



# STRIVING TO ELIMINATE NTDS IN THE WHO AFRICAN REGION

WHO in an era of transformation



World Health  
Organization

African Region

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# Abbreviations

<b>APOC</b>	African Programme for Onchocerciasis Control
<b>CIND</b>	Country Integrated NTD Database
<b>DEC</b>	Diethylcarbamazine citrate
<b>DFID</b>	Department for International Development
<b>DQA</b>	Data Quality Assessment
<b>DBS</b>	Dried Blood Spot
<b>EMRO</b>	Eastern Mediterranean WHO region
<b>ESPEN</b>	Expanded Special Project for Elimination of Neglected Tropical Diseases
<b>FTS</b>	Filariasis Test Strip
<b>GPW 13</b>	General Programme of Work
<b>IDA</b>	Ivermectin with diethylcarbamazine and Albendazole
<b>JAP</b>	Joint application package
<b>KOICA</b>	Korea's International Cooperation Agency
<b>LF</b>	Lymphatic filariasis
<b>MDA</b>	Mass drug administration
<b>NTDs</b>	Neglected tropical diseases
<b>OEM</b>	Onchocerciasis Elimination Mapping
<b>ONCHO</b>	Onchocerciasis
<b>PC</b>	Preventive chemotherapy
<b>PreSAC</b>	Pre School-Age Children
<b>PreTAS</b>	Pre-Transmission survey
<b>SAC</b>	School Age Children
<b>SCH</b>	Schistosomiasis
<b>SCM</b>	Supply chain management
<b>SDC</b>	Swiss Agency for Development and Cooperation
<b>SDG3</b>	Sustainable Development Goal
<b>SOPs</b>	Standard operating procedures
<b>STH</b>	Soil-transmitted helminthiasis
<b>TA</b>	Transformation Agenda
<b>TRA</b>	Trachoma
<b>UHC</b>	Universal Health Coverage
<b>USAID</b>	US Agency for International Development
<b>WHO</b>	World Health Organization

# Highlights

- **Togo** (2017) and **Malawi** (2020) eliminated lymphatic filariasis as a public health problem.
- **Ghana** (2018), **Gambia** (2021), **Togo** and **Malawi** (both 2022), **Benin** and **Mali** (both 2023) achieved a similar feat for trachoma.
- Over **US\$ 60 million** has been disbursed to support countries in the battle against NTDS between 2017–2020.
- **156 million** more people freed from lymphatic filariasis disease between 2015–2021.
- **1.3 billion** treatments administered for lymphatic filariasis between 2015–2021.
- Percentage of people who no longer require treatment for lymphatic filariasis between 2015–2021 has reached **37%** (up from 16%), **11%** improvement (over 31 million)
- Over **23 million** more people no longer required treatment for onchocerciasis between 2015–2021, up from **8 million** in 2015, an increase from 4% to 11%.
- A total of **548 million** people treated for schistosomiasis, including **454 million** children and **94 million** adults between 2015–2021 in the region.
- Up to **959 million** people treated for soil-transmitted helminthiasis between 2015–2021, **93% (892 million)** school-age children.
- Trachoma mass drug administration has reached up to **65%** of the population requiring treatment, up from **35%**, an overall **30%** improvement in performance.
- **484 million** treatments for trachoma administered between 2015–2021 in the region.
- ESPEN received the **Universal Health Coverage (UHC) Innovative Partnership Award** as recognition for its ground-breaking public-private partnership at the 2018 UHC conference, organized during the United Nations General Assembly in New York.

# Executive Summary

The Transformation Agenda (TA) was an ambitious reform programme initiated in 2015 with the intention of changing the World Health Organization (WHO) into an institution that is proactive, results-driven, accountable, and which meets stakeholder expectations. The reform was designed to ensure that WHO's activities align with regional needs, priorities and commitments, to meet stakeholder expectations.

It was to be achieved via four key focus areas: pro-results values, smart technical focus, responsive strategic operations, and effective communications and partnerships. Neglected Tropical diseases (NTDs) has been one of the technical programmatic areas that WHO has worked on for several years and is consistent with the smart technical focus objective of the TA.

NTDs are forgotten enemies comprised of about 20 infectious diseases affecting over 1.5 billion people globally, which occur predominantly in tropical and subtropical areas among the most vulnerable and marginalized populations. About 40% of the global NTDs burden occurs in Africa, accounting for 600 million affected people. Up to 90% of these are caused by lymphatic filariasis (elephantiasis), onchocerciasis (river blindness), soil-transmitted helminthiasis (hookworm, whipworm, roundworm), schistosomiasis (bilharzia), and trachoma.



*Man taking the NTD preventive tablet in Nigeria*

Although some success has been achieved, especially from the onchocerciasis control programmes and, recently, other NTDs, overall progress was not adequate to eliminate NTDs as a public health problem in the WHO African Region. This was due to a myriad of challenges encountered, which included poor effective treatment coverage of key NTD interventions, insufficient resources at all levels, weak coordination and linkages to other sectors in countries, inadequate coordination in several national programmes coupled with insufficient leadership by governments of Member States to drive the national agenda, and inadequate integration of interventions, among others.

## Executive Summary

Beyond the programmes, issues including wars and insecurity, weak health systems, competing priorities in the health sector and complex emergencies, which have also impeded progress. Together, these necessitated changes in strategies shortly after the commencement of the TA and resulted in the formation of the Expanded Special Project for Elimination of Neglected Tropical Diseases (ESPEN). It is a public-private partnership established by WHO AFRO to assist countries in Africa to reduce the burden of NTDS and work towards their elimination. The partnership included WHO, Member States and NTD partners such as pharmaceutical companies, among others. The project utilizes five vital strategies and four key strategic pillars for implementation of interventions in its support for countries. In addition, three essential elements form part of ESPEN's approach to defeat NTDS in the region. These include strong collaboration with key stakeholders and partners, differentiated approach to implementing interventions, such as a soil-transmitted helminthiasis programme focused on children due their vulnerabilities, and the race to target 600 million people affected by NTDS in Africa through the extensive distribution of medicines.

Through ESPEN, WHO has supported NTD programmes in several countries. Actions include the provision of funding support to countries, with over US\$ 60 million disbursed to more than 33 countries between 2017–2020 for NTD control and elimination. Health information systems have also been improved, through the launch of an electronic portal in 2017, to which useful features continue to be added. These include ESPEN collect, utilized by countries for survey data collection and analysis, and the Joint application package (JAP) tool, used for streamlining information to improve the effectiveness and management of medicines supply chains.

WHO has also supported the strengthening of health systems capacity, nudging countries towards a coordinated and integrated approach to fight NTDS, but also encouraged country ownership of the battle against NTDS to enable acquisition of requisite experience for sustainability of earlier gains. It has provided technical assistance to 44 countries for the development and implementation of annual national action plans, as well as country NTD master plans. ESPEN has trained more than 1000 health workers from various ministries of health, including over 400 trained to use ESPEN Collect in more than 20 countries, and various capacity-building workshops such as the one aimed at improving supply chain management for the effective delivery of medicines.

WHO through ESPEN has provided laboratory support to all five PC-NTDs in several countries. These included laboratory analysis of biological specimens and provision of laboratory equipment. The laboratory has provided services to support 32 countries between 2018–2022. Others are capacity building in both field and in the laboratory to ministries of health staff, national program technicians and officers in blackflies breeding site surveys as well as field activities relating to Onchocerciasis Elimination Mapping (OEM) and pre-Stop MDA. ESPEN has organized training courses on the diagnosis of lymphatic filariasis, schistosomiasis, soil transmitted helminthiasis and taeniasis. It has also provided essential laboratory supplies including essential equipment like microscopes and consumables needed for field surveys and processing of samples in the laboratory to endemic countries.

These interventions have supported various national NTD programmes to reach more people with treatments across the region. This has led to increased coverage for the lymphatic filariasis (elephantiasis) programme, achieving between 83%–93% between 2015–2021. More people with onchocerciasis (river blindness) and schistosomiasis (bilharzia) are also now covered, reaching up to 92% and 96% respectively

## Executive Summary

by 2021. Coverage has expanded for the soil-transmitted helminthiasis programme, focused on children, both Pre School-Age Children (PreSAC) and School Age Children (SAC) attaining up to 81%–88 between 2015–2021, along with a 30% coverage increase for trachoma, a leading cause of blindness.

These efforts have contributed to the elimination of lymphatic filariasis as a public health problem in Togo (2017) and Malawi (2020), validated by WHO. They have also contributed to successes in six countries, including Ghana (2018), Gambia (2021), Togo (2022), Malawi (2022), Benin (2023) and Mali (2023) for elimination of trachoma as a public health problem, also validated by WHO.

Furthermore, 156 million more people have been freed from lymphatic filariasis disease with a total of 1.3 billion treatments administered between 2015–2021. This has led to increases in populations of people who no longer require treatment, from 16% (65 million) in 2015, to 37% (178 million) in 2021, and an overall 21% improvement between 2015–2021. Sierra Leone (68%) and Benin (64%), among others, account for countries that have treated most people as a percentage of those requiring treatments.

In addition, 1.2 billion treatments were administered for onchocerciasis, with over 23 million more people not requiring treatment between 2015–2021, up from 8 million in 2015, an increase from 4% to 11%. Cote d'Ivoire (97 million), Burkina Faso (4 million) and Niger (2 million) are among the top performing countries that have treated 100% of populations in need. Also, a total of 548 million people were treated for schistosomiasis, including 454 million SAC and 94 million adults, between 2015–2021. Burundi (100%), Burkina Faso (100%) and Eritrea (79%) have treated more people for schistosomiasis as a percentage of their population compared to other countries.



*School age children receiving treatment during a campaign in South Sudan*

Likewise, up to 959 million children were treated for soil-transmitted helminthiasis. Children were a key target for the soil-transmitted helminthiasis programme, both School Age Children (SAC) and Pre School-Age Children (PreSAC). A total of 892 million SAC and 70 million PreSAC children were treated for soil-transmitted helminthiasis between 2015–2021 in the region. Burundi, Chad, Cote d'Ivoire, Eswatini and Rwanda have all treated 100% of their population requiring treatment. Also, treatment for trachoma has increased from 35% to 65% between 2015–2021, an overall 30% improvement in performance, with a total of 484 million treatments for trachoma administered in the region.



## Executive Summary

Although significant challenges remain in the fight against NTDS, several successes have been achieved, demonstrating progress towards eradication. These breakthroughs ranged from Togo's journey to elimination of NTDS as a public health problem, through to the successful crusade against lymphatic filariasis in Lamu Island in Kenya, and the defeat of trachoma in The Gambia. Other highlights include how the tide was turned against lymphatic filariasis in Comoros and Sao Tome & Principe, with deep insights into the resilient march towards the eradication of lymphatic filariasis in Comoros, and how the disease was rolled back in Sao Tome & Principe.

Challenges and difficulties to achieving set goals included inadequate financial and human resources, inadequate funding from governments to meet the gap left by partners and donors for the battle against NTDS in countries, and insufficient integration of NTD control, treatment and prevention into health systems. Others are difficulties in covering the whole at-risk population within limited timeframes, for example, during seasons when vectors are most active, to accelerate interruption of transmission in endemic countries. There have also been difficulties in maintaining high levels of geographic coverage and therapeutic rates over required periods.

On the operational side, supply chain-related difficulties include late submission of joint application packages which are often poor quality, production capacity constraints among pharmaceutical companies whose donated medicines are utilized for mass drug administration, especially during the COVID-19 pandemic when the global supply chain was largely disrupted. In addition, there were delays in obtaining approvals for pre-shipment inspection, special labelling and tax exemptions, including customs clearance for medicines in destination countries. All these led to delays in availability of medicines. In some countries, there were insufficient warehouses of required capacity and quality, poor inventory and information management of donated medicines, with inadequate in-country distribution systems, including transport challenges and lack of funds.

Lessons learned included the importance of political will, as demonstrated by the Togolese Government, a notable example whose results spoke for themselves – three NTDS eliminated and one eradicated within a short period, with three eliminations in the last six years (2017–2022). Another is strong partner collaboration as a key success driver, as illustrated over the years by the gains made through the incredible support provided to ESPEN by its partners and other stakeholders, along with timely access to funding and medicines for endemic countries.

Furthermore, country ownership, though still largely a problem, was advocated by ESPEN since the start of its operations, with Togo again taking the lead. The country has taken complete ownership of its fight against NTDS, increasing its financial contribution and the commitment of different stakeholders. It has encouraged strong community engagement and participation, resulting in the elimination of several NTDS. Other vital lessons were the integration of implementation interventions that have demonstrated improvements in both effectiveness and efficiency of interventions, as well as additional cost-saving benefits.

In addition, effective utilization of innovative technology to increase efficiency, through the ESPEN Portal and with features like JAP and ESPEN Collect, helped streamline supply chain processes and assisted with the collection and coordination of subnational data in endemic countries. The ESPEN Portal also assisted in minimizing certain administrative and financial procedures, making the overall process more effective.

## Executive Summary

Going forward, the WHO African Region should continue to utilize the 2021–2030 NTDS road map as the framework to guide future strategies for elimination of these diseases in the runup to 2030, the new set target date for global eradication of NTDS. The global road map was built on three key pillars: accelerating programmatic action against NTDS; intensifying cross-cutting approaches by integrating interventions for several NTDS, including mainstreaming these diseases into national health systems; and changing the operating models and culture by increasing country ownership.

However, focus should be on tailoring these recommendations to differed contexts across the region, for effectiveness. ESPEN has supported countries to draw up national master plans to guide future efforts towards elimination. These master plans will require evidence-based fine-tuning, and making the required adjustments, as the battle against NTDS continues to evolve in the future. Therefore, the path forward for the region should include intensifying advocacy to strengthen country ownership of NTD programmes and increasing government funding for future sustainability beyond the five NTDS targeted by ESPEN. The remainder constitute about 10% of NTD burden in the region, which is still significant and requires attention.

Continued support to countries should shift from isolated disease-specific programmes to harness the benefits of integration, as advocated by ESPEN, and there should be a redoubling of efforts to mainstream NTD programmes into national health systems for effectiveness. Possibilities for further synergies should be explored to increase efficiency and cost-effectiveness, to facilitate achieving and sustaining high levels of geographical but also therapeutic coverage rates to accelerate efforts towards elimination. Disease mapping in areas that underwent multiple rounds of MDA should be increased, to improve delineation of endemic areas to reduce populations requiring further treatments, so optimizing resources. It is critical to continue to support the strengthening of disease surveillance and monitoring in endemic countries, and to utilize the information obtained to enhance countries' action plans and evidence-based decision-making. Finally, there needs to be improved overall accountability in all aspects of NTD programme activities, including resources, and in operations for increased impact, focusing on outcomes and impacts of implemented actions on populations in need.



*At an NTD mentorship programme in honour of Dr Mwele Malecela set-up by WHO and BMGF*



1

**Transforming  
WHO for effective  
fight against  
diseases**

## 1. Transforming WHO for effective fight against diseases

In 2015, an ambitious reform plan called the Transformation Agenda (TA) was initiated with the intention of changing the World Health Organization (WHO) into an institution that is proactive, results-driven, accountable, and which meets stakeholder expectations, with a view to transforming and improving the delivery of public health services in the WHO African Region. The reform process was designed to ensure that the organization's activities align with regional needs, priorities and commitments, to meet stakeholder expectations.

It was aimed at making WHO in the region more "proactive, results-oriented, accountable and appropriately resourced to deliver on its mandate". The reform was to be achieved via four key focus areas: pro-results values, smart technical focus, responsive strategic operations, and effective communications and partnerships<sup>1</sup>. Neglected Tropical Diseases (NTDs) has been one of the technical programmatic areas on which WHO has worked for several years, with the area consistent with the smart technical focus of the TA.



*Stakeholders at a workshop on monitoring and evaluation of NTDs in the United Republic of Tanzania*

### 1.1 The forgotten enemies – Neglected Tropical Diseases

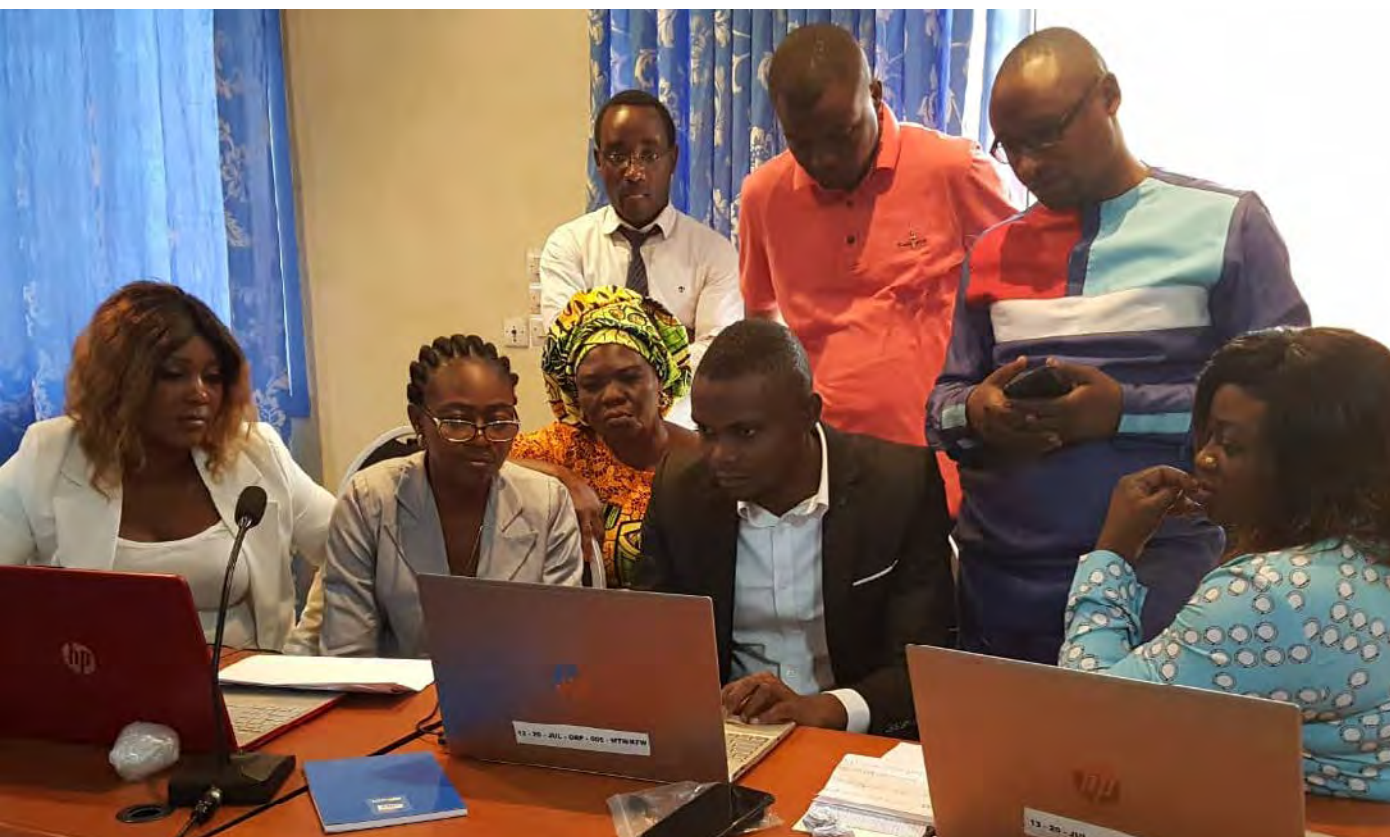
NTDs constitute a set of about 20 infectious diseases affecting over 1.5 billion people globally<sup>2</sup>. These are very old diseases caused by socio-economic factors such as poverty, increased exposure to carriers of disease, unsafe food and water, reservoir hosts, with climate and other poor conditions intensifying the spread of NTDs<sup>3</sup>. These diseases occur predominantly in tropical and subtropical areas, among the most vulnerable and marginalized populations<sup>4</sup>. NTDs inflict severe discomfort on those affected by one or more of these diseases, leading to disastrous economic and social consequences, including disability, stigmatization, and sometimes death.

1 The Transformation Agenda of the World Health Organization Secretariat in the African Region 2015–2020 [Online] accessed 3rd June 2022. Available at: <https://www.afro.who.int/regional-director/transformation-agenda>

2 Expanded Special Project for Elimination of Neglected Tropical Diseases (ESPEN) 2021 [Online] accessed 4th November 2022. Available at: [https://espen.afro.who.int/system/files/content/resources/ESPEN%202021%20ANNUAL%20REPORT%20FINAL\\_v05.pdf](https://espen.afro.who.int/system/files/content/resources/ESPEN%202021%20ANNUAL%20REPORT%20FINAL_v05.pdf)

3 Regional Strategy on NTDs in the WHO African Region 2014–2020 [Online] accessed 31 July 2022. Available at: <https://www.afro.who.int/sites/default/files/2017-06/regional-strategy-on-neglected-tropical-diseases-in-the-who-african-region-2014%E2%80%932020%20%281%29.pdf>

4 Ending the neglect to attain the Sustainable Development Goals: a road map for neglected tropical diseases 2021–2030. Geneva: World Health Organization; 2020. for neglected tropical diseases 2021–2030. Geneva: World Health Organization; 2020.

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*Working on the development of the Neglected Tropical Diseases country master plan in the Republic of Congo*

NTDs especially affect people living in unsanitary conditions in underserved remote communities around the world, especially in Africa, where about 40% of the global NTD burden occurs, affecting about 600 million people<sup>5</sup>. Up to 90% of the disease burden in Africa is caused by about five NTDs. These are lymphatic filariasis (LF), also known as elephantiasis, a disease caused by infection from parasitic worms and transmitted by mosquitos. Onchocerciasis (ONCHO), commonly known as river blindness, can result in the loss of vision and blindness. It is caused by a parasitic worm that is acquired through bites from black flies, which breed along fast-flowing rivers and streams. Soil-transmitted helminthiasis (STH) are intestinal infections which spread by soil contaminated with parasites' eggs, commonly human excrement. The disease is frequently caused by various types of worms<sup>6</sup>. Schistosomiasis (SCH), commonly called bilharzia or "snail fever", is a disease caused by parasitic worms which inhabit certain kinds of freshwater snails. It usually results in diarrhoea and blood in the stool; enlargement of the liver and the spleen; and portal hypertension is common in advanced cases<sup>7</sup>. Trachoma (TRA) is an infectious eye disease and a leading cause of blindness. Defeating these diseases, which account for most infections, will be key to winning the battle against NTDs in the African Region.

5 ESPEN 2019 Annual Report [Online] accessed 4th June 2023.

Available at: [https://espen.afro.who.int/system/files/content/resources/ESPEN\\_2019-Annual-Report\\_En\\_LD\\_2020-07\\_21.pdf](https://espen.afro.who.int/system/files/content/resources/ESPEN_2019-Annual-Report_En_LD_2020-07_21.pdf)

6 Worms such as *Ascaris lumbricoides* (roundworms), *Trichuris trichiura* (whipworms), *Necator americanus* and *Ancylostoma duodenale* (hookworms) among others.

7 Schistosomiasis [Online] accessed 3rd June 2023. Available at: <https://www.who.int/news-room/fact-sheets/detail/schistosomiasis#:~:text=Schistosomiasis%20is%20an%20acute%20and%20chronic%20parasitic%20disease%20caused%20by,required%20preventive%20treatment%20in%202021>

## 1. Transforming WHO for effective fight against diseases

### 1.2 Challenges in the protracted battle against Neglected Tropical Diseases

Several challenges were encountered in the fight against NTDS in the WHO African Region. These included poor and ineffective treatment coverage of key NTD interventions, insufficient resources at all levels, as well as weak coordination and linkages to other sectors in countries. Despite these challenges, several countries in the region have continued to make promising progress in the battle against NTDS, with a few, such as leprosy, reaching near elimination as a public health problem. In addition, progress was also made in reducing the burden of various NTDS. Notable among these are the successes of the onchocerciasis control programme in West Africa and the African Programme for Onchocerciasis Control (APOC) spanning the 1970s to 2010s, along with efforts to combat other NTDS such as schistosomiasis, which started in the early 2000s.



*A technical symposium on the elimination of Neglected Tropical Diseases in the Republic of Madagascar*

However, overall progress has been inadequate to eliminate NTDS as a public health problem in the region, primarily due to shortcomings such as inadequate coordination between several national programmes, coupled with insufficient leadership by governments of Member States to drive the national agenda. In addition, programme policies and strategies were not effectively coordinated and streamlined.

Other issues include the inadequate integration of interventions, with implementation conducted in line with specific disease programmes. This resulted in limited provision of technical support. Although geographic coverage was increasing, especially for NTDS amenable to preventive chemotherapy such as

## 1. Transforming WHO for effective fight against diseases

lymphatic filariasis and schistosomiasis, among others, the rate of treatment coverage was inadequate for progress towards elimination. There were also problems with the availability of reliable high-quality data, considerable gaps in funding and the manner in which available finance are administered, and inadequate capacity for monitoring and evaluation, among other requirements necessary for the effective functioning of national NTD programmes. Beyond programmes, there were challenges such as wars and insecurity, weak health systems, competing priorities in the health sector, and complex emergencies, all of which impeded the progress of various interventions in the battle against NTDs. This necessitated changes in intervention strategies.



*A discourse on the battle against Neglected Tropical Diseases in the Republic of Malawi*

### 1.3 Major change in the campaign to eliminate Neglected Tropical Diseases

Shortly after the commencement of the transformation initiative in the African Region, an unprecedented partnership was established in 2016 to mitigate some of the challenges encountered and accelerate the fight against NTDs on the continent. This partnership was a collaboration between WHO, Member States and NTD partners, including pharmaceutical companies among others. It was titled the Expanded Special Project for Elimination of Neglected Tropical Diseases (ESPEN), with a Secretariat situated at the WHO Regional Office for Africa (WHO AFRO) in Brazzaville, Republic of the Congo.

### 1.4 A paradigm shift in the fight against NTDs through ESPEN

ESPEN is a public-private partnership established by WHO to assist African countries to reduce the burden of NTDs and work towards their elimination. ESPEN coordinates partnerships, stakeholders and work to increase the value of government and partner investments. The battle towards NTD elimination relies on

## 1. Transforming WHO for effective fight against diseases

country ownership, with ESPEN providing operational and technical support to endemic countries. ESPEN mobilizes political, financial and technical resources, focusing on accelerating the control and elimination of these diseases, targeting five of the most prevalent NTDS in Africa. These are lymphatic filariasis (LF), onchocerciasis (ONCHO), soil-transmitted helminthiasis (STH), schistosomiasis (SCH) and trachoma (TRA).



*Fine tuning NTDS elimination strategies during a technical support mission to the Republic of Zimbabwe*

Treatment is carried out through the extensive distribution of safe high-quality NTD medicines, generally called Mass Drug Administration (MDA). Out of the 47 countries in the WHO African Region, 44 are endemic for at least one PC-NTD, 42 for at least two PC-NTDs, and 17 for all the five PC-NTDs<sup>8</sup>. In addition, ESPEN has now been expanded to support five more endemic countries in the Eastern Mediterranean WHO region (EMRO), including Djibouti, Egypt, Somalia, Sudan and Yemen. However, the focus of this write-up is the WHO African Region. The project utilizes vital strategies and key strategic pillars for implementation of interventions. These are outlined in sections 1.4.1 and 1.4.2 respectively.

### 1.4.1 Vital strategies utilized to achieve ESPEN's objectives

ESPEN utilizes five<sup>9</sup> key strategies in its efforts to eliminate NTDS. These are:

- Scaling up, done through increasing coverage to achieve 100% geographical coverage.
- Scale down the number of people requiring preventive chemotherapy after disease interruption.
- Strengthening information systems for evidence-based decision-making.
- Improve the effective use of donated medicines via enhanced supply chain management.
- Build partnerships for coordination and resource mobilisation.

<sup>8</sup> Expanded Special Project for Elimination of Neglected Tropical Diseases (ESPEN) 2021 [Online] accessed 24th November 2022. Available at: [https://espen.afro.who.int/system/files/content/resources/2017\\_ESPEN\\_ANNUAL\\_REPORT\\_FINAL.pdf](https://espen.afro.who.int/system/files/content/resources/2017_ESPEN_ANNUAL_REPORT_FINAL.pdf)

<sup>9</sup> ESPEN 2020 Annual Report [Online] accessed 7th May 2023. Available at: <https://www.afro.who.int/regional-director/transformation-agenda>



## **1. Transforming WHO for effective fight against diseases**



*A panel discussion on actions required for elimination of Neglected Tropical Diseases in The Gambia*

### **1.4.2 Key strategic pillars for implementation**

For effective implementation to achieve its objectives, ESPEN has anchored efforts to meet its goals on four key strategic pillars<sup>10</sup>:

- Enable Member States to strengthen their health systems and deliver on condition- and disease-specific service coverage results.
- Promote more equitable access to health products in the global market, influence and support Member states to monitor as well as ensure efficient and transparent procurement and supply systems.
- Empower Member States to strengthen health information systems, including data acquisition and analytics, to inform evidence-driven policies for delivery of impacts.
- Strengthen leadership, governance and external relations utilizing advocacy to implement the Thirteenth General Programme of Work (GPW 13), in line with the objectives of the third Sustainable Development Goal (SDG3), to drive impacts.

<sup>10</sup> ESPEN 2021 Annual Report, page 6 [Online] accessed 5th March 2023.

Available at: [https://espen.afro.who.int/system/files/content/resources/ESPEN%202021%20ANNUAL%20REPORT%20FINAL\\_v05.pdf](https://espen.afro.who.int/system/files/content/resources/ESPEN%202021%20ANNUAL%20REPORT%20FINAL_v05.pdf)



# 2

## Pathway to defeating NTDs in countries

## 2. Pathway to defeating NTDS in countries

In the renewed fight to eliminate NTDS in the African Region, an important pathway has been adopted, featuring three key elements to ensure necessary actions are taken for effective implementation of interventions to advance efforts towards defeating NTDS in countries. These elements include strong collaboration with key stakeholders and partners to drive progress, differentiated approach to implementing interventions, and the race to target 600 million people affected by NTDS in Africa through the extensive distribution of medicines.



*On a field mission during a campaign against NTDS*

### 2.1 Effective collaboration with key stakeholders and partners to drive progress

There are several stakeholders in ESPEN's public-private partnership. This is essential for driving progress as success requires great collaboration among stakeholders. These include the WHO Regional Office for Africa, African Member States and NTD partners. Others are financial donors, implementing partners, pharmaceutical companies, donors and research institutions. Key donors provided ESPEN with US\$ 31.5 million in catalytic funding for four years from 2016–2020. These donors included the US Agency for International Development (USAID), MSD (Merck), Germany, the United Kingdom's Department for International Development (DFID), Japan's Ministry of Health, Korea's International Cooperation Agency (KOICA), the Swiss Agency for Development and Cooperation (SDC), the Kuwait Fund for Arab Economic Development and the Bill & Melinda Gates Foundation. Other donors include the Qatar Foundation and Swiss Agency for Development and Cooperation (SDC).

## 2. Pathway to defeating NTDS in countries

The pharmaceutical companies, including Merck, GlaxoSmithKline and Johnson & Johnson, among others, have donated medicines worth US\$ 17.8 billion. This has significantly reduced the cost of treatment to a mere US\$ 0.50 per individual treated annually. It also included US\$ 28 million in donated medicines for every US\$ 1 million<sup>11</sup>.



*WHO team creating awareness among children on how to prevent schistosomiasis (bilharzia)*

### 2.2 Differentiated approach to implementing interventions

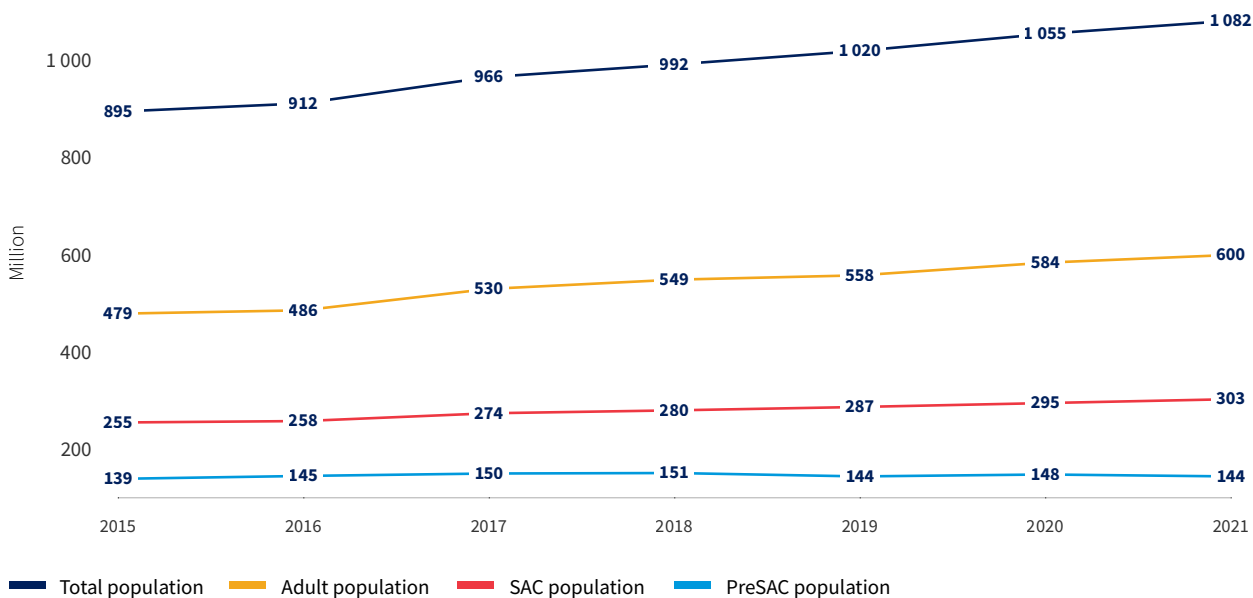
The project utilizes a data-driven approach to facilitate evidence-based actions, with the intention of eliminating NTDS. The WHO African Region had a population of over one billion people in 2021, growing from about 895 million inhabitants in 2015 (see Figures 1.1 and 1.2). During the review period 2015–2021, regardless of general increases in population, the percentage of pre-school age children (PreSAC) and school age children (SAC) has decreased from 16% (139 million) in 2015 to 13% (144 million) in 2021 for PreSAC, and 29% (255 million) in 2015 to 28% (303 million) in 2021 for SAC. The adult population increased, from 53% (479 million) in 2015 to 56% (600 million) in 2021.

Despite changes in the demographic characteristics of the population indicating decreases, a sizable number, nearly half were children. This large population of children, coupled with the transmission of schistosomiasis via water, and soil-transmitted helminthiasis through contaminated soil, as well as their exposure to certain socio-cultural and biological factors, make them more vulnerable to these types of NTDS than the larger population. As a result, schistosomiasis and soil-transmitted helminthiasis programmes have focused on children, both SAC and PreSAC, as opposed to the whole population.

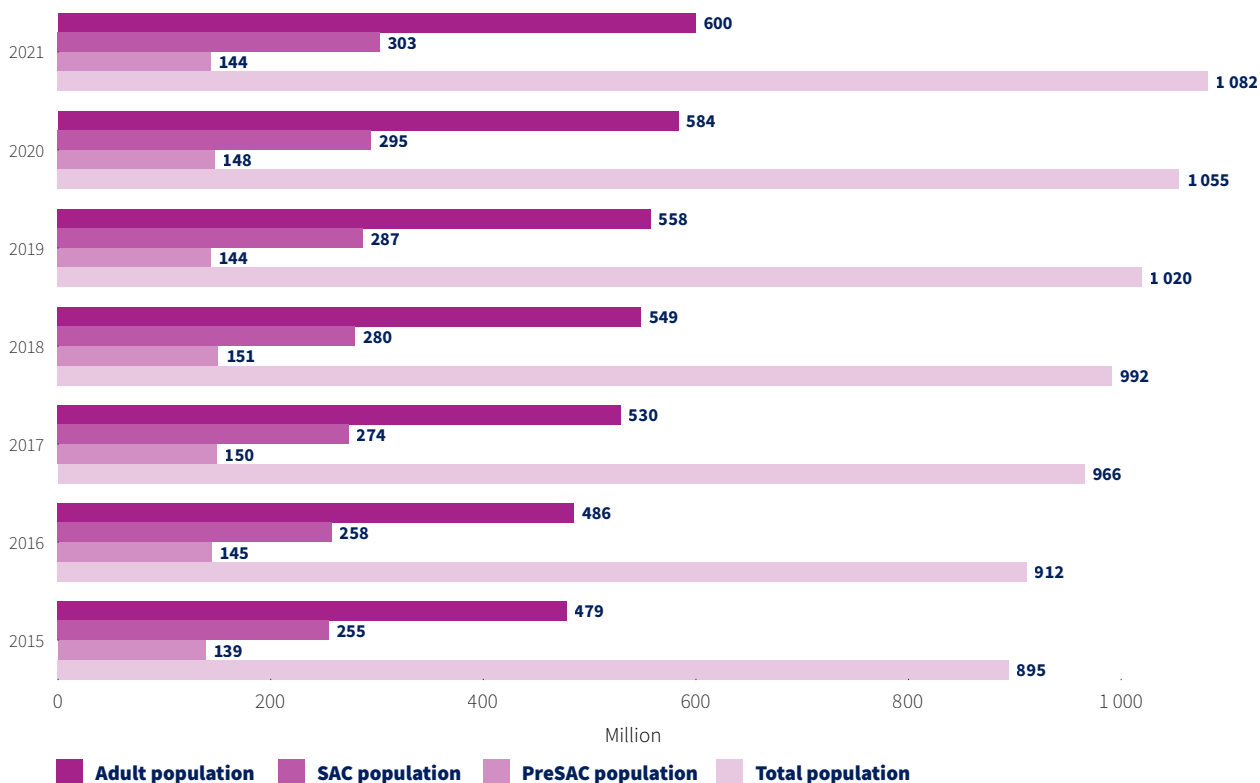
<sup>11</sup> ESPEN'S Digital tools, 2021: How data will help win the fight against neglected tropical diseases [Online] accessed 20th June 2023. Available at: [https://espen.afro.who.int/system/files/content/resources/ESPEN--Digital\\_Tools-V2-2022-04-06.pdf](https://espen.afro.who.int/system/files/content/resources/ESPEN--Digital_Tools-V2-2022-04-06.pdf)

**2. Pathway to defeating NTDS in countries**

*Figure 1.1 Showing characteristics of key population groups in the African region, including Pre School-Age Children, School-Age Children, adult and total populations*



*Figure 1.2 Illustrating the breakdown of key population groups in the African region over the period under review, 2015–2021*



## **2. Pathway to defeating NTDS in countries**

### **2.3 Racing to treat 600 million people affected by NTDS in Africa through MDA**

The third element was mass drug administration (MDA). This is a strategy comprised of a large-scale campaign-style approach to ensure the extensive delivery of medicines and treatments to vulnerable and at-risk populations, including preventive chemotherapy (PC). This was commonly done once or twice a year, and largely facilitated by huge donations from pharmaceutical companies.



*A field discourse in a community affected by Neglected Tropical Diseases during a mission to South Sudan*



3

**ESPEN's key interventions to facilitate elimination of NTDs**

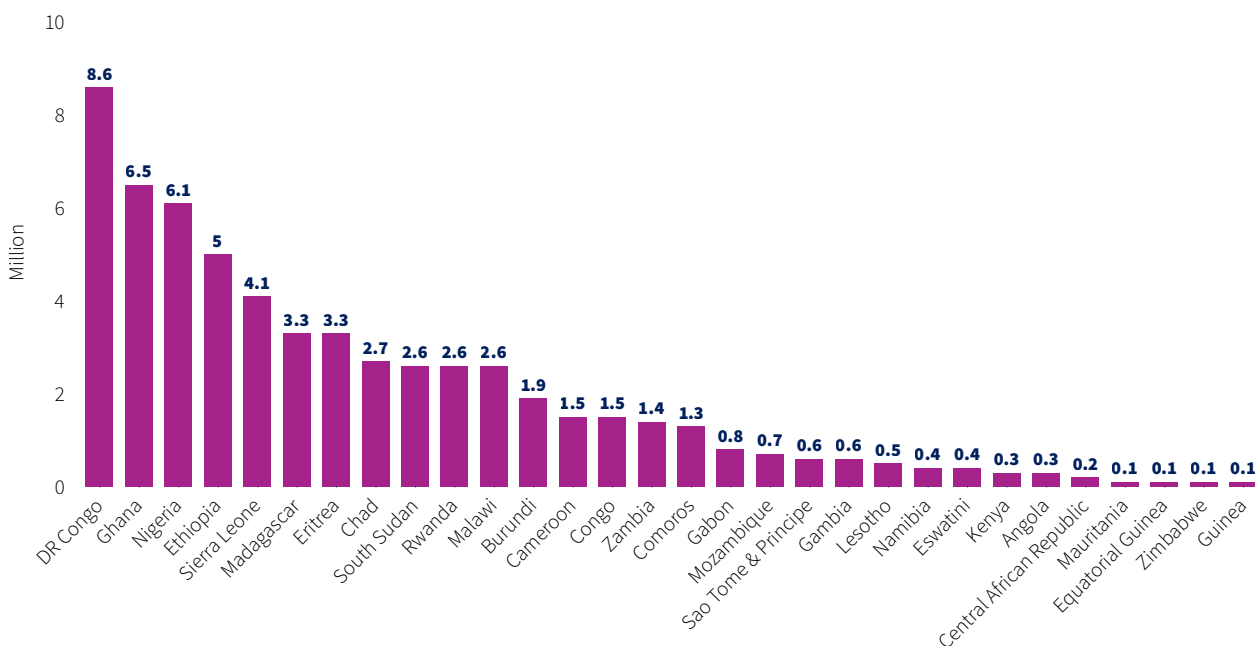
### 3. ESPEN’s key interventions to facilitate elimination of NTDS

In its fierce battle to eliminate NTDS in the African Region, WHO, through the ESPEN flagship, has intervened in strategic areas of need. These include enabling countries increase the effectiveness of the fight to eliminate NTDS, through the provision of funding and technical support, improvement of health information systems, reinvigoration of supply chain management to deliver medicines, strengthening of certain elements of health systems capacities and provision of laboratory support. These were prioritized in line with individual country needs in the region.

### 3.1 Funding support to countries for NTD control and elimination

Over the years, as part of its intervention measures, ESPEN has been supporting the fight against NTDS in the region through funding to support NTD programmes in several countries. Between 2017–2020, ESPEN has disbursed over US\$ 60 million based on countries’ requirements and levels of planned activities for implementation (see Figure 3.1).

*Figure 3.1 Showing ESPEN’s distribution of funding support to countries across the WHO African Region*



The top five countries to receive the highest amount of funding support were the Democratic Republic of the Congo, which received the highest amount (US\$ 8.6 million), followed by Ghana (US\$ 6.5 million), Nigeria (US\$ 6.1 million), Ethiopia (US\$ 5.0 million), and Sierra Leone (US\$ 4.1 million). Five others received US\$ 200 000 or less, including the Central African Republic, Equatorial Guinea, Guinea, Mauritania and Zimbabwe.

### 3.2 Improving health information systems for elimination of NTDS

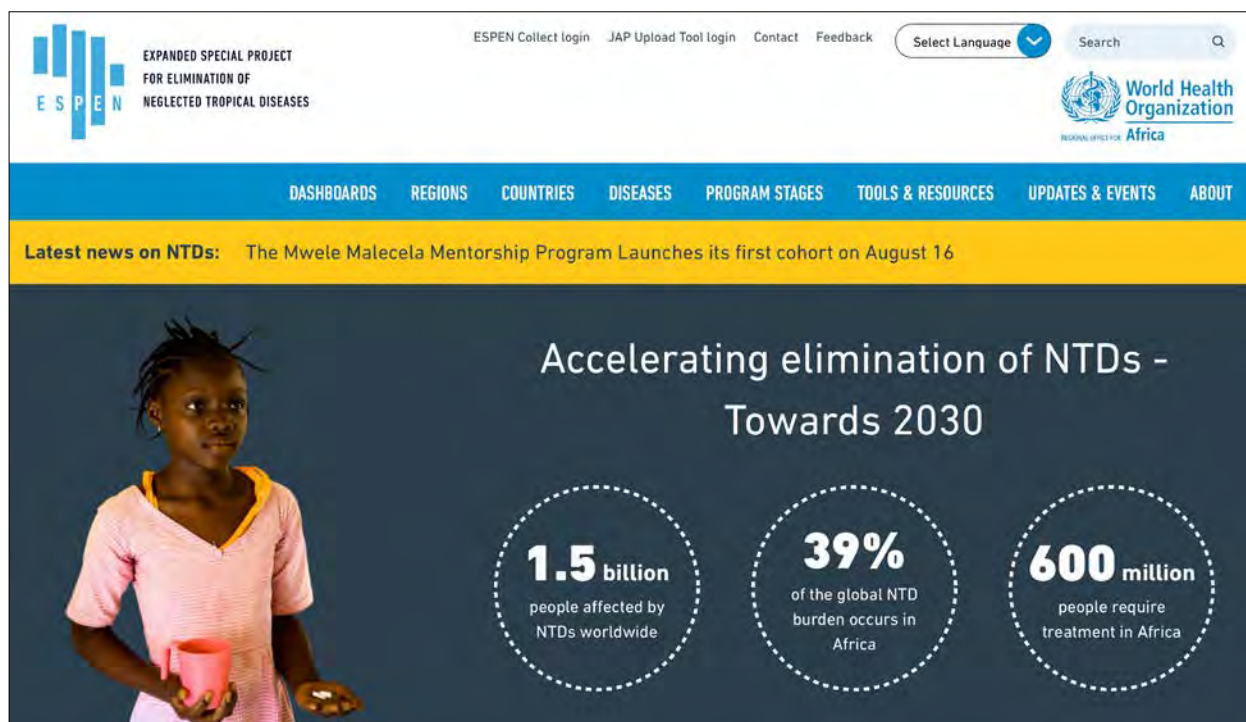
Less than a year after the formation of ESPEN, it launched a portal in 2017 and has continued to add useful features, including ESPEN Collect and Joint Application Packages (JAP), among others. The aim of the



### 3. ESPEN's key interventions to facilitate elimination of NTDS

electronic platform is to facilitate interactions among stakeholders, enabling the sharing and exchange of programme data to support the mapping of Preventive Chemotherapy–Neglected Tropical Diseases (PC-NTDs), and evidence-based decisions and actions towards efforts to control and eliminate NTDS in the African Region<sup>12</sup> (see Figure 3.2 for the portal's home page). Currently, 45 countries in the region are sharing vital data and information on their battle against NTDS. These include disease-specific surveys, treatment coverage and other programmatic data.

Figure 3.2 Showing the home page of the ESPEN portal

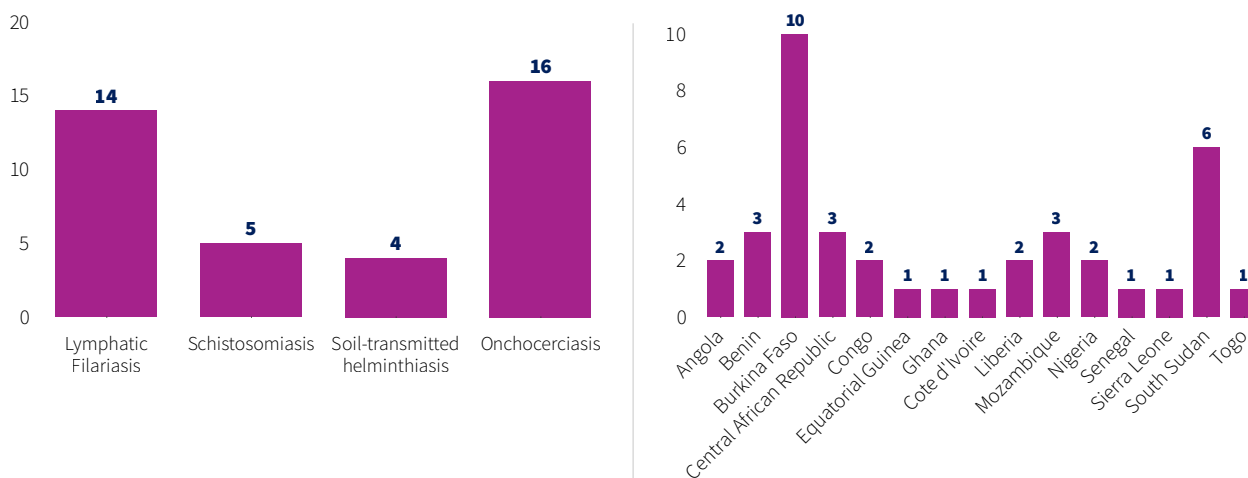


The ESPEN portal is a centralized open access database which empowers countries and their partners to make informed decisions to accelerate the elimination of the five PC-NTDs. Furthermore, a mobile-based data collection tool, ESPEN Collect, was developed, integrated into the ESPEN portal, and launched in 2018. It works both online, offline and supports diverse languages. This has allowed Community Health Workers to easily acquire accurate data in real time. Data are automatically analysed in the ESPEN Portal and are freely accessible to stakeholders. This information is utilized for decision-making, such as the efficient use of medicines and smart targeting to optimize investments. Between 2018–2020, ESPEN Collect has been utilized in 39 surveys across 15 countries (see Figure 3.3).

12 ESPEN Portal [Online] accessed 10th May 2021. Available at: <https://espen.afro.who.int/>

### 3. ESPEN’s key interventions to facilitate elimination of NTDS

Figure 3.3 Illustrating surveys conducted using ESPEN Collect in several countries across the African Region



### 3.3 Strengthening health systems capacity and provision of technical assistance

WHO support, through ESPEN, has nudged countries towards a coordinated and integrated approach to fight NTDS. It has also encouraged country ownership and provided technical support in various areas of need. These efforts have reinvigorated NTD programmes which is, in turn, helping to strengthen certain elements of national health systems. The integrated approach has proven to be cost-effective, becoming a very successful tool to achieve sustainable impact resulting in improved health outcomes, but also improvements in coverage, access, quality and efficiency in service delivery.

Furthermore, ESPEN has provided technical assistance to 44 countries for the development and implementation of annual national action plans, as well as country medium-term master plans for the control and elimination of NTDS. It has trained more than 1000 workers from various ministries of health on scaling up of NTD interventions. In further capacity building, over 400 people in more than 20 countries were trained to use ESPEN Collect, while hundreds of others attended workshops to improve the utilization of JAP, the Country Integrated NTD Database (CIND) and supply chain management (SCM) capabilities. These three tools are being used to ensure more efficient distribution of medicines.

Three Regional Programme Managers’ meetings were successfully organized. This created a forum for Member States, experts, partners and donors to discuss and share experiences of NTD programmes in the region. ESPEN also provided technical support to NTD programme managers, including training materials for protocol reviews, utilizing WHO disease experts. This was to ensure surveys were aligned with standardized WHO-recommended guidelines.

### 3. ESPEN's key interventions to facilitate elimination of NTDS



*WHO team supporting community health workers to take a child's vital information required for dosage determination during a field mission*

#### 3.4 Reinvigorating supply chain management

As part of ESPEN's aim to get huge numbers of donated medicines to populations that require them, it provided substantial operational support to reinvigorate the management of supply chains for more efficient delivery of treatments. ESPEN developed and deployed three tools to assist in coordinating applications for medicines needed for distribution in countries, subsequent treatments, and supply chain management of these medicines. These include JAP, which is used to facilitate applications for medicines, reviews and reporting. It was also utilized to improve coordination and integration among programmes. The second is the CIND, which is used in conjunction with JAP to standardize the supply chain data management process, and third is the Data Quality Assessment (DQA) tool for tracking multiple indicators. All three tools are integrated into the ESPEN portal.

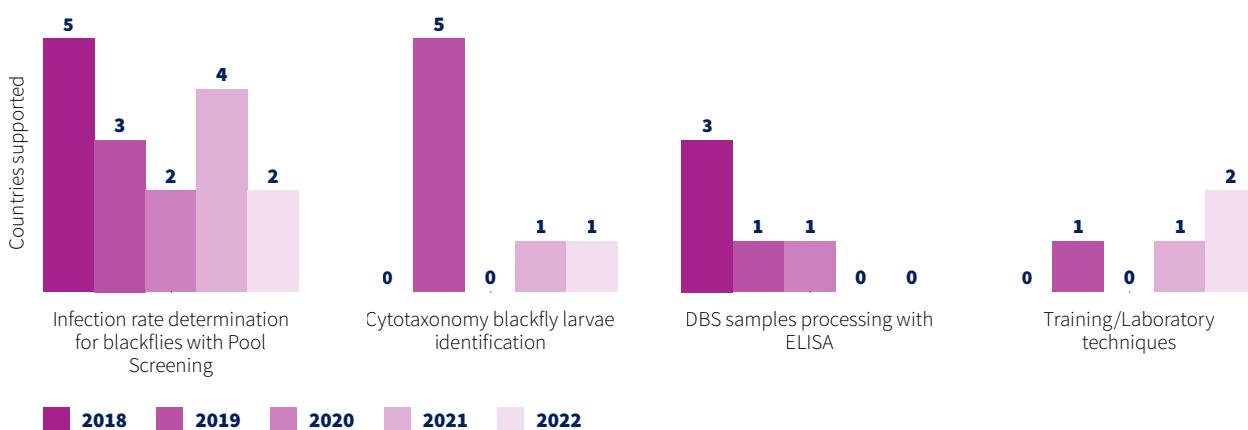
In addition, ESPEN provided technical guidance and assistance to improve timeliness and accuracy of supply chain data. This included real-time assistance for monitoring of country inventories and accurate reporting to reduce the risk of medicines expiring. It also placed WHO Essential Medicines Focal Points in some countries to support supply chain management of NTD medicines.

**3. ESPEN’s key interventions to facilitate elimination of NTDS**

**3.5 Provision of laboratory support in the fight against NTDS in countries**

ESPEN has a laboratory located in Ouagadougou, Burkina Faso. It’s a regional laboratory devoted to processing samples collected during epidemiological and entomological surveys. It was designated as a hub for a network of laboratories supporting all five PC-NTDs and responsible for quality control and capacity building across the region. The laboratory has engaged in the laboratory analysis of biological specimens and provision of laboratory equipment. Its work assists in the delineation of transmission zones in endemic countries. The laboratory has provided services to support 32 countries between 2018–2022, see Figure 3.4.

*Figure 3.4 Shows type and number of laboratory support provided to countries*



These included the analyses of adult black fly samples using polymerase chain reaction (PCR) and larval samples using cytotaxonomy to develop detailed maps of productive breeding sites in affected countries. Others included Dried Blood Spot (DBS) collection and analysis for disease prevalence rates determination among many other functions including monitoring and evaluation of country programs towards the elimination of NTDS.



*Harvesting and preserving blackfly larvae during a training in Democratic Republic of the Congo*



*Sampling during training at a blackfly breeding site in Burundi*

### 3. ESPEN’s key interventions to facilitate elimination of NTDS

#### 3.5.1 Capacity building

ESPEN’s work through the laboratory over the last 5 years had focused mainly on onchocerciasis, including the training of national program technicians and officers in blackflies breeding site surveys as well as field activities relating to Onchocerciasis Elimination Mapping (OEM) and pre-Stop MDA. These field trainings ensure that relevant standard operating procedures (SOPs) are properly applied, the right samples collected at the right place and time. The field trainings also allowed sharing of best practices between countries.

ESPEN organizes training courses on the diagnosis of lymphatic filariasis, schistosomiasis, soil transmitted helminthiasis and taeniasis utilizing One Health approach including a training held at the WHO collaborating Centre Public Health Laboratory Ivo De Carneri on Pemba Island in Zanzibar, United Republic of Tanzania. The workshop focused on field surveys and sample collection, good laboratory practice (GLP) and networking of NTD laboratories with participants from 21 countries.



*Inter-country training in Pemba, Tanzania for LF, SCH, STH and tapeworm (Taenia solium) sample identification*



*Microscopic examination of a blackfly larvae during a training in Congo Brazzaville*

#### 3.5.2 Provision of laboratory supply

As part of the effort to eliminate NTDS, a hub for the supply of laboratory equipment has been set up at the ESPEN laboratory with the support of partners, especially the End Fund. This was to provide countries with essential equipment such as microscopes and consumables needed for field surveys and processing of samples in the laboratory. It has supported several countries, see Table 3.1.

**Table 3.1 Laboratory equipment provided to countries programmatic activities, through the network of WHO country offices**

Country	Materials supplied	Years
Côte d’Ivoire	Microscopes	2022 & 2023
Congo	Microscopes, DBS sample collection kit, Consumables for entomological surveys	2022 & 2023
Niger	Consumables for entomological surveys	2023
Mali	Consumables for entomological surveys	2023
DR Congo	Microscopes, DBS sample collection kit, Consumables for entomological surveys	2022 & 2023
Senegal	Consumables for entomological surveys	2023



# 4

**Reaching more  
people across  
the region**

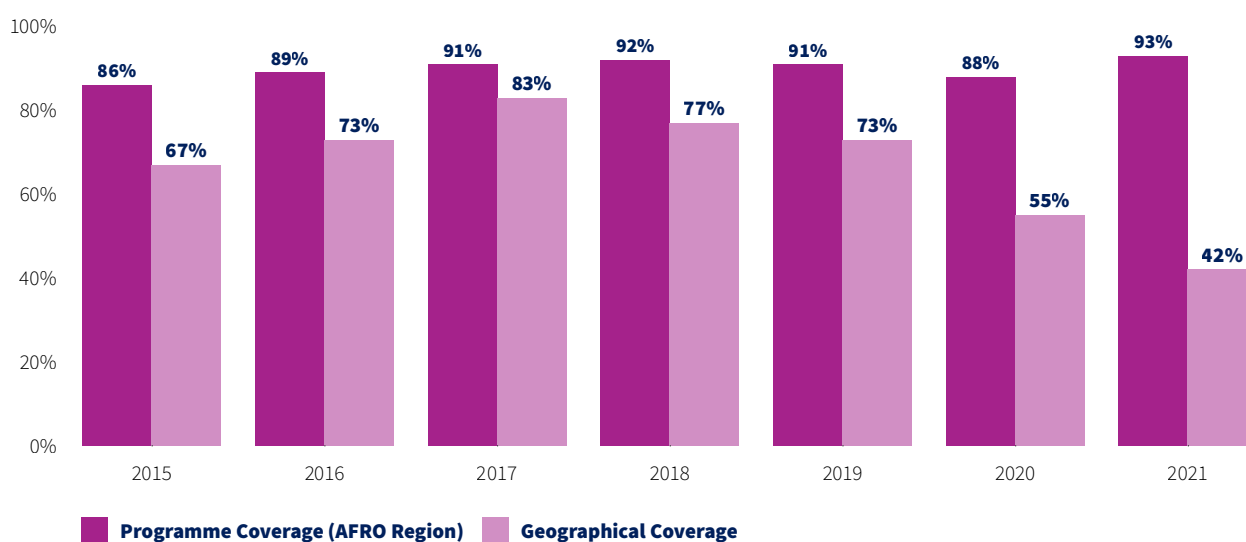
#### 4. Reaching more people across the region

Overall, the general trends of both geographical and programme coverage for the five targeted NTDS has increased from 2015, peaking in 2019, then significantly declining in 2020 during the COVID-19 pandemic, before showing signs of recovery the following year. Details are discussed in the following sections.

#### 4.1 Increased coverage for lymphatic filariasis (elephantiasis)

The lymphatic filariasis programme has achieved between 86%–93% coverage from 2015–2021. It demonstrated high performance (91%–92%) between 2017–2019, subsequently peaking at 93% in 2021 (see Figure 4.1).

*Figure 4.1 Showing programme and geographic coverage for lymphatic filariasis treatments between 2015–2021, highlighting the negative effects of the COVID-19 pandemic in 2020–2021 in the region*



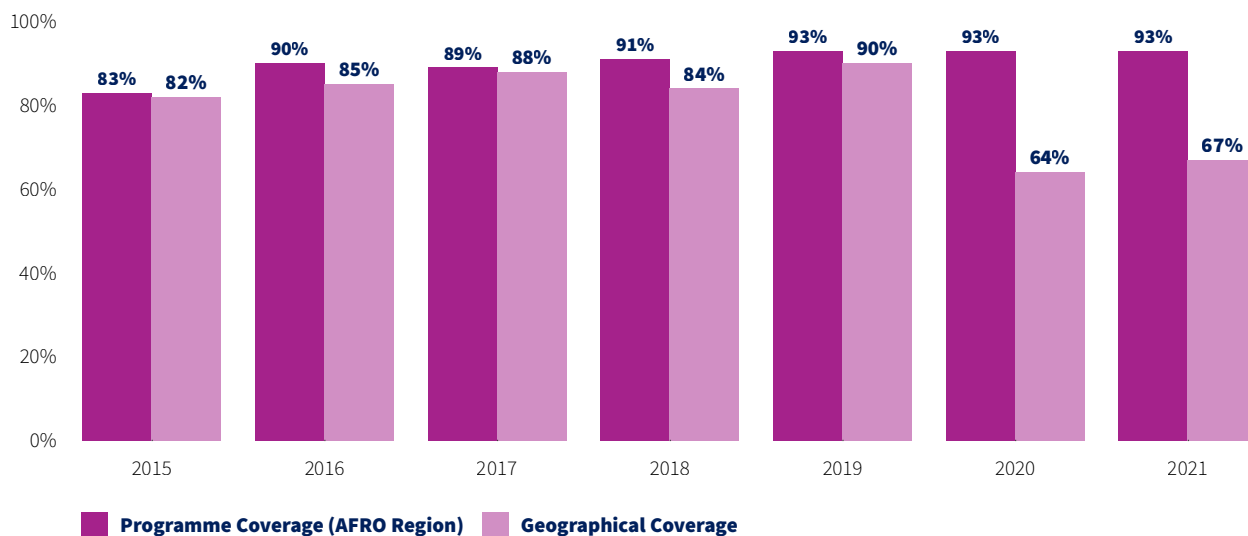
In a similar pattern, geographic coverage, a key indicator of progress, also increased from 67%–83% between 2015–2017. Coverage declined steadily from a peak of 83% in 2017 to a low of 42% in 2021. The negative effects of the COVID-19 pandemic can be observed between 2020–2021 as geographic coverage averages declined significantly.

#### 4.2 More coverage for onchocerciasis (river blindness) across the region

The onchocerciasis programme achieved coverage of up to 83%–93% between 2015–2021, while geographic coverage rose from 82% in 2015, peaking at 90% in 2019 (see Figure 4.2). Geographic coverage declined substantially to its lowest level of 64% in 2020, which was attributed to decreased activity at the onset of the COVID-19 pandemic. Coverage recovered slightly afterwards, with an overall increase in programme performance of 10% recorded between 2015–2021.

#### 4. Reaching more people across the region

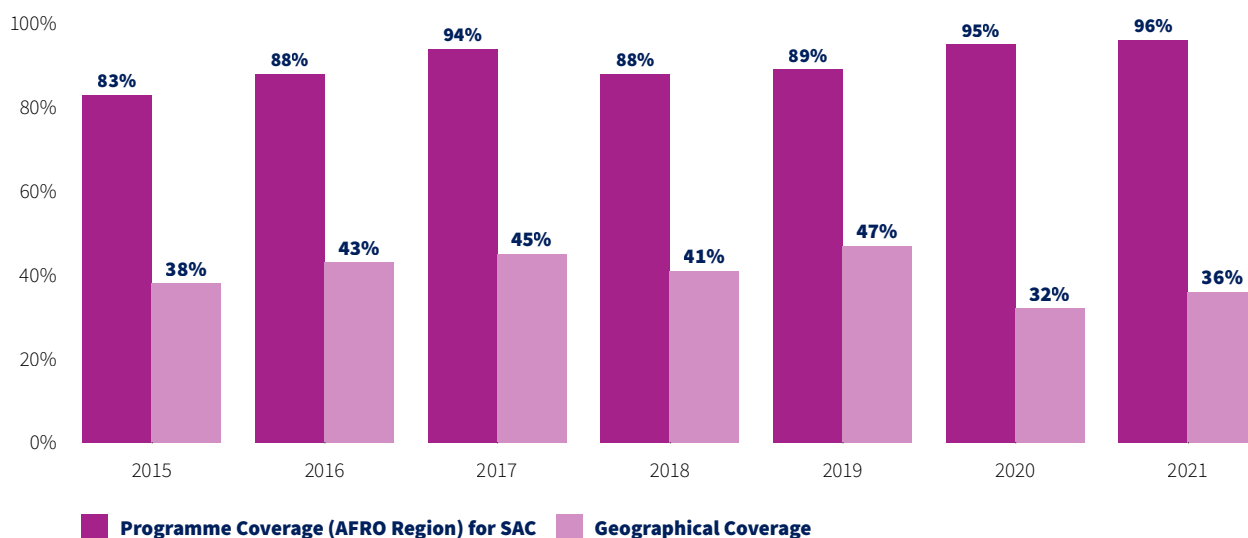
*Figure 4.2 Showing programme and geographic coverage for onchocerciasis treatments between 2015–2021, highlighting negative effects of the COVID-19 pandemic in the region in 2020–2021*



#### 4.3 Covering more people with schistosomiasis treatment (bilharzia)

The schistosomiasis programme achieved coverage of up to 83%–96% between 2015–2021, recording an overall 13% programme increase over the same period. In addition, geographic coverage increased from 38% in 2015, to 47% by 2019. It decreased the following year to 32%, recovering slightly to 36% in 2021.

*Figure 4.3 Showing programme and geographic coverage for schistosomiasis treatments between 2015–2021, highlighting progress and negative effects of the COVID-19 pandemic in the region in 2020–2021*



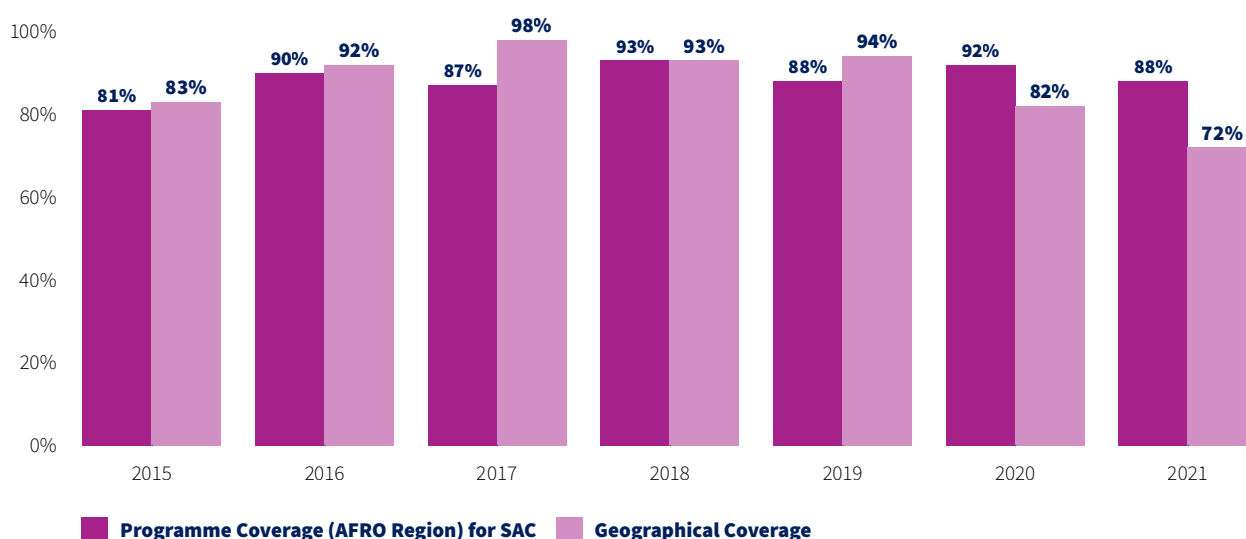


## 4. Reaching more people across the region

### 4.4 Expanding soil-transmitted helminthiasis coverage among children

Due to the large number of children at risk for soil-transmitted helminthiasis (hookworm, whipworm, roundworm), the programme focused on Pre School-Age Children (PreSAC) and School Age Children (SAC). Coverage for SAC reached 81%–88% between 2015–2021, peaking at 93% in 2018 (see Figure 4.4). Overall geographic coverage followed a similar pattern, increasing from 83% in 2015 and peaking at 98% in 2017 before subsequently declining to 72% by 2021.

*Figure 4.4 Showing programme and geographic coverage for soil-transmitted helminthiasis treatments between 2015–2021, highlighting progress in the African Region*

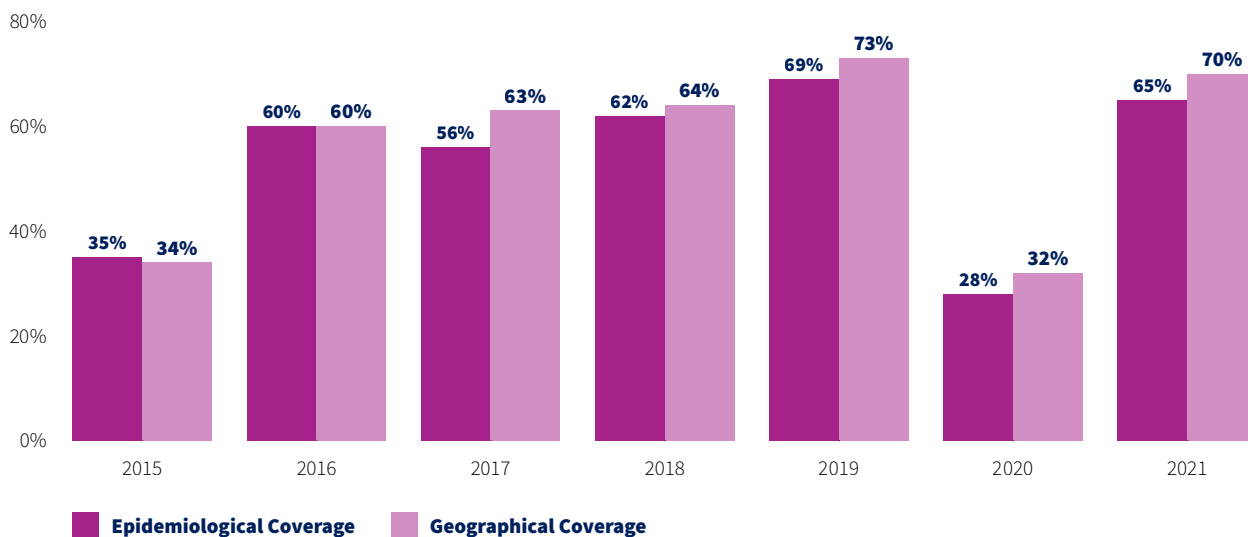


### 4.5 More than 30% coverage increase in the race against trachoma

As a leading cause of blindness, the race against trachoma has intensified. Geographic coverage of the trachoma programme increased significantly from 35% in 2015 to a peak of 69% in 2019. This then dipped to 28% in 2020 as a result of the effects of COVID-19 pandemic, recovering to near pre-pandemic levels of 65% by 2021. The net increase of trachoma geographic coverage between 2015–2021 was 30%. Epidemiological coverage followed a similar pattern, increasing from 34%–70% between 2015–2021, followed by a significant reduction to 32% in 2020 (see Figure 4.5).

### 4. Reaching more people across the region

Figure 4.5 Showing epidemiological and geographic coverage for the trachoma programme in the African Region between 2015–2021, highlighting progress and the negative impacts of COVID-19



Dialogue on Neglected Tropical Diseases during a technical support mission to South Sudan



# 5

## Results of progress in the fight against NTDs

## 5. Results of progress in the fight against NTDS

These results feature countries that have eliminated one or more NTDS as a public health problem, along with treatment coverage and treatment results. Major achievements included two countries, Togo (2017) and Malawi (2020), being validated by WHO to have eliminated lymphatic filariasis as a public health problem. Six countries, including Ghana (2018), Gambia (2021), Togo (2022), Malawi (2022), Benin (2023) and Mali (2023), eliminated trachoma as a public health problem. The following sections provide progress reports of the five NTDS targeted by ESPEN.



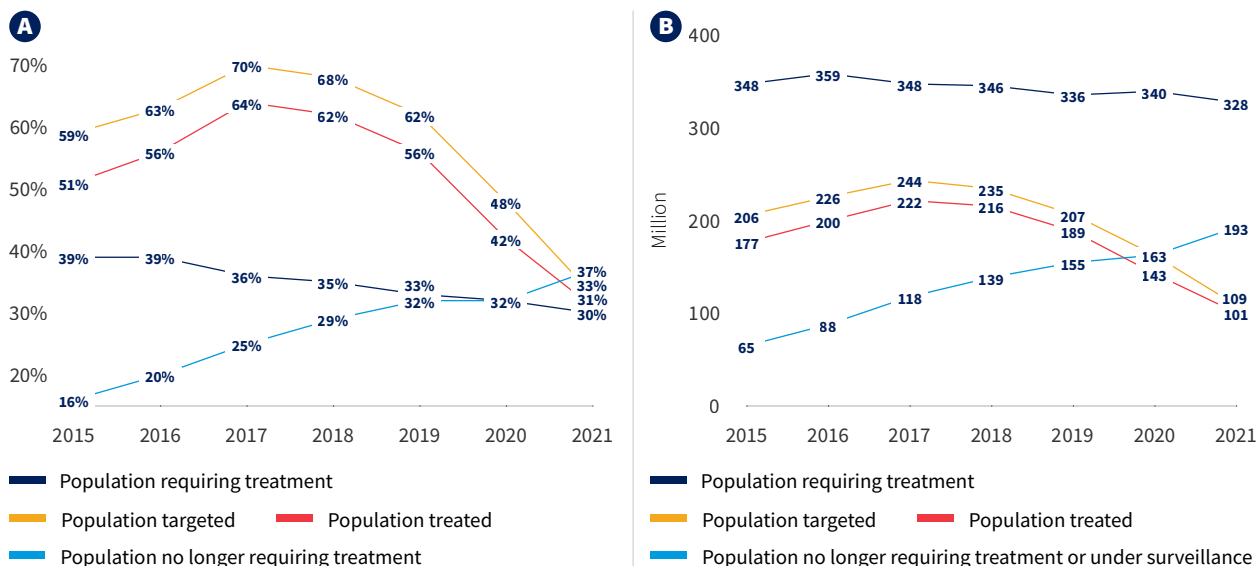
*WHO Representative and other dignitaries during the presentation of a certificate validating the elimination of trachoma as a public health problem in Malawi*

### 5.1 156 million more people freed from lymphatic filariasis disease

The population requiring treatment for lymphatic filariasis (elephantiasis) has declined steadily on an annual basis from 39% (348 million) of the total population in 2015 to 30% (323 million) in 2021, an overall decrease of 9% (25 million). (See Figures 5.1A and 5.1B). Also, 59% (206 million) of the population requiring treatment was targeted in 2015, rising to a peak 70% (244 million) in 2017, before declining sharply to 33% (109 million) by 2021. This was due to the disruptive impact of COVID-19 between 2020–2021. The percentage of the population targeted decreased significantly from 48% (163 million) in 2020, to 31% (109 million) in 2021.

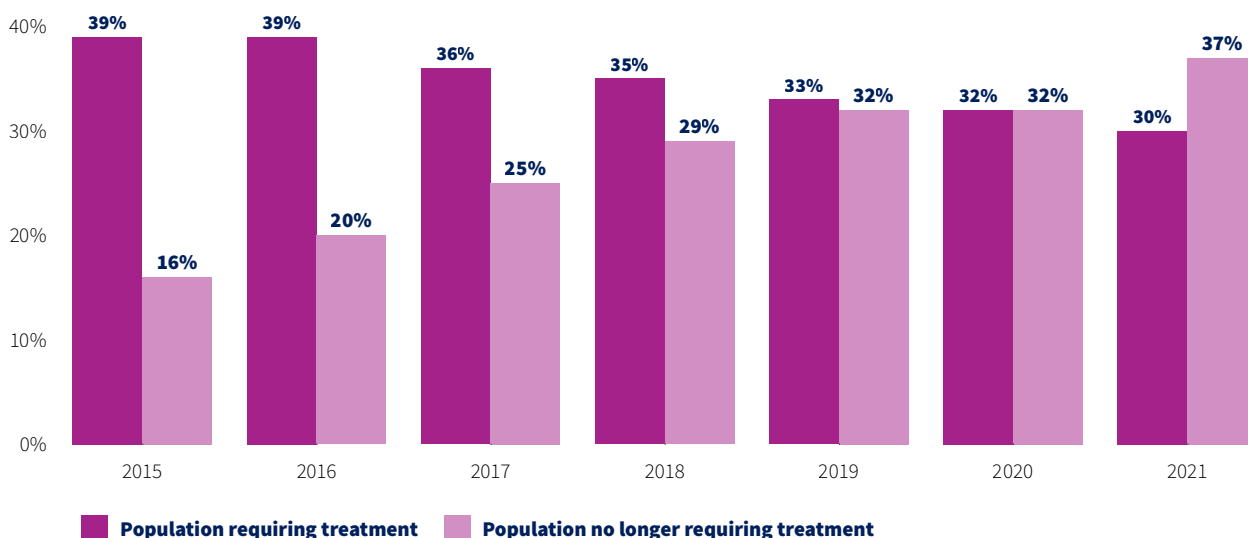
### 5. Results of progress in the fight against NTDs

Figure 5.1 Percentage (A) and number (B) of people treated for LF 2015–2021, showing relationships among key population targeted and those treated, including those no longer requiring treatment



Furthermore, the total population treated followed a similar pattern, rising from 51% (177 million) in 2015, peaking at 64% (222 million) in 2017, and decreased significantly to 31% (101 million) in 2021. A total of 1.3 billion treatments were administered for lymphatic filariasis, with over 31 million people no longer requiring treatment between 2015–2021. As a result of this progress, the population of people who no longer require treatment has continued to grow, increasing from 16% (65 million) in 2015, to 37% (193 million) in 2021, an overall 21% improvement between 2015–2021 (see Figure 5.2). This shows that as the population of people no longer requiring treatment improved, there was a concomitant decrease in the numbers requiring treatment.

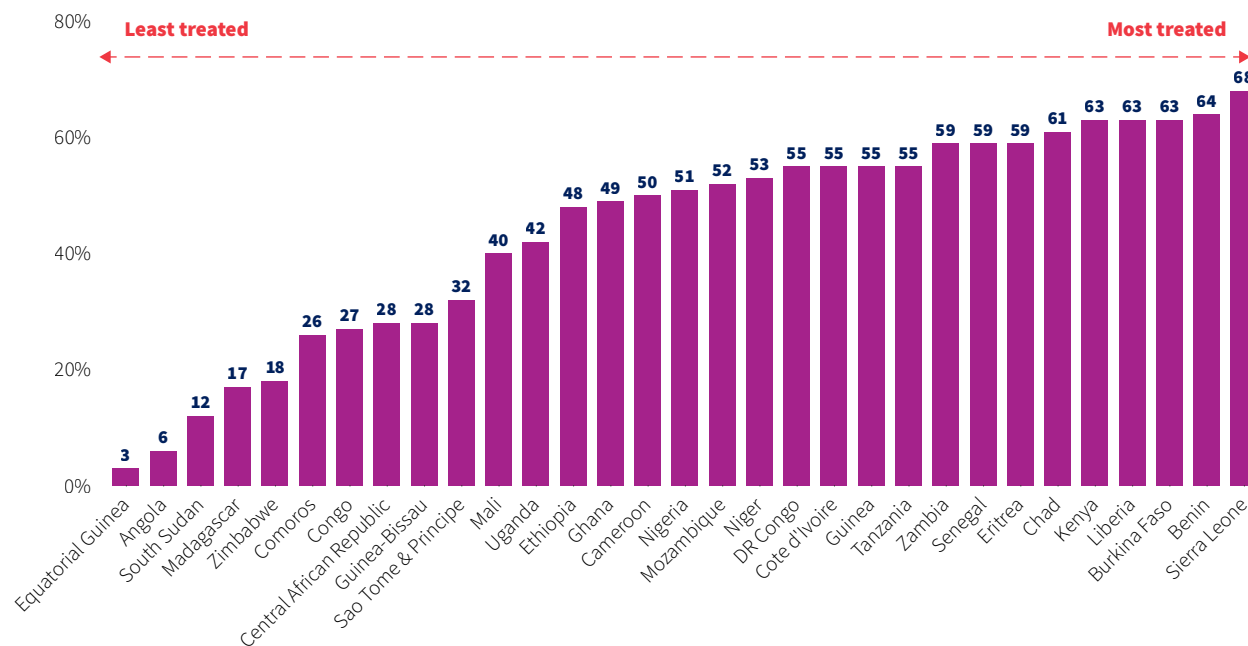
Figure 5.2 Comparing 2015–2021 trends, highlighting people treated for lymphatic filariasis, demonstrating progress in increases in people no longer requiring treatment, alongside decreases in those requiring treatment



## 5. Results of progress in the fight against NTDS

Sierra Leone (68%) has treated more people for lymphatic filariasis as a percentage of its population than other targeted countries, followed by Benin (64%), and Burkina Faso, Kenya and Liberia all at 63% (see Figure 5.3). These countries accounted for the top five performing countries for lymphatic filariasis treatment in the region between 2015–2021.

**Figure 5.3 Demonstrating various progress between 201–2021, highlighting most and least percentages of population treated for lymphatic filariasis in countries**



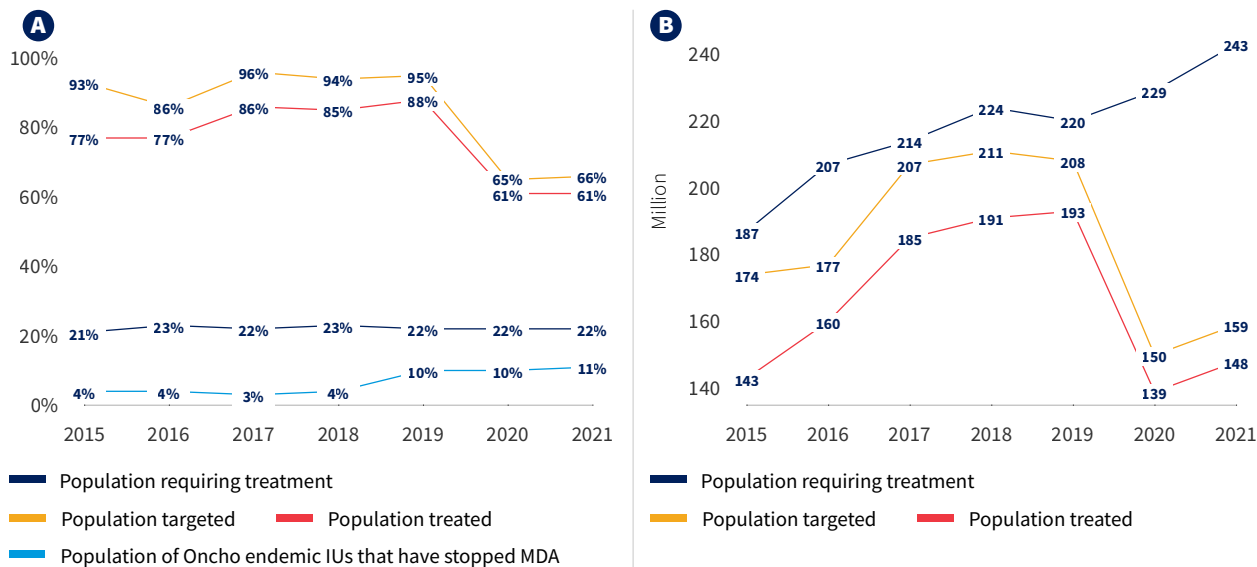
Conversely, Equatorial Guinea (3%), Angola (6%), South Sudan (12%), Madagascar (17%) and Zimbabwe (18%) are the five countries that have treated the least percentage of their population for lymphatic filariasis. Overall performance in these countries requires significant improvement if the programme implementation for lymphatic filariasis is to get close or reach the target to eliminate NTDS by 2030.

### 5.2 1.2 billion treatments administered for onchocerciasis and 23 million more cured

The percentage of the population requiring treatment for onchocerciasis (river blindness) slightly increased from 21% (187 million) in 2015, to 22% (243 million) in 2021, an overall 1% increase (56 million) (see Figures 5.4A and 5.4B). About 1.2 billion treatments for onchocerciasis were administered between 2015–2021. In addition, 93% (174 million) of the population requiring treatment was targeted in 2015, reaching a peak of 96% (207 million) in 2017, dipping to 94% (211 million) the following year, then recovering to 95% (208 million) in 2019. Reduced activity caused by the pandemic led to decrease in the percentage of the population targeted from to 95%-66% (208 million-159 million) between 2019–2021.

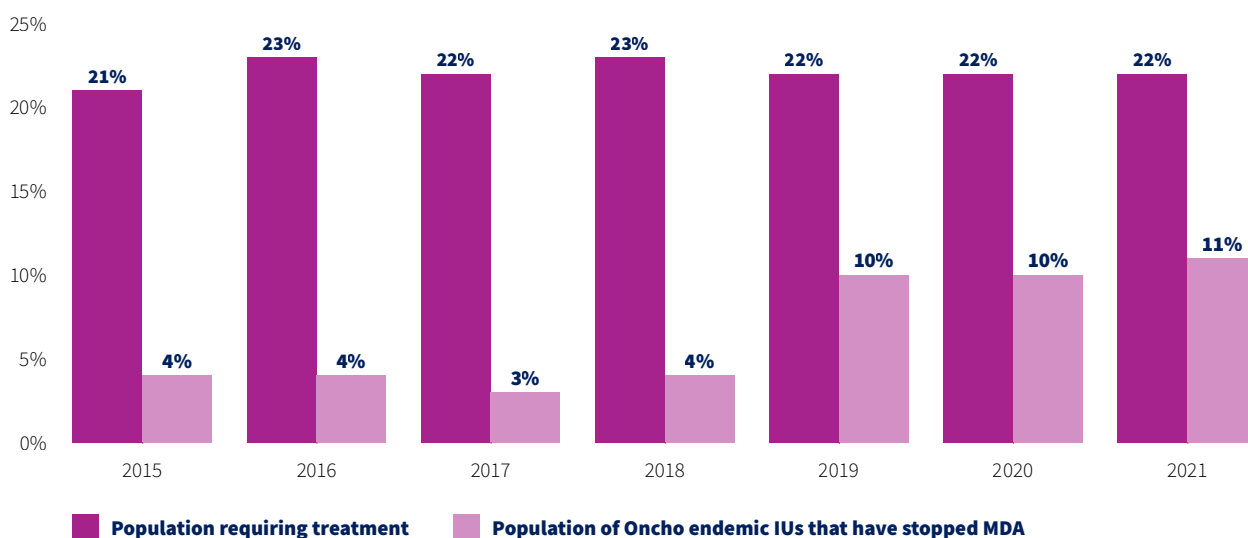
### 5. Results of progress in the fight against NTDS

Figure 5.4 Percentage (A) and number (B) of people treated for onchocerciasis 2015–2021, showing relationships among key population targeted and those treated, including those no longer requiring treatment and those requiring treatment in the African Region



More people were treated, increasing from 77%–88% (143 million–193 million) between 2015–2019, then decreasing significantly to 61% (148 million) in 2021. Although the percentage of people requiring treatment increased during the review period, over 23 million more people no longer required treatment between 2015–2021. Up from 8 million in 2015, this translates to an increase from 4% to 11% within the same period (see Figures 5.4B and 5.5).

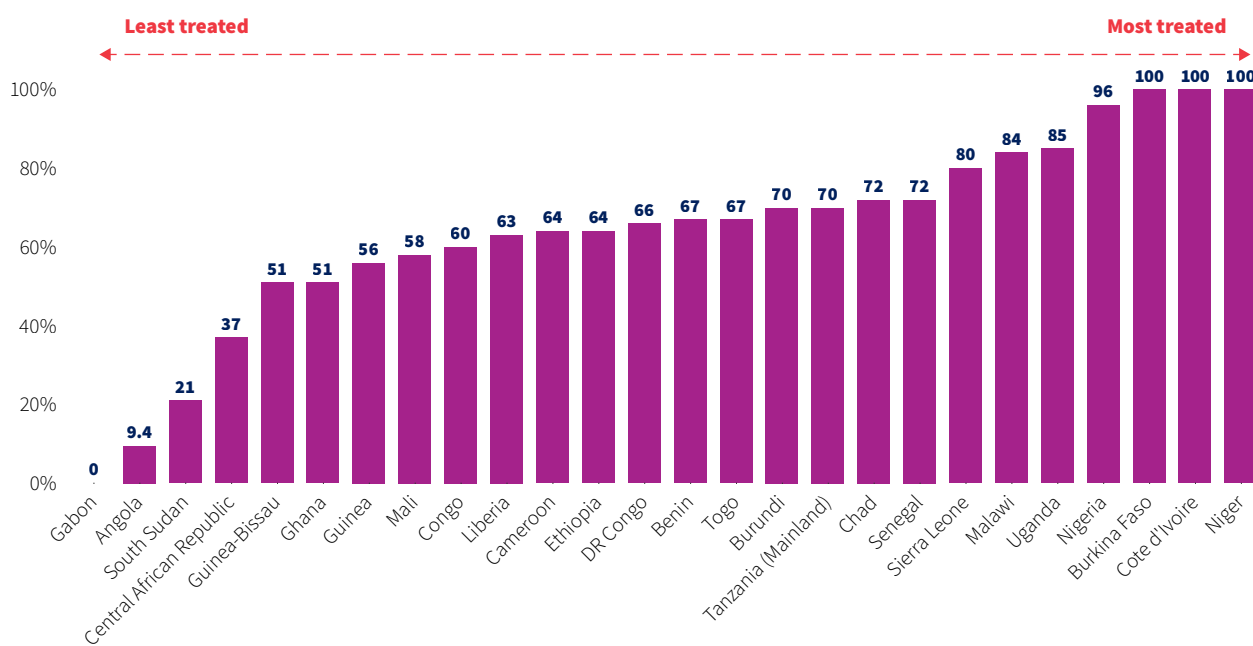
Figure 5.5 Comparing 2015–2021 trends, highlighting people treated for onchocerciasis, demonstrating changes in population no longer requiring treatment and those requiring treatment



## 5. Results of progress in the fight against NTDS

The top performing countries for onchocerciasis treatment were Cote d'Ivoire (97 million), Burkina Faso (4 million) and Niger (2 million). These countries have treated 100% of their population requiring treatment for onchocerciasis. Other countries among the top five that also treated more people as a percentage of population are Nigeria (96%) and Uganda (85%), amounting to 442 million and 17 million respectively. Four countries, including Gabon (>0.1%), Angola (9.4%), South Sudan (21%) and the Central African Republic (37%), totalling 28 000, 4 million, 10 million and 7 million respectively, treated the lowest percentage of their populations for onchocerciasis (Figure 5.6).

**Figure 5.6 Demonstrating various progress between 2015–2021, highlighting the highest and lowest percentage of population treated for onchocerciasis in countries**



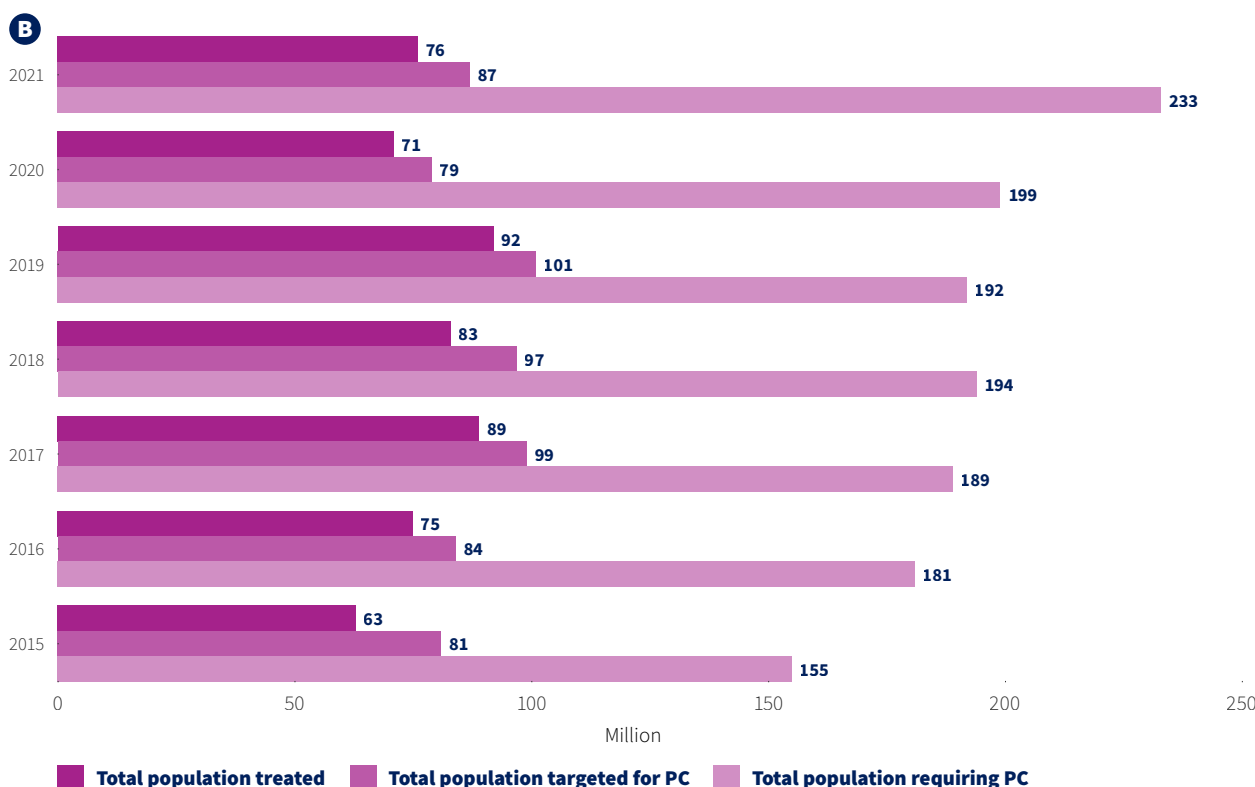
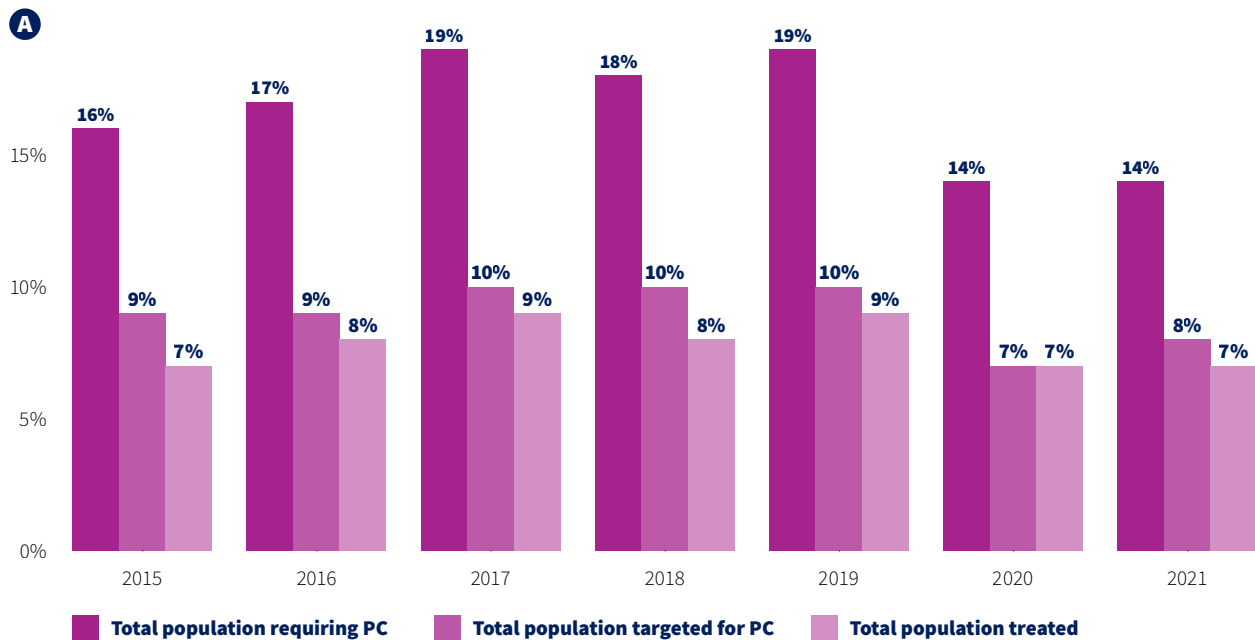
### 5.3 548 million people, including 454 million children, treated for schistosomiasis

The onchocerciasis programme treated both School-Age Children (SAC) and adults but focused largely on the SAC population. Overall population requiring treatment was 16% (155 million) in 2015, then peaked at 19% in 2017 (189 million) and 2019 (192 million). It had declined to 14% (233 million) by 2021 (see Figures 5.7A and 5.7B). Of these, the total population targeted was 9% (81 million), with 7% (63 million) treated in 2015. The population targeted peaked at 10% between 2017–2019, decreasing to 8% (87 million) in 2021. The population treated over the same period peaked at 9% in 2017 before declining at 7% (76 million) in 2021. A total of 548 million people were treated including 454 million children and 94 million adults for schistosomiasis between 2015–2021 (see Figure 5.8).



### 5. Results of progress in the fight against NTDS

Figure 5.7 Showing the Percentage (A) and number (B) of the total population requiring treatment, highlighting the total population targeted for treatment and those treated for schistosomiasis in the WHO African Region between 2015–2021



## 5. Results of progress in the fight against NTDS

Figure 5.8 Shows the population treated for onchocerciasis highlighting School Age Children (SAC) among the total population between 2015–2021



Also, of the 16% of the population requiring treatment for schistosomiasis in 2015, 56% are SAC and 48% are adults (see Figure 5.9). The proportion of the SAC population was relatively stable, decreasing from 56% in 2015 to 52% by 2021. Similarly, the proportion of the adult population was stable, but increased slightly from 48% in 2015, to 50% by 2021.

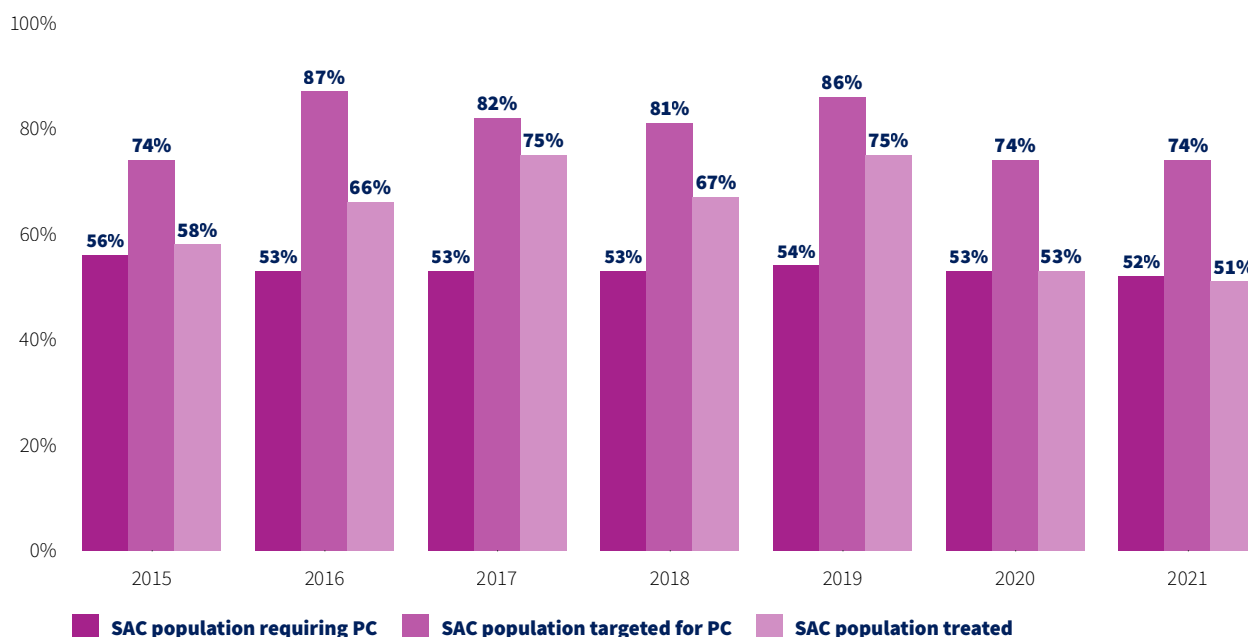
Figure 5.9 Shows the dominance of School Age Children (SAC) among the total population treated for schistosomiasis between 2015–2021



Furthermore, among the 56% of the SAC population in 2015, 74% of these were targeted and 58% treated (see Figure 5.10). The proportion of the SAC population targeted, peaked at 87% in 2016 and was 74% by 2021, whereas that of the SAC population treated decreased slightly to 51% in 2021. 454 million children were treated for schistosomiasis between 2015–2021.

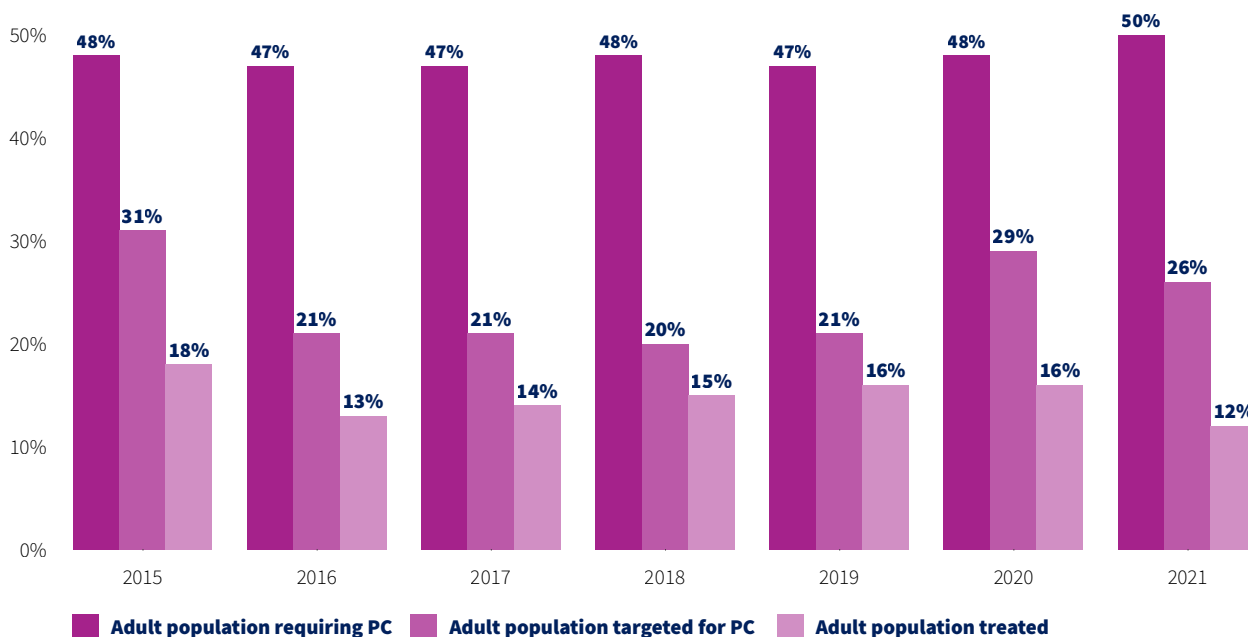
**5. Results of progress in the fight against NTDS**

*Figure 5.10 Shows population of School Age Children (SAC) treated for schistosomiasis between 2015–2021*



Of the 48% adult population requiring treatment in 2015, 31% were targeted and 18% treated (see Figure 5.11). The population requiring treatment increased slightly to 50% by 2021. For the adult population targeted, the proportion decreased to 21% in 2016, held steady and peaked at 29% in 2020, and declined to 26% by 2021. Likewise, the percentage of those treated among adults declined to 13% in 2016 and rising to 16% between 2018–2020, before decreasing to 12% by 2021. Over 88 million people among the adult population were treated for onchocerciasis between 2015–2021 (see Figure 5.8).

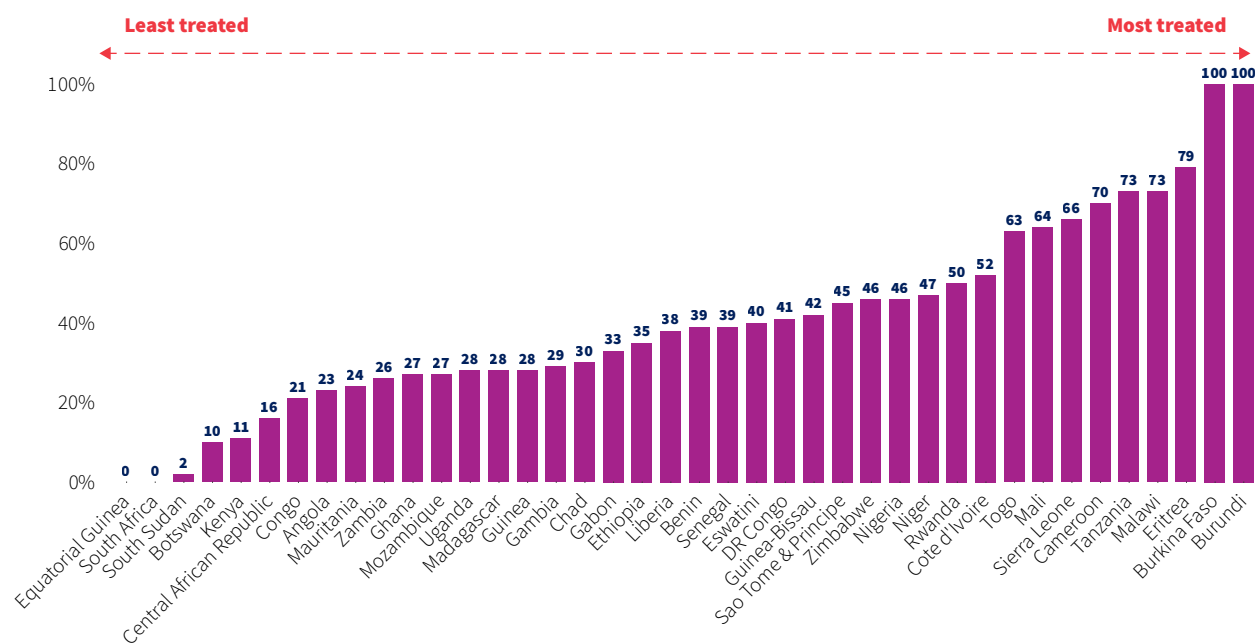
*Figure 5.11 Shows the population of adults treated for Schistosomiasis between 2015–2021*



## 5. Results of progress in the fight against NTDS

Among the top five countries, Burundi (100%) and Burkina Faso (100%) have treated more people as a percentage of their population. They are followed by Eritrea (79%), then Malawi and Tanzania (both 73%), and Cameroon a 70% (see Figure 5.12). The five countries with the least percentage of their population treated for schistosomiasis are Equatorial Guinea and South Africa (>1%), South Sudan (2%), Botswana (10%) and Kenya (16%). Therefore, to achieve or get close to the desired target of eliminating this NTD by 2030, there is need to drastically improve performance of the programme in these countries.

**Figure 5.12 Demonstrating various progress between 2015–2021, highlighting most and least percentage of population treated for schistosomiasis in countries**

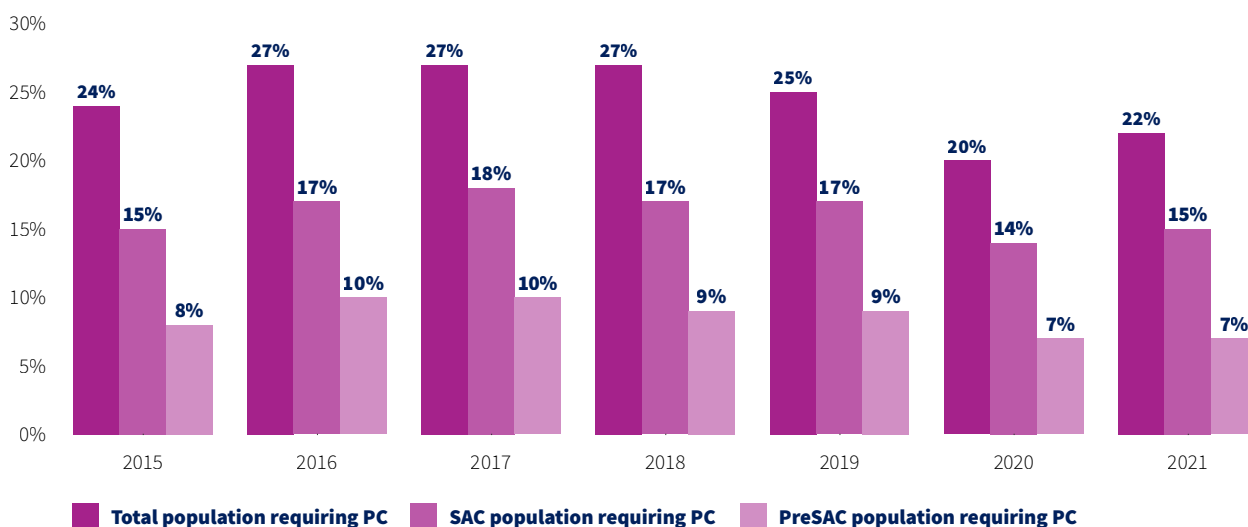


### 5.4 Up to 959 million children treated for soil-transmitted helminthiasis

Children were a key demographic target for the soil-transmitted helminthiasis programme, both School Age Children (SAC) and Pre School-Age Children (PreSAC). A total of 959 million people were treated for soil-transmitted helminthiasis between 2015–2021. The total population requiring treatment among the targeted children group was 24% in 2015. It reached a maximum of 28% in 2017, then declined to 21% in 2021 (see Figure 5.13).

**5. Results of progress in the fight against NTDS**

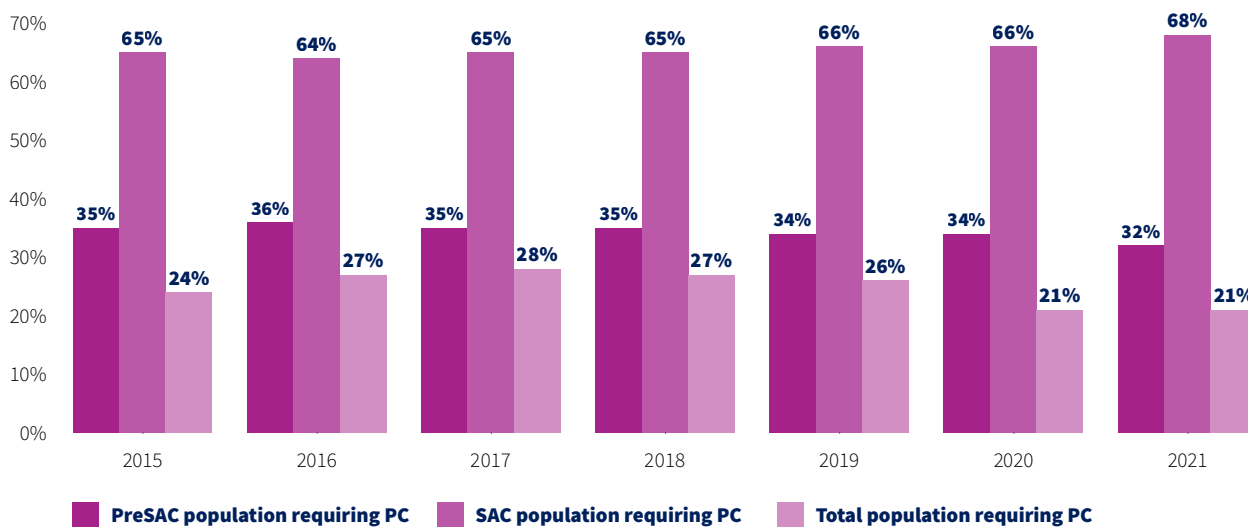
*Figure 5.13 Showing the total population, School Age Children (SAC) and Pre School-Age Children (PreSAC), requiring treatment for soil-transmitted helminthiasis between 2015–2021*



This reduction was largely due to increases in the population no longer requiring treatment in countries. Out of the targeted children population, 16% were SAC and 9% PreSAC in 2015. The percentage of the SAC population reached a peak at 18% in 2017, decreasing to 14% by 2021. In a similar pattern, the PreSAC population peaked early at 10% in 2016, then declined steadily to 7% by 2021.

Among the total targeted population (24%) requiring treatment in 2015, 65% are SAC and 35% are PreSAC. This shows the dominance of the SAC population group but also the focus of the soil-transmitted helminthiasis programme (see Figure 5.14). Similarly, the SAC population requiring treatment has dominated over the years, increasing to 68% by 2021, while the PreSAC population held relatively steady, decreasing slightly to 32% by 2021.

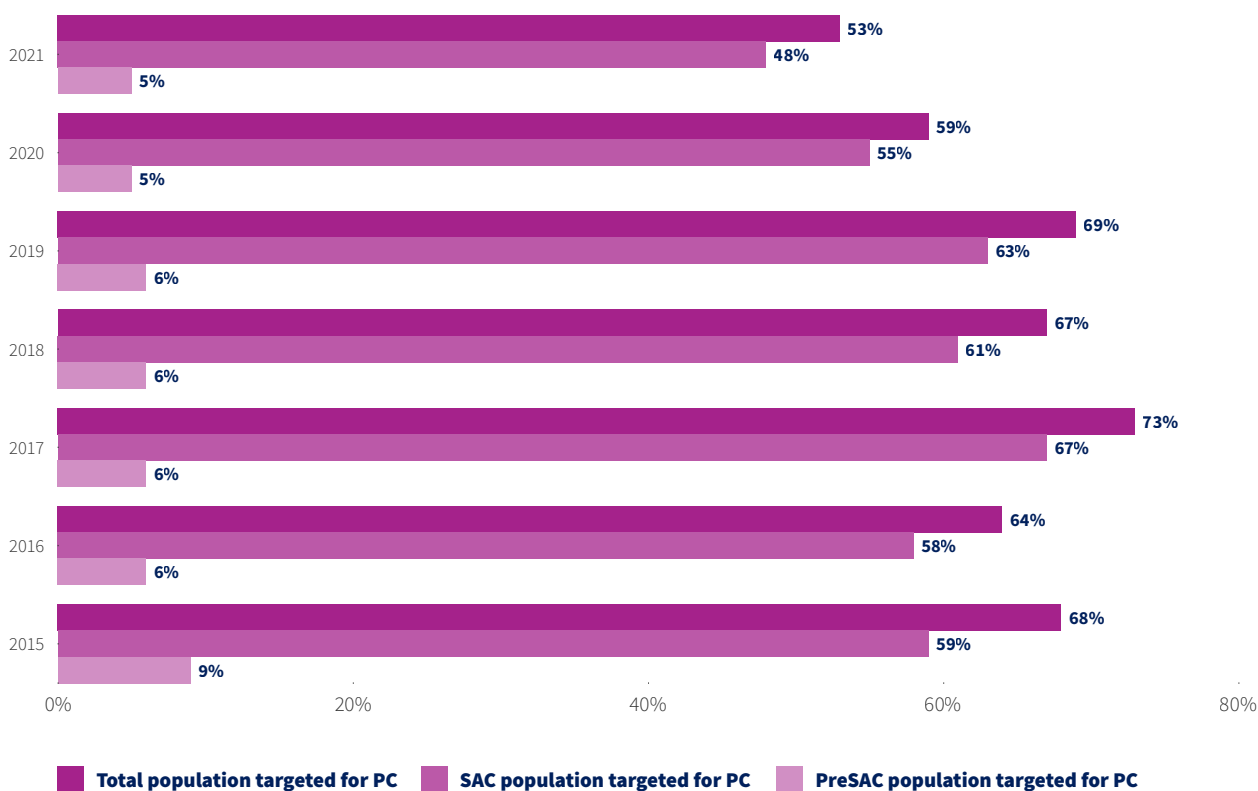
*Figure 5.14 Demonstrates the dominance of School Age Children (SAC) among the total children population requiring treatment for soil-transmitted helminthiasis between 2015–2021*



### 5. Results of progress in the fight against NTDS

The targeted population for treatment increased from 68% in 2015, peaking at 73% in 2017, then decreasing to 53% by 2021 (see Figure 5.15). Out of the 70% targeted, 59% represented the SAC population group and 9% the PreSAC group. Again, this demonstrates the dominance of School Age Children among the total population targeted for soil-transmitted helminthiasis treatment between 2015–2021. The targeted SAC population increased to a maximum 67% in 2017, decreasing to 48% by 2021, marking an overall decrease of 11%, while the PreSAC population declined steadily to 5% by 2021, for a 4% overall reduction.

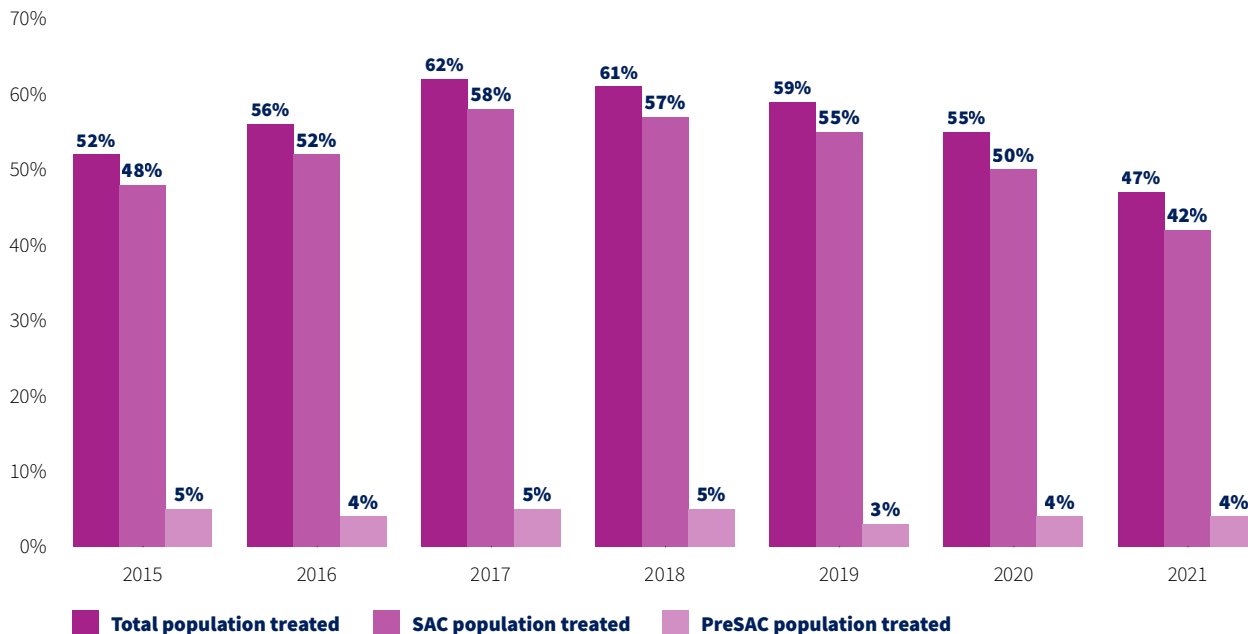
**Figure 5.15 Shows the dominance of School Age Children (SAC) among the total children population targeted for soil-transmitted helminthiasis treatment between 2015–2021**



Furthermore, the total population treated in 2015 was 52% of the targeted population. Of this number, 48% represented the SAC group, and the remaining 5% the PreSAC population (see Figure 5.16). The total population treated rose to a maximum of 62% in 2017, declining to 47% in 2021. Likewise, the SAC population treated increased to a 58% peak in 2017, decreasing to 42% by 2021, while the PreSAC population fluctuated slightly, decreasing to 4% by 2021. This highlights the focus on the treatment of the SAC population for soil-transmitted helminthiasis between 2015–2021. A total of 892 million SAC and 67 million PreSAC population were treated for soil-transmitted helminthiasis between 2015–2021.

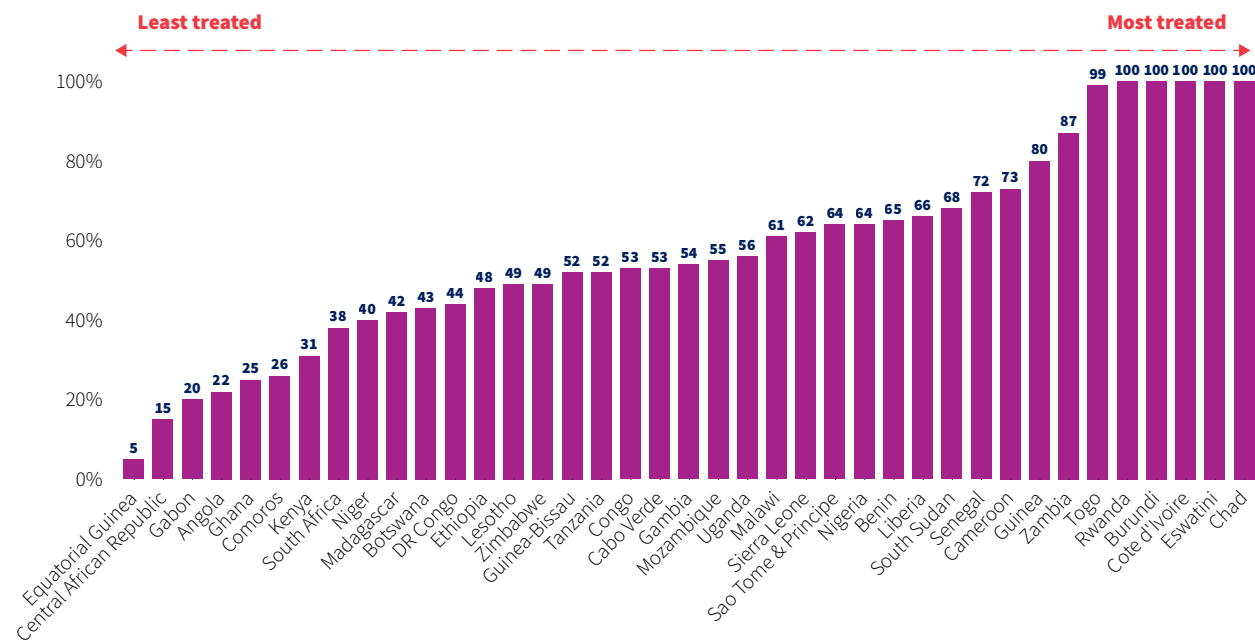
**5. Results of progress in the fight against NTDS**

*Figure 5.16 Shows the dominance of School Age Children (SAC) among the total population treated for soil-transmitted helminthiasis between 2015–2021*



The top-performing countries as a percentage of the population are Burundi, Chad, Cote d’Ivoire, Eswatini and Rwanda. All these countries have treated 100% of their population requiring treatment for soil-transmitted helminthiasis. They were followed by Togo, which reached 99%. Conversely, Equatorial Guinea (5%), Central African Republic (15%), Gabon (20%), Angola (22%), Ghana (25%) and Comoros (26%) are the countries that treated the least percentage of population for soil-transmitted helminthiasis (see Figure 5.17).

*Figure 5.17 Demonstrating various progress between 2015–2021, highlighting most and least percentage of population treated for soil-transmitted helminthiasis in countries*

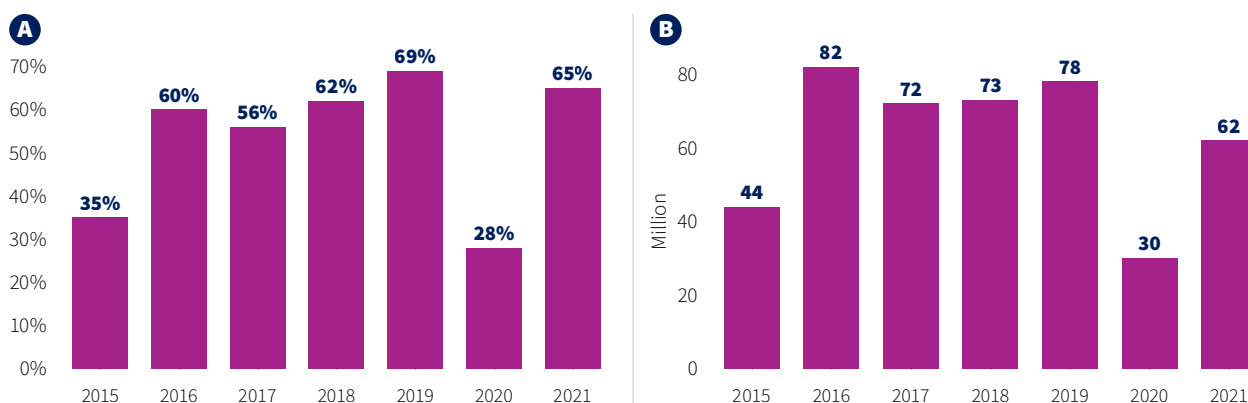


**5. Results of progress in the fight against NTDS**

**5.5 Battling trachoma, the leading infectious cause of blindness**

The percentage of the population treated for trachoma increased from 35% (44 million) in 2015 to a maximum of 69% (78 million) in 2019. The progress of the programme drastically declined, to 28% (30 million), at the beginning of the COVID-19 pandemic in 2020 but recovered to 65% (62 million) in 2021 (see Figures 5.18A and 5.18B).

*Figure 5.18 Percentage (A) and number (B) of people treated for trachoma 2015–2021 in the WHO African Region*



This translates to an overall increase of 30% (18 million) improvement in performance, accounting for a total of 484 million treatments administered to the population for trachoma between 2015–2021 in the region.



*Participants in a Trachoma campaign in a rural community*

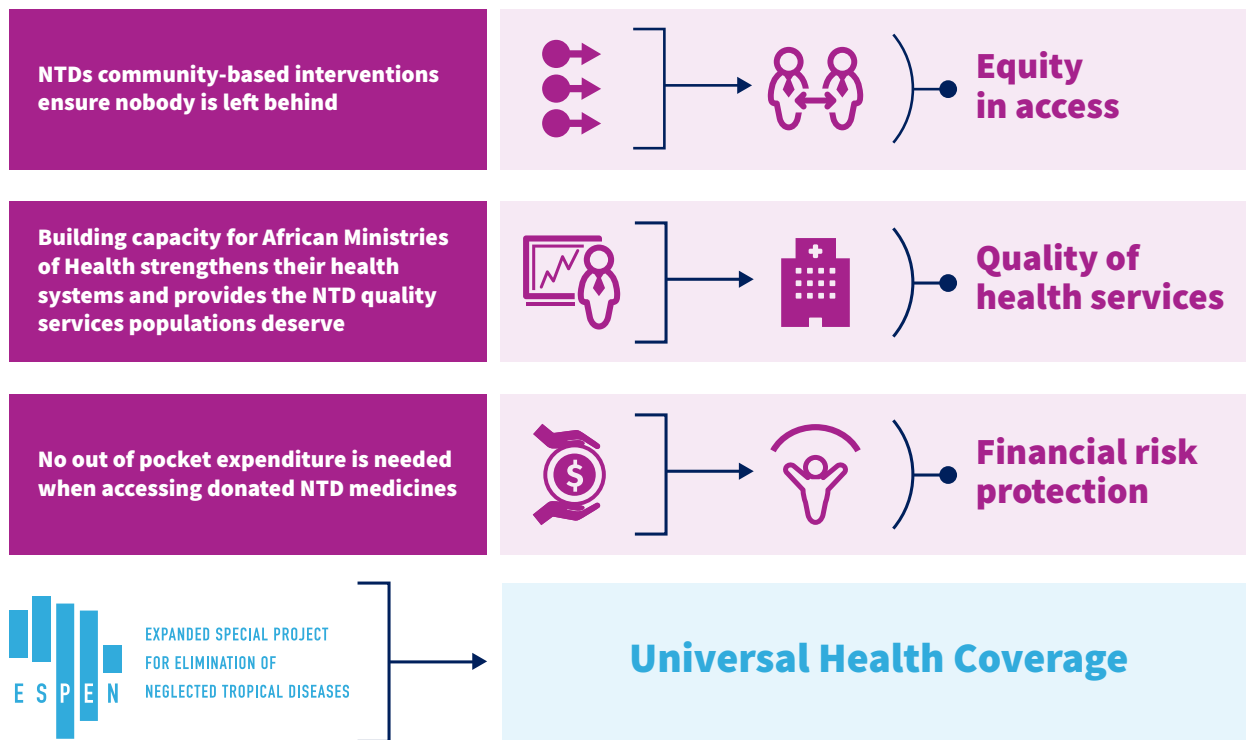


**5. Results of progress in the fight against NTDS**

**5.6 ESPEN’s contribution to Universal Health Coverage**

ESPEN’s effort contributes to UHC and aligns with the global health objective to eliminate NTDS, but also contributes to the race to achieve the SDG targets for NTDS. ESPEN ensures that its support for community-based interventions leaves no one behind, providing equitable access to treatment for those in need. In addition, its push towards building NTD capacities across the region strengthens health systems, leading to the provision of quality NTD services. Above all, free NTD treatments to communities with zero out-of-pocket expenditure provides financial risk protection<sup>13</sup> (see Figure 5.19). This was part of the essential components that broke the barrier to extensive treatment coverage among populations in need and contributed significantly to the success of ESPEN’s work.

*Figure 5.19 Highlights how ESPEN’s work contributes to Universal Health Coverage. Source: ESPEN 2021*



13 ESPEN [Online] accessed 24th June 2023. Available at: [https://espen.afro.who.int/system/files/content/resources/ESPEN-NTD-Elimination\\_2021\\_final.pdf](https://espen.afro.who.int/system/files/content/resources/ESPEN-NTD-Elimination_2021_final.pdf)

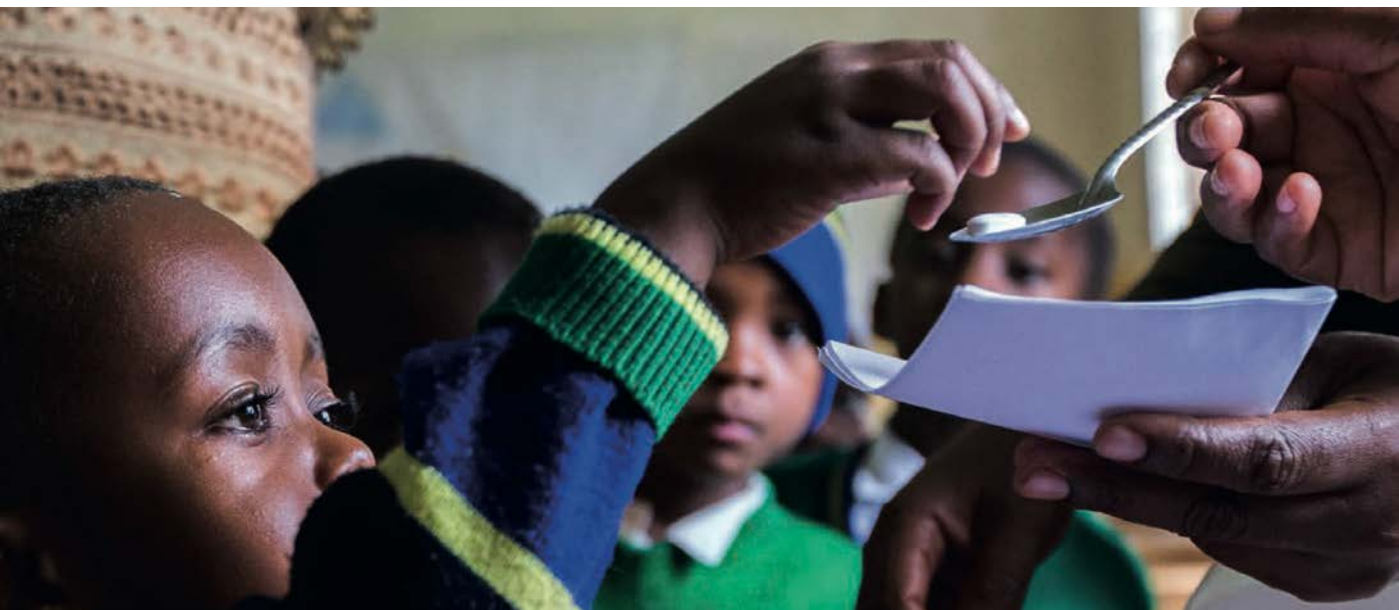


6

**Outstanding  
examples of progress  
from countries  
in the region**

## 6. Outstanding examples of progress from countries in the region

Although significant challenges remain in the fight against NTDS in various countries, several successes have been achieved, demonstrating progress towards the eradication of these diseases, especially PC-amenable NTDS targeted by ESPEN. These breakthroughs ranged from Togo's journey to elimination of NTDS as a public health problem, through the successful crusade against lymphatic filariasis in Lamu Island in Kenya, to the defeat of trachoma in The Gambia. It also highlighted how the tide was turned against lymphatic filariasis in Comoros and Sao Tome & Principe, offering deep insights into the march towards eradication of lymphatic filariasis in Comoros, and how the disease was rolled back in Sao Tome & Principe. The following sections outline key details of this progress.



*School age children receiving NTD preventive tablet*

### 6.1 Togo's journey to elimination of NTDS as a public health problem

Aware of the devastating negative impact of NTDS on its citizens, especially its poor and marginalized populations. Togo took on board all WHO's resolutions, guidelines and recommendations with the goal of eliminating NTDS in the country. In recent years, the government demonstrated strong political will, backed by the increased state funding. With support of partners including WHO, UNICEF and USAID, among others, Togo developed and implemented intervention strategies tailored to the needs of its communities. These have resulted in the elimination of four NTDS, namely lymphatic filariasis, trachoma, Guinea worm, and Human African Trypanosomiasis, all of which were endemic in Togo<sup>14</sup>. However, only two examples targeted by ESPEN, lymphatic filariasis and trachoma, will be highlighted.

Togo's journey commenced with disease mapping to determine the endemicity of NTDS. This was followed by the implementation of interventions, largely MDA for diseases that are amenable to preventive chemotherapy, such as lymphatic filariasis, schistosomiasis and onchocerciasis, among others, coupled with case management for those already affected. Disease surveillance, including impact evaluations,

<sup>14</sup> NTDS elimination in Togo, an unpublished internal document shared by Togo with WHO in August 2023.

## 6. Outstanding examples of progress from countries in the region

continued after MDA. These evaluations were carried out to ascertain the effectiveness of the medicines at five-year intervals, in line with WHO's recommendations. Once transmission assessment surveys (TAS) confirmed the interruption of disease transmission, the development and submission of dossiers for validation by WHO came four years later.

### 6.1.1 Setting the pace for elimination of lymphatic filariasis

Togo was the first country in sub-Saharan Africa to eliminate lymphatic filariasis as a public health problem, in 2017. Their protracted journey to elimination of the disease started with disease mapping conducted in 1978, which was plagued by frequent breaks due to challenges including weak political will and lack of adequate funds. The mapping ascertained the seven endemic districts (nine based on the current configuration of districts).

Little was done until 2000, when an MDA programme began in Binah district. This was extended to the remaining eight districts in 2003. All the population in the endemic districts were treated annually with PC during subsequent MDAs until 2009. Shortly afterwards, the programme began winding down until 2010.



*Participants at an NTD capacity building workshop*

In addition, those who had already contracted lymphatic filariasis and other related diseases, such as lymphedema and hydrocele, were managed and treated with frequent campaigns, including surgeries conducted in health facilities. Impact evaluations, as part of disease surveillance, was conducted annually for several years after the last MDA. The country submitted its dossier to the WHO and received validation in 2017, having achieved the elimination of lymphatic filariasis as a public health problem. After elimination, disease surveillance continued among at-risk groups such as migrants including seasonal migrants, nomads and political refugees. All these efforts helped prevent any recurrence of lymphatic filariasis transmission in Togo.

## 6. Outstanding examples of progress from countries in the region

### 6.1.2 Breaking the back of trachoma in Togo

Efforts to eliminate trachoma began in 1989 as a result of its inclusion among NTDs that had been prioritized as part a national control programme geared towards eliminating the disease. Activities intensified, with the first national disease mapping for trachoma conducted in 2009. This work delineated endemic areas with prevalence of trachoma in Togo.



*A distinguished award given by the WHO Director General and the Regional Director for Africa to Togo's Minister of Health, for elimination of trachoma, at the 75th World Health Assembly in 2022 – Photo credit: Togo NTD programme*

After the disease mapping, Togo adopted and implemented the WHO "SAFE" strategy which recommended the utilization of antibiotics to clear infections, facial cleanliness with improved access to water and sanitation, as well as surgery to treat patients at the blinding stage of the disease. All the WHO-recommended strategies were implemented, with strong support from WHO, Sight savers, the Bill and Melinda Gates Foundation, Tropical Data and USAID, among others. This collaboration enabled Togo to respond effectively to break the back of trachoma, helping overcome this leading infectious cause of blindness. A dossier was submitted by Togo to WHO in 2020 for validation of the elimination of trachoma as a public health problem. The country received formal acknowledgement in 2022 at the 75th World Health Assembly in Geneva, Switzerland.

## 6.2 Turning the tide against lymphatic filariasis in Comoros and Sao Tome & Principe

The effort to combat lymphatic filariasis in these two island countries, Sao Tome & Principe and Comoros, has begun to yield the intended results, with both countries interrupting transmission of the disease. This means that the incidence of infection in both Comoros and Sao Tome & Principe has been reduced to zero, with a minimum risk for its reintroduction. Documentation for verification can commence<sup>15</sup>. However, continued action is required to prevent any re-establishment of transmission. Turning the tide against lymphatic filariasis disease in Comoros and Sao Tome & Principe was made possible through the partnership

<sup>15</sup> Ending the neglect to attain the Sustainable Development Goals A road map for neglected tropical diseases 2021–2030 [Online] accessed 13th July 2023 at: <https://www.who.int/publications/i/item/9789240010352>

## 6. Outstanding examples of progress from countries in the region

and support of pharmaceutical firms like GSK and Merck, who donated medicines, as well as various ESPEN donors who supported with funding. WHO has generally provided coordination, including technical and financial support, to the countries. Progress of these journeys are detailed in subsections 6.2.1 and 6.2.2.



*At a seminar mission on the island of Zanzibar in the United Republic of Tanzania*

### 6.2.1 Rolling back lymphatic filariasis in Sao Tome & Principe

The island of Sao Tomé & Principe has interrupted the transmission of lymphatic filariasis in seven endemic districts, just three years after the launch of mass drug campaigns in 2018. The recent effort to roll back lymphatic filariasis in Sao Tome & Principe commenced with disease mapping conducted in 2016. This comprised of epidemiological surveys which provided basic information on the geographical distribution of lymphatic filariasis, the extent of endemicity, and other characteristics of the population, such as age groups, among others. This information was utilized for planning, implementation, monitoring and evaluation of key interventions. Specifically, the mass drug administration (MDA) of medicines for treatment.

The interruption of lymphatic filariasis transmission came after the implementation of three rounds of MDA. These included one round of annual mass treatment campaigns with Diethylcarbamazine-Albendazole in 2018, then two rounds with the new Ivermectin-diethylcarbamazine and Albendazole triple drug therapy from 2019–2020. The triple combination was recommended by WHO for treatment of lymphatic filariasis in endemic countries that are not co-endemic with onchocerciasis, as was the situation in Sao Tome & Principe. The shift to the new treatment regime made a huge difference, reducing prevalence of the disease to a low level (<2%), resulting in the interruption of transmission in the country. This notable achievement qualified the country to begin planning for the submission of its dossier after four years. If the current situation is sustained, WHO will validate Sao Tome & Principe's achievement for successful elimination of lymphatic filariasis as a public health problem in the country in 2027.

## 6. Outstanding examples of progress from countries in the region

### 6.2.2 The resilient march towards eradication of lymphatic filariasis in Comoros

For the island of Comoros, the march towards elimination of the disease was fraught with difficulties, surprises and disappointments. The journey began about two decades ago, with lymphatic filariasis disease mapping commencing in 2004. The information collected was utilized to plan MDA in 2008. The MDA campaign was followed by a transmission assessment survey in 2010. The result of the survey confirmed a high level of lymphatic filariasis in Comoros, resulting in failure to interrupt disease transmission. With the support of WHO, through ESPEN, another round of MDA campaigns were carried out between 2017–2018. This was followed by a Pre-Transmission survey (PreTAS) conducted in three Comoros islands in 2019. These are Mwali (Mohéli), Ngazidja (Grande Comore) and Ndzuwani (Anjouan). Two islands, Mwali and Ngazidja, were verified to have interrupted transmission. However, Ndzuwani failed. This prompted the implementation of two additional rounds of MDA, the first in 2020 and the second in 2021.

In addition, another PreTAS was repeated in 2022 and a TAS in 2023. These surveys proved the interruption of transmission in all 17 lymphatic filariasis-endemic districts in the country. With this accomplishment, Comoros should be ready to submit its validation dossier for elimination of lymphatic filariasis disease in four years, then receive acknowledgement from WHO by 2028 for the elimination of lymphatic filariasis as a public health problem on the Island.



*An advocacy visit to galvanize political support for the elimination of NTDS in Malawi*

### 6.3 The silent triumph of the crusade against lymphatic filariasis in Lamu, Kenya

Lymphatic filariasis is endemic in the coastal region of Kenya, including the sub-counties of Lamu East and Lamu West in Lamu County, and Jomvu in Mombasa County. During a 2015 baseline survey conducted in preparation for restarting MDA, these areas were found to have a high prevalence of the disease. To accelerate the elimination of lymphatic filariasis in these three sub-counties, in 2018 the Ministry of Health, through the NTD Programme, implemented MDA utilizing a triple combination Ivermectin, diethylcarbamazine citrate (DEC) and albendazole, commonly known as IDA. Two rounds of mass treatment using the IDA regimen was administered to communities in the three sub-counties in 2018 and 2019. An impact evaluation followed in 2020.

## 6. Outstanding examples of progress from countries in the region

As part of its support to countries, WHO provided guidance and reviewed the impact assessment survey protocols after the administration of lymphatic filariasis triple therapy. WHO also provided over 14 000 Filariasis Test Strips (FTS) during the survey, and advisory guidance for the interpretation of survey results and the way forward towards the elimination of the disease for areas that have interrupted transmission.

The impact assessment was conducted in 30 randomly-selected clusters. The result of the TAS in areas that have interrupted the transmission of lymphatic filariasis indicated prevalence of the disease below 1%. Although a higher number of villages were found to have the disease infection in Jomvu compared with Lamu, overall prevalence has reduced significantly to an average of 2% in Lamu and Jomvu. The TAS result demonstrated the silent triumph of the crusade against lymphatic filariasis in Lamu, significantly improving the odds of halting further rounds of MDAs.



*A nursing mother in consultation with a health worker*

### 6.4 The defeat of trachoma in The Gambia

The Gambia received WHO validation for eliminating trachoma as a public health problem in the country in 2021<sup>16</sup>. This was largely due to a robust collaboration with several partner organizations that have implemented WHO's Safe Strategy. Community volunteers also played a central role in the mobilization of communities, and in advocating for behavioural changes among the population. This group was at the core of the struggle to defeat trachoma in The Gambia.

Although the effort to eliminate trachoma started many years ago, prior to the establishment of ESPEN, the work intensified in recent years, leading to increased collaboration with the WHO Alliance for the Global

<sup>16</sup> WHO validates Gambia for having eliminated trachoma as a public health problem [Online] accessed 13th July 2023 at: <https://www.who.int/news/item/20-04-2021-who-validates-gambia-for-having-eliminated-trachoma-as-a-public-health-problem>



## **6. Outstanding examples of progress from countries in the region**

Elimination of Trachoma. As a result of this push, a recent trachomatous trichiasis (the advanced, blinding stage of trachoma) survey carried out between 2018–2019 in the country revealed a disease prevalence of between 0% to 0.02% among adults 15 years and older. This was well below the required threshold of less than two percent (0.2%) needed for the elimination of trachoma as a public health problem, but a significant improvement from the mid-1980s, when a national survey in The Gambia suggested that trachoma was responsible for up to about one in every five cases of blindness across the country. This accomplishment has “saved children, mothers and families from preventable visual impairment or blindness, and improved their quality of life and well-being”, according to Dr Matshidiso Moeti, WHO Regional Director for Africa.



*Demonstrating effective face washing, the F in the WHO SAFE strategy for the fight against trachoma – Photo credit: UN*



# 7

## Challenges, difficulties and lessons learned

## 7. Challenges, difficulties and lessons learned

Despite significant progress in the fight against NTDS in the region, several challenges and difficulties remain to achieve the set goals. However, important lessons have been learned from ESPEN, as well as NTDS programmes in countries. Details are outlined in the subsections below:

### 7.1 Challenges and difficulties

ESPEN has made great strides through its collaborations and partnerships, raising significant funding from donors to support countries to strengthen their NTDS programmes and intensify the fight against NTDS in the region. However, inadequate financial and human resources remain a priority, especially in countries with major constraints, such as those almost wholly dependent on funding from outside sources such as partners and donors for funding key campaigns. These sources of funding are not sufficient to quickly ramp up MDA activities, resulting in delays in areas such as vector control. More funding is required, especially from governments, to sustain the gains already achieved and accelerate future efforts as countries take full ownership of the battle against NTDS.



*Onchocerciasis (bilharzia) campaign team in a rural community in South Sudan*

Insufficient integration of NTDS control, treatment and prevention into health systems has been another issue. This is also vital for future sustainability of progress, to help countries manage health complications arising from NTDS and substantially reduce programme costs. Little progress has been made despite this objective being a priority for some time. Furthermore, there are difficulties in coverage of the whole at-risk population within limited timeframes, such as addressing seasonal problems when vectors are most active and imposing adequate pressure on the parasites to accelerate interruption of transmission in endemic countries. In addition, there is the challenge of sustaining high levels of geographic coverage and therapeutic rates achieved, as was the case for several of the targeted NTDS. High coverage rates have been achieved, including up to 96% in a one year, but they have then plummeted significantly the following year.

## 7. Challenges, difficulties and lessons learned

On the operational side, there were also supply chain-related difficulties, including late submission of joint application packages resulting in late reviews, approvals and clearances. In several instances, applications are also not up to the required quality standard. Constraints in the production capacity of pharmaceutical companies whose donated medicines are utilized for MDA, especially during the COVID-19 pandemic when the global supply chain was largely disrupted, also proved problematic.

There were issues with delays in obtaining approvals for pre-shipment inspection, special labelling and tax exemptions, including customs clearances for medicines in destination countries. All these constraints led to delays. In some countries, there were insufficient warehouses of requisite capacity and quality, with poor inventory and information management of donated medicines due to inadequate in-country distribution systems, including transport challenges and lack of funds.

### 7.2 Lessons learned

There are many lessons but only a few will be highlighted:

**Importance of political will:** This is one of the most essential ingredients required to win the battle against NTDS in the region. A notable example was demonstrated by the Togolese Government, and the result spoke loud and clear, with four NTDS eliminated within a short period, one eradicated and three eliminated in the last six years (2017–2022). This was attributed to political will and sustained effort. The political will was the initial impetus, which led to the development of a master plan for the fight against NTDS, and created a budget line dedicated to NTDS, coupled with increased financial contributions from the government and commitments from other stakeholders.



*School Age Children population remain vulnerable for schistosomiasis and soil-transmitted helminthiasis*

## 7. Challenges, difficulties and lessons learned

**Strong partner collaboration as a key success driver:** The main thrust of ESPEN is partnership and collaboration. Over the years, ESPEN has gained from the incredible support provided by its partners and other stakeholders. This spans funding through to sharing of experiences, to technical support, and has facilitated ESPEN's capacity to overcome a myriad of problems, especially at the early stages. There were also combined missions between WHO, partner institutions and consultants, including a roster of multitasking consultants ready for deployment to countries. This has considerably reduced cost but also boosted coordination and overall efficiency of implementation of the interventions.

**Timely access to funding and medicines for endemic countries:** Although lack of timely access to funding was an issue for several countries, ESPEN has contributed immensely by ensuring funding was available to support MDA in countries. Results demonstrated that timely access to funding was a crucial component that contributed to the acceleration of progress in the control and elimination of NTDS. The unprecedented access to medicines donated by pharmaceutical companies significantly reduced treatment costs, which in turn impacted programme costs, allowing for more MDA coverage.



*School Age Children treated for schistosomiasis – Photo credit: Merck*

**Country ownership:** This is vital for sustainability of the progress achieved, and continuity of the future struggle against NTDS in the region. WHO is acutely aware of this from its years of experience fighting against NTDS, and has, through ESPEN, advocated for it at the start of operations. Several countries are yet to take complete country ownership, but some, like Togo which has taken complete ownership of its fight against NCDs, have led the way. Among other vital actions taken by Togo is increasing financial contributions and commitment from different stakeholders. This has encouraged strong community engagement and participation, resulting in the elimination of several NTDS. Togo has also taken a more active role in crafting its own programme, adopting WHO's guidelines and recommendations to deliver and evaluate its NTDS

## **7. Challenges, difficulties and lessons learned**

programmes engaging local communities. It was this increased leadership role to own this fight that immensely contributed to steering the course towards success.

**Integration of implementation interventions:** This was one of the important shifts that ESPEN has introduced as part of the considerable changes to the campaign to eliminate NTDs. It was one of the major challenges impacting implementation prior to the formation of ESPEN. Experiences from several countries, such as Togo and Kenya, have demonstrated that integration improves effectiveness and efficiency of interventions, and delivers cost-saving benefits.

**Effective utilization of innovative technology to increase efficiency:** ESPEN has improved health information systems for elimination of NTDs through its electronic portal. ESPEN was able to integrate more features, including JAP, to streamline supply chain processes, and ESPEN Collect to assist with the collection and coordination of subnational data from endemic countries. These has improved both processes, but is not yet optimal. In addition, the ESPEN portal has also helped minimize certain administrative and financial procedures, making the overall process more effective.



*A girl child receiving NTD preventive tablet*



8

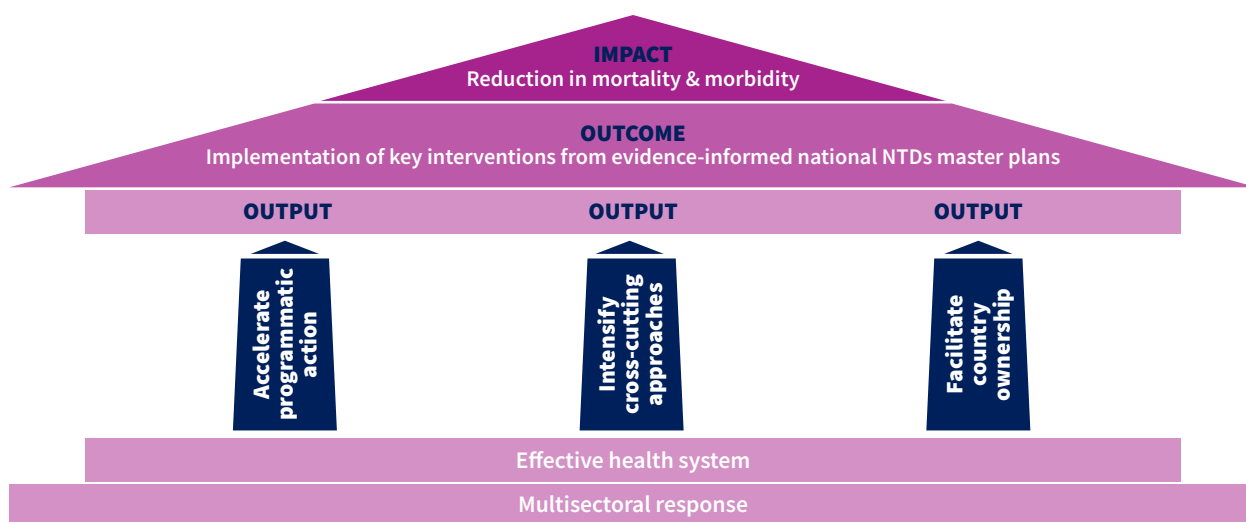
**What next?**

## 8. What next?

Despite the significant progress that has been made, the burden of NTDS remains significant. Going forward, the WHO African Region should continue to utilize the 2021–2030 NTDS road map as the framework to guide its future strategies for elimination of these diseases in the runup to 2030, the new target date set for global eradication of NTDS.

The main thrust of the global road map was built on three key pillars<sup>17</sup>. These encompass “accelerating programmatic action against NTDS”, including interventions to reduce the impacts of these diseases which will require “scientific advances, new interventions and tools, including strengthening strategies, service delivery and enablers”.

**Figure 8.1 Future strategies – Integrated approach required for success built on three pillars to support efforts to control, eliminate and eradicate NTDS. Source: Modified from WHO GMP 2020**



Secondly, to “intensify cross-cutting approaches by integrating interventions for several NTDS”, mainstreaming these diseases into national health systems and coordinating with related programmes. The final pillar is to “change operating models and culture by increasing country ownership”, which includes clarifying roles of organizations, institutions and other stakeholders, and considering culture and perceptions with a view to achieving alignment to progress towards the 2030 NTD targets.

However, the focus should be on tailoring these recommendations to country contexts for effectiveness. ESPEN has supported countries to draw up national master plans to guide future efforts towards eradication. These will require evidence-based fine-tuning, and making the required adjustments as the battle against NTDS continues to evolve into the future.

<sup>17</sup> Ending the neglect to attain the Sustainable Development Goals: A road map for neglected tropical diseases 2021–2030 [Online] accessed 24th November 2022. Available at: <https://www.who.int/publications/i/item/9789240010352>



## 8. What next?



*At the launch of Uganda's NTD Master Plan 2023–2027*

The way forward for the region includes the need to intensify advocacy to strengthen country ownership of NTD programmes and increase government funding for future sustainability, but also to strengthen support from partners to build trust for investment in NTDs beyond the five targeted by ESPEN. The remainder constitute about 10% of NTD burden in the region but is still significant and requires attention.

Continued support is needed to help countries shift from isolated disease-specific programmes to harness the benefits of integration, as advocated by ESPEN, as is a push to redouble efforts to mainstream NTD programmes into national health systems for effectiveness.

Possibilities for further synergies to increase efficiency and cost-effectiveness need to be explored, in order to facilitate achieving and sustaining high levels of geographic and therapeutic coverage rates, to accelerate the pace towards elimination. Bottlenecks which decrease coverage rates within very short periods need to be addressed.

Disease mapping should be increased in areas in which multiple rounds of MDA were conducted, to improve the delineation of endemic areas to reduce populations which require further treatment. This will help optimize resources for use in populations in greatest need, consequently expanding coverage and accelerating the march towards eradication.

Strengthening of disease surveillance and monitoring in endemic countries needs continued support, and the information obtained should be used optimally to enhance countries' action plans and guide evidence-based decision-making.

Overall accountability in all aspects of NTD programme activities need to be improved, including resources and in operations for increased impact, focusing on outcomes and impacts of implemented actions on populations in need.

# Acknowledgements

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