr>
<tr>
<td>Is country endemic for soil-transmitted helminthiasis (STH)?</td>
</tr>
<tr>
<td>Is country endemic for schistosomiasis (SCH)?</td>
</tr>
<tr>
<td>How many administrative units in the country?</td>
</tr>
</tbody>
</table>
```

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.
- **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/](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

<table>
<thead>
<tr>
<th>Country</th>
<th>Murkonia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year for request of the medicine</td>
<td>2013</td>
</tr>
<tr>
<td>Is country endemic for lymphatic filariasis (LF)?</td>
<td>Endemic</td>
</tr>
<tr>
<td>Is country endemic for onchocerciasis (ONCHIO)?</td>
<td>Endemic</td>
</tr>
<tr>
<td>Is country endemic for soil-transmitted helminthiases (STH)?</td>
<td>Endemic</td>
</tr>
<tr>
<td>Is country endemic for schistosomiasis (SCI)?</td>
<td>Endemic</td>
</tr>
<tr>
<td>How many administrative units in the country?</td>
<td>25</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Proportion (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preschool-age children (PreSAC) - aged 1-4 years</td>
<td>12.00%</td>
</tr>
<tr>
<td>School-age children (SAC) - aged 5-14 years</td>
<td>25.00%</td>
</tr>
<tr>
<td>Adults - aged 15 years and older</td>
<td>60.00%</td>
</tr>
</tbody>
</table>

[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 (usually state or province) units in the country in the column ‘Province/State’.

- **District**
  Enter the names of all the second administrative level (usually district) units 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’.

<table>
<thead>
<tr>
<th>Country administrative structure</th>
<th>Total</th>
<th>PreSAC</th>
<th>SAC</th>
<th>Adults</th>
</tr>
</thead>
<tbody>
<tr>
<td>Murkonia Province South Astari</td>
<td>69,530</td>
<td>10,744</td>
<td>22,383</td>
<td>53,718</td>
</tr>
<tr>
<td>Murkonia Province South Brotsi</td>
<td>354,934</td>
<td>42,592</td>
<td>88,734</td>
<td>212,968</td>
</tr>
<tr>
<td>Murkonia Province South Conichi</td>
<td>235,955</td>
<td>28,315</td>
<td>58,985</td>
<td>141,573</td>
</tr>
<tr>
<td>Murkonia Province South Druna</td>
<td>136,251</td>
<td>15,230</td>
<td>33,813</td>
<td>81,151</td>
</tr>
<tr>
<td>Murkonia Province South Elona</td>
<td>133,316</td>
<td>15,998</td>
<td>33,329</td>
<td>79,990</td>
</tr>
<tr>
<td>Murkonia Province South Flora</td>
<td>61,638</td>
<td>7,397</td>
<td>15,410</td>
<td>36,830</td>
</tr>
</tbody>
</table>

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**

<table>
<thead>
<tr>
<th>For LF and ONCHO</th>
<th>For STH</th>
<th>For SCH</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = non-endemic</td>
<td>0 = non-endemic</td>
<td>0 = non-endemic</td>
</tr>
<tr>
<td>1 = endemic *</td>
<td>1 = low prevalence (&lt;20%)</td>
<td>1 = low prevalence (&lt;10%) *</td>
</tr>
<tr>
<td>2 = moderate prevalence (&gt;20–&lt;50%) *</td>
<td>2 = moderate prevalence (&gt;10–&lt;50%) *</td>
<td></td>
</tr>
<tr>
<td>3 = high prevalence (&gt;50%) *</td>
<td>3 = high prevalence (&gt;50%) *</td>
<td></td>
</tr>
<tr>
<td>4 = status unknown</td>
<td>4 = status unknown</td>
<td>4 = status unknown</td>
</tr>
<tr>
<td>99 = endemic, MDA stopped</td>
<td>5 = endemic, prevalence unknown</td>
<td>5 = endemic, prevalence unknown</td>
</tr>
</tbody>
</table>

MDA, mass drug administration

* Preventive chemotherapy is recommended

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

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 in 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

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.
DEC (diethylcarbamazine citrate)

This worksheet is used to compute the quantity of diethylcarbamazine citrate (DEC) 100mg tablets requested 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 of 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.
ALB_MBD (albendazole/mebendazole)

This worksheet is used to compute the quantity of albendazole (ALB) 400 mg and/or mebendazole (MBD) 500 mg tablets requested 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 by 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 not 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.

<table>
<thead>
<tr>
<th>Disease</th>
<th>STH not endemic or STH prevalence is low</th>
<th>STH prevalence is moderate</th>
<th>STH prevalence is high</th>
</tr>
</thead>
<tbody>
<tr>
<td>LF endemic</td>
<td>1 round through LF programme to SAC and adults</td>
<td>- 1 round through LF programme to SAC and adults</td>
<td>- 1st round through LF programme to SAC and adults</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- 1 round through STH programme to PreSAC</td>
<td>- 2nd round through STH programme to SAC</td>
</tr>
<tr>
<td>LF not endemic</td>
<td>No treatment required</td>
<td>1 round through STH programme to PreSAC and SAC</td>
<td>2 rounds through STH programme to PreSAC and SAC</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Disease</th>
<th>STH not endemic or STH prevalence is low</th>
<th>STH prevalence is moderate</th>
<th>STH prevalence is high</th>
</tr>
</thead>
<tbody>
<tr>
<td>LF endemic</td>
<td>1 round through LF programme to PreSAC, SAC and adults</td>
<td>1 round through LF programme to PreSAC, SAC and adults</td>
<td>- 1st round through LF programme to PreSAC, SAC and adults</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- 1 round through STH programme to PreSAC, SAC and adults</td>
<td>- 2nd round through STH programme to PreSAC and SAC</td>
</tr>
<tr>
<td>LF not endemic</td>
<td>No treatment required</td>
<td>1 round through STH programme to PreSAC and SAC</td>
<td>2 rounds through STH programme to PreSAC and SAC</td>
</tr>
</tbody>
</table>
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.

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.

<table>
<thead>
<tr>
<th></th>
<th>STH (ALB)</th>
<th>STH (MBD)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Target population</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PreSAC</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>SAC</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>PreSAC</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>SAC</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

### 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.

<table>
<thead>
<tr>
<th>Remaining in stock (LF)</th>
<th>Tablets to be procured (LF)</th>
<th>Bottle (400 mg) 200 tablets (STH)</th>
<th>Remaining in stock (STH)</th>
<th>Tablets to be procured for SAC (STH)</th>
<th>Bottle (400 mg) 200 tablets (STH)</th>
<th>Remaining in stock</th>
<th>Tablets to be procured for SAC</th>
<th>Bottles (500 mg) 150 tablets</th>
</tr>
</thead>
<tbody>
<tr>
<td>76,101</td>
<td>381</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>301,694</td>
<td>1,509</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>200,662</td>
<td>1,003</td>
<td>0</td>
<td>56.989</td>
<td>256</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>114,963</td>
<td>575</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>113,319</td>
<td>567</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>52,392</td>
<td>256</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

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 requested 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 SCH tablets (by Merck KGaA) currently does not target this age group.

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 SCH 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**

'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 COUNTY_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.

<table>
<thead>
<tr>
<th>Treatment plan</th>
<th>LF</th>
<th>Oncho</th>
<th>LF only</th>
<th>Oncho only</th>
<th>LF+Oncho</th>
<th>Total required</th>
<th>Remaining in stock</th>
<th>Tablets to be procured</th>
<th>Bottles (3mg) 500 tablets</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>1</td>
<td>76.101</td>
<td>0</td>
<td>0</td>
<td>213.081</td>
<td>0</td>
<td>203.981</td>
<td>477</td>
</tr>
<tr>
<td>1</td>
<td>0</td>
<td>0</td>
<td>301.964</td>
<td>0</td>
<td>0</td>
<td>844.753</td>
<td>0</td>
<td>842.753</td>
<td>1190</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>0</td>
<td>200.662</td>
<td>0</td>
<td>0</td>
<td>561.573</td>
<td>0</td>
<td>561.573</td>
<td>124</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>0</td>
<td>131.371</td>
<td>0</td>
<td>0</td>
<td>324.897</td>
<td>0</td>
<td>324.897</td>
<td>654</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>1</td>
<td>113.298</td>
<td>113.298</td>
<td>0</td>
<td>371.292</td>
<td>0</td>
<td>371.292</td>
<td>654</td>
</tr>
</tbody>
</table>

**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.
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 appear as current image.

### Joint request for selected PC medicines

The World Health Organization (WHO) organizes 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.

<table>
<thead>
<tr>
<th>Country</th>
<th>Year</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Please select the medicine</th>
<th>Number of tablets</th>
<th>Total number of bottles</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Required</td>
<td>In stock</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of people to be treated with donated medicine (see User Guide for details)</th>
<th>Generate report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please select disease</td>
<td>Round 1</td>
</tr>
<tr>
<td>-----------------------</td>
<td>---------</td>
</tr>
<tr>
<td>These figures are estimated only for targeted age groups to be treated with donated medicine in areas where treatment for specific disease is required</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Information on person(s) who has filled in the form *see note</th>
<th>Generate report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Name</td>
</tr>
<tr>
<td>--------</td>
<td>------</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* 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.

Date: __________________________

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

Name and signature of Ministry of Health representative
1. **Country**

2. **Year**

   Confirm that the columns ‘Country’ and ‘Year’ have been automatically filled with the name of the country and the year in 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).

   ![Number of tablets table](image)

   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.

   ![Generate report output](image)
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'.
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.

<table>
<thead>
<tr>
<th>Please select disease</th>
<th>Round 1</th>
<th>Round 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lymphatic filariasis</td>
<td>4,880,155</td>
<td></td>
</tr>
<tr>
<td>Onchocerciasis</td>
<td>2,507,570</td>
<td></td>
</tr>
<tr>
<td>Schistosomiasis</td>
<td>1,809,670</td>
<td></td>
</tr>
<tr>
<td>Soil-transmitted helminthiases</td>
<td>2,022,702</td>
<td>1,273,432</td>
</tr>
</tbody>
</table>

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 of 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 signatures of the NTD coordinator and the Ministry of Health representative are required to enact formal authorization of the request.

![Signature Section]

**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).

### 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 of documentation for the joint request. This includes:
i. Joint request for selected PC medicines
ii. Joint reporting form (or annual national progress report) or disease-specific reporting forms
iii. National annual workplan

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 in 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.

<table>
<thead>
<tr>
<th>Information on planned PC interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please select the medicine</td>
</tr>
<tr>
<td>----------------------------------------</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Information on shipment and consignee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consignee</td>
</tr>
<tr>
<td>Name</td>
</tr>
<tr>
<td>Department/Unit</td>
</tr>
<tr>
<td>Organization</td>
</tr>
<tr>
<td>Phone</td>
</tr>
<tr>
<td>Fax</td>
</tr>
<tr>
<td>E-mail</td>
</tr>
<tr>
<td>Mailing address</td>
</tr>
</tbody>
</table>

Additional information can be provided at the bottom of the page.
JOINT REPORTING FORM

INTRO

Open the Excel file named "WHO_JRF_PC_v2.xls".

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

The screen should appear as shown in the image (right).
1. 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. |

2. Instruction for data entry

Most of the cells in the above-mentioned worksheets include formulae that are calculated automatically 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 |
| Year of reporting data |
| Is country endemic for lymphatic filariasis (LF)? |
| Is country endemic for onchocerciasis (ONCH)? |
| 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
- **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/](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.

<table>
<thead>
<tr>
<th>COUNTRY</th>
<th>Murkonia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year of reporting data</td>
<td>2012</td>
</tr>
<tr>
<td>Is country endemic for lymphatic filariasis (LF)?</td>
<td>Endemic</td>
</tr>
<tr>
<td>Is country endemic for onchocerciasis (ONCHO)?</td>
<td>Endemic</td>
</tr>
<tr>
<td>Is country endemic for soil-transmitted helminthiases (STH)?</td>
<td>Endemic</td>
</tr>
<tr>
<td>Is country endemic for schistosomiasis (SCH)?</td>
<td>Endemic</td>
</tr>
<tr>
<td>How many administrative units in the country?</td>
<td>25</td>
</tr>
</tbody>
</table>

If demographic 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.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Proportion (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preschool-age children (PreSAC) - aged 1-4 years</td>
<td>12.00%</td>
</tr>
<tr>
<td>School-age children (SAC) - aged 5-14 years</td>
<td>25.00%</td>
</tr>
<tr>
<td>Adults - aged 15 years and older</td>
<td>50.00%</td>
</tr>
</tbody>
</table>
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 (usually state or province) units in the country in the column ‘Province/State’.

   - **District**
     Enter the names of all the second administrative level (usually district) units 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’.

<table>
<thead>
<tr>
<th>Country administrative structure</th>
<th>Population</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
</tr>
<tr>
<td>Mulkonia Province South Astori</td>
<td>89,530</td>
</tr>
<tr>
<td>Mulkonia Province South Brodski</td>
<td>364,934</td>
</tr>
<tr>
<td>Mulkonia Province South Comichi</td>
<td>235,955</td>
</tr>
<tr>
<td>Mulkonia Province South Druka</td>
<td>135,251</td>
</tr>
<tr>
<td>Mulkonia Province South Elena</td>
<td>133,316</td>
</tr>
<tr>
<td>Mulkonia Province South Flora</td>
<td>61,638</td>
</tr>
</tbody>
</table>

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)

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.

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.
<table>
<thead>
<tr>
<th>Population</th>
<th>Endemicity</th>
<th>Population requiring PC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>PreSAC</td>
<td>SAC</td>
</tr>
<tr>
<td>9,263,803</td>
<td>1,111,656</td>
<td>2,315,951</td>
</tr>
</tbody>
</table>
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.

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.
MDA2 – DEC and ALB

This worksheet is used to report the number of people treated with MDA1 (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.

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.

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.

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.

**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.
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.

**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’.

8. 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.

9. 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.

10. Medicine

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

11. Date

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

12. 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.

### 13. 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.

**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.

### 14. 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.
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.

2. **Lymphatic filariasis**

   **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'.

- **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'.

- **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’.

- **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

<table>
<thead>
<tr>
<th>Country</th>
<th>Province/State</th>
<th>District</th>
<th>Population requiring PC for STH</th>
<th>Population treated for STH</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Total treated</td>
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<tr>
<td>Murkonia</td>
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<td>2,092,825</td>
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<td></td>
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<td>Druna</td>
<td>1,902,825</td>
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<td></td>
<td></td>
<td>Elena</td>
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<td>Flora</td>
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<td></td>
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<td>Zemelya</td>
<td>51,034</td>
<td></td>
</tr>
</tbody>
</table>
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

### PC Joint Reporting Form v.2

<table>
<thead>
<tr>
<th>Country</th>
<th>Year</th>
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<tbody>
<tr>
<td>Lymphatic filariasis</td>
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<tr>
<td>Onchocerciasis</td>
<td></td>
</tr>
<tr>
<td>Soil-transmitted helminthiases</td>
<td></td>
</tr>
<tr>
<td>Schistosomiasis</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Disease</th>
<th>PreSAC</th>
<th>SAC</th>
<th>Adults</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lymphatic filariasis</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Onchocerciasis</td>
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<tr>
<td>Soil-transmitted helminthiases</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Schistosomiasis</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Number of people received PC interventions**

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<thead>
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<th>Intervention</th>
<th>PreSAC</th>
<th>SAC</th>
<th>Adults</th>
<th>Total</th>
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</thead>
<tbody>
<tr>
<td>MOA 1 (IVM+ALB)</td>
<td></td>
<td></td>
<td></td>
<td>Not eligible</td>
</tr>
<tr>
<td>MOA 2 (DEC+ALB)</td>
<td></td>
<td></td>
<td></td>
<td>Not eligible</td>
</tr>
<tr>
<td>MOA 3 (IVM)</td>
<td></td>
<td></td>
<td></td>
<td>Not eligible</td>
</tr>
<tr>
<td>T 1 (PZQ+ALB/MBD)</td>
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<td></td>
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<td>Not targeted</td>
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<tr>
<td>T 2 (PZQ)</td>
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<td></td>
<td></td>
<td>Not targeted</td>
</tr>
<tr>
<td>T 3 (ALB/MBD) - round 1</td>
<td></td>
<td></td>
<td></td>
<td>Not targeted</td>
</tr>
<tr>
<td>T 3 (ALB/MBD) - round 2</td>
<td></td>
<td></td>
<td></td>
<td>Not targeted</td>
</tr>
</tbody>
</table>

**Estimated number of tablets distributed**

<table>
<thead>
<tr>
<th>Medicine</th>
<th>Tablets</th>
</tr>
</thead>
<tbody>
<tr>
<td>IVM</td>
<td>DEC</td>
</tr>
</tbody>
</table>

**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 on behalf of disease-specific programme manager**

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.

### 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

<table>
<thead>
<tr>
<th></th>
<th>PreSAC</th>
<th>SAC</th>
<th>Adults</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Lymphatic filariasis</strong></td>
<td>Not eligible</td>
<td>795,350</td>
<td>1,994,300</td>
<td>2,789,650</td>
</tr>
<tr>
<td><strong>Onchocerciasis</strong></td>
<td>Not eligible</td>
<td>323,400</td>
<td>2,060,200</td>
<td>2,383,600</td>
</tr>
<tr>
<td><strong>Soil-transmitted helminthiasis</strong></td>
<td>159,900</td>
<td>1,547,250</td>
<td>1,994,300</td>
<td>3,791,550</td>
</tr>
<tr>
<td><strong>Schistosomiasis</strong></td>
<td>Not targeted</td>
<td>1,025,100</td>
<td>1,025,100</td>
<td>1,025,100</td>
</tr>
</tbody>
</table>

### Number of people received PC interventions

<table>
<thead>
<tr>
<th></th>
<th>PreSAC</th>
<th>SAC</th>
<th>Adults</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MDA 1 (IVM+ALB)</strong></td>
<td>Not eligible</td>
<td>795,350</td>
<td>1,994,300</td>
<td>2,789,650</td>
</tr>
<tr>
<td><strong>MDA 2 (DEC+ALB)</strong></td>
<td>Not eligible</td>
<td>323,400</td>
<td>2,060,200</td>
<td>2,383,600</td>
</tr>
<tr>
<td><strong>MDA 3 (IVM)</strong></td>
<td>Not eligible</td>
<td>32,060</td>
<td>65,000</td>
<td>97,060</td>
</tr>
<tr>
<td><strong>T 1 (PZQ+ALB/MBD)</strong></td>
<td>Not targeted</td>
<td>968,000</td>
<td>Not targeted</td>
<td>968,000</td>
</tr>
<tr>
<td><strong>T 2 (PZQ)</strong></td>
<td>Not targeted</td>
<td>666,300</td>
<td>666,300</td>
<td></td>
</tr>
<tr>
<td><strong>T 3 (ALB/MBD) - round 1</strong></td>
<td>159,900</td>
<td>324,000</td>
<td>Not targeted</td>
<td>483,900</td>
</tr>
<tr>
<td><strong>T 3 (ALB/MBD) - round 2</strong></td>
<td>Not targeted</td>
<td>Not targeted</td>
<td>Not targeted</td>
<td>Not targeted</td>
</tr>
</tbody>
</table>

### Estimated number of tablets distributed

<table>
<thead>
<tr>
<th>Medicine</th>
<th>IVM</th>
<th>DEC</th>
<th>ALB (LF)</th>
<th>ALB (STH)</th>
<th>MBD</th>
<th>PZQ</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tablets</td>
<td>8,074,000</td>
<td>2,759,000</td>
<td>1,452,700</td>
<td>4,862,950</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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 “Annual_Workplan.xlsx”.

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

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

1. Information to be included in the Annual Work Plan

Make sure that the annual work plan include 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 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 clicking 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 filling 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 for 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 indicates 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.)

<table>
<thead>
<tr>
<th>Activities and sub-activities</th>
<th>Timeline for implementation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual planning and review</td>
<td>May</td>
</tr>
<tr>
<td>National stakeholders meeting</td>
<td></td>
</tr>
</tbody>
</table>

- **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 USD 5,300, for which USD3,180 is already committed by the national government and thus USD2,120 is remaining as funding gap.

<table>
<thead>
<tr>
<th>Activities and sub-activities</th>
<th>Estimated cost</th>
<th>Available funding</th>
<th>Funding gap</th>
<th>Funders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual planning and review</td>
<td>10,600</td>
<td>6,360</td>
<td>4,240</td>
<td>Government funding</td>
</tr>
<tr>
<td>National stakeholders meeting</td>
<td>5,300</td>
<td>3,180</td>
<td>2,120</td>
<td>Government funding</td>
</tr>
</tbody>
</table>

6. **Attachment**

Tick the box indicating that you have the following forms as attachment of this annual work plan:

- Joint Request for Selected PC Medicines
- Joint Reporting Form
HOW TO SUBMIT THE JOINT FORMS

When the SUMMARY and SHIPMENT pages of the Joint Request for Selected PC Medicines and the entire workbook of the Joint Reporting Form are complete, they are ready for signatures to endorse approval of both the documents by the national authorities. The signatures of the NTD coordinator and the Ministry of Health representative are required to enact formal authorization of the Joint Request for Selected PC Medicines request, whereas the signatures of the NTD coordinator will suffice for the Joint Reporting Form. Once these signatures have been obtained, the Forms and the related supporting documentation can then be submitted to WHO.

Actions

1. The package of documents to be submitted to WHO electronically is :
   - Completed version of the Joint Request for Selected PC Medicines
   - Completed version of the Joint Reporting Form
   - National Annual Work Plan for the year for which the request is being made

2. The SUMMARY of the Joint Request Form for Selected PC Medicines must be printed and signed by both the NTD coordinator and the Ministry of Health representative to formally endorse the country's request for these medicines. The SUMMARY of the Joint Reporting Form must be printed and signed by the NTD coordinator to officially endorse the reported annual progress of the national programme/s. The date of signature must also be included. The scanned signed SUMMARY pages should be also submitted to WHO together with the package of documents.

3. The package of documents must be sent by email as follows at the latest by 15 August in order to receive the medicines for delivery the following year:

   – WHO Regional Office – Regional Advisor for NTD
   – WHO/HQ – email: pc_jointforms@who.int
   – Mectizan Donation Program – Dr Yao Sodahlon, email: ysodahlon@taskforce.org
   – Children Without Worms – Dr David Addiss, email: daddiss@taskforce.org

The Forms and supporting documents should be also sent to the WHO Country office, to the attention of the National NTD focal point.

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 by the respective recipients. This confirmation reference date and number will be the record from which national control authorities can follow-up the progress of processing the national request.