REPORT OF THE SECOND JOINT PROGRAMME MANAGERS’ MEETING ON CASE MANAGEMENT AND PREVENTIVE CHEMOTHERAPY NEGLECTED TROPICAL DISEASES, IN THE WHO AFRICAN REGION.

DATES OF MEETING: JULY 16-18, 2019
VENUE: AU HEADQUARTERS, ADDIS ABABA, ETHIOPIA
REPORT BY: WHO-AFRO NTD/ESPEN SECRETARIAT
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Venue: AU Headquarters, Addis Ababa, Ethiopia

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<td>ASLM</td>
<td>African Society for Laboratory Medicine</td>
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<td>CM</td>
<td>Case Management</td>
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<td>DHIS2</td>
<td>District Health Information System 2</td>
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<td>Morbidity Management and Disability Prevention</td>
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I. SUMMARY

The NTD control efforts in the African Region have been guided by the 2012-2020 WHO Global Roadmap for the elimination of NTDs, the 2013 World Health Assembly (WHA) resolution on NTDs (WHA66.12), the resolution on NTDs (AFR/RC63.R6) adopted by the Regional Committee for Africa in September 2013, accepting “The Regional Strategy on Neglected Tropical Diseases in the WHO African Region” and “The Regional Strategic Plan on Neglected Tropical Diseases for 2014-2020” as a way of implementing the WHO global roadmap and the WHA resolution on NTDs. With only a year left to the 2020 targets, 2019 presents an opportune moment to conduct a joint evaluation on the progress on the implementation of the 2013 African resolution on NTDs, the Regional NTD Programme supported activities and interventions, and to discuss the gaps that still need to be covered.

Two years after the first joint PC and Case Management (CM) NTD meeting in Libreville in June 2017, the Regional NTD Programme and ESPEN have held the Second National Programme Managers meeting, co-hosted by the African Union Commission for Social Affairs, in Addis-Ababa Ethiopia, July 16-18 2019. This meeting had objectives to guide the development of the Regional NTD strategy and strategic plan for the period 2021-2030 as well as the next 5-year phase of ESPEN with participation of NTD National Programme Managers, partner institutions, NGOs and donors, as well as WHO NTD staff members from the three levels, by carrying out a pre-end-term review of the implementation of the NTD Roadmap 2012-2020 and of the NTD Regional Strategic Plan for 2014-2020.

The meeting attracted 288 registered participants from WHO/HQ, WHO/AFRO, RPRG members, programme managers from the Ministry of Health, Country NPOs, and partners. During the three days meeting, participants reviewed the regional and national NTD achievements since the last joint meeting in 2017, the challenges and constraints encountered in the region, lessons learnt and best practices adopted. Action points and recommendations to improve the implementation of regional and national annual plans, and activities between July 2019 and December 2020 were proposed. Finally, participants agreed on the way towards, the development of the NTD regional and national goals, targets, and priority interventions in line with the draft global NTD Roadmap 2021-2030.

II. BACKGROUND AND RATIONALE

Despite significant progress in the control of Neglected Tropical Diseases (NTDs), the African region continues to bear about half of the global burden of Neglected Tropical Diseases (NTDs). To alleviate the socioeconomic impact posed by NTDs and contribute to the achievement of Universal Health Coverage (UHC) and the Sustainable Development Goals (SDGs) through the control, elimination and eradication of NTDs, the concerted efforts demonstrated so far by stakeholders need to be amplified and sustained.

In the last five years, the control efforts in the region have been guided by the 2012 WHO Global Roadmap for the elimination of NTDs, the 2013 World Health Assembly (WHA) resolution on NTDs (WHA66.12), the resolution on NTDs (AFR/RC63.R6) adopted by the Regional Committee for Africa in September 2013, accepting “The Regional Strategy on Neglected Tropical Diseases in the WHO African Region” and “The Regional Strategic Plan on Neglected Tropical Diseases for 2014-2020” as a way of implementing the WHO global roadmap and the WHA resolution on NTDs. The RC63 resolution urges Member States in the Region to rapidly scale up interventions and strengthen health systems to tackle NTDs at all levels and ensure regular monitoring and tracking of progress.

With only a year left to the 2020 targets, 2019 presents an opportune moment to conduct a joint evaluation on the progress on the implementation of the 2013 African resolution on NTDs, the Regional NTD Programme supported activities and interventions, and to discuss the gaps that still need to be covered in accordance with the following four strategic pillars of the NTD strategic plan (2014 – 2020):
1. Scaling up access to NTD interventions and treatment and service delivery capacity through the development of guides and manuals to help interventions in addition to support in vector control, water, sanitation and hygiene;

2. Strengthening capacity at national level for NTD programme management and implementation by availing adequate and trained work force, leadership and governance and medical products and technologies;

3. Enhancing planning for results, Resource Mobilization and Financial Sustainability which include the development of NTD strategic plan, guides and country annual plan of actions and advocacy for resource;

4. Strengthening national capacity for monitoring and evaluation of programmes, surveillance and research.

In order to urgently address the overbearing burden of PC-NTDs, Dr Matshidiso Moeti, Director for the WHO Regional Office for Africa (AFRO), launched in May 2016 the Expanded Special Project for Elimination of Neglected Tropical Diseases (ESPEN), in the spirit of partnership between WHO Regional Office for Africa (AFRO), Member States and NTD partners as an effort to mobilize political, technical and financial resources to reduce the burden of the five most prevalent NTDs in Africa amenable to preventive chemotherapy (PC), namely: lymphatic filariasis (LF), onchocerciasis (Oncho), soil-transmitted helminthiasis (STH), schistosomiasis (SCH) and trachoma (TRA). ESPEN has quickly emerged as a model public-private partnership mobilizing over US$35 million in the last two years to scale up treatments for these five PC-NTDs and ensure 100% geographical coverage where gaps exist.

In July 2018 at its mid-term, ESPEN gathered all endemic country Programme Managers and stakeholders in Kigali, Rwanda to orient the ESPEN partnership on progress around its 4 overarching core objectives in which it has consolidated its focus in countries for the past 3 years:

- **Scaling UP**: Reaching 100% geographical coverage of PC –NTDs (current coverage 59% in AFRO for the overall 5 PC NTDs);
- **Scaling DOWN**: Supporting countries to stop treatment and achieve WHO validation or certification as soon as threshold of elimination or interruption of transmission is reached;
- **Strengthening information systems for evidence-based decision and measuring progress towards elimination. Enhancing the NTD Portal and better data for higher impact; and**
- **Improving the effective use of donated medicines through enhanced supply chain management, to reach those who need them (as part of Dr Moeti’s commitment to the CEO Round Table).**

Two years after the first joint PC and Case Management (CM) NTD meeting in Libreville in June 2017, the Regional NTD Programme and ESPEN are holding the Second National Programme Managers meeting at this defining moment. This background document presents the terms of reference of this meeting.

**OBJECTIVES**

The general objective of this joint meeting on CM and PC NTDs was to guide the development of the Regional NTD strategy and strategic plan for the period 2021-2030 as well as the next 5-year phase of ESPEN with participation of NTD National Programme Managers, partner institutions, NGOs and donors, as well as WHO NTD staff members from the three levels, by carrying out a pre-end-term review of the implementation of the NTD Roadmap 2012-2020 and of the NTD Regional Strategic Plan for 2014-2020.

The specific objectives were to:

- Review regional and national achievements during the period July 2017 to June 2019;
- Identify challenges and constraints encountered in the Region during the same period;
- Share lessons learnt and best practices adopted since July 2017 including in NTD integration;
- Propose action points and recommendations to improve the implementation of regional and national annual plans and activities between July 2019 and December 2020;
Agree on the NTD regional goals, targets, priority interventions, roles and responsibilities of various actors for developing the Regional NTD Strategy and Strategic Plan for the period 2021-2030, as well as ESPEN framework for 2021-2025, in line with the draft global NTD Roadmap 2021-2030.

Plenary and breakout sessions were organized around the following themes:

**Plenary Session 1**
*Review of the Implementation of the NTD Roadmap 2012-2020 and of the NTD Regional Strategic Plan 2014-2020*

1. Review the status of implementation of the NTD Roadmap 2012 – 2020 including Case Management and Preventive Chemotherapy Diseases.

**Plenary Session 2**
*Review of the Implementation of The NTD Regional Strategic Plan 2014-2020*

1. Present progress in the implementation of PC and CM-NTDs in the African region in line with the NTD Regional Strategic Plan 2014 – 2020 and discuss challenges encountered and solutions proposed.
2. Discuss challenges in implementation of interventions for CM and PC NTDs under the NTD Regional Strategic Plan 2014 – 2020.

**Beyond 2020**
*Domestic Financing for NTDs*

Panel discussion in plenary the role of increased domestic financing for NTDs to ensure ownership and sustainability of NTD programmes. Botswana and Mozambique announced significant resources to combat NTDs from their national budgets at the global Citizen Event in December 2019. They share their experience of getting political engagement and discuss with other countries how to increase domestic financing for NTDs.

**Thematic Session 1**
*NTD Roadmap 2021-2030*

1. Present and discuss WHO NTD Roadmap for 2021-2030
2. Discuss country targets for the period 2021-2030

**Thematic Session 2**
*Overcoming the Major Challenges: New Tools & Approaches*

Discuss in groups how to make the maximum use of the new tools designed to overcome challenges in the implementation of interventions for PC and CM NTDs

1. PC-NTDs: The ESPEN Portal;
2. CM-NTDs: Use of DHIS2 tool for surveillance of leishmaniasis and leprosy;
3. Laboratory strengthening and networking for Africa;
4. Patients in Focus: Morbidity Management & Disability Prevention (MMDP);
5. Epidemic-prone NTDs: Dengue and Rabies.

**PARTICIPATION**

The meeting attracted 288 registered participants from WHO/HQ, WHO/AFRO, RPRG members, Programme managers from the Ministry of Health, Country NPOs, and partners.
OPENING CEREMONY

The opening ceremony was attended by Dr Aggrey Bategereza (the Officer in Charge of the WHO Country Office in Ethiopia), Dr Yaobi Zhang (Deputy Director of the NTD NGO Network – NNN), Mme Cissé Mariama Mohamed (Director of the Department of Social Affairs of the African Union Commission), and H.E. Dr Liya Tadesse (State Minister of Health of the Federal Democratic Republic of Ethiopia).

Dr Bategereza in his address, welcomed participants to Addis Ababa, Ethiopia. He briefly touched on the expected outcome of the meeting and the need to learn from the challenges to the control and elimination of NTDs, moving forward in line with the SDG and anticipating the achievement of the NTD elimination target by 2030. He gave the example of Ethiopia which is endemic to nine major NTDs, and the progress being made to reduce the burden of most of these NTDs with strong commitment. Notable among the achievements is the report of zero human Guinea worm disease case for more than 18 months, after decades of low-level transmission; the scale up of Mass Drug Administration for the Preventive Chemotherapy NTDs and the good progress in the innovative and intensified case management of NTDs. He also addressed the collaboration between the WHO country office and the Ministry of Health of Ethiopia in fighting against NTDs in line with the GPW13 to reach the triple billion target set globally, and the concerted effort needed to address the Universal Health Coverage with the principle of leaving no one behind and the need for continuous investment. He expressed the need for the meeting to come up with actionable recommendations with innovative ideas that could help achieve NTD control and elimination, going forward.

Dr Yaobi Zhang, gave a quick background and vision on the NNN. The NNN supports work to achieve the goals of the NTD roadmap, with working groups that target specific diseases. He further reiterated that the NNN will continue to support national programmes in achieving the NTD targets.

Mme Cissé Mariama Mohamed, in her speech read on behalf of the Commissioner for Social Affairs, applauded WHO and the various partners for the excellent work undertaken in Member States towards the elimination of NTDs. However, despite these successes, she deplored the health challenges still existing due to the levels of morbidity, disability and mortality among individuals that suffer from one or more NTDs, especially in poor communities. While NTD interventions have focussed on preventive chemotherapy, she mentioned the need for a holistic integrated approach to NTD control using other strategies such as vector control; innovative and intensified disease management; vector ecology and management; provision of clean water and sanitation; and the use a multi-sectoral approach. She further touched on the need for strong advocacy to increase domestic financing for NTDs by various stakeholders including Member States and partners in line with the recent Africa Leadership Meeting on Health Financing hosted by the African Union in February 2019, which called for an increase in the funding of health through the public and private sectors globally. The African Union Commission during its 6th session of conference of Africa Union Ministers of health (CAMH6) in 2013 adopted the continental framework for the control and elimination of NTDs by the year 2020. As a follow up to this, a communication Strategy to advocate for the acceleration of the elimination of NTDs on the continent was developed in 2014. These efforts were in line with the African Union’s commitment of attaining the aspirations of the Agenda 2063 “the Africa we want”. The perpetual existence of NTDs in communities hinder the attainment of “Aspiration 1 Goal no 3 of the Agenda 2063; of well-nourished and healthy citizens”. Noting that countries like Morocco and Togo that have eliminated an NTD in the recent past through combination the key strategies, is an indication that this could be attained soon. She urged various stakeholders to support Member States in implementing the above-mentioned strategies if elimination of NTDs is to be achieved. The African Union Commission looks forward to collaborating with partners that are working with Member States to ensure that NTDs are eliminated from the continent.

In her video message, Dr Matshidiso Moeti the Regional Director of WHO/AFRO expressed her gratitude to the African Union for hosting the meeting. She elaborated on the burden on NTDs on the African continent and the role played by WHO in the control and elimination of these diseases. Citing the examples of Kenya that has...
been certified free of guinea worm, and the elimination as public health problems of lymphatic filariasis in
Togo and trachoma in Ghana, she expressed the optimism that the community of Member States and Partners,
are ready to tackle this group of diseases. Looking forward, she stated the development of the 2021-2030 NTD
Roadmap by WHO, which will be useful for partners at the international level, and for health officials in Member
States seeking to improve the implementation of National NTD Master Plans. She also expressed here gratitude

The meeting was officially opened by Dr Liya Tadesse, State Minister of Health of the Federal Democratic
Republic of Ethiopia. In her opening address, Dr Tadesse stated the importance of NTDs alongside other
diseases such as HIV, Tuberculosis and malaria, all of which cause serious health, social, and economic
problems. In the last five years, the control and elimination efforts in the Africa region including Ethiopia have
been guided by the 2012 WHO Global Roadmap for the elimination of NTDs, which urges a rapid scale up of
interventions and strengthening health systems to tackle NTDs at all levels and ensure regular monitoring and
tracking of progress. She enumerated the important achievements of the Ethiopian Government in the fight
against NTDs since 2012. She used the opportunity to reaffirm the commitment of the Ethiopian Government to
fight against NTDs through the implementation of various elimination and control strategies.

Following the opening ceremony, Dr Alexandre Tiendrebeogo (WHO/AFRO/NTD) gave a short presentation on the
objectives and expectations of the meeting.

Plenary sessions 1 & 2: Review of the implementation of the NTD Roadmap 2012-2020 and of the NTD Regional Strategic Plan 2014 – 2020

Dr Biswas Gautam (WHO/HQ), on behalf of Dr Mwelecele Malecela (NTD Director, WHO/HQ) presented a report
on the progress, challenges and opportunities towards the 2012-2020 NTD Roadmap. He presented NTDs in
the development context from the period of the Millennium Development Goals (MDGs), through the Global
Programme of Work 13 (GPW13) to the current Sustainable Development Goals (SDGs), and the importance of
reaching the “triple billion” where 1 billion people enjoy better health and wellbeing, 1 billion benefit from
Universal Health Coverage (UHC), and 1 billion protected from health emergencies. He further discussed
the intervention approach to NTDs consisting of: preventive chemotherapy, intensive disease management,
vetinary public health, vector ecology and management, and water sanitation and hygiene (WASH). These
therefore represent the One-Health approach to disease control. He described the achievements of the global
NTD programme, with > 1 billion people treated for at least one NTD. Since 2012, eight countries eliminated
trachoma as a public health problem, fifteen countries eliminated LF as a public health problem, four countries
eliminated onchocerciasis, one country was verified free of yaws and 187/194 countries were certified free of
dracunculiasis. Currently, 500 million people are no longer at risk of NTDs. He subsequently gave a case by case
situational analysis on the 20 diseases currently included in the NTD portfolio. In terms of the opportunities,
he discussed the need for the integrated control of skin NTDs, gender equity and rights, ensuring the quality
and safety of medicines, monitoring and evaluation, capacity building, aligning NTDs with UHC initiatives at
country levels, research and development, and strengthening collaborations with other health programmes. The
major challenges to the Global NTD programme were: the lack of priority at country level, the lack of domestic
financing to meet intervention gaps, insecurity and conflicts leading to population displacement, and the lack of
optimal diagnostics for different stages of the programme.

Dr Andrew Korkor (WHO/AFRO CM NTD), gave a presentation on the status of implementation of case
management (CM) NTDs in the African Region. This focussed on: dracunculiasis and yaws, targeted for
eradication; Human African Trypanosomiasis (HAT) and leprosy, targeted for elimination; Buruli ulcer, leishmaniasis, dengue and rabies targeted for control and; new diseases (Mycetoma and other Deep Mycoses, Scabies and other ecto-parasites, and Snake Bite Envenoming (SBE)) added to the NTD portfolio. He also gave a case by case situational analysis of each disease on the African continent, and proposed the way forward for the period 2019-2020.

The final presentation was given by Dr Maria Rebollo Polo (WHO/AFRO PC NTDs), on the status of implementation of preventive chemotherapy (PC) NTDs in the African Region. She gave the history of NTD control in Africa, starting with the Onchocerciasis Control Programme (OCP) in 1974, through to the launch of the Expanded Special Project for Elimination of Neglected Tropical Diseases (ESPEN) in 2016. This was followed by the situational analysis of the five major PC NTDs (Lymphatic Filariasis, Onchocerciasis, Schistosomiasis, Soil Transmitted Helminthiasis and Trachoma) under ESPEN portfolio, looking at the status in 2012 and currently. She ended her presentation with a video of “NTDs in action” showing pictures of NTD activities in the field, with the names of all the NTD programme managers on the continent, as a way of acknowledging their contributions to the fight against NTDs.

All presentations highlighted the achievements and challenges to NTD eradication, elimination and control. Following each presentation, meeting participants were given the opportunity to discuss the achievements and challenges, as well as propose action points and recommendations to improve the implementation of regional and national plans. Below are summaries of the major outcomes and recommendations from the first day of the meeting.

**Review regional and national achievements during the period July 2017 to June 2019**

- It was agreed that much progress was achieved in the period 2017-2019, through the support to Member states of the WHO and funding and implementing partners.

- Three countries eliminated at least one NTD (Ghana and Togo, respectively for trachoma and lymphatic filariasis elimination as public health problems, and Kenya for dracunculiasis eradication), giving clear indications that success in the fight against NTDs is within reach. Yaws has been confirmed to be endemic in nine countries, with mapping ongoing in other countries.

- Dracunculiasis cases have declined from 542 in 2012 to 28 in 2018. As of 2018, forty-one (41) countries have been certified free of dracunculiasis transmission; one (1) country (DRC) in pre-certification is on track to finalize the country report by the end of this year, for possible certification early next year. Five countries (Angola, Ethiopia, Chad, Mali and South Sudan) are yet to interrupt transmission, of which Mali and Ethiopia have not reported human dracunculiasis since November 2015 and November 2017 respectively but continue to report animal infections.

- For Human African Trypanosomiasis, the number of cases reported have declined from 3797 in 2014 to below 1000 in 2018 (977 cases). Ten countries have reached the target of less than 1 case in 10 000 inhabitants in all the health districts of the country and they could submit their dossiers for validation elimination as public health problem. Togo has submitted its dossier and is currently undergoing validation.

- Leprosy cases have significantly declined. Fourteen countries are endemic with less than 25 cases a year, and 26 countries are reporting less than 1,000 annual new cases. All Member States but one, have achieved leprosy elimination as a public health problem (meaning a prevalence rate of less than one case per 10,000 population). The management of Buruli ulcer and leishmaniasis has been greatly improved in many countries. The rollout of the combination therapy (Sodium stibogluconate and Paromomycine) for visceral leishmaniasis (VL) treatment which reduced the treatment duration from 30 days to 17 days; and the availability of AmBisome donation from Gilead for VL high burden countries was successful.

- Mapping gaps have been significantly reduced for LF, with the population receiving preventive chemotherapy having doubled from 2012 to 2019. 100 percent geographic coverage has been reached in 15 countries. In many endemic implementation units (IUs) mass drug administration (MDA) has been stopped. Malawi completed the third transmission assessment survey (TAS3) for LF in 2018 and is ready to submit dossier for validation of elimination. The triple drug therapy, with ivermectin, diethylcarbamazine (DEC)
and albendazole (IDA), to accelerate elimination of LF has been implemented in Kenya and Sao Tome & Principe. Twenty-one out of thirty-four countries have been empowered to provide morbidity management and disability prevention (MMDP) services, and report on MMDP.

- Onchocerciasis control has seen significant success and elimination is now being pursued. 1.5 million people no longer require preventive chemotherapy for onchocerciasis. Only few IUs remain where MDA has not started because they were formerly categorized as hypo endemic based on Rapid Epidemiological Mapping for onchocerciasis (REMO). Elimination mapping is anticipated in many countries.

- Interventions for the control of schistosomiasis and soil transmitted helminths have also been greatly improved. Majority of IUs have received at least five rounds of MDA. The number of school age children receiving preventive chemotherapy for schistosomiasis has nearly tripled. The number of people and school age children receiving treatment for soil-transmitted helminths have also significantly increased.

- Trachoma mapping has been completed in most countries. The total population requiring treatment has decreased from 146 million in 2017 to 123 million in 2018. While at the same time the number of people treated with antibiotics increased from 79.5 million to 86.4 million in 2018. Ten countries have achieved the elimination threshold and no longer require antibiotic treatment for trachoma. Nearly 366,000 people received TT surgeries from 2017 to 2018 preventing them from going blind. Ghana has been validated as having eliminated trachoma as a public health problem in June 2018 as the first country in the African Region.

- All countries have been supported to develop an NTD master plan, available on the ESPEN portal. All countries also share JAP data openly.

**Challenges and constraints encountered in the Region during the same period**

- MMDP services are limited for lymphatic filariasis patients. High incidence of post-operative TT recrudescence has been reported.

- Dracunculiasis infection in animals, mainly in dogs, emerged as a challenge in the eradication effort since 2014, and has remained so in 4 countries (Angola, Ethiopia, Chad and Mali) out of the 6 countries (plus the DRC and South Sudan) yet to be certified. Chad reports both human and animal infections and has the highest burden of animal infections. Mali and Ethiopia have not reported human cases since November 2015 and 2017 respectively, but continue to report animal infections, thus delaying certification of these two countries. Apart from the animal infections, insecurity remains the major challenge to effective surveillance and interventions. Operational research is ongoing to further address animal infections.

- Nine countries in Africa have still not reached the threshold of elimination of HAT as a public health problem and in other seventeen countries the surveillance system in place is absent or insufficient. The identified challenges relate to limited access due to insecurity, lack of funding leading to inadequate diagnostic screening, control and surveillance, and a progressive loss of expertise/skilled staff.

- Six countries (DRC, Ethiopia, Madagascar, Mozambique, Nigeria and Tanzania) have more than 1000 new cases of leprosy every year. There is reduced interest due to the attainment of elimination as a public health problem by many countries. There is also limited guidance after achieving elimination as a public health problem and lack of funds to sustain programmes in several countries.

- Dengue and rabies continue to be challenges in member states. There is insufficient funding to scale-up activities against these diseases, coupled with low capacity at country level and limited data availability.

- The control of visceral leishmaniasis is impeded by limited data on the epidemiology of the disease and treatment outcomes. There is limited capacity for diagnosis and treatment in the endemic localities. For cutaneous leishmaniasis most of the endemic countries do not have neither a surveillance system or a control programme. In addition, there is lack of appropriate tools and absence of drug donation.

- In areas endemic for onchocerciasis, challenges relate to co-endemicity with loaisis. Alternative or complementary treatment strategies are needed. There is also the need to complete mapping and identify transmission areas without treatment.
For schistosomiasis and STH, praziquantel and Albendazole or Mebendazole donations are limited to school age children in the African Region and a paediatric formulation of praziquantel is not yet available. There is also limited WASH and snail control interventions. In many countries, impact assessment data to inform decision-making are limited.

For the diseases newly added to the NTD portfolio, there is little donor interest, and lack of capacity at country level. Implementation of integrated approaches and inclusion of these diseases in the overall NTD surveillance is needed to establish the burden and prioritize interventions. Operational research is required to inform public health strategy.

Lessons learnt and best practices adopted since July 2017 including in NTD integration

Programme Managers identified:

- The importance of understanding NTDs. NTD control and elimination should not be considered as vertical activities undertaken by country programmes, but multi-stakeholders’ involvement;
- The coordination of programmes using established platforms is important to move forward;
- Capacity building is needed in addressing NTD challenges such as drug logistics and support in reporting NTD data for proper decision making; and
- The development of master plans, with strong partnerships, has been instrumental in moving NTD programmes forward, and achieving the set goals.

Proposed action points and recommendations to improve the implementation of regional and national annual plans and activities between July 2019 and December 2020

The following action point and recommendations were made:

Disease specific recommendations:

- There is the need to complete burden assessment and mapping of Buruli ulcer, chromoblastomycosis & deep mycosis, leishmaniasis, mycetoma, and yaws, and launch the yaws eradication strategy named “the Morges strategy”.
- There is the need to scale up the control of leishmaniasis and Buruli ulcer.
- There is the need to continue to advocate for, and mobilize support for Guinea worm disease eradication certification and post-certification activities.
- There is the need to achieve HAT elimination and sustain leprosy elimination at country level, including in the Comoros Islands.
- There is the need to advocate and start interventions for the control of rabies and dengue. Data management on rabies and dengue fever needs to be improved despite the current context of low uptake.
- There is the need to review WHO treatment strategies for schistosomiasis and soil transmitted helminths based on prevalence thresholds, especially where the number of treatment rounds can be influenced by a one percentage difference. A new WHO manual is currently being developed to address this challenge.
- Yaws and newly added NTDs should be reported in disease surveillance systems.
- There is the need to support ivermectin procurement for scabies MDA.
- There is a need to strengthen leishmaniasis surveillance and supply/stock management using the national health information system (including DHIS2).
- There is a need to update the endemicity of countries for cutaneous and visceral leishmaniasis.
Cross-cutting recommendations:

- Strong leadership is required, to improve the NTD implementation strategies.
- There is the need for a strong engagement with stakeholders, to address challenges.
- New implementation strategies, continuously monitored and improved, are required to address the challenges.
- For countries that have not yet mobilized resources for MMDP mapping and service provision, training will be organized to strengthen them to report and manage morbidity cases.
- For neglected diseases currently not included in the list of NTDs, e.g. podoconiosis, existing NTD tools and integrated approaches should be used at the country level, especially where these are co-endemic with other NTDs.
- Integrated case management and combination of NTD activities is advocated through training, supervision, active case-finding, and M&E. There is a further need to integrate the control of skin NTDs. The WHO training manual for peripheral health workers on early detection and case management of skin NTDs, is a good tool to implement. An integrated online information system has also been initiated.
- Gender equity and rights need to be strongly advocated, especially in the spirit of “leaving no one behind”.
- There is the need for continued monitoring and evaluation, with capacity building needs at country levels.
- NTDs need to be aligned with Universal Health Care initiatives and the Sustainable Development Goals.
- Multi-sectoral collaborations are required to address the challenges pertaining to specific NTDs.
- Domestic financing and sustainability is identified as one of the ways to enhance country ownership of NTD programmes. Countries should push for further integration of NTDs in national health systems and review the question of NTD financing within the context of healthcare financing at the national level. To WHO, there is the need for sustainability planning guide to clearly advise on what stages of NTD control need to be integrated, as well as address the disconnect between political engagement and the technical arm of Ministries of Health. WHO should help to empower NTD programme managers so they have the right tools to engage with their respective Ministers of Health and other stakeholders. To partners, there is the need to include other key sectors like education in the conversation at the global level.

Research recommendations

- Research and development is important for the development of new tools, diagnostics and strategies in the fight against NTDs.
- Where specific diseases fail to respond to available treatment, e.g. Trichuris trichiura non-response to single dose albendazole, further studies will be required to identify new treatment regimen to address the challenges. Other drug combination treatments may also be available through the WHO approved list of essential medication.
- It is also important to intensify research to better understand the dynamics of dracunculiasis transmission in animals, and alternative strategies to address the problem.
BEYOND 2020: DOMESTIC FINANCING FOR NTDS

Dr Emily Wainwright (USAID) and Dr Thoko Elphick-Pooley (Uniting to Combat NTDs) led the panel discussion on “Domestic Financing for NTDs”.

Over the past 10 years increased donor support for NTDs has enabled more governments to access and distribute drug through the pharmaceutical donation programmes. As a result, an increasing number of countries are moving closer to achieving elimination for selected NTDs. The progress to date has strengthened aspects of national NTD programmes, yet there is still a need to further ensure NTD programmes have the capacity and are sustainable enough to manage multiple diseases with various trajectories and dependence upon the health care sector. To achieve this national NTD programmes need to be fully integrated into national governance structures to fully benefit from the financial, human and structural resources in countries.

During the Global Citizen Festival: Mandela 100, in December 2018, Botswana, led by Vice-President Slumber Tsogwane, committed to “prioritise the prevention and treatment of neglected tropical diseases and to provide the domestic resources required for their elimination”. The Prime Minister of Mozambique, Carlos Agostinho do Rosário, also committed US$6 million toward mapping river blindness and increasing coverage for elephantiasis and intestinal worms. These are worthy examples notable of emulation by other countries. In 2020 WHO is launching the new 2030 NTD disease and sustainability targets that contribute to the Sustainability Development Goals and the Universal Health Coverage agenda.

This session therefore aimed to present the health systems strengthening framework for achieving greater sustainable NTD Programmes. The framework emphasized domestic resource mobilization as including human, policy and infrastructure as well as financing. The USAID NTD Programme and DFID’s new portfolio have included health systems strengthening support to increase domestic investments to create sustainable NTD programmes.

Dr Wainwright started the discussion with a short presentation. December 2014 represented an important milestone for the NTD community, when African governments signed the Addis Declaration, which provides a global framework for financing sustainable development by aligning all financing flows and policies with economic, social and environmental priorities. 26 governments signed on to the agreement. However, five years later, it is hard to determine where the NTD community stands, as the declaration did not include any targets, nor accountability framework. Nonetheless, five years later, LF coverage is over 60%, trachoma coverage is over 50% and many places are now stopping treatments. Much progress was made within the period. As we approach 2020, the moment is apt to define the strategies for the way forward, and health programme sustainability is key.

According to Congo Ministry of Health representative, sustainability refers to the capacity of government and local stakeholders to keep on implementing comprehensive national NTD programme without any external donor. It is worth noting that NTD programmes are currently supporting way more of their own programme than can be acknowledged. The sustainability conversation and the UHC discussion create the opportunity to raise the visibility of NTD programmes and provide a framework that ensures that NTDs fit into the national health system. It allows to start measuring progress. The USAID’s health system strengthening and M&E framework aims to build an M&E framework that would show incremental change over time.

The session was followed by a panel discussion of NTD programme managers from Botswana, Ethiopia, Ghana and Mali sharing their experience in terms of domestic financing and integration of activities within their respective programmes. This was led by Dr Elphick-Pooley. Below are the country contributions and summary discussion points and recommendations arising from the session.
Practical examples from countries on NTD integration in other programmes:

**Mali:**

- Co-implementation of activities is key as integration must not compromise the objectives of each programme.
- Evaluations of NTD control programme is integrated in health system.
- Successful integration example: collaboration with EPI programme in Kidal region. In a highly insecure environment, the NTD programme and EPI worked in an integrated manner to face this security issue and maximize their chances to reach communities.
- Key success drivers include: the availability of inputs and financial resources (vaccine and drugs), reduction of sentiment of fatigue from the populations with too many campaigns, proper training of community health workers who receive a 2-day training on both issues.
- Main results include the efficient use of scarce resources.

**Botswana**

- The NTD programme is in its early stage, 3 years after its creation. It is nested within the TB programme.
- Inter-sectoral collaboration works well for the programme. There is the need to identify departments & ministries that can support.

**Ghana**

- There is collaboration with the Ghana Education Service
- The country developed a specific policy for school aged children and data collection tools from district to central levels. The country also proceeded with a national training of trainers & cascade district-level training to teachers for them to be able to implement the programme.
- Schools are great sources of information from the community, as the programme leveraged the initiative to collect information on prevalence and other key aspects.

**Ethiopia**

- Government invested in the recruitment of eight full staff to reinforce the programme.
- There is pre-service training of health personnel on NTDs.

**Recommendations:**

- **To national programmes**
  - Countries should push for further integration of NTDs in national health systems.
  - There is the need to review the question of NTD financing within the context of healthcare financing at the national level.

- **To WHO**
  - There is the need for high level advocacy in favour of NTDs.
  - There is the need for sustainability planning guide to clearly advise on what stages of NTD control need to be integrated.
  - There is a disconnect between political engagement and the technical arm at Ministry of Health. WHO should help to empower NTD programme managers so they have the right tools to engage with their respective Ministers of Health and other stakeholders.

- **To partners**
  - There is the need to include other key sectors like education in the conversation at the global level.
GLOBAL NTD ROADMAP 2021-2030

Dr Malecela (WHO NTD Director) gave a short presentation on the 2021-2030 Roadmap development timelines from April to September 2019. The main activities of the roadmap include: the introduction and purpose, 2030 targets and disease profiles, cross-cutting themes, operating model and national plans, and the review and finalization of the document. Unlike the 2012-2020 Roadmap, the current roadmap places more emphasis on the cross-cutting themes in NTDs. There was also the need to move from vertical disease silos to platform-based approaches.

In terms of the targets, the roadmap aims at:

- **90%** reduction in people requiring intervention for NTDs by 2030
- **65 countries** eliminating at least one NTD by 2023
- **100%** of the population at risk protected against out-of-pocket health payments due to NTDs by 2030
- **60%** reduction in incidence of vector-borne NTD cases by 2030
- **75%** fewer vector-borne NTD deaths by 2030
- **100%** access to basic water supply, sanitation and hygiene in endemic areas by 2030
- Disease specific targets for 2020, 2023, 2025 and 2030

Various consultations were held in the development of the 2021-2030 Roadmap, which is targeted for endorsement during the World Health Assembly in April 2020.

With Africa bearing more than 40% of the global NTD burden, much input is required from the continent. The presentation of Dr Malecela was followed by group consultation meetings with programme managers from Francophone and Anglophone countries, and Donors, implementing partners, academia, pharma and other non-governmental partners supporting country programmes. The Francophone and Anglophone groups discussed the need for integration, coordination and strengthening of NTD programmes, while the partners discussed how to effectively support country NTD programmes. Below are brief summaries of the discussions. The details of the consultations will inform the development of the 2021-2030 roadmap.

- **In terms of integration**, there are several opportunities such as: the existence of functional NTD programmes comprising both CM and PC NTDs; the integration of NTD programmes with other sectors including education, information, agriculture, and finance; the availability of partners with resources to support NTD activities. Some countries have reported successful disease integration activities such as the screening of both leprosy and Buruli ulcer in Guinea, and the integration of MDAs for different diseases such as Ivermectin and Azithromycin for onchocerciasis and trachoma.

- **Discussions on the coordination of NTD activities** identified the following priority areas: WASH, education, agriculture, fishing, higher education and research, territorial administration, finance, planning, national defence and communication. Successful country experiences have been reported between the health and education sectors, and health and decentralisation. There are however difficulties such as institutional instability, poor intersectoral collaborations, insufficient domestic financing, lack of national intersectoral committees, unavailability of committee members, poor sensitization of other sectors for their involvement in health activities, poor planning and coordination.

- **In terms of strengthening NTD programmes**, the following activities were identified that require input. At the country level there is the need; to digitise the collection and analysis of data, operational research and Capacity building for management of NTD morbidity. At the regional and international levels there is the need for research for new drugs for the treatment or prevention of NTDs, rapid diagnostic tools, advocacy for resources and technical support for countries.
REVIEW OF THE NTD ROADMAP TARGETS IN THE REGION:
Development of Roadmap per country and per disease

The second part of the day focussed on the development of country by country roadmaps. Meeting participants were consulted, depending on the involvement with CM or PC NTDs.

In the PC group, the country summary document developed by ESPEN was presented by Dr Maria Rebollo Polo (ESPEN Team Leader) and Dr Dziedzom de Souza (ESPEN Consultant). The country documents summarize the PC NTD activities for each country, followed by a projection of expected activities from 2020 to 2030. These would serve the purpose of developing updated country NTD master plans for the period 2021-2030. Following several discussions, it was recommended that:

- Given the time available during the meeting and the need to critically review the country data for each PC NTD, it would not be possible for PMs to review the information provided. PMs would take the materials provided, and the electronic version shared with them, back to their countries where disease specific summaries and targets can be discussed with disease focal points who were not invited to the meeting. PMs would send comments and inputs to ESPEN.
- Partners would work with their countries to revise the documents and provide inputs.
- Based on the inputs received, ESPEN would update the country summaries and develop updated projections documents and maps. For francophone countries, a translated version will be produced.
- Country programmes will depend on the global and regional consultations to develop roadmaps for the period 2021–2030. WHO/HQ and WHO/AFRO/ESPEN will use the outcome of the consultations with countries and partners to refine the respective global and regional roadmaps. Countries will study the summary documents prepared by ESPEN, and will provide details towards individual 2021-2030 master plans.

In the CM-NTD group discussions, participants were requested to fill in a table (see below) listing CM-NTDs targeted for eradication (dracunculiasis and yaws), for elimination as a public health problem (HAT and leprosy), for control (Buruli ulcer, leishmaniasis, dengue and rabies) and newly added NTDs (mycetoma and other deep mycoses, scabies and other ecto-parasites; snake bite envenoming). In this table, each country should state whether and when eradication/elimination and control targets will be achieved. The filled table will serve to define the regional milestones for eradication, elimination and control of CM-NTDs by 2030 in Africa.

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## REPORT OF THE SECOND JOINT PROGRAMME MANAGERS’ MEETING ON CASE MANAGEMENT AND PREVENTIVE CHEMOTHERAPY NEGLECTED TROPICAL DISEASES, IN THE WHO AFRICAN REGION:

**Dates of meeting:** July 16-18, 2019  
**Venue:** AU Headquarters, Addis Ababa, Ethiopia

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**AFRO**
PC-NTDS INFORMATION SYSTEMS IN AFRICA

This session aimed to introduce participants to the ESPEN portal and the current improved functionalities.

As part of ongoing work to support programme data needs, ESPEN is reviewing the Joint Application Package (JAP) and the Trachoma Evaluation and Monitoring Forms (TEMF). These forms have been developed by WHO to facilitate the process of application, review and reporting of PC activities. The reported data also form the basis of ESPEN’s targets and milestones. It is therefore vital that the data collected are comprehensive, and of high quality, and that they are made accessible and useful.

The current JAP excel spreadsheets are vulnerable to data input errors. To minimize error and improve efficiency, a new JAP upload tool has been developed by ESPEN. Through this, country programmes can directly upload their data with mechanisms to correct to update existing information.

To aid countries in their data collection activities, the ESPEN Collect was also developed and trialled in a couple of countries. The tool is developed based on the needs and requested of countries. Access to the data is also restricted to authorized users. The data is hosted by ESPEN, with additional support to clean and analyse the final dataset.

LEPROSY, LEISHMANIASIS & EPIDEMIC PRONE NTDs - USE OF DHIS2 TOOL FOR SURVEILLANCE

The Session was chaired by Dr Alex Tiendrebeogo (WHO/AFRO/NTD) and Dr Abate Beshah (WHO/AFRO/NTD).

The WHA60.13 resolution in relation to the decision passed for the establishment of a sustainable system for leishmaniasis surveillance, data collection and analysis to help monitor the progress made in the control of leishmaniasis was emphasised. This is also in line with the Output 4.11 in the GPW13 where enabling strengthened country health information system is required. Most of the leishmaniasis high burden countries are either implementing DHIS2 platform (Algeria, Ethiopia and Kenya) or in the process of starting implementation (South Sudan and Uganda) for the leishmaniasis programme. This is important to follow disease trends; informed timely decision making and follow the stock status at sub-national or health facility level.

Mr. Tsedeke Mathewos, (M&E Officer, MoH/Ethiopia) gave the first presentation on the implementation of DHIS2 platform in 2018 in Ethiopia, with a goal to improve the use of high-quality routine information and digitalization and governance of data. The data recording tools used at community and facility levels were standardised including for the endemic NTDs in the country where the DHIS2 data entry starts at health facility level by the HMIS focal persons at the health facility level who are also responsible for data quality check. In Ethiopia, the platform is used to track aggregated data currently though case-based data will be used for public health emergency and management (PHEM) diseases. The successes reported by the country include: DHIS2 reporting by all districts and 95% of health facilities and training of more than 7000 Heath Workers on DHIS2. The country is planning to improve more on the use of data by creating generic and programme specific dashboards. The challenges faced by Ethiopia during the implementation of DHIS2 include low level of information use for decision making especially at district and facility level, individual programme- oriented information system, data quality and inadequate use of HIS infrastructure where the country is working with WHO and partners to improve these challenges.

Dr Davis Wachira, (Leishmaniasis NPM, MoH Kenya) presented on the use of DHIS2 in leishmaniasis data collection and reporting in Kenya. The implementation of DHIS 2 for the leishmaniasis programme was started in Kenya in July 2017 following the standardization of the data management tools and training and sensitization of Health Record and Information Officers (HRIOS). In June 2018, national review of the DHIS2 implementation
was conducted and the leishmaniasis commodity management summary tool was introduced. 24 VL treatment facilities are currently reporting in the six-endemic counties in the country. The data entry at these sites are entered as event capture for individual cases by the trained HRIOs, data sharing is done through DHIS2 generated reports, DHIS2 WhatsApp group and data validation is done by the national data manager. The major challenges faced on the implementation of DHIS2 in Kenya include incomplete reporting, shortage of HRIOs and outpatient management of VL cases resulting in poor recording and under reporting of patients. Effort is undergoing to improve the leishmaniasis data quality, to allocate domestic funding and to strengthen partnership and coordination.

The final presentation was on Leprosy elimination and the use of DHIS2 in Malawi, by Leonard Mawaya, (NPM, Leprosy and skin diseases control programme, Malawi). The Malawi Leprosy and skin diseases control programme started in 1989 and attained the goal of Leprosy elimination as public health problem in 1994 at national level. But routine statistics and active case findings indicated that leprosy is still a problem in several districts of the country calling for strengthening the integrated leprosy and skin diseases surveillance for prompt case detection and management. The main achievements of the national programme include the development of indicators for leprosy and skin diseases in DHIS2 and training and supportive supervision of data managers on DHIS2 in the 28 districts through the support of WHO. The major challenges faced by the programme in Malawi include the retirement of Leprosy experts, inadequate funding and logistics for programme implementation, lack of access to leprosy data by the district focal persons as they were not given the credentials to do so and failure to customize the DHIS2 tool in some of the districts.

Because of time constraints, the slides on rabies and dengue by Dr Lamine Diawara were not presented and issues on these 2 CM-NTDs will be discussed during the CM-NTD Regional Programme Review Meeting on 19 July 2019.

LABORATORY STRENGTHENING FOR AFRICA

Dr Anthony Luyai (ESPEN Lab Manager) started the session through a presentation on the African Laboratory Network for NTDs and the NTD Laboratory Coordination Bureau. NTD Programmes are at different stages (e.g. Mapping, Stopping treatment), with some nearing elimination. The current disease and country-specific challenges to elimination and control also prompt the need for operational research. Further, there are specimen backlogs that are not analysed to the limited capacity. As such country laboratories need the necessary support to develop their technical and personnel capabilities. ESPEN has already undertaken a couple trainings for countries. There is however the need to further strengthen different levels of country laboratories and harmonize their activities through the identification of regional level laboratories.

He further elaborated on the role of the African Society for Laboratory Medicine (ASLM), who will soon be auditing the ESPEN lab, following which the ESPEN lab will serve as a coordinating laboratory in the establishment of quality control and quality assurance mechanisms for the laboratory networks being formed. The ESPEN lab will also serve as an ancillary storage site for reagent, kits and equipment. The NTD Laboratory Coordinating Bureau (NLCB) created by Task Force for Global Health (Atlanta, GA, USA) has as objectives to communicate, facilitate, and coordinate with national laboratories, partners and WHO to establish the network. Through partnership with the ASLM, it will provide support in establishing systems and infrastructures for procurement of supplies for laboratories within the network. Dr. Mwelecele Malecela (NTD Director, WHO/HQ) emphasised the need for establishment of sub-regional coordinating reference laboratories. Such laboratories would preferable be located in Nairobi, Kenya (East Africa region), Yaoundé, Cameroun (Central Africa region) and Ouagadougou, Burkina Faso (West Africa region).

The session was followed by a panel discussion and interactions with participants, led by Dr Didier Bakajika (ESPEN). In attendance were Drs Camilla Ducker (Task Force for Global Health) and Sarah Eyango, (CM-NTD RPRG member). There was a general consensus among all the participants to establish the NTD laboratory Network. The benefits of the network work range from exchange of laboratory expertise, specialized local training, to achievement of data sovereignty as samples will be analysed in-country.
PATIENTS IN FOCUS – MORBIDITY MANAGEMENT & DISABILITY PREVENTION (MMDP)

This session was led by Dr Philip Downs (Sightsavers), Dr Amir Kello (WHO/ESPEN).

Dr Philip Downs started with a presentation aimed to focus on the patient with experiences from programme managers and implementing partners to identify MMDP strategies that are working, identify countries doing well in the provision of MMDP services, give examples of disease specific MMDP activities, describe the challenges and lack of support in the provision of MMDP services by country programmes, and possible ways forward. It highlighted the need for providing MMDP services to patients suffering from the debilitating impacts of NTDs, and that MMDP services are an important component of elimination dossiers - lymphatic filariasis and trachoma.

This was followed by a panel discussion with:

- Dr Anne Schoenmakers, Programme Manager, Netherlands Leprosy Relief
- Ms. Michael Kelly, Deputy Director, Sightsavers
- Dr Hayley Mableson, Programme Manager, Liverpool School of Tropical Medicine
- Dr Kwamy Togbey, NTD Programme Manager, Togo
- Dr Marilia Massangaie, NTD Programme Manager, Mozambique
- Dr Gabrial Matwale, LF Programme Manager, Uganda

The following were identified by stakeholders as challenges and some potential solutions in meeting patient needs with regards to MMDP service access. These challenges also provide opportunities for improvement and integration with the larger health system.

1. Assessing where morbidity services for NTDs are needed and estimating population burden for planning. Approaches for this have included; reports during mass drug distribution campaigns, SMS message for each patient identified (e.g. hydrocele, lymphedema), and Systematic house to house sweeping (e.g. trichiasis).
2. Ensuring access to quality morbidity services and outcome. The use of mobile technologies has proven useful in standardizing approaches for either estimating burden, managing cases, or ensuring quality. The TT-Tracker is an example of a tool Follow up – ensuring the success and quality of surgical intervention.
3. There is the need for data for interventions to be focused on the areas where it is needed the most. The data needs are not only restricted to the cases but also on the availability of services.
4. There is also the need for integration with the health system – sustainability and access to services.
5. Advocacy is a major challenge to MMDP service provision to patients and should be reinforced.
6. Ensuring the Human Resources are available. There is the need to training personnel for the provision of MMDP services and to ensure that trained resources remain available over time.
7. A challenge for Trachoma is that it was historically not in the NTD programme.
8. The health system needs to identify patients through both health facilities and in the community, using both active and passive case finding. Patients who have successfully had surgery often encourage and recruit others with morbidity to report themselves.
9. There is also and unquantified mental health component to NTD morbidity and disability.

Below are some country examples of successful MMDP activities presented during the session.

Uganda

- Development of case definition guidelines
- Inclusion of NTD indicators in Health Information Management System (HMIS)
• There is the need to fully understand the systems to identify opportunities
• Successful use of patient advocates to increase government involvement

Togo
• Supporting ongoing assessment of services being offered through facilities

Mozambique
• Focus on capacity building at lower levels and support of outreach works

Ethiopia (where podoconiosis is a challenge)
• The approach has been to integrate with other programmes, such as LF
• Indicators were added to HMIS

Recommendations
Morbidity management services should be integrated between PC and CM diseases.

Inclusion and reporting of HMIS indicators on morbidity can help initiate roll-out of services.

**SCHISTOSOMIASIS CONSORTIUM FOR OPERATIONAL RESEARCH AND EVALUATION (SCORE):**
Major Findings, Messages, Lessons Learned, and the Way Forward

Prof Charles King gave a presentation on the activities of the Schistosomiasis Consortium for Operational Research and Evaluation (SCORE), with the aim to provide NTD programme managers with a summary of the major findings and major messages from the SCORE operational research agenda conducted between 2009 and 2019, provide more data for decision-making in developing guidelines and strategic plans for schistosomiasis control and moving towards elimination. The findings from the SCORE Studies can be found at https://score.uga.edu/publications/.

**STAMP OUT ONCHO CAMPAIGN**

Ms. Joni Lawrence (Task Force for Global Health) gave a quick, five minutes presentation to launch the new advocacy campaign for Onchocerciasis (www.stampoutoncho.org), aimed to galvanize partners around onchocerciasis elimination. Countries are encouraged to achieve high coverage to interrupt transmission and eliminate onchocerciasis. While there is a risk of recrudescence, the medicines used are donated and health ministries from endemic countries must continue to invest the necessary human and financial resources.

**CLOSING CEREMONY**

The closing ceremony was chaired by Dr Aggrey Bategereza (the Officer in Charge of the WHO Country Office in Ethiopia), Mr. Nebeyu Nigusu (NTD PM, Ethiopia) and Dr Mwelecele Malecela (NTD Director, WHO/HQ).

Following a brief remark by Dr Aggrey Bategereza (the Officer in Charge of the WHO Country Office in Ethiopia), the draft communique summarizing the main recommendations during the three-days meeting, and proposed
actions to be taken forward by national programmes, WHO, and partners, was read by Dr Dziedzom K. de Souza. The final communique, which incorporates the feedback received, is included as Appendix I to this meeting report.

Mr. Nebeyu Nigusu (NTD PM, Ethiopia) gave a quick vote of thanks, acknowledging the various works and contributions towards the successful meeting.

Dr Mwelecele Malecela (NTD Director, WHO/HQ) gave the final closing remarks. She thanked the African Union for hosting the meeting. She emphasized on the achievements of NTD elimination and control, and the challenges ahead. She also urged all stakeholders, country PMs, partners, donors to put in more efforts towards the 2021-2030 roadmap, and achieving the elimination and control targets of NTDs. She closed the meeting by thanking all members for their participation.

ACKNOWLEDGEMENTS

Special thanks to the WHO Country Office in Ethiopia for all the logistics arrangements for the meeting. Special thanks also go to the African Union Commission for Social Affairs, for co-hosting the meeting and providing the room and interpretation facilities.
Key Outcomes from Second Joint Meeting on Case Management and Preventive Chemotherapy Neglected Tropical Diseases

Au Headquarters, July 16-18, 2019, Addis Ababa, Ethiopia

Following the three-day meeting of the Second Joint Meeting on Case Management and Preventive Chemotherapy Neglected Tropical Diseases in the WHO Africa Region,

Considering the commitment of participating countries from the African and Eastern Mediterranean regions to implement the 2012-2020 Global Roadmap for NTDs, the 2014-2020 Regional NTD Strategic Plan 2014-2020, National NTD Master Plans for NTD and ongoing development of the Global NTD Roadmap 2021-2030,

The meeting met the expected outcomes as follows:

1. Review of regional and national achievements from July 2017 to June 2019

The meeting agreed that much progress was achieved in the period 2017-2019, through the support to Member States of WHO/AFRO, (NTD and ESPEN), funding and implementing partners, based on the Global roadmap guidance. The meeting recorded the following achievements:

For NTDs targeted for eradication, Kenya was the 41st Member states, certified free for Guinea worm disease. Nine yaws confirmed endemic countries are now completing burden assessment and mapping to start implementation of the eradication strategy.

For NTDs targeted for elimination, two countries (Togo and Ghana) eliminated as public health problem lymphatic filariasis and trachoma respectively. Togo has also submitted dossiers for validation of elimination of trachoma and human African trypanosomiasis as public health problems and these 2 dossiers are being reviewed at the Regional Office. Leprosy elimination as a public health problem is achieved in all countries except in the Comoros. Onchocerciasis elimination mapping is in progress.

For NTDs targeted for control, including Buruli ulcer, dengue, leishmaniasis, rabies, schistosomiasis and soil-transmitted helminthiasis, progress is also made in reducing their burden. For newly added NTDs (mycetoma, scabies and snake bite envenoming) guidance is being provided to Member states to include these diseases in their National Master Plans.

2. Challenges and constraints encountered in the Region since July 2017

Angola, Chad and South Sudan remain the three countries with human dracunculiasis cases. Animal infections have also been reported in these three countries as well as in Ethiopia and Mali.

Nine countries in Africa have still not reached elimination of HAT as a public health problem and in other seventeen countries the surveillance system is absent or insufficient. This is mainly linked to insecurity, lack of funding and progressive loss of expertise or skilled staff.

There is insufficient funding to scale-up activities against dengue and rabies, coupled with low capacity at country level and limited availability of data.

The control of visceral leishmaniasis is impeded by limited data on the epidemiology and treatment outcomes. There is also limited capacity for diagnosis and treatment. For cutaneous leishmaniasis there is a lack of financial support and absence of drug donation.

In areas endemic for onchocerciasis, challenges relate to co-endemicity with loaisis. Alternative or complementary treatment strategies are needed. There is also the need to complete elimination mapping and identify transmission areas without treatment.
For schistosomiasis, praziquantel is limited to school age children in Africa and a paediatric formulation is not yet available.

For the diseases newly added to the NTD portfolio, there is little donor interest, and lack of capacity at country level. Research is required to inform public health strategy.

MMDP services are limited for lymphatic filariasis patients. High incidence of post-operative TT recrudescence, have been reported.

There is also limited WASH, snail and other vector control interventions.

In many countries, impact assessment data to inform decision-making are limited.

3. **Lessons learnt and best practices adopted since July 2017**

Programme managers identified:

- The importance of understanding integration of NTDs. NTD control, elimination and eradication should not be considered as vertical activities undertaken by country NTD programmes only, but in collaboration with other sectors with multi-stakeholders’ involvement and WHO support.

- Capacity building in needed in addressing NTD challenges such as drug logistics and support in reporting NTD data for proper decision making.

- The development of master plans, with strong partnerships, has been instrumental in moving NTD programmes forward, and achieving the set goals.

4. **Action points and recommendations to improve the implementation of regional and national annual plans and activities between July 2019 and December 2020**

Disease specific recommendations are considering the review of progress made so far, identified challenges and constraints as well as lessons learnt and best practices, and they will be included in the detailed report.

The following action point and recommendations were made on cross-cutting issues:

- Domestic financing and sustainability is identified as one of the ways to enhance country ownership of NTD programmes. Countries should push for further integration of NTDs in national health systems and review the question of NTD financing within the context of healthcare financing at the national level.

- For countries that have not yet mobilized resources for MMDP mapping and service provision, training will be organized to strengthen them to report and manage morbidity cases.

- There is the need for continued monitoring and evaluation, with capacity building needs at country levels.

- Research is important for the development of new tools, diagnostics and strategies in the fight against NTDs.

- Gender equity and rights need to be strongly advocated, especially in the spirit of “leaving no one behind”.

- NTDs need to be aligned with Universal Health Coverage and the Sustainable Development Goals.

To partners, there is the need to include other key sectors like education in the conversation at the global level.

The WHO should help to empower NTD programme managers so they have the right tools to engage with their respective Ministries of Health and other stakeholders.
5. **Agreement on the NTD regional national goals, targets, priority interventions in line with the draft global NTD Roadmap 2021-2030.**

   It was agreed that country programmes will depend on the global and regional consultations to develop their NTD Master plans during the period 2021 – 2030. WHO HQ and AFRO will use the outcome of the consultations with countries and partners to refine their respective NTD global roadmap, regional NTD strategic plan and ESPEN framework.

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**APPENDIX 1B:**

Meeting Communique (French version)

Deuxième réunion conjointe sur les maladies tropicales négligées de la chimiothérapie préventive et à prise en charge des cas

Siège de l’Union Africaine, 16-18 juillet 2019, Addis-Abeba, Ethiopie

À la suite de la réunion de trois jours de la deuxième réunion conjointe sur les maladies tropicales négligées de la chimiothérapie préventive et à prise en charge des cas dans la Région africaine de l’OMS,

Compte tenu de l’engagement des participants des États Membres des Régions Afrique et Méditerranée orientale de l’OMS à mettre en œuvre la feuille de route mondiale contre les MTN 2012-2020, le plan stratégique régional 2014-2020 contre MTN, les plans directeurs nationaux de lutte contre les MTN et l’élaboration en cours de la feuille de route mondiale contre les MTN 2021-2030,

La réunion a atteint les résultats escomptés comme suit :

1. **Revue des réalisations régionales et nationales de juillet 2017 à juin 2019**

   La réunion a convenu que de nombreux progrès avaient été réalisés sur la période 2017-2019, grâce au soutien apporté aux États membres par l’OMS/AFRO (NTD et ESPEN), au financement et à l’appui des partenaires de mise en œuvre, sur la base des orientations de la feuille de route mondiale. La réunion a enregistré les réalisations suivantes :

   En ce qui concerne les MTN ciblées pour éradication, le Kenya est devenu le 41ème État membre à avoir été certifié exempt de maladie du ver de Guinée. Neuf pays confirmés endémiques au pian terminent l’évaluation de situation et la cartographie pour commencer la mise en œuvre de la stratégie d’éradication

   Pour les MTN ciblées pour élimination, deux pays (Togo et Ghana) ont respectivement éliminé la filariose lymphatique et le trachome comme problèmes de santé publique. Le Togo a également soumis des dossiers pour la validation de l’élimination du trachome et de la trypanosomose humaine africaine en tant que problèmes de santé publique et ces 2 dossiers sont en cours d’examen au Bureau régional. L’élimination de la lèpre en tant que problème de santé publique est réalisée au niveau national, sauf aux Comores. La cartographie de l’élimination de l’onchocercose est en cours.

   Pour les MTN ciblées pour contrôle, notamment l’ulcère de Buruli, la dengue, la leishmaniose, la rage, la schistosomiasis et les helminthiases transmises par le sol, des progrès ont également été accomplis dans la réduction de leur fardeau. En ce qui concerne les nouvelles maladies tropicales négligées (mycétome, gale et envenimations par morsures de serpent), les États membres sont invités à inclure ces maladies dans leurs plans directeurs nationaux contre les MTN.
2. Défis et contraintes rencontrées dans la Région depuis juillet 2017


Neuf pays africains n’ont toujours pas réussi à éliminer la THA en tant que problème de santé publique et dans dix-sept autres pays, le système de surveillance en place est absent ou insuffisant. Ceci est principalement lié à l’insécurité, au manque de financement et à la perte progressive d’expertise et de personnel qualifié.

Le financement reste insuffisant pour intensifier les activités de lutte contre la dengue et la rage, associé à une faible capacité au niveau des pays et à une disponibilité limitée des données.

Le contrôle de la leishmaniose viscérale est entravé par des données limitées sur l’épidémiologie et les résultats du traitement. La capacité de diagnostic et de traitement est également limitée. Pour la leishmaniose cutanée, le soutien financier et les dons de médicaments sont insuffisants.

Dans les zones d’endémie de l’onchocercose, les problèmes sont liés à la co-endémicité avec la loase. Des stratégies alternatives ou complémentaires de traitement sont nécessaires. Il est également nécessaire de finaliser la cartographie d’élimination et d’identifier les zones de transmission non encore traitées.

Pour la schistosomiase, le praziquantel donné est réservé aux enfants d’âge scolaire en Afrique et une formulation pédiatrique n’est pas encore disponible.

Pour les maladies nouvellement ajoutées au portefeuille de la lutte contre les MTN, l’intérêt des donateurs et les capacités des pays sont faibles. La recherche est nécessaire pour définir les stratégies de santé publique.

Les services de prise en charge de la morbidité et de prévention des infirmités sont limités aux patients atteints de filariose lymphatique. Une incidence élevée de recrudescence post-opératoire du trichiasis trachomateux a été rapportée.

Les interventions eau, assainissement et hygiène (WASH,) et la lutte contre les mollusques et les vecteurs sont également limitées.

Dans de nombreux pays, les données d’évaluation d’impact permettant d’éclairer la prise de décision sont limitées.

3. Leçons apprises et meilleures pratiques adoptées depuis juillet 2017

Les responsables de programmes ont retenu :

˗ L’importance de comprendre l’intégration des MTN. Le contrôle, l’élimination et l’éradication des MTN ne doivent pas être considérées comme des activités verticales entreprises uniquement par les programmes nationaux de lutte contre les MTN, mais plutôt en collaboration avec d’autres secteurs, impliquant la participation de plusieurs parties prenantes et avec le soutien de l’OMS.

˗ Le renforcement des capacités est nécessaire pour faire face aux défis des MTN, tels que la logistique du médicament et le soutien à la transmission des données sur les MTN pour une prise de décision appropriée.

˗ L’élaboration de plans directeurs contre les MTN, avec des partenariats solides, a été déterminante pour faire avancer les programmes de lutte contre les MTN et atteindre les objectifs fixés.

4. Points d’action et recommandations pour améliorer la mise en œuvre des plans d’action annuels régionaux et nationaux de juillet 2019 à décembre 2020

Les recommandations portant sur les maladies spécifiques ont pris en compte les progrès réalisés jusqu’à présent, les défis et contraintes identifiés, les leçons apprises et les meilleures pratiques, et figurent dans le rapport détaillé. Les points d’action et recommandations suivants ont été formulés sur les questions transversales :
a. Le financement national et la durabilité sont identifiés comme l’un des moyens de renforcer l’appropriation par les pays des programmes de lutte contre les MTN. Les pays devraient faire pression pour une plus grande intégration des MTN dans les systèmes de santé nationaux et examiner la question du financement des MTN dans le contexte du financement des soins de santé au niveau national.

b. Pour les pays qui n’ont pas encore mobilisé de ressources pour la cartographie et la fourniture de services de prise en charge de la morbidité et de prévention des infirmités, une formation sera organisée pour renforcer les capacités dans ce domaine.

c. Il est nécessaire de poursuivre le suivi-évaluation, en renforçant les capacités au niveau des pays.

d. La recherche est importante pour le développement de nouveaux outils, de tests diagnostiques et de stratégies de lutte contre les MTN.

e. L’égalité des sexes et les droits humains doivent être fortement défendus, en particulier dans l’esprit de « ne laisser personne pour compte ».

f. Les MTN doivent être alignées sur la couverture sanitaire universelle et les objectifs du développement durable.

Pour les partenaires, il est nécessaire d’inclure d’autres secteurs clés tels que l’éducation dans les discussions au niveau mondial.

L’OMS devrait aider à renforcer les capacités des responsables nationaux de programmes de lutte contre les MTN afin qu’ils disposent des bons outils pour dialoguer avec les Ministères de la Santé respectifs et les autres parties prenantes.

5. **Accord sur les objectifs régionaux et nationaux, les cibles et les interventions prioritaires en matière de MTN, conformément au projet de feuille de route mondiale contre les MTN 2021-2030.**

Il a été convenu que les programmes des pays se baseront sur les consultations aux niveaux mondial et régional pour élaborer leurs plans directeurs contre les MTN de 2021 à 2030. Le siège de l’OMS et AFRO utiliseront les résultats des consultations avec les pays et leurs partenaires pour affiner la feuille de route mondiale de lutte contre les MTN, le plan stratégique régional de lutte contre les MTN et cadre de travail d’ESPEN.
APPENDIX 2:
Meeting Agenda

AU HEADQUARTERS
JULY 16-18, 2019, ADDIS ABABA, ETHIOPIA
MEETING AGENDA

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<thead>
<tr>
<th>DAY 1</th>
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<tr>
<td>08h30 - 09h00</td>
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<tr>
<td>09h00 - 10h10</td>
<td>Opening Ceremony: Administrative announcements and security briefing</td>
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<td>10h10 – 10h30</td>
<td>Objectives and expected outcomes of the meeting</td>
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<td>10h30 - 10h45</td>
<td>Group Photo and Coffee Break</td>
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<td>Plenary Session 1 – Review of the implementation of the NTD Roadmap 2012-2020 and of the NTD Regional Strategic Plan 2014 – 2020</td>
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<td>10h45 - 11h30</td>
<td>NTD Roadmap 2012 – 2020</td>
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<td>11h30 - 12h15</td>
<td>Status of implementation of CM NTDs in the African Region</td>
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<tr>
<td>12h15 – 13h00</td>
<td>Discussion</td>
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<tr>
<td>13h00 - 14h30</td>
<td>Lunch</td>
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<td>Status of implementation of PC NTDs in the African Region</td>
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<tr>
<td>15h30 – 16h00</td>
<td>Discussion</td>
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<tr>
<td>16h00 - 16h15</td>
<td>Coffee break</td>
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<tr>
<td>16h15 - 17h00</td>
<td>Group discussion reflecting on NTD Regional Strategic Plan (what worked and what did not work?)</td>
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<tr>
<td>17h00</td>
<td>End of Day 1</td>
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<tr>
<td>17h00 -18h30</td>
<td>Side meetings</td>
</tr>
<tr>
<td>19h00-21h00</td>
<td>Cocktail and networking session</td>
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## DAY 2

### WEDNESDAY 17 JULY 2019

<table>
<thead>
<tr>
<th>Timing</th>
<th>Activity/Topic</th>
<th>Facilitators</th>
<th>Venue</th>
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<tbody>
<tr>
<td>07h30</td>
<td>Hotel pick up</td>
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<tr>
<td></td>
<td><strong>Panel Discussion</strong></td>
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<tr>
<td>09h00 - 10h15</td>
<td>Beyond 2020: Domestic Financing for NTDs Panel</td>
<td>Dr Emily Wainwright (USAID) Panel</td>
<td>Plenary Hall (Old Conference Centre)</td>
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<tr>
<td>10h15 - 10h30</td>
<td>NTD Roadmap 2021-2030</td>
<td>Dr Maria Rebollo, WHO/AFRO</td>
<td>Plenary Hall (Old Conference Centre)</td>
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<tr>
<td>10h45 - 11h00</td>
<td>Coffee break</td>
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<td>Lobby area (OCC)</td>
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<tr>
<td>11h00 – 13h30</td>
<td>Group discussion on NTD Roadmap 2021-2030 (Lusophone and Spanish speaking countries to join Group 1 or 2)</td>
<td>McKinsey, WHO/HQ, AFRO</td>
<td>Caucus room 1-2-3</td>
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<tr>
<td>15h00 - 16h00</td>
<td>Thematic Session 1 – Development of Roadmap per country and per disease</td>
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<td>Committee Room 1 (Old Conference Centre)</td>
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<tr>
<td>15h00 - 16h00</td>
<td>CM NTDs</td>
<td>Dr A. Tiendrebeogo-go (AFRO), Dr A.M. Beshah (AFRO)</td>
<td>Committee Room 1 (Old Conference Centre)</td>
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<tr>
<td>15h00 - 16h00</td>
<td>GROUP 1: EAST AFRICA + EMRO</td>
<td>Dr Amir Kello (AFRO)</td>
<td>Plenary Hall (Old Conference Centre)</td>
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<tr>
<td>15h00 - 16h00</td>
<td>GROUP 2: CENTRAL AFRICA</td>
<td>Dr Didier Bakajika (AFRO)</td>
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<tr>
<td>15h00 - 16h00</td>
<td>GROUP 3: WEST AFRICA</td>
<td>Dr Lamine Diawara (AFRO)</td>
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<tr>
<td>15h00 - 16h00</td>
<td>GROUP 4: SOUTH AFRICA</td>
<td>Dr Pauline Mwinzi (AFRO)</td>
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<tr>
<td>16h00 - 16h15</td>
<td>Coffee break</td>
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<td>Lobby area (OCC)</td>
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<tr>
<td>16h15-17h00</td>
<td>Group conclusions</td>
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<td>Committee Room 1 (Old Conference Centre)</td>
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<tr>
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<td>Dr Pauline Mwinzi (AFRO)</td>
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<tr>
<td>17h00</td>
<td>Side meetings</td>
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### DAY 3

#### Thursday 18 July

<table>
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<tr>
<th>Timing</th>
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<th>Venue</th>
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<tbody>
<tr>
<td>07h30</td>
<td>Hotel pick up</td>
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<tr>
<td>09h00 - 10h30</td>
<td>Thematic session 2: Overcoming the major challenges – new tools</td>
<td>Session 2.1: PC-NTDs Information Systems in Africa</td>
<td>Plenary Hall (Old Conference Centre)</td>
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<td></td>
<td></td>
<td>• Overview</td>
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<td>• Experience from countries:</td>
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<td>• JAP upload tool</td>
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<td>• ESPEN Collect</td>
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<td></td>
<td></td>
<td>Session 2.2: Leprosy, Leishmaniasis &amp; epidemic prone NTDs</td>
<td>Committee Room 1 (Old Conference Centre)</td>
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<td>Use of DHIS2 tool for surveillance</td>
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<td>• Use of DHIS2 for data collection and management on CM-NTDs</td>
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<td>• Leprosy (Benin, Senegal, Malawi, Sierra Leone, Uganda,)</td>
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<td></td>
<td>• Leishmaniasis (Ethiopia and Kenya)</td>
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<td>• Rabies and Dengue: the way forward</td>
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<tr>
<td>10h30 - 10h45</td>
<td>Coffee break</td>
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<td>Lobby area (OCC)</td>
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<tr>
<td>10h45 - 12h30</td>
<td>Session 2.3: Laboratory strengthening for Africa Panel</td>
<td>Dr Anthony Luyai (AFRO)</td>
<td>Plenary Hall (Old Conference Centre)</td>
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<td>Dr Camilla Ducker (TFGH)</td>
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<td>Dr Sara Eyangoh, CM-NTD RPRG</td>
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<tr>
<td>12h30 - 14h00</td>
<td>Lunch &amp; Side meetings</td>
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<td>Space between Buildings B&amp;C</td>
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<tr>
<td>14h00 - 15h00</td>
<td>Session 2.4: Patients in focus – Morbidity Management &amp; Disability Prevention (MMDP)</td>
<td>Dr Phillip Downs, Dr Amir Kello, Alex Pavluck</td>
<td>Plenary Hall (Old Conference Centre)</td>
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<tr>
<td>15h00 – 15h05</td>
<td>Stamp Out Oncho campaign</td>
<td>Ms. Joni Lawrence (TFGH)</td>
<td>Plenary Hall (Old Conference Centre)</td>
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<tr>
<td>15h05 – 16h00</td>
<td>SCORE: Major Findings, Messages, Lessons Learned, and the Way Forward</td>
<td>Prof Charles King</td>
<td>Plenary Hall (Old Conference Centre)</td>
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<td>16h00 – 16h45</td>
<td>Closing Ceremony</td>
<td>Read of communique</td>
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<td>16h45 - 17h00</td>
<td>Coffee break</td>
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<td>17h00</td>
<td>End of Day 3</td>
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# APPENDIX 3:
Side Meeting Agenda

## Day 1 – 16 July 2019

<table>
<thead>
<tr>
<th>Room</th>
<th>Timing</th>
<th>Activity/Topic</th>
<th>Facilitator/Presenter</th>
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<tbody>
<tr>
<td>Committee Room 1 (old building)</td>
<td>13:00 - 15:00</td>
<td>Resources and rationale for STH impact surveys</td>
<td>Children Without Worms&lt;br&gt;Dr Rubina Imtiaz&lt;br&gt;Dr Antonio Montresor</td>
</tr>
<tr>
<td>Plenary Hall (old building)</td>
<td>13:00 - 15:00</td>
<td>How to engage with WASH partners to accelerate progress against NTDs?</td>
<td>WHO and NTDs NGO Network (NNN)&lt;br&gt;Sophie Boisson</td>
</tr>
<tr>
<td>Caucus Room 3</td>
<td>14:00 - 15:00</td>
<td>ESPEN Strategic Framework 2021-2025 Consultation(s) - Programme Managers (English)</td>
<td>Geneva Global, Inc.&lt;br&gt;Mark Reiff, Kasey Oliver</td>
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## Day 2 – 17 July 2019

| Committee Room 1 (old building)   | 13:30 - 14:30| Developing and Testing an Advocacy Tool for Country Investment in Oncho and LF Elimination (Phase 1) | MSD, Mectizan Donation Programme (MDP)<br>/ The Task Force for Global Health<br>Rachel Taylor<br>Joni Lawrence          |
| Caucus Room 1                      | 13:00 - 14:30| Defining the Target Product Profile and key access barriers for a rapid diagnostic test (RDT) for use in schistosomiasis elimination programmes | Foundation for Innovative New Diagnostics<br>Dr Sarah Nogaro                            |
| Plenary Hall (old building)       | 13:00 - 14:40| ESPEN Strategic Framework 2021-2025 Consultation(s) – PM French                | Geneva Global, Inc.<br>Mark Reiff, Kasey Oliver                                          |
| Caucus Room 2                      | 12:30 - 14:00| Supporting programme data needs: Spotlight on ESPEN Collect and the JAP wizard for improving data collection and reporting Anglophone | Rachel Pullan (LSHTM)<br>Alex Pavluck (Sightsavers)<br>Jonathan Nesbitt<br>Honorat Zoure (ESPEN) |

## Day 3 – 18 July 2019

| Committee Room 2                   | 12:30 - 14:00| A Country Model for Zero Leprosy                                              | Global Partnership for Zero Leprosy<br>Dr Benedict Quao.<br>Jessica Cook                |
| Plenary Hall (Old Conference Centre) | 12:30 - 14:00| Measuring the success and impact of PZQ treatment programmes                  | Merck & co. / GSA / Genesys Analytics<br>Johannes Waltz, Katharina Klohe             |
| Committee Room 1                   | 13:00 - 14:00| ESPEN Strategic Framework 2021-2025 Consultation(s) – PM English              | Geneva Global, Inc.<br>Mark Reiff, Kasey Oliver                                          |
Below are summaries of the various side meetings.

### Resources and rationale for STH impact surveys

<table>
<thead>
<tr>
<th>Session organizer</th>
<th>Rubina Imtiaz (Children Without Worms) and Dr Antonio Montresor (WHO/NTD/Geneva)</th>
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<tr>
<td><strong>Session description</strong>&lt;br&gt;WHO interim guidance to National Programme Managers (2011), recommends that countries that have successfully implemented treatment intervention (PC coverage of at least 75% for at least 5 years), should conduct impact surveys and modify their treatment regimen accordingly. This session focused on the invited NPMs of “qualified” countries where CWW and WHO shared the rationale behind this recommendation, provided further guidance on the availability of survey implementation support to interested countries and discussed/clarified related questions and concerns from the NPMs.</td>
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<td><strong>Objectives</strong>&lt;br&gt;Currently, there is a paucity of impact data from several countries that have been implementing PCT widely. Having timely, post-treatment disease epidemiology data will maximize the efficiency of donated drugs, country HR and other resources. This session also shared survey support and resources with NPMs who may be willing but unable to conduct these surveys independently.</td>
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<td><strong>Meeting outcomes</strong>&lt;br&gt;The session was attended by approximately 60 participants representing National NTD Programmes, implementing partners, researchers and donors. Countries attending included Zambia, Senegal, Mali, Malawi, Nigeria, Kenya, Madagascar, CAR, Cameroon, Republic of Congo, Guinea, Eritrea, Togo, Eswatini, Namibia, Niger, Mauritania, Algeria, Djibouti, South Africa and Cote d’Ivoire. Session hosts briefly explained the objectives and expected outcomes and shared the country groupings by treatment coverage and years of PC treatment (English and French were used). The hosts then explained the rationale and need for impact data and provided further guidance on the availability of survey implementation support to interested countries and discussed related questions and concerns from the NPMs. There was enthusiastic participation by the countries and implementation partners. Several countries expressed interest in conducting these surveys and others shared their concerns on accessing sufficient drugs for reaching the target (latter were deemed not survey-ready yet). Related issues raised were the need to have technical and resource support for the surveys and to include additional NTDs like Schistosomiasis and to link with TAS (Senegal). Cameroon shared that they have conducted sub-national surveys but need to have the national picture on STH status: this was true for Nigeria and other countries that have reported consistent high PC coverage for past 5+ years. Additional useful information was obtained where some countries shared their concern on inconsistent and incomplete PC coverage driven by their donors across different risk groups. Additional participants came from: KEMRI, End Fund, Task Force for Global Health/Pat Lammie, J&amp;J, GSK, NTD Modelling Consortium, several WHO country-staff, GSA, SCI, UTC, Karolinska Institute Sweden, FHI360-HQ, IMA, Evidence Action, ASCEND and LSHTM. This session provided the platform for a very useful dialogue with national NTD programme managers from several countries on many programme issues. Key information was obtained on country-readiness and needs for conducting impact surveys. As a result, WHO and partners like CWW now have a short list of countries to target for impact surveys. Further discussions and planning can now happen directly with these national NTD leaders.</td>
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### How to engage with WASH partners to accelerate progress against NTDs?

**Session organizer**
Dr Sophie Boisson (WHO) and NTDs NGO Network (NNN), Helen Hamilton (WaterAid)

**Session description**
WASH is among the five key interventions to combat NTDs. As endemic countries are shifting focus towards elimination targets, collaboration between WASH and NTD stakeholder is needed more than ever to accelerate and sustain progress. NTD programme managers have a key role to play in engaging with WASH partners to ensure WASH services are targeted to populations that are most affected by NTDs. Despite this powerful rationale, cross-sector collaboration continues to be a challenge to NTD and WASH stakeholders, due to differing and at times conflicting institutional and funding structures.

The toolkit “WASH and health working together: a ‘how to’ guide for neglected tropical disease programmes” tackles the challenges of collaboration head on, by providing a step by step guide for disease control programme managers to undertake joint planning and implementation with WASH stakeholders. It was developed by WHO and the NTDs NGO Network to move from the rhetoric of collaboration to practical guidance grounded in country-level experience.

**Objectives**
- to familiarize participants with the contents of the toolkit
- to seek input on the usefulness of the toolkit as a resource for enhancing NTD-WASH collaboration
- to share experiences on WASH-NTD collaboration (e.g. Ethiopia and Kenya) and discuss opportunities in other countries.

**Expected outcomes**
- Participants are familiar with the tools and protocols for data analysis and use, joint planning, implementation, and monitoring and evaluation
- Participants are aware of country examples of WASH-NTD collaboration and benefits for programme sustainability and impact
- Valuable feedback is provided and used to improve and share existing tools and resources

### ESPEN Strategic Framework 2021-2025 Consultation(s)

**Session organizer**
Mark Reiff & Kasey Oliver – (Geneva Global, Inc.)

**Session description**
As ESPEN nears the end of its first full mandate in 2020, it is preparing plans to continue supporting the NTD sector for the next five years. This session will share how ESPEN is thinking about its five strategic objectives and invite feedback from key stakeholder groups through a series of side events at the Joint Meeting.

**Objectives**
1. To review ESPEN’s proposed strategic objectives and outputs
2. To invite feedback from the meeting participants for consideration as part of the broader development process

**Meeting outcomes**
1. Programme managers were consulted over to share feedback on ESPEN drafted objectives. As follow up, programme managers from francophone countries will receive translated copies of the objectives and are invited to share additional reflections via email. Any feedback received electronically will supplement the feedback provided during the consultative session.
2. Individual consultative sessions were held with a number of funder and NGO stakeholders. Following the meeting, consultations via teleconference will be held with a broader group of funders, pharmaceutical, and NGO stakeholders.
3. Stakeholders within WHO were met and a plan to consult was discussed.
4. Feedback received from all stakeholders will be used to inform the next iteration of ESPEN’s objectives. Ongoing input continues to be invited.
# Developing and Testing an Advocacy Tool for Country Investment in Oncho and LF Elimination (Phase 1)

**Session organizer**

Joni Lawrence – The Task Force for Global Health  
Rachel Taylor – Merck & Co.

**Session description**

Onchocerciasis (Oncho) and lymphatic filariasis (LF) are close to being eliminated. To ensure successful elimination of these diseases, the countries in which these diseases have been endemic must commit to investing the resources necessary to conduct surveillance and monitor the efforts that must be sustained to achieve elimination. However, country commitment to such investment is not easily obtained and we do not have a complete understanding of the factors that would drive country commitment to adequate investment in elimination of Oncho and LF.

This meeting is to socialize with the programme managers and partners to discuss the potential for this ROI tool.

Ms. Lawrence will also use this meeting to provide an update on STAMP OUT Oncho.

**Expected outcomes**

Socialize with meeting attendees on their level of interest to move forward, and if so, the development of an online survey, offered to project managers in all countries and to other key stakeholders will be implemented.

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# Defining the Target Product Profile and key access barriers for a rapid diagnostic test (RDT) for use in schistosomiasis elimination programmes

**Session organizer**

Dr Sarah Nogaro and Mael Redard-Jacot (Foundation for Innovative New Diagnostics)

**Session description**

Having the right diagnostic tools to support national schistosomiasis (SCH) programmes is essential for achieving the post-2020 SCH targets as set by the WHO. Each stage of a control programme requires a different Use Case, with a set of specific diagnostic needs. For example, where the target is morbidity control – the key attributes would focus on the diagnostic tool would be on ease-of-use and low cost, whereas, if the goal is elimination, the emphasis would be heavily focused on sensitivity and specificity of the diagnostic tool.

Diagnostic methods that are currently recommended by WHO are Kato-Katz, Urine Filtration and a Point-of-Care test based on detection of circulating cathodic antigen. Whilst most of the work to support SCH control programmes has been based on results from Kato-Katz and Urine Filtration, these tests have limitations, and their use becomes futile as programmes progress towards elimination. As SCH control programmes gain momentum towards reaching the 2020 goals, and as others are already moving beyond and reaching elimination, there is great need for diagnostic tests that would enable monitoring of progress towards those targets.

FIND, in collaboration with WHO, is leading a consortium that includes Mologic and Leiden University Medical Center, to develop a Gen 2 RDT to support elimination efforts by identifying low infection intensities.

The meeting with national SCH programme managers will also discuss the potential market and access barriers that could impact the introduction and uptake of the RDT in LMICs. These discussions will improve our understanding of national market dynamics and ultimately inform the development of an Investment Case for the Gen 2 RDT.

**Objectives**

i) To determine and agree on a defined set of attributes for the SCH Gen 2 RDT.

ii) Identify potential market and access barriers that could impact the introduction and uptake of the SCH Gen 2 RDT in low and middle-income countries.

**Meeting outcomes**

The session kicked-off with a brief overview of FIND followed by an outline of its SCH programme. An update on the progress made to date on Gen 1 (started in September 2018) was presented. Key achievements highlighted were: i) a target product profile (TPP) endorsed by WHO and is being used to guide test development, ii) proof-of-principle for the Gen 1 RDT has been completed, iii) feasibility testing of the prototype is currently being done using stored samples and iv) an investment case has been developed, whose key findings were presented.

The second part of the session focused on the Gen 2 RDT – providing an update on the work done so far by FIND and its partners to develop an easy-to-use highly sensitive RDT to support SCH elimination programmes. Particular attention was drawn to the TPP which has been drafted and will be circulated widely for review by experts/stakeholders to comment through an online Delphi-like survey. Speakers highlighted the importance of receiving critical feedback from Programme Managers to ensure that the Gen 2 RDT fits their needs and particular use case. Programme Managers who would be willing to participate in the survey were asked to register on a sign-up sheet that was circulated throughout the session. 34 Programme Managers signed up. Explanations on how feedback could be given were shared. Key attributes of Gen 2 were presented. The session ended on a 15-minute Q&A with discussions on product availability, timelines and expression of interest from Programme Managers to participate in clinical validation of the RDTs in their countries.
Supporting programme data needs: Spotlight on ESPEN Collect and the JAP wizard for improving data collection and reporting

Session organizer: ESPEN Data Portal Partners
- Rachel Pullan (London School of Hygiene and Tropical Medicine)
- Alex Pavluck (Sightsavers)
- Honorat Zoure (ESPEN)

Session description: As part of ongoing work to support programme data needs, ESPEN is reviewing the Joint Application Package (JAP) and the Trachoma Evaluation and Monitoring Forms (TEMF). These forms have been developed by WHO to facilitate the process of application, review and reporting of PC activities. The reported data also form the basis of ESPEN’s targets and milestones. It is therefore vital that the data collected are comprehensive, and of high quality, and that they are made accessible and useful.

In this participatory session, we will be shining a spotlight on the current JAP+TEMF, and asking how they might be improved. We will include:

- **New data tools**: the current JAP excel spreadsheets are vulnerable to data input errors. To minimize error and improve efficiency, ESPEN are developing a JAP upload tool. We will demonstrate this tool.
- **Current and potential scope**: working through each form, we will review the current JAP to address whether the combined package adequately captures the information required to comprehensively monitor progress towards control and elimination goals, including those laid out in the WHO Roadmap.
- **Opportunities for integration**: the JAP constitutes the primary reporting tool for NTD programmes to share information with the WHO. We will elicit feedback on how it can be modified to improve reporting of case management indicators for the five PC-NTDs, and the wider envelope of case-management NTDs.

Recommendations resulting from this consultation will feed directly into a new revised ESPEN-region JAP.

Objectives
1. To introduce the new JAP upload features hosted by the ESPEN Portal
2. To address whether the combined package of forms adequately capture all data required to comprehensively monitor progress towards control and elimination goals
3. To explore opportunities for incorporating (and improving) CM-NTD indicators within the current JAP framework, including looking beyond the five PC-NTDs.

Expected outcomes
1. Improved awareness of the ESPEN Portal JAP upload tools
2. Recommendations on revised and new data fields to be added to the ESPEN-region JAP

A Country Model for Zero Leprosy

Session organizer: Global Partnership for Zero Leprosy

Session description: The Global Partnership for Zero Leprosy (GPZL) is working towards ending leprosy by partnering closely with national programmes and governments. National programmes are in the best position to understand their unique opportunities and challenges and to implement the new strategies that lead towards zero leprosy.

The GPZL offers support to national programmes through a unique country model approach. The GPZL Country Model brings together national governments and partners through country-led customized strategies that address local needs and priorities to end leprosy or Hansen’s disease. The GPZL coordinates this work in close collaboration with WHO’s Global Leprosy Programme, the UN Special Rapporteur and many partners across the global health community.

This model strengthens programmes through country reviews and the development of multi-year roadmaps to address key gaps and the provision of resources. This year, the model will be deployed in two countries, with scale-up in 2020. In addition, the GPZL Operational Excellence working group, composed of 200 members and led by national programme managers, has developed an inventory of best practices that address early detection, post-exposure prophylaxis, operational capacity, and prevention of disability and stigma. These best practices, along with assistance through a help desk, will be available in an online toolkit this September.

This session includes a brief presentation about the GPZL Country Model, followed by discussion by representatives from national programmes and partners.

Objectives
- To share information about the GPZL Country Model and how countries can participate
- Discuss the opportunities and challenges of African countries towards ending leprosy

Meeting outcomes
40 people were present in the room. Many were supportive of the country model and toolkit. Some questions were about mobilization of new external funding, without which the country model may have limited value. From the GPZL viewpoint, the meeting was very successful in reaching programme managers in African countries.
### Measuring the success and impact of PZQ treatment programmes

**Session organizer**
Merck & co. / GSA / Genesis Analytics

**Johannes Waltz & Katharina Klohe**

**Session description**
Merck has committed itself to provide up to 250 million PZQ tablets per year to treat schistosomiasis in school-aged children in sub-Saharan Africa until elimination has been achieved. Tablets have been provided since 2007. To achieve the proposed new 2030 targets for schistosomiasis and the NTD Roadmap it is necessary to assess whether the PZQ programme is efficient and effective. Central to this assessment is a better understanding of the drug handling procedures and whether a better use can be made of PZQ. Therefore, Merck, together with ESPEN and the GSA, has decided to monitor and evaluate the efficient use of PZQ to better understand its programmatic successes. Furthermore, possible barriers to effective distribution and use of the provided drugs that might exist to varying degrees in different contexts are to be identified. The goal is to pinpoint such barriers and learn how they can be overcome.

Merck, together with ESPEN and GSA, is working with Genesis Analytics, a health consultancy based in Johannesburg, South Africa, on the development of a results framework which will serve as a monitoring and evaluation tool for the PZQ programme. The results framework consists of two main parts, i) a questionnaire to guide face-to-face interviews with programme and country managers to better understand how PZQ drugs are distributed and what challenges managers face in making efficient use of the provided drugs; ii) a set of indicators looking at the outputs, outcomes, medium and long-term impact of the PZQ programme and associated activities. These indicators aim to track activities and capture changes over time in a quantitative manner.

In line with the programme managers’ meeting theme, to look forward, building on the past, the goal of this side meeting is to improve the monitoring and evaluation of the use of PZQ at both the country and the community level, and to thereby take necessary steps to improve the PZQ programme’s overall effectiveness. The objective of this session therefore is to review the PZQ programme, to present the results framework as developed so far, and to discuss it together with NTD programme managers. Important discussion points for such an evaluation include drug distribution and handling as well as challenges in and for the supply chain, the reverse logistics once an MDA has taken place.

**Objectives**
- The status of the PZQ programme and associated challenges will be presented, including current efforts at measuring impact.
- A potential tool to monitor and evaluate the programme, in particular, the handling and distribution of the provided drugs, referred to as the results framework, will be presented.
- A discussion on the appropriateness of the tool will take place. Programme managers, identified prior to the meeting, are encouraged to report on their experiences and challenges with the PZQ programme.
- The output of the session will be a revised results framework based on the provided input by the session’s participants.

**Expected outcomes**
Merck, ESPEN and the GSA will have consolidated feedback from this very important group of stakeholders to further refine the relevant indicators and finalise the results framework to better measure and evaluate the programme.

Running concurrently with pilot fieldwork to test the indicators at a subnational level, the partners will be able to validate the draft framework and by using the results over time improve the effectiveness of the PZQ programme.