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 7: Partner updates

Moderator - **Ms Santa-Mika Ndayiziga**

Bill & Melinda Gates Foundation

Unlimit Health

Helen Keller International

USAID Act West/ FHI 360

Uniting to Combat NTDs

Clinton Health Access Initiatives

ALMA

The END Fund

RTI

World Health Organization

Session 7: Partner updates

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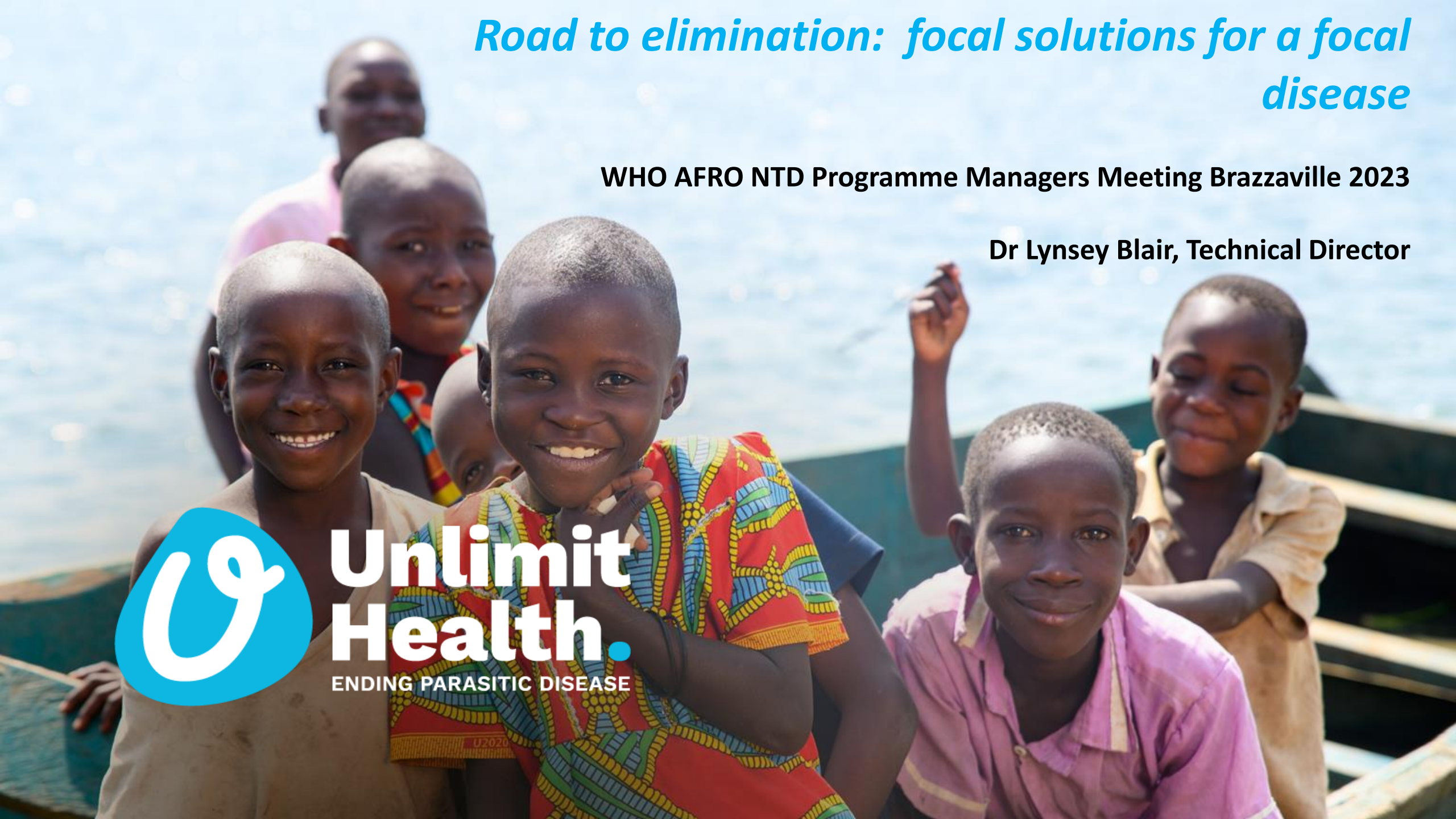
World Health Organization

Road to elimination: focal solutions for a focal disease

WHO AFRO NTD Programme Managers Meeting Brazzaville 2023

Dr Lynsey Blair, Technical Director



Unlimit Health.

ENDING PARASITIC DISEASE

Evolution of Unlimit Health

2002

SCI Schistosomiasis Control Initiative

2018- 2023

SCI Foundation

2023-2028

WHY?	**Disease Control**	**Disease Elimination**	**Elimination to support equity**
WHAT?	**Single intervention**	**Multiple interventions**	**Comprehensive Response package**
HOW?	**Vertical with external ownership**	**Joint ownership**	**Systems approach with endemic country ownership**

Strategic shift

Be an effective partner in the innovation, design and delivery of interventions to all in need groups

Enhance technical support to innovate and embed monitoring , evaluation (impact) and surveillance tools and strategies for elimination

Support cross-sectional coordination and action at sub-national, national and international levels (One Health. WASH)

Enhance integration and mainstreaming of elimination interventions and care

Catalyse resource mobilisation aligned with country priorities and mechanisms

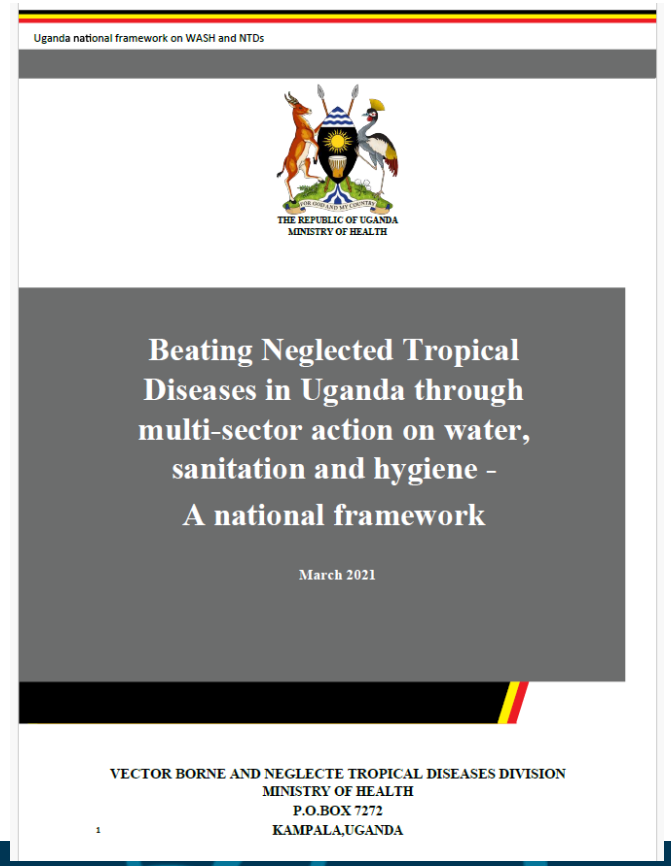
WASH and schistosomiasis: a country-led, community-owned cross sectoral approach

Ending parasitic disease, together

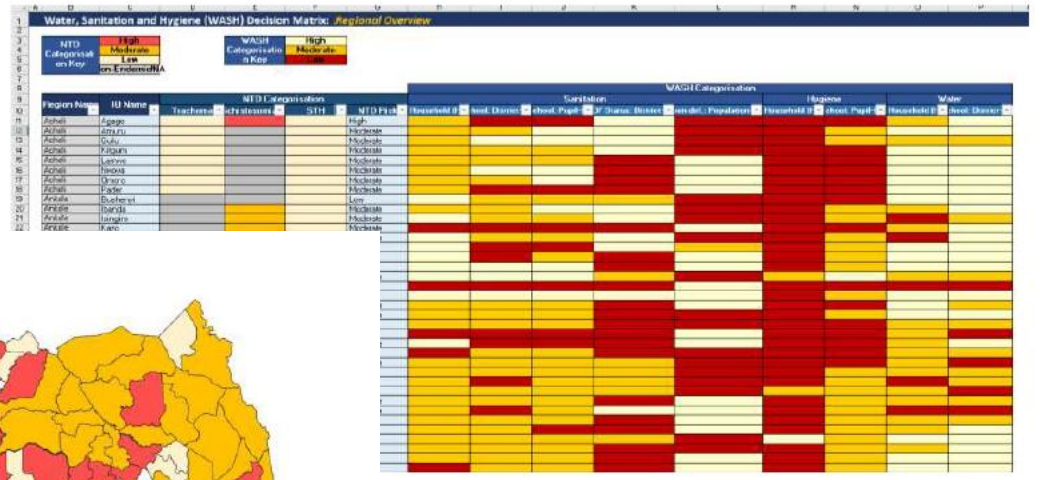
Unlimit Health.

Building on previous collaboration with Uganda MoH

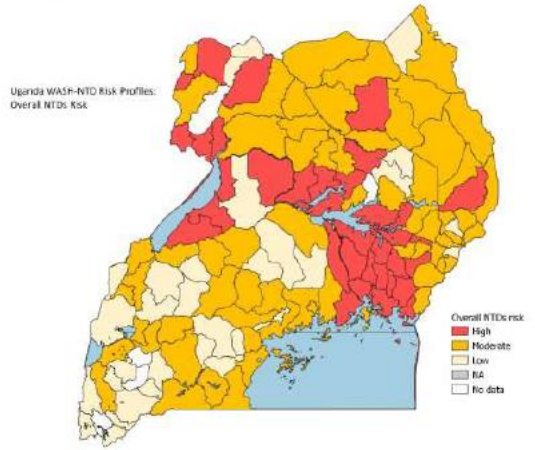
Support to the development of a National Framework on WASH and NTDs



I. WASH-NTD matrix



II. WASH NTD maps



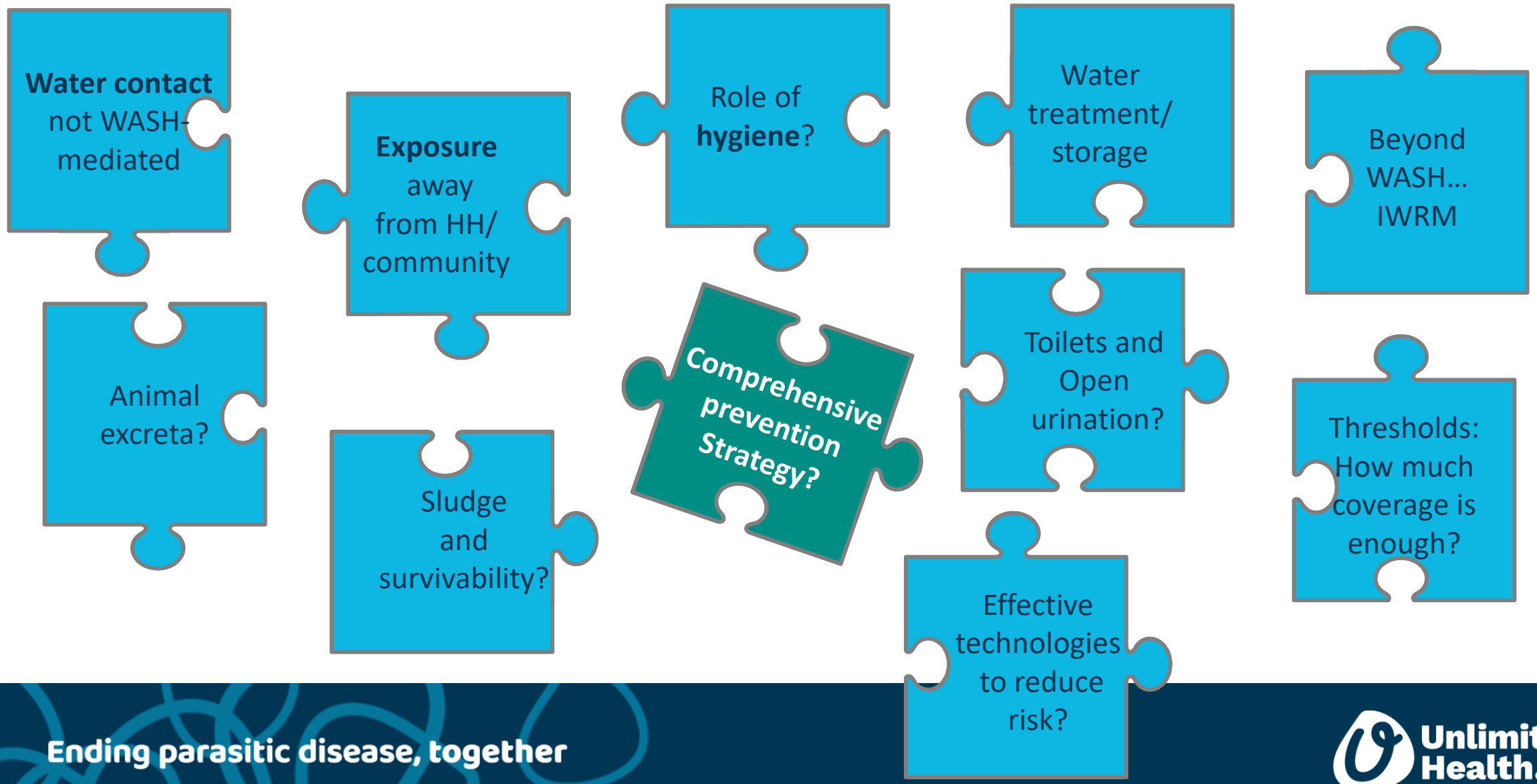
Data analysis and presentation on WASH and NTDs to inform joint planning and decision making

Transmission is driven by the local context (archetype)

This means:

- What interventions ‘work’ in one context may not in another – *even* in the same district…
- Doing too much – i.e. trying to capture every possible pathway/person is also problematic – overwhelming audiences, watering down messages, ineffective use of resources…

The puzzle of SCH and WASH



So, what do we do? Start with the solution…

Build swimming pools!

Give everyone toilets!

Tell people not to go in the water!

Find a better technology!

Build laundry facilities and showers!

Sink more boreholes!

Get rid of the snails!

…Or, by defining the right questions (and asking the right people)

- *Which context-specific interventions are required to achieve the necessary levels of access to infrastructure, and reduction in transmission and exposure?*
- *What are the most effective behaviour change approaches? And what is the enabling environment needed?*
- ***What do people want?***

Proposed approach to water, sanitation and behaviour change

Approach to local SCH-sensitive water and sanitation planning

Identification of high transmission areas

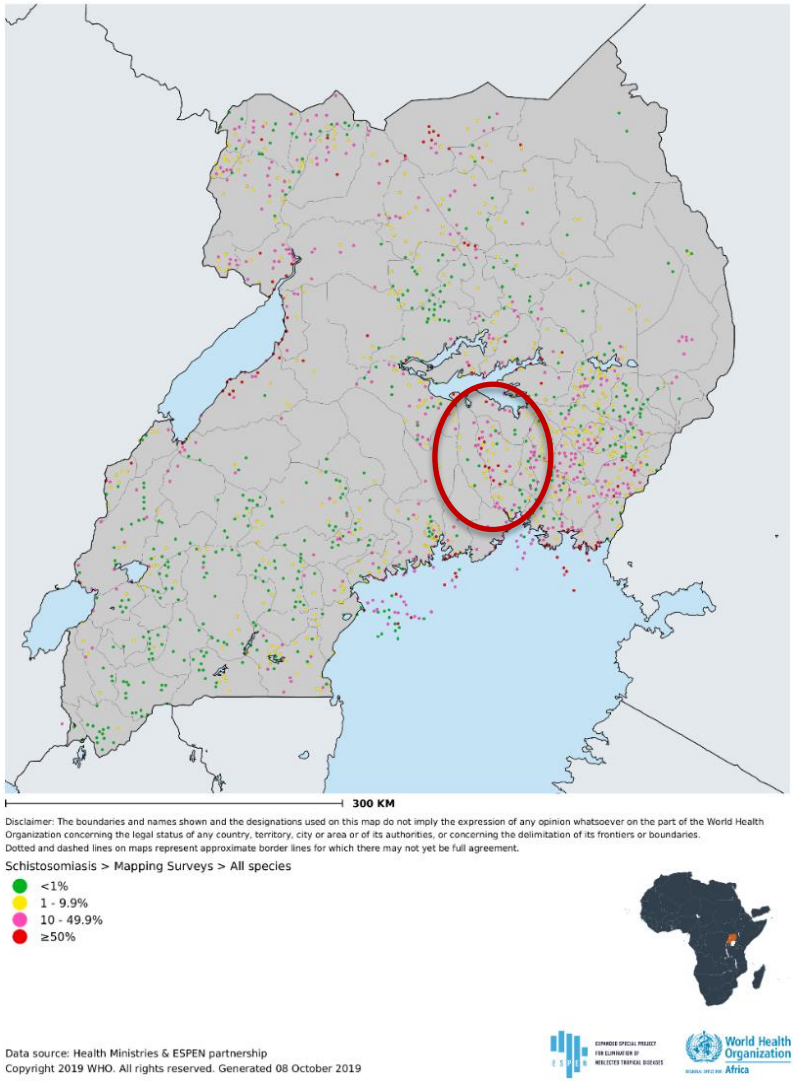
Participatory appraisal of risk and needs ("risk profile")

Joint local level planning

Implementation of infrastructure, environmental modification

Ongoing accountability, maintenance, coordination

Participatory project – Kamuli, Eastern Uganda

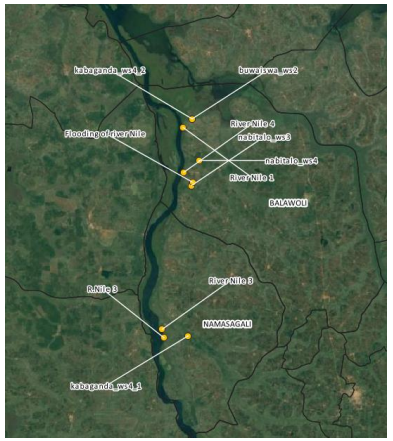


Pilot: Community-specific risk profiles

Where is the risk? **Who** is at risk? **How big** is the risk?

→ Community map, snail mapping, water contact site observations, FGDs

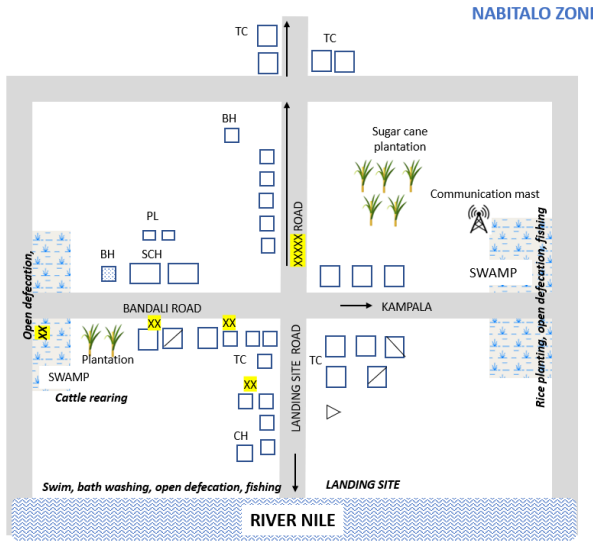
→ **Community risk profiles**



Total of water contact time for the most frequent behaviors at all observation sites

Community	Water contact site	Risk				Behaviours								
		Snails	Infected	Environmental contamination	Risk profile (low/medium/high	Fishing	Fetching water	Washing clothes	Load boats and travel	Bathing and swimming	Washing vehicle	Mining sand	Agricultural activities	Collect snails earthworms
Buwaiswa	Kibuye landing site; Buwaiswa	Yes	Yes	No	High	66111	22000	26200	64	42080	770	0	0	0
	Nakabale swamp; Buwaiswa	Yes	Yes	Yes	High	5724	0	0	0	38	0	0	0	0
Kabaganda	Kalama landing site, Namasagali	Yes	No	Yes	Medium	2402	167	148	90	396	89	0	0	0
	Nsangabiyire landing site, Namasagali	Yes	Yes	Yes	High	855	130	510	0	2060	295	1260	0	0
	New Landing site in Namasagali College	Yes	No	No	Medium	10	38	96	600	297	0	30	0	0
	Nalwekomba Swamp	No	NA	No	Low	240	0	365	0	120	60	0	2660	0
Nabitalo	Nabitalo A Landing site	Yes	No	No	Medium	679	65	0	330	304	200	0	0	60
	Nabitalo B Landing site	Yes	No	No	Medium	400	108	0	0	108	0	0	0	75
	Nabitalo A swamp	No	NA	No	Low	1000	318	150	35	416	102	0	380	300
	Nabitalo B swamp	No	NA	No	Low	1378	513	212	210	690	75	0	0	1030
	Total contact in minutes					**78799**	**23339**	**27681**	**1329**	**46509**	**1591**	**1290**	**3040**	**1465**

Pilot: Mapping the risk



Pilot: Action planning

Proposed actions/ solutions	Considerations and caveats
Latrines	• There should be a public latrine at the landing site • Shared toilet blocks, one for each zone (A and B), with user fees for management and cleaning
Livelihoods	• Fish pond would help divert people from the lake. Would need management to avoid snail infestation
Water supply	• Boreholes (although breakdowns happen and the water is hard) • Water used at home should be treated, and detergent should be made available in health centres • Preference for piped water with multiple outlets near the home, using the river as the source. Strong willingness to pay as people pay user fees anyway
Designated swimming area	• [This option was not discussed. The landing site visited did not seem appropriate for this solution either due to the characteristics of the site]
Laundry	• When asked whether people will use shared laundry facilities instead of river water, which is free, participants felt that they would avoid the river water if they knew it was dangerous and they had alternatives.
Gumboots and gloves	• To protect fishermen. Fishing cannot be stopped • Use of PPE is socially acceptable. However, people are reluctant to pay for it
Health education	• Children are most vulnerable because they fetch water and take the cattle to be watered. Schools should be teaching them about the disease • Mass sensitisation of the whole community, empowering the VHTs

Pilot: Planning with WASH and Health stakeholders

Government services

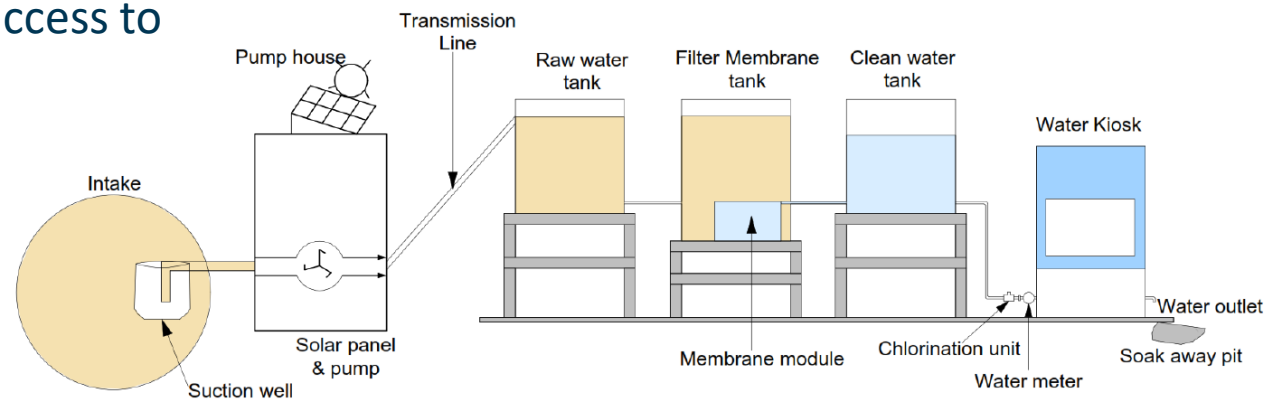
- **Water Supply:** small-scale piped water scheme using river water. Affordable tariffs, filtered water. Serve all domestic purposes to reduce water contact.
- **Behaviour change communications:** Including at schools and mass sensitisation
- **Sanitation:** Provision of shared and public toilets – sufficient size, resilience to flooding, inclusive. User fees for O&M.

Community action

- **Designated swimming areas:** child friendly, use of sand, play areas, sanitation. Involvement of leisure industry
- **O&M of sanitation facilities:** involvement of beach management committee
- **PPE:** involve entrepreneurs

Current project:
Implementation – delivering the action plans

- **Baseline survey:** establish current levels of access to water supply and sanitation infrastructure, as well as levels of contact with contaminated surface water
- **Water supply:** Supporting MWE to implement water supply system based on river water due to community preferences and practicality (Gravity-diverted Membrane Filtration system, developed by EAWAG and tested in Uganda)
- **Community environmental adaptation testing:** Reduction of snail-breeding habitat/ creation of safe(r) water contact sites for recreation/livelihoods
- **Sanitation:** Support MWE-led programming, increase access to technologies/skills
- **Behaviour change communication:** Support MoH to engage traditional leadership and undertake health promotion



Takeaway messages

- People know what happens in their community and what is needed for improvement – asking them has to be the starting point
- There are important differences in the environmental, social and economic conditions between communities, that affect the risk of SCH in different ways
- People do what they do for valid reasons – telling them to do otherwise without addressing the core issues won't make a difference. SCH probably isn't their top priority!
- Not all pathways can be mitigated; important to prioritise interventions based on risk size as well as feasibility → importance of the Community SCH Profiles and the Community Action Plans
- Government is ultimately responsible for service delivery – any intervention should be done in support of their plans and priorities, and reinforcing their accountability to communities


Thank you for listening!
THE REPUBLIC OF UGANDA
MINISTRY OF HEALTH
Unlimit Health.
ENDING PARASITIC DISEASE

From Commitment to Results: Empowering Country-Led NTD Initiatives

November 2023

Benoit Dembele, Regional Technical Advisor, NTDs
Helen Keller Intl
USAID Act | West Program

HELEN KELLER INTL

hki.org

Ratissage (door to door strategy) to accelerate trachomatous trichiasis elimination

- Trachoma was endemic in 66/75 HDs in Mali
- After several years of MDA and TT surgery, surveys demonstrated that Mali reached the TF elimination but not the TT in some HDs.
- Mobile team used to do survey village by village in the fix point shown limit to clear the backlog of TT
- Program decided to use the ratissage methodology to set indicators for successful ratissage 100% geographical coverage and 80 % of adult population were examined.
- This ratissage was used in HDs that have already passed TSS.

Ratissage (door to door strategy) to accelerate TT elimination

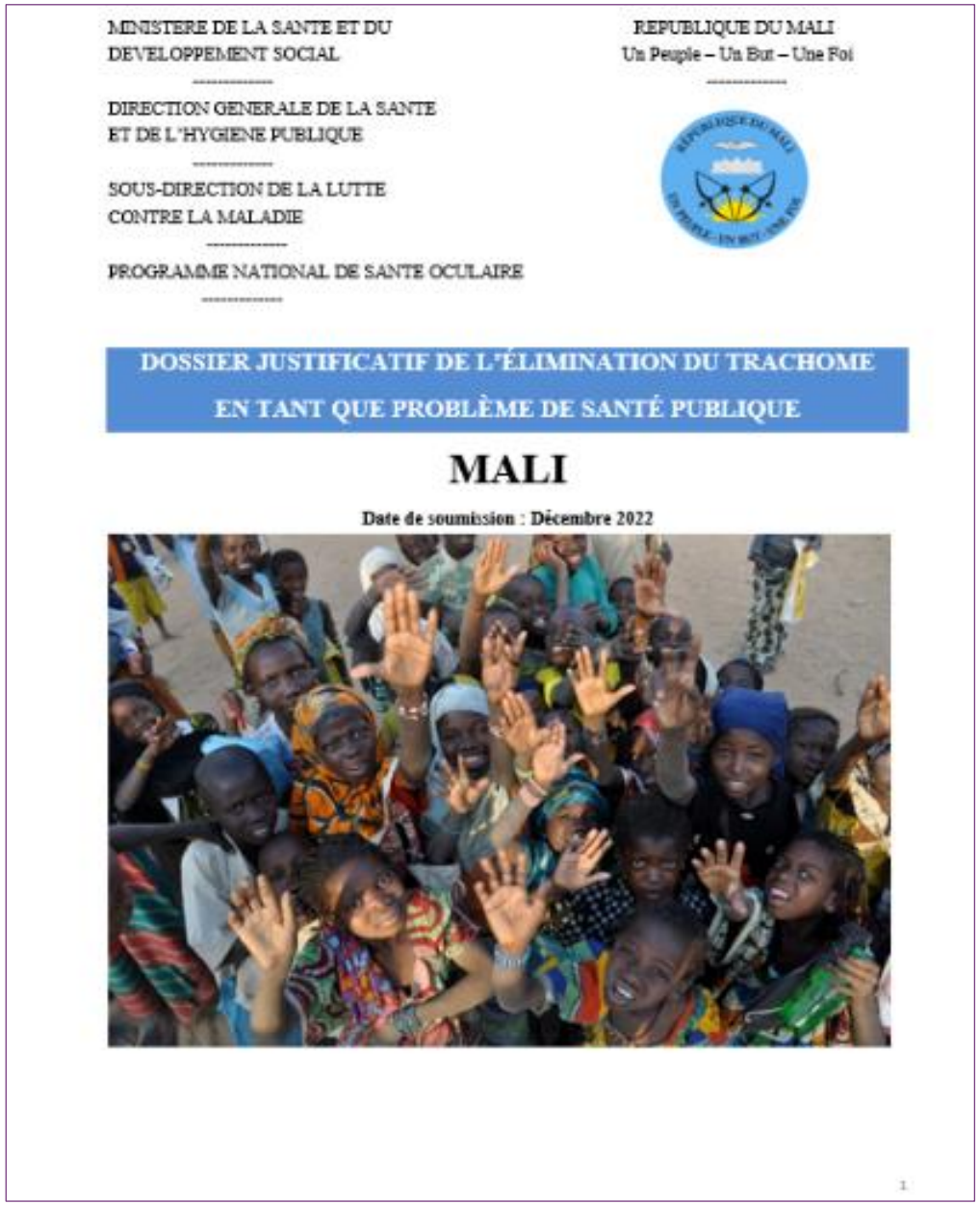
- National program adopted the ratissage in 2015 before WHO adopted the strategy as part of the TT elimination efforts.
- The ratissage was priced compared to other strategies for the TT surgery.
- The national program coordinator obtained support from partners and demonstrate the efficiency of the strategy.
- Ratissage result was used in 9 HDs in the dossier to demonstrate that the TT prevalence is >0.2% in adult population.

Ratissage result in Mali dossier

Région	Districts	Population totale	Population adulte 15ans et plus	Population consultée	% Population consultée	TT dépistés	TT opérés	Nbre de TT inconnu estimé	Prévalence du TT inconnue
Koulikoro	Koulikoro	236937	121858	110116	90	167	158		180,01
	Ouélessébougou	257526	131338	118335	90	208	204		230,02
Kayes	Diéma	275504	140507	128547	92	279	228		250,02
	Kéniéba*	259122	132152	148288	112	164	158		180,01
	Yélimané	238154	121458	105945	87	109	104		160,01
	Sagabari	53664	27369	24156	88	35	30		50,02
Sikasso	Selingué	112287	57266	46390	86	85	80		140,02
	Kadiolo	322517	164484	135283	82	90	90		190,01
Mopti	Bandiagara	412804	210530	186430	89	419	419		540,03
	Total	**2168515**	**1106962**	**1003490**	**91**	**1556**	**1471**	**192**	

Lessons learned

- On the path to elimination, the strategy should be context-specific and evolve according to the stage of the program.
- Program, surgeons and health district staff were committed to implement the strategy in difficult terrain (mountain, river, insecurity etc.)
- Partners were committed to support the program to achieve this goal.
- Without strong country leadership the ratissage wouldn't be a success in Mali and probably TT only survey and surgery would have been ongoing.



MINISTERE DE LA SANTE ET DU DEVELOPPEMENT SOCIAL

DIRECTION GENERALE DE LA SANTE ET DE L'HYGIENE PUBLIQUE

SOUS-DIRECTION DE LA LUTTE CONTRE LA MALADIE

PROGRAMME NATIONAL DE SANTE OCULAIRE

REPUBLIQUE DU MALI
Un Peuple – Un But – Une Foi

DOSSIER JUSTIFICATIF DE L'ÉLIMINATION DU TRACHOME EN TANT QUE PROBLÈME DE SANTÉ PUBLIQUE

MALI

Date de soumission : Décembre 2022

Organisation mondiale de la Santé

20, avenue Appia – CH-1211 Genève 27 – Suisse – Tél. central +41 22 791 2111 – Fax central +41 22 791 3111 – www.who.int

Tél. direct : +41 22 791
Fax direct : +41 22 791
Courriel :

Prière de rappeler la référence :

Votre référence :

Docteure Diéminatou Sangaré
Ministre de la Santé et du développement social
Ministère de la Santé et du développement social
Cité administrative (Bâtiment 11)
B.P. 232
Bamako
Mali

Genève, le 27 avril 2023

Élimination du trachome en tant que problème de santé publique

Madame la Ministre,

J'ai l'honneur de me référer au dossier du Mali relatif à l'élimination du trachome en tant que problème de santé publique, qui fournit des informations sur la situation épidémiologique actuelle du trachome dans le pays, ainsi que sur les systèmes d'identification et de prise en charge des patients atteints de trichiasis trachomateux.

Le dossier a été examiné par un groupe externe d'examen des dossiers convoqué par le Bureau régional de l'Organisation mondiale de la Santé (OMS) pour l'Afrique.

J'ai le plaisir de vous informer que, sur la base des éléments du dossier et de la recommandation du groupe d'examen des dossiers, l'OMS conclut que le Mali est parvenu à éliminer le trachome en tant que problème de santé publique. Je tiens à adresser mes plus sincères félicitations au Gouvernement du Mali pour avoir franchi cette étape historique.

L'OMS recommande de poursuivre la surveillance du trachome et d'offrir des soins aux patients qui en sont atteints. Il conviendrait de communiquer à l'OMS les résultats des activités de surveillance continue.

Veuillez agréer, Madame la Ministre, les assurances de ma plus haute considération.

Congratulations !

Docteur Tedros Adhanom Ghebreyesus
Directeur général

cc : Monsieur le Ministre des Affaires étrangères et de la Coopération internationale, Ministère des Affaires étrangères, Bamako
Mission permanente de la République du Mali auprès de l'Office des Nations Unies et des autres Organisations internationales à Genève

Niger accelerate oncho elimination process by establishing a functional lab

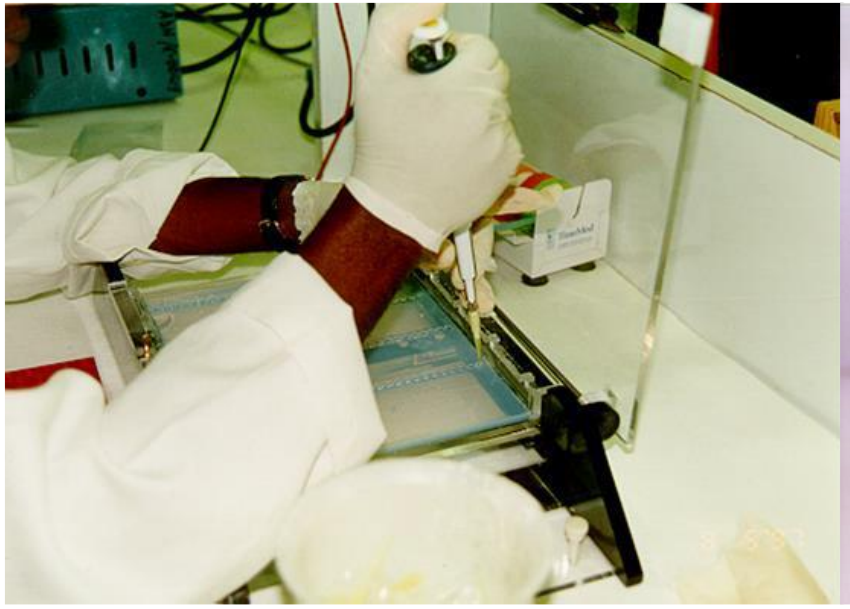
- Lab availability and capacity are critical to demonstrate oncho elimination
- APOC / ESPEN Lab in Ouaga has been used by African countries for their sample processing
- Niger was about to process thousand of flies and DBS to confirm the elimination of the oncho transmission in Niger

Niger lab for OV

- Program take a lead to strength the lab capacity and the staff capacity.
- The government provided
  - Political support
  - Lab equipment
- The partners supported
  - the lab/program building renew and extend
  - the lab technicians training

Lab activities

- This lab process 16 406 samples for the OV16 Elisa



The leadership and perseverance of the national program was key to achieve elimination and to the timely submission of the oncho dossier - the first country in sub–Saharan Africa

UNITING TO COMBAT
NEGLECTED TROPICAL DISEASES

HIGH LEVEL POLITICAL INSTRUMENTS FOR NTDS

VICTORIA SYKES

www.unitingtocombatntds.org

NTD PROGRESS IN AFRICA

INCREASE IN POLITICAL COMMITMENTS AND ELIMINATION SUCCESSES!

- **21 countries in Africa** have eliminated at least one NTD, with several countries having eliminated two, three and four NTDs.

- Togo is the **first country globally** to achieve four eliminations.

- **Domestic and international commitment** to controlling, eliminating and eradicating NTDs has accelerated progress against individual disease targets.

UNITING TO COMBAT
NEGLECTED TROPICAL DISEASES

WHY ARE HIGH LEVEL POLITICAL COMMITMENTS IMPORTANT?

- Continued buy-in and political commitment at the highest political level and by all relevant stakeholders and decision makers is essential.

Political commitments offer:

- Mandate for action and the allocation of adequate resources.
- A precondition to building the institutions and mechanisms that are needed to end NTDs.

POLITICAL COMMITMENTS AND TOOLS

- **The Kigali Declaration on NTDs** is a high-level, political declaration to mobilise political will, community commitment, resources and action, and secure commitments needed to end suffering.

- Supported by the **Kigali Declaration Commitment Tracker for NTDs**.

- Heads of State endorsed **the Continental Framework** with a vision is to free Africa of all NTDs by 2030. It provides guidance on key approaches that should be implemented.

- **The Common African Position** which recommends how to address NTDs in Africa.

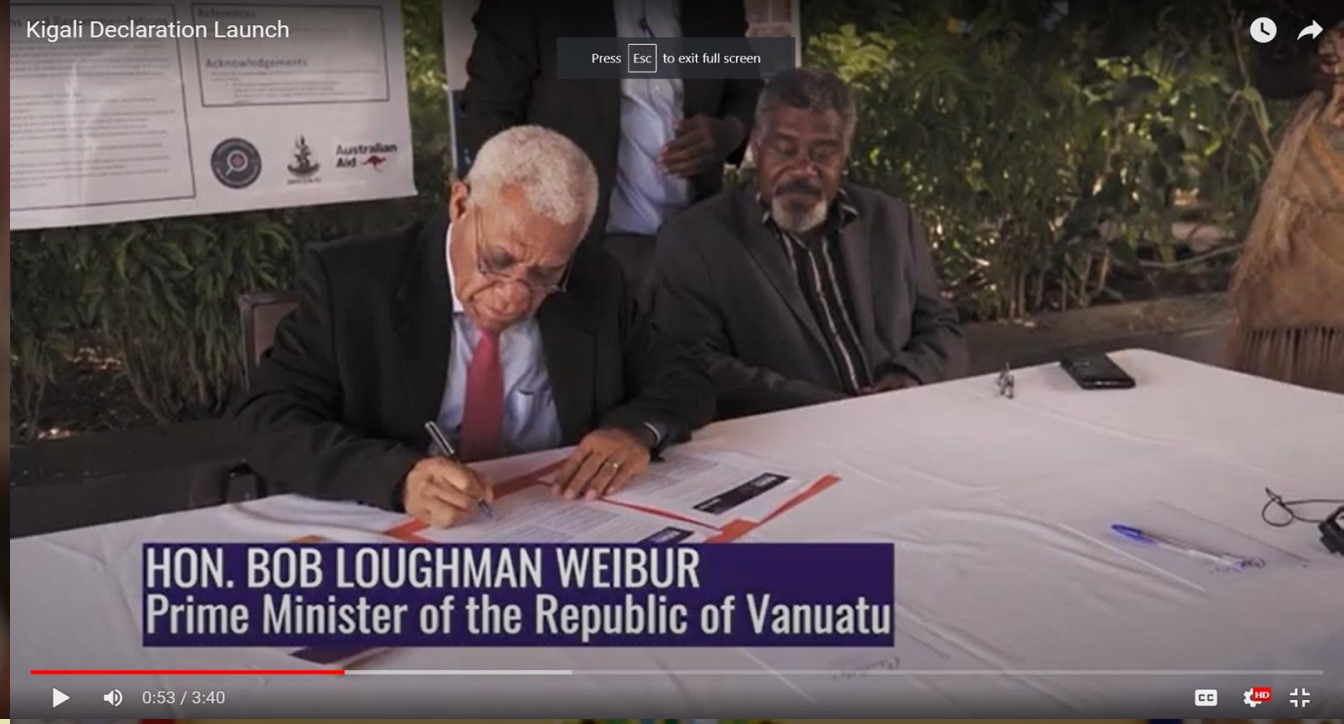

KIGALI SUMMIT ON MALARIA AND NEGLECTED TROPICAL DISEA


UNLOCK THE POTENTIAL
KIGALI SUMMIT
ON MALARIA AND NEGLECTED TROPICAL DISEASES (NTDs)
UNLOCK THE POTENTIAL
KIGALI SUMMIT
UNLOCK THE POTENTIAL


UNLOCK THE POTENTIAL
UNLOCK THE POTENTIAL
ENDING MALARIA AND NEGLECTED TROPICAL DISEASES (NTDs) FOR A SAFER WORLD
KIGALI SUMMIT


UNLOCK THE POTENTIAL


Kigali Declaration Launch
H.E. DR. LAZARUS MCCARTHY CHAKWERA
President of the Republic of Malawi
0:48 / 3:40


Kigali Declaration Launch
Press Esc to exit full screen
HON. BOB LOUGHMAN WEIBUR
Prime Minister of the Republic of Vanuatu
0:53 / 3:40


H.E. DR. EDOUARD NGIRENTE
Prime Minister of the Republic of Rwanda


Nana Addo Dankwa Akufo-Addo
President of Ghana

UNITING TO COMBAT
NEGLECTED TROPICAL DISEASES

KIGALI DECLARATION ON NTDS

AFRICA IS DEMONSTRATING LEADERSHIP, COMMITTING TO ENDING NTDS BY 2030.

Collectively, Africa has demonstrated leadership through the Kigali Declaration on NTDs to mobilise political will, community commitment, domestic and international resources and action by working together across sectors in integrated people-centred approaches

www.unitingtocombatntds.org

UNITING TO COMBAT
NEGLECTED TROPICAL DISEASES

CURRENT SIGNATORIES OF THE KIGALI DECLARATION ON NTDS

- **National governments:** Botswana, Djibouti, Ethiopia, Ghana, Guinea Bissau, Malawi, Nigeria, Papua New Guinea, Rwanda, Tanzania, Timor-Leste, Uganda and Vanuatu
- **Philanthropists:** BMGF, CIFF
- **Donor countries:** Belgium, Germany, Canada, Japan, Switzerland, UAE, USA, UK
- **Multi-laterals:** WHO, World Bank, UNICEF
- **Academic and Research Institutions**: Wellcome Trust, DNDI, FIND
- **Industry partners:** GSK, Bayer, Eisai, Merck, MSD, Novartis
- **NGOs:** CBM Global Disability Inclusion, RTI and Sightsavers

COMMITTING FINANCIAL RESOURCES

UNITING TO COMBAT NEGLECTED TROPICAL DISEASES

THROUGH THE KIGALI DECLARATION COMMITMENT TRACKER

Kigali Declaration Commitments 2021-2030

$1.6bn
Financial, in-kind and policy commitments

+

19bn
No. of tablets / units of medicine committed [1]

Contributing to the achievement of the Sustainable Development Goals (SDGs) and the WHO road map for neglected tropical diseases 2021–2030

NTD TARGETS FOR 2030

OVERARCHING GLOBAL TARGETS

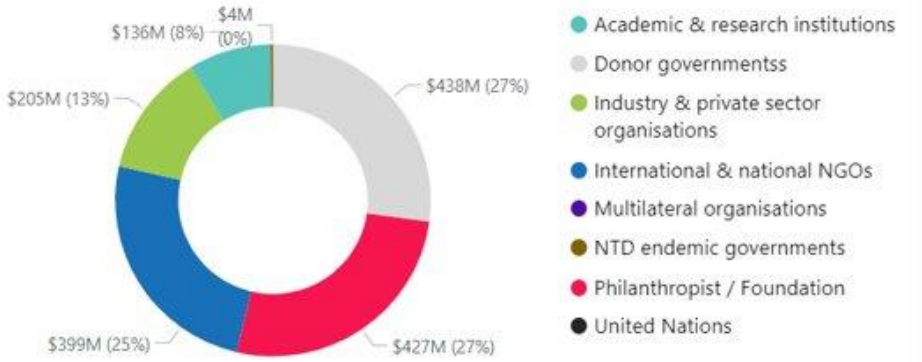
WHO top-line targets for NTDs, in line with the SDGs and WHO's 13th General Programme of Work

- ↓90% FEWER PEOPLE REQUIRING INTERVENTIONS AGAINST NTDS
- 100 COUNTRIES HAVING ELIMINATED AT LEAST ONE NTD
- ↓75% FEWER NTD-RELATED DALYS*
- NTDs 2 NTDS ERADICATED

*Disability-adjusted life year (DALY): measure of overall disease burden, expressed as the number of years lost due to ill health, disability or early death

Overview	Stakeholder type	Further breakdown	Stakeholder profiles
$1.4bn Financial value	**$191M** In-kind [1]	**$4M** Policy [1]	**19bn** No. of tablets / units of medicine [2,3]

US$ (financial, in-kind, policy) commitments by stakeholder group [4,5]



List of industries and other partners donating medicines to NTDs

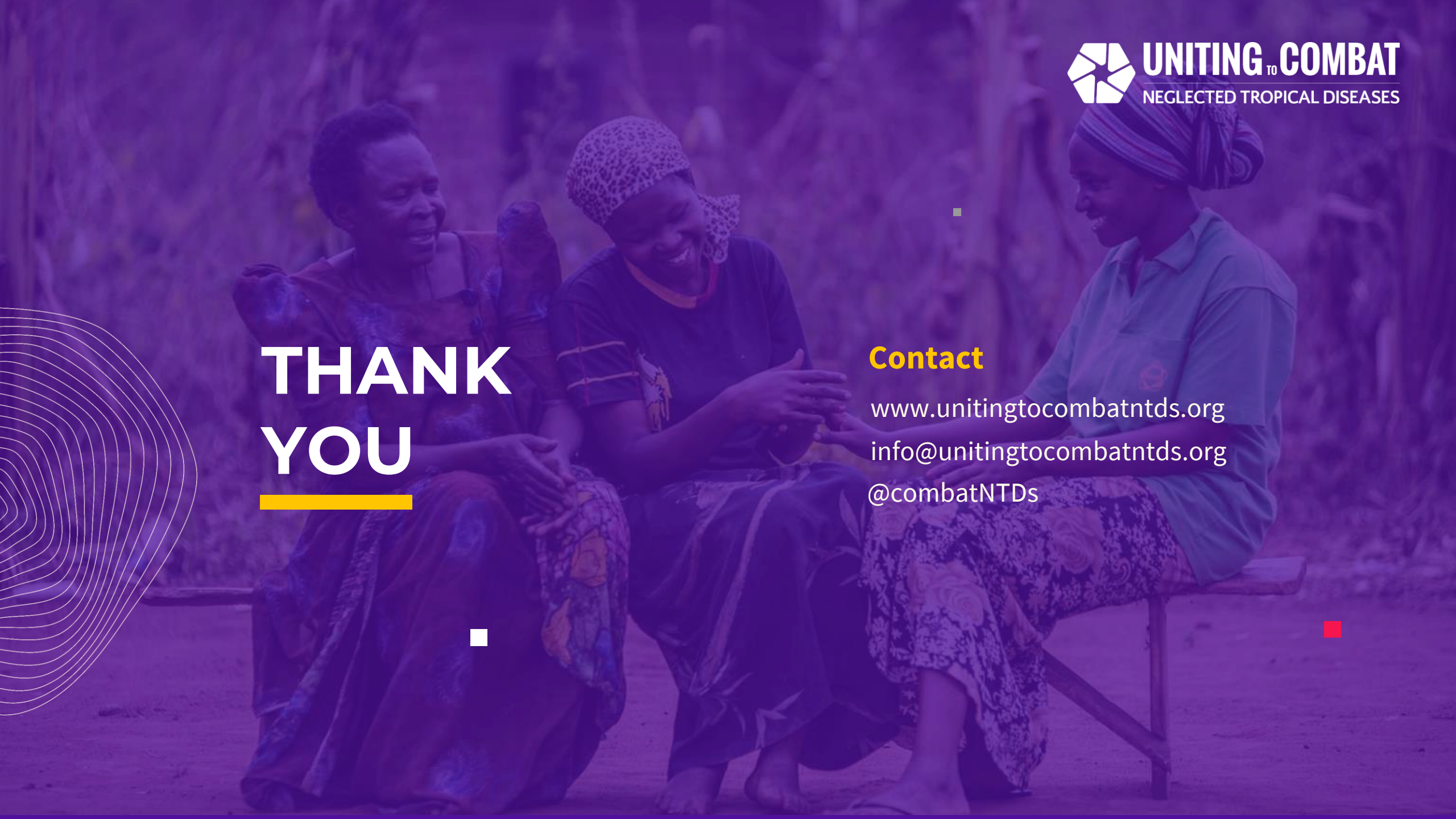
Bayer AG
Eisai co., Ltd.
Fundación Mundo Sano
Gilead
GSK
Johnson & Johnson
Merck & Co. (MSD)
Merck KGaA
Novartis
Pfizer
Sanofi

UNITING TO COMBAT
NEGLECTED TROPICAL DISEASES

WHAT'S NEXT?

SECURING INCREASED FUNDING AND DEVELOPING SUSTAINABLE, LONG-TERM FUNDING SOLUTIONS WILL BE CRITICAL

- This is the time for accelerating progress, and we must come together with **renewed vigour and a clear vision** for the future.



UNITING TO COMBAT
NEGLECTED TROPICAL DISEASES

THANK YOU

Contact

www.unitingtocombatntds.org
info@unitingtocombatntds.org
@combatNTDs

From Commitment to Results: Empowering Country-Led NTD Initiatives

Responding to Lymphatic Filariasis Hotspots

Dr Achille Kabore | November 30, 2023

USAID FROM THE AMERICAN PEOPLE

Act to End NTDs WEST

fhi360

Act | West Support to Country-led LF Elimination Efforts

- Mapping and confirmatory mapping
- Pre-TAS and TAS
- Burden assessment, capacity for lymphoedema management, services integration, assessment of quality of services (MMDP)
- Strategic planning and deep dive workshops
- Validation dossier development
- Response to challenges

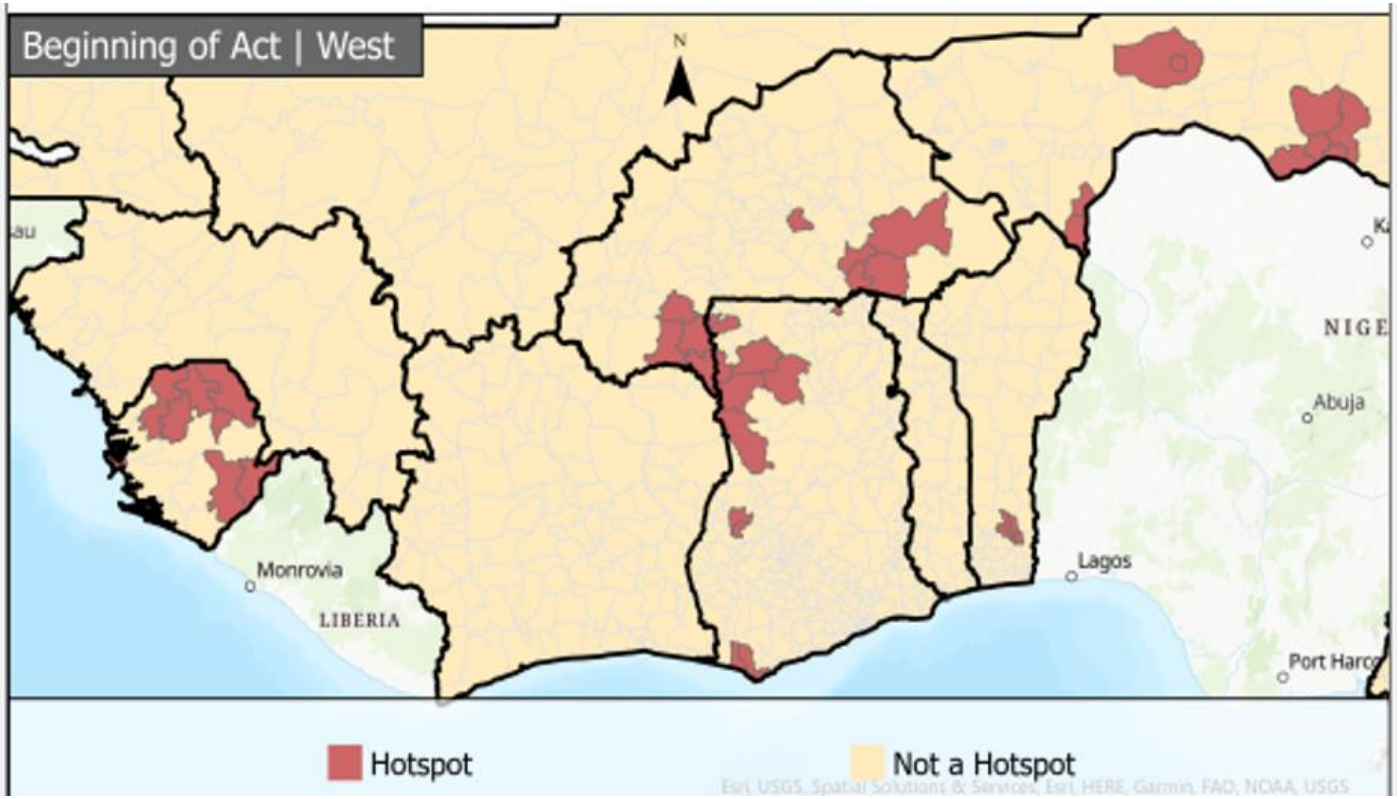
USAID FROM THE AMERICAN PEOPLE

Act to End NTDs WEST

fhi360

Challenges: Persistent LF Transmission (Hotspots)

- High baseline prevalence
- Low MDA coverage
- High non-compliance
- Cross-border migration



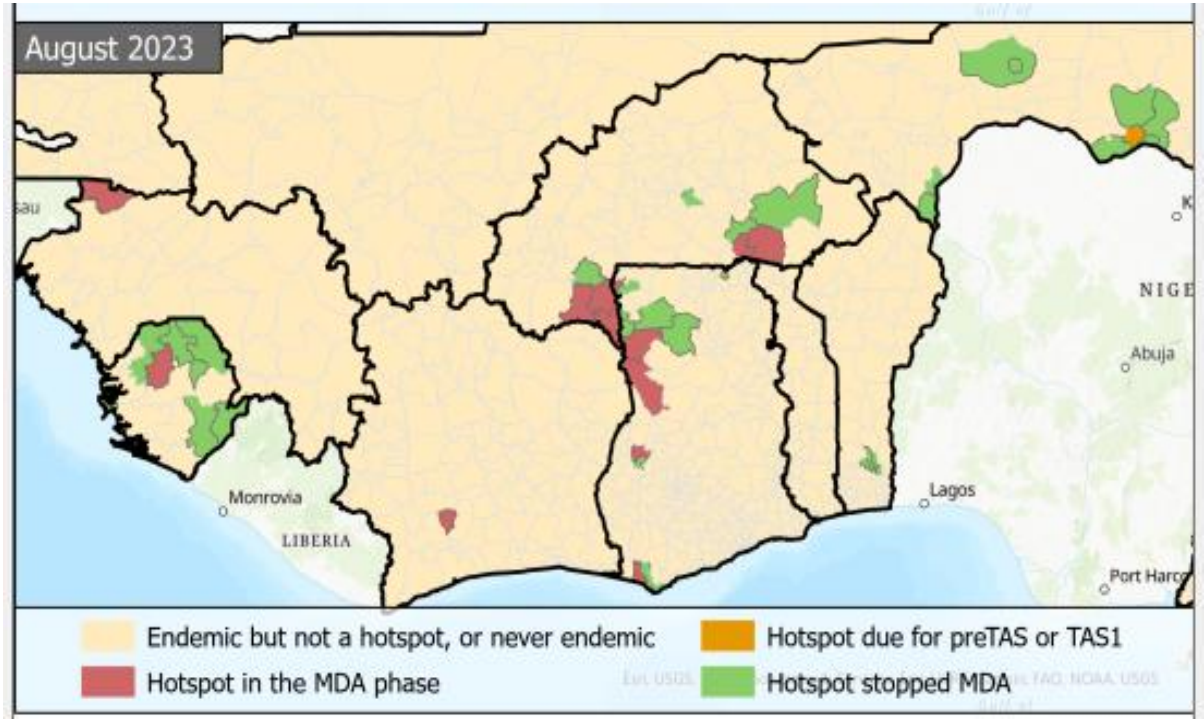
Country-led Investigation of LF Hotspots (Burkina Faso and Sierra Leone)

- **LF deep-dive** involving stakeholders and field implementers
- Pre-TAS/TAS Survey failure investigation
- Qualitative investigation: Engagement of communities, health workers, and community drug distributors
- Survey sub-district data and population analysis – by age, sex, sub-site (community)
- **Socio-anthropological studies** (Sierra Leone)
- MDA process review

Step by step, making strides to eliminate a disfiguring disease in Sierra Leone

Country-led Initiatives in Response to LF Hotspots (Burkina Faso and Sierra Leone)

- Improving MDA process - **Microplanning**, social mobilization, drug administration, supervision
- **Community dialogue** (Burkina Faso)
- **Routinize sub-district coverage data analysis and response**
- Systematic use of Supervisors Coverage Tool (SCT)
- Coverage Evaluation Surveys (CES)
- Cross-border collaboration



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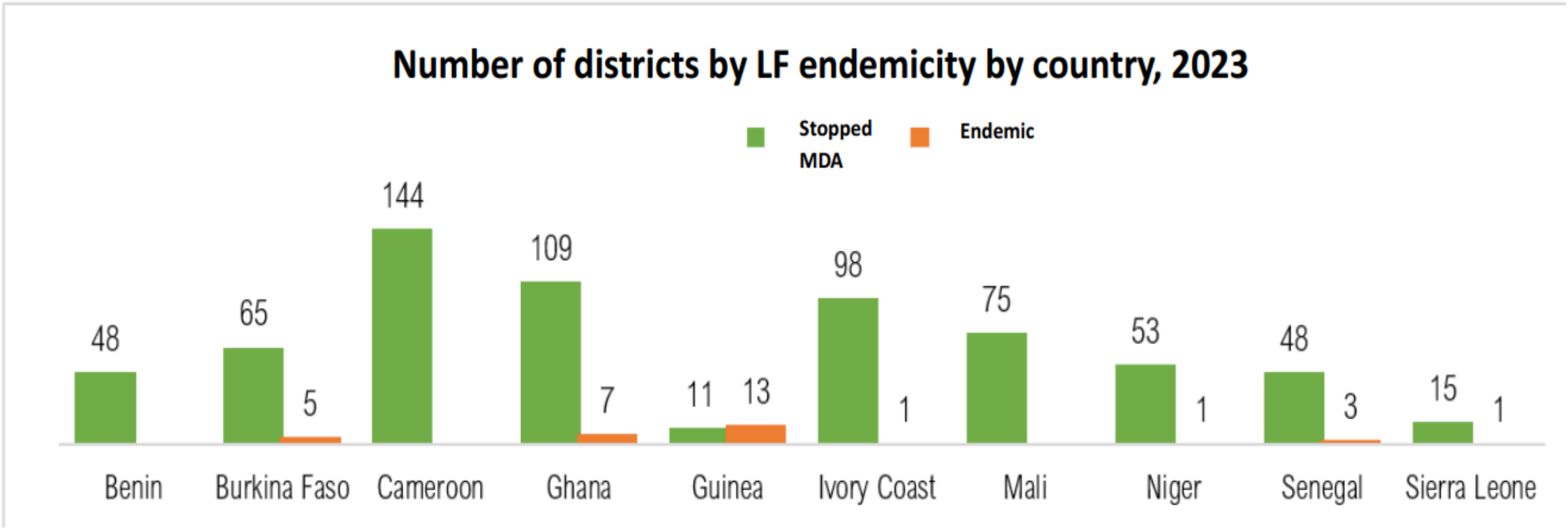
Country Progress Towards LF Elimination



Thank you

From Commitment To Results – Empowering Country-Led Initiatives

The END Fund

About the END Fund

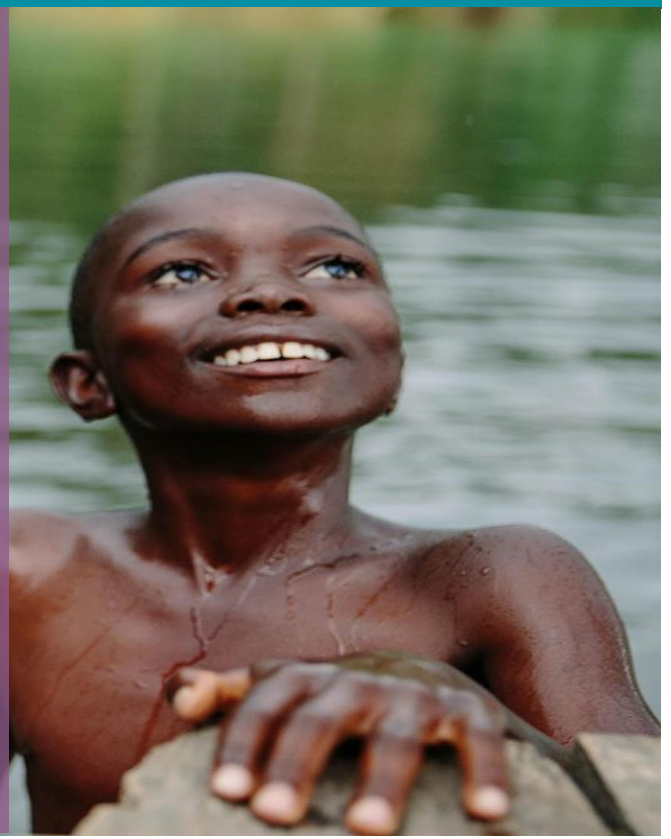
- Private philanthropic initiative solely dedicated to ending the most common neglected tropical diseases (NTDs).
- Mobilize resources from a diverse range of investors and direct to partners who can deliver the resources where they will have the most impact
- Leverage efficiencies of the private sector and foster strong partnerships

MISSION

To end the most prevalent neglected diseases among the world's poorest and most vulnerable people.

VISION

To ensure people at risk of neglected tropical diseases can live healthy and prosperous lives.



THE END FUND

MOST COMMON NTDS

Intestinal Worms

1.7B People Require Treatment

Lymphatic Filariasis

892M People Require Treatment

River Blindness

217M People Require Treatment

Schistosomiasis

229M People Require Treatment

Trachoma

177M People Require Treatment

Visceral Leishmaniasis

700K - 1M People Require Treatment Annually

END Fund's Portfolio Approach to Investment Opportunities

THE END FUND | ENDING NEGLECTED DISEASES

Flagship Fund

- Cost effective NTD programs across 20+ countries for all 6 NTDs

2012

REACHING *the* LAST MILE FUND

- Treat and eliminate river blindness globally (and LF where co-endemic)

2018

Deworming Innovation Fund

- Accelerate progress towards eliminating parasitic worms

2019

ARISE Fund

- Support country-led programs focused on elimination and sustainability

2022

Approach to Programming

Championing Country leadership and ownership of programs and ensure we adhere to Country priorities.

- Country programs at the heart of the operations
- Country – first, country – led decision making
- Country – led identification of priority partners

Tools

- NTD strategic plans
- Country NTD primary goals
- Country sustainability plans
- M&E frameworks

Preliminary Achievements

- In Rwanda, since 2019 the Govt is funding 100% of the MDA operational costs
- In Nigeria a private company IHS is contributing funds for NTD prevention and control in three states.
- In Nigeria the Federal Capital Territory (FCT), Gombe and Akwa Ibom states contribute to NTD programming including hydrocele surgeries.
- Direct funding to the Countries to implement the priority activities e.g. Senegal and Ethiopia.
- Country – led disease assessment and validation assessments and technical bodies e.g. National Onchocerciasis Elimination Committees (NOECs) , National Trachoma Taskforce (NTTF)

Potential Areas of Collaboration

- Advocacy
- Domestic Resource Mobilization
- Integration into national health systems and policies
- Innovations - tools, approaches, interventions

Thank You!

Session 7: Partner updates

Moderator - **Ms Santa-Mika Ndayiziga**

Collaborative Exploration: Demonstration of tools and platforms used in country-led NTD initiatives

USAID/ACTWEST/FHI360

World Health Organization

ALMA Scorecard and National NTD scorecards for Accountability and Action

AFRICAN LEADERS MALARIA ALLIANCE

ALMA

About ALMA

- Established in 2009
- 55 African Heads of State and Government working to eliminate malaria and NTDs in Africa
- Provides a forum to review progress and achieve targets set by the African Union and SDGs
- ALMA's Chair is H.E. President Umaro Sissoco Embaló of the Republic of Guinea-Bissau

ALMA Priority Agenda

Increase digitalisation and use of evidence-based tools through national malaria, NTD and RMNCAH scorecards

Mobilise national Youth Corps to recruit and engage youth leaders to champion the fight against malaria and NTDs and promote UHC

Establish national End Malaria & NTDs Councils and Funds to support advocacy, action, and resource mobilization from across all sectors

Enhance regional coordination on malaria and NTDs including through Regional Economic Communities

Support 20 countries in their country NTD scorecard tool implementation including advocating for increased domestic and partner resources to fill key gaps

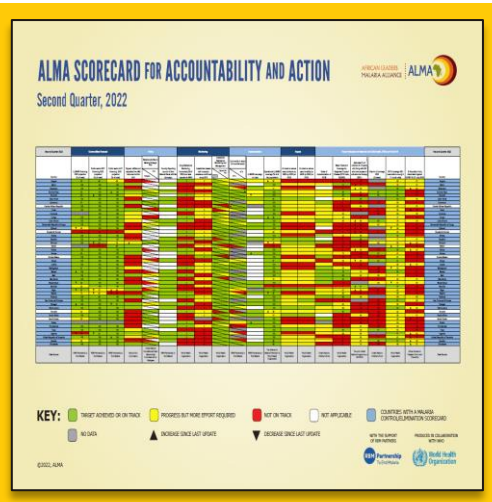
Support the roll out of country ALMA youth corps

At least 4 national End Malaria & NTDs Councils and Funds launched and mobilizing resources from across all sectors

Mainstream malaria and NTDs into the political and technical agenda of the Regional Economic Communities and keep malaria and NTDs high on the AU agenda

ALMA works to sustain malaria, RMNCAH, and NTDs high on the African regional development agenda

Malaria & NTDs are mainstreamed into the AU Summit, including the keynote presentation from the ALMA Chair. The annual report, including the ALMA Scorecard and a supplement on NTDs, is part of the official summit documentation



The ALMA Scorecard for Accountability and Action and country narrative reports are produced quarterly. Includes indicators on malaria, NTDs, and other priority areas of health for Heads of State & Government and Ministers of Health and Finance.

Malaria & NTDs AUC meeting held on the side lines of the WHA attended by Ministers of Health and Development Partners

Republic of Congo awarded the 2022 Joyce Kafanabo Award for Best NTD Scorecard at the AU Summit

Briefing of the Permanent Representative Committee of the AU on the implementation of the malaria related targets of the Catalytic Framework to End AIDS, TB and Eliminate Malaria in Africa by 2030 and the implementation of the Continental Framework to Control and Eliminate NTDs in Africa, the AU Roadmap on NTDs and the Kigali Commitments

ALMA SCORECARD FOR ACCOUNTABILITY & ACTION

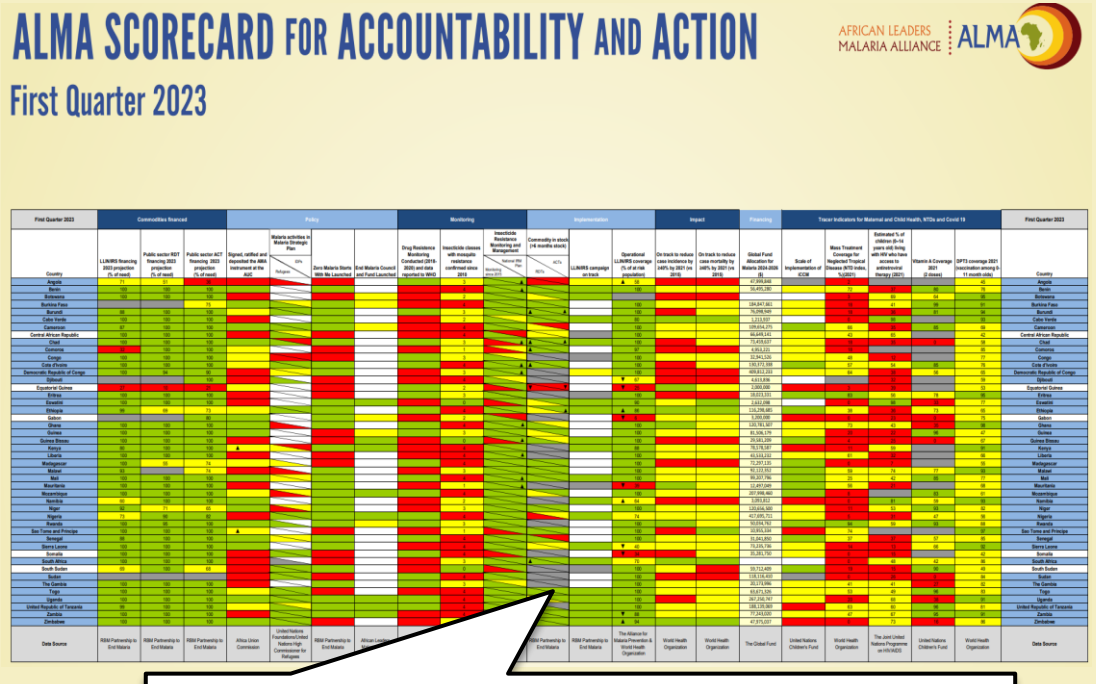
The ALMA Scorecard for Accountability & Action and recommended actions engage senior leaders to prioritise malaria and NTDs

The ALMA Scorecard and Country Reports are disseminated quarterly to Heads of State and Government, Ministers of Health, Finance and Foreign Affairs, Ambassadors to the AU and UN

The ALMA Scorecard has helped:

- Sustain malaria and NTDs on the regional development agenda
- Increase donor and domestic resources
- Accelerate procurement
- Enact policy changes

Country-specific recommended actions have a 97% response rate for NTDs



An independent evaluation by R4D of scorecards and data visualization tools identified the ALMA Scorecard as a gold star example, noting that it has a clear and focused theory of change with defined objectives and audience, includes actionable indicators and has a clear engagement plan for its target audience.

NTDs were added to the ALMA Scorecard at the 30th AU Summit to raise their visibility on the continent

The ALMA Scorecard for Accountability & Action includes the NTDs Coverage Index—with additional indicators under consideration

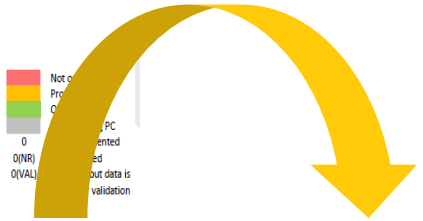
- The **NTD Coverage Index** (i.e., the percentage of the population protected by preventative treatment) is calculated annually by the WHO
- ALMA, WHO, UTC and other partners develop **recommended actions** for countries with low coverage (e.g., red) or where performance declines by 10% or more
- ALMA sends these recommended actions to **Heads of State and Government and Ministers**
- **97% response rate** for NTDs recommended actions

NTD Index

Data source: PC Data Portal, Department of Control of Neglected Tropical Diseases, accessed 5 December 2022

World Health Organization

	Population (in 1000) requiring treatment by disease, 2021					Coverage by disease, 2021					NTD Index	
	LF	ONCHO	SCH	STH	TRA	LF	ONCHO	SCH	STH	TRA	2020	2021
Angola	3,980	6,234	3,303	5,013	No data	0	0	61	28	ND	19	2
Benin	Surveillance	6,005	1,585	1,749	0	100	68	48	59	100	77	72
Botswana			372	43	No data			98	0	ND	3	3
Burkina Faso	2,103	286	2,236	Surveillance	0	0	20	98	100	100	89	18
Burundi		2,072	1,682	967	0		0	100	98	100	95	18
Cabo Verde				150					0		55	0
Cameroon	60	11,466	2,832	3,678	332	34	70	97	75	72	4	66
Central African Republic	6,390	3,579	669	1,528	3,602	77	61	16	43	47	0	43
Chad	5,395	6,089	2,452	576	526	78	78	77	36	0(NR)	12	18
Comoros	408			278		39			8		33	18
Congo	1,089	786	231	855		50	66	35	47		34	48
Côte d'Ivoire	14,350	19,559	2,930	2,481	6,237	25	75	85	59	62	59	57
Democratic Republic of the Congo	48,651	52,045	11,147	25,029	10,238	81	80	90	63	30	1	64
Equatorial Guinea	949	Surveillance	88	388		20		0	36		0	3
Eritrea	73		247		96	85		68		98	31	83
Eswatini			282	17				0	0		0	0
Ethiopia	6,729	26,250	8,190	29,029	71,787	26	66	38	18	65	11	38
Gabon	358	722	160	430		0	0	0	0		0	0
Gambia			258	53	Eliminated			15	47	100	1	41
Ghana	1,117	8,391	4,705	Surveillance	Eliminated	70	49	59	100	100	0	73
Guinea	8,407	7,960	2,193	2,401	241	69	74	100	65	0	73	20
Guinea-Bissau	1,942	580	111	387	27	12	0	75	18	1	12	4
Kenya	4,324		2,161	8,099	2,801	0		64	42	62	29	11
Lesotho				387					0		0	0
Liberia	3,022	3,237	893	812		72	71	55	50		0	61
Madagascar	21,390		4,439	7,381		0(VAL)		0(VAL)	0(VAL)		34	0
Malawi	Eliminated	2,491	3,834	7,838	0	100	86	37	22	100	76	59
Mali	Surveillance	6,326	4,083	Surveillance	0	100	0	95	100	100	95	25
Mauritania			454		0			31		100	85	56
Mozambique	19,580		6,530	12,742	4,966	3		13	7	16	13	8
Namibia			135	331	No data			0	0	ND	0	0
Niger	4,306		4,732	Surveillance	5,285	0		58	100	28	61	11
Nigeria	139,910	50,876	18,285	47,445	5,206	14	24	8	17	0	56	5
Rwanda			1,044	4,216				98	90		86	94
Sao Tome and Principe	Surveillance		25	82		100		70	58		8	74
Senegal	5,765	347	1,591	1,305	0	19	95	93	4	100	42	37
Sierra Leone	1,693	7,315	667	1,268		74	78	0	67		59	14
South Africa			3,808	15,682				0	0		0	0
South Sudan	8,758	8,750	1,596	694	3,457	53	62	1	35	21	2	19
Togo	Eliminated	3,916	2,192	2,590	0	100	82	8	62	100	86	53
Uganda	Surveillance	1,684	5,795	19,088	958	100	83	0	66	52	70	20
United Republic of Tanzania	7,921	6,752	8,752	23,465	2,132	77	85	94	49	34	3	63
Zambia	13,186		2,407	4,578	2,402	37		80	33	49	9	47
Zimbabwe	8,147		2,051	598	4,455	0		0	0	15	2	0
Djibouti				111					0		0	0
Egypt	Eliminated		1,464		1,975	100		0		0	10	1
Somalia			2,550	2,697	No data			0	0	ND	90	0
Sudan	11,139	176	4,630	1,248	3,783	0	0	0	0	3	3	0



Recommended action responses

Reports officially sent to HOS and Ministers of Health, Finance and Foreign Affairs and Ambassadors in Addis and New York

-

Recommended actions tracking tool

Country	Date	Archetype	Action Item	Deadline (color status)	Progress (1-4)	Country owner	Comments
Angola	2011Q3	Address funding	Prioritize support for the implementation of The Global Fund (Round 7 Phase 2 and Round 10) including strengthened program management	Mar-12	1	HOS	
Benin	2011Q3	Enact high level policy and strategy change	Remove tariffs (on various anti-malaria commodities)	Nov-11	4	HOS	Bill currently being passed to reduce tariffs
Burundi	2011Q3	Optimize point of care implementation	Given the low coverage with antiretroviral prophylaxis (and other services, e.g., PMTCT) for HIV-positive pregnant women, fully integrate this service into antenatal care services and work to scale up ANC.	Sep-12	3	FP	Pilot program current being undertaken
Cameroon	2011Q3	Adopt behavioral change communications	launch an extensive community owned and driven national campaign to promote breast feeding with the full engagement of all national and international stakeholders	Oct-12	2	FP	
Cape Verde	2011Q3	Build capabilities	Ensure necessary country capacity and technical support to sustain the pre-elimination status to enable the country to enter into malaria elimination phase	Jan-13	1	HOS	WHO report showed technical capacity as lagging behind peers

ALMA Secretariat and partners interaction with country focal points, local and global partners

Each quarter, countries get recommended actions as follows:

1. Countries where the indictors are red e.g. significantly below targets)
2. Countries where performance has decreased compared to the previous data

Progress on tracking recommended actions

1. ALMA receive good feedback on recommended actions on malaria (100%) and NTDs (>90%)
2. Substantial feedback on RMNCAH recommended actions (75%)

Actions linked to the scorecard tool have included increased domestic and donor resources for NTDs, helped to address commodity availability and stock expiry, and have helped to place NTDs higher on the domestic development agenda.

65

NATIONAL NTD SCORECARDS

ALMA has supported countries in the implementation of national scorecards

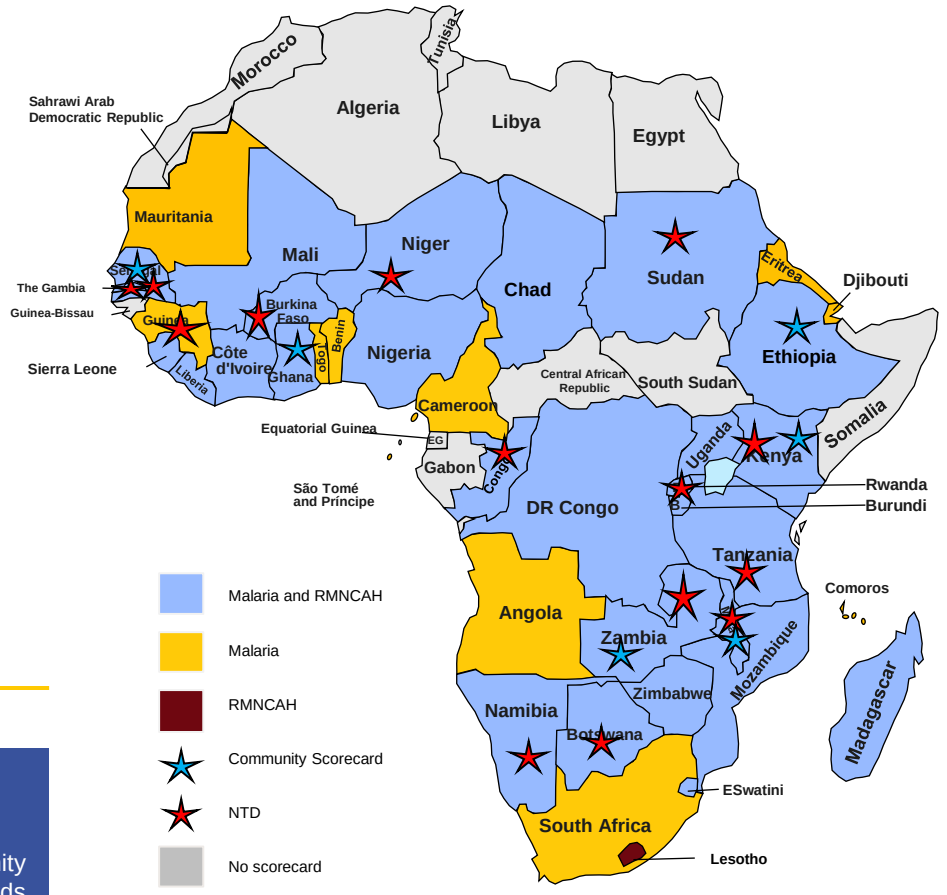
National scorecard management tools are country-owned tools used to:

- ***Track national and sub-national real time health data against priority indicators aligned to national plans***
- ***Identify bottlenecks or gaps***
- ***Increase accountability***
- ***Enhance decision-making to drive action***

They are integrated into existing accountability and management processes

Drive action including addressing upsurges, stock-outs, task-shifting, filling resource gaps, etc.

Used at national, subnational and community levels (quality of care) and with political and technical stakeholders



Number of scorecards by focus area

41	31	18	4	6
Malaria Scorecards	RMNCAH Scorecards	NTD Scorecards	Nutrition Scorecards	Community Scorecards

Scorecards enhance the profile of NTDs at national level, increase resource commitments and enhance data quality and availability

Republic of Congo

- The scorecard is used for high-level advocacy, highlighting gaps in national NTD performance. This resulted in the addition of a US$170,000 line-item being added to the national budget for NTDs.

Republic of Rwanda

- Following up on recommended actions led to increased country ownership and institutionalization of NTDs
- NTDs are fully integrated into district and community level activities and MDA operational costs are fully funded by the government.

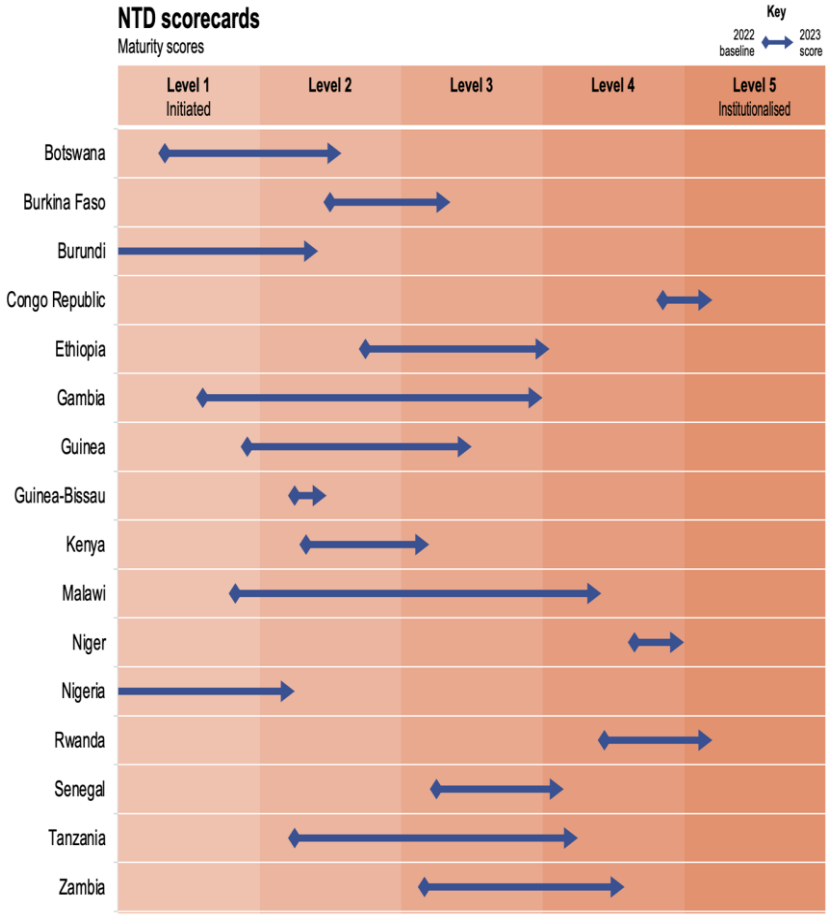
Republic of Niger

- The NTD scorecard was used to highlight gaps and request technical assistance from WHO for the mapping of onchocerciasis elimination.
- Scorecard analysis revealed reporting errors on leprosy cases and led to the organization of a training of DHIS data managers in the regions where the problem was identified.
- Health provides and CHWs were trained on leprosy early detection in a targeted region.
- Community mobilization (the ‘awareness caravan’) on NTD prevention and control was organized in targeted regions.
- Training of MPs on the use of NTD scorecards which led the MPs to invite the NTD Manager to present the situation of NTDs in Parliament and to add NTDs on the plan of action of MPs

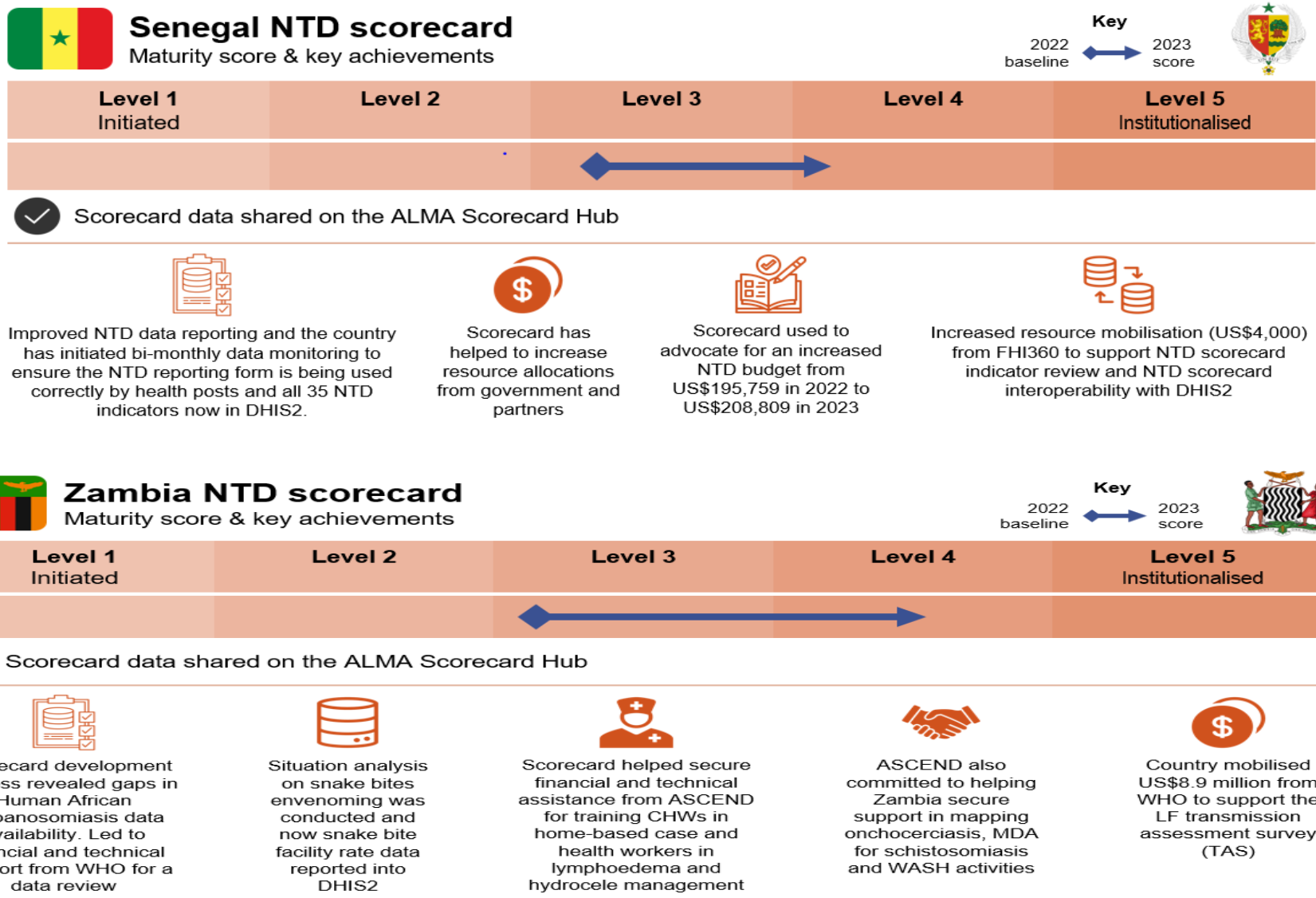
Scorecard Maturity framework

The Scorecard Maturity self-assessment tool (https://scorecardhub.org/):

- A simple and accessible online tool to guide countries in assessing and improving their scorecards performance.
- This tool helps countries to understand where their scorecard is doing well and where it needs improvement, access curated recommended improvements and learn how other countries have overcome issues.
- It assesses country scorecards on five key success factors**: use as a management tool, decentralization, sharing publicly and with stakeholders, institutionalization and political use, and documentation and evaluation**.
- In 2023, Sixteen NTD scorecards reviewed have ‘graduated’ to at least the next level of institutionalization, and in some cases have advanced further.



NTD scorecard maturity assessment



NTD scorecard maturity assessment

Ethiopia NTD scorecard

Maturity score & key achievements

Key: 2022 baseline → 2023 score

Level 1 Initiated	Level 2	Level 3	Level 4	Level 5 Institutionalised

- Increased community mobilisation in Woreda health offices during treatment campaigns
- NTD indicator review is being conducted to correct NTD indicator denominators and to add missing ones
- Scorecard used to present gaps to senior leaders and NTD budget increased from US$625,744 in 2022 to US$1.4 million in 2023.
- RTI engaged and committed to integrating NTD scorecard training in the integrated MDA trainings at district level

Kenya NTD scorecard

Maturity score & key achievements

Key: 2022 baseline → 2023 score

Level 1 Initiated	Level 2	Level 3	Level 4	Level 5 Institutionalised

- Mapping snake bite prevalence in several sub-counties of Turkana and Narok counties
- Country mobilised US$55,454 from AMREF to support NTD integration into KHIS and the community health strategy, along with support for the eCHIS
- Country mobilised US$6,750 from CHAI to support linking NTD indicators with KHIS.
- NTD program mobilising all endemic counties to consider adding NTDs into their budgets

Lessons leant on the use of continental and national NTD scorecards

- The use of the scorecard as an advocacy tool has helped to increase resource allocations from government and partners.
- The use of NTD scorecards led to improved NTD data, including more NTD indicators added into the HMIS/DHIS2
- Scorecard analysis at country level has supported the identification of reporting errors, bottlenecks and the design of country-led solutions.
- The inclusion of the NTD indicator in the continental ALMA scorecard for accountability and action has significantly increased the visibility of NTDs at country level.
- In countries, following up on the recommended actions arising from scorecard analysis has helped countries by increasing the attention of senior leadership to NTDs.
- Collaboration with partners at country, continental and global levels is key for success of the grant implementation.

Thank you

ACT TO END NEGLECTED TROPICAL DISEASES | EAST

Presented by Dr. Wangeci Thuo

Annual Meeting of National NTD Program Managers in the WHO AFRO Region

November 30, 2023

USAID FROM THE AMERICAN PEOPLE

Act to End NTDs EAST

RTI INTERNATIONAL

Act | East
Program Goal

Support countries to control and eliminate NTDs with proven, cost-effective public health interventions

Photo Credit: RTI International/Roshni Lodhia

Act to End NTDs | East Program Overview

- Period of Performance: September 17, 2018 – September 16, 2026
- One year overlap with ENVISION in FY19
- Total estimated ceiling: ~$420 million, with additional 10% cost share
- Centrally funded and managed by USAID Washington DC
- 13 countries globally:
  - **Africa:** Ethiopia, Mozambique, Nigeria, Tanzania, Uganda, (DRC)
  - **Asia:** Bangladesh, Indonesia, Laos PDR, Nepal, Philippines, Viet Nam
  - **Americas:** Haiti

Act to End NTDs | East Program Principles

- **Support host country governments**
  - NTD programs, ministries of health and other relevant ministries
  - Fixed Amount Awards strengthening health systems
- **Leverage strong partnerships**
  - MOH, WHO, pharma, etc.
- **Build on established successes**
  - Elimination achievements

Act | East BY THE NUMBERS

Supporting countries in the sustainable control and elimination of neglected tropical diseases

HELPING COMMUNITIES THRIVE

186 Million
treatments delivered

252 Million
people no longer at risk for lymphatic filariasis

14 Million
people no longer at risk for onchocerciasis

64 Million
persons treated

117 Million
people no longer at risk for trachoma

18 Million
children reached with deworming treatments

Represents data from FY19-FY22.

Act | East BY THE NUMBERS

Supporting countries in the sustainable control and elimination of neglected tropical diseases

BUILDING CAPACITY FOR PROGRESS THAT LASTS

3
countries launched comprehensive sustainability plans

475+
awards to local governments and institutions

538,000+
persons trained to effectively carry out NTD programs

651
surveys to measure impact toward NTD elimination

Represents data from FY19-FY22.

Country ownership in Action

Nigeria

DSA Failure Investigation in Cross River State

Map of Yala LGA

- Yala remains the only LGA in Cross River state (from 10 endemic LGAs) yet to pass the pre-TA
- Yala had under-gone pre-TAS twice, first in 2018 and 2021 and has failed in both occasions.
- Yala conducted Qualitative and Quantitative DSA Failure investigation complete with KII and FG
- Re-re-MDA done in partnership with primary health care development agency
- 2023 Passed pre-TAS and TAS 1

IMPACT IN NIGERIA

116.3 MILLION
treatments delivered for at least one NTD with Act | East support

9.6 MILLION
persons no longer at risk for LF

17 MILLION
persons no longer at risk for trachoma

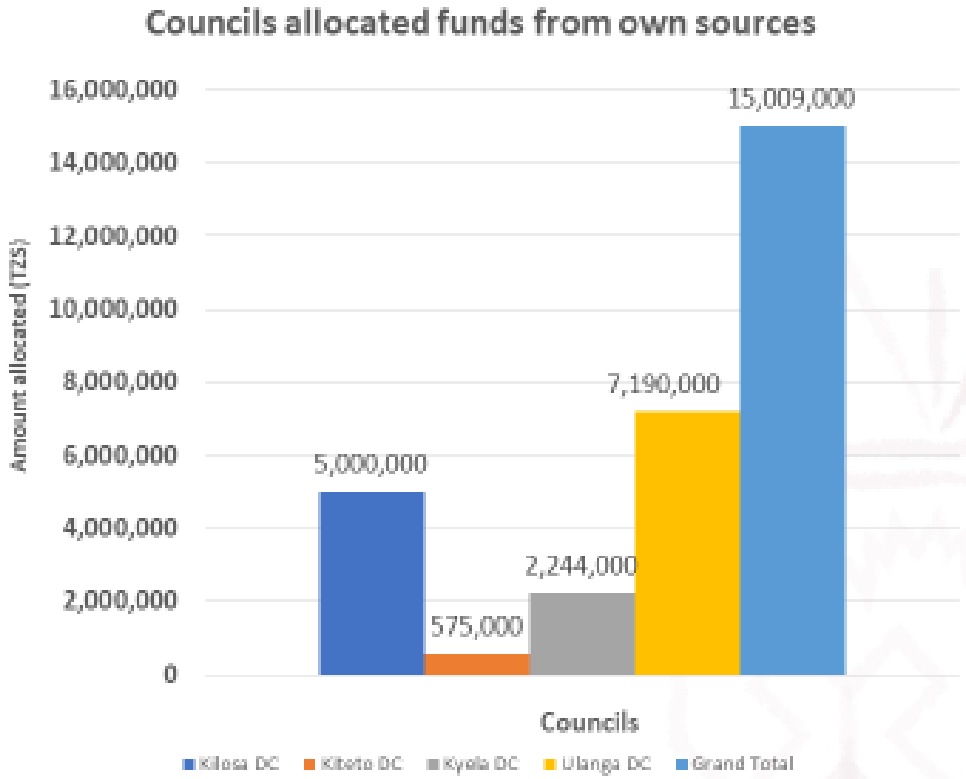
11.3 MILLION
persons no longer at risk for onchocerciasis

316,801
persons trained with Act | East support

Data as of May 2023

Tanzania

Four Councils Allocated NTD Funds from "Own Sources" in FY 2022/2023



Council revenue included

- Taxes
- Rentals
- Businesses licenses
- Service levy
- Market fees
- Corporate responsibility funds from organizations working in the council

Range: $959–$3072 (1USD = 2340.74 TZS)

IMPACT IN TANZANIA

50 MILLION
treatments delivered for at least one NTD with Act | East support

28.9 MILLION
persons no longer at risk for LF

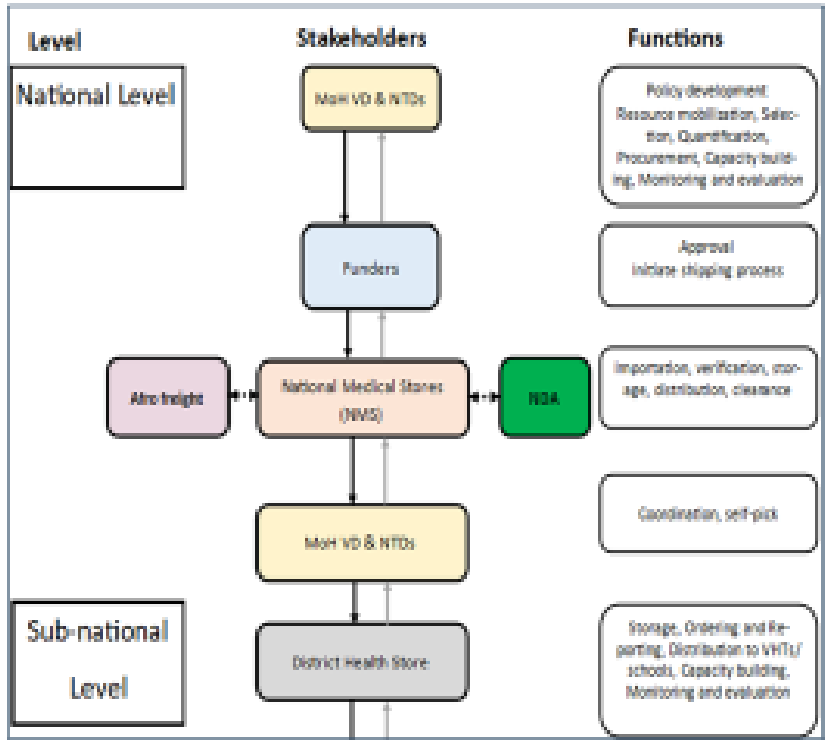
17 MILLION
persons no longer at risk for trachoma

218,686
persons trained with Act | East support

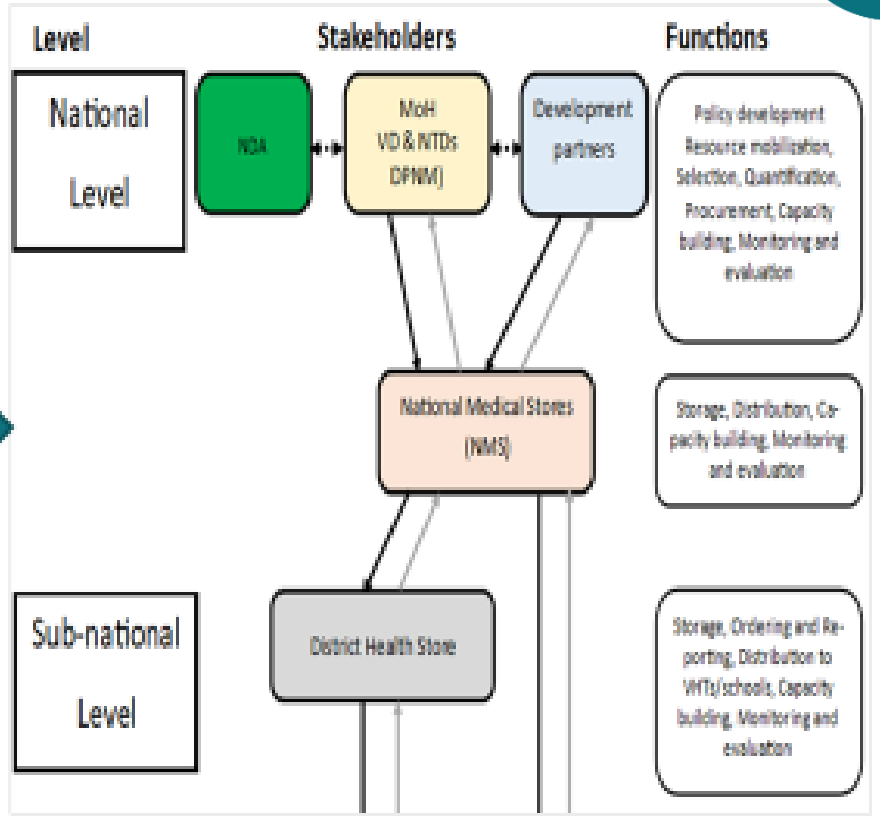
Data as of May 2023

Uganda

Existing Supply chain structure



Proposed Supply chain structure



IMPACT IN UGANDA

15.1 MILLION
treatments delivered for at least one NTD with Act | East support

17.9 MILLION
persons no longer at risk for LF

11 MILLION
persons no longer at risk for trachoma

3.3 MILLION
persons no longer at risk for onchocerciasis

125,737
persons trained with Act | East support

Data as of May 2023

Act | East Consortium Partners

USAID FROM THE AMERICAN PEOPLE

Act to End NTDs EAST

RTI INTERNATIONAL

THE CARTER CENTER

The Fred Hollows Foundation

LIGHT FOR THE WORLD

Sightsavers

Save the Children

RESULTS FOR DEVELOPMENT

WI-HER

ACKNOWLEDGMENTS

THANK YOU

This presentation is made possible by the generous support of the American People through the United States Agency for International Development (USAID). The contents are the responsibility of Act to End NTDs | East, led by RTI International in partnership with The Carter Center, Fred Hollows Foundation, Light for the World, Sightsavers, Results for Development, Save the Children, and WI-HER under cooperative agreement No. 7200AA18CA00040 and do not necessarily reflect the views of USAID or the United States Government.

USAID
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Act to End NTDs EAST

RTI INTERNATIONAL

De L'engagement Aux Résultats : Renforcer Les Initiatives Nationales De Lutte Contre Les MTN

Mise à jour des partenaires de CHAI lors de la réunion des gestionnaires de programmes des MTN

Novembre 2023

CLINTON HEALTH ACCESS INITIATIVE

A propos de nous

Clinton Health Access Initiative, Inc. (CHAI) s'est engagée à sauver des vies et à réduire la charge de morbidité dans les pays à revenu faible et intermédiaire. Nous travaillons avec nos partenaires pour renforcer les gouvernements et le secteur privé afin de créer et de maintenir des systèmes de santé de haute qualité qui peuvent réussir sans notre aide.

Nous opérons au CARREFOUR des entreprises, des gouvernements et de la santé pour sauver des vies et réduire les maladies.

- 20 ans d'expérience **Fondée en 2002 pour lutter contre le VIH/sida, notre champ d'action s'est élargi, mais notre objectif reste de sauver des millions de vies.**
- Plus de 35 pays dans le **monde dans lesquels CHAI opère**
- Nous nous efforçons d'**améliorer les systèmes de santé afin de pouvoir nous retirer tout** en apportant des améliorations durables en matière de santé.
- Plus de 125 pays **ont accès aux réductions de prix négociées par CHAI pour des médicaments, des diagnostics, des vaccins et des dispositifs de haute qualité.**
- Une approche unique des **objectifs ambitieux axés sur le changement transformationnel dans le domaine de la santé mondiale**

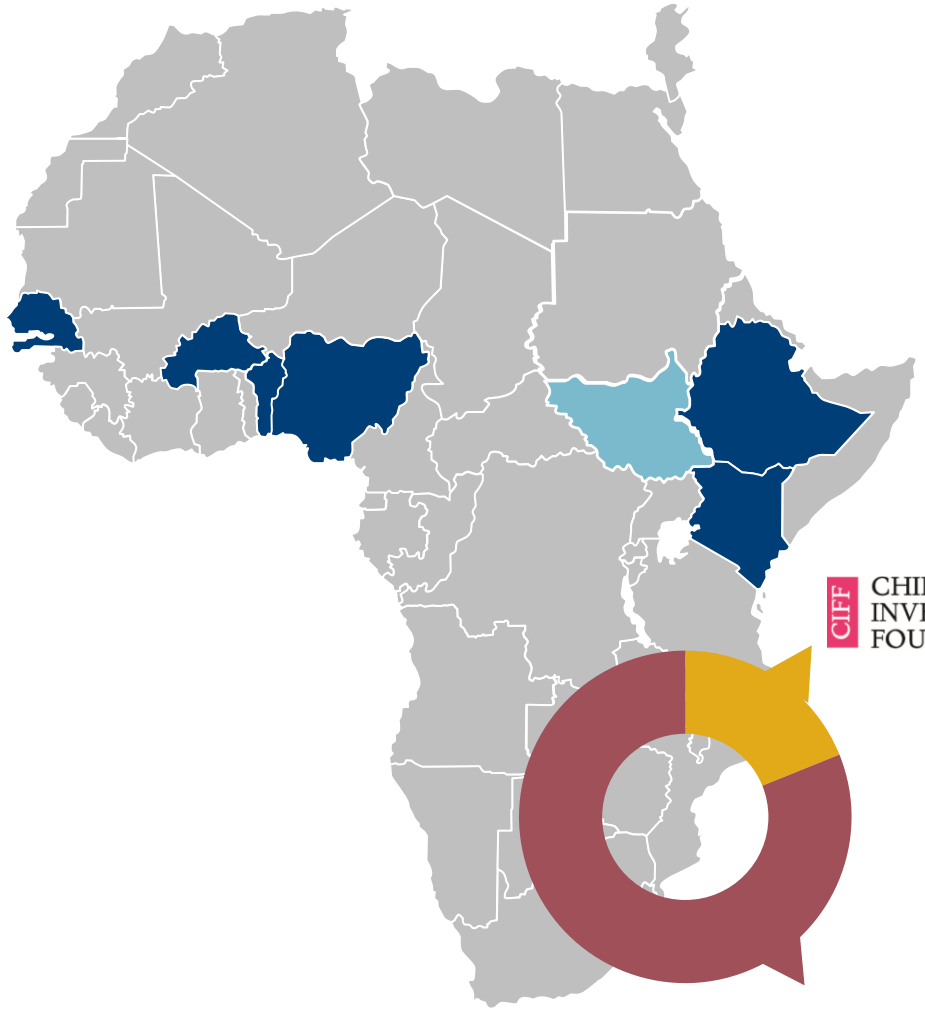
CHAI soutient les programmes gouvernementaux de lutte contre les MTN dans 7 pays pour améliorer la qualité, l'accès et l'utilisation des données afin d'accélérer l'élimination des MTN-PC (2021-2025).

Degré d'impact : Élimination de maladies débilitantes dans des pays et régions entiers, touchant plus de 270 millions de personnes.

Ampleur de l'impact : Collaboration avec les partenaires de mise en œuvre, les donateurs, les institutions universitaires et les organismes normatifs (OMS ESPEN) pour influencer les fonds des donateurs d'un montant supérieur à 100 millions de dollars américains et remettre en question les idées reçues sur les stratégies de lutte contre la mortalité infantile et post-infantile.

Échelle de l'impact : Soutien direct à 7 programmes nationaux de lutte contre les MTN et influence mondiale

Durabilité de l'impact : L'accent est mis sur le leadership gouvernemental, les systèmes de données intégrés et les partenariats avec les institutions académiques locales.



CIFF CHILDREN'S INVESTMENT FUND FOUNDATION

*Basé sur les estimations de l'ESPEN 2021 pour les personnes ayant besoin de soins palliatifs pour au moins une MTN dans chaque pays.

BILL & MELINDA GATES foundation

L'approche technique de CHAI pour renforcer les systèmes d'information sur les MTN et l'utilisation des données

SPÉCIFIQUE À UN PAYS personnel intégré dans les programmes de lutte contre les MTN

1.5 DURABILITÉ ET RENFORCEMENT DES CAPACITÉS LOCALES
Renforcer la gouvernance et le leadership du programme ; promouvoir le partenariat avec les universitaires locaux, les groupes technologiques, les exécutants ; renforcer les capacités du personnel et des institutions.

1.1. LE SOL

Engagement

Cadrage et planification

Essai de mise en œuvre

1.2 QUALITÉ DES DONNÉES

Audit de la qualité des données

Amélioration de la qualité

1.3 ACCÈS AUX DONNÉES

Intégration des systèmes de données

Tableaux de bord

Bulletins

1.4 UTILISATION DES DONNÉES

Examen des données et réponse de routine

Plans et opérations fondés sur des données probantes

CROSS-COUNTRY

2.1 LE CADRE DE BASE

Engagement

Analyse du champ d'application

2.2. TRADUCTION

Partager les besoins des programmes

Partager les analyses disponibles

2.3. DIFFUSION

Partager les enseignements tirés

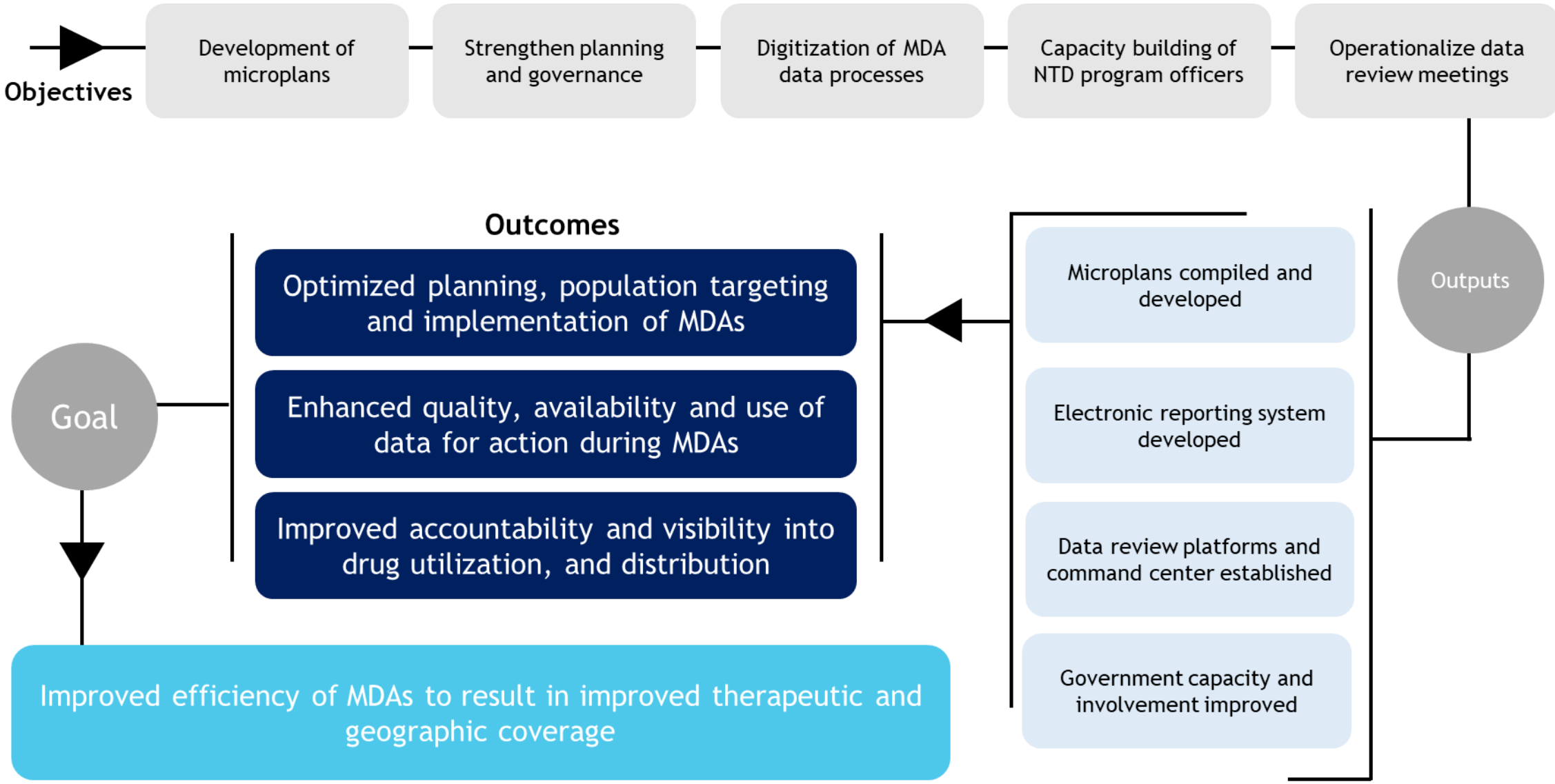
Tirer les leçons d'autres initiatives

2.4. PROJET ARISE M&E

Effectuer le suivi et l'évaluation de routine des projets

Documenter les meilleures pratiques

À Kano, au Nigeria, la CHAI a réorganisé la planification, la mise en œuvre et le suivi et l'évaluation des ministères de la santé afin de relever les principaux défis et d'améliorer l'efficacité et la couverture de la campagne en vue de l'élimination de la maladie



Au Kenya, la DVBNTD travaille avec le CEMA, CHAI et End Fund pour utiliser la modélisation afin d'estimer les stratégies minimales requises en matière d'AMD au niveau des comtés pour atteindre les objectifs d'élimination des PPB.

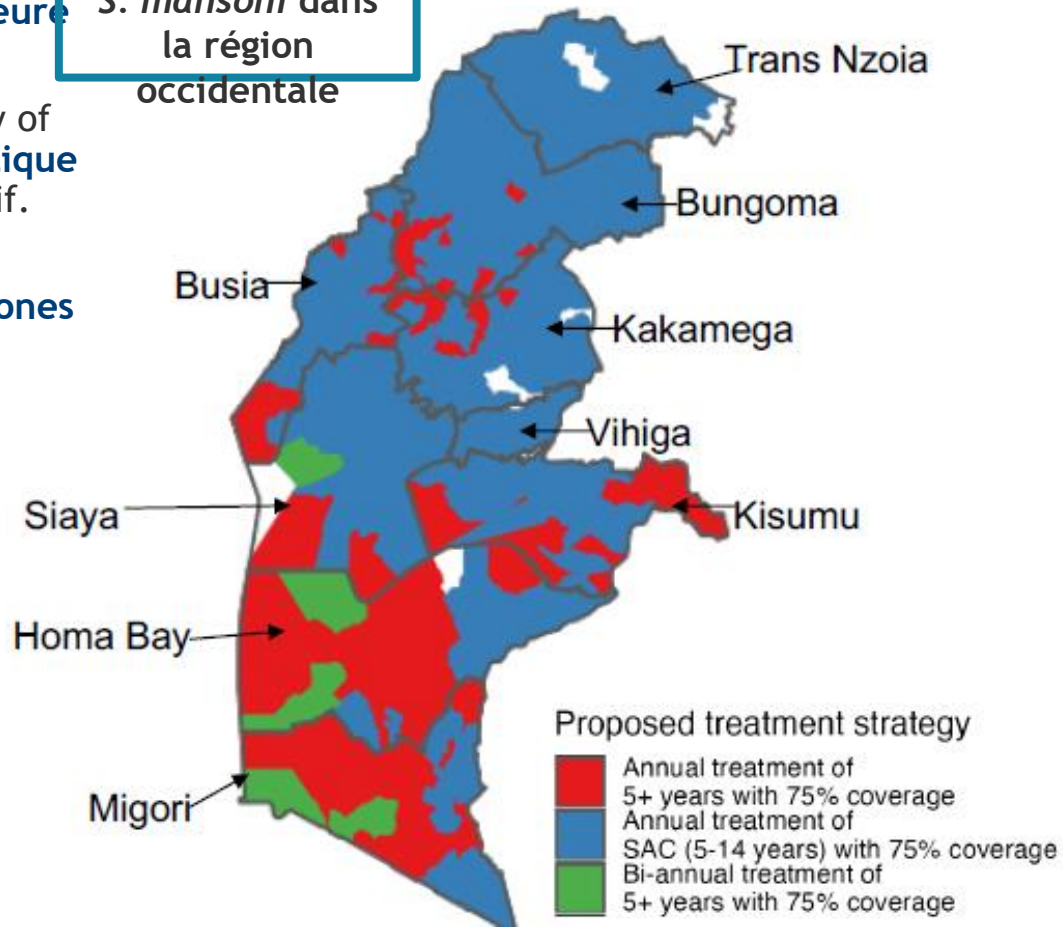
Le Kenya a pour objectif de parvenir à une **prévalence des PPB dans les SAC inférieure à 2 %** (Kenya Breaking Transmission Strategy) d'ici à 2030.

Le DVBNTD et le CEMA (Center for Epidemiological Modelling and Analysis, University of Nairobi), en partenariat avec CHAI et End Fund, utilisent la **modélisation mathématique pour déterminer la stratégie minimale d'AMD** nécessaire pour atteindre cet objectif.

Le Kenya est actuellement confronté à une pénurie de PZQ et utilise les données de couverture du MDA et les résultats de la modélisation pour **donner la priorité aux zones qui ont le plus besoin de PZQ afin de** maintenir le BTS sur la bonne voie.

Prev.	Treatment	Elimination strategy	Years taken to achieve the elimination target while treating community 5+ years with the treatment coverage				Years taken to achieve the elimination target while treating SAC (5-14) years with the treatment coverage			
		Elimination strategy	75%	80%	85%	90%	75%	80%	85%	90%
Low (<10%)	Annual	BTS	5	4	4	4	5	5	4	4
		EPHP	3	2	2	2	3	2	2	2
Moderate (10-50%)	Annual	BTS	6-7	5-6	4-6	4-5	6-9	5-7	5-6	4-6
		EPHP	3-4	3-4	2-4	2-3	4-5	4	3	3
High (>50%)	Annual	BTS	8-19	7-16	6-13	5-11	16 - >20	15 - >20	14 - >20	13 - >20
		EPHP	5-13	4-10	4-8	3-7	14 - >20	13-19	13-18	13-18
High (>50%)	Biannual	BTS	4-6	4-6	4-5	3-5	13-16	12-15	12-14	11-14
		EPHP	3-5	3-5	3-4	3	9-12	9-11	8-10	8-10

S. mansoni dans la région occidentale



BTS = Kenya Breaking Transmission Strategy (<2% de prévalence dans le SAC). EPHP = Elimination en tant que problème de santé publique (<1% d'intensité élevée dans le SAC). Vert = atteindre l'objectif d'ici 2030. Orange = n'atteindra pas l'objectif d'ici 2030.

Les partenariats multiples sont essentiels pour renforcer et pérenniser les systèmes de données sur les MTN et l'utilisation des données dans les pays.

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Merci de votre attention !