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**PROGRESS REPORT ON THE IMPLEMENTATION OF THE RESOLUTION ON  
NEGLECTED TROPICAL DISEASES**

**Information Document**

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## BACKGROUND

1. The Sixty-third session of the Regional Committee adopted the resolution on the Regional Strategy on NTDs in the WHO African Region and the “Regional Strategic Plan for NTDs in the African Region 2014-2020”,<sup>1</sup> as a way of implementing the WHO global roadmap and the World Health Assembly resolution on NTDs (WHA66.12).<sup>2</sup> The strategic plan provides guidance for achieving eradication of guinea-worm disease and yaws; elimination of human African trypanosomiasis (HAT), leprosy, lymphatic filariasis (LF), onchocerciasis and trachoma and; control of Buruli ulcer, leishmaniasis, schistosomiasis and soil-transmitted helminthiasis (STH).

2. The regional strategy on NTDs comprises four strategic objectives focusing on: (i) rapid scale-up of access to interventions; (ii) enhanced planning for results, resource mobilization and financial sustainability; (iii) strengthening advocacy, coordination of partnerships and national ownership, and (iv) improved monitoring, evaluation, surveillance and research. The role and responsibilities of Member States include: ownership in implementing national NTD plans, advocacy for increased support to national NTD programmes and coordination of interventions. The Regional Office was requested to provide an implementation report every two years, hence this second report.

## PROGRESS MADE

3. As of the end of 2015, all Member States had been supported to develop their NTD master plans for 2016-2020. By January 2017, 14<sup>3</sup> out of the 47 Member States had finalized these plans and started resource mobilization and implementation.

4. By the end of 2016, 41 Member States<sup>4</sup> were fully mapped for five preventive chemotherapy (PC) NTDs (LF, onchocerciasis, schistosomiasis, STH and trachoma). The coordinated mass medicine administration (MMA) approach increased average treatment coverage for these five PC-NTDs from 40.8% in 2013 to 50.9% in 2015. Togo and Malawi have stopped lymphatic filariasis MMA nationwide, after completing more than five annual rounds. Twelve other Member States<sup>5</sup> have stopped MMA in some districts as of the end of 2016. Togo, the first Member State to achieve LF elimination, requested validation of this achievement, which was given by WHO.

5. Within the framework of coordination and partnership after the closure of the African Programme for Onchocerciasis Control (APOC), the Expanded Special Project for Elimination of NTDs (ESPEN) was successfully launched in May 2016. ESPEN is a lean structure, financed through a fiduciary fund, with a coordination team at the Regional Office and national staff to be

<sup>1</sup> Resolution AFR/RC63/R6, Regional strategy on neglected tropical diseases in the WHO African Region. In: *Sixty-third session of the WHO Regional Committee for Africa, Brazzaville, Republic of Congo, 2–6 September 2013, Final Report*, Brazzaville, Congo, World Health Organization, Regional Office for Africa, 2013 (AFR/RC63/R6) pp. 14–16.

<sup>2</sup> Resolution WHA66.12 on Neglected Tropical Diseases in resolutions of the Sixty-sixth session of the World Health Assembly, Geneva, HQ, 2013, Agenda item 16.2, Document A66/20, 4 pages.

<sup>3</sup> Burkina Faso, Congo, Democratic Republic of the Congo, Eritrea, Ghana, Guinea-Bissau, Kenya, Liberia, Madagascar, Mali, Niger, Nigeria, Sierra Leone and Uganda.

<sup>4</sup> Benin, Botswana, Burkina Faso, Burundi, Cameroon, Cabo Verde, Chad, Comoros, Congo, Côte d’Ivoire, Democratic Republic of the Congo, Equatorial Guinea, Eritrea, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mauritius, Mozambique, Namibia, Niger, Nigeria, Rwanda, Sao Tome and Principe, Senegal, Seychelles, Sierra Leone, Swaziland, United Republic of Tanzania, Togo, Uganda, Zambia and Zimbabwe.

<sup>5</sup> Benin, Burkina Faso, Cameroon, Comoros, Ghana, Liberia, Malawi, Mali, Niger, Nigeria, United Republic of Tanzania and Uganda.

based in eight Member States.<sup>6</sup> ESPEN support to Member States is complementary to direct funding and support provided to countries by donors, pharmaceutical firms, medicine donations programmes, nongovernmental development organizations and institutions.

6. For case management NTDs (CM-NTDs), guidance documents on integrated case management were disseminated to Member States for adaptation and implementation to tackle five CM-NTDs (Buruli ulcer, HAT, leishmaniasis, leprosy and yaws). Therefore, progress is also being made in integrated case-management of NTDs, which witnessed reduced trends of annual cases from 2013 to 2015, respectively from 26 499 to 25 682 cases for leprosy; from 2543 to 1857 cases for Buruli ulcer and from 6314 to 2703 cases for HAT, giving a reduction of over 5000 cases within three years for these three diseases.

7. For dracunculiasis, which is targeted for eradication, only four countries (Chad, Ethiopia, Mali and South Sudan) remain endemic. However, Mali has not reported a case for over 14 months, suggesting interruption of indigenous transmission of dracunculiasis. Verification of absence of local transmission is ongoing in Angola and the Democratic Republic of the Congo, while Kenya is in the pre-certification stage.

8. The development of an integrated database for all endemic NTDs in the Region, accessible through an online portal for analysis and production of dashboards, maps and graphs, has strengthened NTD monitoring and evaluation. This has made it possible to show the progress being made in achieving NTD 2020 goals and targets.

9. Despite this significant progress, some challenges, including occurrence of animal cases of dracunculiasis, remain and they will be addressed in upcoming years through research in collaboration with partner institutions.

## **NEXT STEPS**

10. After completing mapping, ESPEN will focus on scaling up MMA in recently mapped Member States. It will also support countries which have completed sufficient MMA rounds, to scale down and stop MMA as well as undertake impact assessment surveys to validate elimination of lymphatic filariasis, onchocerciasis and trachoma.

11. Member States should sustain the gains made in eliminating HAT and leprosy by maintaining active case finding and sentinel site surveillance, set up in countries reaching the threshold of eliminating HAT as a public health problem. Angola, the Democratic Republic of the Congo and Kenya will receive support for certification of dracunculiasis eradication. In collaboration with The Carter Center, the Region is conducting research to contain animal cases of dracunculiasis. Implementation of MMA to yaws cases and contacts will lead to eradication of this skin NTD.

12. The Regional Committee is requested to take note of this progress report.

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<sup>6</sup> Angola, Central African Republic, Chad, Democratic Republic of the Congo, Ethiopia, Nigeria, South Sudan and United Republic of Tanzania.