

Welcome to the Annual NTD National Programme Managers Meeting

**“Innovating for acceleration: Pathway to NTD
Elimination”**

Santa-Mika Ndayiziga



Opening Plenary Session



Dr Koffi Vovolite Agbetiafa, Chef Traditionnel Togo

Dr Balla Jatta, MoH The Gambia

Dr Amadou Bailo DIALLO, WR ai Togo

Prof Tchoum DARRE, Ministère de la Santé et de l'Hygiène Publique

Housekeeping & Admin Session

WCO Togo



Soyez les bienvenus à l'Hôtel Sarakawa de Lomé au Togo pour cette réunion annuelle des responsables des Programmes Nationaux de lutte contre les MTN du 15 au 17 Avril 2025

1. Agenda de l'atelier

- L'agenda détaillé de l'atelier figure dans le package que vous recevrez. Une copie électronique est disponible sur le site web du portal ESPEN. L'agenda est également disponible sur le code QR que vous retrouverez sur votre badge. Je voudrais vous inviter à s'y référer régulièrement afin de suivre les différentes sessions, horaires et intervenants.

2. Horaires et ponctualité

- Les travaux débuteront chaque jour à **08h30 précises**. Nous vous encourageons vivement à respecter les horaires afin de ne pas retarder les sessions.
- Les pause-café sont prévues à **10h30 et 15h30** dans le hall à côté de la salle, et les pause-déjeuner de **13h00 à 14h00**, au restaurant à côté de la piscine.
- Les horaires pourraient légèrement varier selon l'avancement des travaux. Toute modification vous sera communiquée à l'avance.

3. Traduction et matériel technique

- Un service d'interprétation simultanée est disponible. Le matériel d'interprétation est disponible sur toutes les tables
- Du matériel de prise de notes (blocs-notes, stylos, etc.) est mis à disposition.
- Les documents de travail de la réunion sont accessibles en ligne en scannant le CODE QR qui est au niveau de votre badge.

4. Liste de présence

- Un code QR à scanner pour valider votre présence dans les sessions journalières vous sera partagé en début de chaque journée. Cela est essentiel pour la gestion administrative et logistique de l'atelier.

4. Dispositions logistiques

- Les lieux d'aisance se trouvent à votre droite en sortant de la salle . Un hôte ou une hôtesse est disponible pour vous préciser le chemin.
- Le restaurant/la salle de déjeuner est situé(e) au restaurant à côté de la piscine.
- Des bouteilles d'eau sont mises à disposition.

5. Prise en charge financière

- A noter qu'Aucun perdiem ne sera payé à Lomé
- 10% du Per diem a été déduit des TR à la base pour le déjeuner pour les participants qui sont pris en charge par l'OMS
- Le coût de l'hébergement a été négocié pour les participants qui logent à l'hôtel Sarakawa

6. Conduite durant l'atelier

- Merci de mettre vos téléphones portables en mode silencieux pendant les sessions. Merci également de couper le son de vos ordinateurs.
- Nous avons partagé le lien pour la session virtuelle. Nous vous prions de ne pas vous connecter pour éviter toute interférence dans la salle.
- La participation active est vivement encouragée. N'hésitez pas à intervenir, poser des questions ou partager vos expériences, tout en respectant le temps de parole de chacun. N'oubliez pas d'éteindre vos micros juste après avoir pris la parole.

7. Communication et assistance

- Les numéros utiles ont été partagés sur la note d'information que chaque participant a sûrement reçue, mais nous restons disponibles pour tout complément d'information

8. Autres informations

- En cas de problème de santé, veuillez contacter immédiatement Dr Alassani isifou numéro +228 91865527 / 96800120, email : alassanii@who.int ou vous adresser à un membre de l'équipe organisatrice ainsi que les hôtes et hôtesse.
- Un formulaire d'évaluation vous sera distribué à la fin de l'atelier afin de recueillir vos impressions et suggestions
- Veuillez bien vouloir noter qu'il y a des hôtesse d'accueil pour vous appuyer toute question y relative

N.B: Le port du badge est OBLIGATOIRE pendant toute la durée de la réunion afin d'accéder aux salles de sessions, ainsi qu'aux pause café et déjeuner.

- Une fois encore je joins ma voix à celles des plus autorisées pour souhaiter pleins succès à cette rencontre, merci à tous.

THANK YOU



Security Briefing

WCO Togo



Briefing sur la Prévention et réponse à l'exploitation, aux abus et au harcèlement sexuels **PRSEAH** **OMS**



RAPPELLEZ-VOUS

L'OMS applique une tolérance zéro pour l'exploitation sexuelle, les abus sexuels et le harcèlement sexuel (SEAH), et pour l'inaction à leur rencontre

Contexte

- Atelier : cohabitation de personnes d'horizons et de cultures différents : nécessité de respect mutuel entre collègues
- Loi nationale : interdiction de toute forme d'abus et d'exploitations (sanctions pénales)
- Contexte social : vulnérabilité de certaines couches sociales (prostitution, jeunes filles parfois des ado < 18ans)
- Obligation de protéger les bénéficiaires de nos interventions contre toute forme d'abus et exploitation
- Politique de tolérance « zéro »

Objectif

- Faire un rappel sur le code de conduite de l'OMS pour la prévention des abus, exploitations et harcèlements sexuels
- Garantir l'organisation d'évènements OMS dans un environnement sûr et respectueux, dépourvu de tout harcèlement

DEFINITIONS

- **Le consentement éclairé signifie qu'une personne comprend pleinement et accepte de son plein gré de participer à une activité :** disponibilité de toutes les informations, >18 ans, sain d'esprit pour comprendre l'accord et ses conséquences, pouvoir égal dans la relation
- **Exploitation sexuelle =** utiliser une situation de vulnérabilité, de pouvoir différentiel ou de confiance à des fins sexuelles : payer pour du sexe ; s'engager dans une relation sexuelle en échange d'un emploi ou d'une quantité plus importante de médicaments, de rations, de biens ou d'abri
- **Abus sexuel =** intrusion physique réelle ou menace d'intrusion physique de nature sexuelle, que ce soit par la force ou dans des conditions inégales ou coercitives : *relations sexuelles avec un mineur (<18 ans), viol, attouchements inappropriés, etc.*
- **Harcèlement sexuel :** tout comportement à caractère sexuel qui peut être compris ou perçu comme une offense ou une humiliation à l'égard d'une autre personne



Organisation
mondiale de la Santé

CODE DE CONDUITE

visant à prévenir le harcèlement, y compris
le harcèlement sexuel, lors des manifestations de l'OMS

OBJECTIF

L'OMS a la volonté de permettre la tenue de manifestations auxquelles tout le monde peut participer dans un environnement sûr, respectueux et inclusif. Les manifestations de l'OMS sont soumises aux normes éthiques et professionnelles les plus strictes, et toute personne qui assiste ou prend part à une manifestation de l'OMS doit se comporter avec intégrité et respect envers tout autre participant.

APPLICABILITÉ

Le Code de conduite s'applique à toutes les manifestations de l'OMS, lesquelles englobent les réunions, les conférences et les colloques, les assemblées, les réceptions, les manifestations scientifiques et techniques, les réunions d'experts, les ateliers, les expositions, les manifestations parallèles et tout autre forum organisé, accueilli ou financé entièrement ou en partie par l'OMS où qu'il se déroule, et à l'ensemble des manifestations et des rassemblements qui ont lieu dans les locaux de l'OMS qu'ils soient ou non organisés, accueillis ou financés par l'OMS.

Le Code de conduite s'applique à tous les participants aux manifestations de l'OMS, qu'ils assistent ou prennent part à celles-ci en quelque qualité que ce soit.

Toute autre entité responsable d'une manifestation de l'OMS s'engage à appliquer le Code de conduite.

Le Code de conduite n'est pas de nature juridique ou normative. Il complète mais ne modifie en rien les autres politiques, dispositions, règles et lois applicables, y compris les lois régissant les locaux dans lesquels la manifestation de l'OMS a lieu et tout accord applicable avec le pays hôte.

COMPORTEMENTS PROHIBÉS

Le harcèlement désigne tout comportement envers une autre personne qui a pour effet de l'offenser, de l'humilier ou de l'intimider ; et dont l'individu qui se livre à ce comportement sait ou devrait raisonnablement savoir qu'il peut offenser, humilier ou intimider la personne visée. Le harcèlement, sous quelque forme que ce soit, ayant pour fondement le genre, l'expression du genre, l'identité de genre, la race, la religion ou les croyances, la nationalité, l'appartenance ethnique ou l'origine sociale, l'âge, l'orientation sexuelle, la situation matrimoniale, le handicap, la langue ou toute autre raison est interdit lors des manifestations de l'OMS.

Le harcèlement sexuel est un type particulier de comportement prohibé. On entend par harcèlement sexuel tout comportement intempestif à caractère sexuel que l'on peut raisonnablement considérer comme propre à offenser ou humilier. Le harcèlement sexuel peut prendre la forme de toutes sortes de comportements, de nature verbale, non verbale ou physique, y compris les communications écrites et électroniques, et peut intervenir entre personnes de genres différents ou de même genre.

Exemples de harcèlement sexuel (liste non exhaustive) :

Faire des remarques dévalorisantes ou désobligeantes sur l'orientation sexuelle ou l'identité de genre d'une personne

Proférer des injures ou des insultes à connotation sexuelle/ de genre

Formuler des observations d'ordre sexuel sur l'apparence, les vêtements ou les parties du corps

Évaluer la beauté d'une personne ou faire des commentaires à ce sujet

Demander des faveurs sexuelles ou insister auprès d'une personne pour obtenir des rendez-vous avec elle

Regarder fixement de manière sexuellement suggestive

Toucher de façon intempestive, y compris pincer, tapoter, froter, ou se frotter exprès contre une autre personne

Faire des gestes sexuels inappropriés, comme des poussées pelviennes

Partager des plaisanteries ou des anecdotes lubriques ou sexuelles

Envoyer des communications suggestives à caractère sexuel, quel qu'en soit le format

Partager ou présenter des images ou des vidéos inappropriées à caractère sexuel, quel qu'en soit le format

Commencer une tentative d'agression sexuelle ou une agression sexuelle effective, y compris un viol

PROCÉDURE DE PLAINTE

Toute personne qui estime avoir été victime de harcèlement lors d'une manifestation de l'OMS peut le signaler aux organisateurs de la manifestation ou aux responsables de la sécurité concernés, et tout témoin de harcèlement doit en faire le signalement. La personne responsable de l'organisation de la manifestation de l'OMS est tenue de prendre les mesures appropriées conformément aux politiques, dispositions et règles applicables à la manifestation.

Exemples de mesures appropriées (liste non exhaustive) :

Demander à l'auteur des faits de cesser immédiatement le comportement incriminé



Suspendre ou interdire l'accès de l'auteur des faits à la manifestation de l'OMS ou lui refuser l'inscription à de futures manifestations de l'OMS, ou les deux



Transmettre la plainte à toute autorité habilitée à prendre des mesures disciplinaires ou à mener une enquête et ayant compétence sur la personne accusée de harcèlement



Transmettre à l'employeur ou à l'entité ayant compétence sur la personne accusée de harcèlement un signalement leur permettant de prendre les mesures de suivi appropriées



La personne qui s'estime victime de harcèlement peut également solliciter l'aide d'autres autorités compétentes, telle que la police, en gardant à l'esprit le cadre juridique applicable. En aucun cas les participants ne devraient faire sciemment des allégations fausses ou trompeuses au sujet d'un comportement prohibé.

INTERDICTION DES REPRÉSAILLES

Les menaces, l'intimidation ou toute autre forme de représailles visant une personne qui a déposé une plainte ou fourni des renseignements à l'appui d'une plainte sont interdites. L'OMS ou l'entité responsable d'une manifestation de l'OMS prendront toutes les mesures appropriées et raisonnables pour prévenir les représailles et y remédier, conformément à leurs politiques, dispositions et règles applicables.



Organisation
mondiale de la Santé

Code de conduite et obligations pour la Protection contre les EAS

- Traiter toutes les personnes avec équité, respect, courtoisie et dignité
- Eviter tout abus ou tentative d'abus ou de se livrer à toute autre forme de comportement humiliant
- Ne pas profiter d'une position de vulnérabilité, d'un différentiel de pouvoir, ou de confiance, à des fins sexuelles
- Ne jamais se livrer à tout type d'activités sexuelles avec des personnes mineures (< 18 ans)
- Ne pas demander de faveur sexuelle en échange d'une assistance fournie aux bénéficiaires
- Eviter d'échanger de l'argent, des emplois, des biens ou des services contre des actes sexuels avec des personnes
- Ne jamais commettre d'actes de harcèlement sexuel, contre toute personne
- Signaler immédiatement tout incident

CONSÉQUENCES POSSIBLES DES ABUS, EXPLOITATIONS ET HARCÈLEMENTS SEXUELS

- Pour les victimes :
 - Effets sanitaires et psychosociaux
 - Violation des droits humains
- Ressentiment de la communauté vis-à-vis de l'organisation
- Atteinte à l'image de l'Organisation
- Pour l'auteur :
 - Mesures disciplinaires pouvant aller jusqu'au licenciement
 - Possibilité de poursuites pénales par les États

Porter plainte ou faire part de préoccupations concernant l'OMS de façon anonyme

investigation@who.int



**Mettons fin à l'exploitation
et aux abus sexuels. Cela
commence par nous !**



Merci !!!

Health Break/ Poster Sessions



Annual Meeting of NTD National Programme Managers in the WHO African Region

“Innovating for acceleration: Pathway to NTD Elimination”

Attendance: 15 April 2025



15-17 April 2025 (hybrid meeting)
Hôtel Sarakawa, Lomé Togo





Remarks from WHO/HQ

Welcome to session 2

NTD Roadmap mid-term

Dr. Daniel A. DAGNE
Dr. Abate M. BESHAH
Dr. Didier K. BAKAJIKA



Detailed Agenda

Time (CAT)	Topic	Chair	Facilitator
11:00-11:05	Objectives and outcomes of the session	Dr D. Bakajika	Dr D. Bakajika
11:05-11:30	Global updates on progress NTD 2021-2030 roadmap		Dr D. Argaw Dagne
11:30- 12:00	Mid-term updates for CM-NTDs in the WHO African region		Dr Abate Beshah
12:00-12:30	Mid-term updates for PC-NTDs in the WHO African region		Dr D. Bakajika

Rapporteurs:

Drs Raphael Ndri Zeyede Zeleke

Goal and objectives

Goal: To provide mid-term disease specific updates

Specific objectives

- To provide updates on global progress on NTD 2021-2030 road map
- To provide mid-term updates towards achievements of targets and sub-targets of CM and PC-NTD endemic in the WHO African region.
- To highlight major challenges and way forward
- To highlight disease priority areas for coming years

Expected outcomes

- Updates on global progresses on NTD 2021-2030 roadmap targets shared
- Progress towards the attainment of targets and sub-targets of CM and PC NTDs in the AFR region n region shared.
- Major challenges presented and suggestions/recommendations on way forward formulated.
- Priority areas for coming years shared

Global updates

The NTD road map 2021-2030

Overarching global targets for 2030

90%

Reduction in people requiring interventions against NTDs

75%

Reduction in NTD-related disability-adjusted life years

100

Countries having eliminated at least one NTD

2

NTDs eradicated

Cross-cutting targets for 2030

Integrated approaches (3 indicators)
Universal health coverage (2 indicators)

Multisectoral coordination (3 indicators)

Country ownership (2 indicators)

Disease-specific targets for 2030 (with 2023 and 2025 milestones)
1-5 indicators per disease (55 in total)

Progress against the 3 road map pillars

Pillar 1: accelerating programmatic action

Pillar 2: intensifying cross-cutting approaches

Pillar 3: changing operating models and culture to facilitate country ownership

Qualitative monitoring

Progress: overarching target 1/SDG indicator

3.3.5:
Number of people requiring interventions
against neglected tropical diseases

Target:

-90%

between 2010 & 2030

Achieved:

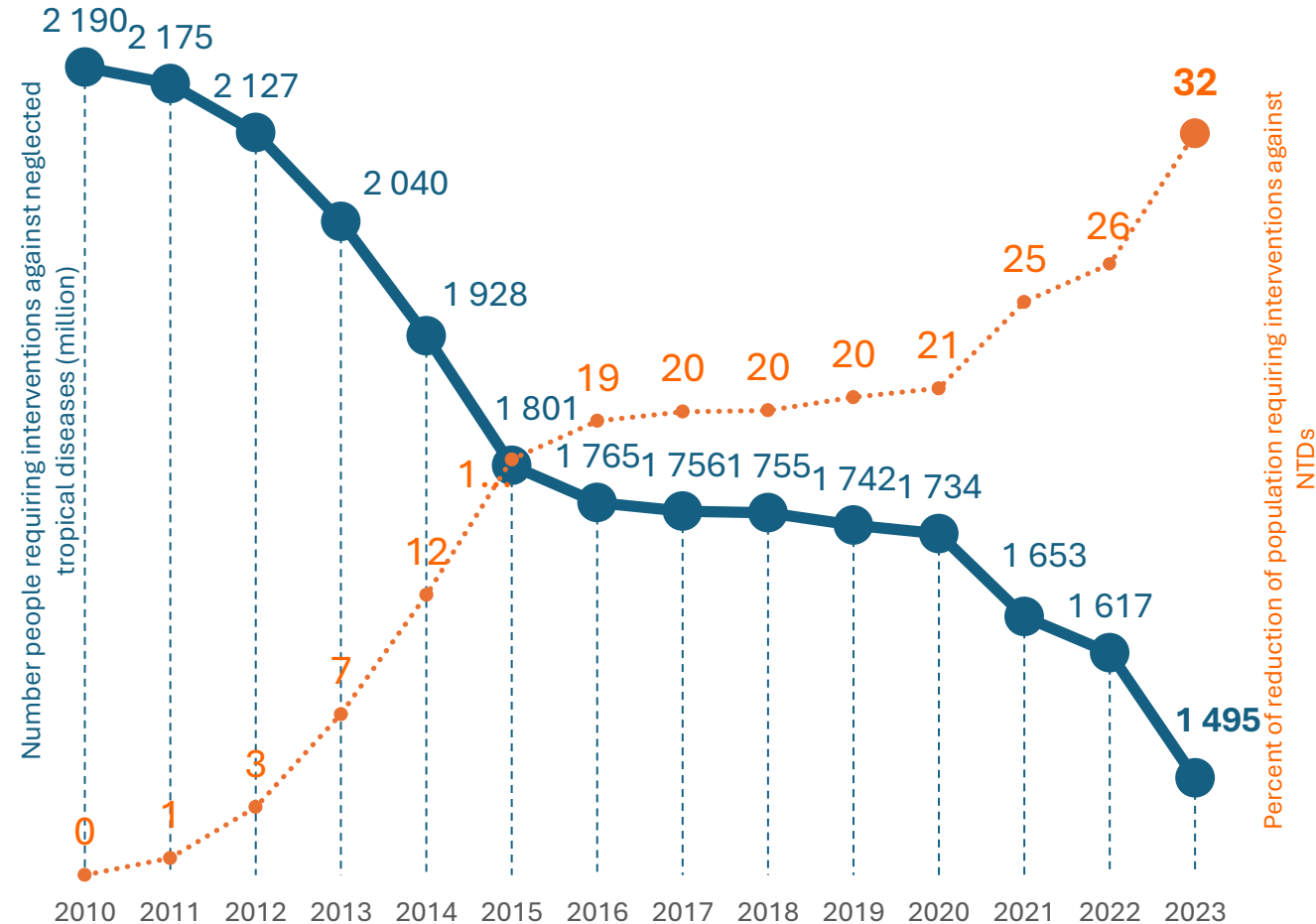
-32%

between 2010&2023

A decrease of some 695 million people has occurred since 2010, of which 239 million between 2020 and 2023, and 122 million between 2022 and 2023

Declining trend reflects programmes' maturity

Trend highly dependent on PC diseases 15 high-burden countries (80%)



Data as of March 2025

Progress: overarching target 3

Number of countries having eliminated at least one NTD

Target:

100

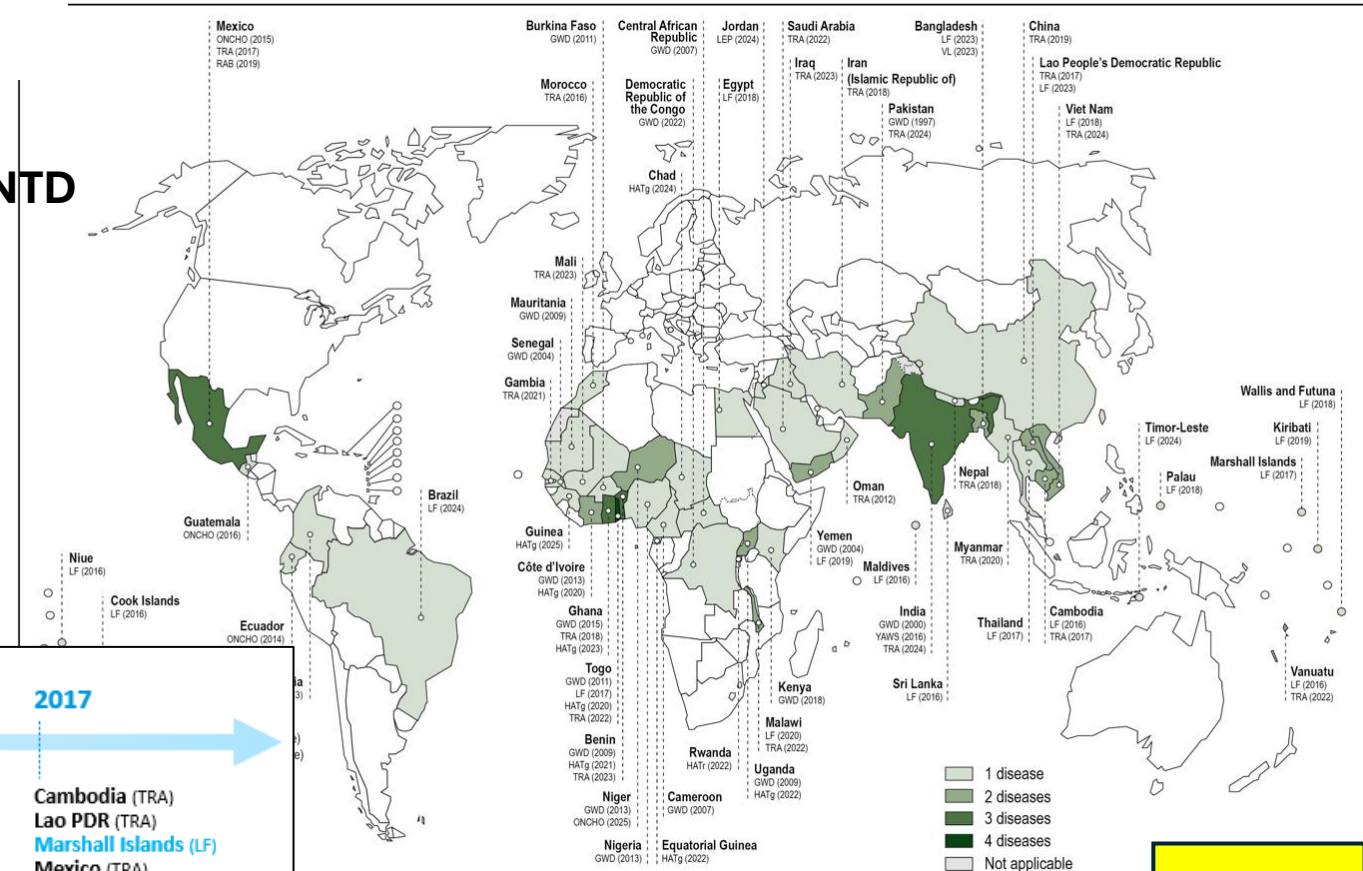
Countries by 2030

Achieved:

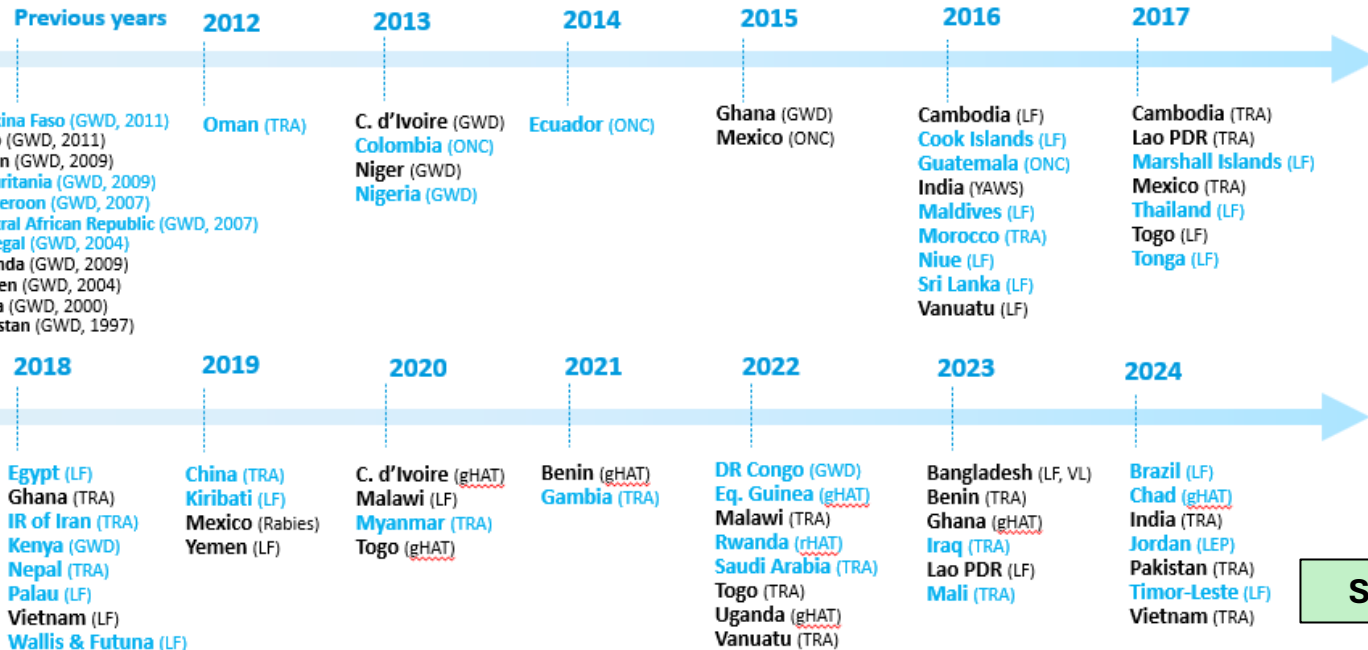
55

Countries as of 13 March 2025

Countries having eliminated at least one neglected tropical disease (n=55 as of February 2025)



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



2025

2 countries acknowledged so far in 2025:

- Guinea for gHAT (January)
- Niger for onchocerciasis (January)

Since 1997, 77 acknowledgment processes have been successfully completed

Progress: overarching target 4

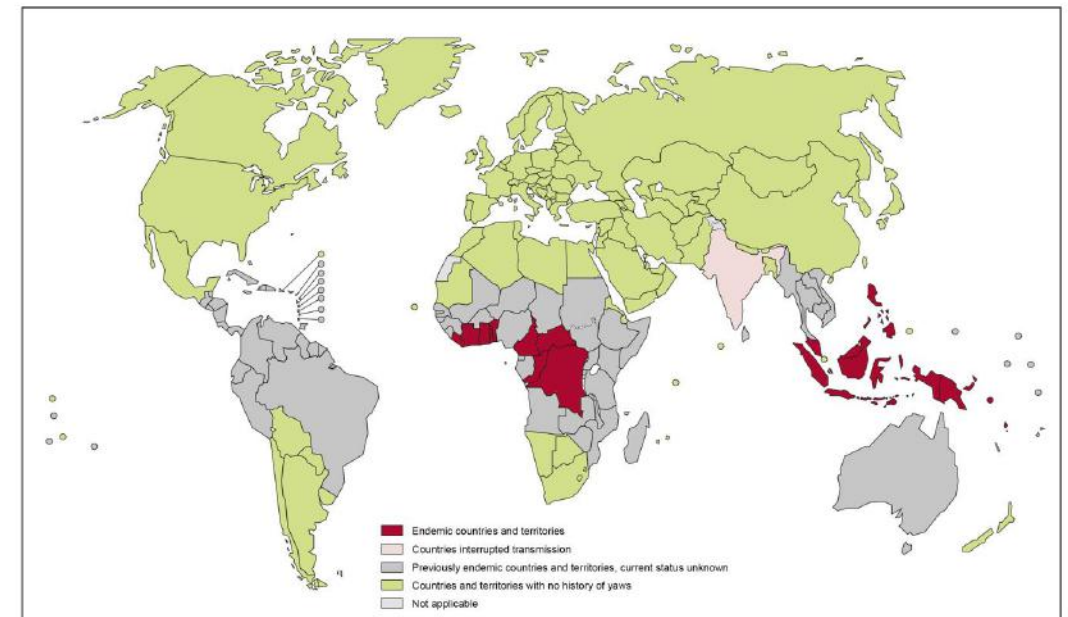
Eradication of **two** neglected tropical diseases by 2030



Yaws

- Intensified surveillance, capacity strengthening and in many countries in WHO's African, SEA and WP regions;
- Certification process for countries in B & C commenced;
- Medicine donation agreement extended until **2029** for **143 million** tablets.

Distribution of yaws, worldwide, 2023



Dracunculiasis

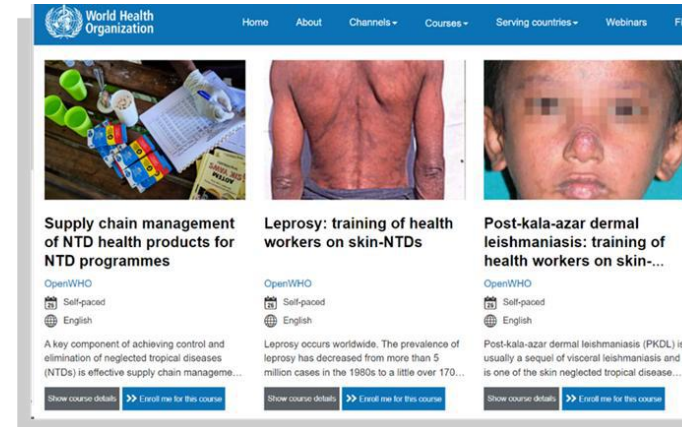
- Only 14 cases in 2024:
- 8 from Chad
- 6 from South Sudan
- No cases from Angola, Ethiopia, Mali

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 lines on maps represent approximate border lines for which there may not yet be full agreement. © WHO 2024. All rights reserved.

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

Pillar 1: Accelerating programmatic action (1)

- **Normative guidance & tools:** 94 Global WHO technical products in 2023/2024;
- **Medicine donation & supply management:** 1.8 billion tablets and vials delivered, 2024: Launched the Global Coordination and Stewardship Committee (GCSC):
- **Global Advocacy:** COP 28 Health Day (2023), high-level event on GWD eradication in Chad(2024): NTDs during WHS 2023&24-Berlin, WHA side events
- **Capacity Building:** Online NTD courses on OpenWHO (2021-2024), **migrated** (2025) to whoacademy.org 37 topics, 96 courses in total, 15 languages;
- **Political declarations/communiqués spotlighting NTDs:** UNGA/2023 (Pandemic Prevention Preparedness & Response, UHC); Apulia G7 Leaders' Communiqué (2024); G20 Rio de Janeiro Leaders' Declaration (2024)
- **R&D blueprint for NTDs:** under development in collaboration with WHO's Science division



Some key publications released in 2024

Strategic framework

for the elimination of visceral leishmaniasis as a public health problem in eastern Africa

2023–2030

WHO guideline on preventive chemotherapy for public health control of strongyloidiasis



Target product profiles for animal plasma-derived antivenoms

Antivenoms for treatment of snakebite envenoming in south Asia

Trichiasis surgery for trachoma

Third Edition



Regional Strategic Framework for sustaining, accelerating and innovating to end neglected tropical diseases in the South-East Asia Region 2024–2030



Operational guidelines for the elimination of human fascioliasis as a public health problem in the Americas

Onchocerciasis elimination mapping

A handbook for national elimination programmes



PAHO



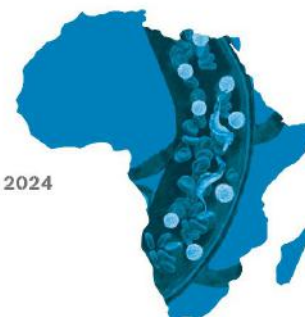
Assessing schistosomiasis and soil-transmitted helminthiasis control programmes

Monitoring and evaluation framework



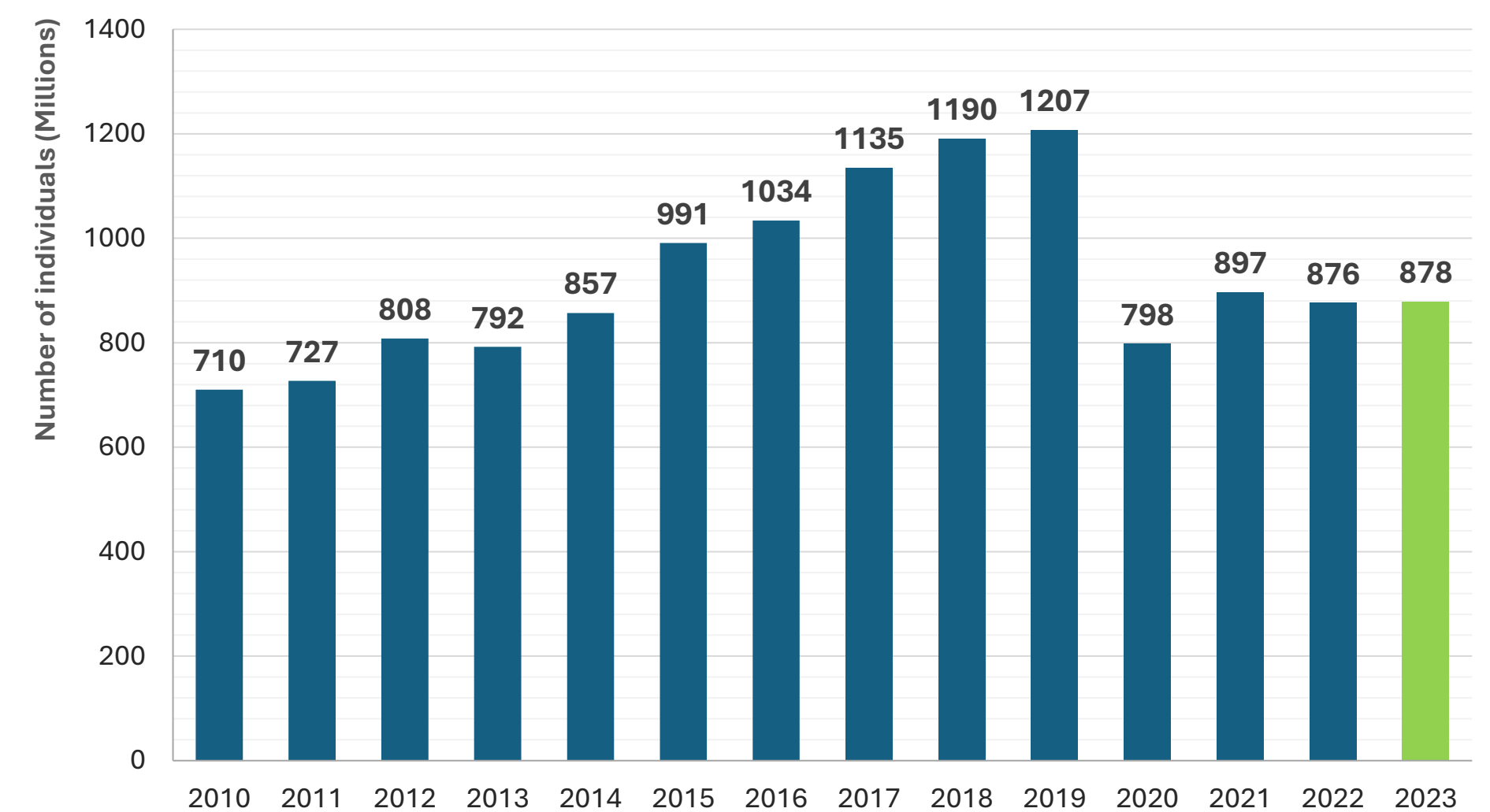
Guidelines for the treatment of human African trypanosomiasis

June 2024



Global strategic preparedness, readiness and response plan for dengue and other Aedes-borne arboviruses

Number of individuals received Preventive Chemotherapy (PC) interventions for at least one disease, 2010-2023 (as of 31 March 2025)



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

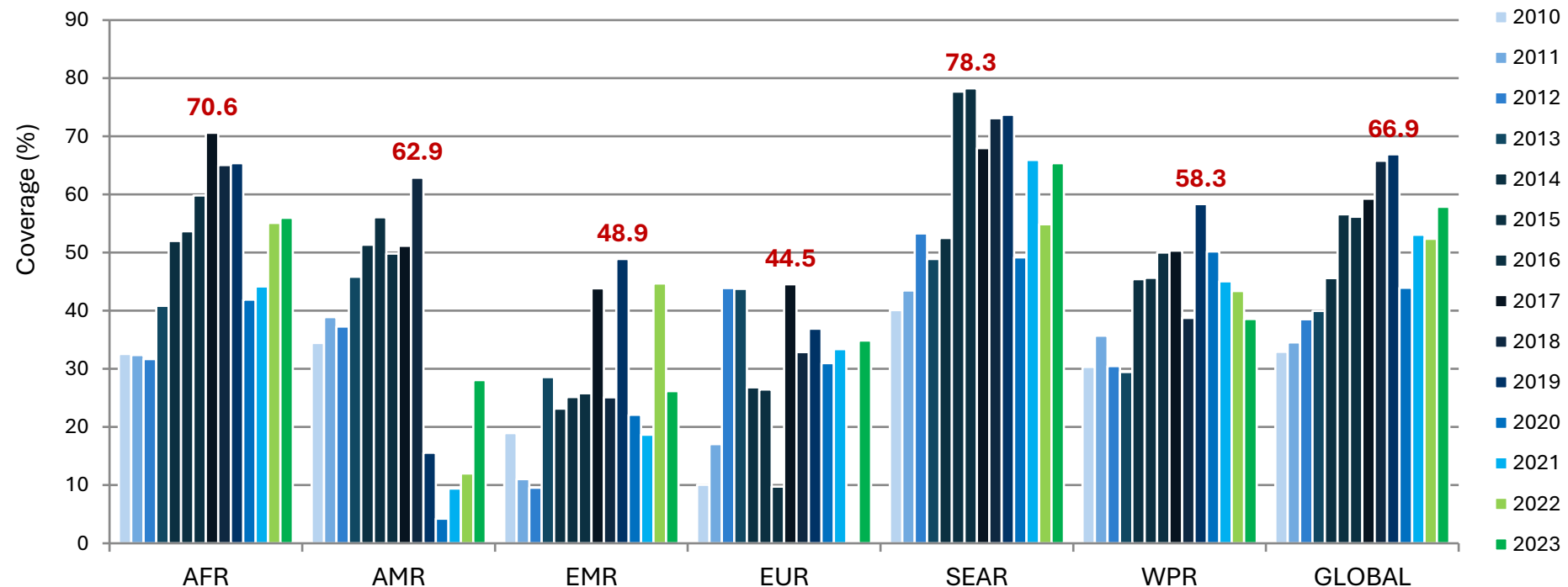
Global status of preventive chemotherapy in 2023 – interventions (as of 31 March 2025)

PC implementation	AFR	AMR	EMR	EUR	SEAR	WPR	GLOBAL
Number of countries requiring PC for at least 1 disease ¹	44	16	9	3	8	20	100
Number of people requiring PC for at least 1 disease	517.4M	29.8M	78.0M	5.9M	787.4M	74.0M	1493M
Number of countries implemented and reported ²	35	8	5	1	6	12	67
Number of people in need received PC for at least 1 disease	289.9M	8.4M	20.4M	2.1M	515.2M	28.6M	864.6M
Coverage (%)³	56.0	28.1	26.2	34.9	65.4	38.6	57.9

¹ Number of countries where PC is requiring for at least 1 of the 5 diseases: LF, ONCHO, STH, SCH and TRA.

² Number of countries reporting data on PC implementation. Countries submitting blank reports are not included in total.

³ Coverage is calculated as the number of people in need received PC for at least 1 disease out of total population requiring PC for at least 1 disease.



AFR – African Region; AMR – Region of the Americas; EMR – Eastern Mediterranean Region; EUR – European Region; SEAR – South-East Asia Region; WPR – Western Pacific Region



Source: WHO/NTD

Global status of preventive chemotherapy in 2023 (as of 31 March 2025)

PC implementation	LF	ONCH O	STH		SCH		TRA	PC ⁶
			PreSA C	SAC	SAC	Adults		
Number of countries requiring PC ¹	38	28	86		50		28	100
Number of people requiring PC	657M	249.5M	253.1M	623.0M	135.5M	117.8M	114.2M	1493M
Number of countries implemented and reported	30	23	32	53	34	20	22	67
Proportion (%) of districts implemented PC ²	72.9	81.6	29.9	61.3	40.5	13.5	30.1	ND
Proportion (%) of districts achieving effective coverage ³	84.8	91.9	58.4	69.1	62.5	35.1	81.1	ND
Number of people in need treated ⁴	412.4M	172.2M	98.0M	359.4M	76.6M	14.2M	32.9M	864.6M
Coverage (%) ⁵	62.8	69.0	38.7	57.7	56.5	12.0	28.8	57.9

¹ Number of endemic countries moved to post-treatment surveillance stage is not included in total.

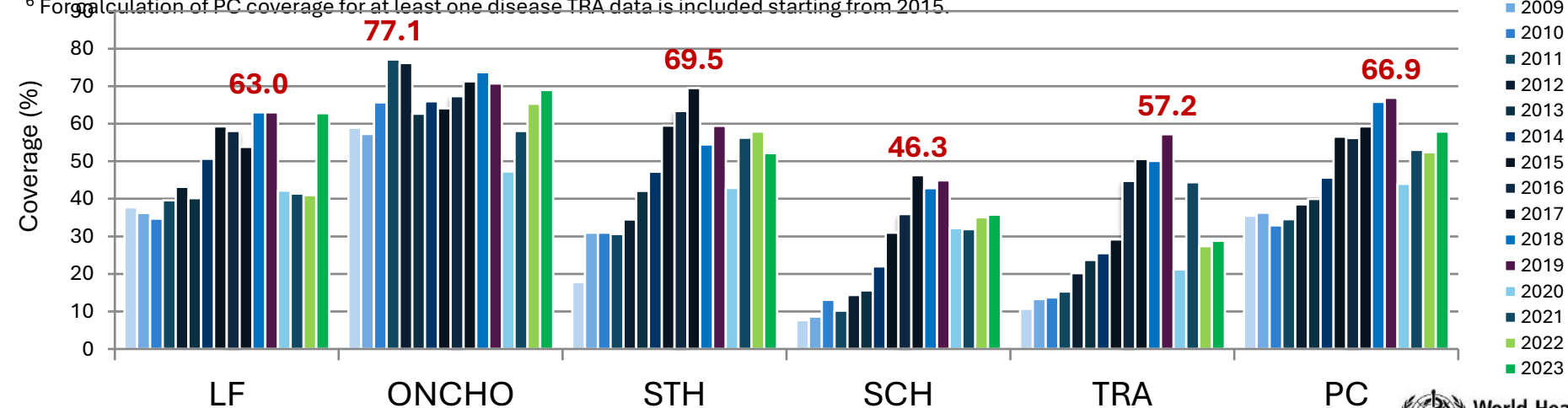
² Proportion of known endemic districts implementing PC in countries that reported on PC interventions.

³ Proportion of districts implementing PC achieving the defined effective coverage for the disease $\geq 65\%$ for LF and ONCHO, $\geq 75\%$ for STH and SCH, and $\geq 80\%$ 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



Source: WHO/NTD

Intensified disease or case management NTDs

- In 2020 & 2021, disruptions to implementation of active and passive case detection 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	Total
2019	2271	876	116	280 789	14 592	202 166	1120	98 162	5777	5 014 073	54	92 622	5,712,618
2020	1458	565	98	217 848	12 785	128 375	404	106 911	3589	2 733 216	27	42 045	3,247,321
2021	1661	747	55	221 790	11 767	140 546	66	123 866	2763	1 681 169	15	69 226	2,031,881
2022	2121	799	38	205 990	12 773	174 059	795	209 976	2819	4 517 120	13	129 224	5,213,973
2023	1952	675	24	272 169	11 954	182 815	545	222 652	941	6 715 841	14	130 746	7,540,328

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)

Pillar 2: Intensifying cross-cutting approaches

Promoting **MDE** approach & inclusion in UHC/PHC policy documents advancing comprehensive approaches and integrated service delivery

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

Intersectoral coordination is advancing **One Health** approach and Water, Sanitation, and Hygiene (**WASH**) and link with health emergencies

Coordination on **vector control** has been strengthened with the launch of the Global Vector Control Response, 2017-2030 **Global Arbovirus Initiative**

Align MDE & **NTD M&E** framework and integrated surveillance:

- Gap Assessment Tool completed and “heatmap” updated for 4 dimensions (diagnostics, M&E, access & logistics, advocacy & funding)
- Reporting improved on most of road map indicators for majority of NTDs
- improving data visualization and accessibility through interactive dashboards
- facilitating integration and mainstreaming of NTD data into national HISs, e.g., GNARF & rHIS tool kit

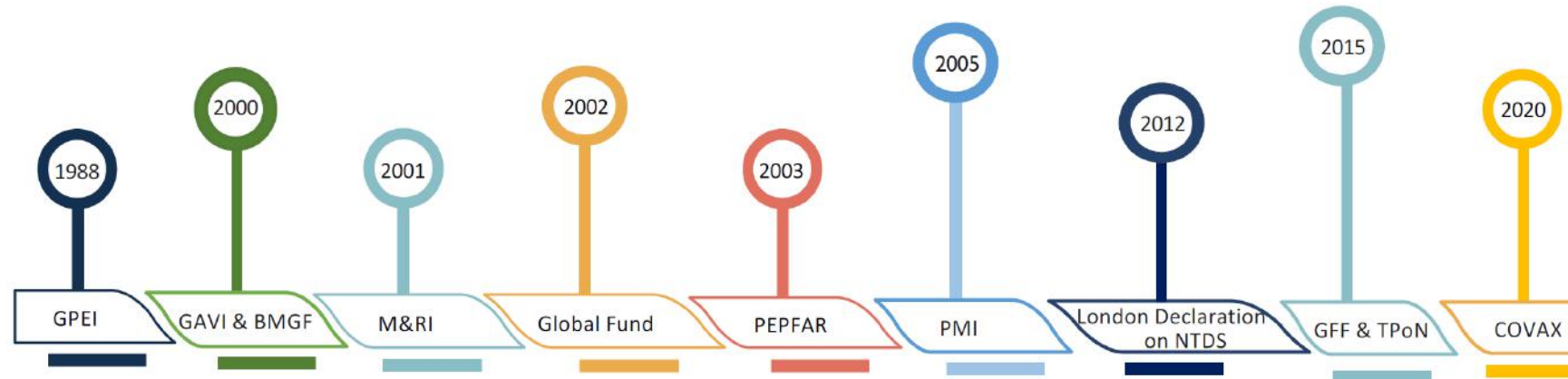


CAMPAIGN INTEGRATION -HEALTH CAMPAIGN EFFECTIVENESS

Current campaign ecosystem is fragmented and requires change

1

Over the last 25 years, there has been a growth of disease-specific financing, which has driven a **proliferation of health campaigns** targeting diseases, with **little coordination** between programs.



2

Global health **campaigns play a strategic role within the context of a broader health system (e.g., PHC)**, but current practices are straining already inadequate health systems.

3

The long-term aim is to reduce reliance on campaigns by strengthening health systems, but in the near-term to gap-fill in weak programmes, be primary delivery approach for some interventions, respond to outbreaks, support disease elimination & SDG health goals.

4

The **Collaborative Action Strategy (CAS)** for Campaign Effectiveness was developed in 2023, to identify best practices, reduce fragmentation, harmonize financing, and strengthen collaboration amongst country leaders, funders, and implementers.

Pillar 3: Changing operating models and culture to facilitate country ownership and leadership

- Adaptation of **WHO sustainability framework** (published in 2021) in several countries and action plans: NTD Master plans
- Costed implementation plan 2025-2030 to accelerate progress
- Use of global platforms/events to strengthen advocacy and coordination
- Inclusion of NTDs in UHC/PHC policy documents advancing comprehensive approaches and integrated service delivery
- Climate change & NTDs:
 - Systematic review published in May 2024; adapting strategies to a changing environment to sustain gains and further progress
 - Working with GMP on a more systematic collaboration to develop climate adaptation strategies for vector borne diseases



Main Challenges

- Changing funding landscape
- **lack prioritization by some countries leading to 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.)
- Challenges in data collection and weak surveillance/information system
- Gaps in intervention tools and supply management operations



Case management Neglected Tropical Diseases: CM-NTDs

Dracunculiasis
Yaws
Human African Trypanosomiasis
Leprosy/*Hansen's* Disease
Visceral Leishmaniasis/Kala-azar
Buruli Ulcer
Cutaneous Leishmaniasis
Mycetoma
Noma
Other CM NTDs



Buruli ulcer



Cutaneous leishmaniasis



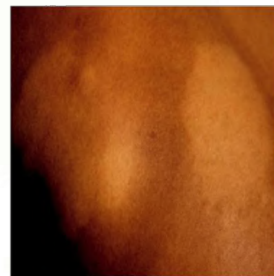
Scabies



Mycetoma



Yaws



Leprosy

Dracunculiasis: Roadmap targets and progress

Target: Eradication (interruption of transmission)

Progress:

- **42** of the 47 countries in the African region certified so far.
- **5 countries** are remaining **endemic**: Angola, Cameroon, **Chad**, Ethiopia and **South Sudan**.
- Only **14 human cases** reported in 2024 (TCD, SSD).



Dracunculiasis: Challenges and priority actions

Challenges :

- Insecurity
- Animal infection
- Lack of funding

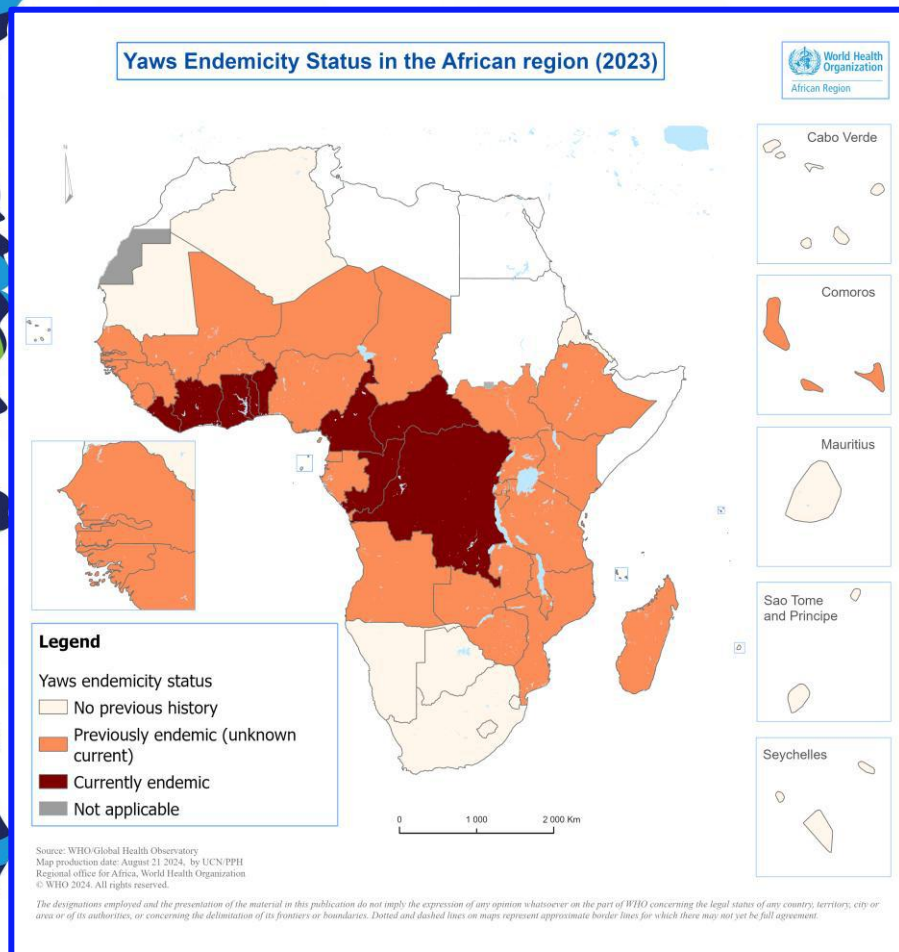


Priority actions

- National ownership
- Advocacy and awareness
- Multi-sectoral collaboration, OneHealth approach
- Enhanced surveillance

Yaws Roadmap targets and progress

Target: Yaws is targeted for **eradication**: interruption of transmission



Progress

- **12 countries**, never considered as endemic are suspected free of yaws, but are yet to be certified.
- Since 2020, three *countries* (CAM, CAR, COG) are implementing **Total Community Treatment (TCT)** with azithromycin for Yaws eradication.
- **Integrated surveillance** and TTT ongoing
- Regional consultation for yaws eradication in Africa

- 9 countries currently endemic
- 26 countries previously endemic
- 12 countries no previous history



Yaws: Challenges and priority actions

Challenges :

- **Lack of funding:** Implementation & Access to tests (RDT, DPP)
- **Weak integrated** surveillance for yaws in countries
- **Unknown yaws status** in 26 countries

Priority actions:

- Certification for no history countries: **Questionnaire** shared with countries
- National ownership
- Advocacy for resources mobilization
- Enhanced integrated surveillance



Human African Trypanosomiasis Roadmap targets

	Indicator	2020	2023	2025	2030
Human African trypanosomiasis (gambiense)	Number of countries where transmission interruption has been verified	0	0	5 (21%)	15 (62 %)
Human African trypanosomiasis (rhodesiense)	Number of countries validated for elimination as a public health problem (defined as <1 case/10,000 per year, in each health district of the country, averaged over the previous 5-year period)	0	2 (15 %)	4 (31%)	8 (61%)

Human African Trypanosomiasis

9 Countries validated for Elimination of HAT as PHP

		Epidemiologic Situation		
		Elimination of gambiense or Rhodesiense HAT as PHP		Elimination of HATg transmission
		≥ 1 case/10,000 people/year, in one or more health districts, on average over the previous 5-year period	< 1 case / 10,000 people / year, in all health district, on average over the previous 5 year period	0 cases/year, in all health districts, during the previous 5-year period
Control and surveillance activities	Adequate	Angola, Congo, DRC, Gabon, CAR	Burkina Faso, Cote d'Ivoire, Guinée, Guinée Equatoriale, Tchad, Ouganda Rwanda; Kenya	Benin, Ghana, Togo
	Insufficient	South Soudan, Malawi	Cameroun, Nigeria Ethiopia; Tanzania; Uganda; Zambia; Zimbabwe	Sénégal, Libéria, Mali
	Absent			Gambie, Guinée Bissau, Niger, Sierra Léone

	Eligible to request verification (already validated)
	Need to reinforce surveillance before requesting verification

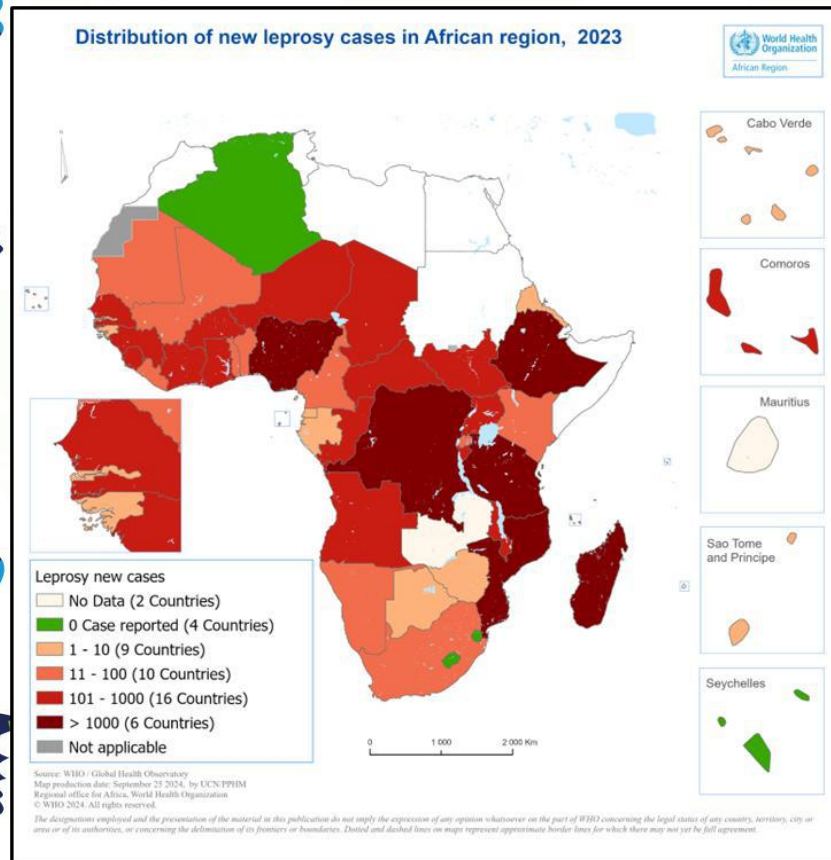
	Non eligible to request validation	
	Need to reinforce surveillance before requesting validation	
	Eligible to request validation(already validated)	

Leprosy Roadmap targets

TARGET: Elimination of leprosy (defined as interruption of transmission)

"Zero new case among children for at least 5 consecutive years"

- **46 countries** achieved and sustained Leprosy elimination as PHP
- **8 countries** close to achieve interruption of transmission (*DZA, BOWA, ERI, SWZ, LSO, MUS,, STP, SYC*)



Over 20,000 New **CASES** annually

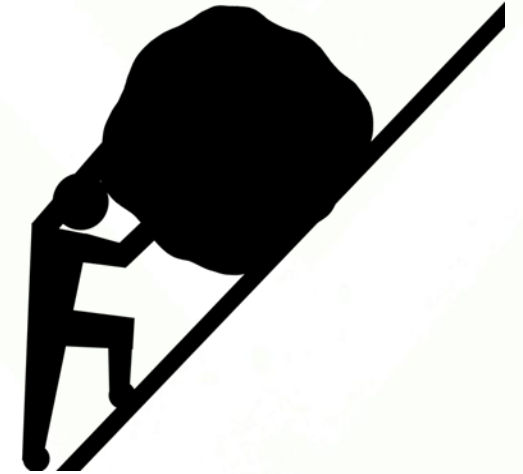
The endemicity level is different and varies between countries

- **4 countries** reporting **0 cases** (DZA, LSO, SWZ,SYC)
- **9 countries** reporting **1 to 10 cases new cases** (BWA, CPV, ERI,GAB, GMB, GNB,GNQ, STP,ZWE)
- **10 countries** reporting **11 to 100 new cases** (BEN,CMR, KEN,LBR,MLI, MRT, NAM, RWA,TGO, ZAF)
- **16 countries** reporting **101 to 1000 new cases**
- **6 countries > 1000 new cases** (DRC, ETH, MDG, MOZ, NGA,TZN)
- **2 countries : no report** (MUS, ZMB)

Leprosy: Challenges and priority actions

Challenges

- **Lack of funding & weak national ownership**
- **Dwindling expertise**
- **Late detection**
 - G2D rates: 2.7 Million per Pop.
 - Ongoing transmission (2.6 Million per Child Pop.)
- **Highly endemic pockets/ Countries**
- **Insecurity and Periodic outbreaks**



Priority actions:

- **Enhance surveillance: contact tracing & PEP, integrated with active case detection**
- **Continue to piloting Leprosy elimination monitoring tools (LEMT)**
- **Enhance integrated capacity building**
- **Strengthen advocacy, partnerships to enhance political commitment & resources mobilization**



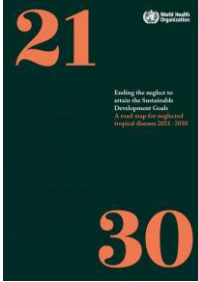
Visceral leishmaniasis Roadmap targets & progress

TARGET: achieve <1% case-fatality rate due to primary visceral leishmaniasis.

PROGRESS:

- No. cases reported decreased by 62% (from 30,801 in 2014 to 11,762 in 2023).
 - The African region accounts for 37% of the global burden.
- Reduction in case fatality rates in countries.
- Access to services improved, not adequate.
- Countries adapted national guidelines for VL. No. reporting countries improved.
- Framework for VL elimination launched, June 2024 (MoU signing at 78th WHA).

Visceral Leishmaniasis: Challenges and priority actions



Challenges

- Lack of funding and weak national ownership
- Climate change (new foci, out breaks, etc)
- Imperfect tools
- Insecurity and displacement

Priority actions:

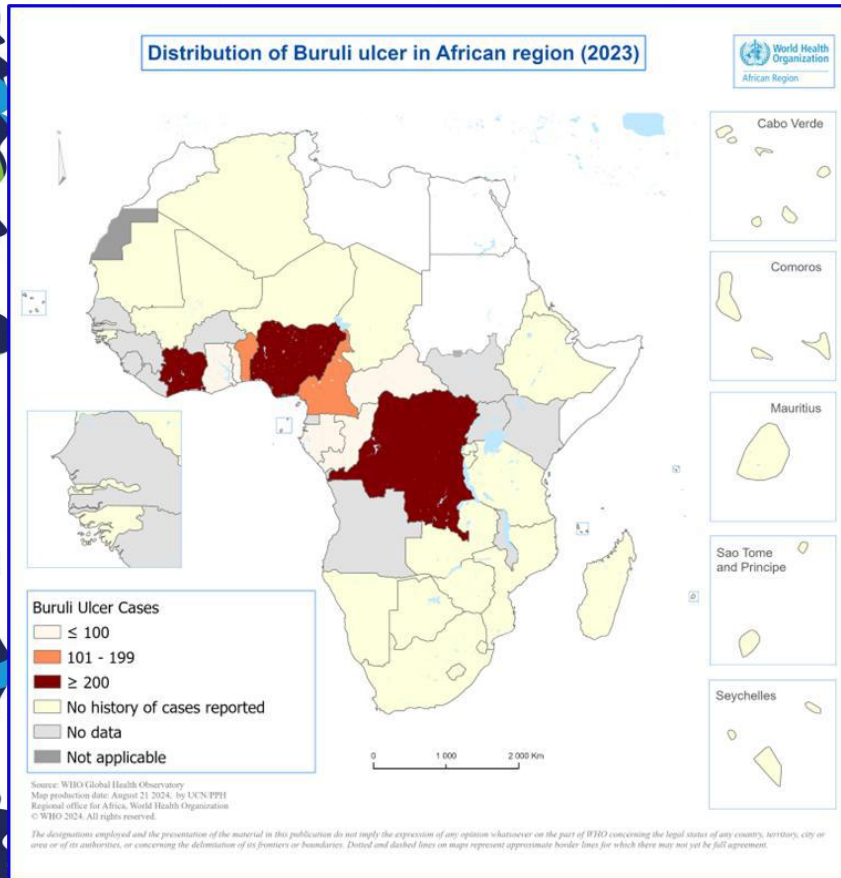
- Signing of MoU for the implementation of the VLE Framework (side event at 78th WHA)
- Guideline adaptation by national programmes
- Advocacy and resource mobilization including domestic funding
- Mapping, surveillance, cross border collaboration, active case finding
- Research & Development



Annual Meeting of NTD National Programme Managers in the WHO African Region

Buruli ulcer: Roadmap targets and progress

Target: Control (% Category III <10%; % laboratory-confirmed > 95% ; % treatment completion > 98%)



Progress



Reduction of over 70% : 5,871 in 2004 ↘ 1,573 in 2023

Category III: ≈ 30 % over last 5 years

Laboratory confirmed: 10% (2019) ↗ 31% (2023)

Treatment completion: 70% (2019) ↗ 80% (2023)

Buruli ulcer: Challenges and priority actions

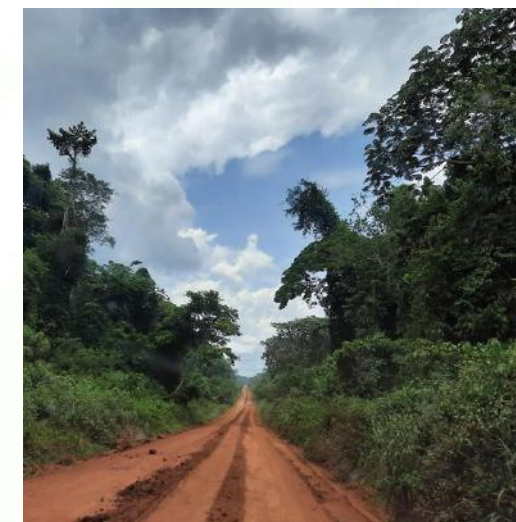
Challenges :

- Lack of funding and weak national ownership
- Exact mode of transmission is still unknown
- Lack of point-of-care diagnostic test
- Weak surveillance system in some countries
- Long duration of the treatment (8 weeks)



Priority actions:

- Strengthen integrated surveillance
- Development of new medicines with the potential of reducing the duration of the treatment
- Enhance advocacy and resource mobilization
- Development of RDT to ensure early diagnosis



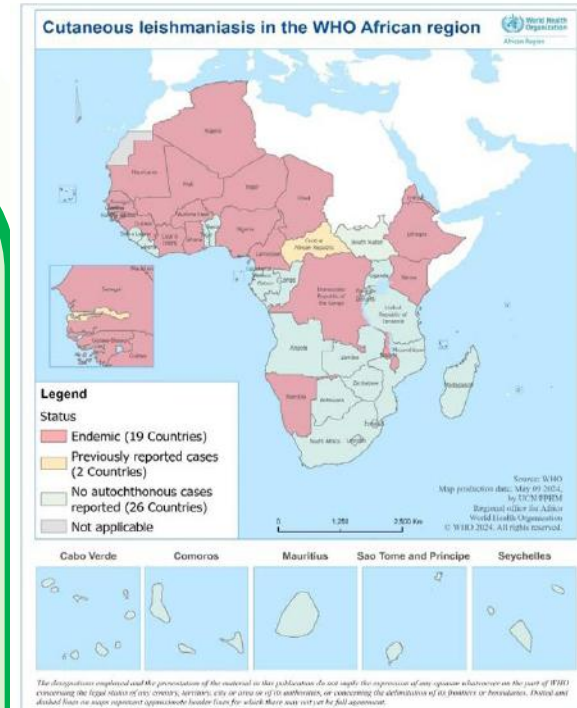
**Annual Meeting of NTD National
Programme Managers in the WHO
African Region**

Cutaneous leishmaniasis: Roadmap targets & progress

Target: 85% of all cases are detected and reported, and 95% of reported cases are treated

Progress:

- Implementation of integrated skin NTD approach
- 19 countries endemic in the region, 15 reporting
- No. countries reporting increased,
- Annual incidence: 11,777 (65% Algeria) in 2023.
- 30% reduction in incidence b/n 2017 and 2023.
- Nat. prog developed & implementing CL guidelines
- Capacity of HWs in countries improved



Cutaneous Leishmaniasis: Challenges & priority actions

Challenges:

- Lack of resource
- Inadequate knowledge on disease burden and distribution
- Lack of tools: non-invasive and rapid tool for diagnosis
- Treatment is often expensive, invasive and toxic

Priority actions

- Promote implementation of integrated skin NTD approach
- Advocacy and resource mobilization
- Burden assessment and reporting
- R&D for diagnostic, treatment and prevention tools

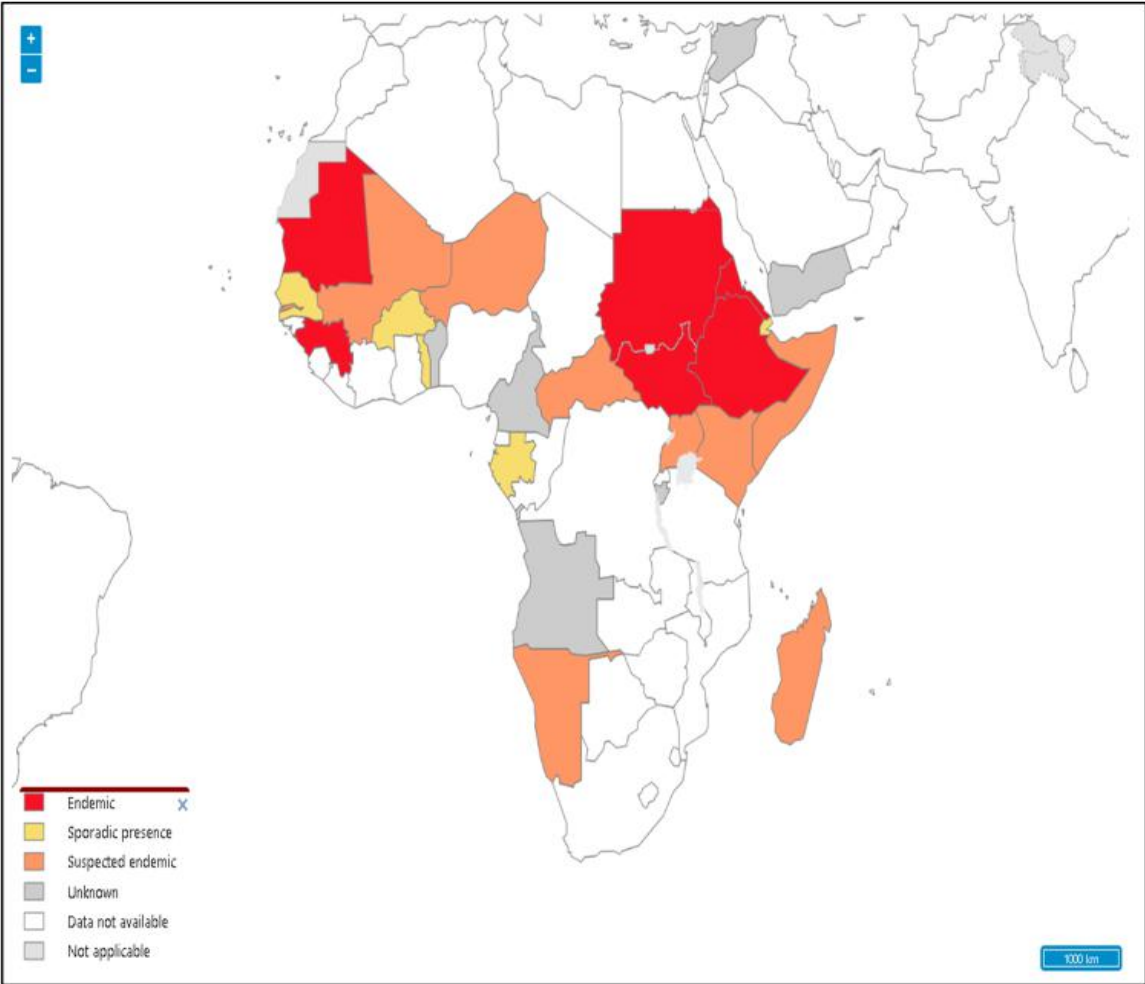


Mycetoma Roadmap targets: "Control"

	Indicator	2020 (baseline)	2023	2025	2030
Mycetoma, Chromoblastomycosis and other deep mycoses	No. countries in which mycetoma, chromoblastomycosis, sporotrichosis, and /or paracoccidioidomycosis are included in national control programmes and surveillance systems	1/30 (3%)	4/30 (13%)	8/30 (27%)	15/30 (50%)

Mycetoma Where are we in the AFR?

Mycetoma in the African region



- Endemic (5) countres: ETH, ERI, GIN, MRT,SSD
- Sporadic cases (4) countries:BFA, GAB, SEN, TGO
- Suspected endemic (7) countries: CAF, KEN, MDG, MLI, NAM, NER, UGA
- 5 countries reported Mycetoma cases in

	CAM	ETH	GAB	MRT	SEN
2022	6	116	3	12	66
2023	no data	no data	no data	16	62

Noma roadmap targets and progress

Noma

Cutaneous leishmaniasis is caused by infection with the protozoan *Leishmania* parasite, which is transmitted by the bite of female phlebotomine sandflies. It is associated with population displacement, poor housing, lack of financial resources, malnutrition and a weak immune system.

Disease epidemiology

- Leishmaniasis is a neglected tropical disease (NTD) that is caused by the bite of female phlebotomine sandflies. It is associated with population displacement, poor housing, lack of financial resources, malnutrition and a weak immune system.
- Leishmaniasis is a neglected tropical disease (NTD) that is caused by the bite of female phlebotomine sandflies. It is associated with population displacement, poor housing, lack of financial resources, malnutrition and a weak immune system.
- Leishmaniasis is a neglected tropical disease (NTD) that is caused by the bite of female phlebotomine sandflies. It is associated with population displacement, poor housing, lack of financial resources, malnutrition and a weak immune system.

Progress against WHO 2020 targets

Target	2020	2021	2022	2023	2024
1. Reduce the burden of disease	277 224	277 224	277 224	277 224	277 224
2. Reduce the burden of disease	277 224	277 224	277 224	277 224	277 224
3. Reduce the burden of disease	277 224	277 224	277 224	277 224	277 224



STEP 1

STEP 2

STEP 3

STEP 4

STEP 5

ONLINE CONSULTATION

DISEASE SPECIFIC FOCUS GROUP DISCUSSIONS

DIMENSION LEVEL FOCUS GROUP DISCUSSIONS

GAT STEERING COMMITTEE REVIEW

WORKING GROUP ON MONITORING, EVALUATION AND RESEARCH

OUTPUTS

1. UPDATED COLOR RANKINGS FOR THE 4 PRIORITY DIMENSIONS, FOR ALL NTDs AND DISEASE GROUPS.
2. UPDATED NARRATIVES DESCRIBING THE CURRENT STATUS AND RECOMMENDED ACTIONS FOR EACH DIMENSION, FOR ALL NTDs AND DISEASE GROUPS.
3. LIST OF CROSS-CUTTING RECOMMENDATIONS TO FACILITATE PROGRAMMATIC PROGRESS ACROSS NTDs FOR ALL 4 PRIORITY DIMENSIONS.



Experts group meetings

Development of a disease summary for noma in line with those included in the NTD road map 2021–2030, including targets

Work in progress

Gap Assessment Tool (GAT) exercise

(public consultation, focus group discussion)

Qualitative assessment of programmatic status and identification of key areas requiring action

Completed for 4/11 dimensions

Noma: Challenges and priority actions

Challenges:

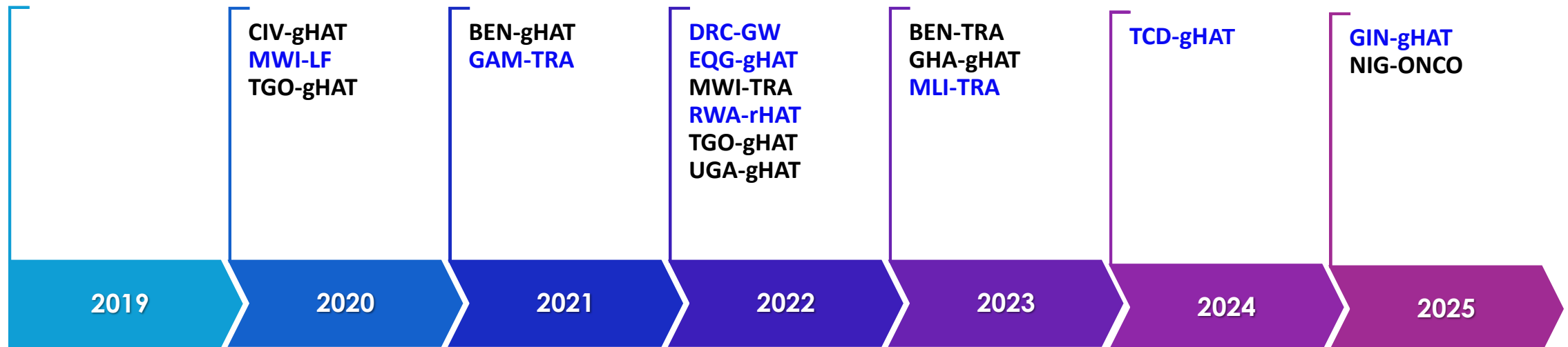
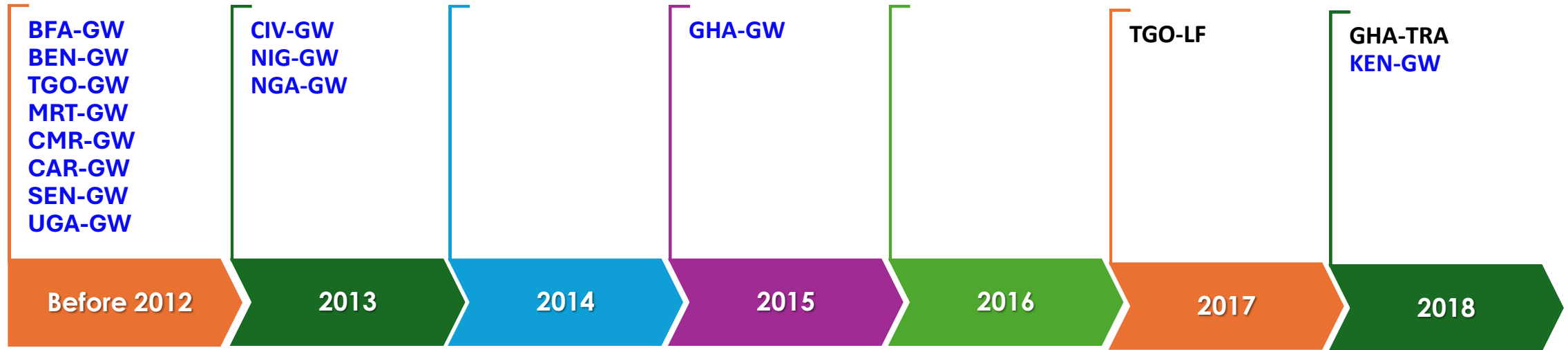
- **Aetiology & pathogenesis** unknown.
- Diagnosis is **purely clinical**.
- **High fatality rate** with severe disability, **stigma**, and discrimination.
- **Limited awareness and knowledge**
- **Inadequate resources**,
- Poor **multisectoral** coordination and stakeholder engagement.
- **Weak surveillance systems** and a lack of research

Priority actions:

- Inclusion of **noma** in **national NTD MPs**
- Integration of noma into **surveillance systems** and **active case-detection** in high-endemic areas
- **Partnerships** and **communities of practice**
- **Communication** and **advocacy strategy**
- **Capacity building** to prevent, detect, treat
- **Resource mobilization**

Progress in the elimination/eradication of NTDs, African Region.

No. of countries eliminated at least one NTD (#21, 45%)



Conclusion for CM NTDs: Regional Status

42 of the 47 MS
are **GW-free**
certified

12 MS potential
candidates for
yaws-free

9 MS validated for
elimination of
HAT; Guinea,
2025

46 MS achieved &
sustained elimination of
leprosy as PHP; and 8
countries close to
achieve interruption of
transmission

Framework for VL
elimination
initiative in EA,
launched, June
2024

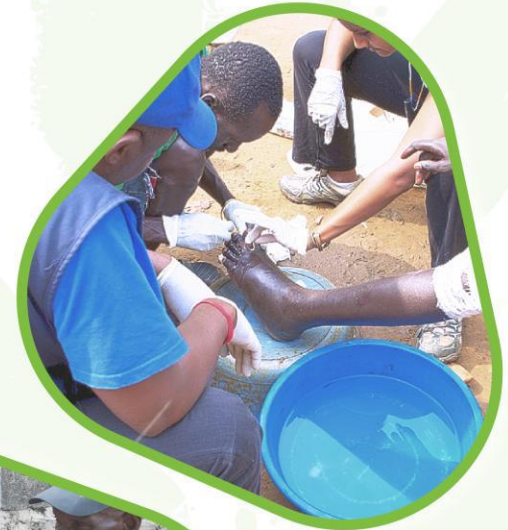
Integrated
approach for NTD
interventions
ongoing

BU cases
decreased over
70% (5,871 in
2004 to 1,573 in
2023)

CL case reduction by
62% (from 31,159 in
2005 to 11,777
in 2023)

THANK YOU

Special thanks to
All our esteemed partners



Preventive Chemotherapy Neglected Tropical Diseases PC-NTDs

Trachoma
Taeniasis/Cysticercosis
Soil Transmitted Helminthiasis
Schistosomiasis
Lymphatic filariasis
Onchocerciasis

Trachoma roadmap targets



Trachoma WHO 2030 global target, sub-targets and milestones

Indicator	2020 (provisional estimate)	2023	2025	2030
Number of countries validated for elimination as a public health problem	10/66 (15%)	28/66 (42%)	43/66 (65%)	66/66 (100%)
		19/66 (29%)		
Countries validated to date: 21				

Trachoma – Where are we in AFR?

Status of Trachoma Elimination in the African Region (April 2025)

Countries thought not to require intervention

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

Countries that may require interventions; investigation needed

Countries known to require intervention

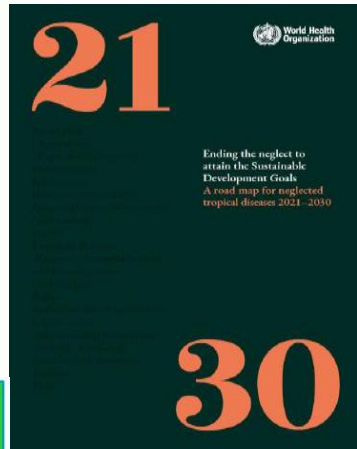
1. Algeria
2. Angola
3. Burkina Faso
4. Cameroon
5. Central African Republic
6. Chad
7. Cote d'Ivoire
8. Democratic Republic of the Congo
9. Eritrea
10. Ethiopia
11. Guinea
12. Kenya
13. Mozambique
14. Niger
15. Nigeria
16. South Sudan
17. United Rep. of Tanzania
18. Uganda
19. Zambia
20. Zimbabwe

Countries thought not to require interventions; claim to have eliminated

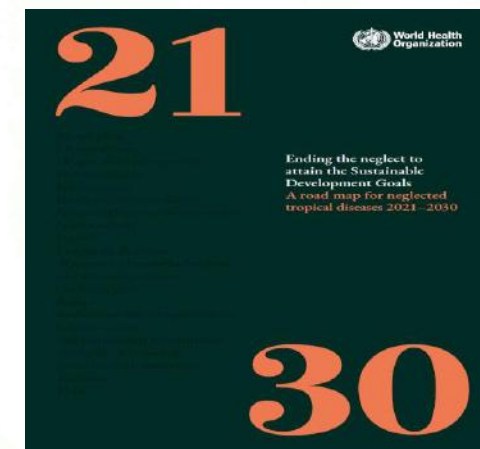
1. Botswana
2. Burundi
3. Mauritania
4. Namibia
5. Guinea-Bissau
6. Senegal

Validated to have eliminated trachoma as a PHP

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



Taeniasis/cysticercosis roadmap targets



WHO 2030 target, sub-targets and milestones

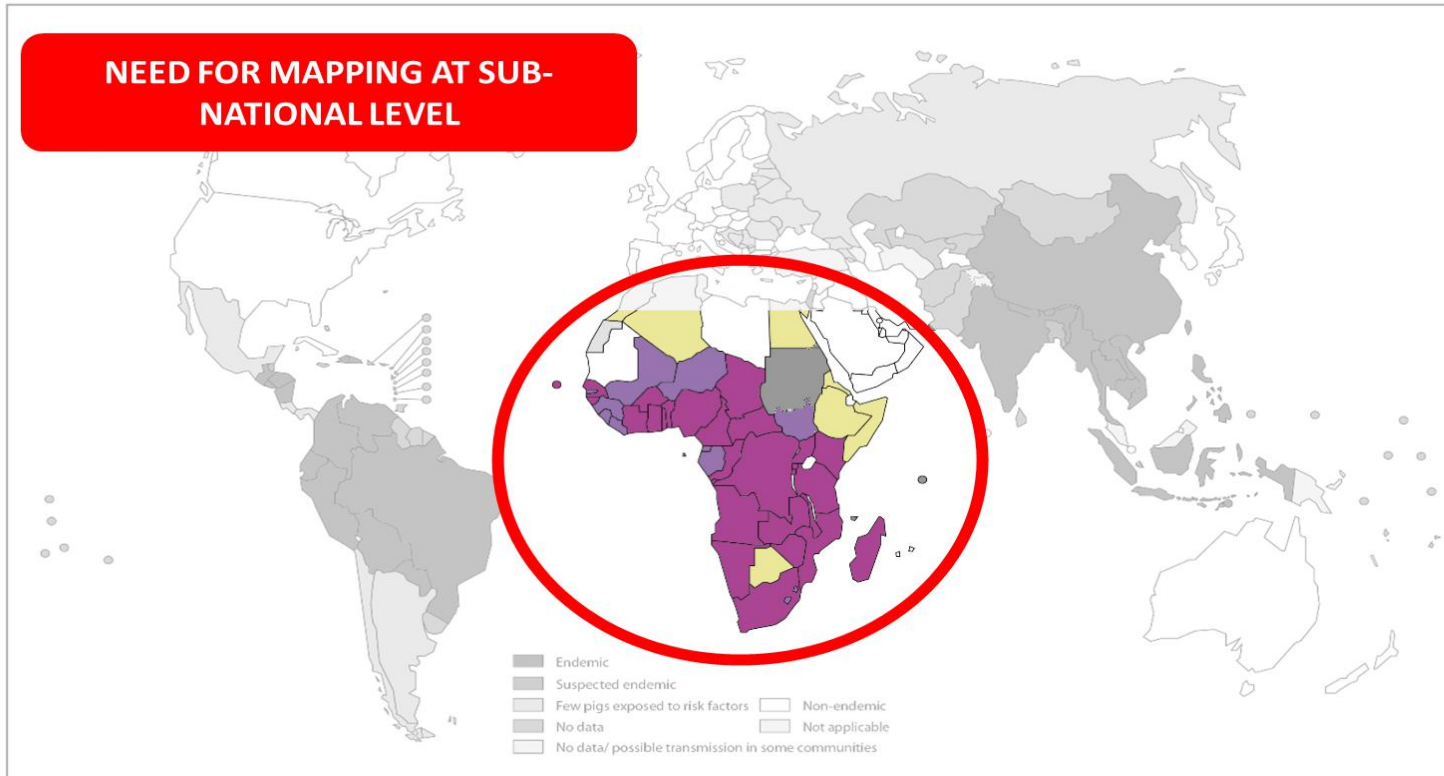
Indicator	2020 (provisional estimate)	2023	2025	2030
Number of countries with intensified control in hyperendemic areas ²	2/64 (3%)	4/64 (6%)	9/64 (14%)	17/64 (27%)

Taeniasis/cysticercosis roadmap targets

T. solium endemicity – Global map 2022



NEED FOR MAPPING AT SUB-NATIONAL LEVEL



Endemic:
51 countries

Suspected endemic:
14 countries

Few pigs exposed to
risk factors:
21 countries

No data/possible
transmission in some
communities:
14 countries

No data:
45 countries

Non-endemic:
55 countries

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 lines on maps represent approximate border lines for which there may not yet be full agreement. © WHO 2022. All rights reserved

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

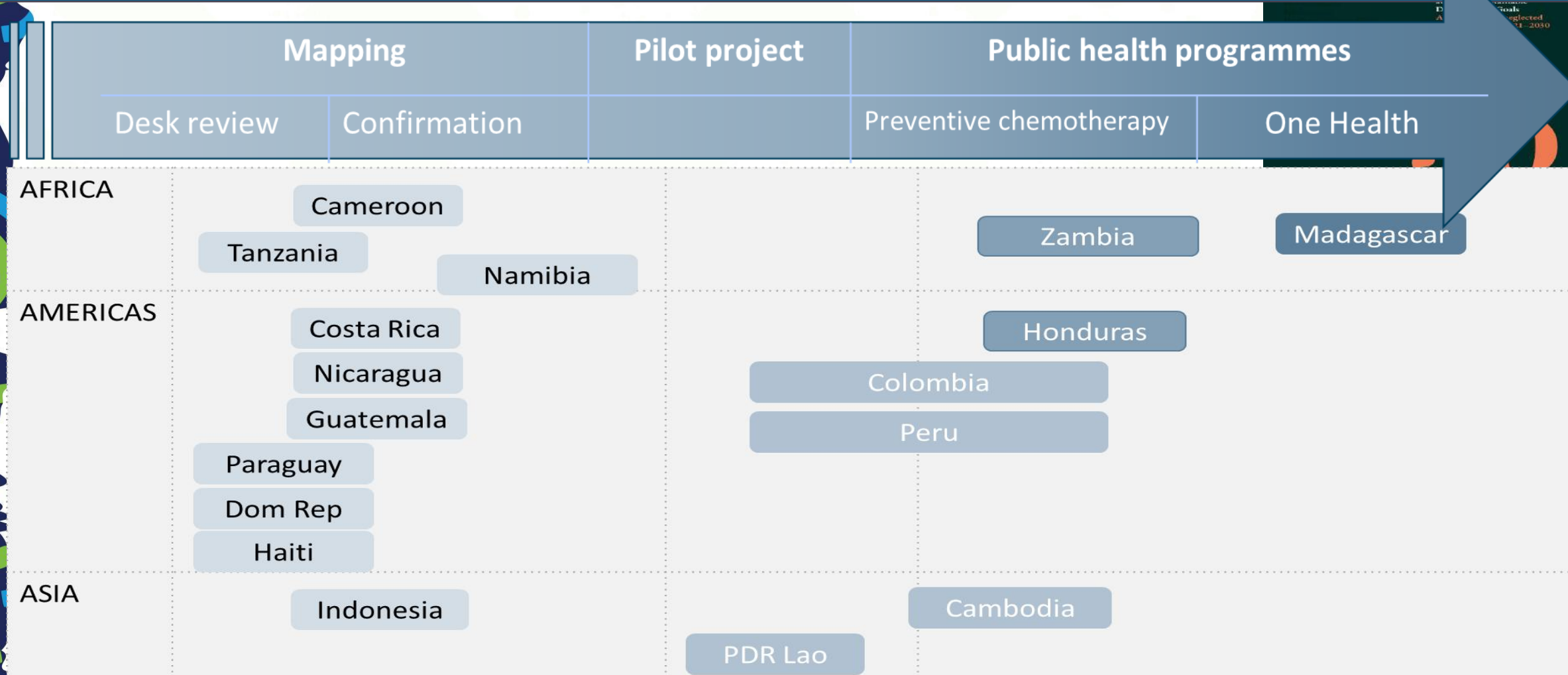


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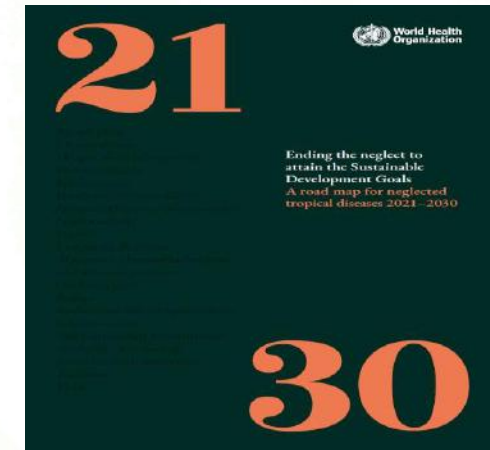


**Annual Meeting of NTD National
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Progress in implementation by the Ministries of Health



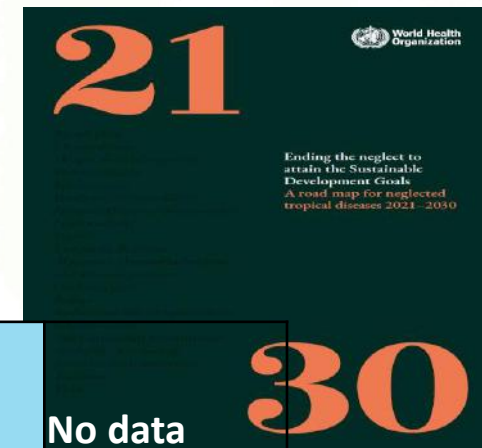
Soil Transmitted Helminthiasis roadmap targets



WHO 2030 target, sub-targets and milestones

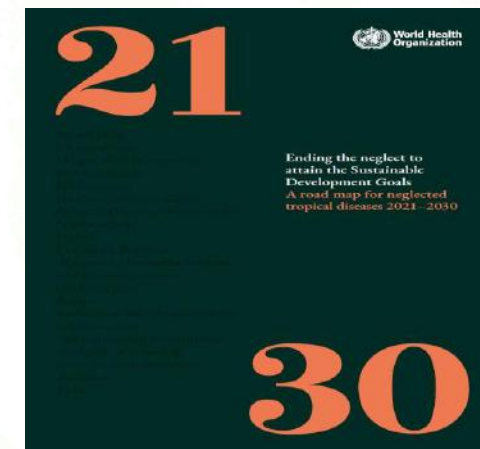
Indicator ¹	2020 (baseline)	2023	2025	2030
Number of countries validated for elimination as a public health problem (defined as <2% proportion of soil-transmitted helminth infections of moderate and heavy intensity due to <i>Ascaris lumbricoides</i> , <i>Trichuris trichiura</i> , <i>Necator americanus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

Status of STH endemic countries on overall STH moderate and heavy intensity prevalence (Morbidity)



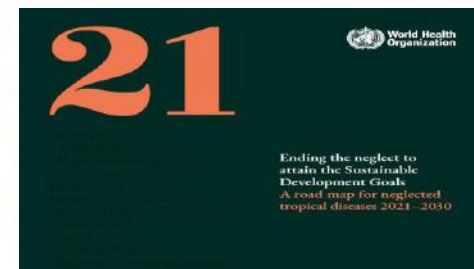
Region	0	≤2%	> 2%	Evaluation not done/ results of evaluation not available	No data
Africa (AFRO)	Cote d'Ivoire	Benin, Burkina Faso, Cameroon, Chad, Kenya, Liberia, Mali, Niger, Senegal, Sierra Leone, Tanzania*, Togo	Burundi, Rwanda, Ethiopia	Botswana, Cabo Verde, Central African Republic, Comoros, Congo, Democratic Republic of The Congo, Gabon, Gambia, Guinea, Guinea-Bissau, Lesotho, Madagascar, Mozambique, Sao Tome and Principe, South Africa, South Sudan, Swaziland, Uganda, Zambia, Zimbabwe	Angola, Equatorial Guinea, Ghana, Malawi, Nigeria

Schistosomiasis Roadmap targets



Indicator	2020	2023	2025	2030
Number of countries validated for elimination as a public health problem (<i>currently defined as <1% proportion of heavy intensity SCH infections</i>)	0	49	69	78
Target AFR	0	12	33	44
Attainment AFR (2023)	0	0	-	-

Schistosomiasis Roadmap targets



Nascent programmes	Maturing Programmes	Mature programmes		EPHP* (Validation ongoing)	Sustaining EPHP*	Elimination of Transmission (Not validated)	Post elimination surveillance
Equatorial Guinea Namibia South Africa	Angola Botswana Central African Republic Chad Congo Gabon Guinea-Bissau Nigeria South Sudan Zambia	Benin Burkina Faso Burundi Cameroon Côte d'Ivoire Democratic Republic of the Congo Eritrea Eswatini Ethiopia Gambia Ghana Guinea Kenya Liberia	Madagascar Malawi Mali Mauritania Mozambique Niger Rwanda Sao Tome and Principe Senegal Sierra Leone Togo Uganda United Republic of Tanzania Zimbabwe	Algeria		Mauritius	

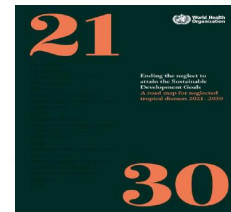
Lymphatic Filariasis roadmap targets

		2020	2023	2025	2030
Indicator					
Global	Number of countries validated for EPHP	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
AFR	Number of countries validated for EPHP	2	3	6	14
	Number of countries implementing Post MDA or Post validation	14	22	27	34
	Population requiring MDA (million)				0

Lymphatic Filariasis roadmap targets/Current status

Indicator /Targets		2020	2023	2025	2030
Global	Number of countries validated for ESPHP	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
AFR	Number of countries validated for ESPHP	2	2	2	-
	Number of countries implementing Post MDA or Post validation Surveillance	14	17	20	34
	Population requiring MDA (million)				0

Onchocerciasis Roadmap targets



Indicator/Targets		2020	2023	2025	2030
Global	Number of countries verified for Elimination 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 $\geq 50\%$ of the population	6	10	25	>16
	Number of countries that stopped MDA for $\geq 100\%$ of the population	5	6	10	>12
AFR	Number of countries verified for Elimination of Transmission	0	1	2	4
	Number of countries that stopped MDA for ≥ 1 focus	2	15	16	26
	Number of countries that stopped MDA for $\geq 50\%$ of the population	0	4	19	>10
	Number of countries that stopped MDA for $\geq 100\%$ of the population	5	2	3	>4

Onchocerciasis Roadmap targets/Current Status

Indicator/Targets		2020	2023	2025	2030
Global	Number of countries verified for Elimination of Transmission	4	5	5	-
	Number of countries that stopped MDA for ≥ 1 focus	9	14	14	-
	Number of countries that stopped MDA for $\geq 50\%$ of the population	6	6	7	-
	Number of countries that stopped MDA for $\geq 100\%$ of the population	5	7	6	-
AFR	Number of countries verified for Elimination of Transmission	0	0	1	-
	Number of countries that stopped MDA for ≥ 1 focus	2	7	7	-
	Number of countries that stopped MDA for $\geq 50\%$ of the population	0	1	1	-
	Number of countries that stopped MDA for $\geq 100\%$ of the population	1	2	1	-

Challenges and priorities

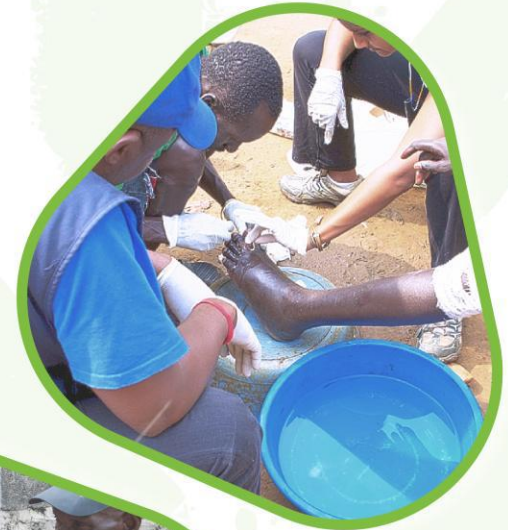
Challenges

- Pending completion of mapping surveys)
- Delineation of Oncho Transmission zones (OTZs)
- Pending completion of Impact assessment
- Reaching the TT threshold for EPHP
- Persistent and recrudescence districts/Hot spots
- Hard to reach areas & special populations
- Cross-border issues
- Insecurity
- Lack of funding

Priorities

- Supporting completion of mapping surveys
- Supporting delineation of OTZ
- Supporting completion of Impact assessment
- Reaching 100% geographic coverage for MDA and TT surgery
- Addressing persistent and recrudescence districts
- Reaching special populations & “insecure” areas
- Cross-border collaborations
- Supporting countries with elimination dossiers
- Post-validation surveillance
- Resource Mobilization

THANK YOU





Reflections on Four Years of Site Visits

Sur les Traces de Quatre Années de Visites d'Étude





Dr Ndeye Mbacké Kane

Coordonnatrice du Programme National de lutte contre les MTN,
Membre du Conseil de Leadership de Kikundi,
Sénégal

AGENDA

What is Kikundi? | **Qu'est-ce que Kikundi ?**

Site Visits | **Les visites d'étude**

Lessons Learned | **Leçons apprises**

1

What is
Kikundi?

Qu'est-ce que
Kikundi ?



A community of practice for National NTD Program Managers and disease focal points from across Africa.

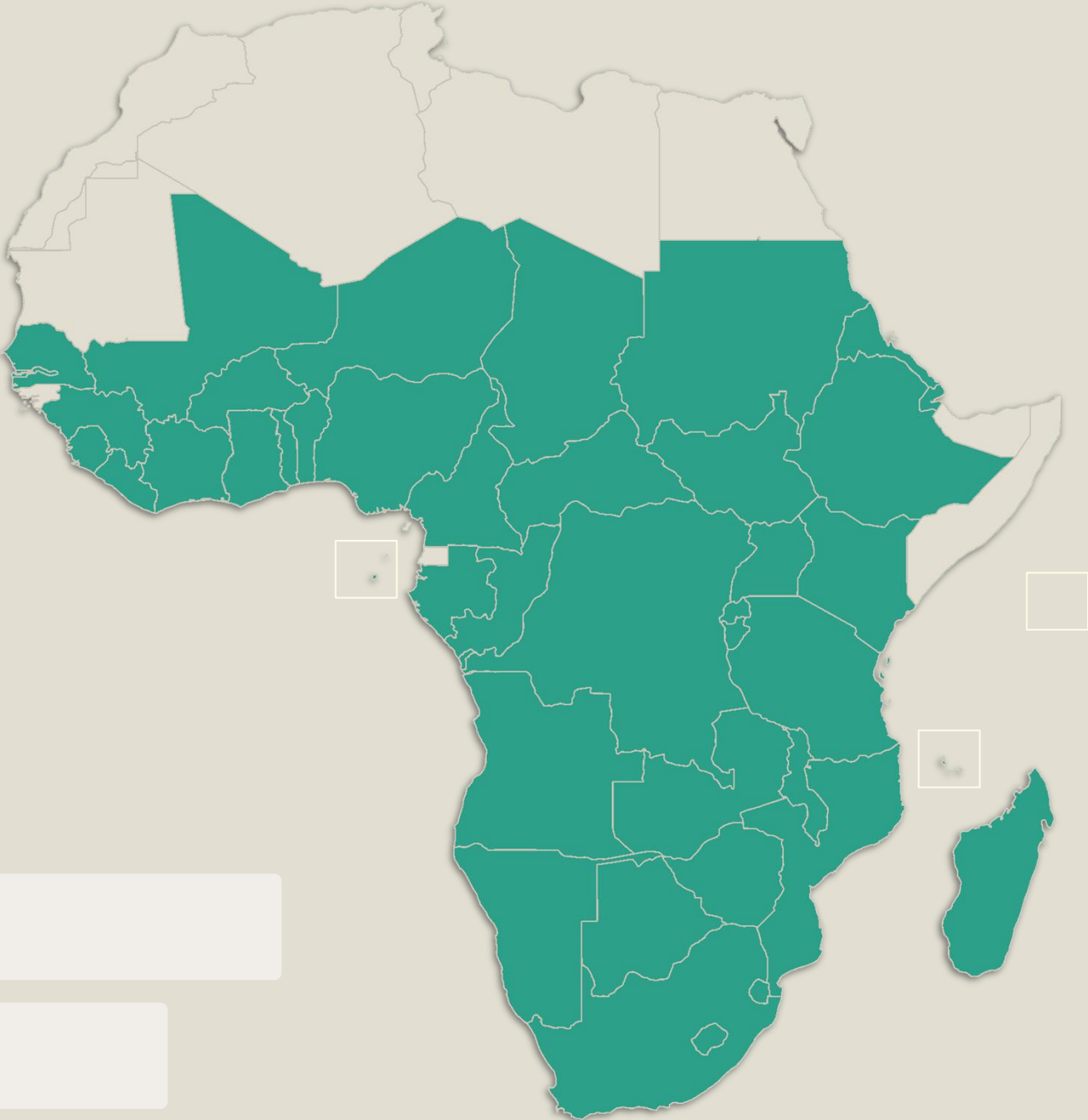
Kikundi aims to improve collaboration, professional development, and advocacy among its members to achieve WHO 2030 targets and national goals.

Une communauté de pratique pour les gestionnaires de programmes nationaux de lutte contre les MNT et les points focaux des maladies à travers l'Afrique.

Kikundi vise à améliorer la collaboration, le développement professionnel et le plaidoyer parmi ses membres afin d'atteindre les objectifs de l'OMS pour 2030 et les objectifs nationaux.

Current Membership

Membres Actuels



81

Members
Membres

44

Countries
Pays

2

Site Visits

**Les Visites
d'Étude**

What are Site Visits?

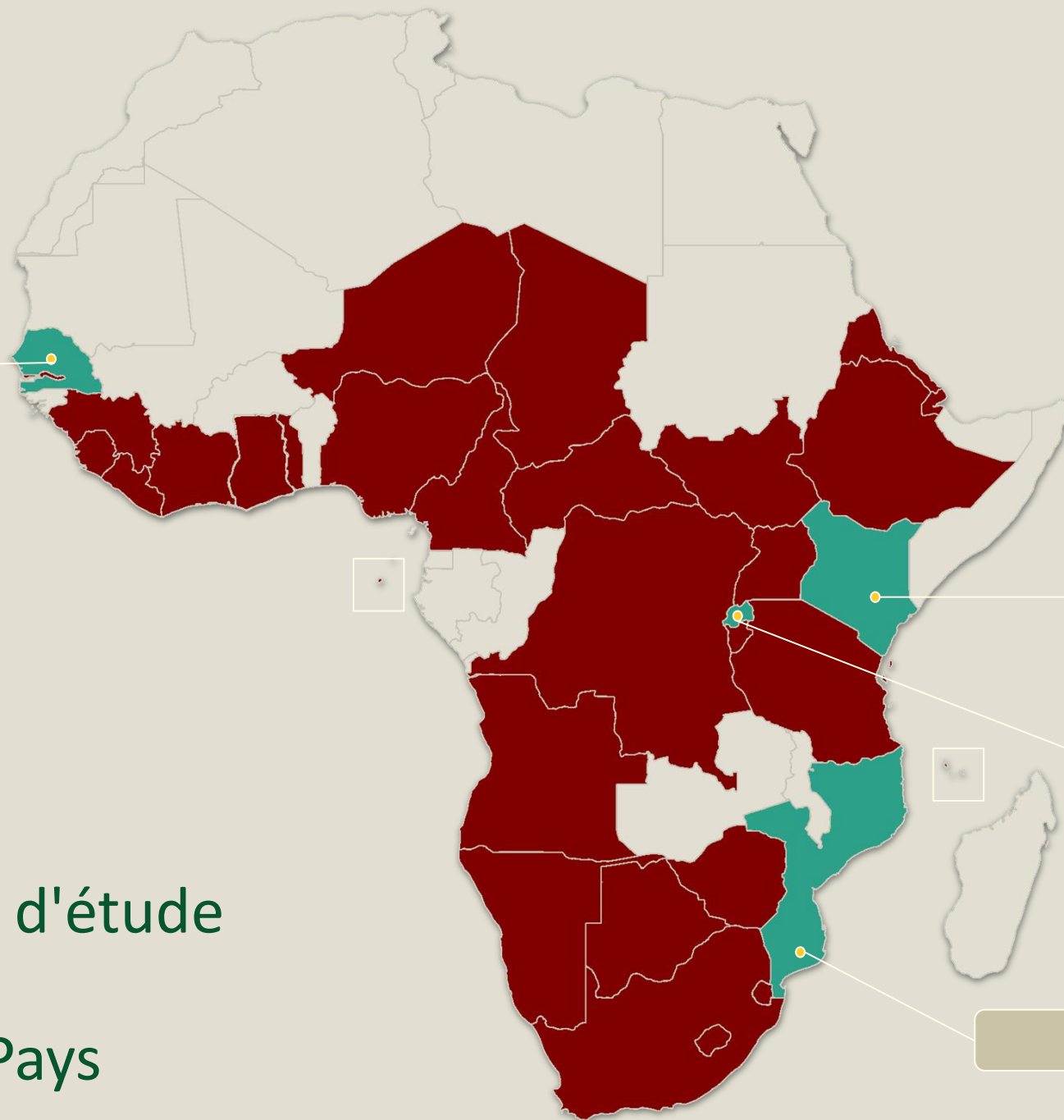
- Peer-to-peer learning events
- In person
- Different learning activities
- Objectives -
 - Increasing sense of community
 - Professional development
 - Experience sharing

Qu'est-ce que les visites d'étude ?

- Événements d'apprentissage entre pairs
- En personne
- Différentes activités d'apprentissage
- Objectifs -
 - Renforcer le sentiment de communauté
 - Développement professionnel
 - Partage d'expériences

Sénégal
(2023)

4 Visits | **Visites d'étude**
58 Participants
31 Countries | **Pays**



Kenya (2024)

Rwanda
(2021)

Mozambique
(2025)

Kikundi Site Visit: Rwanda

Visite d'étude Kikundi : Rwanda

- Attended by **10 Program Managers** from **10 countries**
- Over 5 days in November 2021

-
- Avec la participation de **10 gestionnaires de programme** issus de **10 pays**
 - Sur 5 jours en novembre 2021



Jean Bosco MBONIGABA

Ancien Responsable du Programme National des MNT
Rwanda

Kikundi Site Visit: Rwanda

Visite d'étude Kikundi : Rwanda



Voir un enseignant donner des médicaments aux enfants pendant 10 minutes a vraiment changé ma vision de l'ensemble du processus. C'est quelque chose que je vais essayer de convaincre mon équipe chez moi d'adopter.



Seeing a teacher giving drugs to children over 10 minutes really changed my view of the entire process. This is something I will try to convince my team back home to adopt.



Kikundi Site Visit: Senegal

Visite d'étude Kikundi : Sénégal

- Attended by **14 Program Managers** from **14 countries**
 - Over 5 days in February 2023
-
- Avec la participation de **14 gestionnaires de programme** issus de **14 pays**
 - Duré plus de 5 jours en février 2023



Dr Ndeye Mbacké Kane

Responsable du Programme National des MNT
Sénégal

Kikundi Site Visit: Senegal

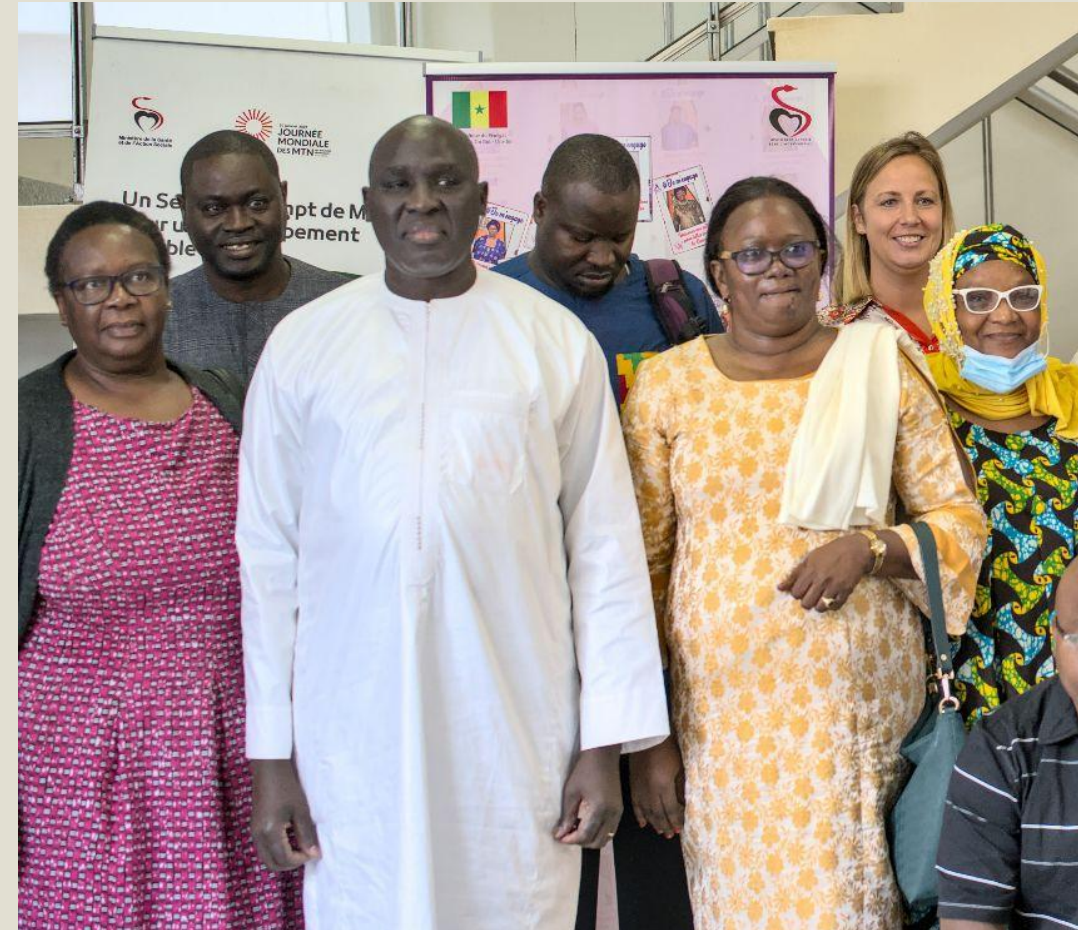
Visite d'étude Kikundi : Sénégal

“ ”

En fait, j'ai beaucoup appris des interactions et des expériences des autres programmes avancés. Cela aidera à renforcer certaines zones qui ne fonctionnaient pas bien [dans mon pays].

“ ”

In fact, I learnt a lot from interaction and experiences of other advanced programmes. This will help in strengthening some areas that were not working well [in my country]



Kikundi Site Visit: Kenya

Visite d'étude Kikundi : Kenya

- Attended by **14 Program Managers** from **14 countries**
- Over 5 days in March 2024

-
- Avec la participation de **14 gestionnaires de programme** issus de **14 pays**
 - Sur 5 jours en mars 2024



Wyckliff Omondi

Responsable du Programme National des MNT
Kenya

Kikundi Site Visit: Kenya

Visite d'étude Kikundi : Kenya

“”

La pertinence des thèmes abordés et les opportunités de partager avec des collègues de la communauté augmentent en moi l'envie de participer désormais aux visites de sites

“”

The relevance of the topics discussed and the opportunities to share with colleagues from the community increased my desire to now participate in site visits.



Kikundi Site Visit: Kenya

Besides Kenyan Ministry of Health,
engagement with multiple partners

- GLIDE: Workshop on LF & oncho dossier development
 - With support from ESPEN & WHO AFRO
- AUC, ALMA, & CHAI: Workshop on cross border collaboration
 - Support from Sightsavers

Visite d'étude Kikundi : Kenya

En plus du Ministère de la Santé du Kenya,
engagement avec plusieurs partenaires

- GLIDE : Atelier sur le développement des dossiers de la filariose lymphatique (LF) et de l'onchocercose
 - Avec le soutien d'ESPEN et de l'OMS AFRO
- AUC, ALMA et CHAI : Atelier sur la collaboration transfrontalière
 - Soutien de Sightsavers

Kikundi Site Visit: Mozambique

Visite d'étude Kikundi : Mozambique

- Attended by **20 Program Managers** from 14 countries
 - Over 4 days in February 2025
-
- Avec la participation de **20 gestionnaires de programme** issus de **14 pays**
 - Sur 4 jours en février 2025



Dr Henis Mior

Responsable du Programme National des MNT
Mozambique

Kikundi Site Visit: Mozambique

Visite d'étude Kikundi : Mozambique

“ ”

La visite du site m'a offert une excellente expérience durant cette période de crise financière pour le soutien au programme. La discussion sur la mobilisation des ressources domestiques a été enrichissante.

“ ”

The site visit provided great experience for me during this time of financial crisis for program support. The discussion on domestic resources mobilization was rewarding.



Kikundi Site Visit: Mozambique

Besides Mozambique Ministry of Health, engagement with multiple partners

- Unlimit Health: Supported 5 Kikundi members
- Unlimit Health: Advocacy and DRM workshop
- Task Force for Global Health: Workshop on advocacy messaging

Visite d'étude Kikundi : Mozambique

Outre le ministère de la Santé du Mozambique, une collaboration a été établie avec plusieurs partenaires

- Unlimit Health : A soutenu 5 membres de Kikundi
- Unlimit Health : Atelier sur le plaidoyer et la mobilisation des ressources nationales (DRM)
- Task Force for Global Health : Atelier sur les messages de plaidoyer

3

Lessons Learned

Leçons Apprises

Lesson #1

Leçon n°1



Overall, participants expressed positive satisfaction.



Dans l'ensemble, les participants ont exprimé une satisfaction positive.

4.5/5

Lesson #2



Program Managers
should take on a
leadership role in
planning and
executing site
visits.

Leçon n°2



Les responsables de
programmes doivent
jouer un rôle de
leadership dans la
planification et
l'exécution des
visites sur site.

Lesson #3



Site visits
increase engagement
and discussions
within the
community.

Leçon n°3



Les visites d'étude
augmentent
l'engagement et les
discussions au sein de
la communauté.

Lesson #4



Educational
activities are
strengthened
through
partnerships.

Leçon n°4

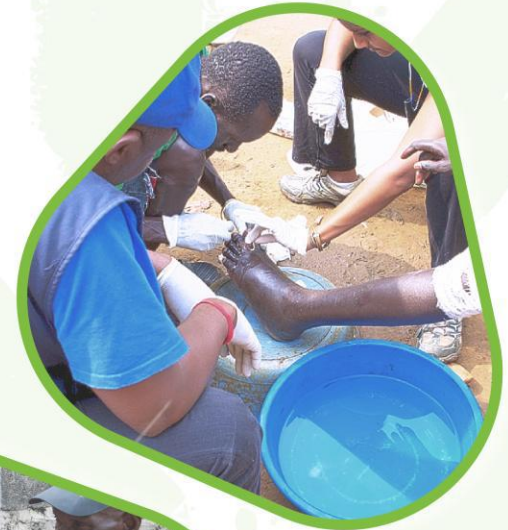


Les activités
éducatives sont
renforcées grâce
aux partenariats.

Want to get involved? Email Us!

Vous voulez vous impliquer ? Envoyez-nous un e-mail !

THANK YOU





Lunch Break

Welcome Message from Acting Regional Director, WHO AFRO

Dr. Chikwe Ihekweazu





Current Funding Landscape for NTDs (plenary)



Global effort to mitigate the impact of the USAID stop work order on NTDs

WHO/HQ



USAID stop work impact on NTD funding

Act to End NTDs West

- Supported elimination of 5 NTDs
- **11 countries** (Benin, Burkina Faso, Cameroon, Ghana, Guinea, Côte d'Ivoire, Mali, Niger, Senegal, Sierra Leone, and Togo)
- MDA, impact surveys, elimination dossier and sustain/mainstream NTD into national health systems
- **2023-2026**
- **\$120 million**

Act to End NTDs East

- Supported elimination of 5 NTDs
- **13 countries** (Bangladesh, DRC, Ethiopia, Haiti, Indonesia, Lao PDR, Mozambique, Nepal, Nigeria, Philippines, Tanzania, Uganda, and Vietnam)
- MDA, impact surveys, elimination dossier and sustain/mainstream NTD into national health systems, sustainable financing
- **2023-2026**
- **\$125 million**

Ending Neglected Diseases through Operational Research (ENDOR)

- Support **priority OR** on NTDs and **cross-cutting** strategies
- Partnership between TFGH – ARNID – KNUST
- **Thresholds for elimination** (oncho, SCH, SH)
- **Surveillance**- PC and skin NTDs
- **Diagnostics**
- **2024-2029**
- **\$45 million**

Urgent Action Needed

1. Identify activities affected and estimate the cost-gap
2. Prioritize activities based on the risk for ***delaying targets*** and ***expiration of donated medicines***
3. Communicate clearly with Member States and global NTD community
4. Facilitate efforts to identify resources and opportunities to integrate with other public health interventions

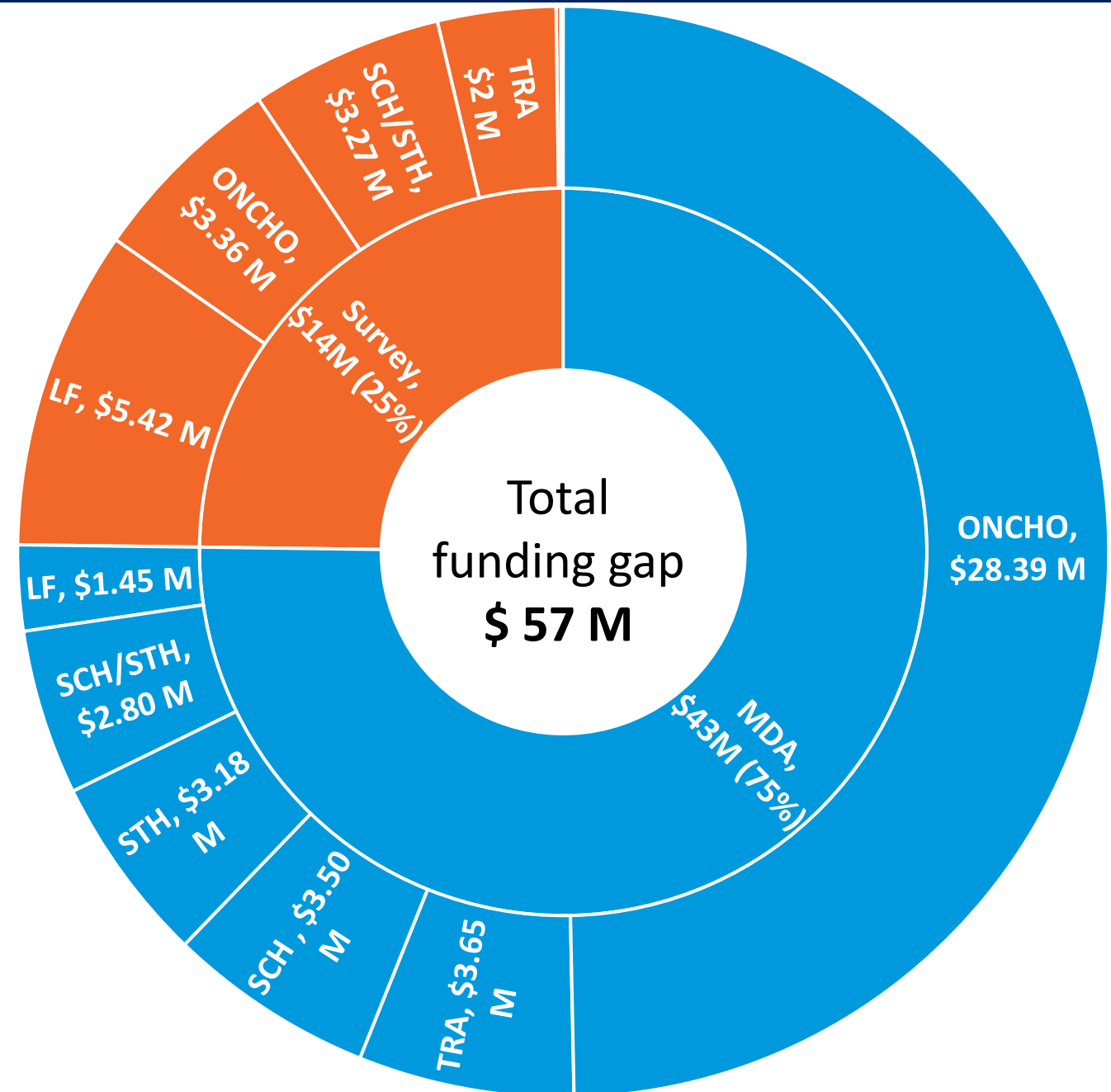
1. Identify activities affected and estimate the cost-gap

Prioritized Activities (insert latest dashboard stats)

Medicine inventory (insert latest dashboard stats)

Within the total funding gap of at least **\$57M**, around $\frac{3}{4}$ is for **MDA** campaign and $\frac{1}{4}$ is for **surveys**.

For MDA, the biggest funding gap is in the Oncho MDA campaigns; while for survey activity, it is LF.



*does not include infrastructure costs

2. WHO prioritization category

1. MDA where medicines are expiring within 3 months, 9 months
2. MDA in settings where a missed round would significantly delay achievement of elimination targets
3. Epidemiological surveys that lead to decisions to stop treatment / MDA
4. Epidemiological surveys to document that validation criteria could be met
5. Integrated public health campaigns (co-delivery for NTDs or others)
6. Other epidemiological surveys where diagnostics are already in the country
7. Other disease management

3. Communicate clearly

Global Stakeholders

- Biweekly calls
- Working groups (WHO Internal, Prioritization Group, Inventory Group, Communications)
- **Dashboard Development**
 - Priority activities, Inventory

Affected Countries

- Informal WHO operations
- ESPEN Survey and Individual Consultations
- GONE Webinar Platform



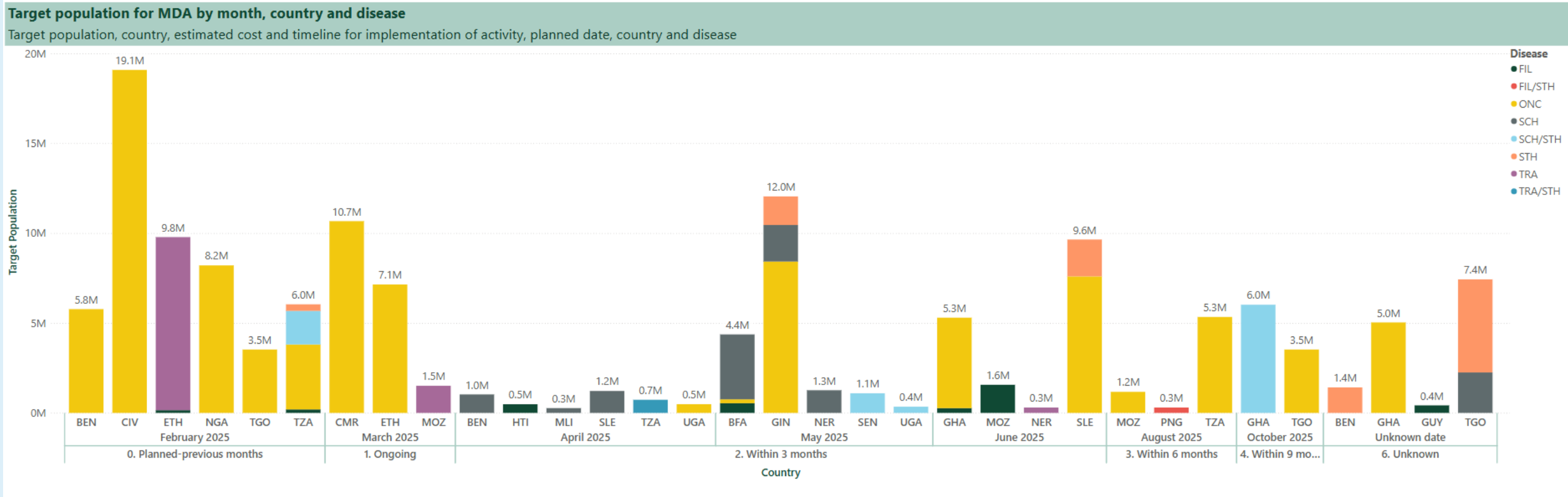
Inventory

Download data
[Export csv data](#)
[Export excel data](#)

Inventory of medicines

ISO3	Country	Disease	Medicine	Total reported balance	At risk	Number of medicine based on earliest expiration date	Earliest expiry date	Latest expiry date	Total expired balance	Remaining balance	Total required	Needs (Non-USAID support)	Needs (USAID support)	Needs (Total support)
BEN	Benin	Lymphatic filariasis	Albendazole			0			0	0	0	0	0	0
BEN	Benin	Soil-transmitted helminthiasis	Albendazole	1,333,613	1,333,613	1,333,613	30 April 2027	30 April 2027	0	1,333,613	0	0	0	0
BFA	Burkina Faso	Lymphatic filariasis	Albendazole	1,707,000	1,807,200	1,707,000	31 August 2025	31 August 2025	0	1,707,000	564,572	0	564,572	
BFA	Burkina Faso	Soil-transmitted helminthiasis	Albendazole			0			0	0	0	0	0	0
CMR	Cameroon	Lymphatic filariasis	Albendazole			0			0	0	0	0	0	0
CMR	Cameroon	Soil-transmitted helminthiasis	Albendazole			0	31 May 2027	31 May 2027	0	0	0	0	0	0
CIV	Côte d'Ivoire	Lymphatic filariasis	Albendazole			0			0	0	0	0	0	0
CIV	Côte d'Ivoire	Soil-transmitted helminthiasis	Albendazole	0	0	0	31 May 2025	31 May 2025	0	0	0	0	0	0
ETH	Ethiopia	Lymphatic filariasis	Albendazole	2,031,000	1,660	2,031,000	31 January 2027	31 January 2027	0	2,031,000	2,029,340	2,029,340	0	0
ETH	Ethiopia	Soil-transmitted helminthiasis	Albendazole			0	30 September 2027	30 September 2027	0	0	0	0	0	0
GHA	Ghana	Lymphatic filariasis	Albendazole	1,661,395	1,661,395	1,661,395	31 January 2027	31 January 2027	0	1,661,395	772,653	0	276,960	
GHA	Ghana	Soil-transmitted helminthiasis	Albendazole			0			0	0	18,377	0	0	0

- — — — — + 38%



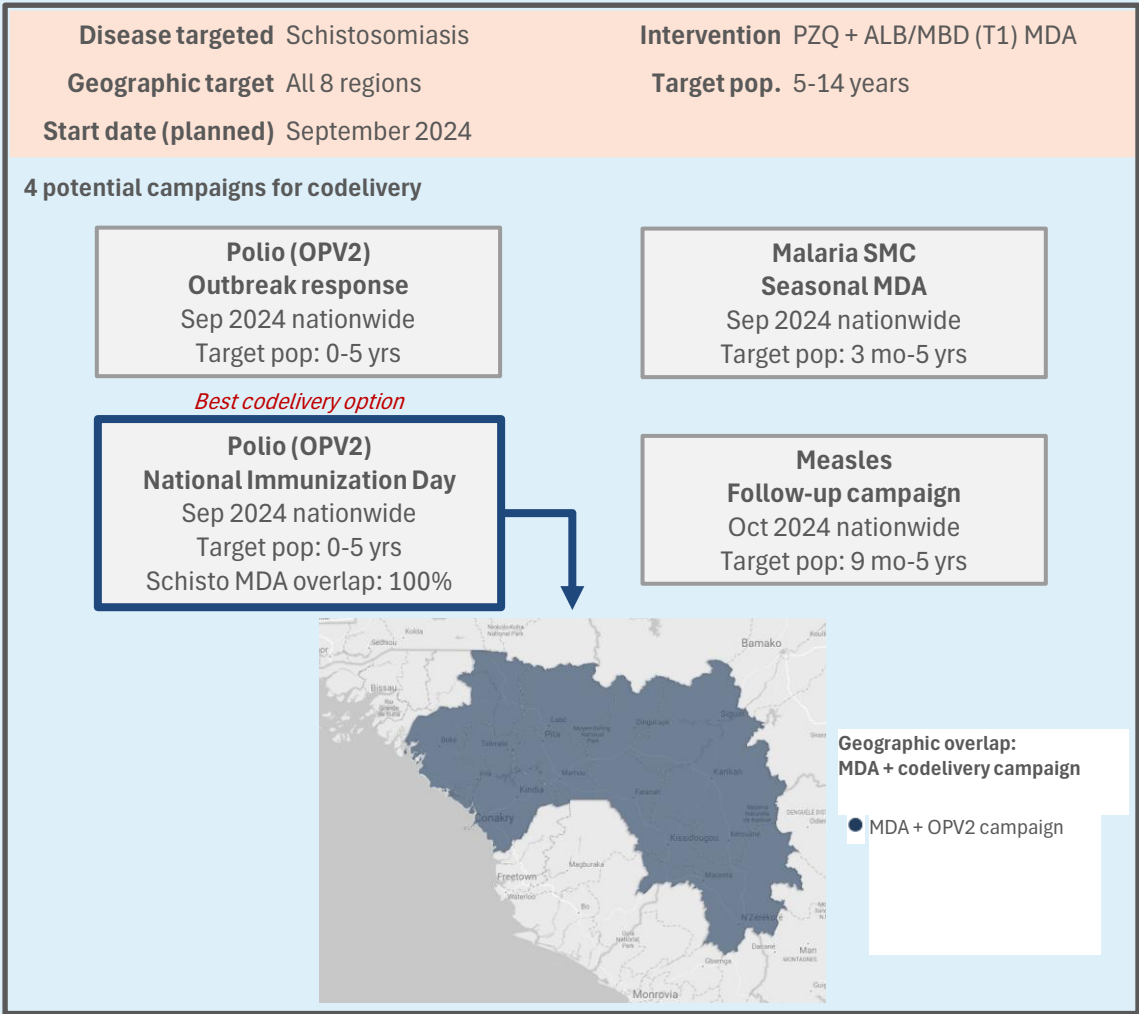
4. Facilitate efforts to find resources and integration opportunities

When are campaigns happening in 2025 ?															
Integration Potential (hover for details) Yes															
Campaign Type	Funding Sources	Target Pop. (#)	Target Geographies	Intervention	Target Age	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
MDA	Act to End NTDs		Nigeria	STH											
Campaign	Global Fund	68,880,622	Delta, Kaduna, Kano, Katsina, Niger, Taraba, Yobe	ITN	0-720				●	●	●		●	●	
Seasonal	Global Fund	68,880,622	Delta, Kaduna, Kano, Katsina, Niger, Taraba, Yobe	SMC	3-59					●	●		●	●	
Campaign	PMI		Kebbi, Nasarawa, Oyo	ITN	0-720	●									

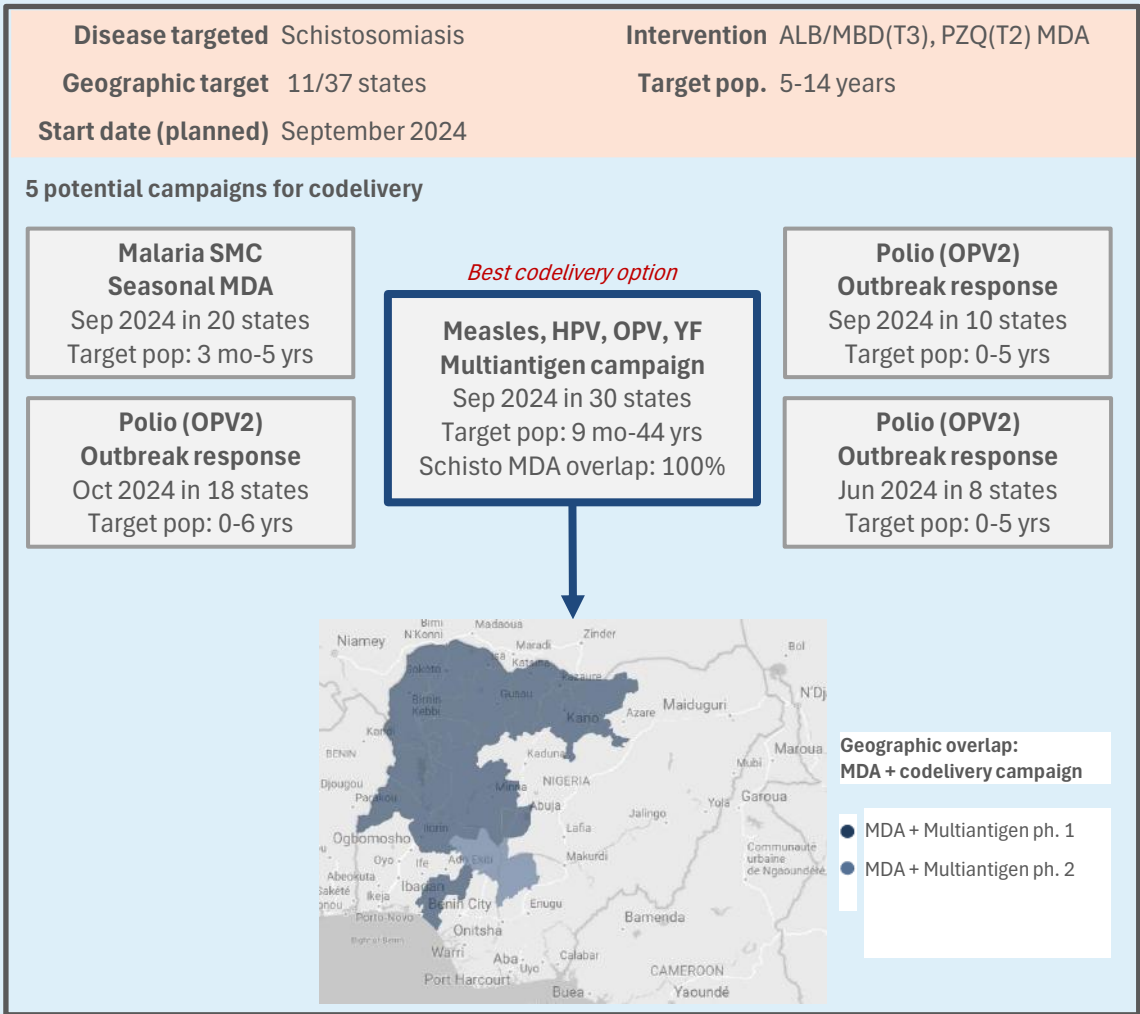
Courtesy of Health Campaigns Intelligence Hub

Example: opportunities to co-deliver PZQ in schisto-endemic areas

Guinea



Nigeria



ALB/MBD, albendazole and mebendazole; HPV, human papillomavirus; MDA, mass drug administration; OPV, oral polio vaccine; OPV2, oral polio vaccine type 2; PZQ, praziquantel; SMC, seasonal malaria chemoprevention; YF, yellow fever

Conclusions

1. US support is likely out of the picture through 2025
2. Affected NTD programmes should develop mitigation plans
3. Take advantage of integrated campaigns
4. Reporting (JAP and IU Planner) and forecasting needed urgently

THANK YOU

Please send questions to
kingj@who.int



Current Funding Landscape for NTDs

African Union

African Union



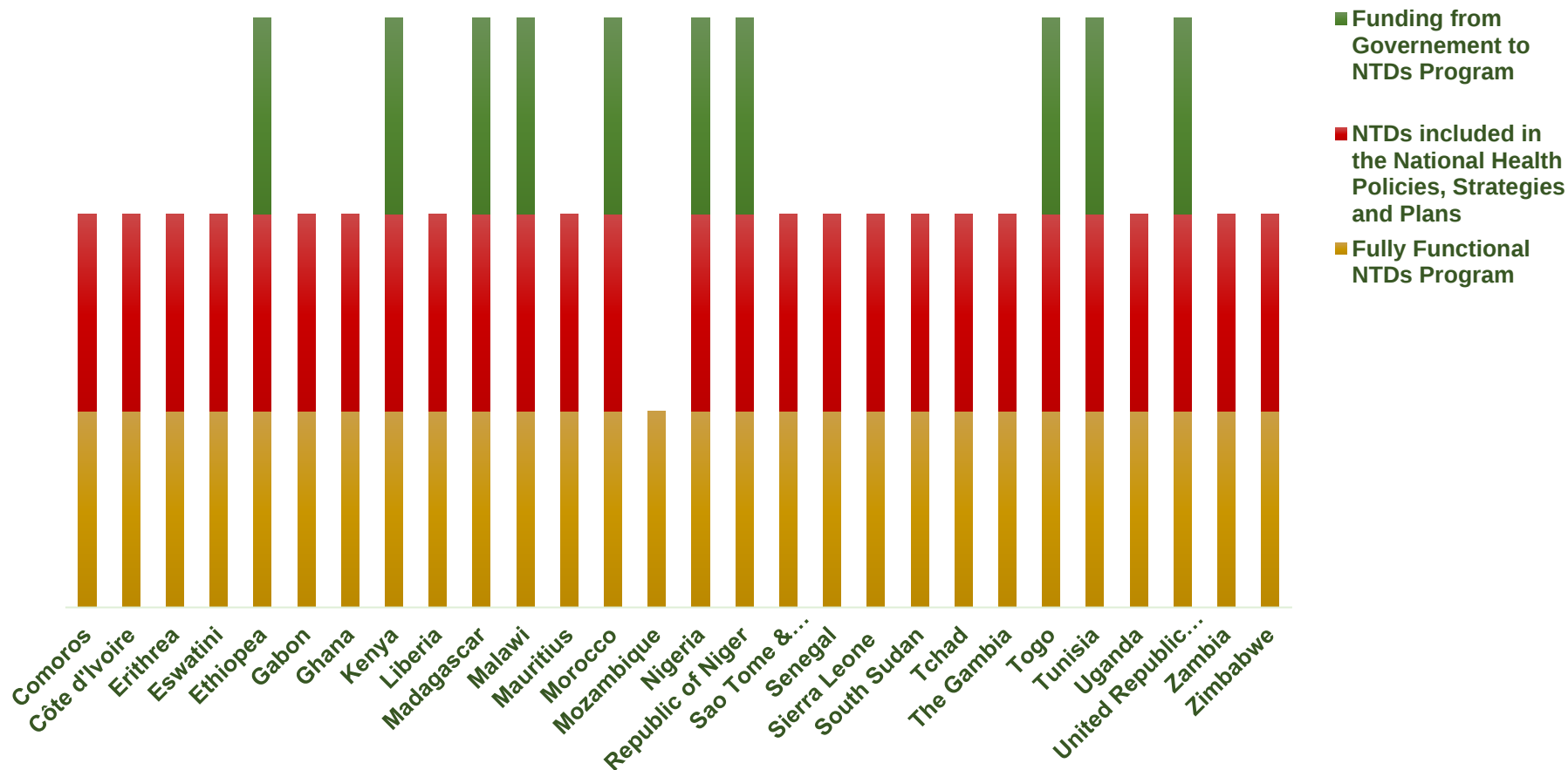
**COMMON AFRICAN POSITION ON
NEGLECTED TROPICAL DISEASES
IN AFRICA**
— NOVEMBER 2022

African Union

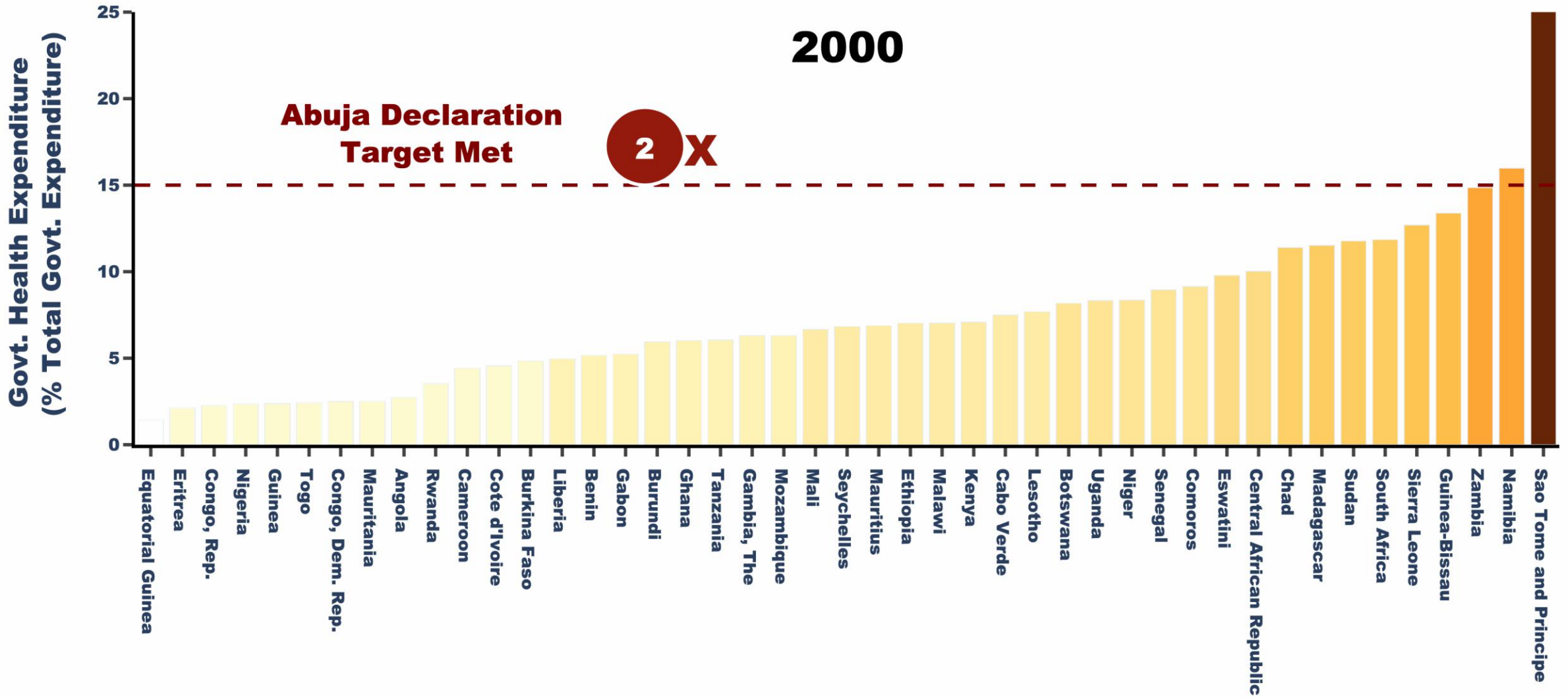


**CONTINENTAL FRAMEWORK ON THE CONTROL
AND ELIMINATION OF NEGLECTED TROPICAL
DISEASES IN AFRICA BY 2030**
— NOVEMBER 2022

2. NTD Framework Strategic Approaches							
Priority interventions	Indicators	Baseline	MS	Target		Means of verification	
				2025	2030		
Strategic Approach (1)Increased national investment and budgetary allocation dedicated to NTD programs							
National budget line allocated to NTD program.	Proportion of Member States funding 50% of NTDs budget.	0	55	26	55	CF NTD Biennial Report; WHO NTD Reports, NTDs Scorecard/ National Health Account	
	Proportion of at risk population protected against out-of-pocket health payment.	0	44	20	44	Domestic Finance score card / National Health account	
	Proportion of Member States whose National Health accounts track; NTD allocations and expenditures.	0	44	20	44	CF NTD Biennial Report; WHO NTD Reports. National Health Account	
Establish fully functional NTDs programs in all the Member States	Proportion of Member States with fully functional NTDs programs (min of 5) in all the Member States	0	44	20	44	CF NTD Biennial Report, NTDs Scorecard.	
Removal of user fees for NTD services and establishment of advanced social protection structures.	Proportion of Member States with xx% of the population protected against catastrophic/impoverishing out-of-pocket health expenditure due to NTDs.	0	36	16	36	CF NTD Biennial Report, NTDs Scorecard.	
	% of population covered for NTDs by UHC and the essential health package.	0	55	26	55	WHO UHC report	
Updated economic case for investment in NTDs and supporting case studies.	Number of case studies and economic investment case produced.	0	44	20	44	Agenda 2063 progress report	
Strategic Approach (2) Human resources mobilization							



- The green bar showed only 36% of the Member States got funded by the national NTD programmes.
- 100% of the Member have functional NTD program.
- The red bars showed 96% of the countries have included the NTDs in their NHPSPs



UNLOCKING THE POTENTIALS

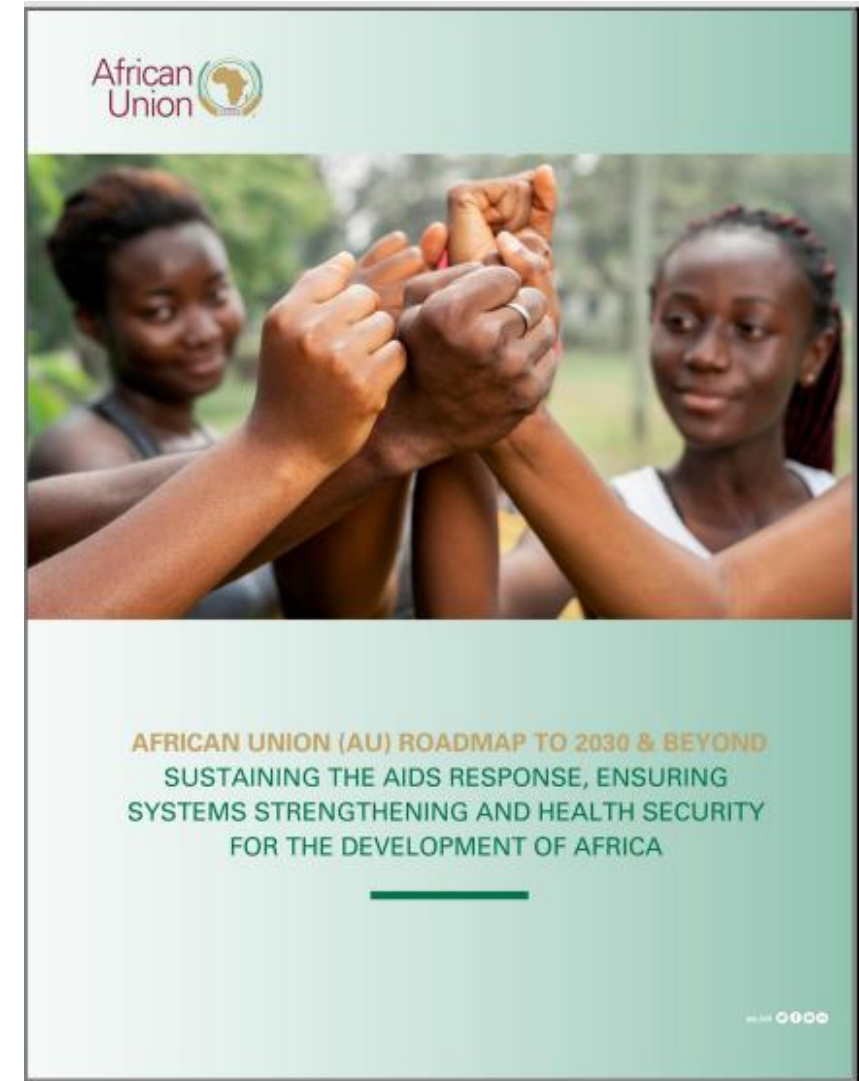


Decisions have already been adopted by Heads of States

Implementation of policies at national, regional and continental level

Coordination, collaboration and harmonisation

- Roadmap aims to prioritize integrated health service delivery by adopting a **One-Stop-Shop Approach**
- **Promotes integrated services** for HIV, TB, malaria, other infectious diseases, NTDs, NCDs, and RMNCAH to **enhance efficiency and reduce fragmentation**,
- Builds on **One Plan, One Budget and One Approach**.
- Emphasizes **domestic resource mobilization**, urging Member States to meet the **15% Abuja target through innovative financing mechanisms** such as debt relief, sin taxes, and increased government health expenditure.
- Advocates for risk pooling and the expansion of **national and community-based health insurance schemes**, reducing **out-of-pocket** expenses for vulnerable populations.
- Strengthens UHC by addressing **social determinants of health** and ensuring **equitable access to quality primary healthcare**, particularly for women, children, and marginalized communities.

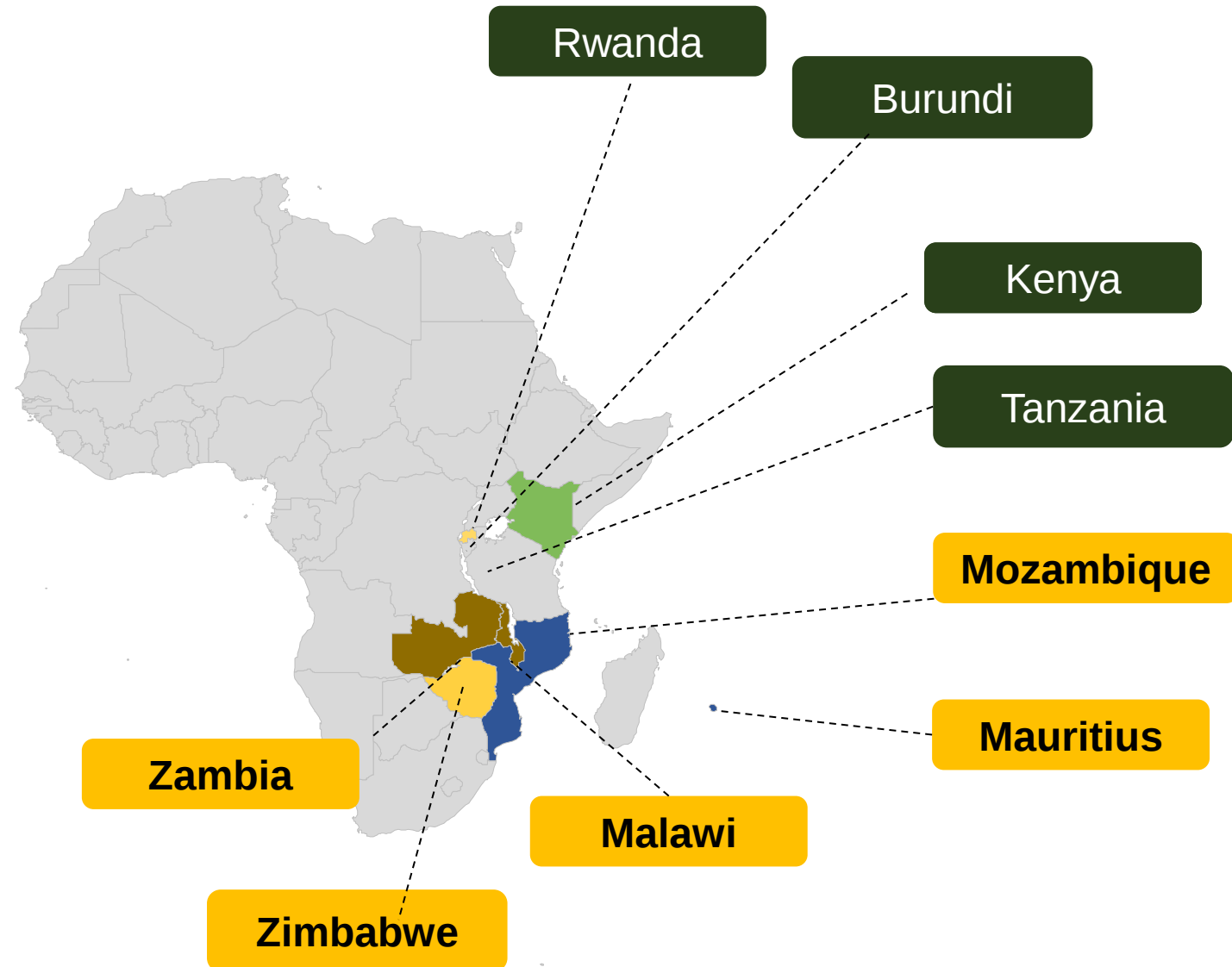


Priority Actions:

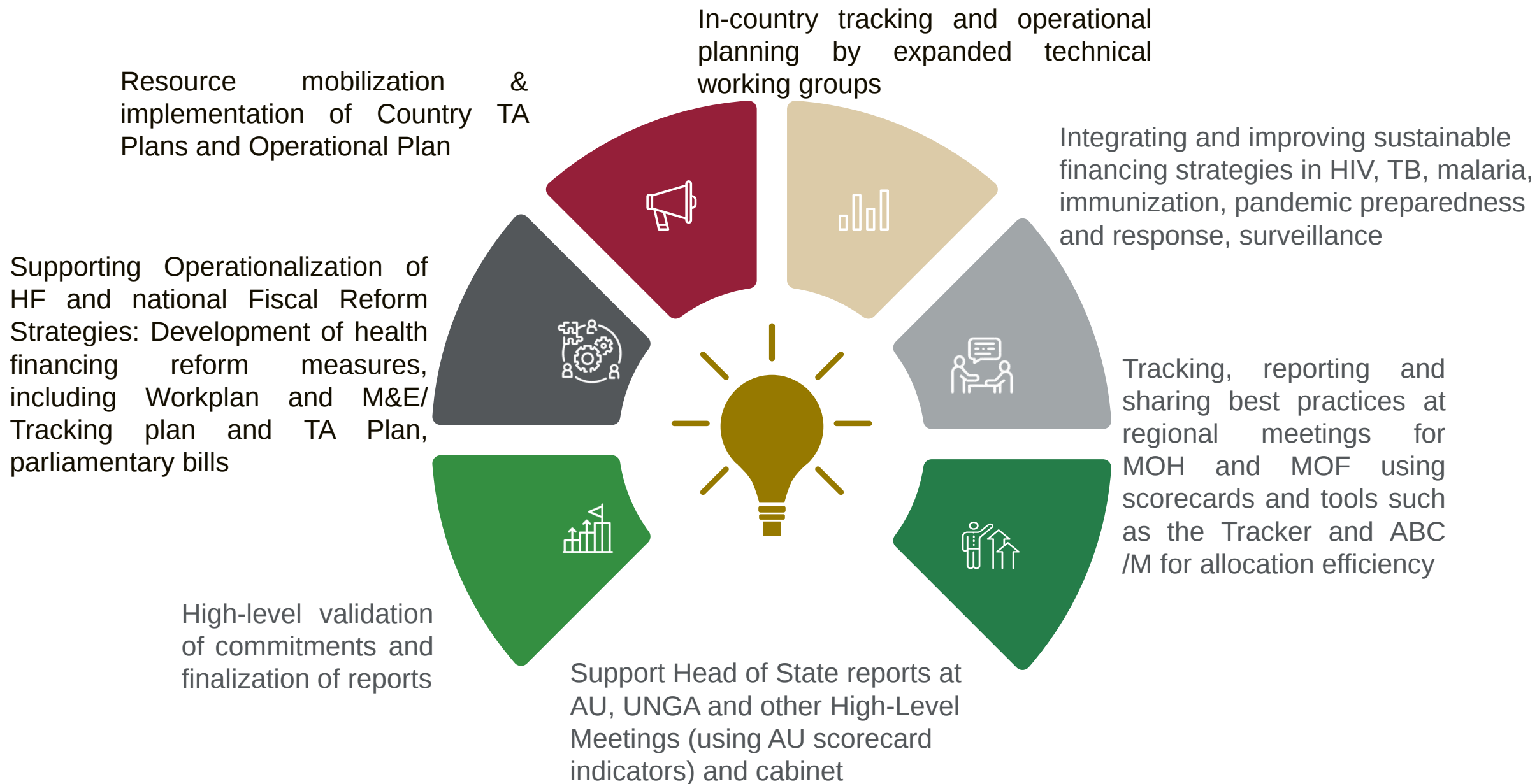
- **Increase Domestic Health Funding:** Develop and implement policies aimed at increasing domestic funding for health initiatives, ensuring long-term sustainability.
- **Broaden Essential Health Packages:** Establish and advocate for the inclusion of NTDs in essential health packages, promoting broader coverage and encouraging public-private partnerships to enhance financial sustainability.
- **Implement Innovative Financing Mechanisms:** Introduce and expand innovative financing strategies to generate additional resources debt swaps for health, "sin taxes" on products like tobacco, alcohol, and sugary beverages, levies on luxury goods etc
- **Strengthen Risk-Pooling Mechanisms:** Strengthen and expand risk-pooling mechanisms like national health insurance schemes, especially vulnerable and low-income groups.
- **Expand Coverage of National Health Insurance:** Prioritize expanding the coverage of national health insurance schemes to ensure inclusivity and equity for vulnerable populations, such as low-income families, the elderly, and informal sector workers, and ensure cross-subsidization.
- **Empower Parliamentary Budget Committees:** Regularly engage and educate parliamentary budget committees on investing in health as overall national development, economic growth, and poverty reduction.
- **Transparent Financial Management:** Establish transparent and accountable fiscal management systems to effectively track and optimize domestic resources for health service delivery.
- **Strengthen Public Financial Management:** to maximize the efficient use of both domestic and donor funds
- **Leverage Climate Financing:** Utilize climate financing to monitor and mitigate health impacts associated with climate change.

- NHFDs have been held in 8 countries across SADC and EAC between 2022 & 2024
- Dialogues have reinforced political commitments to accelerating and generating health financing reforms
- Most Member States tracking of the Action plan using the ALM Tracker and AU Scorecard.
- Dialogue supporting partners have included Governments, AU, Global Fund, PEPFAR, BMGF, UNAIDS, UNICEF, civil society, among others

4 EAC States and 4 SADC States held Dialogues 2022-2024; 3 more SADC states to hold dialogues 2024-2025 .



HOW DIALOGUES IMPROVE HEALTH FINANCING



Total Health Costs

=

1

Health Services

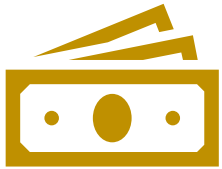
- *Intervention costing*
 - *Includes cost of drugs, Programme specific HRH cost, Programme management, etc.*

+

2

Health Systems

- *System-level costing*
 - *Examples – logistics, infrastructure, governance, Human Resources, HIS; Financial Space*



“What” is the cost of the AU Roadmap?

Analysis of expenditures



“What could be” the cost of the AU Roadmap?

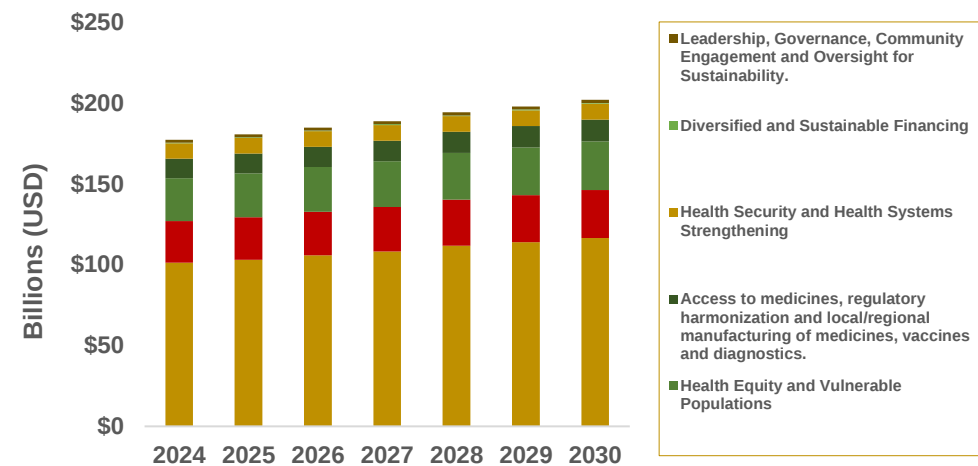
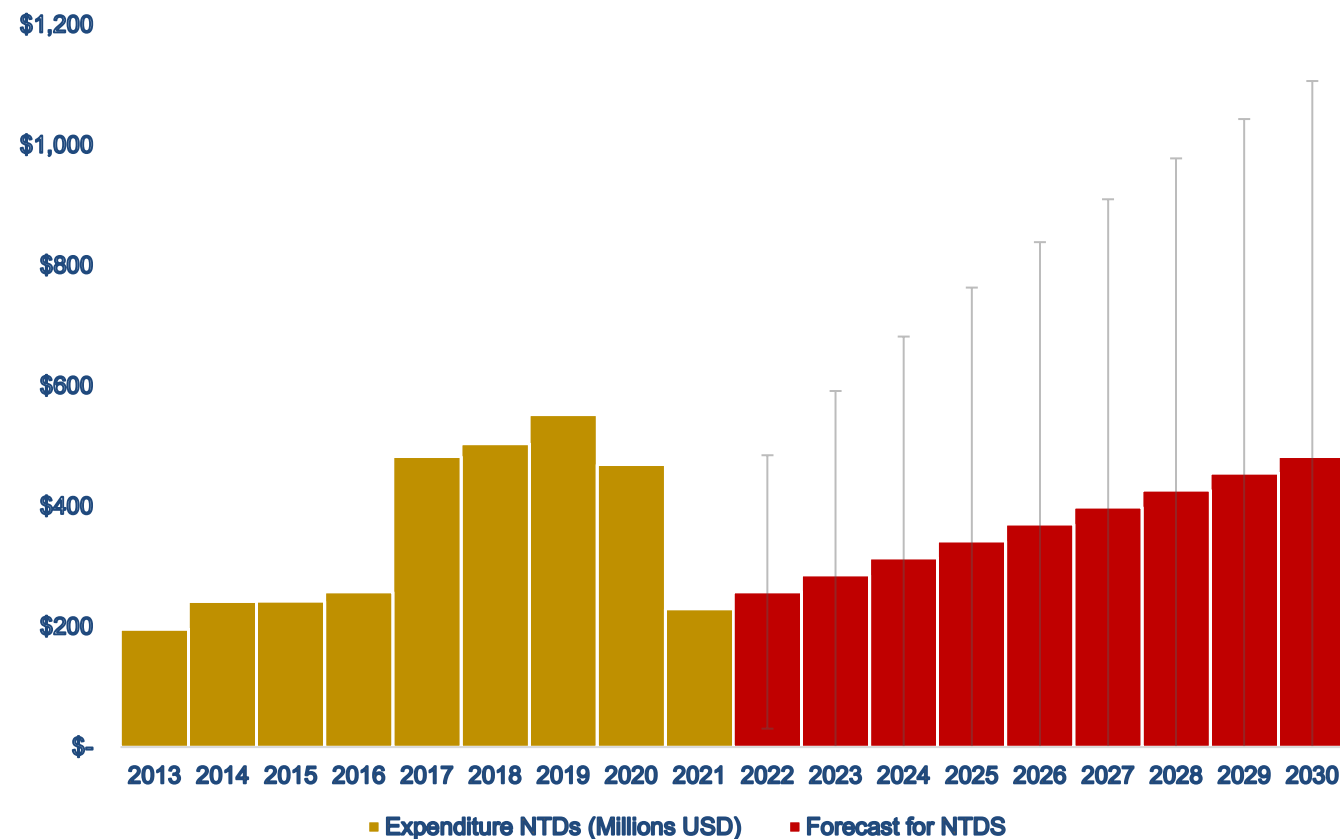
normative targets

- bottom-up costing especially when one considers the
- use of standard treatment guidelines instead of the actual resource use practice*



Both approaches (mixed methodology - Use of secondary data from various countries/agencies/institutions plans
PLuS
Modelled costs

Trends in NTD Expenditure and forecast 2013 – 2030



Thank You!!
Merci Beaucoup!!



**Reaching
the Last
Mile Fund**

NTD PM Meeting

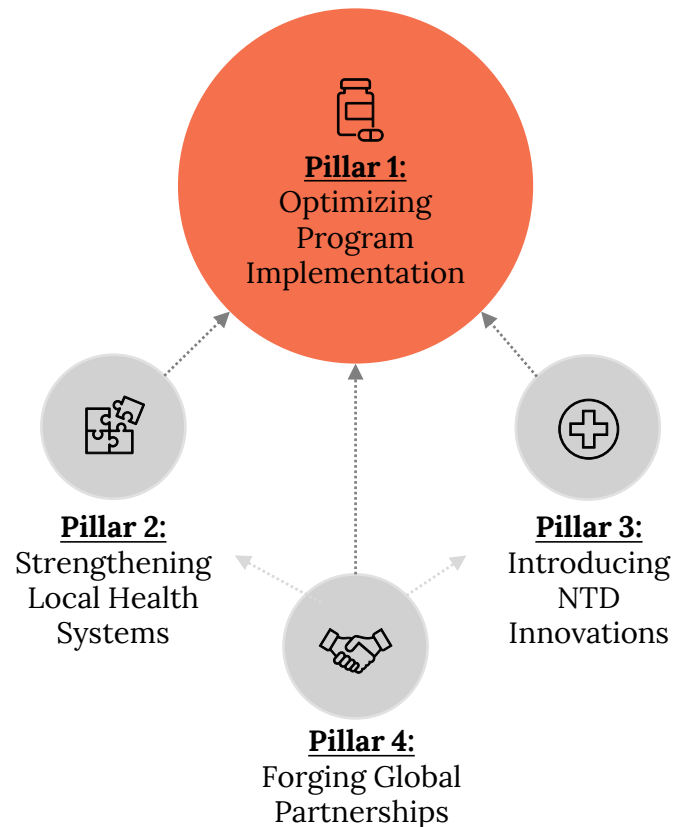
RLMF



“What Does RLMF Do?”: Our Overarching Strategy

Our Vision:
“An Africa Free
of Oncho & LF”

The RLMF Expansion aims to catalyze country-led, quality programmatic delivery, leverage local health systems, accelerate introduction of innovation, and enable multisectoral partnerships across the pathway to disease elimination to **collectively accelerate progress towards the elimination of Oncho & LF on the African continent, in alignment with the 2030 WHO Roadmap for NTDs**



Pillar 1: Optimizing Programmatic Implementation

Implement robust, evidence-based delivery programs for Oncho & LF that optimize resource allocation, monitor progress, and adapt interventions to changing epidemiological landscapes



Pillar 2: Strengthening Local Health Systems

Enhance the capacity and resilience of local health infrastructures and empower localized support systems to ensure sustainable, integrated, high-quality intervention delivery for Oncho & LF



Pillar 3: Introducing NTD Innovations

Harness the power of innovation to improve the efficiency and effectiveness of NTD interventions and program delivery for Oncho & LF



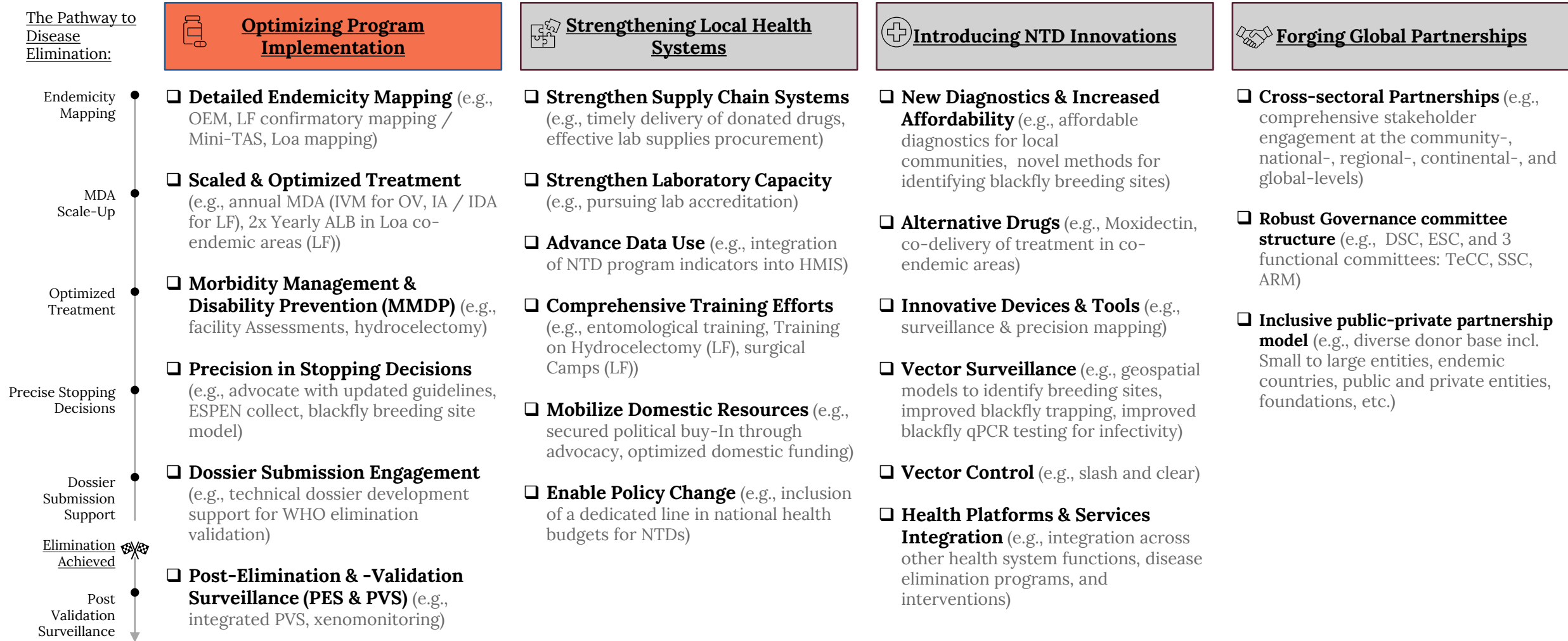
Pillar 4: Forging Global Partnerships

Promote collaborative, multi-sectoral partnerships, drive advocacy efforts, and establish a sense of country leadership to collectively accelerate progress towards the elimination of Oncho & LF

**These 4 pillars
collectively enable:**

Healthier
Communities,
Increased Economic
Productivity, and a
Significant Reduction
in the Burden of
Oncho & LF on the
African Continent

“What Does RLMF Do?”: The Scope of Interventions Enabling Our Strategy



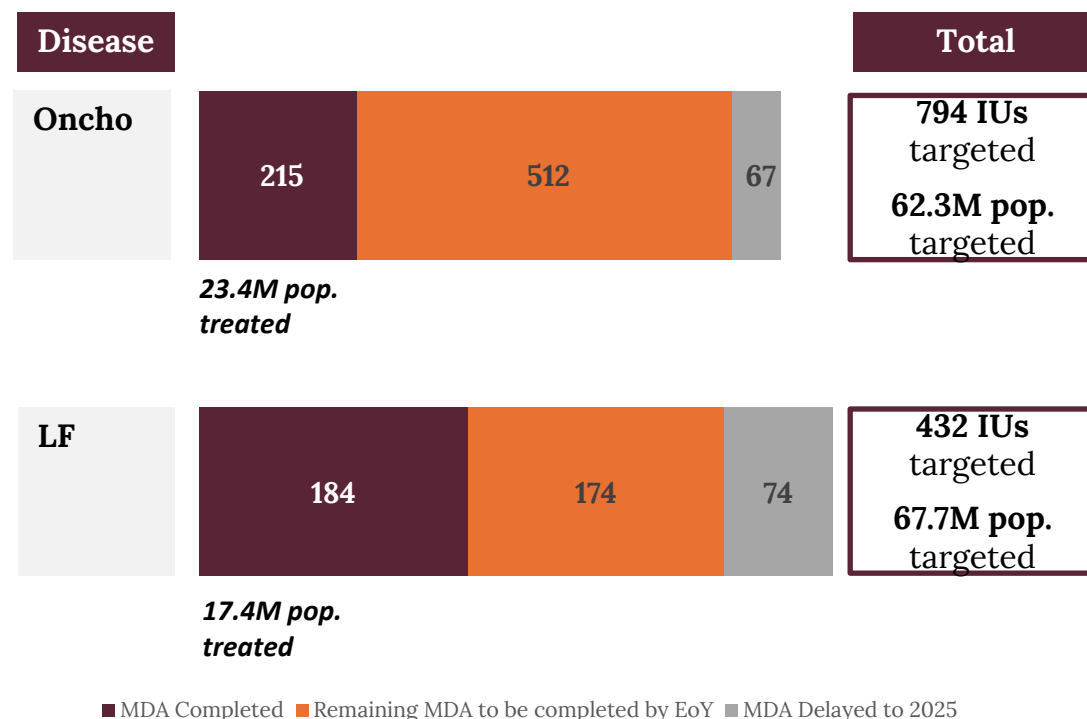
RLMF Expansion Program Structure



2024 Activity Highlights

As of Oct. 2024, ~130 million people were targeted for MDA for onchocerciasis and LF, with 1,517 surgeries and 31 surveys expected to be completed

Status of MDA by IU, 2024*



Status of DMDI (hydrocele surgeries), 2024*



Status of surveys completed by IU, 2024*



Notes: Numbers are as of October 31st, 2024
Source: [2024 Progress](#)

2024 Partnership and Stakeholder Engagement Highlights

RLMF engaged in key global and regional forums to advocate for the initiative, foster partnerships, and advance NTD goals through high-impact events

Partnership Building



World Health Assembly: Regional Director Meeting & RLMF Side-Event May 2024

Brief the WHO AFRO leadership and Ministers of Health on RLMF including strategic pillars, 2024 activities, and partnership opportunities..



Bi-Lateral Country Calls June – August 2024

Gain a deeper understanding of each countries' priorities, issues, and concerns while discussing their assigned coordinating partner.



General Assembly of the United Nations

UNGA: Side Meeting with AU Ambassador September 2024

Re-introduce RLMF and secure high-level support for accelerating progress.



Nigeria Delegation Partner & Ministry of Health Meeting October 2024

Recognizing Nigeria's high NTD burden, secure support for RLMF's efforts with the MoH and address key country level challenges..



Informational Outreach



Kikundi Webinar with NTD PMs April 2024

Webinars with various stakeholder in the NTD ecosystem to share RLMF's strategic priorities and opportunities for collaboration.



NNN Webinar May 2024

Mectizan Expert Committee Meeting April 2024, November 2024

Provide updates on RLMF technical strategy and evolution of RLMF governance structure.



AFRO Regional Program Review Group November 2024

Expanded Steering Committee Meeting December 2024



ONCHO MDA - MALAWI



ONCHO MDA - MALI



LF - MALI



DOSE POLE BEFORE ONCHO MDA - NIGERIA



LF HYDROCELE SURGERY - NIGERIA



ONCHO SURVEYS - SENEGAL



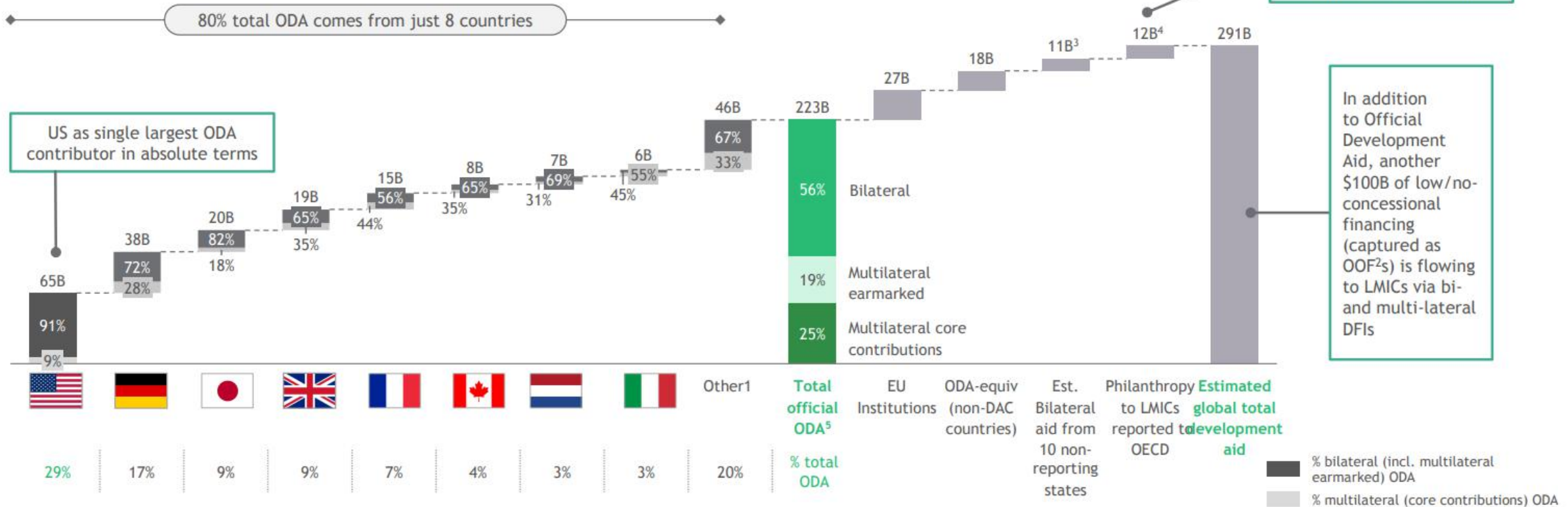
ONCHO EDUCATION - ETHIOPIA

Global funding | Development Aid estimated at \$291B globally

Snapshot of the estimated global Development Aid ecosystem

Total 2023, Current, USD B

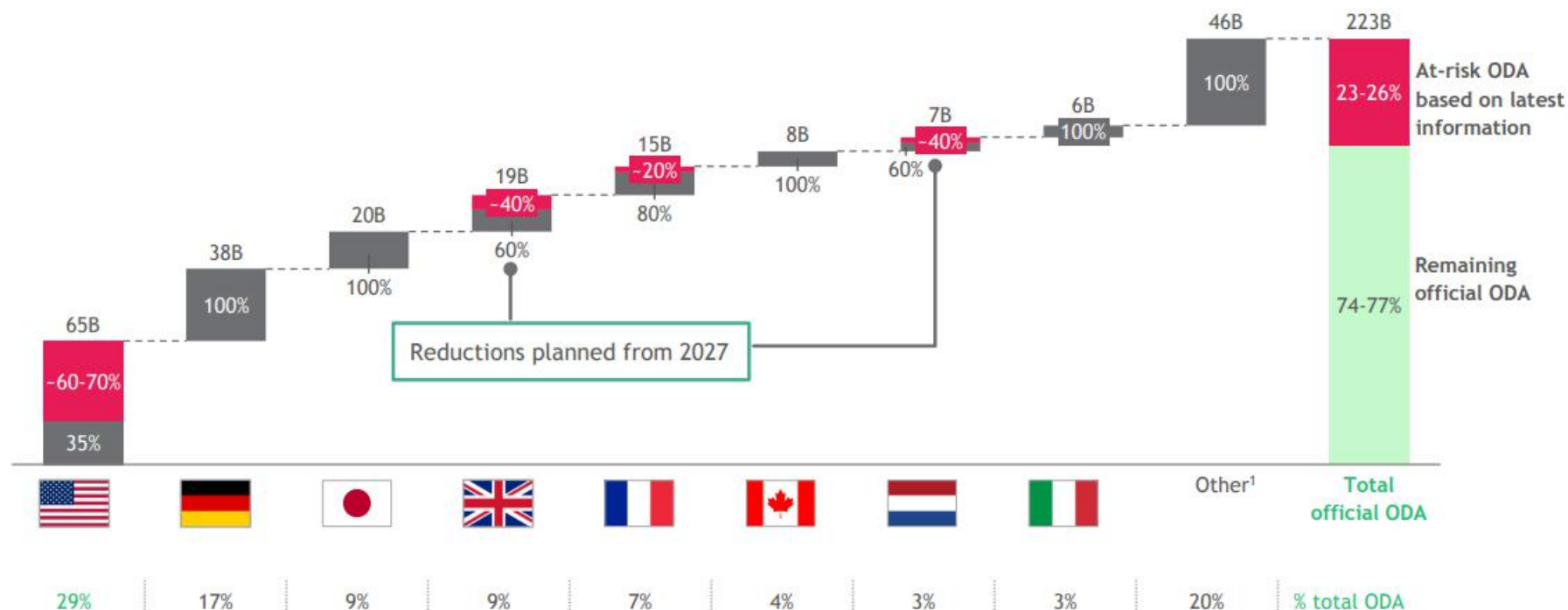
Note: Only captures ODA or equivalent funds (based on OECD definitions) flowing to lower & lower-middle income countries (not broader investments)



1. Other countries include 23 other DAC countries; 2. OOF: Transactions by the official sector which do not meet the conditions for eligibility as Official Development Assistance, either because they are not primarily aimed at development, or because they have an insufficient grant element; 3. 2019 OECD estimate of 4.8% (latest available) applied to 2023 base (\$223B) - Incl. China, Brazil, Chile, Mexico, India, S. Africa; 4. Estimation based on CAGR (2019-22) applied to 2022 data (\$11B) reported by OECD to keep source consistency- actual philanthropy numbers expected to be higher; 5. ODA includes ODA loans (min 25% grant element (at 10% discount rate)) and ODA grants (100% grant - non-repayable). Sources: OECD ([2022](#); [2023](#)); BCG Analysis

Global resources | Up to ~\$60Bn or 26% of ODA at near- or medium-term risk of reduction, based on current information

Snapshot of the estimated global Official Development Aid ecosystem
Total 2023, Current, USD B



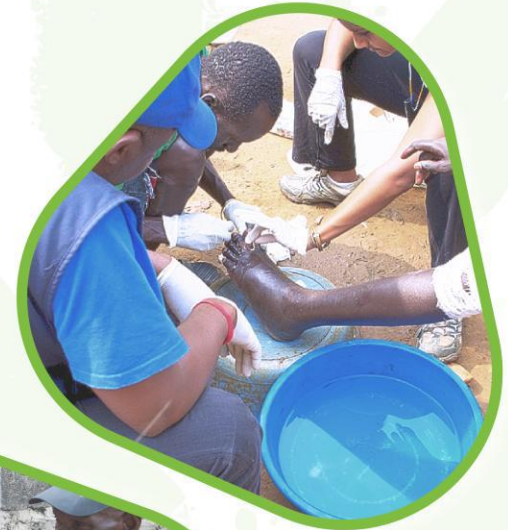
~\$50-60Bn

- Estimated gap based on latest information, however, potential for additional reductions from other top donors (e.g., Germany) or re-allocation by US;
- Estimated that >90% of this gap will be grants

RLMF 2025 Progress and Outlook

- **Given the drastic recent changes in the global development landscape, the Donor Steering Committee was faced with very difficult decisions about RLMF's 2025 activities and funding.** The fund is actively working through remaining details and will share further updates soon.
- The fund is committed to supporting countries in advancing progress across key priority areas, including:
 - **Deepening country ownership and leadership:** RLMF will empower countries to lead planning, implementation, and financing—with domestic resource mobilization as a key step toward transition
 - **Accelerating innovation for impact:** RLMF will scale digital platforms, next-generation diagnostics, and moxidectin to improve real-time data use, accelerate MDA, and boost program quality
 - **Supporting systems strengthening and integration:** RLMF will strengthen national systems through investments in supply chains and others, while leveraging platforms to enhance efficiency and integration into primary care

THANK YOU



Panorama atual do Financiamento para DTNs - ANGOLA

Dra. Maria Cecilia de Almeida

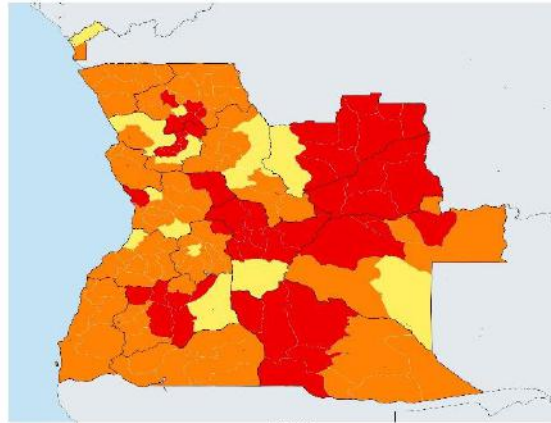
Coordenadora Nacional das DTNs

15 de Abril de 2025



Situação epidemiológica DTNs

Angola (2022)
Status of Onchocerciasis Elimination



Legend:
 Green: Non-endemic
 Red: Endemic, requiring MDA
 Orange: Endemic, requiring MDA
 Yellow: Endemic, requiring MDA
 Light blue: Under post-elimination surveillance
 Dark blue: Unknown (Consider Oncho Elimination Mapping)
 Grey: No data available

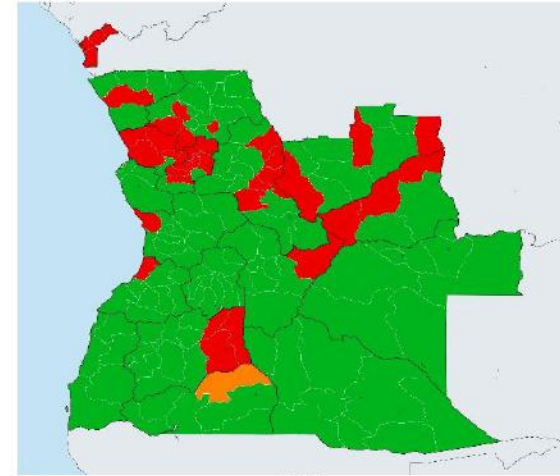
Data Source: Data provided by health authorities to WHO through WHO reporting processes. All reported data are subject to verification by WHO. Information is updated 2023-06-01. All rights reserved. Generated 29 January 2024.



Onchocerciasis

Províncias Endémicas	10 / 18
IUs endémicas	48 / 164
IU Endem. desconhecida	116 / 164

Angola (2022)
Status of Lymphatic filariasis Elimination



Legend:
 Green: Non-endemic
 Red: Endemic, requiring MDA
 Orange: Endemic, requiring MDA
 Yellow: Endemic, requiring MDA
 Light blue: Under post-elimination surveillance
 Dark blue: Endemicity unknown
 Grey: No data available

Data Source: Data provided by health authorities to WHO through WHO reporting processes. All reported data are subject to verification by WHO. Information is updated 2023-06-01. All rights reserved. Generated 29 January 2024.

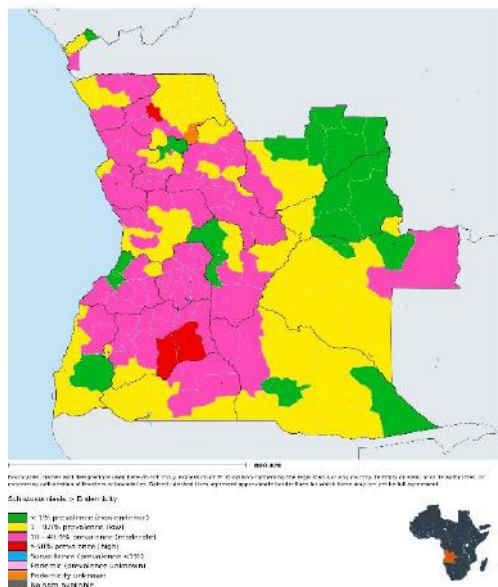


Lymphatic Filariasis

Províncias Endémicas	12 / 18
IUs endémicas	38 / 164
IU Endem. desconhecida	2 / 164

Situação epidemiológica DTNs

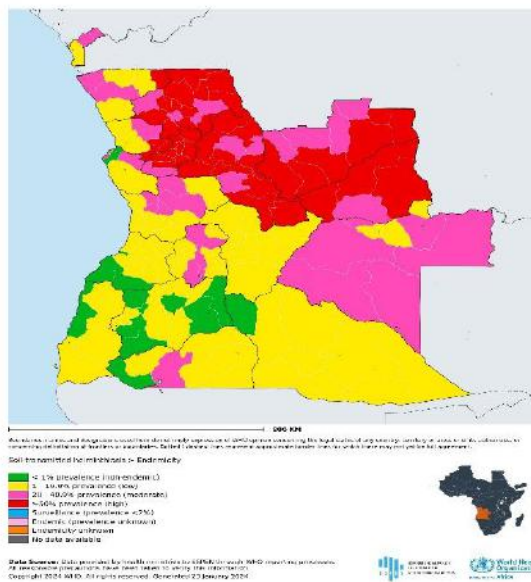
Angola (2022)
Status of Schistosomiasis Elimination



Schistosomiasse

Províncias Endémicas	18/18
IUs Endémicas	115/164
IU Endem. desconhecida	5/164

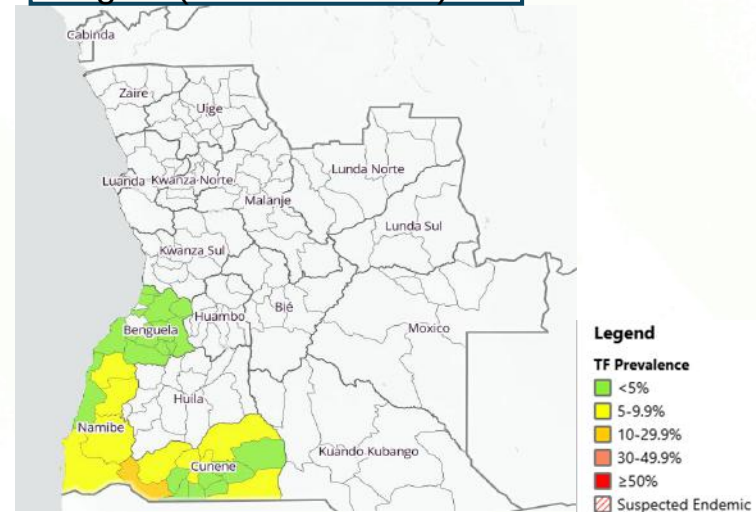
Angola (2022)
Status of Soil-transmitted helminthiasis Elimination



Helmintos Transmitido pelo Solo

Províncias Endémicas	13 / 18
IUs	91UI / 164
Endémicas	

Angola (Tracoma 2025)



Tracoma

Províncias Mapeadas	3/18
UA mapeadas	28
UA TF 10-29,9%	1/28
UA TF 5-9,9%	8/28
UA TF ≤5%	19/28
TT ≤2%	TODAS UA

Apoio e lacunas - AMM

Descrição	Requer Tratamento	Apoios2024	Apoiadas 2025	Lacuna 2024
Províncias Endémicas - ONCO	10	8	0	2 províncias
IUs Endémicas - ONCO	48	36	0	12 IUs
Províncias Endémicas - FL	12	7	0	5 Província
IUs Endémicas - FL	38	24	0	14 UIs

Apoio e lacunas - AMM

Descrição	Requer Tratamento	Apoiados 2024	Lacuna 2024
Províncias Endémicas - SCH	18	13	5 Províncias
IUs Endémicas - SCH	115	68	47 IUs
Províncias Endémicas - HTS	13	11	2 Províncias
IUs Endémicas - HTS	91	78	13 IUs
Províncias Endémicas -Tracoma	2	0	2
IUs Endémicas –Tracoma	9	0	9

Apoio e lacunas – Estratégias QP

Quimioterapia Preventiva
(QP)



Promoção de Água sem
risco para saúde,
Saneamento e Higiene
(ASHE)



Manejo intensificado de
casos



Luta antivectorial e contra
os hospedeiros



Saúde Pública Veterinária
(humano-animal)



Apoio-Fundos-End Fund

Período da implementação	Duração	Pacote Financeiro
2013 - 2018	5 anos	7.0 milhões USD (inclui ações do ASHE e Mapeamento também)
Mar 2018 - Set 2021	3 anos 6 meses	4.2 milhões USD (inclui Mapeamento também)
Set 2021 – Dez 2021	4 Meses	400 mil USD
Jan - Dez de 2022	1 ano	1.3 milhões USD
Jan – Dez de 2023	1 Ano	1.6 milhões
Jan – Dez de 2024	1 Ano	1.6 milhões
Abril – Dez de 2025	1 Ano	1 milhão
Total Global	13 ano	17.1 milhões

Impacto atual da Diminuição de Fundos

Descrição	Endémicos que eram apoiado	Ficam sem tratamento em 2025	Impacto
Províncias Endémicas - ONCO	8	10	Forte
IUs Endémicas - ONCO	36	36	
Províncias Endémicas - FL	7	12	Forte
IUs Endémicas - FL	24	38	

População que vai ficar sem tratamento por conta de cortes em 2025:

1. Oncocercose = 4 432 114 (JRSM = 5 595 831)
2. Filaríase Linfática = 1 941 674 (JRSM= 3 603 131)

Impacto atual de corte dos Fundos

Descrição	Endêmicos que foram apoiadas	Ficam sem tratamento em 2025	Impacto
Províncias Endêmicas - SCH	6 +(7 BM)	1	Moderada
IUs Endêmicas - SCH	68	14	
Províncias Endêmicas - HTS	11	0	Baixo
IUs Endêmicas - HTS	78	0	
UI Endêmicas –Tracoma	0	9	Forte

População que vai ficar sem tratamento por conta de cortes em 2025:

1. Schistosomiose =
2. Helmintos Transmitido pelo Solo = Ficam apenas sem 2ª Ronda de Tratamento
3. Tracoma: 919,739 (TEMF2025)

Desafíos asociados a corte de Fondos

- Dificuldade na implementação de campanhas / Campanhas.
- Baixa Coberturas programáticas
- Redução progressiva de fundos / apoio internacionais para DTNs.
- Interrupção de tratamento que compromete resultados alcançados ao longo dos anos.



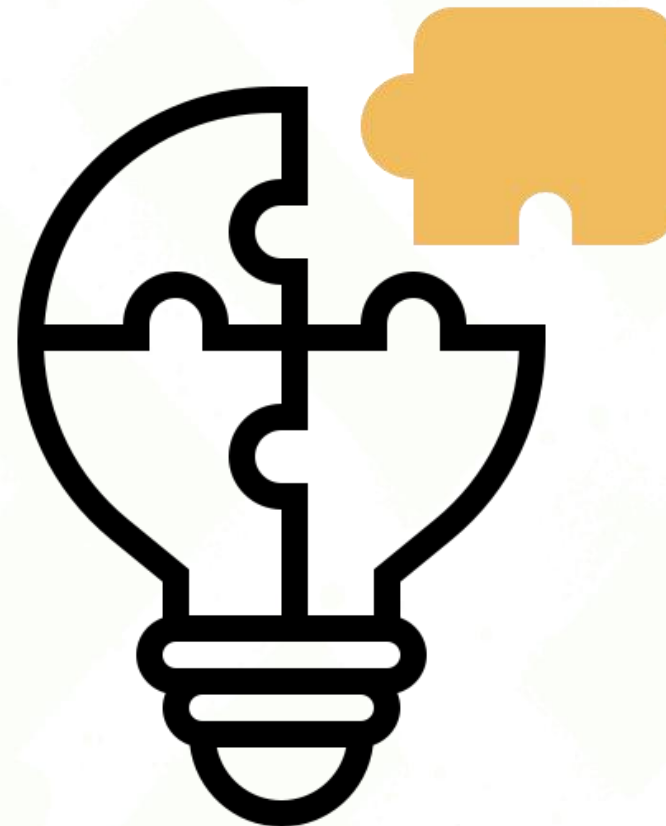
Desafíos asociados a corte fe Fundos

- Poucos fundos ou doadores alocado ao pais.
- Diminuição do apoio de doadores tradicionais
- Falta de Parcerias Locais



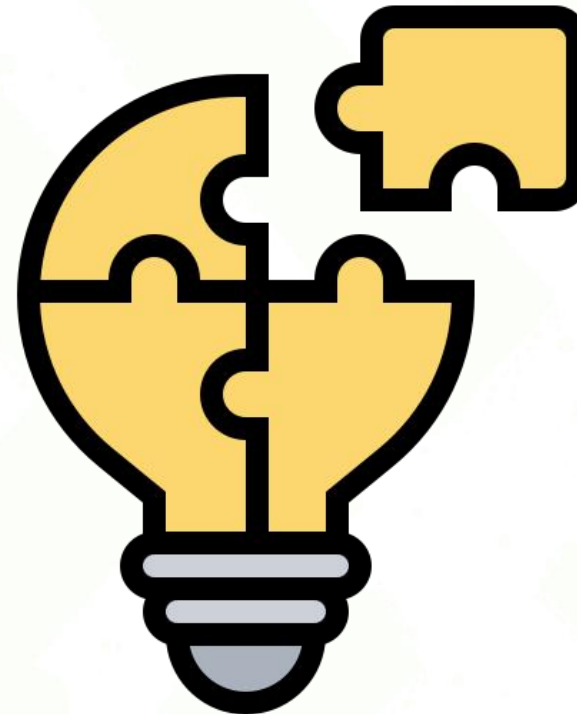
Soluções & Estrategias

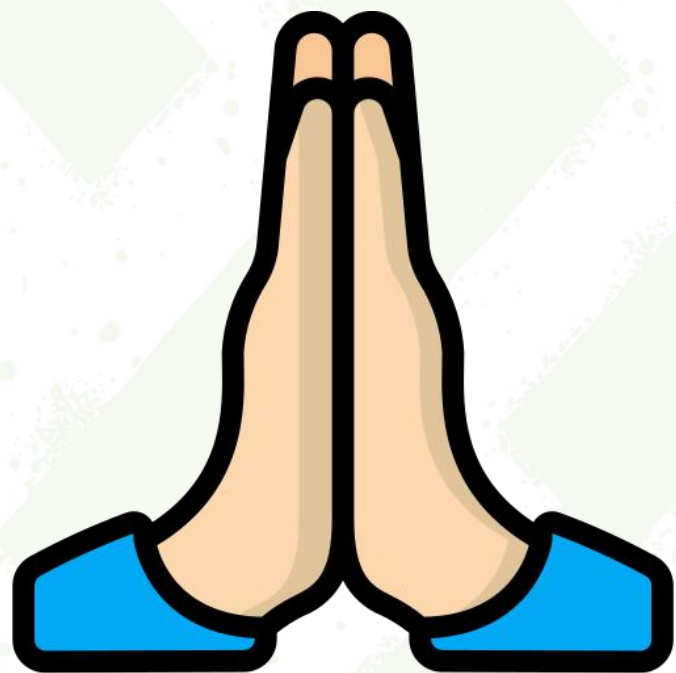
- Parcerias estratégicas com novos doadores
- Rentabilizar os recursos através de Integração de tratamentos (Triterapia)
- Estabelecer Parceiras multisectorial com outros ministérios.



Soluções & Estratégias

- Advogar para ter uma fatia do OGE para DTNs.
- Explorar Parcerias Públicas – Privadas.
- Integração das atividades com outros programas.





OBRIGADO



Résilience du PNLMT du Bénin après la suspension du financement de l'USAID : Entre stratégies et adaptation

Dr Ndeye – Marie BASSABI- ALLADJI
CN/PNLMT Bénin



Contexte



Objectif du PNLMT au Bénin

Réduire la prévalence des MTN notamment l'onchocercose, la filariose et les schistosomiasés et geohelminthiases au Bénin.



Plusieurs partenaires

Accompagnant le PNLMT

- FHI 360 (USAID)
- SIGHTSAVERS
- OMS
- CHAI
- ALM
- SUA



USAID(FHI360)

Partenaire clé finançant/co-finançant les traitements de masse, et d'autres activités

Problématique



- Suspension coïncidant avec le traitement de masse contre l'oncocerchse prévu dans 51 communes
- **Réorganisation urgente nécessaire surtout pour le TDM**

Impact de la suspension de l'USAID

70%

Financement perdu

Part des activités du programme
financées par l'USAID

15/25

Activités du T1 impactées

Entièrement financées ou co-
financées par l'USAID (FHI360) y
compris le TDM

3

Défis majeurs

Retard des activités, activités
compromises, perturbation
logistique

1

Challenge majeur

Préparation traitement de masse contre
l'oncocercose dans 51 communes en cours

STRATEGIES

Evaluation des GAPS suite
à la suspension de l'USAID

Initiatives
de
Plaidoyer

Prise en
main
nationale

Optimisation
des
ressources

Replanification
des activités

Initiatives de plaidoyer

Bailleurs et partenaires internationaux

- Evaluation des gaps , Démarches intensifiées auprès des partenaires du PNLMT notamment SIGHTSAVERS pour mobilisation de fonds supplémentaires
- Plaidoyer intensif de SIGHTSAVERS auprès de bailleurs internationaux

Gouvernement béninois/Ministère de la Santé

- Participation active aux plaidoyers pour mobilisation de fonds supplémentaires
- Rencontres avec les différents partenaires pour trouver des pistes de solutions et financements additionnels

Communautés locales

- Négociations avec les relais communautaires relatifs à leurs paiements sur la PNSC

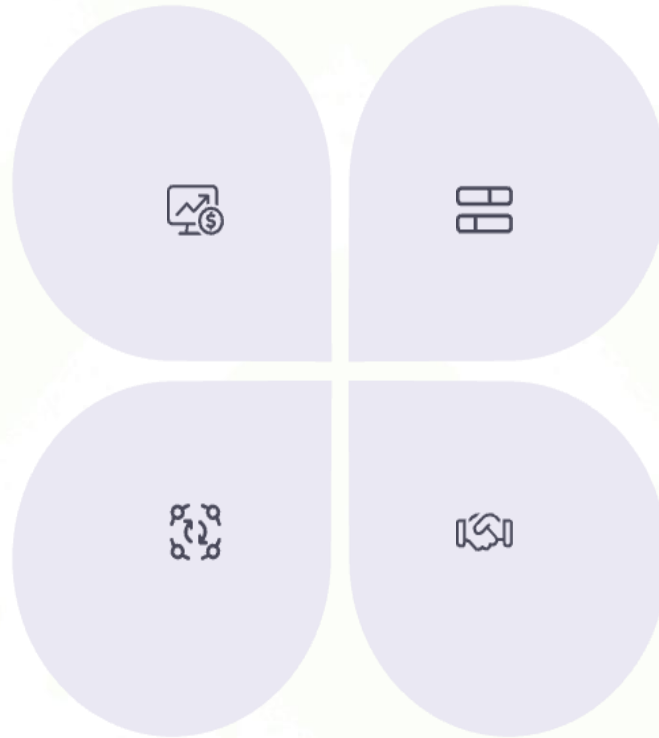
Prise en main nationale

Capacités locales

Gestion du support technique de la campagne par la DSI du MS et de certains aspects qui devaient être gérés par le prestataire moyennant des fonds

Prise en charge de certains coûts

Mutualisation des certains coûts liés à l'application digitalisée sur le compte de la PNSC (abonnement pour les comptes utilisateurs)



Gestion décentralisée

Chaque région responsabilisée pour la formation et la gestion de certains aspects logistiques de la campagne

S'appuyer sur les acquis de la PNSC

Utilisation des Relais communautaires et ASCQ de la PNSC au lieu des TTA

Optimisation des ressources

Réduction des coûts

- Rationalisation des coûts.
- Équipes locales privilégiées.
- Négociations avec le prestataire techniques (DIMAGI) pour le coût liés à l'application de digitalisation de la campagne
- Appui à distance des prestataires

Ressources humaines

Agents locaux pour le traitement formés sur place au lieu d'avoir des pools de formation afin de minimiser les coûts de déplacement

Revue budgétaire de l'activité

Revue de ensemble des budgets des différentes activités préparatoires restantes et des budgets de la mise en oeuvre du TDM sans affecter la qualité du TDM

Replanification des activités (notamment le TDM)



Report stratégique

Activités de formation et de Traitement de masse reprogrammé



Nouvelle stratégie

Priorités réajustées ; Mobilisation rapide des fonds ; Replanification des activités préparatoires et de la mise en oeuvre du TDM



Adaptation des ressources - activités

Gestion des ressources disponibles et à mobiliser pour couvrir les activités

Succès



Obtention de financement additionnel auprès de SIGHTSAVERS

Mobilisation de fonds supplémentaires qui ont permis de couvrir une partie des gaps liés à la suspension de l'USAID pour la campagne TDM ONCHO



Réalisation effective de la campagne du TDM ONCHO dans 51 communes

Du 31 mars au 9 avril 2025 alors qu'initialement prévu du 24 Février au 5 mars



Renforcement des capacités locales

Leçons apprises & perspectives



Autonomie durable

Renforcement continu des capacités locales pour une gestion indépendante.



Diversification des partenaires et des financements

Multiplier les partenariats pour éviter la dépendance à un seul bailleur.



Mobilisation communautaire

L'engagement local est essentiel pour la réussite des programmes de santé.



Optimisation des ressources

Solutions innovantes pour réduire les coûts sans compromettre la qualité.

Conclusion



Résilience démontrée

Réorganisation réussie malgré la suspension des financements de l'USAID



Objectifs atteints

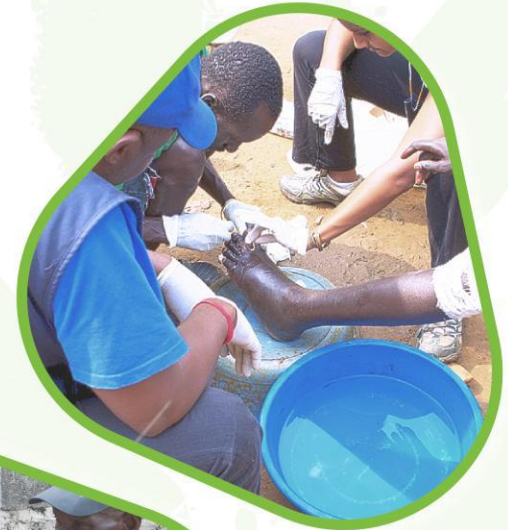
Traitement réalisé avec succès dans 51 communes.



Perspectives d'avenir

Renforcement de la coordination nationale et internationale.

THANK YOU



Current funding landscap for NTDs, Ethiopia

The funding situation and mitigation plan

TESFAHUN BISHAW

NATIONAL NTDs COORDINATOR-
MINISTRY OF HEALTH



Impact of USAID cut in Ethiopia NTDs program

- This funding freeze impacted neglected tropical disease programs that was assisted by USAID Act|East through implementing partners, such as RTI International, LFTW and FHF
- The funding cut impacted the MDA and survey of Trachoma, onchocerciasis and LF programs
- In the funding cut, Oromia, Benishangul Gumuz, Tigray and Gambella regions are affected

Impacted program and population at risk

<i>Program</i>	<i>Activities</i>	<i>Number of districts</i>	<i>Estimated cost (USD)</i>	<i>Population</i>	<i>Implementing partner</i>
Trachoma	MDA	118	5,186,956	14,819,87	FHF,LFTW, RTI
	Child MDA	23	826,178	2,360,509	FHF,LFTW, RTI
	Survey	130	1,690,000		FHF,LFTW, RTI
Subtotal			7,703,132		
Onchocerciasis	Mass Drug Administration	94	1,105,851.00	8,507,197	MoH, RTI.I and LFTW
	Program assessment (impact and river prospection)	94	351,560.00		RTI.International/EPHI
Sub total			1,457,411.00		
Lymphatic Filariasis	Mass Drug Administration	3	33,533.00	2,458,984	LFTW
	Transmission assessment survey	19	192,072.00		RTI International
Sub total			225,605.00		
Grand total			9,386,148		

Measure taken

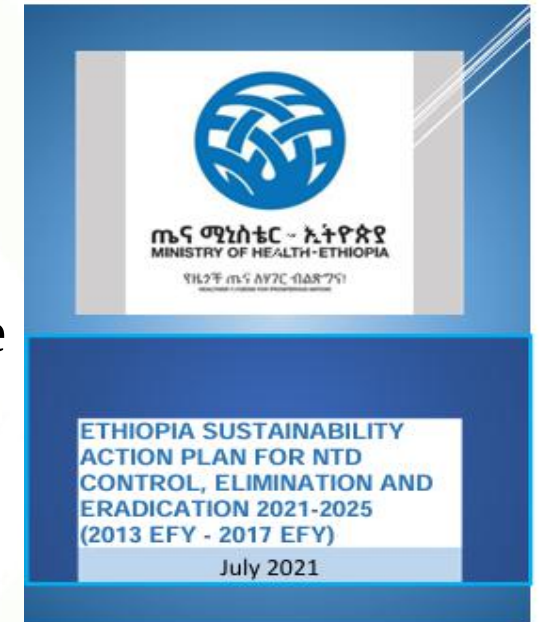
The stop work order was sudden, that complicated on how to mitigate the problems
Most of the districts were on training for MDA, entomological and epidemiological surveys

Immediately after the stop work order news;

- Funding gap analysis was done at MoH and NTDs department level
 - The result presented to the MoH higher officials, IP, some funders and RHBs
 - Collected data on NTD medicines which are at risk of expiry at each level
 - Except 95,000 Ivermectin tablets which will expire on the 31st of October 2025 the rest of the medicines will be expired on the 31st of March 2026
 - The Ivermectin at risk of expiry was mobilized to other IUs for immediate use
 - The program has also submitted the survey on the current situation to ESPEN
- ✓ **There is ongoing negotiation with donors to secure funding for trachoma MDA and survey for all districts in Oromia region**

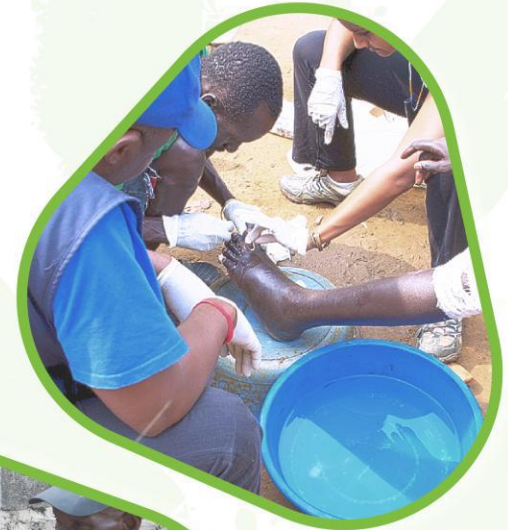
Long term mitigation plan

- ✓ There is a good progress of domestic financing experience that aligns with the national sustainability framework
 - Drug procurement for skin NTDs medicines,
 - Covered implementation costs for MMDP, TT surgery, HAT
 - Co-financing for deworming program with The End Fund and the regional states
 - Inclusion of NTDs service under the health insurance scheme
- Prioritization of interventions and partnership for the NTDs endgame
- Integration of MDA with other health programs by using the CAS initiative



Ethiopia Sustainability Action Plan
for NTD Control, Elimination and Eradication
2021-2025
© Federal Ministry of Health,
Ethiopia
Addis Ababa, 2021

THANK YOU



Funding Landscape for NTD in Tanzania

Dr Clarer Jones
Manager-NTD Control Program
Tanzania



Neglected Tropical Diseases Control Program in Tanzania

- Tanzania is endemic to more than 15 NTDs
- 2009 integrated NTD control program (NTDCP) launched targeting the Five Chemotherapy Preventable Diseases
 1. Lymphatic filariasis
 2. Onchocerciasis
 3. Schistosomiasis
 4. Soil transmitted Helminthiasis
 5. Trachoma

Initially, interventions to control NTDs were implemented as vertical program for each individual disease

NTDCP Partners

Several partners support (or have supported) NTD activities in Tanzania

- ❑ USAID since 2009 (through the African Program for Onchocerciasis Control (2009–2015), NTD Control Program (2010–2011), ENVISION (2011–2019), and currently through the Act | East program, managed by RTI International.
- ❑ Sights savers UK since 2014 Trachoma interventions (Currently Surgery and F&E)
- ❑ The ENDFUND since 2015, LF-MMDP.
(RLM Expansion Project for LF and OV-Submitted work plan
- ❑ Bill and Melinda Gates Foundation via the Supply Chain Technical Support Mechanism for NTDs (SCTSM) awarded to JSI.
- ❑ United Kingdom (2019-2022) through DFID, ASCEND and ARISE NTDs (2021-2022)

NTD country directions 2021-2026

HSSP V

Strategic directions

- Fighting NTDs (Focus on 5PCTs)
- Continue to increase domestic funding in the health sector budget with a view to meeting high priority needs in line with the overall country's priorities.

NTD Master plan

Priority areas

- Strengthen Government Ownership, Advocacy, Coordination and Partnership
- Enhance planning for results, resource mobilization and financial sustainability
- Scale up access to interventions, treatment and system capacity building
- Enhance NTD monitoring and evaluation, surveillance and operational research

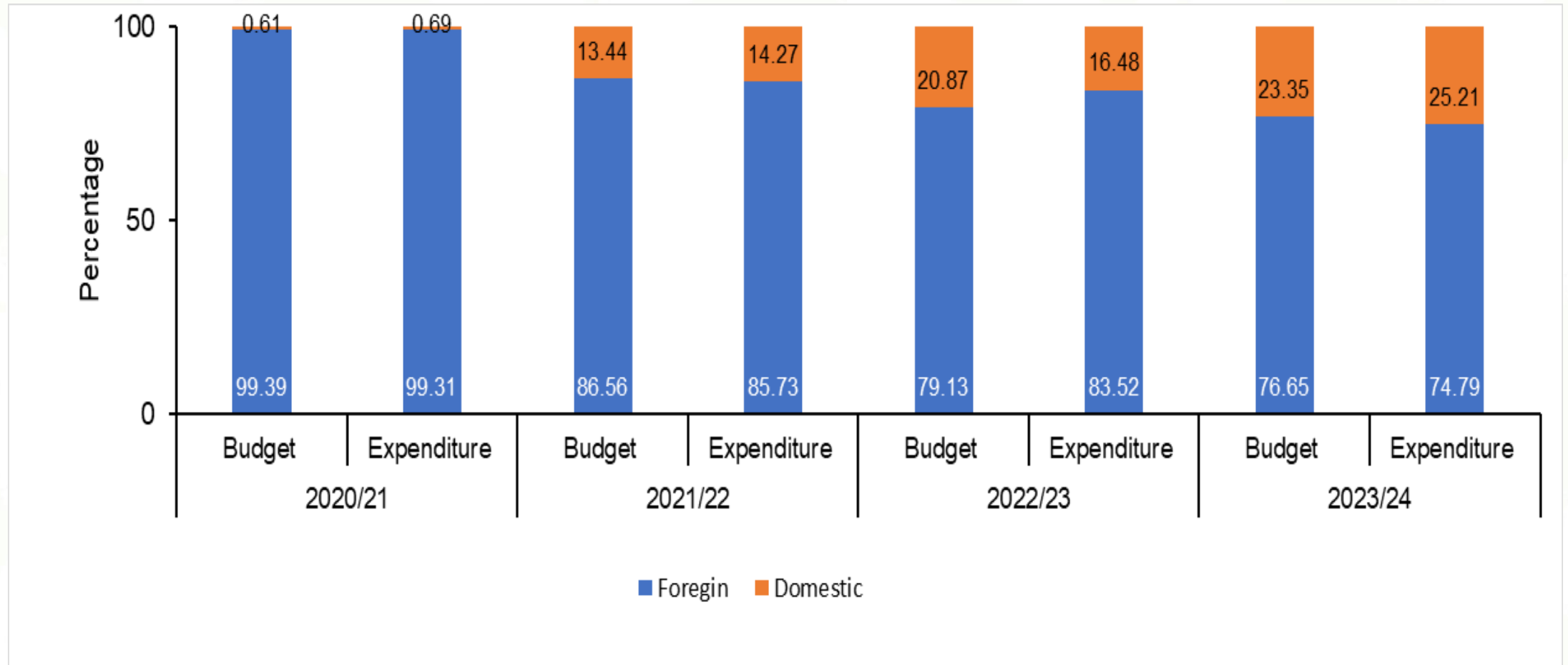
NTD sustainability Plan

Goal: To Sustain the Gains and Interventions of Neglected Tropical Diseases Control and Elimination

Objectives

1. Improve NTD services, both at the facility and community levels
2. Strengthening the availability and quality of NTD data to improve decision making
3. Integrate NTD into wider health sector coordination structures
4. To increase Domestic financing of NTD intervention up to 60% by 2026

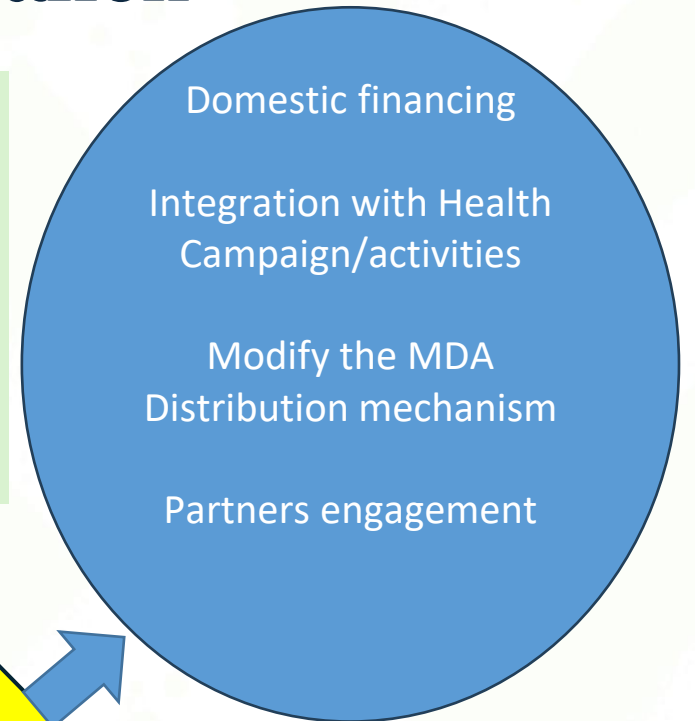
NTD budget and expenditure by sources in 184 councils, FY 2020/21- 2023/2024



Key Aspects of Funding and Action taken

- Abrupt fund freeze
- Inadequate domestic financing for NTD interventions
- insufficient planning and budgeting capacity
- Lack of NTD data use during planning
- Vertical implementation approach

- *allocation of additional domestic fund*
- *Advocate for inclusion of NTDs services within the UHI*
- *Fundraising, Corporate Social Responsibility (CSR)*
- *Inclusion of NTD persons within the approved earmarked taxes*
- *Change Implementation strategy*



Where are now..

Planrep system/CCHP

- Incorporation of NTD situational analysis tables and assessment criteria
- Developed NTD prototype activities and service outputs
- CCHP Submitted to National level
- NTD Health Commodities intergrated in eLMIS

DHIS2

Incorporation of NTD specific indicators/data elements in DHIS2

community information systems (in the process)

Planning, budgeting and Tracking

Continue NTD stakeholders' engagements

Transitioning to Sustainable NTD Financing

Lessons Learned & Next Steps

Summary of lessons learned:

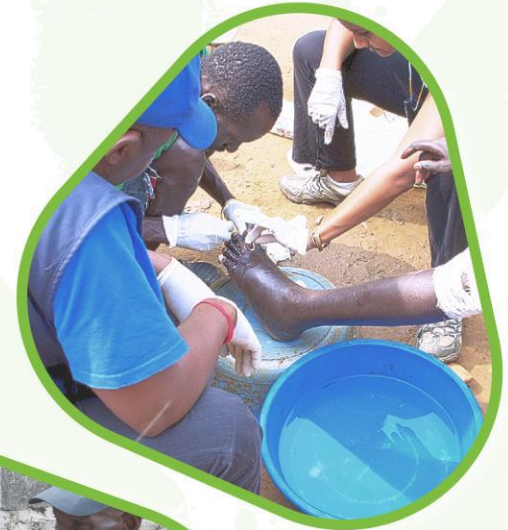
"Strengthening planning and budgeting at council level increases Country Ownership"

1. Getting buy in and engagement of key decision makers is key towards sustainability
2. Engagement of key council planners increase NTD understanding and hence prioritization
3. Effective NTDs planning and budgeting is enhanced by NTD data availability into DHIS2
4. At council level District Medical Officers (DMOs) are key in health fund allocation. Targeted advocacy is required to enhance allocation of funds from local resources to support NTDs.

Next Steps:

- Build evidence for national level NTD domestic financing using results of the financing strategy.
- Institutionalize the tracking and reporting of all council NTD budgets and expenditures in line with the existing ministry's reporting mechanisms
- Strengthen resource mobilization for National Level Coordination and HSS

THANK YOU



END OF DAY 1

Merci Beaucoup!

