PART II: STRATEGIC FRAMEWORK

2.1. Vision, mission, and goal of the PNLTHA

2.1.1. Vision: The vision of the Programme National de Lutte contre la Trypanosomiase Humaine Africaine (PNLTHA, National Program against Human African Trypanosomiasis) is that of a healthy, productive and prosperous Congolese population, free from the socioeconomic burden of Human African Trypanosomiasis (HAT).

2.1.2. Mission: The PNLTHA's mission is to organize and coordinate the fight against Human African Trypanosomiasis throughout the Democratic Republic of Congo.

2.1.3. Goal: To contribute to the Congolese population's well-being by eliminating Human African Trypanosomiasis as a public health problem by 2020.

2.2. Guiding principles:

The guiding principles are those that have been laid down in our national HAT policy:

2.2.1. Coordination

Coordination entails harmonizing the implementation of activities in one or several structures to reach a shared objective. It leads to improved collective response while avoiding overlap for efficient synergy.

2.2.2. Decentralization

Decentralization consists in transferring necessary resources, authority, and accountability from the central to the intermediate and peripheral levels. It empowers them to implement HAT activities.

2.2.3. Collaboration

Collaboration means complementarity in interventions based on intra- and intersectoral collaboration. Collaboration with other sectors is essential for fighting HAT.

2.2.4. Good governance

Good governance refers to the set of sound management principles and rules that allow to better carry out the program's mission.

2.2.5. Equity

Equity is based on the principles of availability of and access to screening/diagnosis and treatment services for all communities living in zones at risk of HAT transmission.

2.2.6. Perpetuation of gains in the fight

This involves ensuring the sustainability and permanence of an activity, a result. Perpetuation thus refers to sustainability and is reinforced by other principles such as the ownership and transfer of skills.

2.3. Strategic approach

The PNLTHA plans to eliminate the disease as a Public Health problem by 2020, in all endemic health zones (ZSE) in the Democratic Republic of Congo, by lowering the rate of infection to less than 0.01%. This objective can only be reached by streamlining the activities of a small number of mobile teams and by integrating HAT reduction activities in endemic health zones.

The streamlining of mobile teams requires strong orientation towards areas of outbreak based on epidemiological evidence associated with sensitive diagnostic testing.

Management teams in provinces and health zones are responsible for planning and implementing HAT initiatives which will be integrated into the provincial health development plan (PPDS) and into the health zone health development plan (PDSZ). The minimum activity package (PMA) at the health center level and the complementary activity package (PCA) at the general reference hospital (GRH) level should be improved in all HAT endemic health zones.

The managerial capacities for countering HAT by province and endemic health zone management teams will be strengthened. Doctors, nurses, and laboratory technicians will be trained in HAT management (clinical suspicion, serological screening, diagnosis and treatment). Community relays (RECO) and community leaders will be trained in vector control, information, education and communication (IEC), and community-based epidemiological monitoring in endemic health areas.

Management teams will conduct integrated supervisions of all population health problems including HAT in an endemic health zone. HAT data will also be integrated into the monthly monitoring of health zones. The central level will provide a reduced number of indicators for monitoring at the health zone level. Other indicators will remain for specialized facilities such as mobile units (MU) and during intermittent surveying. Norms will be adapted and simplified by the central level.

The management of trypanocides will remain in a closed circuit directly controlled by the program. Health zones will be supplied according to need via provincial coordinations, so as to guarantee medication quality and avoid the risk of developing a resistance that could be fatal for sick individuals, as only a very small number of molecules are available today.

The PNLTHA will contribute to financially supporting endemic health zones. This support will be primarily concerned with directly contributing to organizing one review per province, HAT training for province management teams and endemic health zones, and supplying specific small equipment and inputs necessary to combat HAT.

Finally, intersectoral collaboration with the Ministries of Agriculture, Fishery and Livestock, of Primary, Secondary and Professional Education, of Superior and University Education, of Budget, of Finance, and of the Environment should be strengthened to eliminate HAT in the DRC.

2.4. The Strategic Plan's Objectives and Targets

2.4.1. General Objective:

Contribute to improving the health situation so that all may live in good health and to promote the well-being of everyone at all ages within the framework of universal health coverage

Target: DRC population

Impact indicators: .

- Reduction in the number of new cases to less than one case per 10,000 examined individuals
- Reduction in the number of HAT-related deaths

2.4.2. Sub-Sector Objective:

Reduce endemic HAT so as to reach the elimination threshold in the Democratic Republic of Congo by 2020 (infection rate below 0.01%).

Target: People living in or visiting endemic zones (194 ZSE)

Impact indicators:

- Infection rate below 0.01%
- Coverage rate in all endemic zones increased from 20% to 100%

2.4.3. Strategy targets:

There are three types:

1. **Peripheral level:** The health zone (health zone management team, general reference hospital (GRH), health center (HC), center for screening, treatment, and control (CDTC), and MU) is responsible for implementing HAT interventions.
2. **Intermediate level: The province** (provincial management team (ECP), provincial HAT coordination) translates national-level norms and strategies into a HAT strategy.
3. **Central level:** The Central Directorate coordinates and organizes HAT interventions in DRC.

2.5. Strategic axes

The strategic axes are defined by the national health development plan (PNDS). These axes are: (i) health zone development and continuity of care1 (ii) support to health zone development, (iii) strengthening sector management and governance.

PROGRAMMING FRAMEWORK

Axis 1: Health zone development and continuity of care

			(Annual targets[2])				
	Expected results over 5 years	***Key result indicators***	***Year 1***	***Year 2***	***Year 3***	***Year 4***	***Year 5***
Sub-axis 1: Improve coverage by integrating HAT packages in endemic health zones (provincial division (DP)							

Specific objective 1: *By 2020, increase from 20% to 60% coverage of endemic health zones with at least 1 health facility with the complete HAT activity package and 3 with the minimum HAT package*	*R1: 116 endemic health zones with at least 1 health facility with the complete HAT activity package and 3 with the minimum HAT package:* *Sero-screening with CATT/TDR* *Diagnosis* *Treatment* *Epidemiological monitoring*	*Proportion of endemic health zones with at least 1 health facility with the complete HAT activity package and 3 with the minimum HAT*	*20%* *39 endemic health zones*	*30%* *58 endemic health zones*	*40%* *78 endemic health zones*	*50%* *97 endemic health zones*	*60%* *116 endemic health zones*
Strategic sub-axis 2: Streamline health facility HAT operations							

Specific objective 2: *Increase from 39% to 116% the number of health facilities combating HAT. Streamlined by 2020.*	*R1: 116 health facilities combating HAT are streamlined:* *Providers trained in the complete HAT package* *Health facilities combating HAT with adequate inputs and equipment (rotator, microscope, centrifuge)*	*The number of health facilities streamlined in HAT complementary activity package (PCA) and HAT minimum activity package (PMA)*	*20%* *39 health facilities*	*30%* *58 health facilities*	*50%* *97 health facilities*	*60%* *116 health facilities*	*60%* *116 health facilities*

Strategic sub-axis 3: Improve population coverage in prevention activities (active screening and vector control)							

Specific objective 3: *Increase from 20% to 40% the proportion of the population at medium and high risk having benefited from active screening activities by the end of 2020*	*40% of medium- and high-risk individuals have benefited from active screening activities* *MU* *Equipped team*	*Proportion of the medium- and high-risk population having benefited from active screening activities*	*20%*	*25%*	*30%*	*40%*	*40%*
Specific objective 4: *Increase from 20% to Y% the proportion of endemic villages covered by vector control activities by the end of 2020.*	*Y% of endemic villages covered by vector control activities* *Availability of traps and screens* *Vector control team*	*Proportion of endemic villages covered by vector control activities*	*X*	*X*	*X*	*X*	*X*
Specific objective 5 *Investigate at least 4 health zones with unknown statuses per year*	*12 health zones have been investigated*	*Number of health zones with unknown statuses that have been investigated*			*4*	*4*	*4*

Strategic sub-axis 4: Improve quality of care							
Specific objective 6: *Increase from 39 to 116 the number of health facilities offering quality HAT care by the end of 2020.*	*116 health facilities offer quality HAT care*	*Proportion of health facilities offering quality specialized care*	*39 health facilities*	*58 health facilities*	*97 health facilities*	*116 health facilities*	*116 health facilities*
Specific objective 7 *Improve the quality assurance system in 40% of health facilities and 30 MU*	*A quality assurance system has been improved in 40% of health facilities and 30 MU*	*Number of health facilities and MU with a quality assurance system*			*20% of health facilities* *20 MU*	*30% of health facilities* *30 MU*	*40% of health facilities* *30 MU*
Axis 2: Support development of health zones							
Strategic sub-axis 5: Develop human resources for health							
Specific objective 8: *Train 2 providers per health facility on*	*100% of HAT health facility providers trained*	*Number of providers trained in HAT package*			232 (i.e., 2 providers in		

activity package in 116 health facilities that have integrated HAT initiatives by the end of 2020					116 health facilities)		
Specific objective 9: *Retain 100% of MU providers by having their status recognized by the end of 2020*	*100% of MU providers with status*	*Number of MU providers with status*			*217* *MU members*	*217* *MU members*	*217* *MU members*
Strategic sub-axis 7: Develop infrastructure and equipment							
Specific objective 10: *Equip laboratories in 116 health facilities according to norms*	*116 laboratories equipped according to norms:* *rotator, microscope, centrifuge, power source,*	*Proportion of HAT endemic health zone laboratories equipped according to norms*	*36 laboratories*	*58 laboratories*	*97 laboratories*	*116 laboratories*	*116 laboratories*
Strategic sub-axis 8: Improve supply of trypanocides and							

other inputs in health facilities							
Specific objective 11: *Ensure regular supply of trypanocides to health facilities*	*Trypanocides are available in 116 health facilities combating HAT* *Trypanocide supply* *Mastery of CMM* *Available and updated management tools*	*Number of days trypanocide is out of stock*	0	0	0	0	0
Specific objective 12: *Ensure regular reagent supply in health facilities*	*Reagents are available in health facilities*	*Number of days reagents are out of stock*	0	0	0	0	0
Specific objective 13: *Ensure supply of treated screens and traps in 1,240 endemic villages*	*Traps and screens are available in 1,240 endemic villages*	*Availability of traps and screens*	1240	1240	1240	1240	1240

Strategic sub-axis 9: Develop the expertise and other specific skills of actors in managing trypanocides and other inputs							
Specific objective 14: *Train providers from 116 health facilities in the management of trypanocides and other inputs by the end of 2020*	*Providers in 116 health facilities are trained in the management of medications and other inputs*	*Number of providers trained in the management of medications and other inputs*	*36 health facilities*	*58 health facilities*	*97 health facilities*	*116 health facilities*	*116 health facilities*
Strategic sub-axis 10: Streamline health financing							
Specific objective 15: *Conduct 10 advocacy initiatives to grow the mobilization of*	*10 advocacy initiatives with technical and financial partners (TFP)*	*Number of advocacy initiatives conducted* *Amount of additional financing mobilized*	*2*	2	2	2	2

additional financial resources	*Additional resources mobilized*						
Specific objective 16 *Promote preferential pricing in all health facilities combating HAT*	*All 116 health facilities apply preferential pricing*	*Number of health facilities that apply preferential pricing*	*36 health facilities*	*58 health facilities*	*97 health facilities*	*116 health facilities*	*116 health facilities*
Strategic sub-axis 11: Strengthen the health information system							
Specific objective 17: *Increase the number of indicators captured in DHIS2 from 3 to 6 by the end of 2020*	*6 HAT indicators included in DHIS2* *NC* *Death* *Treated cases* *Clinical suspect* *Serological suspect*	*Number of indicators included in DHIS2*	*6*	*6*	*6*	*6*	*6*

	Total examined population (TEP)						
Specific objective 18: *Increase the timeliness and completeness of reporting from 30% to 80% by the end of 2020*	*244 reports received on time:* *4 quarterly reports per coordination per year*	*Number of reports received on time/expected* *Number of reports received/expected*	*44*	*44*	*44*	*44*	*44*
Specific objective 19 *Improve the quality of information produced at all levels*	*The quality of data produced is improved at every level* *1 Management* *11 Coordination* *30 MU* *11 Equipped teams* *X CDTC* *(Different trainings to improve info quality,*	*Reduce discordances in data at every level to 0* *Good* *Pretty good* *Bad*	*0*	*0*	*0*	*0*	*0*

	other tools, data audits						
Specific objective 20 *Expand digitalization and its applications from 2 to 11 provincial HAT coordinations in the DRC*	*Digitalization is extended to 11 coordinations*	*Number of coordinations with digitalization system* *Number of applications developed in coordinations*	*2* *pm*	*2* *pm*	*8* *pm*	*11* *pm*	*11* *pm*
Specific objective 21 *Circulate a HAT information bulletin every year for 5 YEARS*	*5 information bulletins circulated in 5 years*	*Number of information bulletins circulated*	*1*	*1*	*1*	*1*	*1*
Strategic axis 3 Strengthen health sector governance and management							
Strategic sub-axis 12 Strengthen the institutional capacities							

of the Ministry of Public Health (MSP)							
Specific objective 21: *Update normative documents (national policy, norms, technical guide) in light of scientific innovation*	*Normative documents (national policy, norms, technical guide) are updated in light of innovation*	*Presence of normative documents updated in accordance to advances*		*1*	*1*		
Specific objective 22: *Strengthen results-focused planning at the program level*	*5 PAO are strengthened* *20 quarterly work plans (PTT) are produced*	*Number of operational action plans (PAO)*	*1 PAO* *4 PTT*	*1 PAO* *4 PTT*	*1 PAO* *4 PTT*	*1 PAO* *4 PTT*	*1 PAO* *4 PTT*
Specific objective 23 Simplify normative documents (national policy, norms, technical guide) in light of scientific innovation	*Normative documents (national policy, norms, technical guide) are simplified in light of innovation*	*Number of normative documents simplified in light of advances*	*1*	*1*	*1*	*1*	*1*
Strategic sub-axis 13: Strengthen							

monitoring mechanisms for the application of sector norms and guidelines							
Specific objective 24: *Annually organize 1 service quality audit mission in every HAT Coordination by the end of 2020*	*40 quality audit missions are organized in HAT-combating health facilities*	*Number of quality audit missions organized*	*8*	*8*	*8*	*8*	*8*
Specific objective 25: *Promote HAT research*	*Research is conducted*	*Number of research initiatives conducted*	*X*	*X*	*X*	*X*	*X*
Specific objective 26: *Strengthen pharmacovigilance measures*	*Pharmacovigilance measures are strengthened*	*Presence of a pharmacovigilance unit at the PNLTHA*	*Presence of a pharmacovigilance unit at the PNLTHA*	*Databases (collection sheets)*	*monthly*	*PM*	*CARE (PEC) DIVISION*
Strategic sub-axis 14 Strengthen health sector coordination							

Specific objective 27: *Strengthen HAT coordination mechanisms at all levels*	*HAT coordination mechanisms strengthened*	*Existence of a technical coordination unit*	*Presence of a technical coordination unit*	*Report from technical coordination meeting*	*Annual evaluation*	*5*	*PNLTHA DIRECTOR*
Specific objective 28: *Strengthen HAT partnerships at all levels*	*HAT partnerships strengthened*	*Existence of a functional partnership unit*	*Existence of a functional partnership unit*	*Report from partnership meeting*	*Annual evaluation*	*PM*	*PNLTHA DIRECTOR*
Strategic sub-axis 15: ***Reinforce intersectoral collaboration***							
Specific objective 29: *Co-organize scientific advisory board meetings bringing together all partners involved in combating HAT and other NTDs.*	*5 scientific advisory board meetings bringing together all partners involved in combating HAT and other NTDs.*	*Number of meetings held*	*1*	*1*	*1*	*1*	*1*

Specific objective 30: *Reinvigorate communication for development in the fight against HAT*	*Communication around HAT is reinvigorated according to the communication plan*	*Existence of a communication plan* *Number of communication plan activities implemented*	*1*	*1*	*1*	*1*	*1*
Specific objective 31 *Strengthen transborder actions against HAT*	*Transborder actions against HAT are strengthened*	*Existence of a HAT consultation framework*	*1*	*1*	*1*	*1*	*1*

STRATEGIC PLAN MONITORING AND EVALUATION FRAMEWORK 2016-2020

	Expected results over 5 years	***Key result indicators***	**DESCRIPTION**	**Verification source**	**COLLECTION FREQUENCY/PERIODICITY**	**FINAL TARGET**	**COLLECTION MANAGER**
Sub-axis 1: Improve coverage by integrating HAT packages in endemic health zones (DP)							

	Expected results over 5 years	***Key result indicators***	**DESCRIPTION**	**Verification source**	**COLLECTION FREQUENCY/PERIODICITY**	**FINAL TARGET**	**COLLECTION MANAGER**
Specific objective 1: *By 2020, increase from 39 to 116 the coverage of endemic health zones with at least 1 health facility with complete HAT activity package and 3 with the minimum HAT package*	*R1: 116 endemic health zones with at least 1 health facility with complete HAT activity package and 3 with the minimum HAT package:*	*Proportion of endemic health zones with at least 1 health facility with complete HAT activity package and 3 with the minimum HAT package*	*Endemic health zone with at least 1 health facility with the complete HAT activity package and 3 with the minimum HAT package* *Total number of endemic health zones in the country*	*Annual PNLTHA report*	*Annual*	*116*	*DIRECTOR*
Strategic sub-axis 2: Streamline health facility HAT operations							

	Expected results over 5 years	***Key result indicators***	**DESCRIPTION**	**Verification source**	**COLLECTION FREQUENCY/PERIODICITY**	**FINAL TARGET**	**COLLECTION MANAGER**
Specific objective 2: *Increase from 39 to 116 the number of health facilities combating HAT. Streamlined by 2020.*	*R1: 116 health facilities combating HAT are streamlined:*	*The number of health facilities streamlined in HAT PCA and HAT PMA*	*The number of health facilities streamlined in HAT PCA and HAT PMA*	*Annual PNLTHA report*	*Annual*		*DIRECTOR*
Strategic sub-axis 3: Improve population coverage in prevention activities (active screening and vector control)							
Specific objective 3: *Increase from 20% to 40% the proportion of the population at medium and high*	***40%*** *of medium- and high-risk individuals have benefited from*	*Proportion of the medium- and high-risk population having benefited from*	*Medium- and high-risk population having benefited from*	*Annual PNLTHA report*	*Monthly*	*5,734,400 individuals examined in active*	*Provincial endemic health division (DPSE)*

	Expected results over 5 years	***Key result indicators***	**DESCRIPTION**	**Verification source**	**COLLECTION FREQUENCY/PERIODICITY**	**FINAL TARGET**	**COLLECTION MANAGER**
risk having benefited from active screening activities by the end of 2020	*active screening activities*	*active screening activities*	*active screening activities* *Total medium- and high-risk population*			*screening in 2020*	
Specific objective 4: *Increase from 10% to 50% the proportion of endemic villages covered by vector control activities by the end of 2020*	*50% of endemic villages covered by vector control activities*	*Proportion of endemic villages covered by vector control activities*	*Number of endemic villages covered by vector control activities over* *total number of endemic villages*	*Annual vector control report* *Annual PNLTHA report*	*Monthly*	*Half of endemic villages in the DRC are covered*	*Vector control*
Specific objective 5 *Investigate at least 4 health zones with unknown statuses per year*	*12 health zones have been investigated*	*Number of health zones with unknown statuses that have been investigated*	*Dormant health zone for which we no longer know the epidemiological HAT situation.*	*Prospection report*	*Annual*		*Training & SURVEPI DIVISION*

	Expected results over 5 years	***Key result indicators***	**DESCRIPTION**	**Verification source**	**COLLECTION FREQUENCY/PERIODICITY**	**FINAL TARGET**	**COLLECTION MANAGER**
Strategic sub-axis 5: Improve quality of care							
Specific objective 6: *Increase from 39 to 116 the number of health facilities offering quality HAT care by the end of 2020*	*116 health facilities offer quality HAT care*	*Proportion of health facilities offering quality care*	*Number of health facilities offering quality care* *Total health facilities with a HAT package*	*Quality evaluation report*	*Bi-annual*	*116 health facilities*	*DPSE*
Specific objective 7 *Improve the quality assurance system in 40% of health facilities and 30 MU*	*A quality assurance system has been improved in 40% of health facilities and 30 MU*	*Number of health facilities and MU with a quality assurance system*	*Number of health facilities and MU with an implemented quality assurance system*	*Quality evaluation report*	*Bi-annual*	*116 health facilities* *30 MU*	*DPSE*
Axis 2: Support development of health zones							

	Expected results over 5 years	***Key result indicators***	**DESCRIPTION**	**Verification source**	**COLLECTION FREQUENCY/PERIODICITY**	**FINAL TARGET**	**COLLECTION MANAGER**
Strategic sub-axis 6: Develop human resources for health							
Specific objective 8: *Train 2 providers per health facility in activity package in 116 health facilities with integrated HAT initiatives by the end of 2020*	*100% of health facility providers fighting HAT trained*	*Number of providers trained in HAT package*	*Providers trained in the following themes:* *Screening* *Diagnosis* *Treatment*	*Different training reports*	*Annual*	*At least two providers in 116 health facilities*	SURVEPI AND TRAINING
Specific objective 9: *Retain 100% of MU providers by having their status*	*100% of MU providers with status*	*Number of MU providers with status*	*Providers with a registration number and receiving payment*	*The declarative list of all personnel with status*	*Annual*	*Members of the 31 MU*	*DIRECTOR*

	Expected results over 5 years	***Key result indicators***	**DESCRIPTION**	**Verification source**	**COLLECTION FREQUENCY/PERIODICITY**	**FINAL TARGET**	**COLLECTION MANAGER**
recognized by the end of 2020							
Strategic sub-axis 7: Develop infrastructure and equipment:							
Specific objective 10: *Equip laboratories in 116 health facilities according to norms*	*116 health facility laboratories equipped according to norms:*	*Number of HAT endemic health zone laboratories equipped according to norms*	*Laboratory equipped according to norms*	*Annual PNLTHA report*	*ANNUAL*	*116 health facilities*	*LABORATORY AND RESEARCH DIVISION*
Strategic sub-axis 8: Improve health facility supply of trypanocides and other inputs							

	Expected results over 5 years	***Key result indicators***	**DESCRIPTION**	**Verification source**	**COLLECTION FREQUENCY/PERIODICITY**	**FINAL TARGET**	**COLLECTION MANAGER**
Specific objective 11: *Ensure regular supply of trypanocides to health facilities*	*Trypanocides are available in 116 health facilities combating HAT*	*Number of days trypanocide is out of stock*	*0 out-of-stock day*	*MU report*	*Monthly*	*116 health facilities*	*LOGISTICS DIVISION*
Specific objective 12: *Ensure regular reagent supply in health facilities*	*Reagents are available in 116 health facilities*	*Number of days reagents are out of stock*	*0 out-of-stock day*	*MU report*	*Monthly*	*116 health facilities*	*LOGISTICS DIVISION*
Specific objective 13: *Ensure supply of treated screens and traps in 1,240 endemic villages*	*Traps and screens are available in 1,240 endemic villages*	*Number of endemic villages with traps*	*0 out-of-stock day*	*MU report*	*Monthly*		*DPSE*
Strategic sub-axis 9: Develop expertise and							

	Expected results over 5 years	***Key result indicators***	**DESCRIPTION**	**Verification source**	**COLLECTION FREQUENCY/PERIODICITY**	**FINAL TARGET**	**COLLECTION MANAGER**
other specific skills of actors in trypanocide and other input management							
Specific objective 14: *Train providers of 116 health facilities in the management of trypanocides and other inputs by the end of 2020*	*Providers in 116 health facilities are trained in the management of medications and other inputs*	*Number of providers trained in the management of medications and other inputs*	*Providers trained in the management of medications and other inputs*	*Training report*	*Annual*	*116 Providers*	*SURVEPI AND TRAINING*
Strategic sub-axis 10: Streamline health financing							

	Expected results over 5 years	***Key result indicators***	**DESCRIPTION**	**Verification source**	**COLLECTION FREQUENCY/PERIODICITY**	**FINAL TARGET**	**COLLECTION MANAGER**
Specific objective 15: *Conduct 10 advocacy initiatives to grow the mobilization of additional financial resources*	*10 advocacy initiatives with TFP* *Additional resources mobilized*	*Number of advocacy initiatives conducted* *Amount of additional financing mobilized*	*Number of advocacy initiatives conducted* *Financing obtained*	*Advocacy report*	*Bi-annual*	*10*	*PNLTHA DIRECTOR*
Specific objective 16 *Promote preferential pricing in all health facilities combating HAT*	*All 116 health facilities apply preferential pricing*	*Presence of pricing*	*Presence of pricing*	*Price posted*	*Monthly*	*116 health facilities*	*DIRECTOR*
Strategic sub-axis 11: Strengthen the health							

	Expected results over 5 years	***Key result indicators***	**DESCRIPTION**	**Verification source**	**COLLECTION FREQUENCY/PERIODICITY**	**FINAL TARGET**	**COLLECTION MANAGER**
information system							
Specific objective 17: *Increase the number of indicators captured in DHIS2 from 3 to 6 by the end of 2020*	*6 HAT indicators included in DHIS2* *NC* *Death* *Treated cases* *Clinical suspect* *Serological suspect* *TEP*	*Number of indicators captured in DHIS2*	*HAT indicators included in DHIS2*	*Monthly national health information system (SNIS) report*	*Annual*	*6 indicators*	*SURVEPI DIVISION HEAD*
Specific objective 18: *Increase the timeliness and*	*244 reports received on time:* *4 quarterly reports per*	*Number of reports received on time/expected*	*Report received before the 15-1sts of the current semester*	*Evaluation report*	*Quarterly*	244	DPSE

	Expected results over 5 years	***Key result indicators***	**DESCRIPTION**	**Verification source**	**COLLECTION FREQUENCY/PERIODICITY**	**FINAL TARGET**	**COLLECTION MANAGER**
completeness of reporting from 30% to 80% by the end of 2020	*coordination per year*	*Number of reports received/expected*					
Specific objective 20 *Expand digitalization and its applications from 2 to 11 provincial HAT coordinations in the DRC*	*Digitalization is extended to 11 coordinations*	*Number of coordinations with digitalization system* *Number of applications developed in coordinations*	*Presence of a digitalization system in the Coordination*	*Annual PNLTHA report*	*Annual*	*11*	*DPSE*
Specific objective 21 *Circulate a HAT information bulletin every year for 5 YEARS*	*5 information bulletins circulated*	*Number of information bulletins circulated*	*Information bulletin circulated*	*Annual PNLTHA report*	*Annual*	*5*	*DPSE*

	Expected results over 5 years	***Key result indicators***	**DESCRIPTION**	**Verification source**	**COLLECTION FREQUENCY/PERIODICITY**	**FINAL TARGET**	**COLLECTION MANAGER**
Strategic axis 3 Strengthen health sector governance and management							
Strategic sub-axis 12 Strengthen the institutional capacities of the Ministry of Public Health (MSP)							
Specific objective 21: *Update normative documents (national policy, norms, technical guide) in light of scientific innovation*	*Normative documents (national policy, norms, technical guide) are updated in light of innovation*	*Presence of normative documents updated in accordance to advances*	*Presence of normative documents updated in accordance to advances*	*Normative document*	*Annual*	*1*	*PNLTHA DIRECTOR*
Specific objective 22:	*5 plans are strengthened*	*Number of action plans*	*Presence of action plan document*	*Planning reports*	*Annual*	*11*	*DPSE*

	Expected results over 5 years	***Key result indicators***	**DESCRIPTION**	**Verification source**	**COLLECTION FREQUENCY/PERIODICITY**	**FINAL TARGET**	**COLLECTION MANAGER**
Strengthen results-focused planning at the program level							
Specific objective 23 Simplify normative documents (national policy, norms, technical guide) in light of scientific innovation	*Normative documents (national policy, norms, technical guide) are simplified in light of innovation*	*Number of normative documents simplified in accordance to advances*	*National policy* *Technical guide* *Norms*	*Simplification report*	*Annual*	*1*	*DPSE*
Strategic sub-axis 13: **Strengthen monitoring mechanisms for the application of sector norms and guidelines**							

	Expected results over 5 years	***Key result indicators***	**DESCRIPTION**	**Verification source**	**COLLECTION FREQUENCY/PERIODICITY**	**FINAL TARGET**	**COLLECTION MANAGER**
Specific objective 24: *Annually organize 2 service quality audit mission in every HAT Coordination by the end of 2020*	*110 service quality audit missions are organized in HAT-combating health facilities*	*Number of quality audit missions organized*	*Service quality and respect of norms*	*Mission report*	Annual	PM	DPSE
Specific objective 25: *Promote HAT research*	*Research is conducted*	*Number of research initiatives conducted*	*X*	*X*	*X*	*X*	*X*
Specific objective 26: *Strengthen pharmacovigilance measures*	*Pharmacovigilance measures are strengthened*	*Presence of a pharmacovigilance unit at the PNLTHA*	*Presence of a pharmacovigilance unit at the PNLTHA*	*Databases (collection sheets)*	*Monthly*	*PM*	*PEC DIVISION*
Strategic sub-axis 14 Strengthen health sector coordination							

	Expected results over 5 years	***Key result indicators***	**DESCRIPTION**	**Verification source**	**COLLECTION FREQUENCY/PERIODICITY**	**FINAL TARGET**	**COLLECTION MANAGER**
Specific objective 27: *Strengthen HAT coordination mechanisms at all levels*	*HAT coordination mechanism strengthened*	*Existence of a technical coordination unit*	*Research protocol*	*Study and publication reports*	*Annual*	*1*	*Laboratory and research division*
Specific objective 28: *Strengthen HAT partnerships at all levels*	*HAT partnerships strengthened*	*Existence of a functional partnership unit*	*Protocols, partnership contracts*	*Partnership meeting reports*	*Annual*	*1*	*Director*
Strategic sub-axis 15: *Reinforce intersectoral collaboration*							

	Expected results over 5 years	***Key result indicators***	**DESCRIPTION**	**Verification source**	**COLLECTION FREQUENCY/PERIODICITY**	**FINAL TARGET**	**COLLECTION MANAGER**
Specific objective 29: *Co-organize scientific advisory board meetings bringing together all partners involved in combating HAT and other NTDs.*	*5 scientific advisory board meetings bringing together all partners involved in combating HAT and other NTDs.*	*Number of meetings held*	*Presence of a technical coordination unit*	*Meeting reports*	*Annual evaluation*	*5*	*PNLTHA DIRECTOR*
Specific objective 30: *Reinvigorate communication for development in the fight against HAT*	*Communication around the fight against HAT is reinvigorated according to the communication plan*	*Existence of a communication plan* *Number of communication plan activities implemented*	*Existence of a communication unit*	*Activities report*	*Bi-annual evaluation*	*PM*	*PNLTHA DIRECTOR*
Specific objective 31: *Strengthen pharmacovigilance measures*	*Pharmacovigilance measures are strengthened*	*Presence of a pharmacovigilance unit at the PNLTHA*	*Presence of a pharmacovigilance unit at the PNLTHA*	*Databases (collection sheets)*	*Monthly*	*PM*	*PEC DIVISION HEAD*

	Expected results over 5 years	***Key result indicators***	**DESCRIPTION**	**Verification source**	**COLLECTION FREQUENCY/PERIODICITY**	**FINAL TARGET**	**COLLECTION MANAGER**
Specific objective 31 *Strengthen transborder actions against HAT*	*Transborder actions against HAT are strengthened*	*Existence of a HAT consultation framework*	*Organization of transborder HAT activities and meetings*	*Activities and meetings report*	*Annual*	*1*	*1*

PART IV. BUDGET

STRATEGIC AXIS	Cost Year 1	Cost Year 2	Cost Year 3	Cost Year 4	Cost Year 5
Strategic axis 1: Health zone development and continuity of care					
Sub-axis 1: *Improve integrated HAT-package coverage in endemic health zones (DP)*	**420000**	400000	335000	270000	250000
Strategic sub-axis 2: *Streamline health facility HAT operations*	**420000**	400000	335000	270000	250000
Strategic sub-axis 3: *Improve population coverage of prevention activities (active screening and vector control)*	**3600000**	**3600000**	**3600000**	**3600000**	**3600000**
Strategic sub-axis 5: *Improve quality of care*	47000	47000	47000	47000	47000
Axis 2: Support development of health zones					
Strategic sub-axis 6: *Develop human resources for health*					
Strategic sub-axis 7: *Develop infrastructure and equipment*	100000	100000	100000	100000	100000
Strategic sub-axis 8: *Improve supply of trypanocides and other inputs for health outposts*	Pm	pm	pm	pm	pm
Strategic sub-axis 9: *Develop expertise and other specific skills of actors in trypanocide and other input management*	25000	36000	20000	17600	15000
Strategic sub-axis 10: *Streamline health financing*	30000	35000	38800	45000	45000

Strategic sub-axis 11: *Strengthen the health information system*	50000	65000	145700	150000	150000
Axis 3: Strengthen sector governance and management					
Strategic sub-axis 12: *Strengthen monitoring mechanisms for the application of sector norms and guidelines*	100000	240000	340400	340000	300000
Strategic sub-axis 13 *Strengthen institutional capacities of MSP*	50000	50000	80000	70000	50000
Strategic sub-axis 14 ***Strengthen health sector coordination***	108000	108000	108000	108000	108000
Strategic sub-axis 15: ***Strengthen intrasectoral collaboration***	20000	20000	20000	20000	20000
Strategic sub-axis 15: ***Strengthen intersectoral collaboration***	60000	60000	60000	60000	60000
BUDGET TOTAL	5030000	5161000	5229900	5097600	4995000

The overall cost is **25,513,500 USD**

PART V: STRATEGIC PLAN IMPLEMENTATION AND MONITORING-EVALUATION FRAMEWORK

V.1. Strategic plan implementation framework

1. Peripheral level: The endemic health zone is responsible for implementing HAT activities.

1.1. Community: RECO, community leaders, and community members combat the vector (selective community-based trapping), IEC, and community-based epidemiological monitoring.

1.2. Health Center:

HAT-related activities are integrated into the minimum activity package (PMA) based on the level of health area endemicity.

Clinical screening, diagnosis, and treatment of stage 1 HAT-infected individuals must be integrated into the HC's minimum activity package (PMA).

Polyvalence should be strengthened to offer quality health care (*Improve quality of care*).

HCs in non-endemic health areas: clinical suspicion and referral of clinical suspects.

HCs in endemic health areas: clinical suspicion, diagnostic, and treatment of 1st-stage cases.

HC equipped with full technical HAT services: clinical suspicion, sero-screening, diagnosis (more sensitive tests: Woo and mAECT), stage determination, treatment of stages 1 and 2.

1.3. Center for screening, treatment, and control (CDTC):

CDTC centers are fixed structures specializing in passive HAT screening (DP) that cover hyper-endemic areas with no health center. In the integration framework, these structures will become polyvalent health facilities.

They perform the same activities as HCs in hyper-endemic health areas.

1.4. General reference hospitals:

General reference hospitals conduct serological screening, HAT diagnosis via more sensitive laboratory exams (Woo and mAECT), illness stage determination, treatment of ill individuals as well as refractory cases, and post-therapeutic monitoring. These activities must be integrated into hospitals' complete activity packages (PCA), based on the reference and counter-reference system.

To improve coverage and case detection, serological screenings will target the following groups of people in general reference hospitals in endemic health zones:

Consultants (for mobile consulting)

In-patients

Blood donor candidates

Women attending ANC

Caretakers

1.5. MU Level:

We distinguish between two types of mobile units (MU):

Traditional mobile units

Mini mobile units

They will remain active in endemic villages through two different approaches:

The traditional mobile units conduct mass screenings by assembling populations of endemic villages at one specific location. Their role will also continue to entail determining the epidemiological profiles of health areas with unknown statuses

Mini mobile units conduct active screenings by going door to door in endemic villages.

1.6. Health zone management team:

Health zone management teams are responsible for developing competencies in planning and implementing HAT initiatives in their health zones by considering all health problems for the population under their care.

Heads of mobile units will participate in monthly monitoring meetings for endemic health zones and will contribute to improving the quality of HAT management activities in polyvalent structures in endemic health areas.

The health zone management team will ensure the integration of HAT activities into health centers' minimum activity packages and general reference hospitals' complementary activity package in different endemic health zones, as well as promotional activities.

2. Intermediate level:

The Province supports health zones in implementing HAT activities.

Provincial management team (ECP):

The Provincial Health Division (DPS) is a decentralized level of primary health care (SSP) organization and implementation and a location for integrated support for health zone development (Program Offices and Coordinations).

The management team will also be responsible for supporting the implementation of HAT activities in endemic health zones and will support the process of integrating HAT activities in health centers and general reference hospital.

Provincial HAT coordinators will be part of the provincial management team and will support the provincial management team in developing skills in implementing, monitoring and evaluating activities against all illnesses, including HAT, for which they are responsible.

3. Central level:

The central level remains a normative level: it develops the norms and strategies for fighting HAT and adapts current norms while considering the integration of HAT activities horizontally throughout the system and conducts monitoring-evaluation of HAT activities. It supports provinces in taking ownership of the fight against HAT in this process of integration.

It takes care of:

Epidemiological monitoring: mapping endemic health zones, epidemiological surveys to determine the epidemiological profiles of health zones with unknown statuses and organize transborder initiatives with neighboring countries (Angola, Republic of Congo, Central African Republic, and Uganda, ...)

Pharmacovigilance of medications used for treating HAT

Mobilization of resources to fight HAT

It develops contacts with research institutions and international organizations with regard to research on new HAT screening and diagnosis tools, as well as discoveries of new, less-toxic molecules for HAT treatment.

V.2. Strategic plan monitoring-evaluation framework

Planned activities being implemented will have to be monitored regularly and evaluated at the end of each year.

Central level:

The central level will produce standardized data collection tools for provinces and endemic health zones. Activity reports for provinces, health zones, and mobile units will be periodically analyzed at all levels and a database will be maintained at the central and provincial HAT coordination levels.

Intermediate level:

The ECP, strengthened by the provincial HAT coordination, will ensure the monitoring of HAT interventions, as planned in the provincial health development plan (PPDS) at the provincial level. During bi-annual and annual provincial reviews, evaluations of HAT activities will be conducted at the provincial level with support from the central level through a skill-transfer process.

Peripheral level:

Epidemiological data will be analyzed and discussed monthly during monthly monitoring meetings with health zone providers and heads of mobile units. In the functional health zone, the health zone management team is responsible for monitoring HAT activities conducted at the HC, GRH, CDTC, and MU levels. Integrated supervisions will have to consider all health problems of the health area being visited.

For non-functional health zones, the provincial coordinating physician and the head of the mobile unit will support the health zone management team in their supervisions. This supervision should be planned and executed based on a previously-established supervision form. A new case report form must be completed for every ill individual diagnosed in a health facility (GRH, HC) and sent to the coordination via the health zone.

Monitoring indicators:

Process indicators will be continually measured so as to allow for any necessary corrective actions. Output indicators will be collected once per year to measure improvement in coverage and decreases in the Infection Rate over time. Outcome indicators will be collected every 3 to 5 years to measure changes in the health situation and in HAT transmission. Input indicators are important as they often explain why coverage or health effects are weak.