ANNUAL MEETING OF NATIONAL NTD PROGRAMME MANAGERS IN THE WHO AFRICA REGION

November 29 to December 1, 2023

BRAZZAVILLE, CONGO

WHO AFRICA REGIONAL OFFICE

World Health Organization

African Region

75 HEALTH FOR ALL

Session 2

Updates on progress towards NTD roadmap targets/sub targets

ANNUAL MEETING OF NATIONAL NTD PROGRAMME MANAGERS IN THE WHO AFRICA REGION

29 Nov-1 Dec 2023

"Stepping up County Ownership to Accelerate Programmatic Action"

Agenda

Time (CAT)	Topic	Facilitator
11:00-11:05	Goal- Objectives- expected outcomes	Dr D. Bakajika
11:05-11:30	Global updates on progress NTD roadmap	Dr D. Argaw Dagne
11:30-12:00	Regional updates towards achievements of targets and sub-targets for CM-NTD	Dr A. Korkor
12:00-12:30	Regional updates towards achievements of targets and sub-targets for PC-NTD	Dr D. Bakajika

Rapporteurs :
Dr Aliyu SULEIMAN, WCO/Nigeria
Dr Dismas BAZA, MCAT/Burkina Faso
Dr Sharmila LAREEF, MCAT/ Ghana.
Dr Spes NTABANGANA, MCAT/Senegal.

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Goal – Objectives

Goal: To provide updates on progress on NTD road map 2021-2030.

- To provide updates on global progress on NTD 2021-2023 road map

- To provide regional updates towards achievements of targets and sub-targets of CM and PC-NTD

- To highlight major challenges and way forward

Expected outcomes

- Updates on global progress on NTD 2021-2023 road map shared
- Progress towards the attainment of targets and sub-targets of CM and PC NTDs endemic in the WHO African region shared
- Major challenges presented and suggestions/recommendations on way forward formulated

World Health Organization

GONE

Towards the NTD 2030 Road Map targets: overview of Main achievements and way forward

ANNUAL MEETING OF NATIONAL NEGLECTED TROPICAL DISEASES (NTD) PROGRAMME MANAGERS IN AFRO - 29 NOVEMBER - 1 DECEMBER 2023, Brazzaville, republic of Congo

Dr Daniel Argaw Dagne
Global Ntd programme, who

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ROAD MAP FOR NEGLECTED TROPICAL DISEASE 2021–2030

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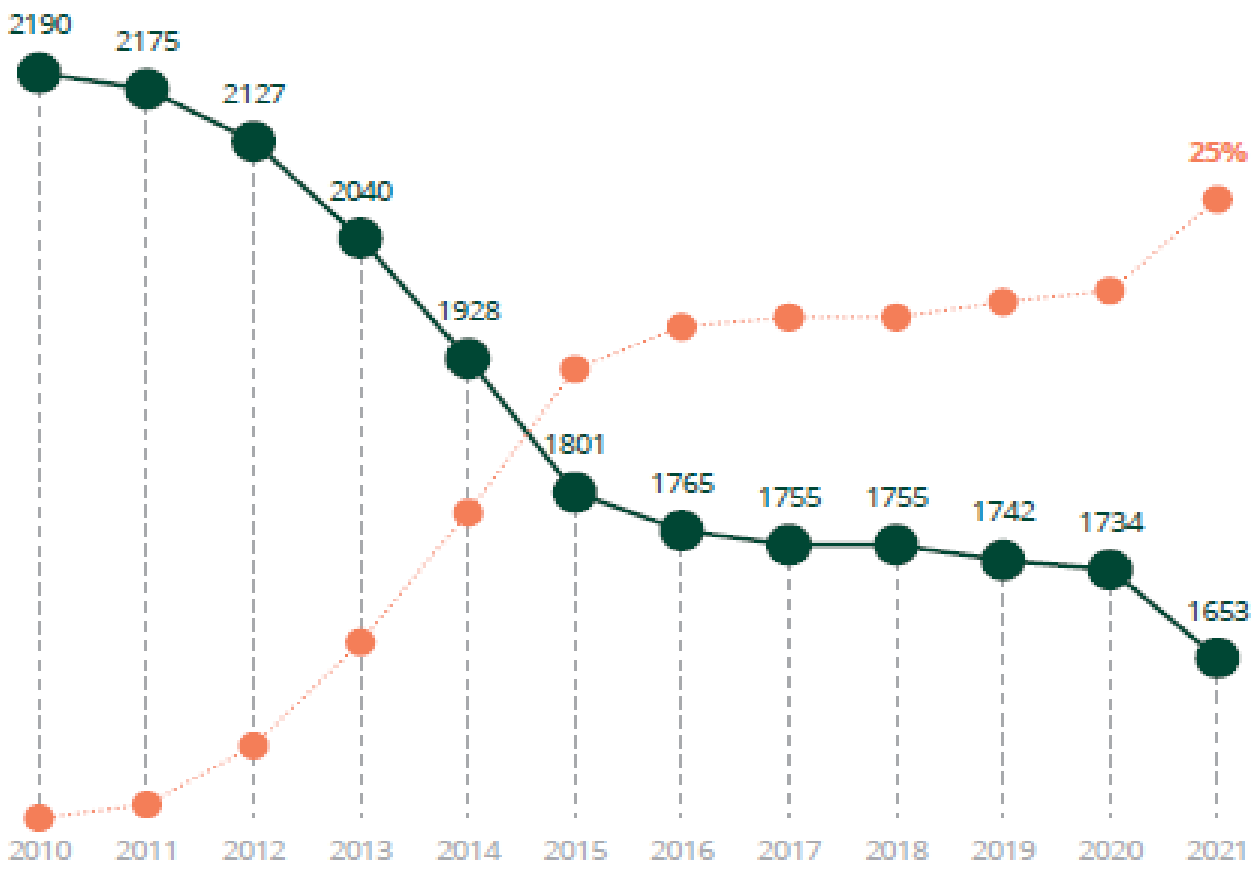
- WHO's blueprint to guide global NTD actions, with its pillars, shifts and targets (overarching, cross-cutting and disease-specific)
- Endorsed by WHO on 13 November 2020 & launched on World NTD Day 2021
- Progress has been made despite the increasingly challenging global environment
- Highlights of achievements along the 4 overarching and 3 pillars of the roadmap:

WHA73(33) Road map for neglected tropical diseases 2021–2030[1]

The Seventy-third World Health Assembly, having considered the report on neglected tropical diseases,[2] and recalling resolution WHA66.12 (2013) on neglected tropical diseases, WHO's road map for accelerating work to overcome the global impact of neglected tropical diseases (2012–2020), and Member States' commitment to Sustainable Development Goal target 3.3 (by 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, waterborne diseases and other communicable diseases), decided:

(1) to endorse, and urge Member States to implement, the new road map for neglected tropical diseases 2021–2030, "Ending the neglect to attain the Sustainable Development Goals: a road map for neglected tropical diseases 2021–2030";[3]

Fig. 1. Number of people requiring interventions against NTDs (green) and associated percentage reduction (orange) globally and regionally, 2010–2021



World Health Organization

Road map overarching target 1

- SDG indicator 3.3.5: number of people requiring interventions against neglected tropical diseases

Achieved: -25% between 2010 and 2021
Target: -90% between 2010 and 2030

A decline of some 80 million people requiring NTD intervention occurred between 2020 and 2021 alone

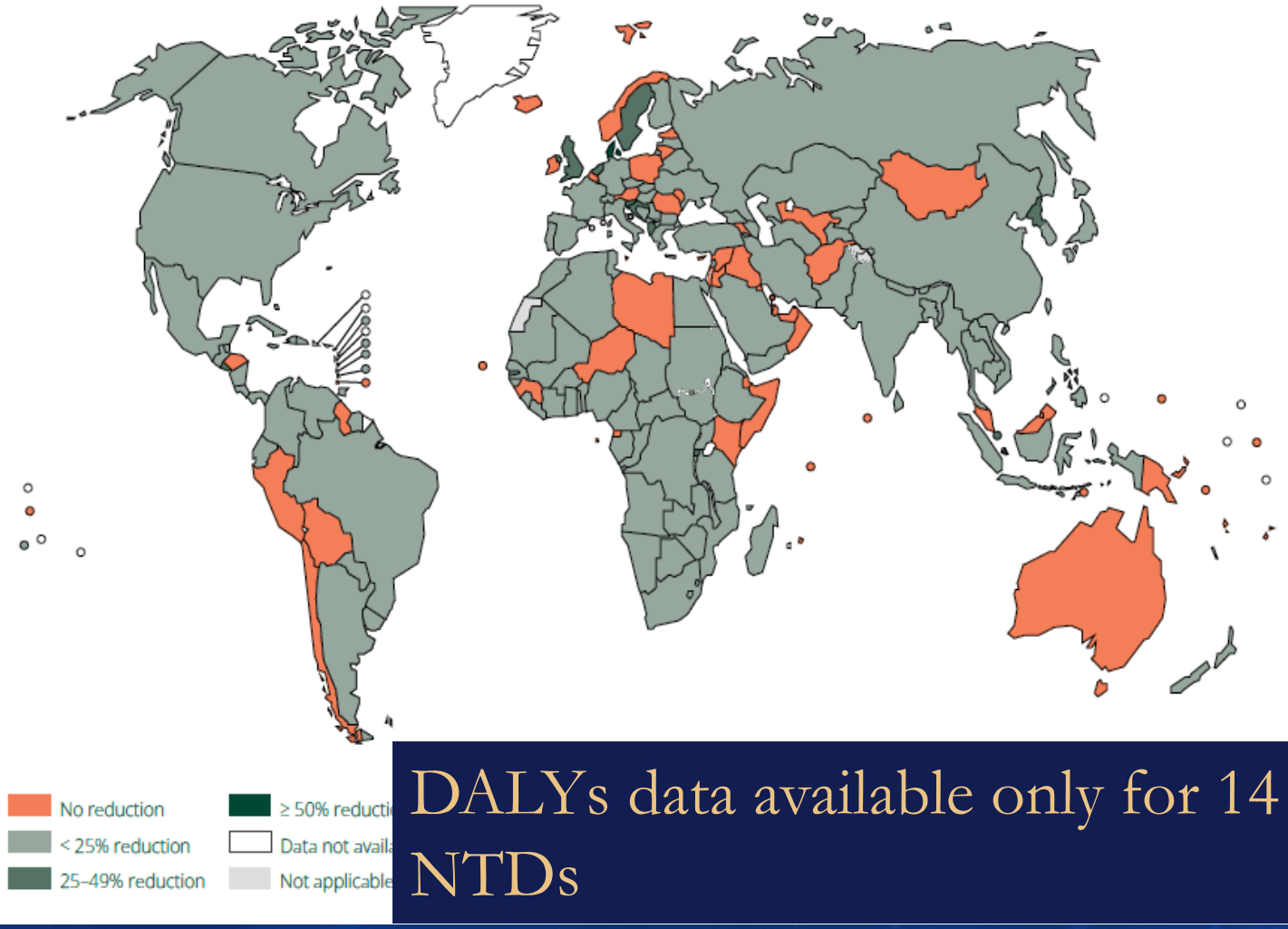
Road map overarching target 2

World Health Organization

– **Reduce** the burden of disease calculated in **DALYs related to NTDs by 75% from 2020**

- has gradually declined (-11% between 2015 and 2019) in the period preceding the launch of the road map

Fig. 4. Percentage reduction in DALYs related to NTDs, based on data available in 2019 versus 2015



DALYs data available only for 14 NTDs

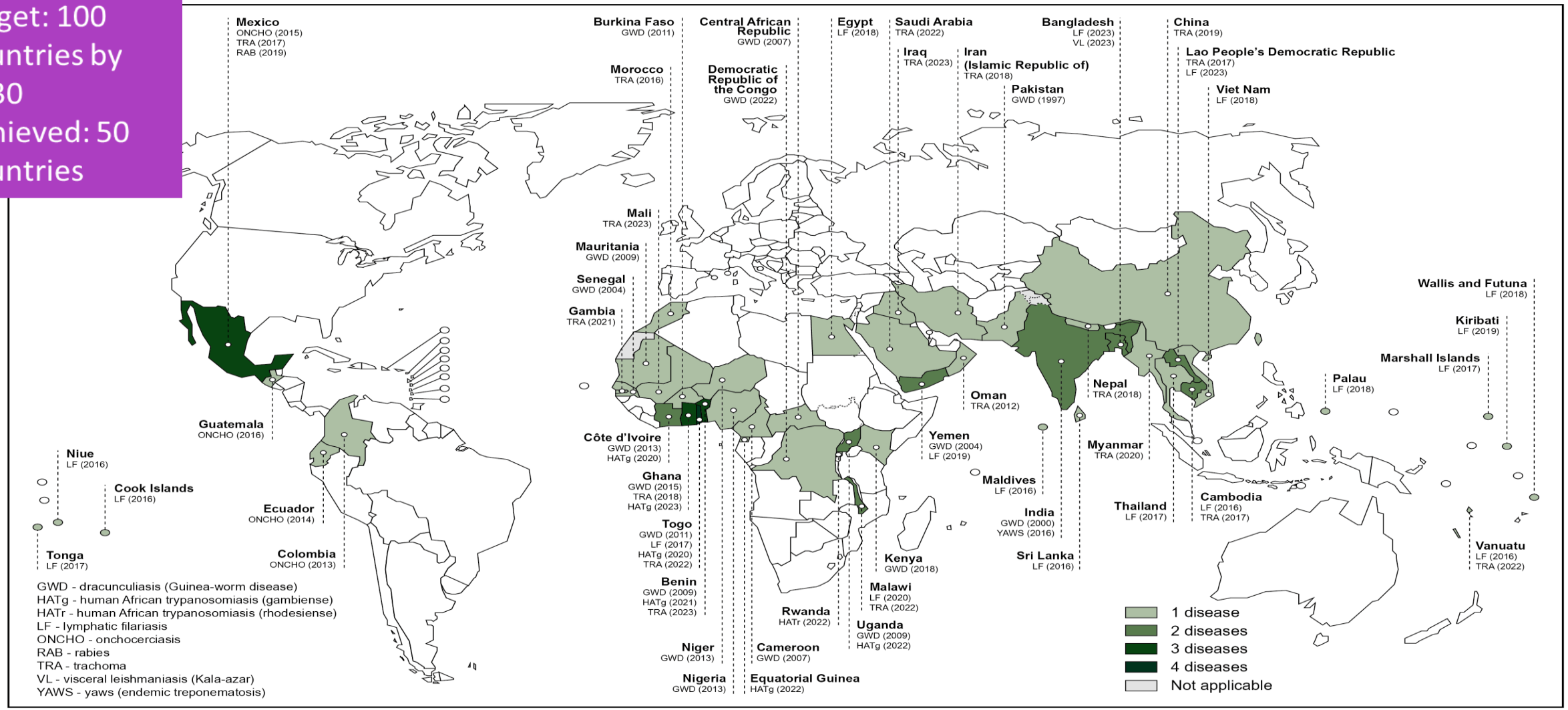
ROAD MAP OVERARCHING TARGET 3:

NUMBER OF COUNTRIES HAVING ELIMINATED AT LEAST ONE NTD

World Health Organization

Target: 100 countries by 2030
Achieved: 50 countries

Countries having eliminated at least one neglected tropical disease (*n=50 as of 1 November 2023*)



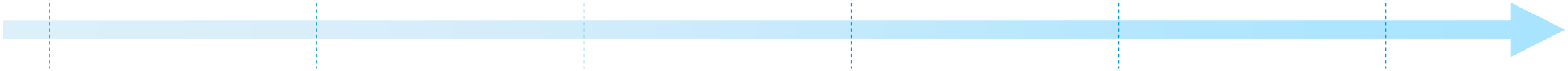
Data Source: World Health Organization
Map Production: Control of Neglected Tropical Diseases (NTD)
World Health Organization

World Health Organization

Road map overarching target 3:

Number of countries having eliminated at least one NTD

Countries that have completed validation, verification and certification processes for NTDs



2018

Egypt (LF)
Ghana (TRA)
IR of Iran (TRA)
Kenya (GWD)
Nepal (TRA)
Palau (LF)
Vietnam (LF)
Wallis & Futuna (LF)

2019

China (TRA)
Kiribati (LF)
Mexico (Rabies)
Yemen (LF)

2020

Côte d'Ivoire (gHAT)
Malawi (LF)
Myanmar (TRA)
Togo (gHAT)

2021

Benin (gHAT)
Gambia (TRA)

2022

DR Congo (GWD)
Eq. Guinea (gHAT)
Malawi (TRA)
Rwanda (rHAT)
Saudi Arabia (TRA)
Togo (TRA)
Uganda (gHAT)
Vanuatu (TRA)

2023

Bangladesh (LF, VL)
Benin (TRA)
Ghana (gHAT)
Iraq (TRA)
Lao PDR (LF)
Mali (TRA)

World Health Organization

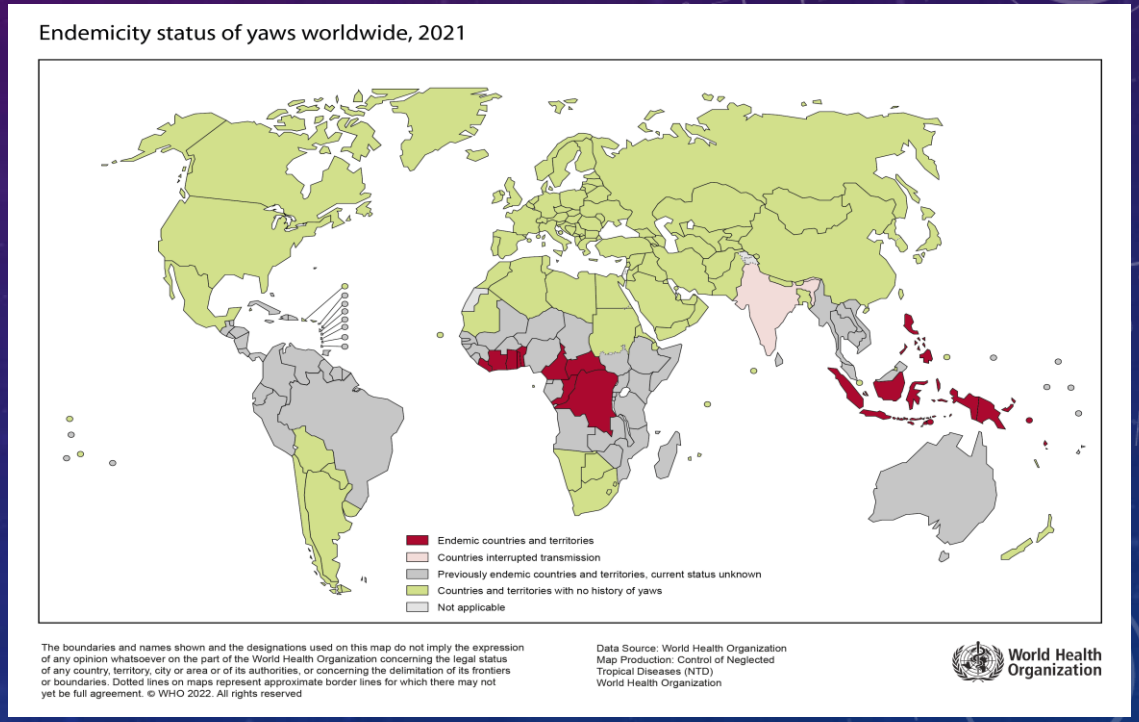
ROAD MAP OVERARCHING TARGET 4:
ERADICATION OF TWO NTDS

World Health Organization

Dracunculiasis

- WHO has certified 200 countries, territories, and areas (belonging to 188 Member States)
- DRC certified in 2022.
- Only 13 cases of Guinea-worm disease in 2022
- 6 confirmed human cases reported in 2023 (Jan-Sept)

Yaws



- Intensified surveillance, capacity strengthening and MDA for yaws in several countries in WHO's African, American, South-East Asia and Western Pacific regions.
- 168,239 suspected cases in 2022. 14-15 countries with active transmission of yaws.

PROGRESS ON THE THREE PILLARS OF THE NTD ROAD MAP

Accelerate programmatic actions

- Technical progress
- Strategy & service delivery
- Enablers

Intensify cross-cutting approaches

- Integrating
- Mainstreaming
- Coordinating

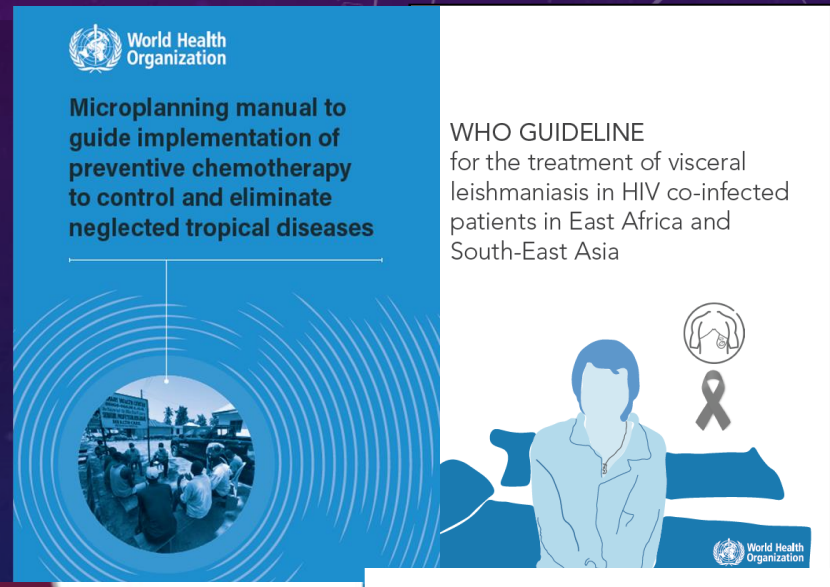
Change operating models and culture to facilitate country ownership

- Country ownership
- Clear stakeholder roles
- Organizational restructuring

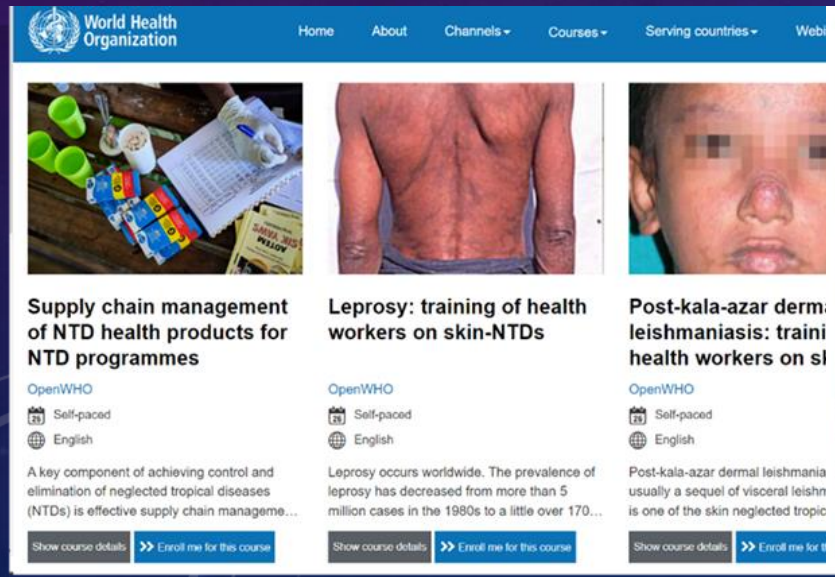
PILLAR 1: ACCELERATING PROGRAMMATIC ACTION (1)

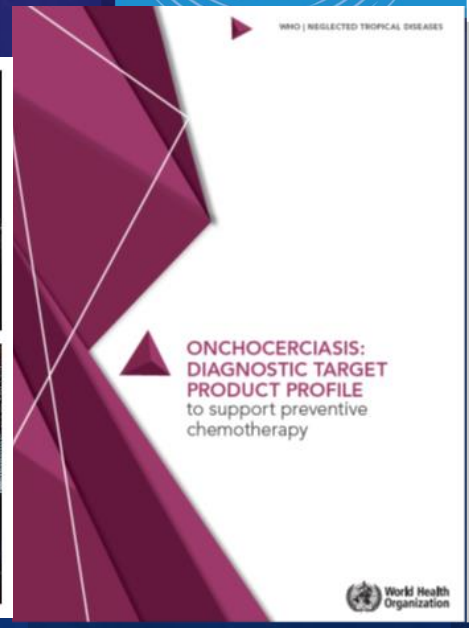
World Health Organization

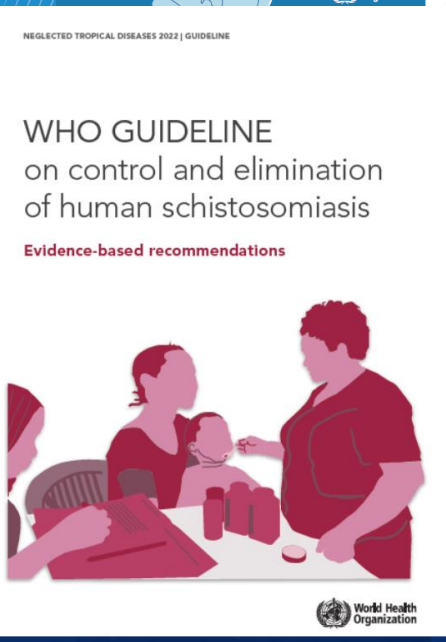
- **Normative guidance and tools:** 54 global WHO publications in 2021, 52 in 2022, 16 so far in 2023
- **Global advocacy:** WHA's endorsement of World NTD Day on 30 January (2021); adoption of the **Abu Dhabi Declaration on the Eradication of Guinea Worm** Disease and the **Kigali Declaration on Neglected Tropical Diseases (2022)**
- **Capacity building:** launch of an NTD channel on OpenWHO (2021), offering 47 multilingual courses on 23 different subjects – over 100 000 enrolled learners



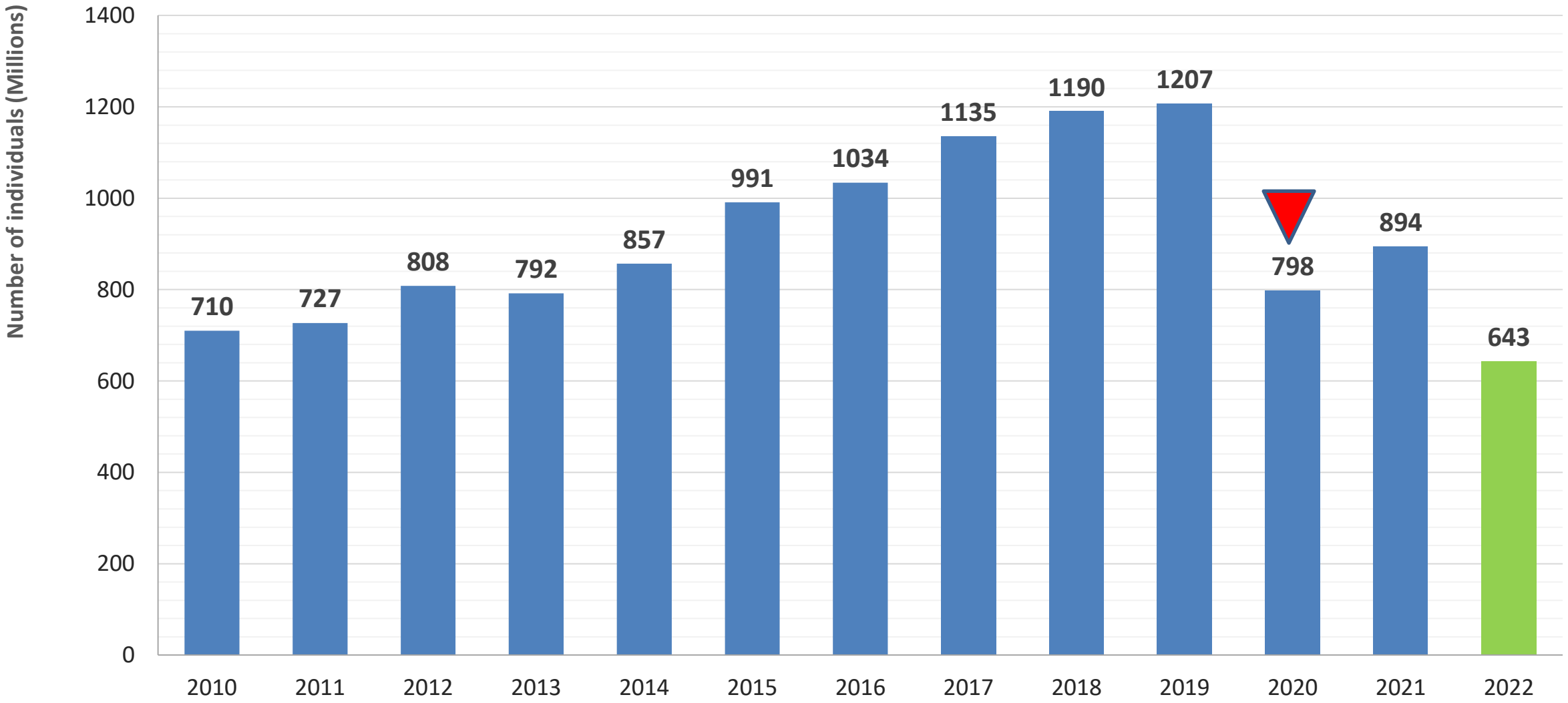
OpenWHO.org







Number of individuals received Preventive Chemotherapy (PC) interventions for at least one disease, 2010-2022 (as of 25 October 2023)

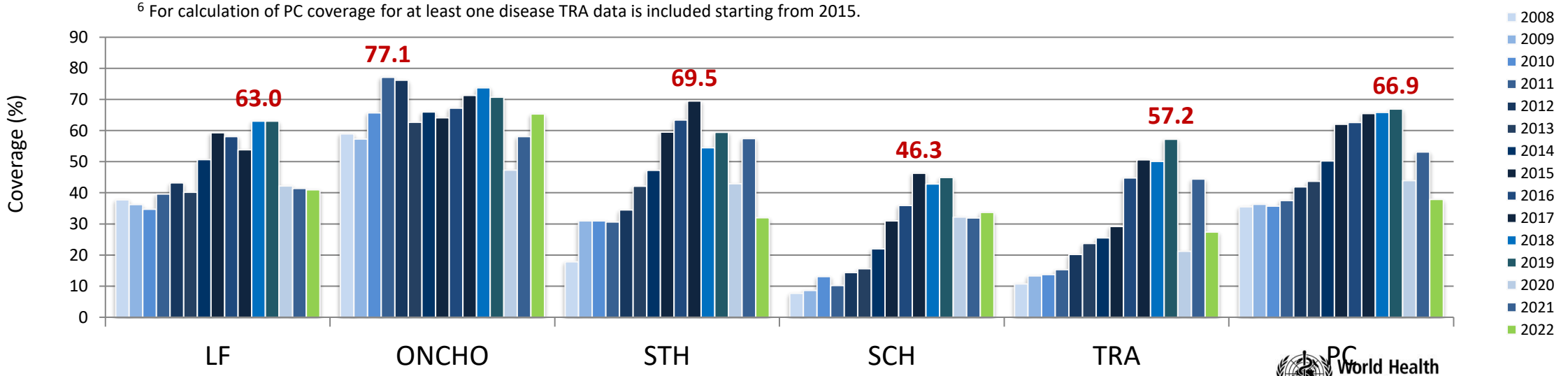


These interventions have been delivered to individuals living in areas which require PC and also in areas which may not require PC

Global status of preventive chemotherapy in 2022 (as of 25 October 2023)

PC implementation	LF	ONCHO	STH		SCH		TRA	PC[6]
			PreSAC	SAC	SAC	Adults		
Number of countries requiring PC[1]	44	29	86		50		31	101
Number of people requiring PC	794M	246.2M	254.5M	647.2M	134.9M	129.4M	132M	1623M
Number of countries implemented and reported	32	26	24	50	33	24	21	71
Proportion (%) of districts implemented PC[2]	65.4	76.1	22.2	69.9	37.4	13.0	25.9	ND
Proportion (%) of districts achieving effective coverage[3]	86.8	90.5	67.4	69.0	74.6	39.7	81.0	ND
Number of people in need treated[4]	325.7M	160.6M	43.6M	244.5M	68.6M	20.5M	36.2M	614.5M
Coverage (%)[5]	**41.0**	**65.3**	**17.1**	**37.8**	**50.9**	**15.8**	**27.4**	**37.9**

[1] Number of endemic countries moved to post-treatment surveillance stage is not included in total.
[2] Proportion of known endemic districts implementing PC in countries that reported on PC interventions.
[3] Proportion of districts implementing PC achieving the defined effective coverage for the disease ≥65% for LF and ONCHO, ≥75% for STH and SCH, and ≥80% for TRA.
[4] Number of people received treatment in areas where PC is required according to the recommended strategy for a specific disease.
[5] Coverage is calculated as the number of people treated out of total population requiring PC.
[6] For calculation of PC coverage for at least one disease TRA data is included starting from 2015.



LF – lymphatic filariasis; ONCHO – onchocerciasis; STH – soil-transmitted helminthiases; SCH – schistosomiasis; TRA – trachoma
PreSAC – preschool-aged children (1–4 years); SAC – school-aged children (5–14 years); Adults – people aged ≥15 years

World Health Organization

Source: WHO/NTD

Intensified disease management

World Health Organization

- Disruptions to implementation of active and passive case-finding caused a decrease in the number of people detected, screened and managed for several case management NTDs

	BU	gHAT	rHAT	CL	VL	LEP	Rabies*	Yaws°	Echino	Dengue	GWD	TRA TT#
2019	2271	876	116	280 789	14 592	202 166	1120	98 162	5777	5 014 073	54	92 622
2020	1459	565	98	217 848	12 785	128 397	404	106 911	3589	2 733 216	27	42 045
2021	1665	747	55	222 395	11 779	140 063	66	128 186	2763	1 681 169	15	69 266
2022	2121	799	38	205 652	12 773	174 059		168 239			13[$]	129 224

Source: GHO; BU: Buruli ulcer; gHAT: gambiense human African trypanosomiasis; rHAT: rhodesiense human African trypanosomiasis; CL: cutaneous leishmaniasis; VL: visceral leishmaniasis; LEP: leprosy; Echino: echinococcosis; GWD: Guinea-worm disease (dracunculiasis); TRA TT: trachoma (trachomatous trichiasis); (*) deaths; (°) confirmed + suspected cases; (#) number of people operated for trachomatous trichiasis; ($) 6 cases in January-September 2023

PILLAR 2: INTENSIFYING CROSS-CUTTING APPROACHES

World Health Organization

Preventive chemotherapy programmes are being expanded to other diseases, such as taeniasis

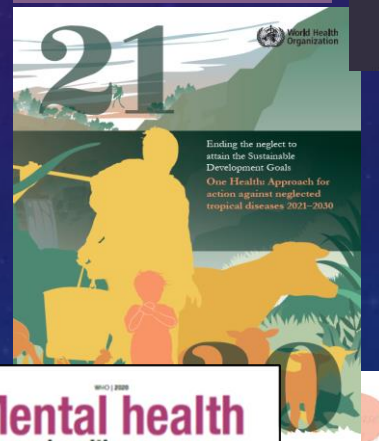
The integrated **skin-NTD approach** is being rolled out as an effective tool for reducing the burden of at least 10 diseases

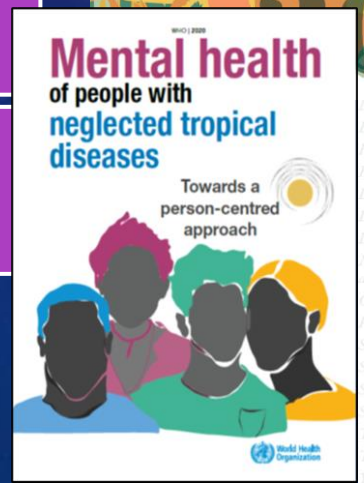
Intersectoral coordination is advancing on the **One Health** approach and on water, sanitation, and hygiene (**WASH**)

Coordination on vector control has been strengthened with the launch of the **Global Arbovirus Initiative**

Strengthening the **NTD M&E framework** with the aim of:

- ensuring that we report on all road map indicators and on all 20 diseases
- improving data visualization and accessibility through interactive dashboards
- facilitating integration and mainstreaming of NTD data into national HISs

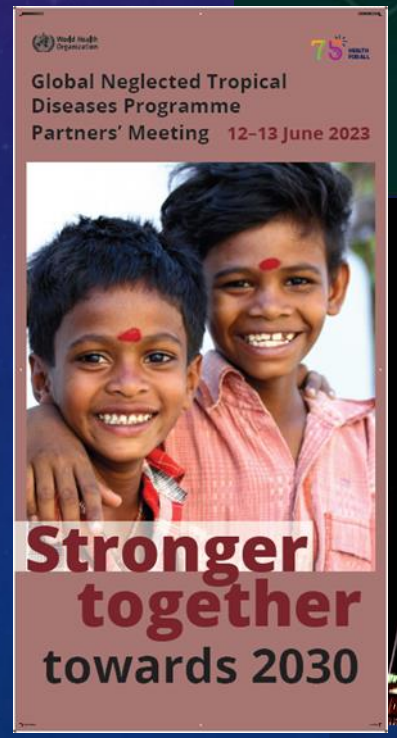




PILLAR 3: CHANGING OPERATING MODELS AND CULTURE TO FACILITATE COUNTRY OWNERSHIP

World Health Organization

- Publication (2021) and promote use of the **WHO sustainability framework** in several countries
- Creation/expansion of global platforms/events to strengthen advocacy, information-sharing and coordination
- Inclusion of NTDs in UHC/PHC policy documents advancing comprehensive approaches and integrated service delivery
- Increased awareness that maintenance of essential services during health crises is a priority, and that sustainable funding is essential to achieving the goals set out in the road map



Challenges

World Health Organization

- Progress in controlling, eliminating, or eradicating NTDs has been hampered by:
  - Disruptions caused by the **COVID-19 pandemic**
  - Changing **funding landscape**
  - Slow & uneven progress in countries & across diseases
  - Programme disruptions & limited access to areas affected by **conflict, insecurity, political instability**
  - Underlying risk factors (poverty, climate change, migration, population displacement, etc.)

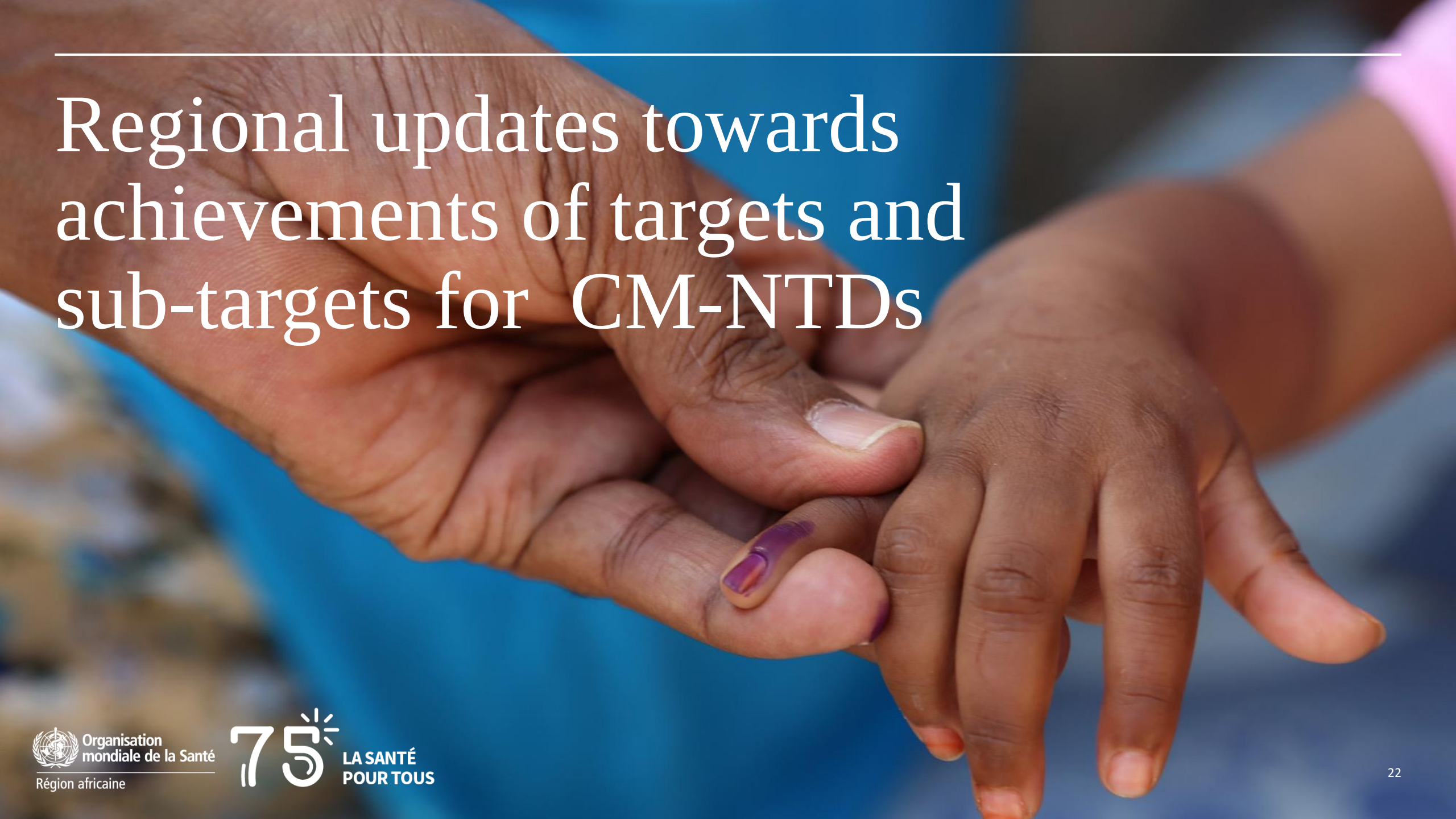
Credit: MSF

WAY FORWARD

World Health Organization

- Recover from the disruptions caused by COVID-19 and other challenges, and move further forward
- Address normative gaps, expand our arsenal of medicines, diagnostics and tools, strengthen data collection, monitoring, reporting and evaluation
- Increase cohesiveness and efficiency by investing in **strategies that foster integration and cross-sectoral collaboration**
- Continue to facilitate country ownership and sustainability of NTD programmes through innovative policies and financing approaches
- Mainstreaming of NTDs in PHC/UHC, Health emergency, climate Health and other global relevant health initiatives

Regional updates towards achievements of targets and sub-targets for CM-NTDs



General overview

- Of 20 NTDs in the Global portfolio:

  - ✓ **19** (except Chagas) present in **Africa**

  - ✓ **5 are PCT** (*Lymphatic filariasis, Onchocerciasis, Schistosomiasis; Soil-transmitted helminthiases and Trachoma*)

  - ✓ **11 are CM** (*Buruli ulcer; Dengue & Chikungunya; Dracunculiasis (Guinea worm disease); Human African trypanosomiasis (Sleeping sickness); Leishmaniasis; Leprosy; Mycetoma, Chromoblastomycosis & other deep mycoses; Rabies; Scabies and other ectoparasites; Snakebite envenoming; Yaws)*

  - ✓ ***Others***: *Echinococcosis; Foodborne trematodiases, Taeniasis & Cysticercosis*

AFRO NTD Portfolio & Regional Strategic Plan

With the **Vision** of "an African Region free of tropical and vector-borne diseases, the Regional Framework for the Integrated, Control, Elimination and Eradication Of Tropical and Vector-borne Diseases in the African Region (2022–2030) persues the **Goal** to reduce the burden and threat of tropical and vector-borne diseases that affect human health.

Eradication (2)	• GWD • Yaws
Interruption of transmission (3)	• HAT-Gambiense • Leprosy • **Oncho**
Elimination as a Public Health Problem (7)	• HAT-Rhodesiense • **Lymphatic Filariasis** • Rabies • **Trachoma** • **Schistosomiasis** • **STH** • Visceral Leishmaniasis

CONTROL
• Buruli Ulcer • Cutaneous Leishmaniasis • Dengue and Chikungunya • Echinococcosis • Foodborne Trematodiases • Taeniasis & Cysticercosis • Mycetoma, Chronoblastomycosis & Other Deep mycoses • Scabies & Other ectoparasites • Snakebites envenoming (SBE) • Noma

Milestones and Targets for 2030

Goals/Objectives/Indicators	Baseline 2020	Target 2030	Milestones 2026	Achievement 2023
Number of countries certified free of GUINEA WORM DISEASE	41	47	44	42
Number of countries certified free of YAWS	0	47	9	0
Number of countries having eliminated at least one CM-NTD	-	47	25	0
Number of countries verified for elimination of LEPROSY transmission	0	47	10	0
Number of countries validated/Verified for HAT elimination as PHP or Interruption of Transmission	1	23 (HATg 15, HATr 8)	10	7
Number of countries validated for Visceral Leishmaniasis elimination as a PHP	0	13	11	0

Summary of key achievements

- 42 countries certified for interruption of Guinea Worm Disease (GWD)
- 12 countries suspected free of Yaws (never endemic) but are yet to be verified for certification
- 7 countries validated for elimination of at least one CM-NTD as a PHP

  HAT: BEN, CIV, EQN, GHA, RWA, TOGO, UGA
- 46 countries (incl. Togo) countries attained threshold for National Leprosy elimination as a PHP
- Togo is the first country in the WHO Africa region and globally to have been validated by the WHO for eliminating 4 NTDs, in addition to certification for interruption of dracunculiasis transmission:

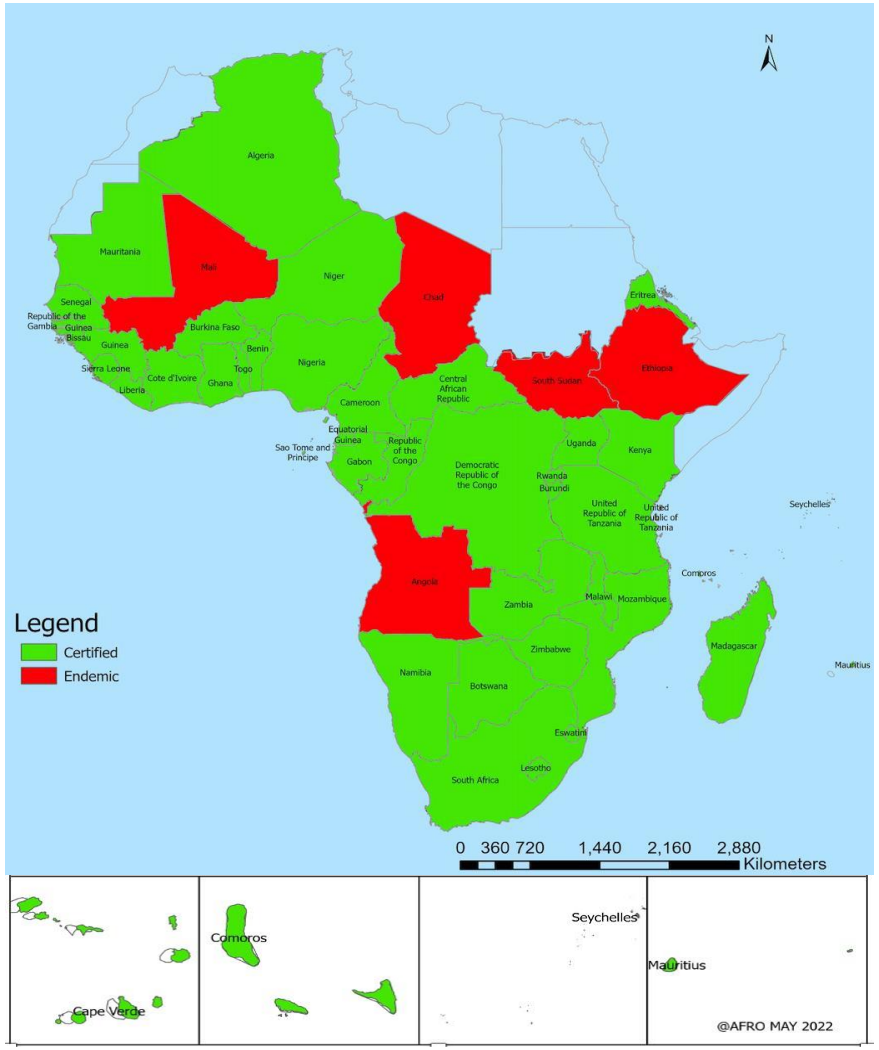
  Togo's achievement was acknowledged at last (RC72) Meeting in Togo

Guinea Worm Disease – Distribution and trends 2021-2023

Only **5** of the 47 Member States in the African region remain to be certified: **Angola, Chad, Ethiopia, Mali, and South Sudan.**

Countries	Human cases			Animal infns		
	2021	2022	2023*	2021	2022	2023*
Angola	0	0	0	0	7	32
Chad	8	6	5	855	608	456
Ethiopia	1	1	0	3	3	1
Mali	2	0	0	17	41	34
S. Sudan	4	5	0	0	1	0
CAR*	0	1	0	0	0	0
Cameroon*	0	0	1	10	28	57
TOTAL	**15**	**13**	**6**	**885**	**688**	**580**

2023*: As of September



*** CAR & CMR are certified countries of concern because neighbouring endemic Chad**

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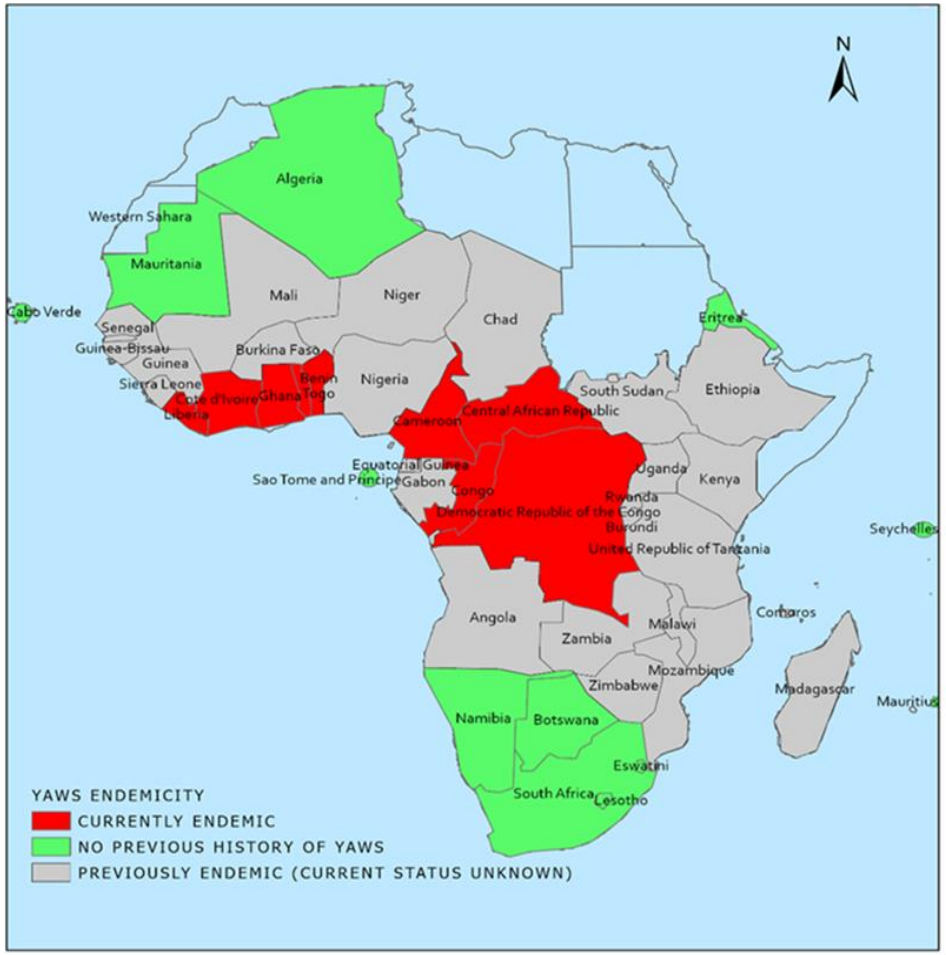
Yaws

9 countries currently endemic

26 countries previously endemic *(current status unknown)*

12 countries no previous history

Since 2020, three *countries (CAM, CAR,COG*) are implementing Total Community Treatment (TCT) with azithromycin for Yaws eradication.



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Data source : Global Health Observatory data repository

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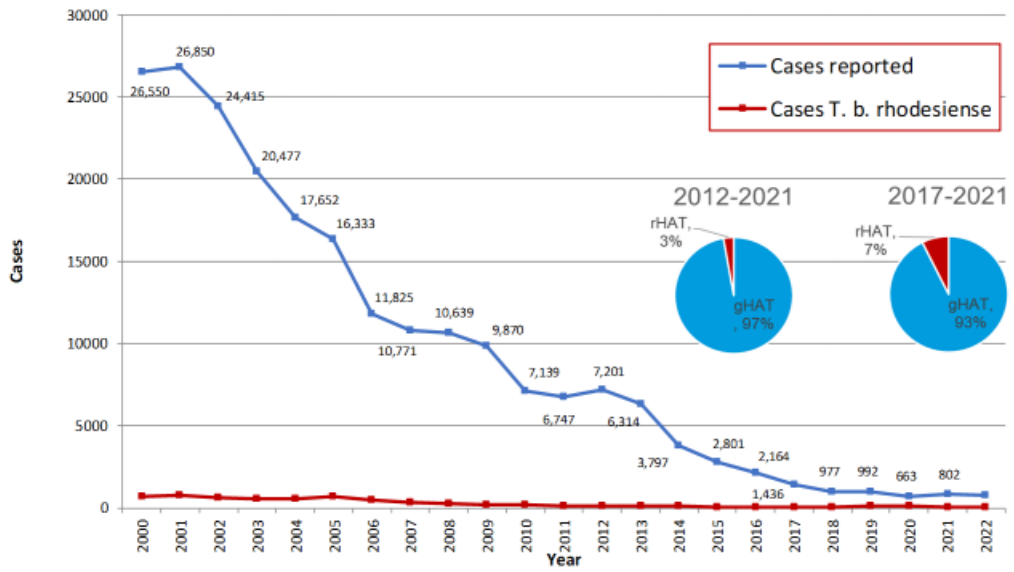
Targeted for elimination (9)

Human African Trypanosomiasis (HAT)
Leprosy
Lymphatic filariasis
Onchocerciasis
Rabies
Schistosomiasis
Soil transmitted helminthiasis
Trachoma
Visceral leishmaniasis

- 46 countries have attained and sustained the threshold for National Leprosy elimination as PHP; no country yet to be verified for interruption of leprosy transmission.
- 10 countries are officially validated for elimination of at least one NTD as PHP
  a. Human African Trypanosomiasis (BEN, CIV, EQN, GHA, RWA, TOGO, UGA)
  b. Lymphatic filariasis (MWI, TGO)
  c. Trachoma (BEN, GAM, GHA, MLI, MWI, TGO)

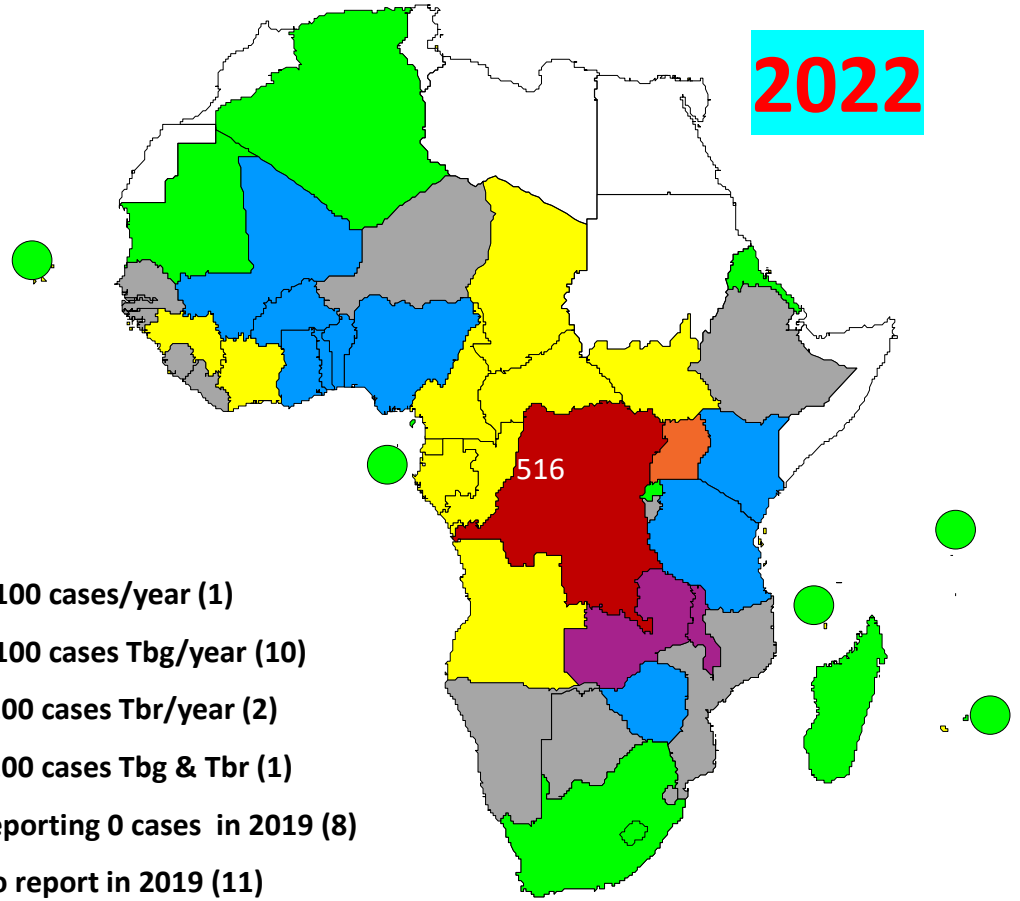
Human African Trypanosomiasis (HAT)

HAT cases reported 2000 - 2022



Virtual meeting of HAT Control Programme coordinators and focal points
7th – 8th February 2023

Seven validated for the elimination of HAT as a PHP (*Togo, Benin, Cote D'Ivoire, Eq.Guinea, Uganda, Rwanda and Ghana)* and six countries are building their dossier *(Burkina, Cameroun, Kenya, Chad, Mali and Senegal*)



- > 100 cases/year (1)
- < 100 cases Tbg/year (10)
- <100 cases Tbr/year (2)
- <100 cases Tbg & Tbr (1)
- Reporting 0 cases in 2019 (8)
- No report in 2019 (11)
- Not endemic countries (21)

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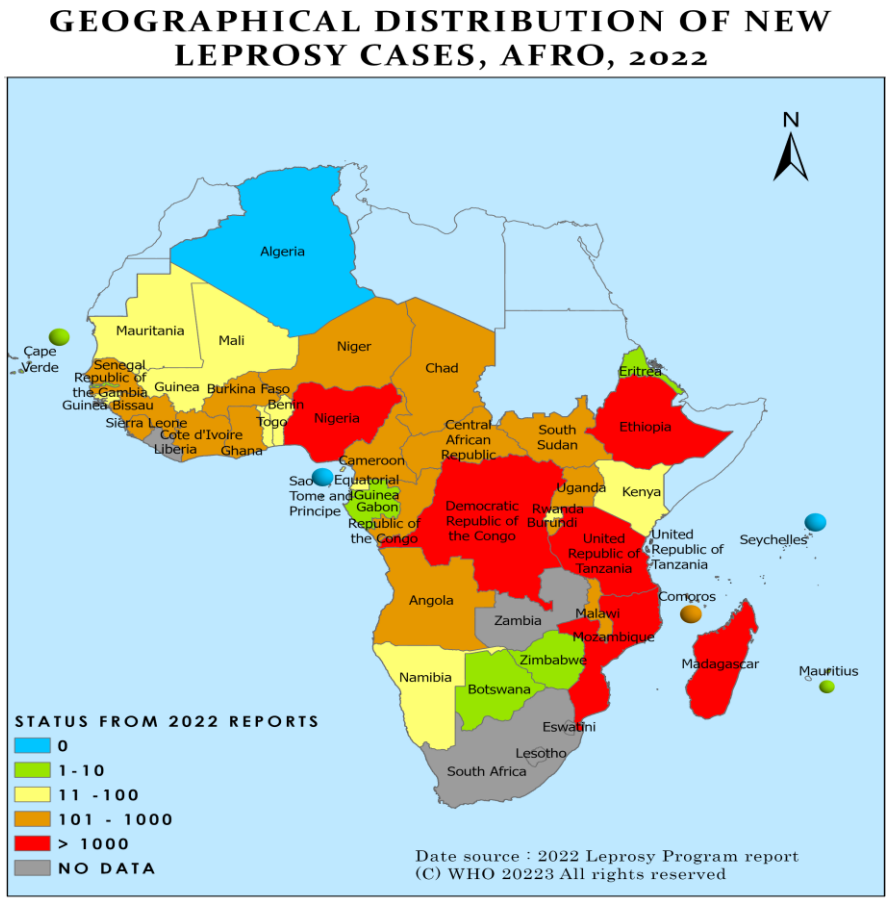
Leprosy



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World Health Organization

- Elimination of leprosy as a PHP was sustained since 2000 at the Regional level and from 2008 in all Member States, excepted the **Comoros**
- **The endemicity level is different** and varies between countries
  - **3 countries** reporting **0 cases (DZA, STP, SYC)**
  - **7 countries** reporting **1 to 10 cases new cases** *(Botswana, Cabo Verde, Eritrea, Gabon, Gambia, Mauritius, Zimbabwe)*
  - ***9 countries*** *reporting* ***11 to 100 new cases*** *(Benin, Equatorial Guinea, Guinea-Bissau, Kenya, Mali, Mauritania, Namibia, Rwanda, Togo)*
  - ***17 countries*** *reporting* ***101 to 1000 new cases***
  - ***6 countries*** ***> 1000 new cases*** *(DRC, ETH, MDG, MOZ, NGA and TZN.*
  - *5 countries : no report*

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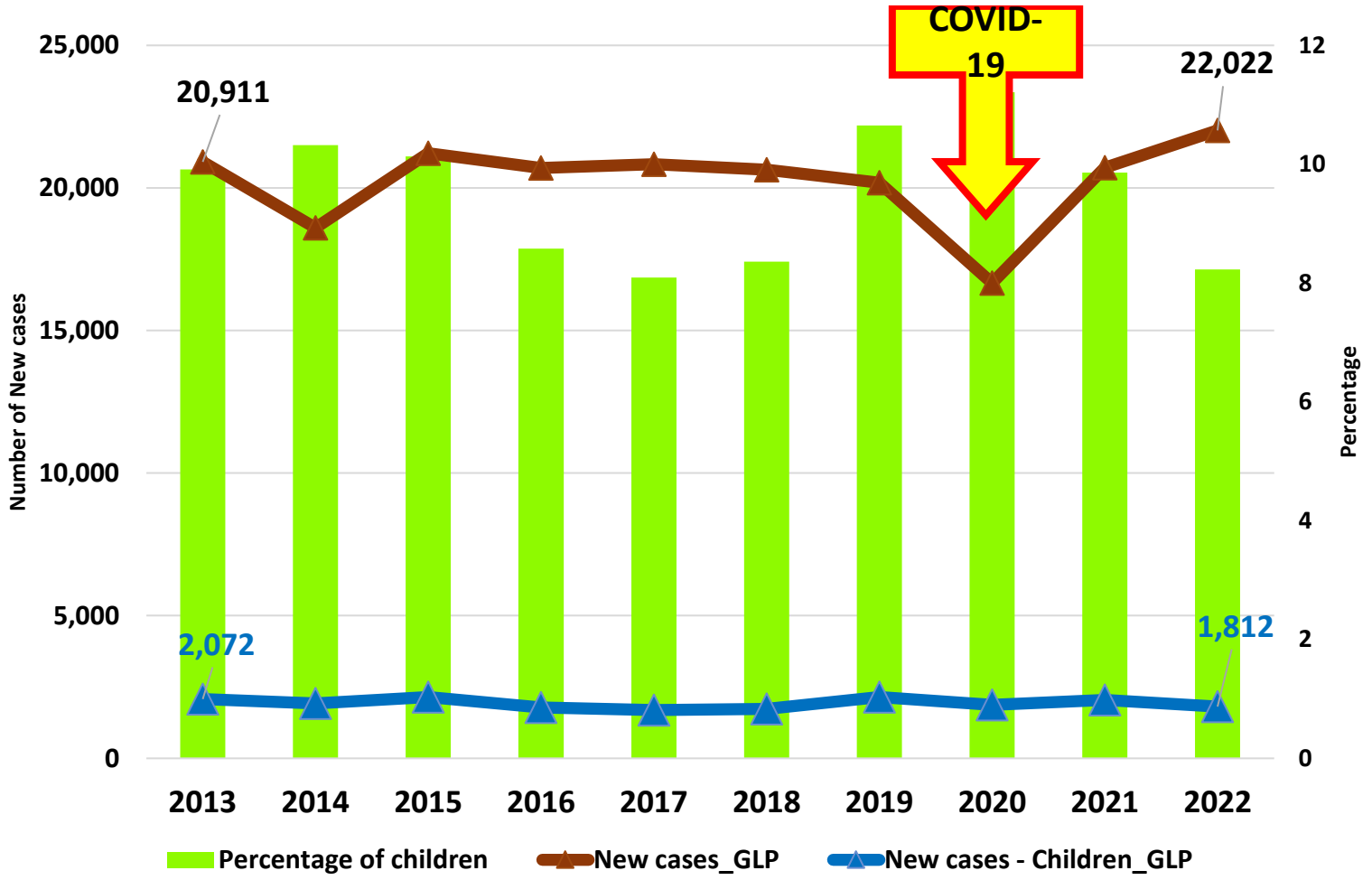
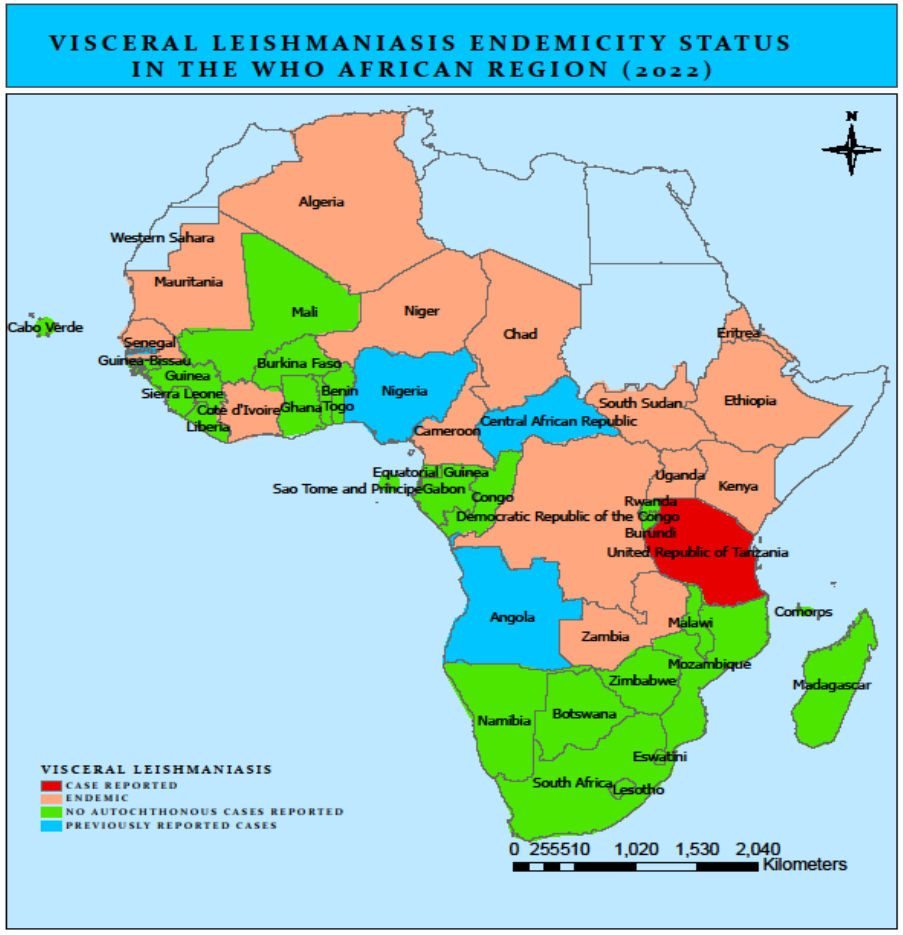
Leprosy cases: New cases and child cases



Potential candidates for interruption of transmission (8)

Algeria, Botswana, Eritrea, Eswatini, Lesotho, Mauritius, Sao Tome and Principe, Seychelles

Visceral Leishmaniasis



Data source : Global Health Observatory data repository - PLOS NDT
https://journals.plos.org/plosntds/article?id=10.1371/journal.pntd.0008925

World Health Organization
Africa

- **5 High Burden Countries** in AFRO
  - 2022 VL reported data-New VL reported cases respectively: *ERI (283), ETH (919), KEN (1571), SSD (1058), UGA (307).*
- **10 Low Burden** Countries, 2022 data: *Algeria (36), Chad (96), Cameroon (0*), Cote d'Ivoire (0), DRC (0), Mauritania (no data), Niger (no data) NGA (0), SEN (1), Tanzania (no data), Zambia (no data).
- Total reported new VL cases in 2022 in AFRO: **4,270** (12 of 15 countries reported in 2022); 33% of the global burden.
- Strategy for VL elimination initiative for Eastern Africa developed, January 2023
- **Critical actions**: early detection and treatment, ensure access to services, outbreak detection and response, R&D for effective, simple and user-friendly diagnostics and treatment

Global Target: Case fatality rate < 1% for primary VL.
Bangladesh is the first country globally to be officially validated for having eliminated VL as a public heath problem, Oct 2023.

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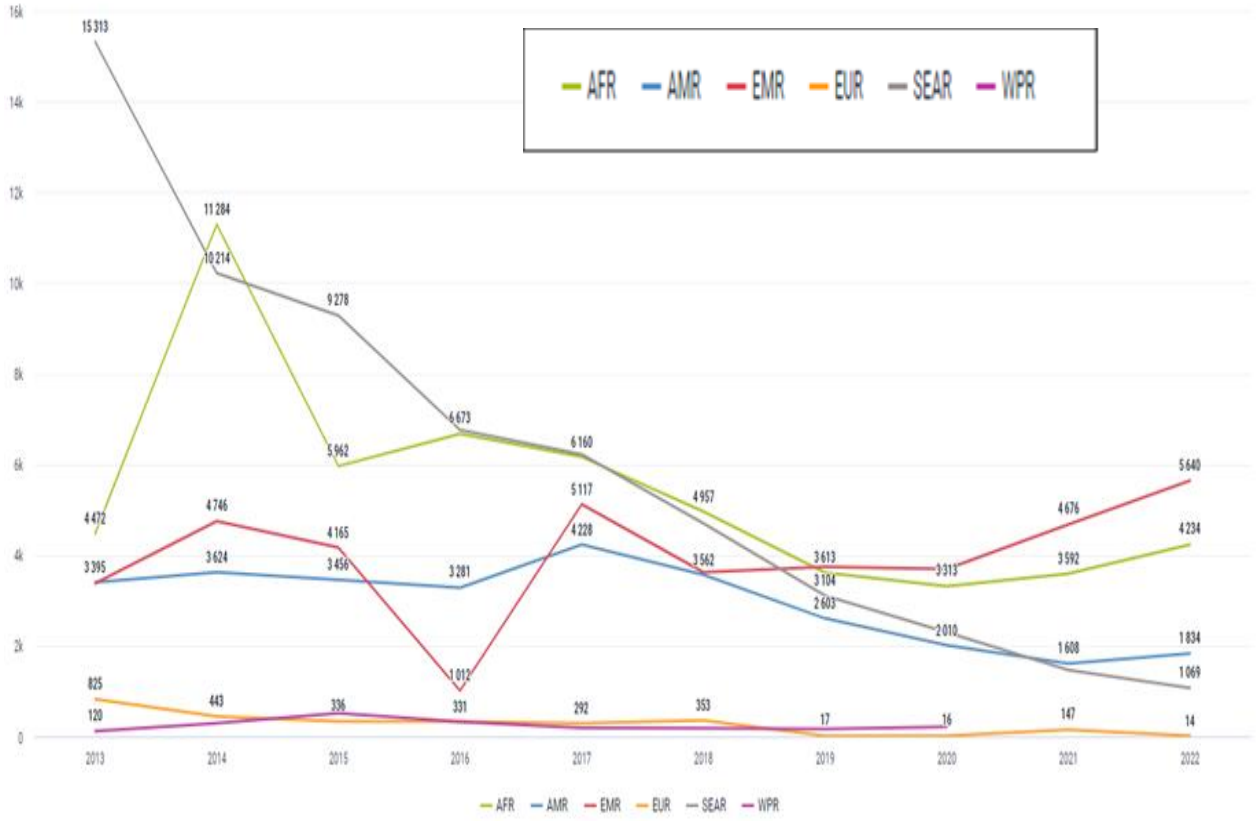
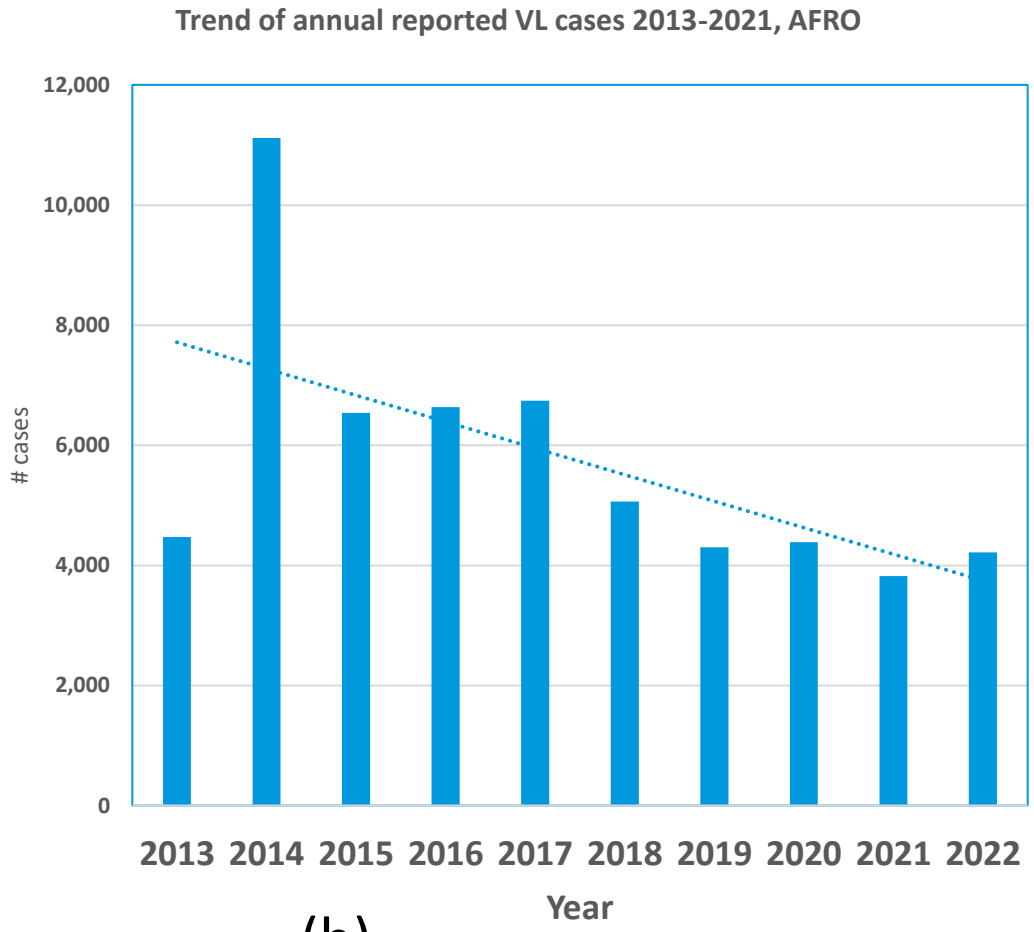
Annual trend of Visceral Leishmaniasis by WHO region (a) and trend of reported VL cases in the African region (b)



(a)



(b)

Targeted for control (6)

Buruli ulcer
Cutaneous Leishmaniasis
Dengue fever
and newly added NTDs: Mycetoma, Scabies & Snake bite envenoming (SBE)


Buruli ulcer


Cutaneous leishmaniasis

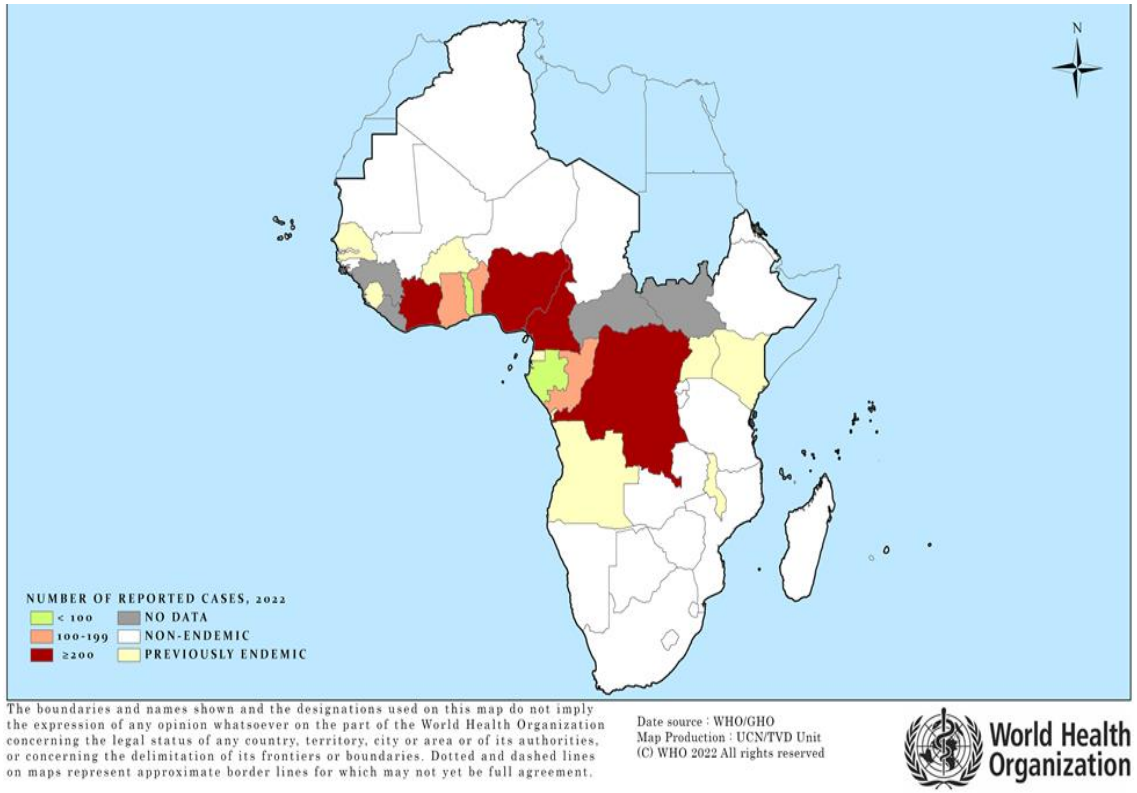

Scabies

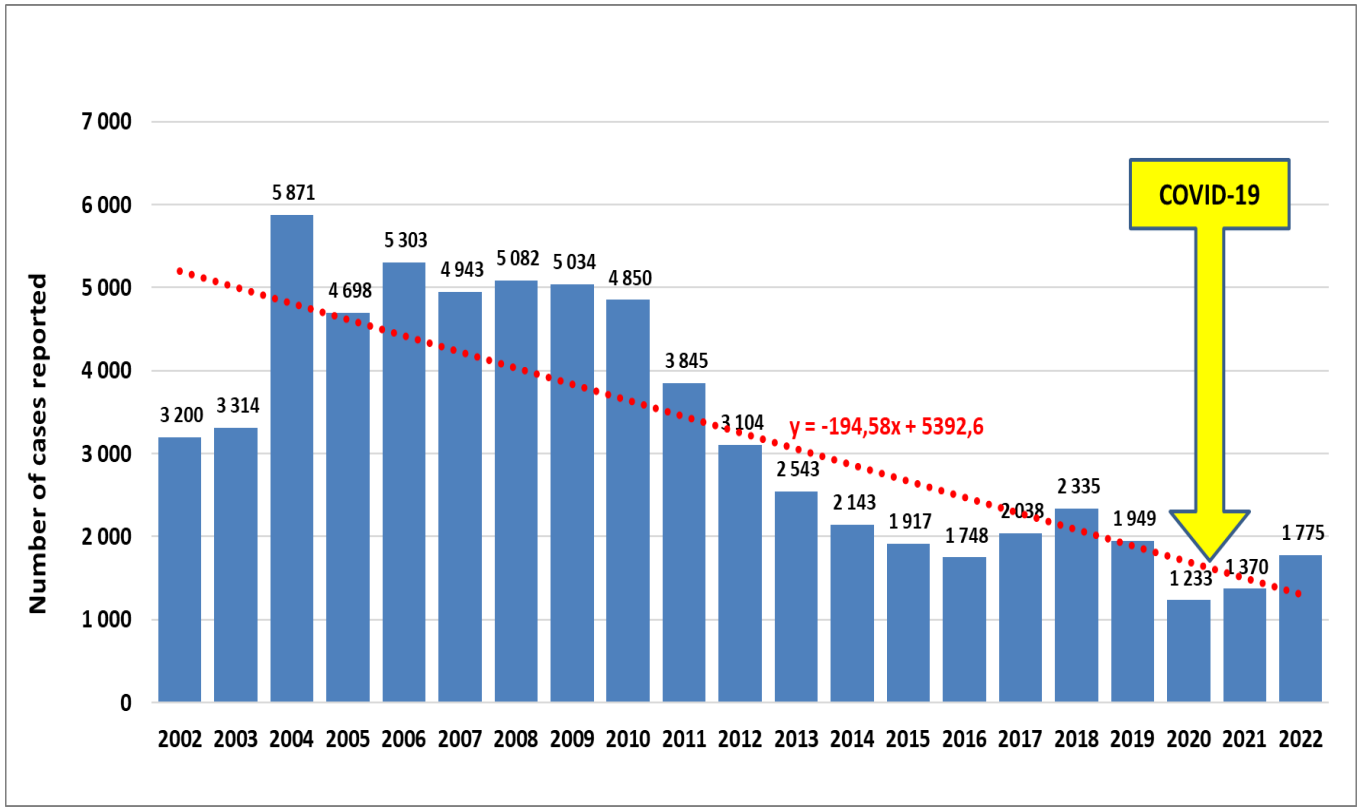

Mycetoma

SBE

Buruli Ulcer

In 2022: **1775 cases (9 countries)**





The number of Buruli ulcer cases reported fell from **5871 cases in 2004** to **1775 in 2022 (70% decrease)**

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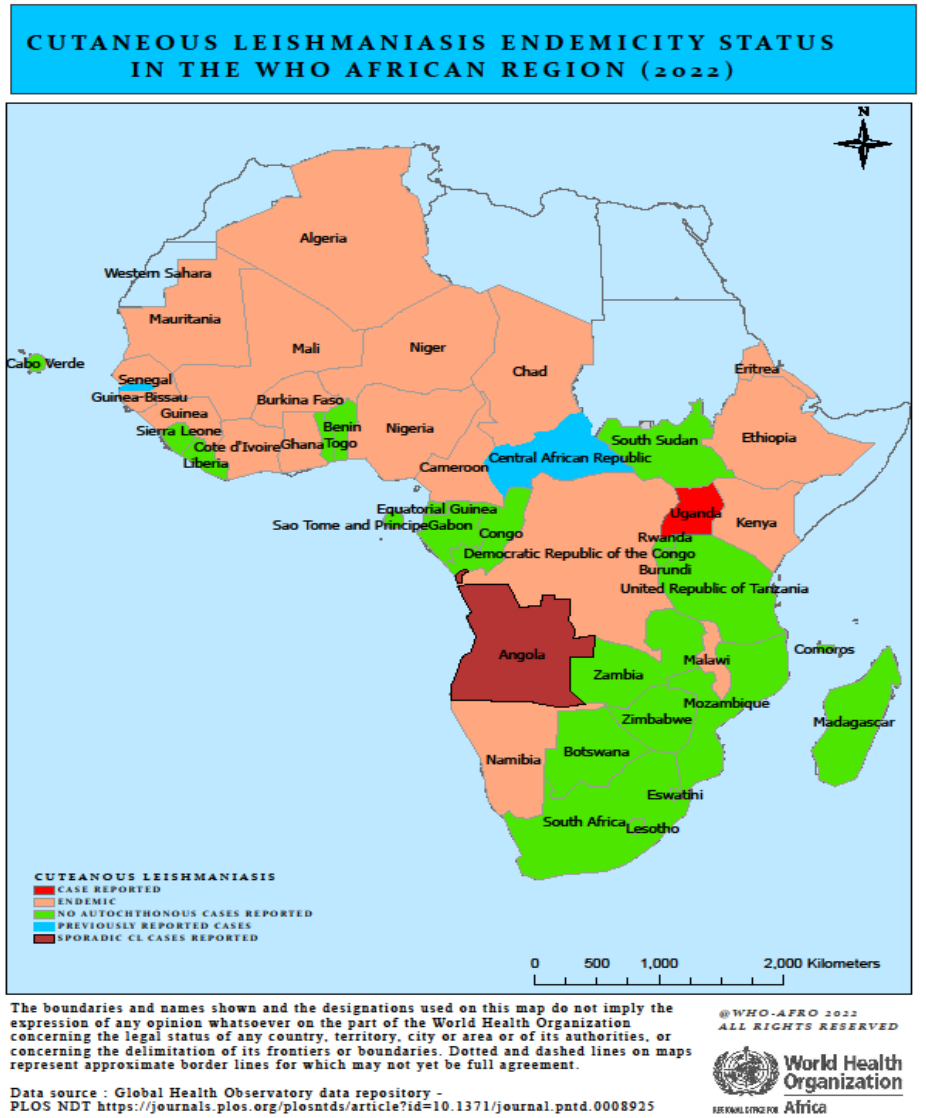
Cutaneous Leishmaniasis

Leishmaniasis	
CL endemic countries (19)	Algeria, BurkinaFaso, Cameroon, Chad, Cote d'Ivoire, DRC, Ethioia, Eritrea, Ghana, Guinea, Guinea Bissau, Kenya, Malawi, Mali, Namibia, Nigeria, Mauritania, Niger, Senegal

- **Reported new CL cases in 2022: 8814 from 14 of the 19 endemic countries in the region**
- **Algeria is the only known high burden country for cutaneous leishmaniasis in the Region (accounting 65% of the burden in AFR)**
- **Priority:** burden assessment, access to diagnosis and treatment, advocacy and resource mobilization, capacity building, integration with skin NTDs.



The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which may not yet be full agreement.

Data source : Global Health Observatory data repository - PLOS NDT https://journals.plos.org/plosntds/article?id=10.1371/journal.pntd.0008925

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Key challenges

- Inadequate government ownership is demonstrated by:
  - ❑*relatively insufficient funding and a low level of integration of NTD programme activities*
  - ❑*interventions against newly added NTDs are yet to take off due to a lack of funding*
- Insecurity affecting effective implementation of field activities
- Staffing, especially at country level: most are multi-tasking, from other programmes, handling NTDs and other programmes

Restructuring

- No stand-alone Regional Regional NTD Framework, as was the case for the last decade (2014 – 2020)

- TVD Framework 2022 – 2030 harmonises:
  - *Global vector control response 2017–2030*
  - *Global technical strategy for malaria 2016–2030 (updated)*
  - *Global NTD Road map 2021 – 2030*

Going forward

- With the launch of the Global NTD roadmap 2021-2030 and the development of the AFRO Tropical and Vector-borne Disease (TVD) framework for 2022-2030:
  - Build on the lessons from previous NTD programme to support countries in the development of their multi-year NTD master plans with the following three fundamental shifts: *strong country ownership with domestic funding for NTDs, cross-cutting and holistic approach to tackle NTDs.*
  - Collaboration, integration, strong partnerships (communities & donors) are key: strong engagement of community health workers and communities in NTD activities, research and development and adoption of One-Health approach

Key areas: Country support and resources

- Support in development of Annual plans & Budget
- Resources mobilization
- Techincal Assistance: missions, meetings, capacity building, etc.
- Guidelines
- M & E

Regional support to Member states

- Key documents:
  - Global NTD Road map 2021 – 2030 & Companion documents
  - Regional TVD Framework 2022 – 2030 & ESPEN
  - National NTD Multi-year Plans & Annual Plans (*programme/disease-specific*)
  - Technical Guidelines & Priority areas (*disease-specific*)
- Resource mobilization:
  - Based of annual national plans & requests from countries, funds mobilized from HQ to support countries. All are earmarked/specified.
  - Local resourse mobilzaion (Government & Local Partners)
- Technical Assistance
  - Missions, Monitoring, Capacity building, etc.
- Advocacy
  - Stronger partnerships, collaboration, integration, co-implementaion

Regional NTD Team & Contacts /1

Programme/Disease Group	RGO FP	Comments
BU, Lep & Yaws	Thierry Yves M. BAROGUI	baroguiy@who.int
Dracunculiasis, SBE	Andrew Seidu KORKOR	korkora@who.int
HAT, Mycetoma	Augustin Ebeja KADIMA	augustink@who.int
Leishmaniasis (CL & VL), Skin NTDs	Abate Mulugeta BESHAH	abatem@who.int
Dengue Fever	EPR Cluster Emmaneul CHANDA (VBD)	chandae@who.int
Rabies	Tieble TRAORE (Senegal)	traoret@who.int
CMNTD Data Management	Noemie NIKIEMA	nikiemanidjergoun@who.int

WHO Global Health Observatory

- https://www.who.int/data/gho
- https://www.who.int/data/gho/data/themes/neglected-tropical-diseases
  - Interactive data platform for 13 NTDs
  - Preventive chemotherapy data portal
  - Dracunculiasis eradication portal
  - NTD progress dashboard 2011-2020
  - NTD road map tracker 2021-2030

WHO Global Health Observatory

Thank you
Merci
Obrigado

World Health Organization

Regional updates towards achievements of targets and sub-targets for PC-NTDs

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Eradication (2)	• GWD • Yaws
Interruption of transmission (3)	• HAT-Gambiense • Leprosy • **Oncho**
Elimination as a Public Health Problem	• HAT-Rhodesiense • **Lymphatic Filariasis** • Rabies • **Trachoma** • **Schistosomiasis** • **STH** • Visceral Leishmaniasis

CONTROL
• Buruli Ulcer • Cutaneous Leishmaniasis • Dengue and Chikungunya • Echinococcosis • Foodborne Trematodiases • **Taeniasis & Cysticercosis** • Mycetoma, Chronoblastomycosis & Other Deep mycoses • Scabies & Other ectoparasites • Snakebites envenoming (SBE) • Noma???

Trachoma

- Leading infectious cause of blindness
- *Caused by C. trachomatis*
  - **Transmission** by eye-seeking flies, fingers, clothes or bedding bearing discharge from the eyes or nose of an infected person
  - **Risk factors**: poor hygiene, overcrowded households, water shortage, inadequate latrines and sanitation facilities
- Affects mainly women & children
- Repeated infections TT ➡ VI ➡ & Blindness
- TT affects women >1.8x than men

Trachoma – SAFE Strategy

- **S**urgery to treat the blinding stage (TT);
- **A**ntibiotics to clear infection;
- **F**acial cleanliness; and
- **E**nvironmental improvement, particularly improving access to water and sanitation to prevent transmission.

Trachoma - Summaries

Epidemiology – Key achievements – Progress

- 22 countries endemic in WHO African Region
- 99.6M people at risk of disease (86% of global burden)
- MDA (2022):
  - 35M treated
  - 6 countries no longer require MDA having achieved threshold for TF elimination (Algeria, Burkina Faso, Eritrea, Guinea, Guinea Bissau and Senegal)
- TT surgery: 126,556 people operated
- Namibia: Field work for baseline mapping for trachoma completed in Oct 2023
- **Elimination progress:**
  - Burundi elimination dossier under review
  - Botswana & Mauritania: preparing their dossiers for submission
  - 6 countries validated for elimination of trachoma as APHP: Ghana, Gambia, Togo, Malawi, Benin and Mali

Trachoma – Elimination Status in the African Region

Known to require interventions

1. Algeria
2. Angola
3. Burkina Faso
4. Cameroon
5. Central Africa Republic
6. Chad
7. Cote d'Ivoire
8. Democratic Republic of the Congo
9. Eritrea
10. Ethiopia
11. Guinea
12. Guinea-Bissau
13. Kenya
14. Mozambique
15. Niger
16. Nigeria
17. Senegal
18. South Sudan
19. United Rep. of Tanzania
20. Uganda
21. Zambia
22. Zimbabwe

Thought to not require interventions

1. Cape Verde
2. Comoros
3. Equatorial Guinea
4. Eswatini
5. Gabon
6. Lesotho
7. Liberia
8. Madagascar
9. Mauritius
10. Republic of Congo
11. Rwanda
12. Sao Tome & Principe
13. Seychelles
14. Sierra Leone
15. South Africa

May require interventions; investigations needed

1. Namibia

Thought to not require interventions; claims to have eliminated

1. Botswana
2. Burundi
3. Mauritania

Validated as having eliminated

1. Ghana
2. Gambia
3. Togo
4. Malawi
5. Benin
6. Mali

Priorities in the WHO African Region

- Reaching 100% geographic coverage for MDA and TT surgery
- Addressing persistent and recrudescent districts
- Reaching special populations & “insecure” areas
- Cross-border collaborations
- Supporting countries with TRA elimination dossiers
- Post-validation surveillance

At risk groups for schistosomiasis

- **School-age children** (Primary and secondary schools / in community)
- **Preschool-age** children
- Adults considered to be at risk, from special groups (pregnant and lactating women; groups with occupations involving contact with infested water, such as fishermen, farmers, irrigation workers, or women in their domestic tasks)
- Entire community in high endemic areas

Strategic interventions for control and elimination of schistosomiasis

Preventive chemotherapy	▪ Regular treatment through mass drug administration with praziquantel of at-risk groups (school-aged children, pre-school aged children, communities in highly endemic areas, adults in occupations involving contact with infested water)
WASH	▪ Access to safe water ▪ Improved sanitation and management of excreta across communities (including animal waste) ▪ Individual hygiene education (e.g. use of toilets, personal hygiene)
Vector control	▪ Snail control with molluscicides, physical removal, and environmental modification
Veterinary public health	▪ Keeping animals away from transmission sites (for zoonotic transmission) especially in areas endemic for *S. japonicum* ▪ Treatment of animals with praziquantel
Case management	▪ Treatment with praziquantel on case by case basis and Individualized disease management (e.g., surgery and self-care) where appropriate
Other	▪ Behavioral change, self-care, and environmental management interventions

Schistosomiasis 2030 target, sub-target and milestones

WHO 2030 target, sub-targets and milestones

Indicator	2020 (provisional estimate)	2023	2025	2030
Number of countries validated for elimination as a public health problem (currently defined as <1% proportion of heavy intensity schistosomiasis infections)	0	49/78 (63%)	69/78 (88%)	78/78 (100%)
Number of countries where absence of infection in humans has been achieved	1/78 (1%)	10/78 (13%)	19/78 (24%)	25/78 (32%)

Justification:

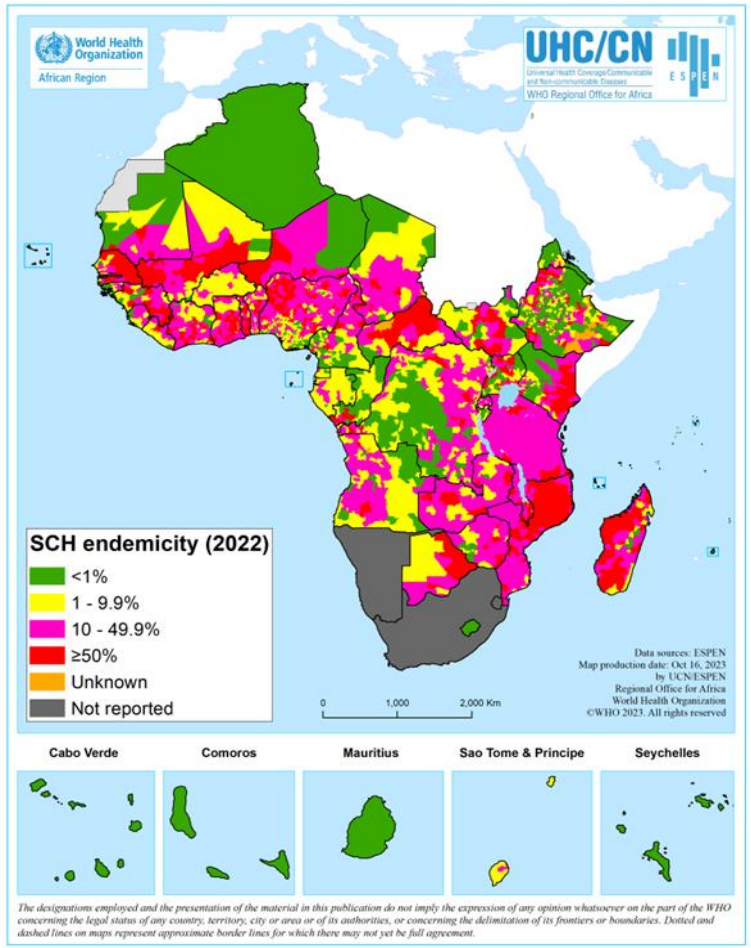
. WHA65.21 calling for the elimination of schistosomiasis

. WHO Schistosomiasis: progress report 2001 - 2011, strategic plan 2012 – 2020 set the objective *to eliminate schistosomiasis as a public-health problem by 2025*.

. Impact of preventive chemotherapy in reducing the morbidity due to schistosomiasis

. Modelling of prevalence thresholds for preventive chemotherapy

Key achievements - progress



- 50 countries in need of preventive chemotherapy globally (PC), 41 of which are in Africa.
- Of the 264 million people requiring PC in 2022 (91% in Africa)
- 43 countries considered endemic and 41 countries (*42 NTD programmes) requiring PC
- Only 2 countries, Eq. Guinea and South Africa, have not yet started PC.
- Cape Verde, Comoros, Lesotho, Mauritius and Seychelles considered non-endemic, and transmission not confirmed in Algeria
- 60.6% (51% - 75.5%) coverage achieved on school-age children (SAC) between 2014 and 2022.
- Low coverage in adults (15.4% in 2022) due to limited donation of PZQ
- 558.5M treatments delivered to school-aged children since 2014.
- Total treatments delivered to 85.2M people (SAC & adults) in 2022.
- Sub-district stratification to better target treatment is on-going.

SCH PC Implementation Status 2023

MDA not started	MDA started but not at scale or irregular	MDA scaled to all IUs	Claimed to have interrupted transmission	MDA stopped in at least one focus
Equatorial Guinea South Africa	Angola, Congo, Nigeria, Somalia, Central African Republic, Chad, Gabon, Guinea Bissau, Sao Tome and Principle, South Sudan, Zambia, Namibia, Zimbabwe	Benin Burkina Faso Burundi Cameroon Côte d'Ivoire Democratic Republic of Congo Eritrea Ethiopia Gambia Ghana Guinea Kenya Liberia Madagascar Malawi Mali Mauritania Mozambique Niger Rwanda Senegal Sierra Leone Sudan Eswatini Togo United Republic of Tanzania Uganda	Mauritius	 Algeria *Need re-assessment of the situation*
2 (5%)	13 (30%)	27 (61%)	1 (2%)	1 (2%)

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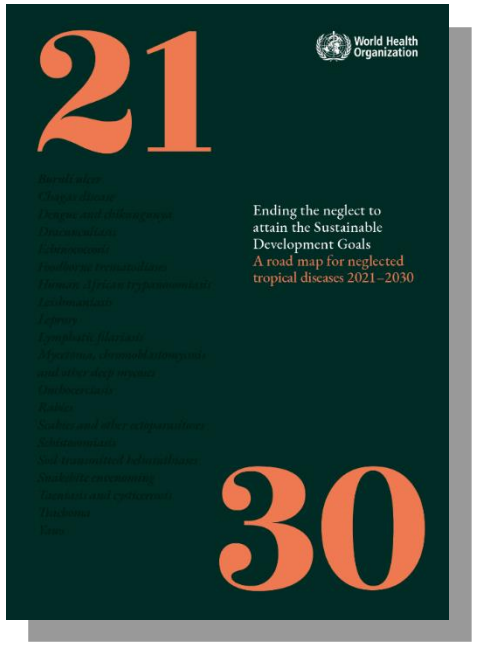
STH

- Soil-transmitted helminths include different species:
  - *Ascaris lumbricoides*
  - *Trichuris trichiura*
  - Hookworms *(Necator americanus and Ancylostoma duodenale)*
- *A. lumbricoides*, *T. trichiura* and hookworms do not multiply in the human host
- *Strongyloides stercoralis*: different diagnostic method and treatment (serology, Ivermectin)



The NTD road map 2021-2030 includes STH among the diseases targeted for elimination as a public health problem (EPHP)

EPHP is achieved when morbidity is kept under control

WHO 2030 target, sub-targets and milestones

Indicator[1]	2020 (baseline)	2023	2025	2030
Number of countries validated for elimination as a public health problem (defined as <2% proportion of soil-transmitted helminth infections of moderate and heavy intensity due to *Ascaris lumbricoides*, *Trichuris trichiura*, *Necator americanus* and *Ancylostoma duodenale*)[2]	0	60/101 (60%)	70/101 (70%)	96/101 (96%)
Number of countries including ivermectin in preventive chemotherapy in all areas endemic for *S. stercoralis*	0	10/101 (10%)	15/101 (15%)	96/101 (96%)

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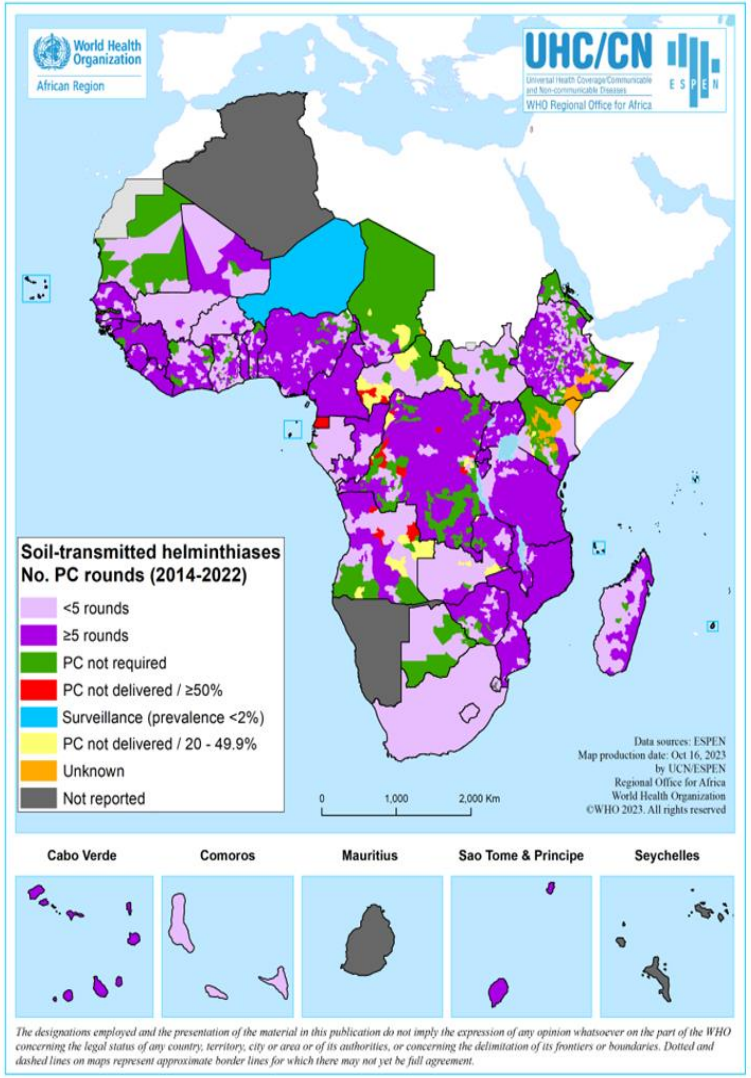
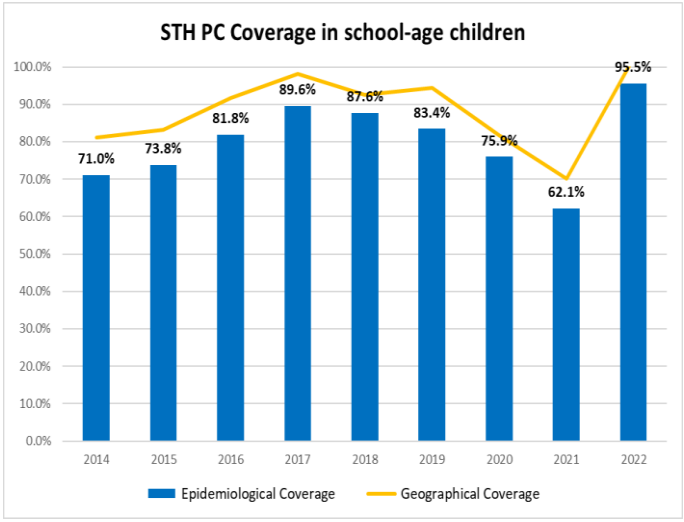
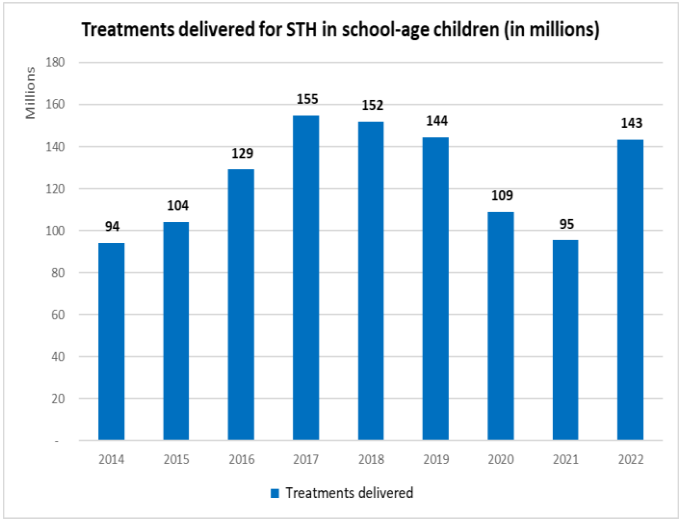
Soil Transmitted Helminthiases – PC delivered







- All 47 countries in the African region considered endemic for STH but only 42 are requiring PC (Algeria, Eritrea , Seychelles, Mauritius and Mauritania do not need PC)
- By 2022, 4 out of 42 countries requiring PC for STH are thought to have reduced transmission below PC threshold (prevalence 2%): Burkina Faso, Mali, Ghana, and Niger.
- 80.1% (62.1% - 95.5%) coverage achieved on school-age children (SAC) between 2014 and 2022.
- Low coverage on preschool-age children (25.8% in 2022), although underestimated because delivered out of WHO programme (UNICEF, etc).
- 1.13 billion treatments delivered to school-aged children since 2014.
- Benefitted from community level PC in areas co-endemic for LF, resulting in highest coverage on SAC population but also covered 20% of women of reproductive age in need of PC for STH.

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STH PC Implementation Status as of 2023

Countries without implementation of preventive chemotherapy (PC) or have halted PC

Lesotho
Namibia

2 (4.8%)

Countries with PC implementation in 2022 with <75% national coverage

Angola
Cameroon
Cabo Verde
Chad
Comoros
Congo
Gabon
Guinea Bissau
Madagascar
Malawi
Sao Tome and Principe
United Republic of Tanzania
Zimbabwe*

13 (30.9%)

Countries with PC implementation in 2022 with ≥75% national coverage

Benin
Burundi
Côte d'Ivoire
Democratic Republic of Congo
Ethiopia
Guinea
Kenya
Liberia
Mozambique
Nigeria
Rwanda
Senegal
Sierra Leone
South Sudan
Togo
Uganda

16 (38.1%)

Countries with prevalence <2% of intensity infections moderate to high and have probably achieved Elimination as PHP, pending validation

Burkina Faso
Mali
Niger
Ghana

4 (9.5%)

Countries which do not report on time

Botswana
Central African Republic
Eswatini
Equatorial Guinea
Gambia
South Africa
Zambia

7(16.7%)

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PRIORITY AREAS FOR COMING YEARS

SCH

- **Complete validation of sub-district SCH mapping for a better optimization of donated medicines.**
- **Monitoring concomitance with taeniasis/cysticercosis, and animal reservoirs.**
- **Clinical screening and morbidity management in adults**
- **Scaling up screening for FGS and interventions among affected WRA**

STH

- **Foster multisectoral integrated approach required for control (Education, Health, WASH).**
- **Delivering treatment to all target population including pre-SAC and women of reproductive age (WRA).**
- **Where LF and STH are co-endemic, ensuring PC interventions continue when LF MDA is interrupted.**

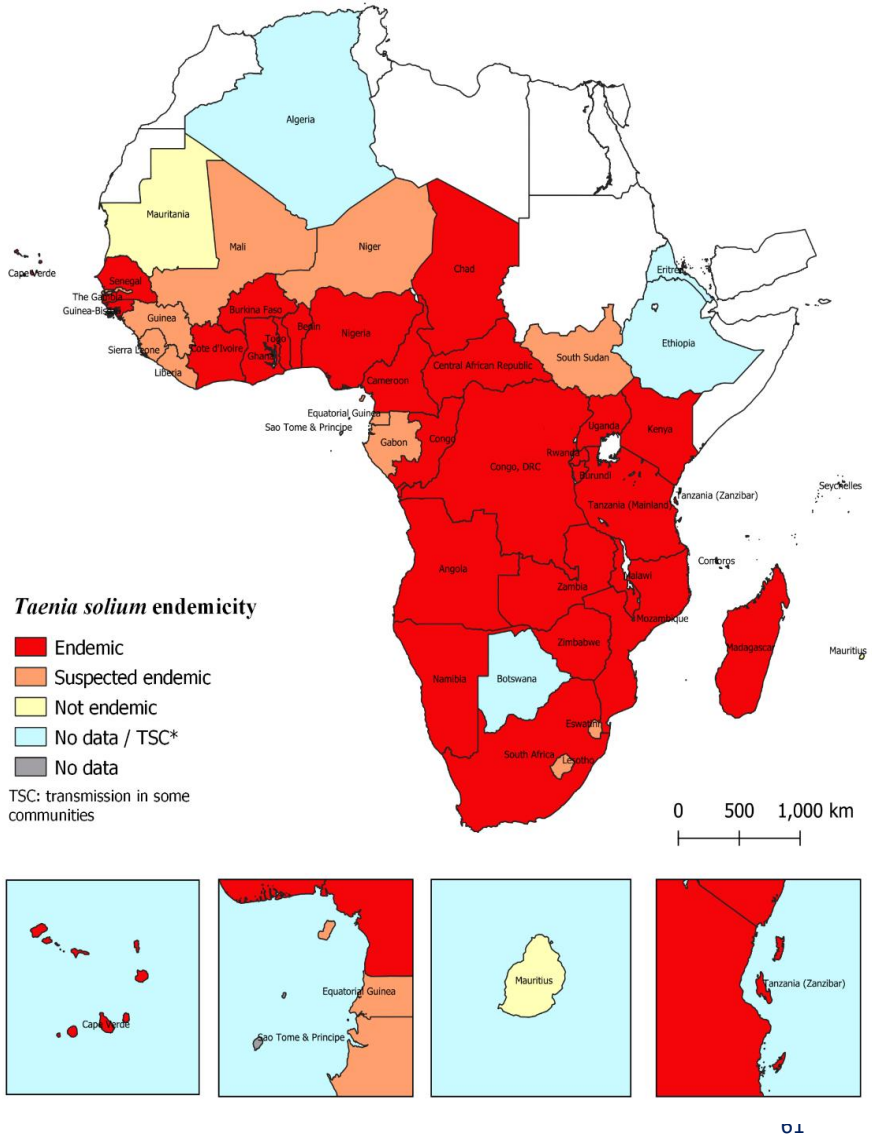
- **Scaling up impact assessment surveys in areas that have gone through more than 5 effective MDA rounds.**
- **Need for better guidelines and protocols for post-MDA surveillance and strong surveillance systems to detect recrudescence and reintroduction.**
- **Delivering treatment to all target population according to updated WHO guidelines: all older than 2-yrs old.**
- **Integrated approach to control**
  - Preventive chemotherapy
  - WASH
  - Environmental management (and snail control

Taeniasis / Cysticercosis

- 27 endemic countries and 11 suspected endemic.
- Caused by the pork tapeworm *Taenia solium and t*ransmitted by consumption of undercooked infected pork or self infection
- Adult worm is mostly asymptomatic, larval forms however migrate through out the body causing cysticercosis
- In the central nervous system of humans (neurocysticercosis) is a significant cause of epilepsy (up to 70% in some places) and other neurological conditions
- MDA for schistosomiasis can cause serious effects or death in those with cysticercosis unless co-treatment is given
- First integrated MDA with praziquantel, niclosamide and albendazole conducted in Zambia - 300,000 persons, and has been ongoing for Madagascar.

Progress:

- Training resources for control launched in OpenWHO in November 2023
- Evaluation framework to be launched in 2024



Lymphatic filariasis

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Lymphatic Filariasis- Background

Overview

- Disease caused by the infection with *W. bancrofti*, *B. malayi* and *B. timori*
- Infection transmitted by mosquito species from the genera *Culex*, ***Anopheles***, *Mansonia and Aedes*
- Endemic in 72 countries worldwide
- Two pillars of the program (GPELF):

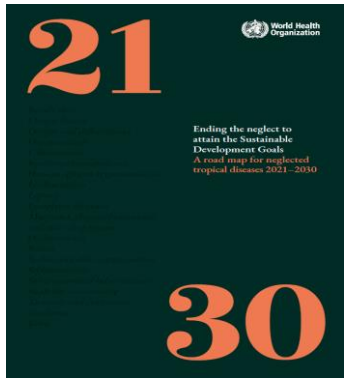
  Interruption of transmission (MDA)

  Alleviation of suffering (MMDP)

Core strategic Interventions

- Prev. Chemo (IVM/ALB, ALB2x, DA/IDA)
- Case management (MMDP)/ Package of care
- Integrated Vector control management
- WASH : Impact of sanitation improvements on vector breeding habitats

2030 targets and sub targets for Lymphatic filariasis



Indicator	2020	2023	2025	2030
Number of countries validated for Elimination of LF as PHP	**17**	**23**	**34**	**58**
Number of countries implementing post MDA or post validation surveillance	26	37	40	72
Population requiring MDA (million)		330	180	0

Lymphatic Filariasis – Summaries in AFRO

- 34 endemic countries in the region: 25 need MDA
- 2 countries have eliminated LF as PHP, 7 stopped MDA in all endemic IUs and 12 in at least one IU.
- 299.9M requiring PC against LF in 2022 from 345.6M in 2014.
- Between 2014 and 2022, over 1.55 billion (1,555,902,212) people covered with PC against LF.

- Population no longer needing PC increased from 37.4M in 2014 to 231.3M in 2022.
- 977 endemic IUs under post-MDA surveillance in 2022 from 160 in 2014.
- 96 IUs pending to complete their transmission assessments by 2022.
- From **21/34** countries reporting LF morbidity care: 17,562 lymphedema cases and 15,895 hydrocele cases reported in 2022

Lymphatic filariasis PC and Elimination Status in AFRO as of 2023

MDA not started	MDA started but not at scale	MDA scaled to all endemic IUs	MDA stopped in at least one focus	Elimination as Public Health Problem
Gabon	Angola Central African Republic Madagascar	Chad Equatorial Guinea Guinea Guinea Bissau Liberia Sierra Leone South Sudan Zambia Zimbabwe	Benin Burkina Faso Cameroon Comoros Côte d'Ivoire Congo DR Congo Ethiopia Eritrea Ghana Kenya Mali Mozambique Niger Nigeria Senegal Sao Tome and Principe United Rep. of Tanzania Uganda	 Togo (2017) Malawi (2020)
1 (3%)	3 (9%)	9(26%)	19 (56%)	2 (6%)

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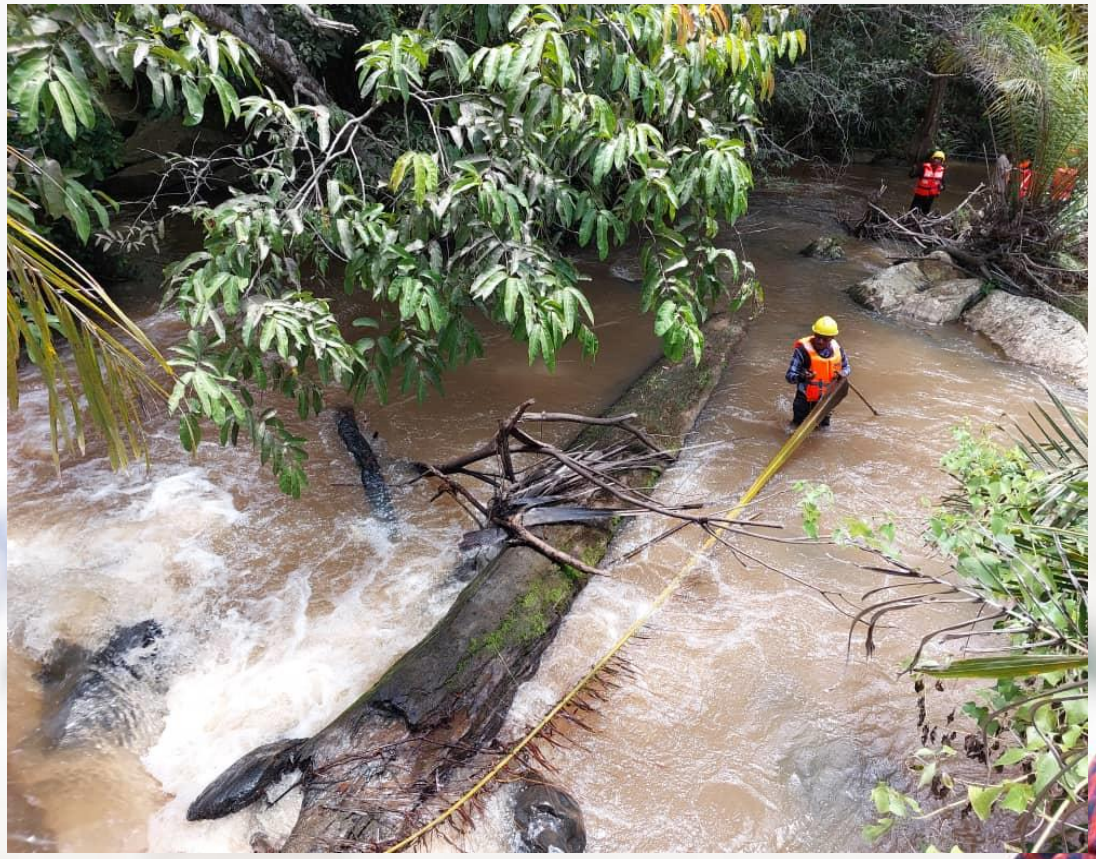
Lymphatic Filariasis – Priorities areas for coming years

- Scaling up Impact assessments and down MDA in areas that have gone through the required number of MDA rounds.
- Integration of passive surveillance in the routine health systems.
- Efficient detection of resilient transmission hotspots.
- Health services provided to ALL individuals affected by LF related morbidity (MMDP systems in place).
- Accelerating dossier elimination submission.

Onchocerciasis



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Onchocerciasis – Background

- Disease caused by the infection with *Onchocerca volvulus*
- Infection transmitted through repeated bites of infective *Simulium* blackflies
- Currently endemic in 32 countries (2 in PAHO, 2 in EMRO and 28 in AFRO)
- Targeted for elimination of transmission
  - Infection in children 5- 9 years below 0.1% (Serology)
  - Infection in *Simulium* blackflies below 0.05% (PCR)

- Core strategic interventions

Preventive chemotherapy

- IVM in endemic communities
- Mox in programmatic settings

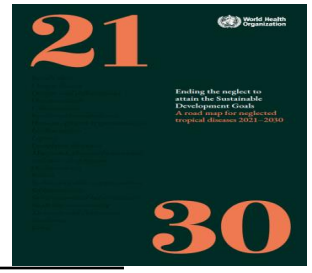
Vector control

- Safe spraying of insecticides at blackflies' habitat and larval breeding sites, Slash and clear

Case management

- IVM to manage symptoms
- Doxycycline for cure in appropriate circumstances
- Management of visual impairments

2030 target and sub targets for Onchocerciasis



Indicator	2020	2023	2025	2030
Number of countries verified for Interruption of Transmission	**4**	**5**	**8**	**12**
Number of countries that stopped MDA for ≥ 1 focus	9	22	24	**34**
Number of countries that stopped MDA for ≥ 50 % of the population	6	10	25	**> 16**
Number of countries that stopped MDA for 100% of the population	5	6	10	**> 12**

Onchocerciasis – Summaries in AFRO

- 28 endemic countries in the region: 2 pending to start MDA, 3 to scale up MDA to all endemic areas, and 4 scaling down.
- Between 2014 and 2022, over 1.47 billion (1,474,002,723) people received PC for onchocerciasis.
- 243.9M required PC for onchocerciasis in 2022
- Population no longer needing preventive chemotherapy increased from 7.8M in 2016 to 29.4M in 2022

- Endemicity yet to be clarified in Kenya (western), Rwanda and Zambia.
- 195 endemic areas (implementation units) under post-MDA surveillance in 2022 from 22 in 2014.
- Transmission interrupted in Bioko island (Eq. Guinea) and some foci in Ethiopia, Nigeria, Togo, Senegal and Uganda.
- Niger has submitted its elimination dossier.

Onchocerciasis PC Implementation and Elimination Status in AFRO as of 2023

MDA not started	MDA started but not at scale	MDA scaled to all endemic IUs	MDA stopped in at least one focus	Elimination of Transmission Verified
Gabon Kenya+ Rwanda+ Zambia+ Mozambique	Angola CAR Eq. Guinea	Benin Burkina Faso Burundi Cameroon Chad Côte d'Ivoire Congo DR Congo Ghana Guinea Guinea Bissau Liberia Mali Malawi Sierra Leone South Sudan United Rep. of Tanzania	Ethiopia* Nigeria* Senegal* Uganda* Togo*	 None *(Niger – elimination dossier under review)*
5 (16%)	3 (10%)	17 (55%)	5 (16%)	0

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+Not though to need MDA unless OEM identifies
* PTS already started of completed in at least one focus as of now

Onchocerciasis – Priority areas for coming years

- Scaling up impact assessment and “stop-MDA” surveys and scaling down MDA in areas that have gone through more than 15 effective MDA rounds.
- Verifying the endemicity status pending in 638 areas IVM naïve and 523 that have gone through LF MDA.
- Ensuring coordinated actions in transborder foci.
- Accelerating dossier elimination submission.

Progress

- **Lymphatic Filariasis**
  - 2 countries validated for Elimination as a PHP – *Malawi & Togo*
  - 7 countries have stopped MDA in all endemic IUs -*Benin*, *Cameroon*, *Comoros*, *Eritrea*, *Mali*, *Sao Tome and Principe & Uganda*
- **STH**
  - 3 countries have reduced transmission below threshold for PC - *Burkina Faso*, *Mali & Niger*
- **Onchocerciasis**
  - *Niger* has submitted elimination dossier
  - *Senegal* has stopped MDA for oncho in all endemic areas
  - *Uganda* has stopped MDA for more than 50% population requiring PC
  - *Eq Guinea*, *Ethiopia* and *Nigeria* have stopped MDA in some foci
- **Trachoma**
  - 6 countries validated for elimination as public health problem: *Ghana*, *Gambia*, *Togo*, *Malawi*, *Benin and Mali*
  - 3 countries preparing dossiers or under review – *Burundi*, *Botswana*, *Mauritania*

ESPEN PARTNERS

Thank you
Merci
Obrigado

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