

THE EXPANDED SPECIAL PROJECT FOR ELIMINATION OF NEGLECTED TROPICAL DISEASES

ESPEN

2017 ANNUAL REPORT

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ACRONYMS

AFRO	World Health Organization Regional Office for Africa
ALB	Albendazole
APOC	Africa Program for Onchocerciasis Control
CIND	Country Integrated Neglected Tropical Disease Database
DBS	Dry Blood Spots
DRC	Democratic Republic of the Congo
DQA	Data Quality Assessment
ESPEN	Expanded Special Project for Elimination of Neglected Tropical Diseases
FMOH	Federal Ministry of Health
FTS	Filarial Test Strip
IVM	Ivermectin
JAP	Joint Application Package
LF	Lymphatic Filariasis
MDA	Mass Drug Administration
NPO	Nonprofit Organization
NTDs	Neglected Tropical Diseases
Oncho	Onchocerciasis
PC	Preventive Chemotherapy
PC-NTDs	Preventive Chemotherapy Neglected Tropical Diseases
PCR	Polymerase Chain Reaction
PZQ	Praziquantel
RPRG	Regional Program Review Group
SCH	Schistosomiasis
SCM	Supply Chain Management
STH	Soil-Transmitted Helminths
TAS	Transmission Assessment Survey
TFGH	Task Force for Global health
TRA	Trachoma
VFM	Value for Money
WHO	World Health Organization
WHO-HQ	World Health Organization Headquarters
WHO-NPO	World Health Organization National Professional Officer
WCO	World Health Organization Country Offices



Dear Friends and Colleagues,

2017 marks the sixth anniversary of the London Declaration on Neglected Tropical Diseases. In the London Declaration, the world committed itself to the control, elimination, and eradication of 10 NTDs by 2020. Simultaneously, the CEOs of the largest pharmaceutical companies committed to donate all the drugs needed to meet these audacious goals.

The growing momentum to control and eliminate NTDs prompted the decision of the World Health Organization to create the Expanded Special Project for Elimination of Neglected Tropical Diseases (ESPEN). Through ESPEN, WHO provides national NTD programs with support to accelerate the control and elimination of the five NTDs which are amenable to preventive chemotherapy (PC-NTDs) and which pose the greatest burden on the African continent. Built in the spirit of partnership, ESPEN is the African solution proposed to eliminate PC-NTDs and salve the pain and suffering of millions of people. Collaboration has always been key to solving any large-scale public health problem, and this strong and unique alliance in the fight against NTDs has echoed this sentiment.

Today, our lengthy and challenging battle against NTDs in Africa is taking a significant turn through the ESPEN Partnership. Preventive chemotherapy is a game-changing treatment, which involves reaching entire at-risk communities annually with safe and effective medicines to treat and prevent NTDs. While the treatment in itself is a wonderful achievement, in 2017, ESPEN continuously strived to visibly reduce the enormous toll of NTDs on Africa. PC-NTD control and elimination cost less than US\$ 0.50 per person, per year while providing an enormous return on investment for both governments of endemic countries and donors. Medicine donations are a big win, but ensuring these drugs reach those who need them the most even in areas difficult to reach is critical. Thanks to ESPEN's technical assistance, endemic countries have recovered as many as 132 million life-saving treatments.

ESPEN is cultivating an extraordinary coalition to defeat NTDs, and the generosity of funding partners and drug donors will lead us to a future free of the pain, stigma, and decreased productivity NTDs cause. This targeted technical and operational support married with the incredible leadership we are seeing at the country level makes me optimistic that we will meet our NTD elimination targets. When we achieve these successes, we can leave a legacy of opportunities to a healthy generation. NTD elimination is a global responsibility, let it be ours!

Thank you for your continued support as we work together to #BeatNTDs.

Sincerely,

Dr. Matshidiso Rebecca Moeti

2017 IN A SNAPSHOT

With an initial budget of US\$15 million, in 2017 ESPEN provided direct operational and technical support to 32 countries:

- 14 countries* developed annual national plans of action and otherwise enable Ministries of Health in 17 countries** to leverage donated drugs for mass drug administration (MDA) programs scaling up treatments to target an additional 30 million people for at least 1 PC-NTD, in support of global NTD, UHC, and health system strengthening goals.
- 132 million tablets were recovered in 7 countries through supply chain analysis.
- 49 participants from 17 countries were trained to improve the management of donated medicines including the timely submission of the Joint Application Package (JAP) to WHO.
- ESPEN completed the unprecedented mapping of targeted PC-NTDs and launched an on-line open access data portal to give access to subnational data on NTDs in Africa, with a view to empowering Ministries of Health and other NTD partners with the information needed to make smart investments for NTD elimination and control.
- With a strong focus on achieving disease elimination ESPEN trained representatives from 20 countries to conduct integrated transmission assessment surveys (iTAS) for LF, oncho and STH to stop treatment when transmission has been interrupted or transition towards a different drug regime when at least one of the diseases remains as a public health problem

None of these achievements would have been possible without the active support, engagement and participation of all members of the ESPEN partnership: the national Ministries of Health, the World Health Organization and the stakeholders, including donors, implementing partners, the RPRG, the Coalition for Operation Research (COR-NTD) and academic institutions.

This report highlights the results and accomplishments towards the goals and objectives of ESPEN, challenges faced and resolution actions taken between November 2016 and December 2017.

**Benin, Comoros, Ethiopia, Guinea Bissau, Nigeria, Chad, Tanzania, Guinea, Democratic Republic of the Congo, Togo, São Tomé and Príncipe, Central African Republic, Congo and South Sudan.*

***Burundi Cape Verde, Chad, Comoros, Congo, Democratic Republic of the Congo, Eritrea, Ethiopia, Gambia, Lesotho, Madagascar, Malawi, Nigeria, São Tomé and Príncipe, S. Sudan, Sudan and Zambia.*

CHALLENGES AND LESSONS LEARNED

2017 was filled with both opportunities and challenges. These challenges and lessons learned hold great relevance for the next steps regarding the implementation and achievement of ESPEN's core objectives. ESPEN identifies strong partner collaboration as a key success driver. In the past year, ESPEN benefited from tremendous support from its partners, which allowed the Special Project to overcome many challenges inherent to new regional initiatives.

Ensuring timely access to funding for endemic countries is key to accelerating the control and elimination of PC-NTDs at the national level. In 2017, ESPEN focused on minimizing the administrative and financial procedures, which often caused significant delays in the transfer of funds dedicated to supporting the implementation of activities in endemic countries. As ESPEN benefits from a reduced program support costs of 7% instead of the usual 13% applicable to WHO, ESPEN had to create a new financial category (category 50). Countries are now able to access funds attributed to them and benefit from the reduced program support cost of 7%.

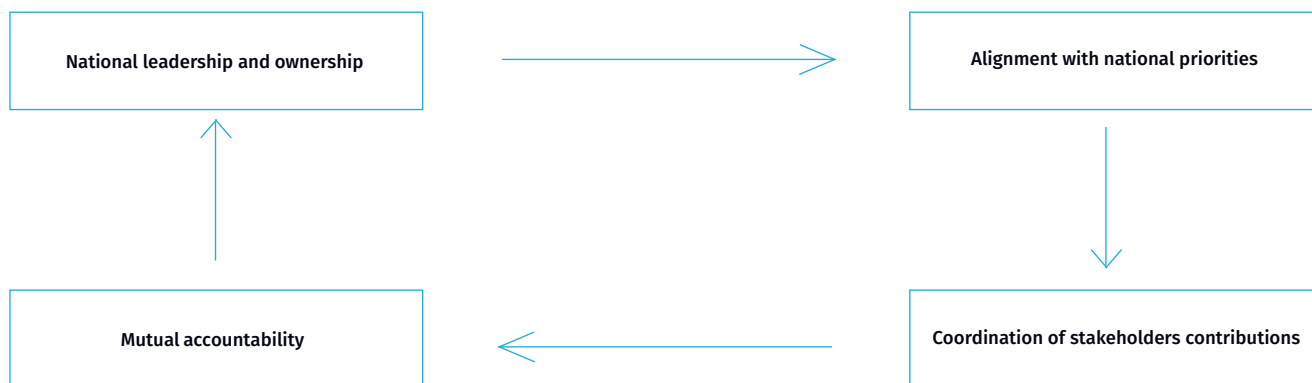
One of the most important achievement of ESPEN in 2017, the creation of the Portal, also came with its share of challenges in terms of coordination and gathering of subnational data from endemic countries. With the support from AFRO Regional Director and the WHO Country Offices, ESPEN collected written consent from the 45 countries sharing their subnational cartography on the Portal after the validation of their subnational-level boundaries.

ABOUT ESPEN

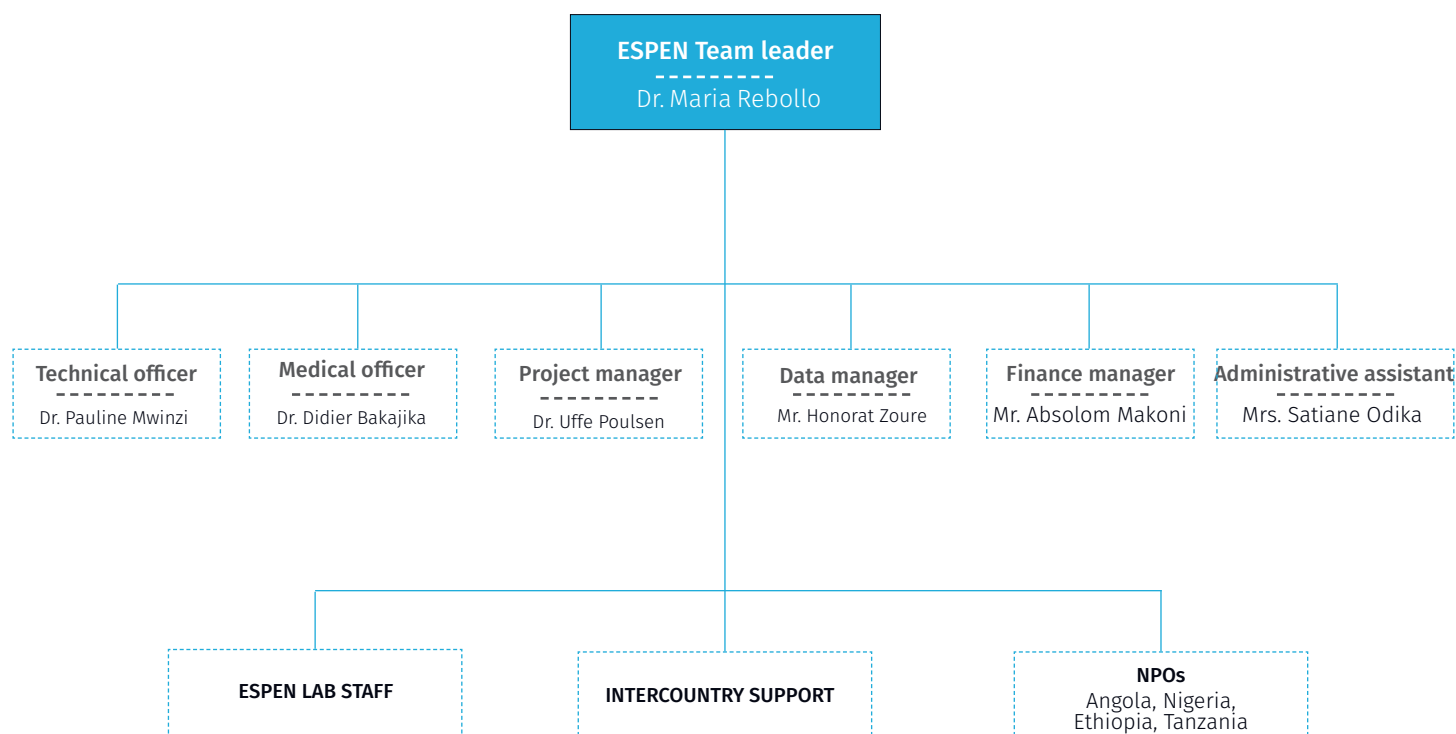
The Expanded Special Project for Elimination of Neglected Tropical Diseases (ESPEN) was established in the spirit of partnership between WHO Regional Office for Africa (AFRO), Member States and NTD partners in an effort to mobilize political, technical and financial resources to reduce the burden of the five most prevalent Neglected Tropical Diseases (NTDs) in Africa, lymphatic filariasis (LF), onchocerciasis (oncho), soil-transmitted helminthiasis (STH), schistosomiasis (SCH) and trachoma (TRA). Bound by the principles of transparency and accountability, ESPEN is ideally positioned to serve as a coordinating entity among partners and stakeholders and add value to government and partner investments through technical and operational support to endemic countries for the elimination of these disfiguring and debilitating diseases.

With a secretariat based in WHO AFRO headquarters in Brazzaville, ESPEN also expands beyond that Secretariat through the joint efforts of the entire PC-NTD partnership in Africa. The project focuses on a data-driven approach to inform evidence-based action aimed at achieving elimination. The critical pillar of ESPEN, is country ownership and leadership of their control and elimination programs, contributing to the broader WHO target of long-term sustainability and strengthening of health systems. ESPEN was established in the spirit of mutual accountability and trust where partners support each other to execute an aligned set of activities to achieve shared goals.

GUIDING PRINCIPLES



OUR TEAM



NEGLECTED TROPICAL DISEASES

Neglected Tropical Diseases are a diverse group of communicable diseases affecting 1.5 billion people worldwide. These preventable and treatable diseases cause severe pain, stigma and disfigurement while killing over 170,000 people and costing developing economies billions of dollars every year. They disproportionately affect the most vulnerable, marginalized people in the poorest, most remote communities around the world. Amongst populations in need, the African Region bears 39% of the total global burden of NTDs and, of this, 90% is accounted for by five diseases treated through regular preventive chemotherapy (PC) in a mechanism called mass drug administration (MDA). These are lymphatic filariasis, onchocerciasis, soil-transmitted helminthiasis, schistosomiasis and trachoma. 44 countries in the African region are endemic for at least 1 PC-NTD, 42 for at least 2 PC-NTDs and 17 for all the 5 PC-NTDs. In addition, ESPEN has now expanded to support 5 endemic countries in the Eastern Mediterranean WHO region (EMRO): Djibouti, Egypt, Yemen, Somalia and Sudan.



The London Declaration

Inspired by the World Health Organization's (WHO) 2020 Roadmap on NTDs, in January 2012 a coalition of philanthropic organizations, donor countries, governments of NTD endemic countries and pharmaceutical companies signed the London Declaration committing to control, eliminate or eradicate 10 NTDs by the year 2020. Out of this commitment, partner contributions have totaled more than \$1.7 billion including research to improve programs and funding of on-the-ground technical support to build capacity and ownership within countries. For the five PC-NTDs, availability of necessary drugs has been made possible through donations totaling more than \$17.8 billion tablets since the 2012 commitment.

While there are substantial existing donations of medicines provided by pharmaceutical companies, funding for distribution, coordination and technical gaps are preventing treatment for PC-NTDs reaching all populations in need. In May 2016, the WHO stepped forward to address these problems with an unprecedented organizational move and created the Expanded Special Project for Elimination of Neglected Tropical Diseases (ESPEN).

CORE OBJECTIVES

The goal of ESPEN is to accelerate the reduction of the burden of disease for the five PC-NTDs by 2020 through the control and elimination of targeted NTDs. It will be achieved through the following 4 objectives:

1. Scale up treatments towards the achievement of 100% geographical coverage

- Ensuring integration of PC-NTDs to improve cost efficiency

2. Scale down: Stopping treatments once transmission has been interrupted or control achieved

- Impact assessments
- Post MDA surveillance
- Dossiers and WHO validation
- Sustainability

3. Strengthen information systems for evidence-based action

- ESPEN Portal: user-friendliness & data availability

4. Improve the effective use of donated medicines through enhanced supply chain management

- Strengthened medicine forecasting
- Optimized medicine utilization rate and reduced waste

In addition, two supplementary objectives have been defined:

A. Effective partnerships and coordination

B. Resource mobilization

TARGETED OUTCOMES

Success towards ESPEN's core objectives and goal will be measured through the following indicators:



Increased coverage among populations requiring treatment

- % geographical coverage
- # people treated
- % coverage per district



Reduced number of people requiring PC

- # districts conducting impact assessments
- # districts no longer requiring PC



Strengthened country NTD programs

- # countries with annual workplans
- # countries completing JAP on time



Enhanced use of data for better decision-making

- # items of new information uploaded into the portal
- # countries sharing data through the Portal



Effective partnerships and coordination with countries & key stakeholders

- # activities jointly conducted or with joint participation



Strategic advocacy, communication and resource mobilization

- # total dollars leveraged
- # of new donor commitments
- # of partners

PROGRESS TOWARDS OUR FOUR OBJECTIVES

In 2017 ESPEN worked directly with Ministries of Health and their partners to scale up NTD programs and increase their impact in Africa. ESPEN provided critical technical expertise, operational and financial support, and facilitated collaboration among partners for the elimination and control of PC-NTDs among at-risk populations.

INCREASED COVERAGE AMONG POPULATIONS REQUIRING TREATMENT

Reported coverage of 2016 mass drug administration

Reported coverage of 2016 MDA (based on reports received in 2017) shows an increase in coverage for MDA for onchocerciasis, schistosomiasis and trachoma, while lymphatic filariasis and soil transmitted helminthiasis had a decrease in coverage partially explained by scaling down mass drug administration (MDA) after transmission assessment survey (TAS).

Three countries were funded by ESPEN in 2016 (Eritrea, Malawi and Swaziland). All three countries maintained or increased geographic coverage compared to 2015 for all the targeted diseases.

Table 1: Increased geographical coverage* for populations requiring treatment:

	Lymphatic Filariasis			Onchocerciasis			Soil-Transmitted Helminths			Schistosomiasis			Trachoma		
	2015	2016	% increase	2015	2016	% increase	2015	2016	% increase	2015	2016	% increase	2015	2016	% increase
Eritrea	NR*	50.0	/	NA**	NA	/	NA	NA	/	6.9	32.1	365%	NA	NA	/
Malawi	NA	NA	/	100	100	0%	100	100	0%	100	100	0%	NA	NA	/
Swaziland	NR	NR	/	NA	NA	/	ND*	100	/	ND	96.4	/	NA	NA	/

* NR : Not reported ** NA : Not applicable (does not require PC) * ND : Not done

* Coverage will be reported in the next report after it is reported by countries with the 2018 JAP.

2017 gap analysis

In 2017, ESPEN worked towards strengthening country programs, building country ownership and scaling up MDA programs in endemic countries. In an effort to be more data-driven to understand the true needs of countries, ESPEN conducted a subnational-level data analysis identifying, per country, all endemic districts not currently treating with MDA. These analyses were then shared with the countries for verification and submission of a costed proposal for direct support. For all submitted budgets, wherever true gaps existed, ESPEN provided direct support to catalyze scale-up of the program.

Following the completion of a fully vetted country gap analysis, ESPEN provided direct support to 18 countries to scale up MDA according to their needs (see table below).

2017 supported treatments

In 2017, an additional over 30 million people were targeted for treatment with ESPEN funds.

The table below reflects the funding approved towards treatments in those countries (not the actual use of the funds):

#	Country	MDA Supported in 2017					Total ESPEN Funding (\$)	Targeted Population (LF/ONCH/TRA)	Targeted Population (STH/SCH)
		LF	ONCH	TRA	STH	SCH			
1	Burundi		X				73,451	1,306,931	
2	Cape Verde				X	X	5,200		123,664
3	Chad		X				89,805	6,882,969	
4	Comoros	X					233,000	828,147	
5	Congo	X	X		X	X	129,660	707,431	856,792
6	DRC	X	X		X	X	1,448,993	3,679,295	1,369,262
7	Eritrea	X				X	123,000	90,990	811,324
8	Ethiopia			X			479,860	4,123,643	
9	Gambia						128,382	1,466,768	285,928
10	Lesotho				X		3,555		
11	Madagascar	X			X	X	207,305	14,895,896	4,460,057
12	Malawi		X				103,784		
13	Nigeria						17,426		
14	São Tomé and Príncipe	X					124,307	133,171	48,153
15	S. Sudan		X				313,844	1,045,960	
16	Sudan						1,305,520	1,394,484	
17	Zambia		X				33,062	1,894,776	
	TOTAL						4,892,154	38,450,461	7,955,180



Challenges

The NTD Programs in Chad and Congo postponed activities because they could not deliver before December 2017 as they received funds end of October 2017. Out of the three provinces supported in DRC (Kinshasa, Ituri Sud and Bandundu), Bandundu was not able to access a large part of the funds due to the special 7% rate of ESPEN and because of administrative issues such as the fact that the bank account provided was not an official Ministry of Health account but a personal account number. In Madagascar, activities were postponed to 2018 by the MoH because of the outbreak of plague. In Eritrea, the MoH could not access the funds on time from the WHO country office and the MoH advanced the funds to deliver MDA. In Malawi, onchocerciasis impact assessment was postponed to 2018 by the NTD program.

Additional support provided:

Date	Country	Purpose	USD Amount Requested	USD Amount released
	Algeria	SCH Elimination Consultant	14,000	14,000
09 May 2017	Angola	ONCHO, LF, SCH, STH Mapping	210,000	210,000
	Angola	Finalization of National Strategic Plan for NTDs	5,248	5,248
	Angola	Finalization of National Strategic Plan for NTDs	38,665	38,665
	Benin	SCM mission on NTD medicine	3,012	3,012
04 Oct 2017	Cameroon	Shipment of ALB to Burkina Faso	18,779	18,779
	Central Africa	Mapping	159,500	159,500
	Equatorial Guinea	Oncho entomological evaluation mission	10,278	
14 Jul 2017	Ethiopia	Trachoma program evaluation	185,595	185,595
	Ghana	SCM mission	5,000	
	Guinea Bissau	Integrated SCH/STH/LF surveillance	97,450	
	Kenya	Coordination, supervision and SCM	46,889	46,889
14 Aug 2017	Malawi	Oncho epidemiological support	115,723	115,723
09 Aug 2017	Mauritania	LF remapping in 14 districts and mapping in 5 districts	36,918	36,918
	Mozambique	Supply chain mission coming up	5,000	
22 Aug 2017	Nigeria	Completion of mapping (LF, STH, SCH in 29 LGAs)	165,266	165,266
	Nigeria	SCH impact survey support	24,411	24,411

Date	Country	Purpose	USD Amount Requested	USD Amount released
	Senegal	Cost consultant		
Jun 2017	South Sudan	MDA for ONCHO	165,000	165,000
31 May 2017	South Sudan	ToT for MDA	18,000	18,000
01 Jun 2017	South Sudan	MDA Consultant	8,000	8,000
	Swaziland		68,637	
	Swaziland		22,832	22,832
02 May 2017	Swaziland		29,100	29,100
27 Nov 2017	Chad		88,708	88,708

Workplans developed for 14 countries

An additional 14 countries received support for programmatic activities including technical support, impact assessments, planning and budgeting.

In its first year of operation following the launch in May 2016, ESPEN had selected a number of priority countries to demonstrate impact in its first year. The countries were selected through a rapid analysis of the status of NTD Programs in the region by reviewing the NTD Master Plans, the outcomes of meetings held over the past years with countries; and interactions with NTD Program Managers. The adoption of the countries was concluded during the first meeting of the ESPEN Steering Committee held in Accra, Ghana in July 2016. The ESPEN Steering Committee recommended the finalization of a Plan of Action and budget for each country, which led to organizing a planning meeting with the selected countries.

The 14 priority countries (Benin, Comoros, Ethiopia, Guinea Bissau, Nigeria, Chad, Tanzania, Guinea, Democratic Republic of Congo, Togo, São Tomé and Príncipe, Central African Republic, Congo and South Sudan) prioritized for support fall into 5 categories based on their NTD implementation status. These categories include “MDA start countries” where PC interventions are only beginning to be implemented; “big countries with large burden” referring to countries with higher populations in need of PC interventions; “advanced countries” where NTD control has progressed to elimination stage; countries with “exceptional needs” that recently experienced Ebola outbreak that disrupted their NTD programs; and “quick-win countries” that require minimal support to achieve 2020 goals.

Participants included PC-NTD Program Managers from 14 countries, a selection of ESPEN partners and country partners, and the AFRO ESPEN Secretariat. Representatives of partners and donors included the Bill & Melinda Gates Foundation (BMGF), The END Fund, International Trachoma Initiative (ITI), Liverpool School of Tropical Medicine (LSTMH), Mectizan Donation Program (MDP), RTI and USAID, as well as members of the Regional Program Review Group (RPRG) and representatives of the ESPEN Steering Committee.

The key outputs from the workshop were: the identification and discussion of gaps which ESPEN could support, but also importantly the clarification by ESPEN that while a prioritized list of countries was provided, all countries are targeted by ESPEN for technical support, through a country-led process. Furthermore, the meeting encouraged integration and coordination of stakeholder activities in co-endemicity areas. Lessons learned by ESPEN from the meeting was that countries were not entirely appreciative of the categorization that had been assigned to them, and that other countries that were not in the priority list were strongly concerned about the support to expect from ESPEN.

The focus of ESPEN therefore quickly changed from prioritizing these 14 countries to ESPEN's current 4 current objectives covering all of the countries in the region.

REDUCED NUMBER OF PEOPLE REQUIRING PREVENTIVE CHEMOTHERAPY

Building capacity on the integrated TAS (iTAS) for LF, Oncho and STH

For many NTD programs, LF MDA serves as the PC treatment for STH and when a district has passed TAS, MDA will be withdrawn potentially leaving a gap in STH control. To have an understanding of STH treatment requirement after LF programs are stopped, WHO recommends integrating STH assessment with TAS where it makes sense and where it is feasible. Recommendation has also been made to use the filarial test strip (FTS) due to longer shelf-life, better temperature stability and decreased cost. FTS is now donated to countries free of charge through ESPEN/WHO.

Lymphatic filariasis treatments are inadvertently treating hypoendemic areas for onchocerciasis. Transmission assessments surveys for LF represent a natural opportunity to map oncho in coendemic countries before Ivermectin treatment for LF can stop. Adding Ov16 RDT and Kato-Katz in an integrated TAS (iTAS) is a cost-efficient way to conduct epidemiological assessment for three diseases that are impacted by Ivermectin and Albendazole treatment.

In May 2017, in partnership with WHO-HQ, RTI, CDC and the NTD – SC from the TFGH, ESPEN supported two regional workshops, one in French and one English, on integrated monitoring and epidemiological assessment of LF, oncho and STH following completion of MDA for LF. These trainings, held in Ouagadougou and Entebbe, were attended by 19 countries, represented by the Ministries of Health NTD program officers together with their WHO National Professional Officers (WHO-NPOs) from the WHO country offices.



Results

Workshop evaluations were conducted and indicated improvements in knowledge for all countries. Integrated TAS (iTAS) action plans and budgets were developed by each country.



ESPEN Laboratory

The ESPEN Lab in Ouagadougou, is currently, a regional laboratory dedicated solely for processing samples collected during both entomological and epidemiological surveys in support of onchocerciasis elimination programs. It is intended to be the hub for a planned network of labs to support all five PC-NTDs, with a special role on quality control and assurance and capacity building.

The activities of the lab can be broadly categorized under the following:

1. Analyze adult blackfly samples using polymerase chain reaction (PCR) Poolscreening methodology to determine infection levels for decision making.
2. Analyze larval samples using cytotaxonomy to develop detailed maps of productive breeding sites for endemic countries to assist in the delineation of transmission zones.
3. Process Dry Blood Spots (DBS) collected by countries using Ov16 ELISA to provide prevalence rates of exposure to onchocerciasis.
4. Support countries in the development of national plans and protocols for monitoring and evaluation of country programs towards the elimination agenda.
5. Provide field entomological support to onchocerciasis endemic countries for breeding site surveys and epidemiological.
6. Contribute to National Onchocerciasis Elimination Expert Advisory Committee meetings.
7. Participate in operational research towards the elimination of onchocerciasis and LF.
8. Contribute to the analysis and writing of manuscripts for publications to advance evidence that will help WHO to provide guidance to countries.

In 2017, the ESPEN laboratory performed activities towards achieving one of the main pillars of the ESPEN strategic goals, which is to assist countries to scale down on interventions, especially for onchocerciasis, after many years of MDA through the provision of necessary evidence. The Lab in this exercise undertook Poolscreening PCR analysis of adult *Simulium damnosum* s.l. females collected from Niger, Benin, Chad, Burkina Faso and Malawi. The results of these analyses indicated that while there were no infective flies in Niger all the other countries had on-going transmission at some sites.

Larval samples received from Ghana and identified indicated that out of 36 sites from where *Simulium* samples were collected only 20 sites were positive for onchocerciasis vectors. The vector species identified were *S. squamosum*, *S. yahense*, *S. soubrense* (Beffa form) and *S. damnosum* s.s. The results also indicated a westward movement of *S. soubrense* (Beffa form), one of the most important vectors of onchocerciasis in West Africa.

The Laboratory also provided technical support to countries in the development of country onchocerciasis elimination plans. The following countries were provided with such support; Benin, Burkina Faso, Equatorial Guinea, Ghana, Guinea Bissau, Liberia, Malawi, Mozambique, Niger and Sierra Leone.

During 2017, five manuscripts with co-authorship from the Lab staff were submitted for publication. A major activity that was not undertaken in 2017 was the analysis of dry blood spots collected as part of the epidemiological evaluations. This was due to the lack of a standardized ELISA protocol. With the support of the TFGH, the CDC, the BMGF, PATH and partners, a standard protocol has now been developed and the analysis will be done in 2018 including training for technicians from other country laboratories.

The Laboratory finally moved from the temporary premises in the APOC main building (which is occupied by UNHCR) into the new refurbished location on the APOC compound. The refurbishment was done with funding from AFRO.

Malacology training

Despite several years of MDA implementation in many African countries, achievement of expected impact on reduction of schistosomiasis and STH morbidity (measured by proxy proportion of persons with high and moderate infection intensities) is slow, putting at risk the achievement of the Road Map targets. In areas where elimination of morbidity and transmission has been achieved (e.g. in China), integration of control of infected snails was a major strategy. The WHO published in 2017 an operational manual for program managers on the field use of molluscides in schistosomiasis control programs.

Two training workshops aimed at rebuilding and enhancing the capacity to control the intermediate host snails of schistosomiasis across the sub-Saharan region by presenting snail control as a necessary strategy to achieve elimination / interruption of transmission of schistosomiasis were organized consecutively in Pemba and Ouagadougou between 12 and 23 September 2017. Program Managers and National Professional officers from 7 English-speaking countries (Tanzania Mainland, Tanzania Zanzibar, Uganda, Zimbabwe, Kenya, Ethiopia, Ghana, and Rwanda), 1 in Portuguese-speaking country (Mozambique) and 9 French-speaking countries (Ivory Coast, Mali, Niger, Burkina Faso, Senegal, Cameroon, Togo, Benin and Burundi) were trained on planning and monitoring the control activities and identification of intermediate host snails and use of molluscicides in the field. In addition, the WHO manual for use of molluscicides in schistosomiasis control was presented and potential challenges, constraints and solutions to implementation of integrated national NTD program discussed.

Participating countries were selected based on high burden of preventive chemotherapy NTDs, presence of transmission hotspots, implementation status involving achievement of morbidity control and progress towards elimination, existing China-Africa collaboration and political will. The main output of these workshops was the development of draft country plans for implementation of snail control activities integrated within ongoing schistosomiasis control.



Summary recommendations from the workshops:

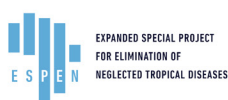
- To countries: finalize country plans and pursue regulatory and financial opportunities for acquisition of Niclosamide.
- To WHO and Partners: Advocate for availability of Niclosamide and support capacity building

STRENGTHENING INFORMATION SYSTEMS FOR EVIDENCE-BASED DECISION-MAKING

ESPEN Portal

ESPEN launched the NTD Portal in April 2017 as an electronic platform to enable Ministries of Health and stakeholders to share, and exchange subnational program data, in support of their NTD control and elimination goals. With a centralized open access database, the NTD Portal empowers countries and their partners to make informed decisions to accelerate the elimination of the five PC-NTDs.

Analytics have been made available in the form of maps, accurately illustrating district-level data that can be aggregated by disease and country. These maps, along with the downloadable underlying data, are tools to aid health officials in boosting and developing NTD interventions and strategies to reach key targeted communities. They will equip all stakeholders with the evidence they need to successfully tackle each disease, mobilize resources more efficiently and target interventions appropriately.



Find maps & data by

COUNTRY

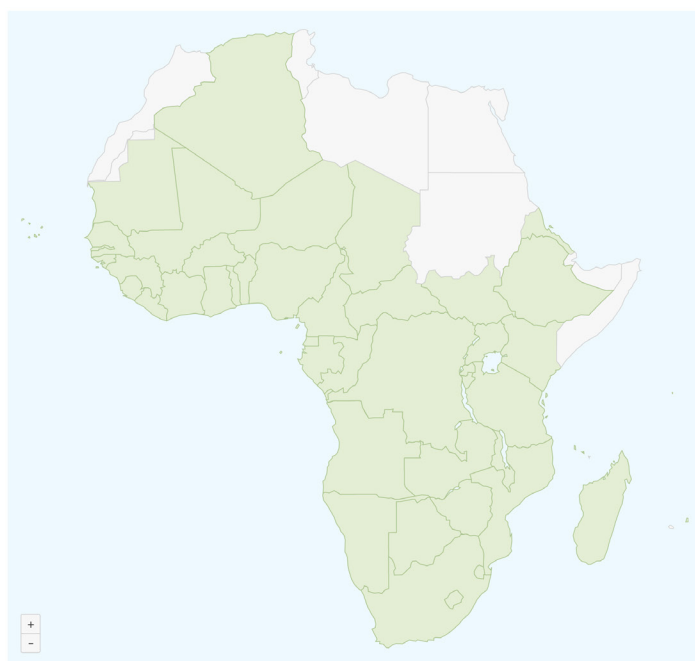
DISEASE

or

SEARCH

RESOURCES

ABOUT



The ESPEN Portal is an electronic platform designed to enable health ministries and stakeholders to share, and exchange subnational programme data, in support of the NTD control and elimination goals.

Country quick jump

Type or select

Browse maps by disease

Lymphatic filariasis
Onchocerciasis
Loiasis
Schistosomiasis
Soil-transmitted helminthiasis
Trachoma

Portal link: espen.afro.who.int



Results

45 of 47 AFRO countries now provide district-level data on the NTD Portal.

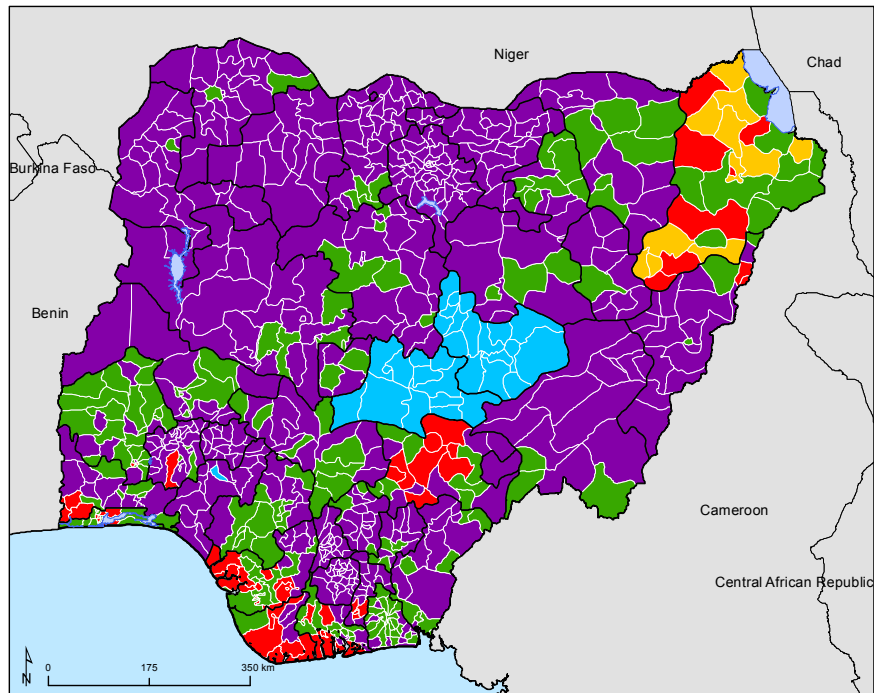
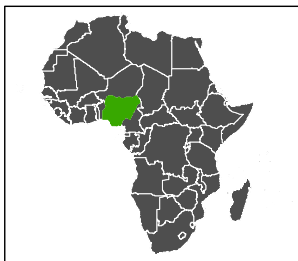
As an example, below is a set of available data from Nigeria.

Status of Lymphatic Filariasis Endemicity in 2017

Nigeria

LF Endemicity (IU)

- Non endemic
- Endemic (MDA not started)
- Endemic (under MDA)
- Endemic, Post-MDA Surveillance
- Mapping gap



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Data source: Health Ministries & ESPEN partnership

Map production: ESPEN/AFRO/WHO NTD Mapping project funded by the Bill & Melinda Gates Foundation.

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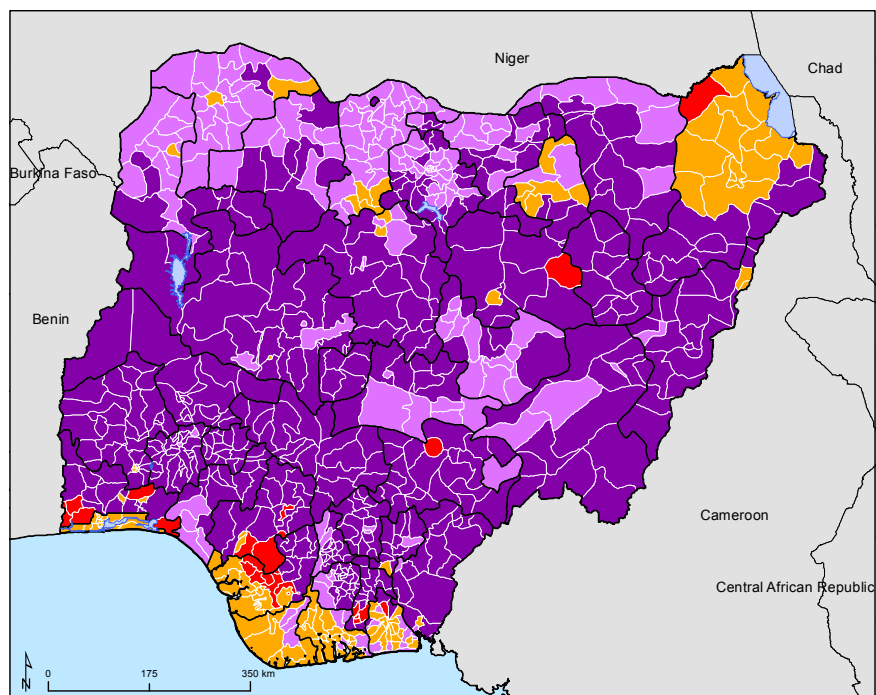
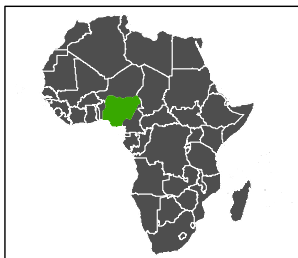
Status of Onchocerciasis Endemicity in 2017

Nigeria

Onchocerciasis Endemicity (IU)

- Non endemic
- Endemic (MDA not started)
- Endemic (under MDA)
- Unknown (under LF MDA)
- Endemic, Post-MDA Surveillance
- Consider Oncho Elimination Mapping

Note: Including IVM+ALB MDA rounds
conducted in LF co-endemic IU



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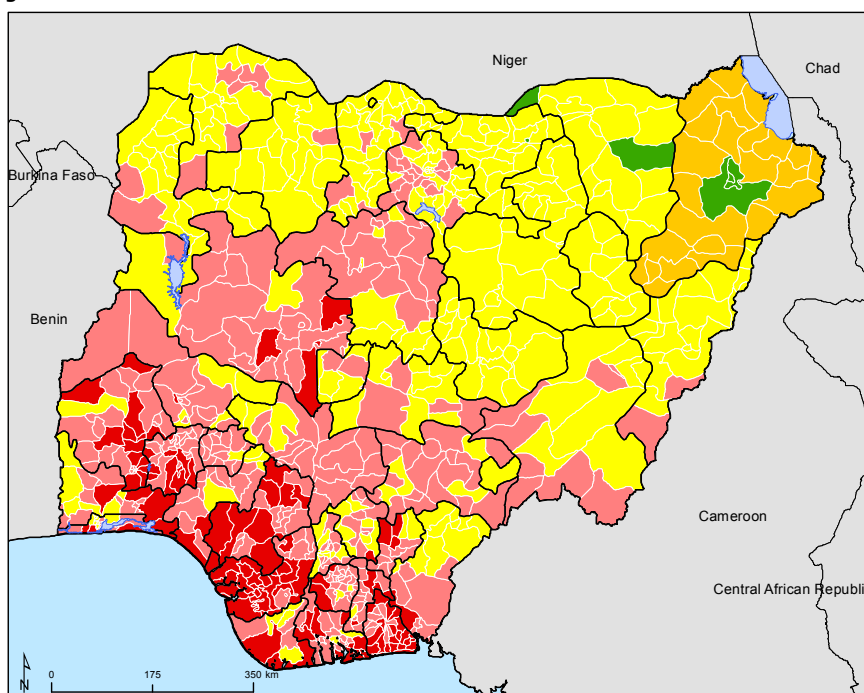
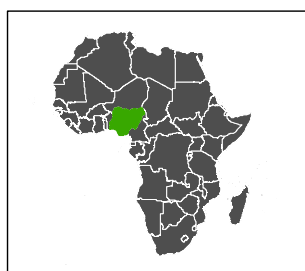
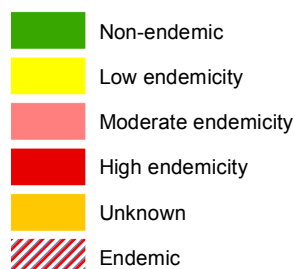


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Endemicity status for Soil-Transmitted Helminths in 2017

Nigeria

Endemicity status (2017)



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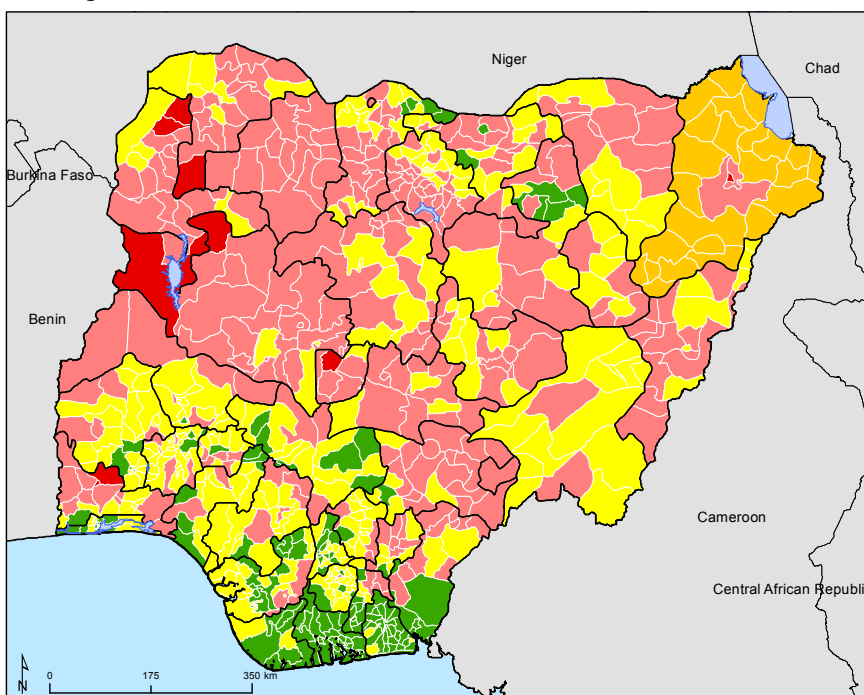
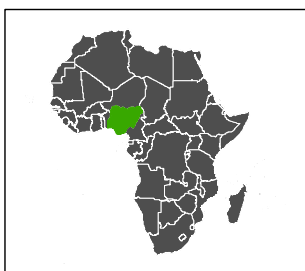
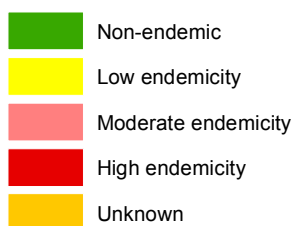


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Endemicity status for Schistosomiasis in 2017

Nigeria

Endemicity status (2017)



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IMPROVING THE EFFECTIVE USE OF DONATED MEDICINES THROUGH ENHANCED SUPPLY CHAIN MANAGEMENT



In 2017, ESPEN endeavored to strengthen:

- The timely application process for WHO-donated medicines for PC-NTDs and results reporting to WHO using the JAP.
- The accuracy of data submitted in the JAP.
- Country-level data management for NTDs in identified countries.
- Supply chain management of NTD donated medicines in identified countries.
- The full use of distributed drugs.

Trainings on Joint Application Package (JAP), country integrated NTD database (CIND) and supply chain management (SCM)

One of ESPEN's aims is to ensure that tools that have been developed by the partnership to support programs are used appropriately towards the achievement of the goals of the NTD Implementation Roadmap. Three tools have been developed to help coordinate the application of medicines needed in countries for mass distribution, as well as the supply chain management of donated medicines:

- The Joint Application Package (JAP).
- The Country Integrated NTD Database (CIND).
- Data Quality Assessment (DQA) tools.

The JAP was developed to facilitate the process of application, review and reporting as well as to improve coordination and integration among different programs. Combined with this is the CIND, which was developed to help standardize the data management process, encourage the use of Data Quality Assessment (DQA) and track indicators from across multiple reporting forms.

Supply Chain Management is a collection of interventional tracking forms and guidance documents to support accurate tracking and reporting of supply chains for the NTD donated medicines.

In this context, in March 2017 in Lusaka, ESPEN hosted a capacity-building training workshop undertaken to improve on Joint Application Package (JAP), Country Integrated NTD Database (CIND) and supply chain management (SCM) capabilities. The workshop was attended by 17 NTD Program Managers, 17 NTD Data Managers and 15 Nonprofit Organizations (NPOs).



Results

Workshop evaluations were conducted on all three tools and indicated improvement in each where training was provided. Federal Ministries of Health (FMOH) of attending countries, NTD partners and NPOs agreed to adopt these standardized tools in their programs. WHO Essential Medicines Focal Points in countries are now supporting the supply chain for NTD donated medicines in 16 countries.

Supply chain missions

In response to observed challenges in accounting for donated medicines in countries, ESPEN, in partnership with WHO Headquarters (WHO-HQ), conducted country medicine inventory missions with the intention of gaining a better understanding of the supply chain gaps and making full use of donated medicines. These missions were carried out in seven countries and recovered a total of 136,206,191 tablets with an estimated worth of \$6,157,143.

Country	Tablets Recovered	\$ Saved
Democratic Republic of the Congo	21,807,217	\$474,144
Ethiopia	19,672,374	\$828,193
Kenya	2,826,000	\$56,520
Nigeria	52,012,000	\$2,019,622
Sudan	32,243,000	\$2,205,730
Uganda	3,600,000	\$101,500
Zambia	4,045,600	\$471,434
	136,206,191	6,157,143



Results

From these missions and the large amounts of donated medicines that were recovered as either remaining after full coverage or not having reached those targeted, two opportunities have been identified for ESPEN:

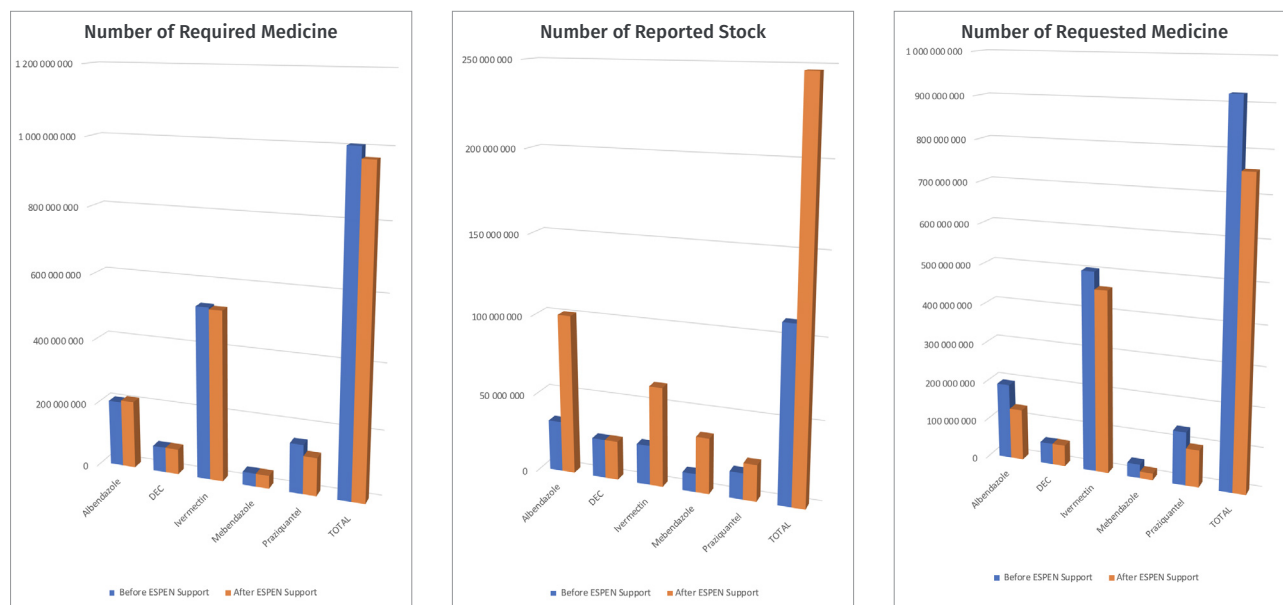
1. To cover financial needs in supporting countries to ensure full distribution of all the donated medicine: ESPEN has carried out a geographical coverage gap analysis in order to support Africa towards the achievement of 100% geographical coverage of PC interventions. When funding was identified as the impediment, ESPEN was able to mobilize resources for the countries to scale up treatments in endemic districts that were not yet covered.
2. To make adequate projections of needed medicines for 2018-2020: To this effect, consultants are working on a more refined projection of praziquantel needed until 2020 based on program data available.

Supply chain technical guidance

The Secretariat is now using the experience from these missions to support reporting of medicine stocks during JAP submission. In the JAP submission cycle ending 15 April, 18 countries were asked to go back and review their medicine stocks accounting for additional 136,379,759 tablets, thus reducing significantly the amount of medicines that were being initially ordered unnecessarily.

In an effort to improve the supply chain and make the best use of NTD donated medicines, ESPEN provided technical support and guidance to instill best practices and improve timeliness and accuracy of data in country JAP applications. 18 countries in total were supported in this reporting period.

Activities included ESPEN technical review of submitted JAPs to look for inconsistencies in data and work with countries to have a quality submission of the JAP. Additionally, ESPEN provided inventory guidance for countries to accurately assess their current stock of each donated medicine. This, along with the updated population requiring treatment, was used to re-calculate requested numbers for each medicine.



A total of 272.5 million tablets were recovered or additionally accounted for in 25 countries (136,206,191 recovered through missions in 7 countries plus 136,379,759 accounted for through JAP review in 18 countries).



Lessons learned

ESPEN's first year of implementation highlighted a series of lessons learned:



Joint missions between WHO, consultants and partner institutions improved coordination and overall efficiency.



Establishing a roster of multitasking consultants ready to be deployed to several countries greatly helped reduce costs.



Standard operating procedures are needed to accelerate the consultants' recruitment process and ensure the quality of their missions.



ESPEN, in close collaboration with country partners, needs to determine the cost per person treated as well as the cost drivers of MDA campaigns to improve value for money.



It is critical to capture the financial contributions of Ministries of Health to enhance ownership, domestic resource mobilization and the sustainability of NTD programs.

A. EFFECTIVE PARTNERSHIPS AND COORDINATION WITH COUNTRIES AND KEY STAKEHOLDERS

Development of a Partner Matrix

ESPEN has created a matrix of partners providing technical and financial support at country level. The purpose of this matrix is to help facilitate discussion about coordinating partner support and filling the gaps.

The matrix will be made available in 2018 and will include a list of all implementation units of the country under the scope of ESPEN, and for each disease, the implementing and funding partner for each disease. When all information is gathered, partner maps will be developed to allow the identification of orphan districts as well as promote discussions on how partners can better provide synergic support to reach full geographical coverage of the 5 PC-NTDs.

Identification of the implementation unit				Partnership		Disease Type "1" (where it applies)				Comments
Country	Province /region	Implementation unit	ESPEN district code	Name of donor	Name of implementing partner	Lymphatic filariasis	Onchocerciasis	Soil - transmitted helminths	Trachoma	
Angola	Bie	Andulo	2063	END Fund	The Mentor initiative	No need	Not yet	Ok	Ok	The pre-sac not treated
Angola	Bie	Camacupa	2066	END Fund	The Mentor initiative	No need	Not yet	Ok	Ok	The pre-sac not treated
Angola	Bie	Catabola	2067	END Fund	The Mentor initiative	No need	Not yet	Ok	Ok	The pre-sac not treated
Angola	Bie	Chinguar	2064	END Fund	The Mentor initiative	No need	Not yet	Ok	Ok	The pre-sac not treated
Angola	Bie	Chitembo	2065	END Fund	The Mentor initiative	No need	Not yet	Ok	Ok	The pre-sac not treated
Angola	Bie	Cuamba	2068	END Fund	The Mentor initiative	No need	Not yet	Ok	Ok	The pre-sac not treated
Angola	Bie	Cunhiga	2070	END Fund	The Mentor initiative	No need	Not yet	Ok	Ok	The pre-sac not treated
Angola	Bie	Kuito	2069	END Fund	The Mentor initiative	No need	Not yet	Ok	Ok	The pre-sac not treated
Angola	Bie	Nharea	2071	END Fund	The Mentor initiative	No need	Not yet	Ok	Ok	The pre-sac not treated
Angola	Cabinda	Belize	2072	No one	No one					
Angola	Cabinda	Buco zau	2073	No one	No one					
Angola	Cabinda	Cabinda	2074	No one	No one					
Angola	Cabinda	Cacong	2213	No one	No one					
Angola	Cunene	Cahama	2110	No one	No one					
Angola	Cunene	Cuanhama	2113	No one	No one					
Angola	Cunene	Curoca	2111	No one	No one					
Angola	Cunene	Cuvelai	2112	No one	No one					
Angola	Cunene	Namacunde	2114	No one	No one					
Angola	Cunene	Ombadja	2115	No one	No one					
Angola	Huambo	Bailund	2116	END Fund	The Mentor initiative	No need	Ok	Ok		The pre-sac not treated

Program Managers Review Meeting

The first Joint Meeting of National Program Managers of the Neglected Tropical Diseases Programs was held between June 20 and 22, 2017, in Libreville, Gabon. There were 135 participants, including 56 coordinators and national leaders of NTD control Programs from 27 countries (Algeria, Angola, Benin, Burkina Faso, Burundi, Cameroon, Chad, Comoros, Congo, Ivory Coast, Ethiopia, Gabon, Ghana, Guinea, Guinea Bissau, Liberia, Madagascar, Mali, Mauritania, Mozambique, Nigeria, Uganda, DRC, Senegal, Sierra Leone, Tanzania and Togo), 9 members of the GRRP-NTD PCC sub-group, 43 delegates from NTD program partners from Africa, America and Europe, including 23 for NTDs-CTPs and 20 for NTDs-PCC, and the 27-member WHO Secretariat, including headquarters staff (4), the Global Leprosy Program based in SEARO (1), the Regional Office (8), West Africa (1) and Central Africa (1) STIs, and 12 WHO country offices.

The overall objective of this joint meeting was to do a mid-term review of the implementation of the 2014-2020 NTD Regional Strategic Plan to improve the implementation of control activities and interventions for the 2017-2020 period at regional level and in the Member States, and specifically to (1) Draw lessons learned and best practices; (2) Identify the challenges and constraints encountered; and (3) Formulate action points and recommendations to improve the implementation of the annual plans and activities of the second half of the NTD strategic plan and national master plans from July 2017 to December 2020.

The next Program Managers meeting will be held in Accra, Ghana on June 17-19, 2018.

Regional Program Review Group (RPRG)

During its 6th meeting held in Dakar, Senegal, between 10 and 12 April 2017, the NTD-RPRG discussed the progress made towards achieving the 2020 Roadmap Targets for the control and elimination of NTDs. Specific progress made by countries was noted, and the challenges identified were addressed. Great progress was noted in the tracking of leftover donated medicines in stock at the time of application, which had been of great concern at the previous meetings. The NTD-RPRG was requested to review 20 medicine applications for Preventive Chemotherapy for 2017 and 2018 for lymphatic filariasis (LF), onchocerciasis, schistosomiasis (SCH) and soil-transmitted helminths (STH) from Benin, Cameroon, CAR, Cape Verde, Chad, Cote d'Ivoire, Ethiopia, Gabon, Guinea Bissau, Kenya, Lesotho, Liberia, Mali, Mozambique, Niger, Senegal, Sierra Leone, South Africa, South Sudan, Swaziland, Togo; and 4 TAS dossiers from Benin, Burkina Faso, Madagascar and Guinea Bissau.

During its 7th meeting held in Berlin, Germany from 16-18 October 2017, the NTD-RPRG was requested to review 14 medicine applications for Preventive Chemotherapy for 2017 and 2018 for lymphatic filariasis (LF), onchocerciasis, schistosomiasis (SCH) and soil-transmitted helminthes (STH) from, Angola, Burkina Faso, Burundi, CAR, Congo, DRC, Eritrea, Liberia, Mali, Malawi, Madagascar, Mauritania, Nigeria and Uganda and 8 TAS dossiers from Benin, Burkina Faso, Cameroon, Madagascar, Mali, Niger, Uganda and Tanzania.

Key other outcomes of the meeting included an update on ESPEN's focus on four major objectives of scaling up interventions to ensure 100% geographical coverage, scaling down interventions where appropriate progress has been made, strengthening information systems and efficient management of donated medicines to reach those who need them.

During both meetings, progress on NTD control and elimination was presented and discussed, and specific guidance provided to countries.

Steering Committee

The ESPEN Steering Committee reviews ESPEN's progress and makes recommendations to the WHO AFRO Regional Director on the ESPEN work plan, priorities and budget allocations to countries. Additionally, the Steering Committee also supports resource mobilization around the 2020 targets and for the operations of ESPEN.

The 3rd meeting, held between 15-16 May 2017, was chaired by Dr. Ifeoma Anagbogu, Deputy Chair, representing the Chair, Dr. Paul Emerson, who was unable to attend the meeting. It was attended by 24 participants representing endemic countries, NGOs, pharmaceutical companies, donors, and WHO. The SC reviewed ESPEN's one-year track record, approved ESPEN's budget for the next six months with strong guidance on budget principles, and reaffirmed ESPEN as a partnership, with a clarification on the role of ESPEN. It also made recommendations to the WHO/AFRO Regional Director on resource mobilization, and reviewed the expanded role of the RPRG.

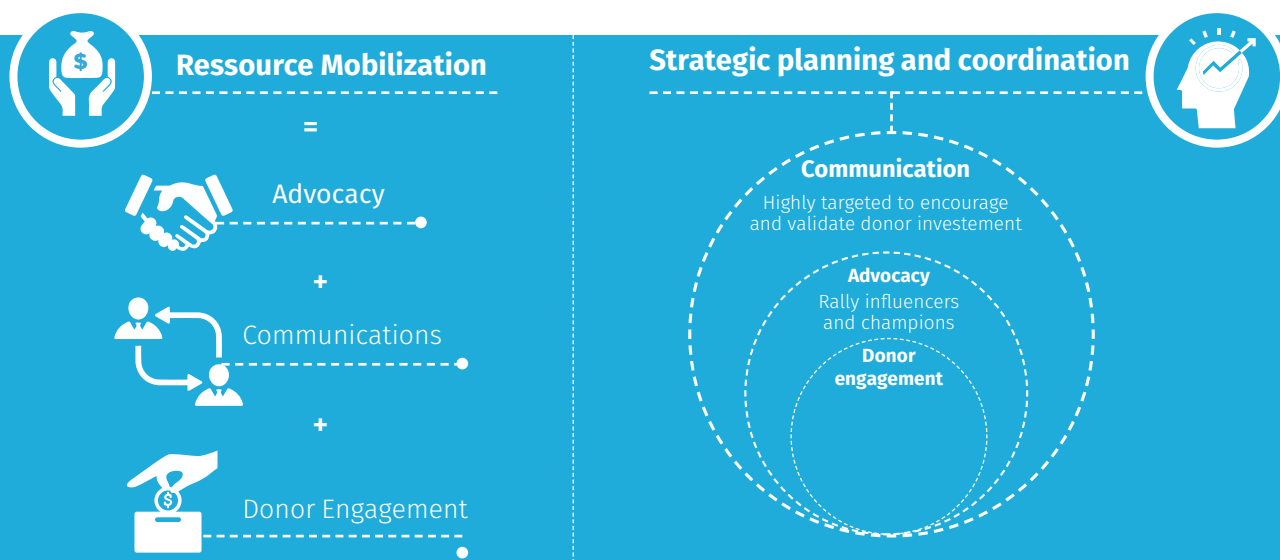
On October 19-20 2017, the ESPEN Steering Committee held its fourth meeting in Berlin, Germany. The Steering Committee meetings typically occur in May and October each year to evaluate progress against ESPEN's 2020 targets.

The 4th meeting, which was chaired by the Steering Committee Chair, Dr. Paul Emerson, was attended by the WHO AFRO Regional Director, Dr. Matshidiso Moeti, and by Dr. Gautam Biswas A.I. NTD Coordinator HQ. There were about 20 participants, each of whom represented one of the following constituencies: endemic countries, NGOs, pharmaceutical companies, donors, and WHO.

The SC endorsed ESPEN's focus on four priority objectives, and recommended continued engagement of AFRO with the support from Speak Up Africa and Panorama to mobilize additional resources. It also recommended that the Secretariat examine the major structures of ESPEN (RPRG/SC/ESPEN HR/countries) in order to determine optimal alignment, by engaging an external partner (Consultant/Service provider). The request for proposals for this recruitment was sent out and opened online for applications until 15 February 2018.

B. STRATEGIC ADVOCACY, COMMUNICATION AND RESOURCE MOBILIZATION

In 2017, ESPEN deployed an integrated strategy for resource mobilization with advocacy, communications, and donor engagement aligned and sequenced to maximize the impact of its resource mobilization efforts.



2017 Resource Mobilization Milestones

In 2017, ESPEN had positive conversations about investment partnerships with most of the priority ESPEN donor targets. This includes advanced conversations at in-person meetings with 10 bilateral donors in donor capitals, at global events, and at high-level meetings in Kuwait in October, Abu Dhabi in November, and Tokyo in December. Initial contacts have also been established with other donors who have confirmed interest in learning about ESPEN. New funding proposals were also submitted for the following donors: BADEA, BMGF, KOICA, OFID, and Qatar Fund.

The Kuwait Fund for Arab Economic Development (KFAED) along with WHO AFRO on October 23-24, 2017, jointly hosted nearly 60 leaders from the Middle East, global governments, the UN, African Ministries of Health, pharmaceutical companies, non-governmental organizations, and the philanthropic community, for a "Donors Meeting to End Neglected Tropical Diseases." It is there that KFAED formally signed their continued commitment in support of ESPEN for the next 4 years.

In November 2017, Abu Dhabi's Crown Prince, the Bill & Melinda Gates Foundation and the Carter Center organized the Reaching the Last Mile forum to convene key global health stakeholders in order to ensure preventable diseases remain at the forefront of global agenda. Dr. Rebecca Moeti, WHO AFRO Regional Director and Dr. Maria Rebollo Polo, ESPEN Team Leader, both participated in the official announcement of the launch of a US\$100 million fund to eliminate onchocerciasis and lymphatic filariasis from 7 key countries in Africa and the Middle East. With over 200 global health leaders in attendance, Abu Dhabi's Crown Prince and the Bill & Melinda Gates Foundation announced that up to 20% of the Reaching the Last Mile Fund would be dedicated to support the work of ESPEN. The 10-year facility will be hosted at the END Fund, a multi-donor platform focused on Neglected Tropical Diseases. ESPEN celebrates the vision and leadership of the Crown Prince Court and looks forward to working with key partners to move the needle on the elimination of onchocerciasis and lymphatic filariasis.

VALUE FOR MONEY

ESPEN has worked towards achieving the optimal use of resources to achieve intended outcomes.

Working by Priorities

Prior to investing in activities, value for money (VFM) is assured through a deep analysis of priorities, cost and expected results associated with the different potential options. Financial or technical support requests that are not in line with ESPEN priorities and are not adequately backed by country program support will not be approved. Meeting attendance by ESPEN Secretariat staff, costing both in funding and person time, is also determined through this prioritization.

ESPEN identified four priorities for the 2017 reporting year.

1. Scale up treatments towards the achievement of 100% geographical coverage.
2. Scale down: stopping treatments once transmission has been interrupted or control achieved.
3. Strengthen information systems for evidence-based action.
4. Improve the effective use of donated medicines through enhanced supply chain management.



Economy

Procurement of goods and recruitment of services are carried out through public competitive announcement and review of at least three different competitors before making a selection. Key indicators are compared against a benchmark to determine VFM.

- Example Indicator: cost per treatment supported (0.20-0.50 USD per person treated).



Efficiency

In order to achieve maximum results and higher impact, consultants are recruited from a vetted roster of experts in the field. ESPEN also leveraged experts from partner institutions to maximize available expertise.

- ESPEN partnered with CDC and RTI experts to lead TAS training and with GSK, MDP and CWW experts to lead supply chain training.

Informed countries and partners have a better understanding of costs and results to make more informed evidence-based choices. Through the NTD Portal, ESPEN is working to make programmatic data publicly available for use. The user experience of the Portal will be an ongoing project of continuous improvement.



Effectiveness

Working in Africa, programs require a particular set of expertise and skills. By promoting South-South collaboration and bringing experts from one local government to the neighboring local government, ESPEN maximizes the effectiveness in the real context instead of theoretical training.

- Example: ESPEN worked with the Program Manager for Nigeria to provide direct support to South Sudan



Equity

Challenging regions, such as post-conflict areas like Darfur in Sudan or Central African Republic, and districts that have never been reached with MDA have been prioritized for ESPEN interventions.

Furthermore, ESPEN is working to target results at the poorest and most marginalized populations. This includes sufficient targeting and data disaggregation of women, girls, children and adolescents. It is proving difficult to collect indicators disaggregated by gender and age group and this year we have failed to provide them, but we continue working towards improving this equity in our investments.

Learning Lessons to Improve Value for Money

ESPEN puts value on learning from experiences, both positive and negative, to improve methods to attain results, shifting from 'delivering activities' to 'delivering results and achieving impact'.

- Example: Traditional workshops and training in central locations are often inadequate to achieve desired change in the countries of origin of participants. It is important to have clear follow-up with missions to countries and direct supervision of implementation. An alternative solution is to substitute the workshop completely with individual in-country missions as was done in Angola to support the finalization of the country's National Strategic Plan for NTDs.

Understanding Cost Drivers

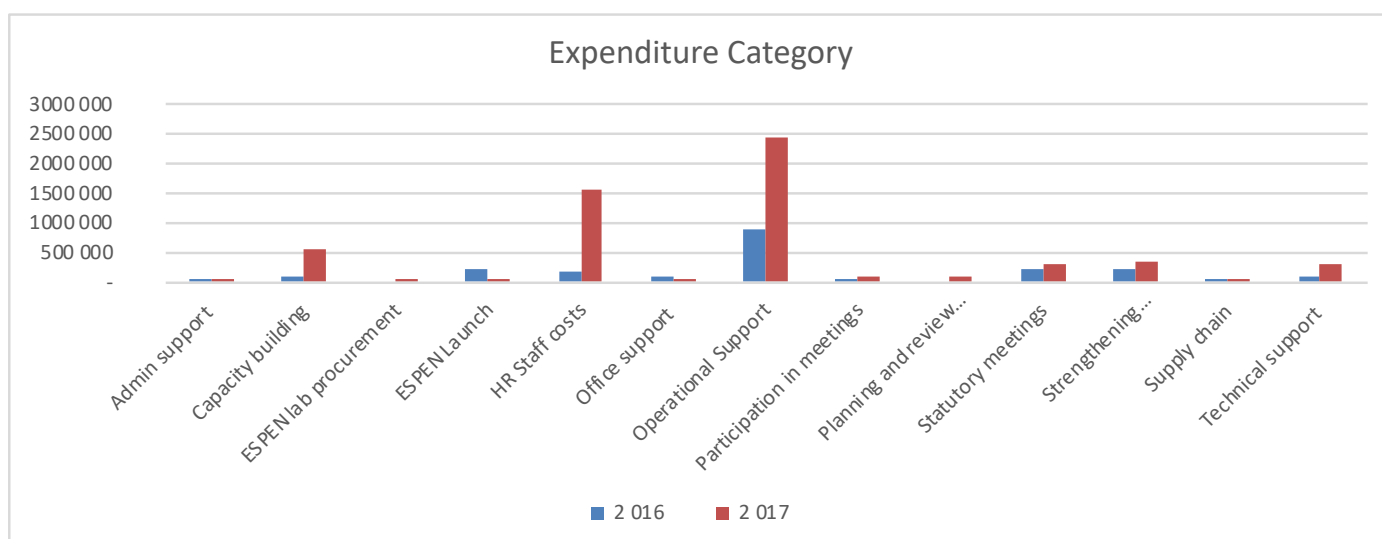
One of the drivers of cost for humanitarian and development interventions is the cost associated with travel. To improve VFM, ESPEN is based in Africa, close to where the interventions take place, thereby reducing the volume of international-intercontinental travel. Additionally, consultants are typically recruited from the region and often from neighboring countries, which maximizes understanding of the cultural characteristics of the region to deliver the desired quality at the lowest price.

FINANCIAL OVERVIEW

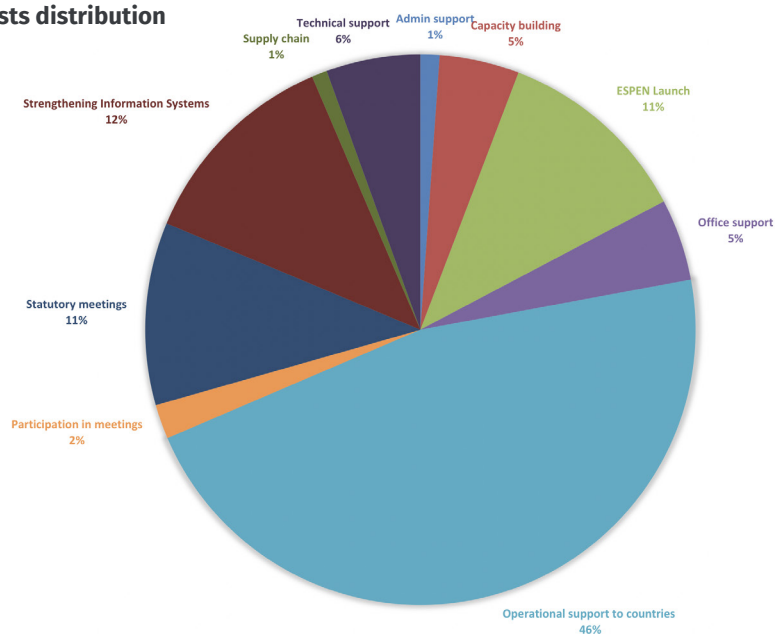
Funds reflected in this overview are those fully spent and recorded. They do not reflect the total funds approved and still being used by countries.

Table 1: Financial Expenditures (USD)

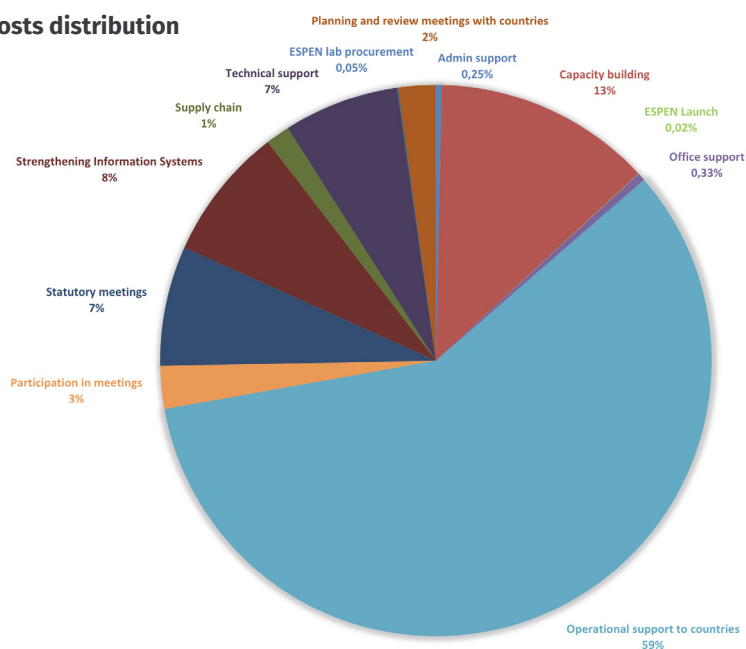
	2016	2017	TOTAL
Admin support	21,616	14,216	35,831
Capacity building	90,013	532,800	622,813
ESPEN lab procurement		2,963	2,963
ESPEN launch	220,701	1,191	221,892
HR staff costs	177,737	1,541,076	1,718,813
Office support	92,240	19,089	111,329
Operational support	893,596	2,441,043	3,334,639
Participation in meetings	38,881	104,393	143,274
Planning and review meetings with countries		91,383	91,383
Statutory meetings	206,383	293,227	499,610
Strengthening information systems	235,551	326,655	562,206
Supply chain	17,368	58,691	76,060
Technical support	106,384	281,749	388,133
TOTAL	2,100,471	5,708,475	7,808,946



2016 operational costs distribution



2017 operational costs distribution



2016 & 2017 operational costs distribution

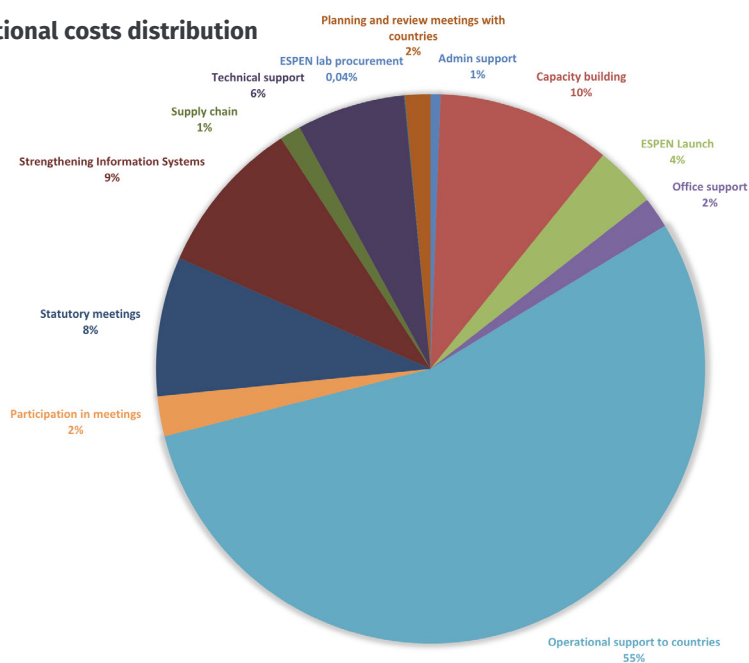


Table 2: WCO funding approved

USD	Amount Requested	Amount released as Dec 2017
Algeria	14,000	14,000
Angola	253,913	253,913
Benin	3,012	3,012
Burundi	73,451	73,451
Cameroon	18,779	18,779
Cape Verde	5,200	5,200
Centrafrique	159,500	159,500
Comoros	232,673	232,673
Congo	129,660	129,660
DRC*	1,449,009	1,022,975
Equatorial Guinea	10,278	
Eritrea*	468,026	195,000
Ethiopia	665,455	665,455
Gambia	42,794	42,794
Ghana	5,000	
Guinea Bissau	97,450	
Kenya	46,889	46,889
Lesotho	3,495	
Liberia	28,177	
Madagascar	207,305	207,305
Malawi	214,719	214,719
Mauritania	36,918	36,918
Mozambique	5,000	
Nigeria	189,677	189,677
São Tomé and Príncipe	125,737	125,737
Senegal		
South Sudan	191,000	191,000
Sudan	1,305,520**	93,270***
Swaziland	120,569	51,932
Tchad	178,444	178,444
Uganda	66,062	
Zambia	30,000	30,000
TOTAL	6,377,711	4,182,302

* Funds were partially not accessed by countries due to administrative problems that were addressed.

** Activities to happen in 2018. Funds to be released in 2018.

*** Activities conducted in 2017. Funds released in 2017.

ACKNOWLEDGMENTS

The ESPEN Partnership is proud of all the partners and donors that make possible to deliver lasting change and technical assistance to endemic countries in Africa. We are grateful for their trust and generous contributions invested in this work throughout the continent. Only through your support can we jointly deliver our mission to empower Ministries of Health and provide the tools they need to protect communities and defeat Neglected Tropical Diseases. The efforts of our colleagues in WHO country offices in the delivery of the activities and the continuous support from WHO HQ NTD team are highly appreciated. We are also thankful for the leadership of Dr Matshidiso Moeti, our Regional Director, our tireless champion in the combat to eliminate NTD from Africa.

Special thanks to our valuable donors!

Arab Bank for Economic Development in Africa

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